THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Panel
Melody James, Susan Barden, Aisha Taylor

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SC Court of Appeals

SCWCC File No. 0715651
Appellate Case No. 2017-000753

Donnie Lowe, Employee, Claimant, Appellant,
v.
BMW Manufacturing Corporation, Employer, and Hartford Ins. Co. of the Midwest, c/o Sedgewick Claims Management Services, Inc., Carrier, Respondents.

RECORD ON APPEAL
VOLUME I

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APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0715651

DONNIE LOWE,

EMPLOYEE,
CLAIMANT/APPELLANT,

V.

BMW MANUFACTURING CORPORATION

EMPLOYER,

AND

HARTFORD INS. CO. OF THE MIDWEST,
C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

CARRIER,
DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in
Columbia, South Carolina on October 17, 2016.

Appellate Panel Decision and Order
filed February 23, 2017.

APPEARANCES:
Claimant/Respondent represented by
Mitchell Byrd, Esquire, of The Carolina Law Group
of Greenville, South Carolina.

Defendants/Appellants represented by
Brad B. Easterling, Esquire, of McAngus Goudelock & Courie, L.L.C.
of Greenville, South Carolina.

STATEMENT OF THE CASE

This matter came to be heard before the Single Commissioner on December 10, 2015 in Greenville, South Carolina. Claimant asserted he sustained a change of condition for the worse under section 42-17-90 of the South Carolina Code. Claimant alleged that as a result of this injury, he is entitled to additional medical examination and treatment for his back and right lower extremity. On the other hand, Defendants asserted that Claimant's claim for a physical change of condition is procedurally barred because it was not filed within one year of the date of last payment of compensation as required by section 42-17-90(A). Defendants further asserted that even if the claim was timely filed, Claimant has failed to meet his burden of proving a physical change of condition for the worse.

EVIDENCE OF THE CASE

On October 2, 2007, Donnie K. Lowe (Claimant) suffered an admitted injury to his spine. He reached maximum medical improvement for this injury on January 6, 2011. The Honorable T. Scott Beck heard this case on May 9, 2012, and filed a Decision and Order on August 28, 2012. (Claimant's Ex. #1; Def. Ex. #1). Commissioner Beck awarded Claimant 35% permanent partial disability (PPD) to his spine along with future causally-related medical care per Dr. James Behr's recommendation. On October 3, 2012, Defendants paid Claimant $65,239.95 representing 105 weeks of PPD pursuant to Commissioner Beck's Order. (Def. Ex. #4)

On July 3, 2013, Claimant filed a Form 50 Request for Hearing, alleging a change of condition for the worse. (Def. Ex. #3). Claimant included a questionnaire from Dr. James Behr, the authorized treating physician, indicating Claimant had suffered a physical change of condition for the worse. On **October 7, 2013 (amended per instruction of Appellate Panel)**, Claimant withdrew his Form 50 shortly after Defendants deposed Dr. Behr, regarding Claimant's

alleged change in condition. On or about September 3, 2015, Claimant refiled another Form 50 Request for Hearing alleging another change of condition. (Def. Ex. #2). Claimant included questionnaires from Dr. Behr and Dr. Jason Kelly in support of this allegation.

In his Order dated July 15, 2016, the Single Commissioner found that the greater weight of the evidence supports a finding that pursuant to Section 42-17-90 the Claimant's petition for a change of condition is untimely filed. Therefore, the undersigned dismissed the matter as a matter of law. On July 28, 2016, Claimant filed a Form 30, Application for Commission Review, asserting that the Single Commissioner erred concluding as a matter of law that claimant was barred from seeking review of the award on a change of condition claim as he did not properly perfect his claim pursuant to S.C. Code Section 42-17-90.

A review hearing was held before the Full Commission on October 17, 2016 where both parties presented oral arguments in support of their positions. This Order follows.

The Single Commissioner made the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Under South Carolina Code Section 42-17-90(A), a review for a change of condition must be made within "[12] months from the date of the last payment of compensation pursuant to an award provided by this title."
2. Under South Carolina Code Regulation 67-609(A), "[a] claimant may withdraw a Form 50 . . . once as a matter of right with leave to renew."
3. The South Carolina Supreme Court has strictly construed the one-year limitation provided by section 42-17-90(A) and held that claims filed more than one year after the date of last payment of compensation are procedurally barred. *See Wallace v.*

Campbell Limestone Co., 198 S.C. 196, 203, 17 S.E.2d 309, 311-12 (1941) (finding a claim was barred under the predecessor to section 42-17-90(A) when it was filed more than one year after the last payment of compensation).

4. In *Wallace*, the claimant was awarded medical and indemnity benefits for an injury to his left leg, the last payment of which was made on June 7, 1937. *Id.* On June 15, 1940, he claimed an additional award for disfigurement. *Id.* at 198-99, 17 S.E.2d at 310. The South Carolina Supreme Court held the claimant's request for additional benefits was untimely because it was filed more than three years after the date of last payment of compensation. The Court cited the predecessor to section 42-17-90, which provided identical language as the current language of section 42-17-90, noting "no such review shall be made after twelve months from the date of the last payment of compensation . . . ." The Court specifically stated, "[t]he conclusiveness of [this statute] is inescapable." *Id.* at 201, 17 S.E.2d at 311 (emphasis added). The Court further noted that "[s]uch statutes apply with full force to the most meritorious claims." *Id.* at 203, 17 S.E.2d at 311-12 (citing *Rudd v. Fairforest Finishing Co.*, 189 S.C. 188, 200 S.E.2d 727, 730 (1939) ("While we should give the Compensation Act a liberal construction, we are not justified in so construing it as to do violence to a specific requirement of the Act."). Thus, the Supreme Court dismissed the claimant's request for additional benefits because it was not filed within the one-year limitation provided by the predecessor to section 42-17-90.

5. Here, Defendants paid Claimant $65,239.95 on October 3, 2012, representing 105 weeks of permanent partial disability pursuant to Commissioner Beck's Order.

6. Under the one-year limitation prescribed by section 42-17-90(A), Claimant had to file a review for a change of condition within twelve months "from the date of last payment of compensation" or October 3, 2013.
7. Claimant's Form 50 was timely filed, however was withdrawn.
8. Claimant refiled his Form 50 on September 3, 2015.
9. Although Claimant has leave to refile the Form 50 pursuant to Regulation 67-609, Claimant did not do so within the legal time limitation prescribed by section 42-17-90.
10. Claimant's Form 50 was not refiled until after the legal time limitation pursuant to Section 42-17-90 had expired.
11. Therefore, because a Regulation cannot be construed to expand the time limitation provided by statute, Claimant is barred as a matter of law from pursuing review of the award on a change of condition. *See Soc'y of Prof'l Journalists v. Sexton*, 283 S.C. 563, 567, 324 S.E.2d 313, 315 (1984) ("Although a regulation has the force of law, it must fall when it alters or adds to a statute.").

CONCLUSIONS OF LAW

1. South Carolina Code Section 42-17-90(A) provides that a review for a change of condition must be made within "[12] months from the date of the last payment of compensation pursuant to an award provided by this title."
2. Although Claimant has leave to refile the Form 50 pursuant to Regulation 67-609, Claimant did not do so within the legal time limitation prescribed by section 42-17-90.

3. Therefore, because a Regulation cannot be construed to expand the time limitation provided by statute, Claimant is barred as a matter of law from pursuing review of the award on a change of condition.

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that pursuant to Section 42-17-90, Claimant's petition for a change of condition was untimely filed. Therefore, the undersigned dismisses this claim as a matter of law.

AND IT IS SO ORDERED.

ORDER OF APPELLATE PANEL

IT IS HEREBY ORDERED, that the greater weight of the evidence and testimony supports a conclusion that the Order of the Single Commissioner shall be **Affirmed with amendment.** Said amendment to correct the scrivener's error that claimant withdrew his Form 50, Request for Hearing for Change of Condition, on October 7, 2013, not August 7, 2013.

IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

Melody James, Commissioner

Susan S. Barden, Commissioner

Aisha Taylor, 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 Eugenia Hollmon on February 24, 2017

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

DONNIE LOWE, Employee, Claimant, vs. BMW MANUFACTURING CORPORATION, Employer, AND HARTFORD INS. CO. OF THE MIDWEST c/o SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., Carrier, Defendants.	**DECISION AND ORDER**

DATE OF HEARING:	Hearing held in Greenville, S.C. on December 10, 2015.
APPEARANCES:	Claimant appeared and represented by Mitchell K. Byrd, Jr., Esquire, of The Carolina Law Group, of Greenville, South Carolina. Defendants represented by Brad B. Easterling, Esquire of McAngus Goudelock & Courie, L.L.C., of Greenville, South Carolina.
PURPOSE OF THE HEARING:	To determine all issues as set forth in Forms 50 and 51.
COMMISSIONER:	Commissioner R. Michael Campbell, II
FILED:	July 15, 2016

STIPULATIONS

It is stipulated among the parties that:

1. Notice of the hearing was timely and properly served upon the parties of interest.
2. Venue was proper in Greenville, South Carolina.
3. Claimant's average weekly wage is $1,133.12 with a corresponding compensation rate of $645.94.
4. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
5. The South Carolina Workers' Compensation Commission file is made a part of the records with the exception of unstipulated medical records and self-serving declarations.

APA SUBMISSIONS

Claimant's APA and Exhibits

APA #	Physician/Practice	Dates of Service	Pages
1	Questionnaires from Dr. James Behr and Dr. Jason Kelly	3/12/15 and 3/7/14	1-2
2	MRIs of cervical spine	8/8/13 and 2/24/10	3-4
3	Orthopaedic Associates, Dr. James Behr	9/29/15 – 6/23/10	5-185
4	IME of Dr. Daniel Cordas	1/11/12	186-192
Ex. 1	Decision and Order	8/28/12	

Defendants' APA and Exhibits

APA #	Physician/Practice	Dates of Service	Pages
5	Dr. Behr, Orthopaedic Associates, PA	11/26/13 to 2/21/14	193-206
6	Innervision Medical Imaging	8/8/13	207-208
7	GRMH Emergency Room	9/23/13	209-217
8	Greenville Health System	5/7/12 to 5/28/13	218-230
9	The Directions Group	2/28/12	231-243
Ex. 1	Decision and Prior Order of Commissioner Beck	8/28/12	
Ex. 2	Claimant's Form 50	9/3/15	
Ex. 3	Claimant's Form 50	7/3/13	

Ex. 4	Payment of 8/28/12 order	10/3/12	

STATEMENT OF THE CASE

This matter came before the Commission based on the filing of the Forms 50 and 51 Request for Hearing. Claimant asserts that he sustained a change of condition for the worse under section 42-17-90 of the South Carolina Code. Claimant alleges that as a result of this injury, he is entitled to additional medical examination and treatment for his back and right lower extremity. On the other hand, Defendants assert that Claimant's claim for a physical change of condition is procedurally barred because it was not filed within one year of the date of last payment of compensation as required by section 42-17-90(A). Defendants further assert that even if the claim was timely filed, Claimant has failed to meet his burden of proving a physical change of condition for the worse.

EVIDENCE OF THE CASE

On October 2, 2007, Donnie K. Lowe (Claimant) suffered an admitted injury to his spine. He reached maximum medical improvement for this injury on January 6, 2011. The Honorable T. Scott Beck heard this case on May 9, 2012, and filed a Decision and Order on August 28, 2012. (Claimant's Ex. #1; Def. Ex. #1). Commissioner Beck awarded Claimant 35% permanent partial disability (PPD) to his spine along with future causally-related medical care per Dr. James Behr's recommendation. On October 3, 2012, Defendants paid Claimant $65,239.95 representing 105 weeks of PPD pursuant to Commissioner Beck's Order. (Def. Ex. #4)

On July 3, 2013, Claimant filed a Form 50 Request for Hearing, alleging a change of condition for the worse. (Def. Ex. #3). Claimant included a questionnaire from Dr. James Behr, the authorized treating physician, indicating Claimant had suffered a physical change of condition for the worse. On August 7, 2013, Claimant withdrew his Form 50 shortly after

Defendants deposed Dr. Behr, regarding Claimant's alleged change in condition. On or about September 3, 2015, Claimant refiled another Form 50 Request for Hearing alleging another change of condition. (Def. Ex. #2). Claimant included questionnaires from Dr. Behr and Dr. Jason Kelly in support of this allegation.

FINDINGS OF FACT

1. Under South Carolina Code Section 42-17-90(A), a review for a change of condition must be made within "[12] months from the date of the last payment of compensation pursuant to an award provided by this title."
2. Under South Carolina Code Regulation 67-609(A), "[a] claimant may withdraw a Form 50 . . . once as a matter of right with leave to renew."
3. The South Carolina Supreme Court has strictly construed the one-year limitation provided by section 42-17-90(A) and held that claims filed more than one year after the date of last payment of compensation are procedurally barred. *See Wallace v. Campbell Limestone Co.*, 198 S.C. 196, 203, 17 S.E.2d 309, 311-12 (1941) (finding a claim was barred under the predecessor to section 42-17-90(A) when it was filed more than one year after the last payment of compensation).
4. In *Wallace*, the claimant was awarded medical and indemnity benefits for an injury to his left leg, the last payment of which was made on June 7, 1937. *Id.* On June 15, 1940, he claimed an additional award for disfigurement. *Id.* at 198-99, 17 S.E.2d at 310. The South Carolina Supreme Court held the claimant's request for additional benefits was untimely because it was filed more than three years after the date of last payment of compensation. The Court cited the predecessor to section 42-17-90, which provided identical language as the current language of section 42-17-90, noting

"no such review shall be made after twelve months from the date of the last payment of compensation . . . ." The Court specifically stated, "[t]he conclusiveness of [this statute] is inescapable." *Id.* at 201, 17 S.E.2d at 311 (emphasis added). The Court further noted that "[s]uch statutes apply with full force to the most meritorious claims." *Id.* at 203, 17 S.E.2d at 311-12 (citing *Rudd v. Fairforest Finishing Co.*, 189 S.C. 188, 200 S.E.2d 727, 730 (1939) ("While we should give the Compensation Act a liberal construction, we are not justified in so construing it as to do violence to a specific requirement of the Act."). Thus, the Supreme Court dismissed the claimant's request for additional benefits because it was not filed within the one-year limitation provided by the predecessor to section 42-17-90.

5. Here, Defendants paid Claimant $65,239.95 on October 3, 2012, representing 105 weeks of permanent partial disability pursuant to Commissioner Beck's Order.
6. Under the one-year limitation prescribed by section 42-17-90(A), Claimant had to file a review for a change of condition within twelve months "from the date of last payment of compensation" or October 3, 2013.
7. Claimant's Form 50 was timely filed, however was withdrawn.
8. Claimant refiled his Form 50 on September 3, 2015.
9. Although Claimant has leave to refile the Form 50 pursuant to Regulation 67-609, Claimant did not do so within the legal time limitation prescribed by section 42-17-90.
10. Claimant's Form 50 was not refiled until after the legal time limitation pursuant to Section 42-17-90 had expired.

11. Therefore, because a Regulation cannot be construed to expand the time limitation provided by statute, Claimant is barred as a matter of law from pursuing review of the award on a change of condition. *See Soc'y of Prof'l Journalists v. Sexton*, 283 S.C. 563, 567, 324 S.E.2d 313, 315 (1984) ("Although a regulation has the force of law, it must fall when it alters or adds to a statute.").

CONCLUSIONS OF LAW

1. South Carolina Code Section 42-17-90(A) provides that a review for a change of condition must be made within "[12] months from the date of the last payment of compensation pursuant to an award provided by this title."
2. Although Claimant has leave to refile the Form 50 pursuant to Regulation 67-609, Claimant did not do so within the legal time limitation prescribed by section 42-17-90.
3. Therefore, because a Regulation cannot be construed to expand the time limitation provided by statute, Claimant is barred as a matter of law from pursuing review of the award on a change of condition.

ORDER

IT IS HEREBY ORDERED that the greater weight of the evidence supports a finding that pursuant to Section 42-17-90, Claimant's petition for a change of condition was untimely filed. Therefore, the undersigned dismisses this claim as a matter of law.

AND IT IS SO ORDERED.

Mike Campbell

Commissioner Mike Campbell

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).
July 15, 2016

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

Donnie Lowe,	Employee, Claimant,	
BMW Manufacturing Corp.,	Employer,	**DECISION AND ORDER**
AND		
Specialty Risk Services Inc.,	Carrier,	
	Defendants.	

HEARING:	Held in Grenville, South Carolina on May 9, 2012.
APPEARANCES:	Claimant represented by Monty Desai, Esq. of Greenville, South Carolina.
	Defendants represented by Brad B. Easterling, Esq. of Turner, Padget, Graham and Laney, P.A.
PURPOSE OF HEARING:	To determine the issues in Forms 50 and 51 and any other issues that may timely come before the Commission.
DECISION AND ORDER:	Commissioner T. Scott Beck
FILED:	**August 28, 2012**

STIPULATIONS

Counsel for the parties stipulated prior to the hearing to the following:

1. The purpose of the hearing is to determine issues as set forth in the Forms 50 and 51 which have been filed with this Commission and any other issues time and properly before the Commission;
2. Notice of hearing was timely and properly served upon all parties of interest;
3. Venue, set in Greenville County, is proper as agreed upon;
4. Claimant's average weekly wage is $1,133.12 with a corresponding compensation rate of $645.94, respectively.
5. The parties stipulate as to the date of maximum medical improvement, which is January 6, 2011.
6. Claimant suffered a compensable injury by accident to his spine on October 2, 2007 while employed with BMW Manufacturing Corporation. Therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

The following documents were submitted without objection pursuant to the Administrative Procedures Act:

Claimant's APA Submissions:

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
1	BMW Industrial Health Services	10-03-07 – 07/20/11	1 – 80
2	Spartanburg Regional	10/08/07 & 07/07/10	81 - 86
3	Diagnostic Health	11/08/07	87 - 88

4	Piedmont Physical Medicine & Rehab	11/08/07 – 09/23/08	89 -103
5	Innervision MRI & Imaging	02/24/10	104
6	Glenn L. Scott, MD	04/08/10 – 06/22/10	105 - 109
7	Neurology Associates of Greenville – EMG/NCV	03/11/10	110 - 113
8	Orthopaedic Associates David Mitchell, MD Gerald Rollins, MD James P. Behr ,MD	06/23/10 – 08/01/11	114 - 160
9	Regional Rehabilitation Services – FCE	05/05/11 – 05/03/11	161 – 174
10	Permanent Restrictions Dr. Katemba	06/10/09 & 05/06/11	175 – 176
11	Serenity Rehab and Wellness Center – FCE	0//10/12 & 04/18/12	177 – 191
12	Oaktree Orthopedics IME – Dr. Cordas	01/11/12	192 – 198
13	Weldon & Associates Rock Weldon, MA, CVE Vocational Evaluation	01/16/12	199 – 202
14	Questionnaire Completed by Dr. Behr	01/24/12	203

Defendant's APA Submissions:

15	BMW IHS	10/17/07 – 11/17/11	204 - 251
16	Piedmont Physical Medicine & Rehab	11/19/07 – 10/21/08	252 - 265
17	Dr. Glenn L. Scott	5/26/10 – 6/22/10	266 – 267
18	Dr. David Mitchell	6/23/10 – 7/21/10	268 – 272
19	Dr. Gerald Rollins	8/18/10 – 10/27/10	273 – 281
20	Dr. James Behr	12/2/10 – 1/17/11	282 - 299
21	MRI/CT Scan	11/8/07 – 7/7/10	300 – 303
22	Operative Note – Dr. James Behr	7/7/10 – 8/1/11	304 – 312
23	FCE	7/28/09	313 – 321
24	The Directions Group	2/28/12	322 – 334

Exhibits:

Deposition of Dr. Behr taken March 6, 2012

STATEMENT OF THE CASE

This claim involves an admitted injury to the Claimant's spine, which occurred on October 2, 2007 as a result of Claimant's work at BMW Manufacturing Corporation. Both parties agree Claimant achieved maximum medical improvement for the admitted injury on January 6, 2011. Pursuant to his Form 50, Claimant contends he is permanently and totally disabled as a result of his admitted back injury with effect on his right lower extremity. In essence, Claimant contends that in addition to the admitted injury to his back, he also sustained injury to his right lower extremity in the form of radicular symptoms from his admitted back injury. Claimant is seeking future causally-related medical care per the recommendations of treating physician, Dr. James P. Behr. While the treating physician, Dr. Behr, assigned a 9% rating to the Claimant's spine only, Claimant contends the medical impairment rating of his independent medical evaluator, Dr. Daniel Cordas, is more accurate. Dr. Cordas assigned a 12% medical impairment to the whole person as well as a 5% rating to the right lower extremity. Claimant seeks payment of his award in lump sum with appropriate *Utica Mohawk / James* language.

The Defendants contend Claimant did, in fact, achieve maximum medical improvement on January 6, 2011, and believe that the Claimant has injury to his back only. Defendants deny Claimant is permanently and totally disabled and believe any permanent partial disability Claimant has is to his back only pursuant to South Carolina Code §42-9-30. Defendants believe this is a one-body part case only and deny any injury to the Claimant's right lower extremity. As Defendants are currently paying temporary total disability benefits, they seek an order allowing termination of same. In that regard, defendants request credit for overpayment of temporary disability benefits past the date of maximum medical improvement or, in the alternative, past the date of claimant's filing of his Form 50.

EVIDENCE OF THE CASE

Claimant, Donnie Lowe, appeared at the hearing and testified on his own behalf. Claimant was born September 19, 1964, and is currently 47 years old. Claimant was formerly a production associate with BMW and described that he was working in the wire harness area at the time of the subject injury. Claimant described his job entailed connecting wires in the X-5 vehicles. Claimant has one 23-year-old daughter, and also has a seven month old grandchild. The Claimant testified that he has gained 25 pounds since the October 2, 2007 work injury. Claimant does continue to maintain a valid driver's license and drives approximately ten miles around town on a daily basis. Claimant holds a high school diploma, but has no education beyond high school. Claimant uses a computer on a regular basis to check his email and to surf the internet. Claimant described that he uses a wireless keyboard with his computer hooked to his flat screen television.

The Claimant described that prior to the October 2, 2007 injury, he was in good health, diagnosed with only borderline diabetes. The Claimant had no work restrictions prior to the October 2, 2007 injury. Claimant described that he did engage in physical activity prior to October 2, 2007, including cutting his grass and working in his yard. Claimant described that now his nephew cuts his grass, and that he only sets flowers in pots rather than getting on the ground and planting them himself. Claimant testified that he had no prior injuries or accidents before October 2, 2007.

At the hearing, Claimant also described his jobs prior to employment with BMW Manufacturing. Claimant testified that his first job of high school was a cook and stock boy for Hardee's. Shortly after high school, Claimant also worked for Fleet Oil Company as a cashier / groundskeeper. In regards to the cashier job, Claimant testified that he did not believe he could return to that job due to the required prolonged sitting. After his cashier job at the gas station, the Claimant worked for Wonder Weave Carpet. Claimant described that he was required to wrap bolts of carpet in paper. In this job, Claimant described that he was required to pull rolls of carpet off a machine, which

required bending over. The job at Wonder Weave also required standing for 8 to 10 hours a day. Claimant testified that he does not believe that he could return to a job similar to his prior job at Wonder Weave Carpet. Claimant described that he then went to work for a company named Digital Equipment, requiring him to load copper panels into a machine and inspect the panels. Claimant testified that he performed that job from 1985 to 1999. In the job at Digital Equipment, Claimant testified that heavy lifting was involved as the copper panels came in lots of 48 panels. Claimant would have to lift the lots from a cart. Based on this lifting, the Claimant testified that he also does not believe he could return to a job similar to his prior job at Digital Equipment. Claimant described that he went to work for BMW Manufacturing in 1999 where he began working in the wire harness area. In the wire harness area, the Claimant described that he worked four different jobs requiring him to move from the front of the car all the way to the back. Claimant switched stations every 2 ½ hours. The Claimant described that all of his jobs at BMW involved prolonged standing. Claimant also described that in one of his jobs at BMW, he was required to lift a metal part from a bin that weighed between 15 and 20 pounds. In his job at BMW, the Claimant also described significant walking.

At the hearing, Claimant also described how he injured his back on October 2, 2007. Claimant described he was bending down in front of an X-5 into the floor pan tightening bolts on the side of the firewall. As he was bending in, tightening bolts, he testified he felt immediate pain in his back. At that point, the Claimant went to BMW Industrial Health Services where he initially saw Dr. Elisa Katemba. Claimant described that after his initial injury he was out of work for a period of time and began seeing Dr. Robert Schwartz. After initially treating with Dr. Schwartz, Dr. Schwartz returned the Claimant back to work at which time the Claimant resumed his regular work duties. Claimant testified that he worked approximately 90 days before going back out of work again. Claimant testified that, per BMW policy, 90 days was the most an employee could work while on light duty.

Claimant went on to describe that during his period of light duty, BMW rearranged its production line during Christmas shutdown and Claimant was out of work for an additional two weeks. Upon returning after the two weeks after Christmas, Claimant testified he returned to work running a hoist requiring him to bend down to hook parts to the hoist and push the parts back to the line. At the end of February 2010, Claimant ultimately returned to see Dr. Katemba and did not return to work at BMW after that time period. Subsequent to Claimant going out of work, he began treating with Dr. Glenn Scott, Dr. Mitchell, Dr. Rollins, and Dr. Behr. At the hearing, the Claimant discussed his reasons for not pursuing surgery. Claimant described his understanding that nerve damage and possible impotency could result from a surgery. Further, Claimant described that a fusion surgery would prevent Claimant from bending over.

At the hearing, Claimant described his current physical limitations. Claimant testified he has a hard time bending down and a hard time holding his granddaughter for any length of time. Claimant testified he does clean his house but does not do a whole lot of housework. Claimant describes he installed a handle in his shower to prevent losing his balance while showering. Claimant testified he can sit between 15-30 minutes to an hour depending on the chair. Claimant testified he can stand for 45 minutes before having pain. Claimant did acknowledge he has a treadmill in his house that he tries to walk on for 30 minutes per day. Claimant acknowledged he does lift his 16 or 17 pound granddaughter but only while sitting down. Claimant acknowledged he does some housework but has assistance from his daughter who helps clean his bathroom. The Claimant described he gets approximately four hours of consistent sleep during the night. The Claimant testified that if his physical condition will allow, he would return to work. The Claimant testified he would rather be working than sitting around his house.

The Claimant does not believe he can return to work in his prior job at BMW nor any of his other jobs he has held prior to BMW. The Claimant testified he has pain in his right leg in addition to the pain in his low back.

On cross-examination, the claimant acknowledged he lives alone and care for his two dogs on a daily basis. The Claimant drives a 2004 Toyota truck to which he operates with no difficulty. The claimant drives himself to and from stores such as Big Lots and Wal-Mart to purchase household items. The Claimant is able to drive to a gas station and pump his own gas. The Claimant acknowledged that he did graduate from Greer High School where he was an A/B student. The Claimant also acknowledged participating in the vocational testing administered by Jan Westmoreland of The Directions Group. On cross-examination, it was pointed out that the Claimant has a Beta IQ ranking in the superior intelligence category. It was also pointed out that the Slosson Intelligent Test indicates the Claimant operates in the average to above-average intelligence range. In regards to Claimant's vocational expert, Defendants pointed out the Claimant's vocational expert did not administer any specific IQ or intelligence testing.

In regards to Claimant's prior jobs, Claimant acknowledged his job with Digital Equipment Corporation involved primarily inspecting circuit boards. In Claimant's prior job with Wonder Weave, Claimant again acknowledged his primary job was to run a machine. The Claimant admitted that if given a job allowing him to alternate between sitting and standing he could, in fact, return to work. While Claimant has been out of work since June 2010, the Claimant admitted he has not looked for any other jobs and has not called any employers and nor submitted any applications for potential other work. The Claimant candidly admitted that he is really unsure about what he could or could not do in a potential job as he has not tried to return to work.

On cross-examination, the Claimant's epidural steroid injections were discussed in detail. The Claimant acknowledged after receiving steroid injections from Dr. Behr, he receives excellent pain relief. The Claimant also acknowledged the steroid injections provide good functional improvement. The Claimant further admitted he informed Dr. Behr in January 2011 that based on the combination of steroid injections and pain medications he is able to handle his pain and function "pretty well." At the hearing, the Claimant verified his last steroid injection was in January 2012. The Claimant pointed out he was scheduled to undergo an additional steroid injection on May 25, 2012. The Claimant acknowledged that because the steroid injections and medications were helping significantly, he decided not to have surgery. While the Claimant discussed his reasons for not wanting surgery, he admitted Dr. Mitchell and Dr. Rollins, the two orthopaedic surgeons in this claim, never actually officially recommended the Claimant to undergo surgery. The Claimant described that after a steroid injection, his average pain level is between a two and three and when his epidural steroid injections begin to wear off, his pain level increases to about a six.

The Claimant confirmed he cares for his 11 month old granddaughter between two to three days per week while his daughter works. The Claimant provides this care on a regular basis and acknowledged the longest period of time he has been required to care for his 11 month granddaughter in any given day is between six to eight hours. While Claimant testified on direct examination is the only time he lifts his granddaughter is while he is sitting down, on cross-examination, he did ultimately admit that he will, from time to time, have to pick his granddaughter up to carry her to the bed to change her diaper.

The Claimant ultimately acknowledged that, while he had to sit and stand and grimace several times during the hearing, much of his pain is due to being on the "tail end" of his steroid injection.

The claimant acknowledged that shortly after his steroid injections, he was able to walk better and is in less pain.

MEDICAL EVIDENCE & CASE LAW

The medical evidence submitted in both parties' APAs were received and thoroughly reviewed. Of most importance are the medical records of the authorized treating physician, Dr. James Behr who, on January 6, 2011, assigned a nine (9%) percent medical impairment to claimant's spine. On January 11, 2012, Claimant's independent medical evaluator, Dr. Daniel Cordas, assigned a twelve (12%) percent medical impairment to claimant's spine and a five (5%) medical impairment to claimant's right lower extremity.

The case law cited and presented by the parties were also considered and reviewed. The undersigned also gave due consideration to both claimant's (Rock Weldon) and Defendants' (Jan Westmoreland) vocational experts' reports. Finally, and perhaps more importantly, the deposition of Dr. Behr was thoroughly reviewed.

FINDINGS OF FACT

Based upon the stipulation of the parties, testimony, and evidence received and produced at this hearing, the undersigned Commissioner makes the following findings of fact:

1. The parties to this proceeding are subject to, and bound by, the terms and provisions of the South Carolina Workers' Compensation Act.
2. I find as a fact claimant suffered a compensable injury to his back with effect to his right lower extremity on October 2, 2007 during his employment with BMW Manufacturing Corporation.
3. I find as a fact that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.
4. I find the testimony given by the claimant at the hearing to be credible.

5. I find as a fact that, during the hearing, claimant appeared very uncomfortable in his chair and was required to stand through a portion of his testimony.
6. I find a as a fact claimant wore a back brace and testified he wears the brace most of the time.
7. I find as a fact that claimant cannot sit or stand for prolonged periods, but believes if offered a job allowing him to alternate between sitting and standing he believes he could probably perform that job.
8. I find as a fact that claimant uses a TENS unit regularly.
9. I find as a fact that claimant testified his condition at the hearing, i.e. alternating between standing and sitting and grimacing, is consistent with the end of an epidural steroid injection cycle. In that regard, claimant acknowledged his pain level and functional ability is better shortly after receiving a steroid injection.
10. I find as a fact the medical records submitted, particularly the records of Dr. Behr, demonstrate that the epidural steroid injections provide claimant with significant relief.
11. I find as fact that the most recent Functional Capacity Exam places claimant in a light physical demand job category.
12. While I am not of the opinion claimant is permanently and totally disabled, I find as fact his disability significantly exceeds his medical impairment ratings.
13. I find as a fact, per agreement of the parties, claimant achieved maximum medical improvement as of January 6, 2011.
14. Based on the medical evidence submitted and the testimony of the claimant, pursuant to S.C. Code § 42-9-30, claimant is awarded thirty-five (35%) percent disability to his spine, which takes into account any effect to his right lower extremity.

15. Pursuant to *Dodge v. Bruccoli,* I find claimant is entailed to future causally-related medical care consistent with the recommendations of Dr. Behr for the length of time necessary to lessen claimant's period of disability.

16. For the purposes of determining lifetime allocation, this award, which is compensation for permanent impairment that will affect claimant for life, is estimated and allocated into a theoretical stream of periodic payments as follows: $42,292.54 in compromise settlement of disputed future disability benefits at the rate of $25.51 per week commencing August 24, 2012, for a period of 1,657.24 weeks thereafter, based upon his life expectancy of 31.87 years as stated in *SC Code § 19-1-150,* pursuant to Section 42-9-10 of the *1976 Code of Laws of South Carolina,* as interpreted by the South Carolina Supreme Court decision of ***Utica-Mohawk Mills v. Orr,*** 277 SC 266, 87 SE2d 589, and Section 19-1-150 of the 1976 Code of Laws of South Carolina and POMS 11501.235(C), and ($25,531.16) as attorney's fees and costs in prosecuting this action.

CONCLUSIONS OF LAW

1. S.C. Code § 42-1-160 of the South Carolina Code of Laws (1976, as amended) is applicable in defining "injury and personal injury."
2. S.C. Code § 42-15-60 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the period of time in which medical treatment and supplies shall be furnished.
3. S.C. Code § 42-9-30 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the amount of compensation and period of disability for certain injuries.
4. S.C. Code § 42-9-10 of the South Carolina Code of Laws (1976, as amended) governs general disability.

5. S.C. Code §42-9-20 of the South Carolina Code of Laws (1976, as amended) governs disability resulting from wage loss or a diminished capacity to earn wages.
6. S.C. Code § 42-9-210 is applicable in determining the extent to which a carrier is entitled to a credit for overpayment of temporary disability benefits.
7. S.C. Code § 42-17-40 of the South Carolina Code of Laws (1976, as amended) is applicable in governing the conduct of hearings and rendering of awards.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the undersigned Commissioner orders as follows:

IT IS, THEREBY, ORDERED that claimant sustained a compensable injury to his spine, with effect to his right leg, on October 2, 2007 during his employment with BMW Manufacturing Corporation.

IT IS, THERBY, ORDERED that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.

IT IS ORDERED that claimant has suffered thirty-five (35%) percent permanent partial disability to his spine.

IT IS SO ORDERED!

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

August 28, 2012

By: Amy Bracy, Administrative Assistant to Commissioner Beck

910 East Washington Street
Greenville, SC 29601
Phone: (864) 312-4444
Fax: (864) 312-4447

Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead
Mitchell K. Byrd, Jr.

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210 West Poinsett Street
Greer, SC 29650
Phone: (864) 757-5555
Fax: (864) 757-5556

September 3, 2015

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

RE: Donnie Lowe v. BMW Manufacturing Corp.
WCC File No: 0715651

Dear Ms. Bracy:

Please let this letter serve as notice that I represent the above named individual in his Worker's Compensation claim against BMW Manufacturing, in connection with injuries he suffered on or about October 2, 2007.

Enclosed please find an original Form 50 Change of Condition claim and Request for Hearing regarding Mr. Lowe, along with medical reports that we believe constitute a change condition. In that regard, please direct all future correspondence concerning this matter to me at the address above.

I look forward to working with you. Please call if you have any questions or concerns.

Very truly yours,

THE CAROLINA LAW GROUP

Monty D. Desai
Attorney at Law

MDD/cwl
Enclosures

cc: Brad Easterling, Esquire

* Member Million Dollar Advocate Forum

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

WCC File #: **0715651**
Carrier File #: **YMGC72538**
Carrier Code #: **428**
Employer FEIN #: **38-1710758**

Claimant's Name: Donnie Lowe SSN: 247-35-0152 Employer's Name: BMW Manufacturing CORP.

Address: 106 Pine St. Address: 1400 Hwy 101 South

City: Greer State: SC Zip: 29650 City: Greer State: SC Zip: 29651

Home Phone: (864) 848-2131 Work Phone: (864) 380-2984 Insurance Carrier: Hartford Insurance Company

Preparer's Name: Monty D. Desal Law Firm: The Carolina Law Group Preparer's Phone #: (864) 312 - 4444

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: 10/02/07**

☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to Back and Right Lower Extremity (Part(s) of Body Injured) on 10/02/07 (Month/Day/Year) in Spartanburg county, state of South Carolina.
2. Body part(s) affected are: Back and Right Lower Extremity
   Briefly describe how the accident occurred. Installing wiring harness in BMW X5.
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 10/02/2007 (Month/Day/Year) in the following manner:
   Verbal to Team Leader, Trinity

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

☐(a) medical examination and treatment for: ____

☒(b) additional medical examination and treatment for: Back and Right Lower Extremity

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TBD

☒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: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $1133.12, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim:
Claimant has suffered a change of condition pursuant to the questionnaire completed by Dr. Behr and Dr. Kelly which is attached.

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:
Please see attached list.

11b. To the best of your knowledge, did you have any prior permanent disability? If yes, describe: Yes. Awarded 35% to the back by Commissioner Beck pursuant to Order Filed August 28, 2012.

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: 1 hour

☒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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Brad Easterling, Esquire address P.O. Box 1409, Greenville, SC 29602 on the 3rd day of September 2015, 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.

Preparer's Signature	Attorney Title	monty@thecarolinalawgroup.com Email	9-3-2015 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.

WCC Form # 50
Revised 7/13

50 **Employee's Notice of Claim and/or Request for Hearing**

BEFORE THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION
W.C.C. FILE NO. 0715651

Donnie Lowe,	)	
	)	
Employee / Claimant,	)	
	)	
Vs.	)	
	)	
BMW Manufacturing Corp,	)	**CERTIFICATE OF SERVICE**
	)	
Employer,	)	
	)	
and	)	
	)	
Hartford Insurance Company,	)	
SRS Cedwick,	)	
	)	
Insurer,	)	
Defendants	)	
	)	

I, Terra L. McKenzie, the undersigned employee of The Carolina Law Group, attorney for the Claimant, do hereby certify that I have served the documents herein stated, upon the individual(s) named below, by way of postage prepaid, via First Class US Mail, to the following addresses:

Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Brad Easterling, Esquire
Turner Padget Graham & Laney, P.A.
P.O. Box 1509
Greenville, SC 29602

Forms: Form 50 Change of Condition
Client: Donnie Lowe

Cynthia Lopata

Cynthia Lopata, Legal Assistant for
Monty D. Desai, Esq.
The Carolina Law Group
517 Laurens Road
Greenville, SC 29607
Ph: 864-312-4444
Fax: 864-312-4447

Dated: 9-3-15

Names and addresses of all physicians for Donnie Lowe

1. St. Francis Hospital
   1 Saint Francis Rd.
   Greenville, SC 29601

2. Innervision
   1 Cannon Drive.
   Greenville, SC 29605

3. Spartanburg Regional
   101 E. Wood Street
   Spartanburg, SC 29303

4. Dr. Glenn Scott, M.D.
   900 S Pine St Ste 2A
   Spartanburg, SC 29302

5. Regional Rehabilitation Services
   543 Floyd Road.
   Spartanburg, SC

6. Neurology Associates
   1130 Grove Road.
   Greenville, SC 29605

7. Dr. Gerald L. Rollins, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

8. Dr. M. Mitchell, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

9. Dr. James Behr, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

10. Serenity Rehab & Wellness
    3795 East North Street, Suite 14
    Greenville, SC 29615

11. Oaktree Medical Center
    115 Brushy Creek Road
    Easley, SC 29642

12. Rock Weldon, MA, CVE
    Weldon & Associates
    1225 S. Church Street
    Greenville, SC 29604

13. **Dr. Jason Kelly**
Upstate Carolina Radiology
P.O. Box 4026
Spartanburg, SC 29305

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

My name is Dr. Jason Kelly and I am a musculoskeletal radiologist at Upstate Carolina Radiology. I have had the opportunity to fully review Mr. Donnie Lowe's MRI scans of February 24, 2010 and August 8, 2013.

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☒ Yes (By MRI) ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. Jason Kelly

3/7/14
Date

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☒ Yes ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. James P. Behu

3/12/15
Date

THE CAROLINA LAW GROUP LLC

Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead

www.thecarolinalawgroup.com
Tax ID 27-4810173

910 East Washington Street
Greenville, SC 29601
Phone: (864) 312-4444
Fax: (864) 312-4447

Mailing Address:
P.O. Box 5192
Greenville, SC 29606

West Greenville Address:
6304 White Horse Road, Suite B
Greenville, SC 29611

March 18, 2010

Ms. Virginia L. Crocker, Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Donnie Lowe v. BMW Manufacturing Corp.
WCC File No: 0715651

Dear Ms. Crocker:

Please let this letter serve as notice that I represent the above named individual in his Worker's Compensation claim against BMW Manufacturing, in connection with injuries he suffered on or about October 2, 2007.

Enclosed please find an original Form 50 Change of Condition claim and Request for Hearing regarding Mr. Lowe, along with medical reports that we believe constitute a change condition. In that regard, please direct all future correspondence concerning this matter to me at the address above.

I look forward to working with you. Please call if you have any questions or concerns.

Very truly yours,

THE CAROLINA LAW GROUP

Monty D. Desai
Attorney at Law

MDD/tlm
Enclosures

cc: Brad Easterling, Esquire

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

WCC File #: 0715651
Carrier File #: YMGC72538
Carrier Code #: 428
Employer FEIN #: 38-1710758

Claimant's Name: Donnie Lowe SSN: 247-35-0152 Employer's Name: BMW Manufacturing CORP.

Address: 106 Pine St. Address: 1400 Hwy 101 South

City: Greer State: SC Zip: 29650 City: Greer State: SC Zip: 29651

Home Phone: (864) 848-2131 Work Phone: (864) 380-2984 Insurance Carrier: Hartford Insurance Company

Preparer's Name: Monty D. Desai Law Firm: The Carolina Law Group Preparer's Phone #: (864) 312 - 4444

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 10/02/07

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Back and Right Lower Extremity (Part(s) of Body Injured) on 10/02/07 (Month/Day/Year) in Spartanburg county, state of South Carolina.
2. Body part(s) affected are: Back and Right Lower Extremity

   Briefly describe how the accident occurred. Installing wiring harness in BMW X5.
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 10/02/2007 (Month/Day/Year) in the following manner:
   Verbal to Team Leader, Trinity

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

☐ (a) medical examination and treatment for: ____

☒ (b) additional medical examination and treatment for: Back and Right Lower Extremity

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TBD

☒ 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: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $1133.12, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim:
Claimant has suffered a change of condition pursuant to the questionnaire completed by Dr. Behr which is attached.

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:
Please see attached list.

11b. To the best of your knowledge, did you have any prior permanent disability? If yes, describe: Yes, Awarded 35% to the back by Commissioner Beck pursuant to Order Filed August 28, 2012.

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: 1 hour

☒ 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.

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I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Brad Easterling, Esquire address P.O. Box 1309, Greenville, SC 29602 on the 3rd day of July 2013, 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.

Preparer's Signature	Attorney Title	monty@thecarolinalawgroup.com Email	7/3/2013 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.

WCC Form # 50 EA Employee's Notice of Claim and/or

Names and addresses of all physicians for Donnie Lowe

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   1 Saint Francis Rd.
   Greenville, SC 29601

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   Greenville, SC 29605

3. Spartanburg Regional
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   Spartanburg, SC 29303

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   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

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   543 Floyd Road.
   Spartanburg, SC

6. Neurology Associates
   1130 Grove Road.
   Greenville, SC 29605

7. Dr. Gerald L. Rollins, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

8. Dr. M. Mitchell, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

9. Dr. James Behr, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

10. Serenity Rehab & Wellness
    3795 East North Street, Suite 14
    Greenville, SC 29615

11. Oaktree Medical Center
    115 Brushy Creek Road
    Easley, SC 29642

12. Rock Weldon, MA, CVE
    Weldon & Associates
    1225 S. Church Street
    Greenville, SC 29604

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

1. Has Mr. Lowe's condition, resulting from him work related injury December 22, 2008, changed for the worse since January 6, 2011?

☒ Yes ☐ No

Please explain the reason for your opinion:

Subjectively Mr Lowe is reporting increased pain requiring change in meds

2. In your 05/13/13 medical note you indicated that Mr. Lowe's last epidural injection did not give him as much relief as the previous ones. Mr. Lowe also reports that the pain has been increasing across the low back down into his right greater than left buttock. In your medical opinion, do you believe Mr. Lowe will ultimately require surgery due to his December 22, 2008 work related injury?

☐ Yes ☐ No

If yes, please explain the reason for your opinion:

Can not answer at this time, We will change his treatment plan and reassess at that time.

3. Have you been given the opportunity to add or redact anything you wish from this questionnaire

☐ Yes ☐ No

4. Do you hold all these opinions to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. James P. Behr Date

BEFORE THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION
W.C.C. FILE NO. 0715651

Donnie Lowe, Employee / Claimant, Vs. BMW Manufacturing Corp, Employer, and Hartford Insurance Company, SRS Cedwick, Insurer, Defendants	CERTIFICATE OF SERVICE

I, Terra L. McKenzie, the undersigned employee of The Carolina Law Group, attorney for the Claimant, do hereby certify that I have served the documents herein stated, upon the individual(s) named below, by way of postage prepaid, via First Class US Mail, to the following addresses:

Ms. Virginia L. Crocker, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Brad Easterling, Esquire
Turner Padget Graham & Laney, P.A.
P.O. Box 1509
Greenville, SC 29602

Forms: Form 50 Change of Condition
Client: Donnie Lowe

Terra L. McKenzie, Paralegal for
Monty D. Desai, Esq.
The Carolina Law Group
517 Laurens Road
Greenville, SC 29607
Ph: 864-312-4444
Fax: 864-312-4447

Dated: July 3, 2013

Monty D. Desai*
Nihar M. Patel*
J. Matthew Whitehead*
Mitchell K. Byrd, Jr.

910 East Washington Street
Greenville, SC 29601

Phone: (864) 312-4444
Fax: (864) 312-4447

Mailing Address:
P.O. Box 5192
Greenville, SC 29606

West Greenville Address:
6304 White Horse Road, Suite B
Greenville, SC 29611
Tax ID 27-4810173

July 28, 2016

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

RE: Donnie Lowe v. BMW Manufacturing Corp
WCC File No: 1505905

Dear Ms. Bracy:

Enclosed Please find the original and three copies of our Form 30 (Request for Commission Review) along with the Order on appeal and $150 filing fee check.

By copy of this letter to the defendant's attorney, Brad Easterling, I am serving him with the Form 30. Please let me know if you have any questions or concerns.

Very truly yours,

THE CAROLINA LAW GROUP

Mitchell K. Byrd, Jr.

MKB,Jr./tlm
Enclosures

cc: Brad Easterling, Esquire

* Member Million Dollar Advocate Forum

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

WCC File #: 0715651
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Donnie Lowe SSN: 247 - 35 - 0152
Address: 106 Pine Street
City: Greer State: SC Zip: 29650
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: Mitchell K. Byrd, Jr. Law Firm: The Carolina Law Group

Employer's Name: BMW Manufacturing Corporation
Address: P.O. Box 11000
City: Spartanburg State: SC Zip: 29304
Insurance Carrier: Hartford Ins. Co. of the Midwest c/o Sedgwick
Preparer's Phone #: (864) 312 - 4444

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 10/2/07

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.

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

☐ **Mediation**

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Brad Easterling, MGC, P.O. Box 2980, Greenville, SC 29602 on the 28th day of July 2016, by X first class postage____certified mail____personal service.

Preparer's Signature	Title	Email	Date
	Attorney	mitchell@thecarolinalawgroup.com	July 28, 2016

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

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

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 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.

Jeffrey Allen Miller v. BMW Manufacturing
WCC File No: 0715651

1. Did the Commissioner err in Finding of Fact No. 1; such error being that Finding of Fact No 1 is based upon an error of law and not supported by the preponderance of the evidence?

2. Did the Commissioner err in Finding of Fact No. 2; such error being that Finding of Fact No. 2 is based upon an error of law and not supported by the preponderance of the evidence?

3. Did the Commissioner err in Finding of Fact No. 3; such error being that Finding of Fact No 3 is based upon an error of law and not supported by the preponderance of the evidence?

4. Did the Commissioner err in Finding of Fact No.4; such error being that Finding of Fact No 4 is based upon an error of law and not supported by the preponderance of the evidence?

5. Did the Commissioner err in Finding of Fact No. 5; such error being that Finding of Fact No 5 is based upon an error of law and not supported by the preponderance of the evidence?

6. Did the Commissioner err in Finding of Fact No. 6; such error being that Finding of Fact No 6 is based upon an error of law and not supported by the preponderance of the evidence?

7. Did the Commissioner err in Finding of Fact No. 7; such error being that Finding of Fact No 7 is based upon an error of law and not supported by the preponderance of the evidence?

8. Did the Commissioner err in Finding of Fact No. 8; such error being that Finding of Fact No 8 is based upon an error of law and not supported by the preponderance of the evidence?

9. Did the Commissioner err in Finding of Fact No. 9; such error being that Finding of Fact No 9 is based upon an error of law and not supported by the preponderance of the evidence?

10. Did the Commissioner err in Finding of Fact No. 10; such error being that Finding of Fact No 10 is based upon an error of law and not supported by the preponderance of the evidence?

11. Did the Commissioner err in Finding of Fact No. 11; such error being that Finding of Fact No 11 is based upon an error of law and not supported by the preponderance of the evidence?

12. Did the Commissioner err in Conclusion of Law No. 1; such error being that Conclusion of Law No. 1is based upon an error of law and not supported by the preponderance of the evidence?

13. Did the Commissioner err in Conclusion of Law No. 2; such error being that Conclusion of Law No. 2 is based upon an error of law and not supported by the preponderance of the evidence?

14. Did the Commissioner err in Conclusion of Law No. 3; such error being that Conclusion of Law No. 3 is based upon an error of law and not supported by the preponderance of the evidence?

15. Did the Commissioner err in the final Order; such error being that the final Order is based upon an error of law and not supported by the preponderance of the evidence?

16. Did the Commissioner err in finding, concluding and ordering that Claimant's change of condition for the worse claim was outside of the statute of limitations?

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

W File # 0715651
Carrier File # YMG72538C
Carrier Code # 428
Employer FEIN 381710758

Donnie K. Lowe — Claimant's Name
247-35-0152 — SSN
106 Pine Street — Address
Greer, SC 29650 — City State Zip
(864) 848-2131 — Home Phone #
Work Phone #

BMW Manufacturing Corp — Employer's Name
1400 Highway 101 South — Address
Greer, SC 29651 — City State Zip
Specialty Risk Services, LLC — Insurance Carrier

Beth H. Padgett — Preparer's Name
(800) 541-0139 — Phone #

Compensation Paid:	Number of Weeks	From	To	Amount
		10/3/07 1/9/08 8/15/08 6/23/10	12/6/07 1/17/08 3/22/09 9/25/12	
1. Number of weeks T.T.	160			$ 103,350.40
2. Number of weeks T.P.				$
3. Number of weeks P.P.		Per Order(105 wks -4 wks TT paid from date of Order)		$ 65,239.94
4. Disfigurement				$
5. Agreement and Final Release				$
Total Compensation Paid				$ 168,590.34
6. Total Medical Benefits* Paid				$ 13,712.32
7. Funeral Benefits				$

Case Denied:

Date of Injury: 10/2/2007
month day year

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: Donnie K. Lowe
Claimant

By:
Employer's Representative

Date: 10/3/12

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party ..... $ _____

B. Attorney's Fee Paid by Employer ..... $ _____

C. Attorney's Fee Paid by Claimant ..... $ _____
(Non contingent fees, only)

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96

19

STATUS REPORT AND COMPENSATION RECEIPT

FC04159 (12/06) YMG72538C

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
FILE NO. 0715651

DONNIE K. LOWE, CLAIMANT, v. BMW MANUFACTURING CORPORATION, EMPLOYER, AND HARTFORD INSURANCE COMPANY OF THE MIDWEST, CARRIER, DEFENDANTS.	HEARING BEFORE COMMISSIONER R. MICHAEL CAMPBELL, II **TRANSCRIPT**

THE WORKERS' COMPENSATION HEARING, TAKEN BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 3:50 P.M., THURSDAY, DECEMBER 10, 2015, COUNTY SQUARE, 301 UNIVERSITY RIDGE, GREENVILLE, SOUTH CAROLINA 29601.

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

APPEARANCES

FOR THE CLAIMANT
MITCHELL K. BYRD, JR., ESQUIRE
THE CAROLINA LAW GROUP
210 WEST POINSETT STREET
GREER, SOUTH CAROLINA 29650
864-757-5555

FOR THE DEFENDANT
BRAD B. EASTERLING, ESQUIRE
McANGUS, GOUDELOCK & COURIE, LLC
POST OFFICE BOX 2980
GREENVILLE, SOUTH CAROLINA 29602
864-239-4000

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

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EXHIBITS

(No Exhibits Proffered)

THE COURT: Today is December 10th, 2015. This is South Carolina Workers' Compensation Case File Number 0715651. This is the case of the Claimant Donnie K. Lowe represented by Attorney Mitchell K. Byrd. The Employer is BMW Manufacturing Corporation. The Carrier is Hartford Insurance Company of the Midwest; both represented by Attorney Brad B. Easterling.

The date of accident is October 2nd, 2007. There is an average weekly wage of $1133.12 with a corresponding compensation rate of $645.94.

APAs have been submitted. Are there any objections to APAs, jurisdiction, venue or any other items?

MR. BYRD: Nothing from the Claimant, Your Honor.

MR. EASTERLING: Nothing from the Defendants.

THE COURT: Without objection the Commission's file becomes a part of the record with the exception of self-serving declarations and unstipulated medical reports.

Mr. Byrd, we are here today, sir, on your Form 50 so if you would please put your position on the record and let us know exactly what you're seeking here today.

MR. BYRD: Thank you, Your Honor. May it please

the Commission. Mr. Lowe injured his low back which affected his leg on October 2nd, 2007. That's the underlying claim. This is a change of condition for the worse claim. His award from Commissioner Beck, which is a part of the Commission record is dated August 28th, 2012. Within the year after his award he had another MRI scan done of his low back. That was reviewed by a musculoskeletal radiologist. It was also reviewed by Dr. Behr who is the authorized treating physician chosen and paid for by the Defendants. Both of those doctors say that our client's condition has worsened. So to summarize, as I mentioned before, our position is that the two experts who have given opinions on this case are -- have essentially said his condition did, in fact, change for the worse physically based on radiographic evidence that was obtained within one year following Commissioner Beck's prior Order in the underlying case. He has not -- our client has not worked anywhere since his award. We would request today that -- I guess, to summarize our position is that he has had a change of condition for the worse. If he is at MMI he is permanently and totally disabled as a result of the evidence that still remains from the prior case plus the new evidence from the authorized doctor and

the other expert reviewing that MRI and saying his condition is worse. And, you know, if the vocational expert we had then said he was permanently and totally disabled and he's worse now, we would certainly contend that he's -- he's permanently and totally disabled now, either by virtue of the fact his back injury affects his leg per the Order of Commissioner Beck or that he has lost more than 50 percent of the use of his back. He takes more medicine than he did now -- you'll hear his testimony about all that, but we believe that his condition is physically worsened now. A claim was filed within a year, so it's our position that we filed a change of condition for the worse case with a questionnaire from his authorized doctor saying his condition was worse within that year timeframe back on July 3rd, 2013. There was a deposition done. Our claim was withdrawn as a matter of right, refiled and we take the position the Defendants were well aware that we had always been pursuing a change of condition claim; we pursued it timely. And that the evidence that -- that you have before you in addition to Mr. Lowe's testimony, again simply says, yes, there was a physical change of condition for the worse within a year. So we would just ask Your Honor to -- and if he's not at MMI then

-- then we need to address that with Dr. Behr based upon his having a change of condition. So -- so either way those are our alternative positions.

THE COURT: All right. So either P&T or if he's at MMI, future medicals?

MR. BYRD: Yeah. We would contend he -- he's either -- he's either P&T or has suffered some additional disability to his back and -- and/or his leg. And that's obviously going to be at the discretion of the Commission based on the evidence. We feel like his back is pretty well shot at this point, but it's up to Your Honor to decide whether he's P&T or whether he's had additional disability since the time of the original award. Or if he's not -- if you don't feel that he's at MMI at this point then we need to address that with Dr. Behr who he continues to treat with.

THE COURT: Okay.

MR. BYRD: Thank you.

THE COURT: Thank you. Mr. Easterling.

MR. EASTERLING: Yes, sir. Thank you, Commissioner. May it please the Commission. It's our position that first and foremost the claim is -- is -- was not timely pursued. We acknowledge that there was an original Form 50 Request for Hearing filed on July

of 2013 that had a questionnaire from Dr. Behr which indicated the change of condition. Subsequent to that questionnaire we took Dr. Behr's deposition and which has been submitted for Your Honor to review. In that deposition Dr. Behr testifies that after reviewing both of the subject MRIs, which again are dated October 24th, 2010 and August 8th, 2013 he -- those -- those MRIs were presented to Dr. Behr in that deposition and he reviewed them and said that they're basically essentially the same. There's not been any objective change. So and -- and as a result of that the Form 50 was withdrawn after the stat -- the one year Statute of Limitations had expired and -- and therefore, we don't believe that -- that the claim was timely pursued and the case law says that -- the Allen versus Benson case which is highlighted in the Brief that we held up, says that the Courts -- or says that a hearing for a change of condition has to be heard within 12 months from the last payment of compensation. I think the case law has -- has clarified that the Claimants can't be in control of the dockets so the hearing doesn't necessarily have to take place within that 12 year (sic) period of time, but the request has to be made. And I think the Commissioners have agreed that those Claimant's

attorneys that filed Notice of Claims only, that's not good enough. And in this case that's effect -- that's the same exact thing that's going on. They filed it, then withdrew it. In effect as it -- it would have the same effect as if he had just filed a Form 50 without requesting a hearing in an attempt to toll the Statute. So whether he actually requested a hearing is -- is really kind of moot after he withdrew it. The questionnaire from Dr. Kelly who is the -- radiologist that reviewed -- I'm -- he reviewed at least -- I'm not sure both, but I think actually he only reviewed the very first one. Let me see. Well, I don't even know who Dr. Kelly is. I've got a radiologist, Martin Rocco who looked -- who interpreted the Augusts 2013 and I've got a Dr. Allen who has reviewed the February 2010. And I'll be honest with you I didn't even catch that, but I don't even know who Dr. Kelly is.

THE COURT: Okay.

MR. EASTERLING: Be that as it may, his comment -- his questionnaire wasn't created until March 17th, 2014. Behr somehow changed his opinion on a questionnaire that was sent to us on March 12 -- or signed on March 12th, 2015, three years after the fact. So he -- the evidence that supports a change of

condition in the Defendants' position has to be obtained and readily available for the Defendants at -- during that one year period of time. Any evidence that's obtained or created outside the one year period of time is essentially inadmissible and should not be considered in -- in rendering a decision on change of condition for the worse. Alternatively, if you look based solely on the deposition of Dr. Behr, irrespective of the late questionnaire, he says there's no objective changes. Another thing that's kind of confusing to me is that there's -- the -- the Prehearing Brief from the Claimant only says that they're here requesting an Order on change of condition. There's no other -- there's nothing, not asking for anything else. I mentioned earlier that Dr. Rollins has said that there's no need for surgery. He says I can't do anything for you, all that I can tell you to do is to continue treating with Dr. Behr like you've been doing the entire time. Dr. Behr originally gave him nine percent to the spine as the impairment rating way back when, and he's not indicated that there's been any kind of additional impairment. There's no additional Form 14-B, there's no additional note that indicates there's any additional medical impairment. Dr. Behr has not been

addressed about that. I had noticed Dr. Behr's deposition that's set for after the new year, but I'm not going -- I'm going to cancel -- I'm not taking that deposition. And so, you know, again, as I said in the prehearing conference, the proof is in the pudding and this is -- it is what it is. I mean he's -- his condition has been the same the entire time. He's been getting steroid injections for a period of time. He's been getting pain medication in the form of Tramadol, Butran, Cymbalta, all that's been going on the entire time. I -- Mr. -- Mr. Lowe has a back brace on here today and I'll submit to you that he had a back brace on when we had the original hearing. So it's our position that (a), the Statute of Limitations, (b), no change of condition just on the substance -- on the substantive issues.

THE COURT: All right. Thank you. Mr. Byrd, anything more?

MR. BYRD: I don't think we need to belabor it, Your Honor. I think you very well heard both sides of this already.

THE COURT: Okay. Mr. Lowe, before we get started I have a couple of quick instructions for you. Please speak up and speak clearly for us. It's important that we all get your -- hear your responses

but most important that we get them for the record. If you're asked a yes or no question please give us a verbal yes or no answer. Try and stay away from things like uh-huh and huh-uh. That's just too easily misunderstood. So if you could help us out with those things we'd appreciate it. Okay, please raise your right hand. Do you swear or affirm that the testimony you are about to give is the truth, the whole truth and nothing but the truth?

THE WITNESS: Yes, sir.

THE COURT: Okay. You can put your hand down and please state your name for the record.

THE WITNESS: My name is Donnie Kenneth Lowe.

THE COURT: All right. Thank you Mr. Lowe. Mr. Byrd, your witness.

MR. BYRD: Okay.

Donnie Kenneth Lowe,

Having first been duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. BYRD:

Q Mr. Lowe, how old are you now?

A I'm 51.

Q Are you working right now Mr. Lowe?

A No, sir.

Q Are you getting workers' comp medical

Treatment right now?

A Medical treatment, yes, sir.

Q Who is your doctor?

A Dr. Behr.

Q And is his treatment -- his treatment is being paid for by workers' comp?

A Yes, sir.

Q What treatment do you still get from Dr. Behr; what treatment do you get right now?

A I have been getting the steroid injections. I'm on a Butran -- Butrans pain patch. I am on Tramadol. I am on Cymbalta and I also have a Trazadone to help me sleep at night.

Q I notice you're wearing a back brace today; is that correct?

A Yes.

Q And there's another -- I don't know if the Commissioner can see it, but there's -- there's another device under your belt; is that correct?

A I also have a Tens Unit, yes, sir.

Q A Tens Unit you wear around --

A Yes, sir.

Q Now, you had an MRI in early August of 2013 that Dr. -- Dr. Behr sent you for; is that correct?

A That is correct. Yes.

Q Were you still having injections at that point?

A Yes, sir.

Q And were those injections working as well as they had before?

A The injections had got to where they weren't working as well so they stopped them for a while, but -- and after a while he wanted to try to them again so I've had this past year or so I've had two injections.

Q Now I -- I reviewed the medical records that we have in the file from Dr. Behr. At that point when Dr. Behr sent you for that MRI were you interested in possibly having surgery if it was an option for you?

A Yes, sir.

Q Would you have surgery right now today if the doctor told you it would help you?

A Yes, sir.

Q And in -- let's see, in November of 2013 I believe the records will reflect was that when Dr. Behr started you on the Butrans pain patches?

A That is correct.

Q How have your medications changed, if you recall, since the prior hearing you had in August 2012?

A Well, I've been put on the Butrans pain

patch, I now take 60 milligrams of Cymbalta in the morning and 60 milligrams of Cymbalta in the evening for the nerve pain in my leg and I -- they put me on Flexeril again.

Q Okay. What about your -- your symptoms? Now back when you had your prior hearing you had a certain set of symptoms, pain or otherwise. Do you feel like your symptoms have changed since that time?

A I feel like they hurt worse now than they did before, yes.

Q Okay. And is that -- does that include the back pain?

A Yes.

Q Have you discussed that with Dr. Behr?

A Yes, I have. And they just keep giving me more medication.

Q All right. What about leg -- right leg pain?

A It's still there, yes.

Q Do you feel like its worsened?

A Yes, I do.

Q Now, you had a hearing and were awarded 35 percent to the spine by Commissioner Beck in August of 2012, correct?

A That's correct.

MR. BYRD: And Commissioner, just in case you want to reference it, it's Exhibit 1 at the end of those APAs.

THE COURT: All right. Thank you.

Q Now, Mr. Lowe, do you believe at this time that you have lost more than 35 percent of the use of your spine?

A I do, yes.

Q Do you believe that you have lost more than 50 percent of the use of your spine?

A Yes, I think so.

Q Do you believe that you have lost some -- some use of your right leg?

A Yes. My right leg will give out on me from time to time, I have to catch myself against the wall.

Q All right. And in that -- in your underlying case Dr. Cortis gave an opinion that you had lost five percent of the use of your right leg. What percent of loss do you feel like you've -- you've sustained in your right leg?

MR. EASTERLING: I would note just an objection to the record that's he's -- getting into medical opinion.

THE COURT: Sustained. Can you rephrase the question?

MR. BYRD: I -- I -- I will try.

BY MR. BYRD:

Q Do you feel like you have full use of your right leg?

A No, I don't

Q Okay. Let's try it one more time then. What percent of loss of use do you feel like you have sustained?

MR. EASTERLING: Same objection.

THE COURT: I'll allow him to answer what his opinion is about it.

A With my right leg I would say at least 20 or 30 percent because it gives out on me and I lose my balance.

Q All right. Are you able to work right now?

A No, sir.

Q You had two functional capacity evaluations as part of your underlying case. Were your permanent restrictions sedentary to below the sedentary level of work? Was that your understanding of the permanent restrictions?

A I'm sorry, I don't know what sedentary means.

MR. EASTERLING: Objection, the records will speak for themselves.

MR. BYRD: Okay. That's part of the underlying claim.

THE COURT: Okay.

MR. BYRD: They're -- they're in there.

THE COURT: Okay.

BY MR. BYRD:

Q All right. Let's see. Have you ever done sit down -- fulltime sit down work in the past?

A No, sir.

Q Have you looked around to see if there's some work available to you?

A Yes, sir, I have looked around and no one tends to want to hire me.

Q All right. The pain patch that you wear, do you think that's a problem for you in terms of getting a job?

A Yes, sir, I do.

Q Do you think -

A I was told it's like an opiate and they -- nobody just wants to hire me, especially with a back brace on as well.

Q All right. Okay. Now at your prior hearing you testified that you had a hard time bending down.

A Yes, sir.

Q Do you have a -- you still have that

problem?

A Yes, sir.

Q Is it worse now than it was then?

A Yes, sir, it is.

Q You also testified you had a hard time holding your granddaughter; is that still a problem?

A Well, she's four years old now but I -- if I hold her I have to sit down and let her crawl up in my lap.

Q You testified that you would -- you do clean your house, but not a whole lot of housework. Has it become more difficult for you to do your housework since the prior hearing?

A Yes, sir. My daughter just actually came yesterday and cleaned it for me.

Q Do you have trouble sitting?

A Yes, sir, I do.

Q How long -- how long do you feel like you can sit before you -- you feel like you need to change positions or stand up?

A I -- I - I feel like I might can sit maybe 20 minutes before I have to sit and stand up, move around at least.

Q And you're still seeing Dr. Behr right now?

A That's correct.

Q What's your understanding of whether there is any surgery available to you right now that could help?

A I was told there wasn't - that they wouldn't do surgery right now; they didn't want to do surgery right now is what I was told. But if they would I would gladly take it.

Q And you -- you have an appointment coming up with Dr. Behr at some point soon?

A On the 28th of December I do.

Q That's all the questions I have for you right now, Mr. Lowe. Please answer any questions for Mr. Easterling.

THE COURT: Mr. Easterling?

CROSS EXAMINATION

BY MR. EASTERLING:

Q Mr. Lowe, good to see you again. It's been a long time.

A Yes, sir, it has.

Q You've been treating with Dr. Behr for a long time haven't you?

A Yes, sir.

Q This injury happened way back in 2007?

A Yes, sir.

Q At that time -- at some point in time after

that injury in 2007 you started seeing -- I think you started seeing Orthopedic Associates, Dr. Rollins maybe first?

A That's correct.

Q And I -- just because I don't remember, but did you see any other neurosurgeons or surgeons besides Dr. Rollins?

A They started me out with Dr. - it seems like Dr. Scott I believe it was, and then they actually sent me -- seems like they sent me to a -- where he stuck needles and --

Q Acupuncture?

A No, it wasn't acupuncture. It was nerve -- nerve test I think. I don't remember the when exactly that was though.

Q And -- but in any event way back then Dr. Rollins, who is an orthopedic surgeon he didn't think or didn't want to do surgery back then, did he?

A No, sir, he didn't.

Q And because of that he sent you to see Dr. Behr.

A That's correct.

Q And Dr. Behr, as you know, is a chronic pain management physician?

A Yes, sir.

Q And so way - since way back then probably 2008 or '09, you've been treating consistently with Dr. Behr?

A That's correct.

Q And you've been receiving injections from Dr. Behr?

A That's correct.

Q You've been taking pain medication such as Tramadol?

A Yes, sir.

Q Cymbalta?

A Yes, sir.

Q And now Butrans patches?

A Yes, sir.

Q And the Cymbalta though that Dr. Behr prescribed is actually for pain?

A It's for nerve pain in my leg.

Q Not the (inaudible)? Cymbalta is obviously an anti-depressant, anti-anxiety, but can also be used to treat pain?

A Yeah, I questioned that, yes and that's what he told me.

Q Dr. Behr though actually referred you back to see Dr. Rollins on September the 24th of 2013. Do you remember that?

A Yes. I asked to be referred. Yeah, I asked to be referred back.

Q Okay. And then Dr. Behr obliged?

A He did.

Q BMW obliged and sent you to Dr. Rollins?

A Yes.

Q And that was to determine if there was anything else that could be done?

A That is correct.

Q From a surgical standpoint?

A That's correct.

Q And did you review Dr. -- have you seen Dr. Rollins' notes?

A No, sir, I haven't.

Q You never looked at the records?

A He just told me that there was nothing he could do.

Q You -- so you -- you're aware then and agree that he says that the only thing I know to do is continue with chronic pain management?

A When he sent me back to Dr. Behr, yes, sir.

Q And then it also says, it doesn't sound like the epidurals have produced any lasting benefit and I doubt they will in the future.

A At the time they -- they weren't, they had

-- I don't know if it was because I was having them so close together.

Q All right.

A I've had two this past year, I think they have helped some.

Q Do you know if it's possible then that your pain may have increased because of your tolerance to the epidural steroid injections had been built up over that period of time?

MR. BYRD: Objection. Calls for witness to testify -- calls for a medical conclusion.

MR. EASTERLING: I'm -- I'm just asking his opinion as to.

MR. BYRD: (Inaudible) epidural steroid injections.

MR. EASTERLING: His own opinion of the epidural steroid injections.

THE COURT: I'll allow it.

BY MR. EASTERLING:

A Well, it's - before the two I've had -- had this year, it's been almost a year and a half since I've had one of those.

Q How have those -- how -- how -- have the steroid injection helped, the last two that you've had?

A Some. Not a whole lot, but some.

Q Has your condition improved then since you've had the two epidural injections?

A Some. Some, but not a lot. They just kind of ease the pain a little bit.

Q Did you -- do you recall that in July of 2014 that your dosage of Cymbalta was actually decreased?

A Yes, because I had -- I had told her that it was making me very sleepy and I think Dr. Kelly, the physician assistant, Dr. Behr's assistant is who I saw then, and she decreased it and then the next time I went back they had to increase it again.

Q Is it fair to say that over the course of this entire claim that adjustments one way or the other have been continually made with your medications one way or the other?

A That's correct.

Q And that's been going on the entire time?

A That's correct.

Q Even back since 2008, 2009 whenever you first started seeing Dr. Behr?

A Well, I think he's tried different things to see if it helps.

Q And that's been done the whole time?

A Yes, sir, I guess.

Q You actually -- in some of the medical records that have been submitted by -- by myself and by your attorney from Dr. Behr, one being the last note that you have from Dr. Behr, September 29th, 2015? You testified a minute ago you're scheduled to go back to see him in December.

A Yes.

Q Have you seen him since September 29th?

A Since September 29th, no.

Q Okay. Did you -- are you aware or you reported that you had functional improvement on the medications without side effects at that time?

A They're helping some. I mean it -- without them I'm in a -- a lot of pain.

Q So with the medications you report a functional improvement in your condition?

A They make it bearable.

Q And if Dr. Behr's note said that you reported functional improvement on the medications without side effects would you have any reason to disagree with that?

A If that's what he wrote. Like I said, they make it bearable.

Q If I told you that Dr. Behr's records

throughout note functional improvement on the medications would you disagree with that?

A I told him that they make it bearable.

Q And again, that's been the same throughout?

A Yes.

Q The medications make it bearable for you and it's been that way since 2004?

A 2007.

Q Back since the injury?

A Yes.

Q You -- you had steroid injections before we had the original hearing in this case?

A Yes, some.

Q You continue to have -- you continued to have steroid injections after that up to a point?

A Yes.

Q And then it's now resumed though?

A Yes, sir.

Q You've taken Cymbalta and Tramadol consistently since you started treating with Dr. Behr?

A Yes, sir.

Q And you continue to take those same medications?

A Yes, sir.

Q With the - with the exception of some

adjustments in the dosage?

A Yes, sir.

Q And you -- you have the back brace on here today?

A Yes, sir.

Q Weren't -- did you -- you were wearing the back brace back when we had that hearing in August of 2012 were you not?

A Yes, sir.

Q Is that the same back brace?

A No, it's a different one.

Q You are only -- you're 51 years old; is that right?

A That's correct.

Q And you have a high school education?

A Yes, sir.

Q You have any education beyond high school?

A No, sir.

MR. EASTERLING: Just one moment.

THE COURT: Take your time.

Q The records will reflect and I'll submit it to the Commission that this is actually records on several occasions, but I'm specifically looking at APA page 53. You told Dr. Behr as of July 2014 the pain was well controlled with medications and that was with

the steroid injections?

A I told him that it's bearable. It makes it bearable, if that's the way he put it.

Q Okay. And actually on that particular day now that I'm looking at Cymbalta, your Cymbalta decreased back to just once per day?

A Yes.

Q And again, that's after the original hearing and after the original award in this case?

A Yes.

Q Dr. -- you remember that Dr. Behr gave you a nine percent impairment rating back before we had the original hearing?

A Yes, sir.

Q And he hasn't indicated that you had any additional impairment to your spine has he?

A Not to me he hasn't.

Q You've not undergone any additional functional capacity evaluations since you -- we had the original hearing have you?

A No, sir.

Q None of your work restrictions have been altered or enhanced in any way have they?

A No, sir, not that I'm aware of.

Q Your condition now is basically the same as

it was back when we had that hearing in 2012?

A Except it hurts more.

Q You mentioned that your right leg gives out from time to time.

A Yes, sir, it does.

Q Did you tell Dr. Behr about that?

A Yes, sir, I have.

Q Have you -- do you know if any of that notation is made in any of his records?

A I don't know. The past few times I have gone, I have saw Kelly (inaudible) I believe is her name. She is the physician's assistant.

Q When is the last time you would have had your right leg go out? What were you doing when your right leg went out?

A It was at -- well, Sunday morning at church actually.

Q This past Sunday morning?

A Yes, sir.

Q Well, how about before September 2014?

A Yes, sir. It would give way and I would catch myself, yes, sir.

Q Did you tell -- did you tell Dr. Behr or Kelly or whoever it was about that knee?

A I'm sure I have.

Q Did you tell her specifically when you saw her on September the 29th, 2015?

A I try and tell her everything each time. I try to make it a point to tell her everything.

Q I understand. Do you recall specifically telling Dr. Behr or his physician's assistant that your leg -- right leg is giving out when you last saw him on September 29th, 2015?

A I'm sorry, I don't. I don't remember back then.

Q Had your leg given out in close proximity to September 29th, 2015?

A Yes, sir, it has.

Q Are you aware though that that's not mentioned in this note?

A No, I don't know.

Q You weren't -- you weren't aware of that?

A No, sir.

MR. EASTERLING: I don't have any other questions.

THE COURT: Okay. Mr. Byrd?

MR. BYRD: Thank you and just briefly.

REDIRECT EXAMINATION

BY MR. BYRD:

Q Mr. Lowe, you were asked some questions just

now about functional improvement and I think you said if I'm correct, the medicine does provide you some benefit, correct?

A It makes it bearable, yes.

Q Okay. And you were -- you were asked questions about a long list of treatment; different medicines, injections, things that you've done with Dr. Behr. Does all that treatment that you had, does it help you today as much as it helped you in August 2012 when you had the prior hearing?

A Well, I guess because they keep having to go up on the medication I would say no.

Q Okay. And you mentioned that the pain -- the pain is worse; is that correct?

A Yes, sir, it is.

Q All right. Do you feel like you struggle on a day to day basis more than you did in August 2012?

A Yes, sir.

Q And does the pain make it more difficult for you?

A Yes, sir.

Q All right. And it's your understanding that -- or is it your understanding that there's just not a surgery that can fix you?

A From what I've been told by Dr. Rollins, he

said he couldn't do anything.

MR. BYRD: Okay. That's all.

THE COURT: All right. Anything more?

MR. EASTERLING: Just real quick.

RE-CROSS EXAMINATION

BY MR. EASTERLING:

Q Has BMW done -- as far as providing medical treatment have they done everything that was asked of them and specifically continues?

A Yes, they've made sure I had all the medical treatment.

Q And continues to send you to Dr. Behr?

A Yes, sir.

Q And actually sent you back to Dr. Rollins to make sure that surgery wasn't a possibility?

A Yes, sir.

MR. EASTERLING: I don't have anything else.

THE COURT: Okay. All right. Well, thank you sir. I appreciate your testimony and being here today and that concludes this proceeding.

(The hearing concluded at 4:07 p.m.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF LEXINGTON)

CERTIFICATE

BE IT KNOWN THAT I TOOK THE FOREGOING WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF **32** 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 8TH DAY OF JUNE, 2016.

_____
CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES DECEMBER 31, 2024

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0715651

Donnie K. Lowe,

Claimant,

v.

BMW Manufacturing,

Employer,

and

Hartford Insurance,

Carrier/Defendants.

COPY

FULL COMMISSION HEARING

****

Monday, October 17, 2016
2:30 p.m. - 2:51 p.m.

The Full Commission Hearing was heard before Commissioners, Melody L. James, Aisha Taylor and Susan S. Barden, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 17th day of October, 2016, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

COURT REPORTER: Today is Monday. This is South Carolina Workers Compensation Case Number 0715651. This it the case of Donnie K. Lowe, the claimant, versus BMW Manufacturing, the employer, and Hartford Insurance, the carrier. The appellant is the claimant represented by Mitchell K. Byrd, and the respondent is represented by Brad B. Easterling. Each side is allowed ten minutes for oral argument and the appellant three minutes to reply. You're requested to argue the grounds of exception and stay within the record.

COMMISSIONER BARDEN: All right, Mr. Byrd.

MR. BYRD: I'm Mitchell Byrd. I represent Donnie Lowe. This is a -- this appeal is about a legal issue, jurisdiction, and specifically whether a statute of limitations was told thus preserving the Commission's jurisdiction to hear the claim. The hearing Commissioner found that there was no jurisdiction, there was a statute of limitations violation, but we are contending that that was legal error and that it should be reversed. This is a change of condition for the worse claim. The claimant filed a Form 50 within the one year time period

for filing, that is undisputed in this case. And our position as such is that the filing of the Form 50 by the claimant within that one year tolls the statute of limitations. This is true for both the claimant's initial claim, but as well for a claimant's change of condition claim. It would not make much sense that the statute of limitations can tolled in a claim that's an initial claim, but that it cannot be tolled in a claimant's change of condition claim, because that is exactly what the defense is arguing and we reject that argument and we would ask you to please do the same. A Form 50 in this case was timely and properly filed within the one year time frame for filing a change of condition claim, and that is what is required by the act. And that ---

COMMISSIONER BARDEN: And that was July 3rd, 2013 ---

MR. BYRD: Yes, Commissioner Barden.

COMMISSIONER BARDEN: --- the Form 50 you're referring to?

MR. BYRD: That's correct, yes, ma'am.

COMMISSIONER BARDEN: Okay. I just want to make sure I've got my time line down..

MR. BYRD: Absolutely. And when that was done the

statute of limitations we contend was tolled. The ultimate hearing on the issue need not mandatorily take place within one year because that would create some, as the case law would say, absurd results; I'll talk just briefly about that in a second. The claimant's statute of limitations burden pursuant to 42-17-90 is met when he makes an application of a party in interest. That's quote from the statute. So, clearly he is the interested party; he must make an application. That application is accomplished by filing a Form 50, and does not ---

COMMISSIONER JAMES: Let me ask you a question. The Form 50 did not request a hearing -- and I know those aren't the facts we are here under. It did not request a hearing, would -- would that have tolled the statute?

MR. BYRD: Yes.

COMMISSIONER JAMES: Well, 42-15-40, where filing a claim tolls -- that uses the language claim filed. 42-17-90 uses the word motion or application ---

MR. BYRD: Or application.

COMMISSIONER JAMES: --- of a party, so it implies,

possibly ---

MR. BYRD: Right.

COMMISSIONER JAMES: -- and I guess that's the argument of the defendant's as I understand it, that it requires that you're actually asking for a hearing as opposed to just filing something. And I know ---

MR. BYRD: It is ---

COMMISSIONER JAMES: --- I'm a little bit off the fact path ---

MR. BYRD: Uh-huh.

COMMISSIONER JAMES: --- but ---

MR. BYRD: I think I understand your question, Commissioner ---

COMMISSIONER JAMES: So ---

MR. BYRD: --- James, and it is a difficult question to address except to say that the -- that the -- the language is a little bit unclear and it has been addressed in the Allen case, which I'll mention in just a minute, that went to the Supreme Court; and it is -- it is also further addressed in the Commission's regulation which describe the two situations that actually file the claim. It's -- I don't want to get my regulations wrong, Commissioner, I just -- it's

20 -- 67-20-6 and 67-20-7 that both describe the filing of a Form 50, claim only in 20-6 and actually requesting a hearing in 20-7, specifically stating that that files the claim.

COMMISSIONER JAMES: Does that not, again, go with the language for 42-15-40 that says a claim filed said that that's addressing the 42-15-40 as opposed to the 42-17-90?

MR. BYRD: Well, all I can tell you that there -- there isn't -- it must be an application of a party, and that has been interpreted to -- by the Supreme Court to mean the -- the filing -- the filing of a claim: and the way to file the claim is by using the Form 50. And I have a -- sort of a quote from that case that interprets that, the -- the odd language in the statute that says -- this is Allen versus Benson Outdoor Case, it's cited by both parties to this appeal: the statute in question should be given a construction which permits the Commissioner to hear and pass upon any application -- any application in writing for a further adjustment of a claim, and if filed within the statutory period applicable to the nature to the claim filed. So it is difficult

to say because there is some confusion in the language, but our position would be that the Supreme Court has interpreted that to mean something very similar to what you would find in the initial claim statute of limitations cite the 42 -- no, it is in 40, pardon me, that's -- you've got to file a claim, you've got to -- you've got to enter into the process and the process is undertaken by the filing of the 50 whether it request a hearing or not, those things file the claim and begin the process.

COMMISSIONER JAMES: For a claim?

MR. BYRD: Co- -- correct.

COMMISSIONER JAMES: But ---

MR. BYRD: For ---

COMMISSIONER JAMES: --- again, I'm asking that the language of most -- on her application, which I understood that the application was made in this -- everybody agrees to the fact prior to the one year, but then was withdrawn.

MR. BYRD: Right.

COMMISSIONER JAMES: So, the -- you know, the question is then under -- and we're looking at the language of 42-17-90, so -- as opposed to

42-15-40.

MR. BYRD: Correct. And again, the -- it seems that -- that, if I understand your question is, is there a difference between filing a claim and making an application upon interest. Our contention is that there is no difference and that -- that this is an issue that's been interpreted by the Supreme Court to mean you've got to meet a burden by instituting the process, and the way that you institute the process, whether it's an application, whether it's filing a claim, is by using the Form 50; and the Form 50 files a claim per the regulations. Other than that, I -- I don't -- I don't really know much else to say except that it's a little vague in terms of case law. There's not a lot out there outside of the Benson or the Allen -- sorry, the Allen versus Benson Outdoor case, but I would contend that that -- that that situation that they addressed in Allen says that you've got a one year statute of limitations. That's based on the language of the statute. You've got to -- you have to institute that process within one year. You don't mandatorily have to have the case

heard within that one year because that would be unfair to the claimant, and quite frankly it would be very unfair to the Commission because it's too busy to do that. I mean it's just impossible to get done, that's the absurd result.

COMMISSIONER TAYLOR: Well, wouldn't another absurd result be if you filed a Form 50 within one year and then didn't prosecute it for three more years?

MR. BYRD: Right.

COMMISSIONER JAMES: How long would that 50 sit open?

MR. BYRD: That's a good question. That's, in my opinion, what the defense's public policy argument -- that's what it is. All I can say is that while -- while that may not be the perfect situation for anyone -- nobody wants that. I don't claimants and claimant's attorneys want that, I don't think the defense wants that. My contention would be the Commission has ways of dealing with that without it being a statute of limitations violation. The Commission knows how to deal with a case that has sat for a long time, is

there a laches defense, are these other -- they -- the Commission can address those cases on the merits, it's not necessarily a statute of limitations violation or it would not necessarily divest the Commission of jurisdiction. So yes, that's unsavor- -- unsavorable, you don't really want that to happen, but I think the more absurd result is to divest a claimant of -- or the Commission of jurisdiction to hear a claimant's case, especially one like this where you have the -- the evidence showing that the claimant did have a change of condition within one year.

COMMISSIONER JAMES: Well ---

MR. BYRD: So, if you take this ---

COMMISSIONER JAMES: --- is ---

MR. BYRD: --- case on its merits -- excuse me.

COMMISSIONER JAMES: Is there a method for the Defendants to -- if you file, let's say you're correct, the filing is your application even thought there's no request for hearing. I know that's not the facts here. And so you file, and th- -- do the Defendants at some point in that scenario or in the -- in the scenario we have in front of us, are they able to bring

that to a hearing, do they have a methodology in which they ---

MR. BYRD: Right.

COMMISSIONER JAMES: --- can bring it to a hearing knowing that they have an open 50 so to speak out there?

MR. BYRD: Right. Well, I think it's -- it's very -- it's awfully similar to a -- a denied claim in an initial case. In those cases you have forms being filed, Form 50 establishing the claim, whether it requests a hearing or not the claim is filed, the statute of limitations is tolled, that claim could sit forever. Nobody wants that, but theoretically it could, and the Commission would have a way of dealing with those cases on their merits, but there may not be a good mechanism for ---

COMMISSIONER JAMES: That's what I'm asking you, is there a methodology for the Defendants to bring it to a hearing?

MR. BYRD: I've heard of situations where Defendants could somehow file a motion or a 21 to get a denied claim to a hearing, but -- but me personally, I don't know -- I don't know for sure that there is. And in this case it would

be similar to that. They may not -- if they're going to deny the -- the change of condition claim, there may not be a methodology for them to bring it to a hearing. But even if they can't, it ---

COMMISSIONER JAMES: I asked that because I've heard it argued both ways.

MR. BYRD: Right.

COMMISSIONER JAMES: And -- and so, I've -- I've seen ---

MR. BYRD: Right.

COMMISSIONER JAMES: --- claimants take the position that the defendants have no methodology. So, if that's the case, you know, there -- they -- they sit with a ---

MR. BYRD: And no -- and no one want's that. I think -- I think it would be fair to say no one wants cases just to sit. And it -- it does happen sometimes. And I don't think anyone wants that, but I -- I guess my -- our -- our position would be that there may not be a methodology for the defense to bring it to a hearing but it should come to a hearing.

COMMISSIONER BARDEN: Okay. Thank you, sir.

MR. BYRD: Thank you.

COMMISSIONER BARDEN: Mr. Easterling.

MR. EASTERLING: May it please the Commission, I'm Brad Easterling here on behalf of BMW and their Workers' Comp carrier, The Hartford. This is a time line, I know it's hard to see. This is one that we created back for the original hearing with Commissioner Campbell and it's nothing more that just this -- a chronology of events. There's nothing necessarily insightful about it, but it kind of helps me keep everything in order. From the outset though I want to highlight what has obviously already been touched upon and that's the legislative intent and the purpose behind 42-17-90 and its one year time limit. And that is obviously to limit employer liability indefinitely into the future or to not subject employers to liability indefinitely into the future: to somehow put a stop to it and bring it to a conclusion so employers can -- can gauge what they're looking at and predict what -- what ongoing future liability is here. And in this case it's also important to note that this injury happened nine years ago. And -- and also it's important to notice that Mr. Lowe has continued to

receive medical treatment the entire time. BMW is providing -- continuing to provide medical care per the Order and is still doing that today. So this case is not about medical, it's obviously about more indemnity. And I just -- most of the arguments that I'm going to make have already been raised by the questions. And I want to point out that Mr. Byrd keeps talking about there's not really any difference between filing a regular Form 50 notice of claim or a request for hearing or -- and in this case filing a change of condition claim, but those two are totally different animals. A regular Form 50 is totally different from a change of condition in that there's that one year that -- that is there to limit employer liability. And in this case I think that's exactly what's happened. You'll see that the Form 50 was originally filed in July 2013. The -- and this goes to the merits of the claim, but in August of 2013 there was a second MRI done and then I deposed Dr. Behr in September of 2013. Dr. Behr in his testimony, which I wanted to make sure you had his -- his transcript, he testified that there was no objective change of

condition in September 2013. So, my opinion -- or we can assume that the Form 50 was then withdrawn in October of 2013 because the claim was essentially defeated by -- by the defendants.

COMMISSIONER BARDEN: Well, since no objective change of condition, but Russell has now said you don't need a objective evidence.

MR. EASTERLING: That's right, and that argument actually has not been raised by -- it wasn't raised in the original hearing and it hasn't been raised here today, but ---

COMMISSIONER JAMES: And not to throw you off point, both of you agree there's a small scribner's error in the Order ---

MR. EASTERLING: There is.

COMMISSIONER JAMES: --- with October 7th versus ---

MR. EASTERLING: There is.

COMMISSIONER JAMES: --- I mean, August 7th versus October 7th ---

MR. EASTERLING: That's correct.

COMMISSIONER JAMES: --- that needs to be corrected?

MR. EASTERLING: That's right.

COMMISSIONER JAMES: Is that correct?

MR. EASTERLING: And I think that was noted in my

brief.

COMMISSIONER JAMES: Okay.

MR. EASTERLING: Yeah.

COMMISSIONER JAMES: That's where I saw it.

MR. EASTERLING: Yes.

COMMISSIONER JAMES: Is that correct ---

MR. EASTERLING: So ---

COMMISSIONER JAMES: Okay.

MR. EASTERLING: So, but if we follow the -- the logic of the claimant -- and again, y'all -- you all have already raised these questions and touched on it, you're subjecting employers to unlimited liability. They file a Form 50, they request a hearing, and they did request a hearing, and they had the affidavit from Dr. Behr originally. That was defeated, in my opinion, through -- through his deposition testimony, but then it's withdrawn. And then -- so then you've got the result that then sits around for another almost two years until March of 2015 when they re-file a change of condition claim with new evidence from Dr. Behr, he -- he created another questionnaire in March 2015, and then a questionnaire from Dr. Kelly who is an independent radiologist. Who I don't even

know who that is, it was just an independent radiologist who issued an opinion well after the fact. So, if you follow it to conclusion you'll have claimants filing a request for hearing or alternatively a notice of claim in a change of condition circumstance, pull it two years later, three years later, five years later -- wait a minute, I've got some new evidence, now let me go prosecute it again after employers have already defeated the claim one time. So -- and -- and candidly and admittedly Behr did create a second questionnaire sometime after the fact even though he had already been deposed and clarified it one time; I don't know why he did that. In hindsight should I have deposed him again, maybe, but realistically I had already done it once. He had already seen all the evidence to make his original opinion, all the MRIs. Mr. Desai, Mr. Byrd's partner, was there to cross-examine him in 2000 -- September 2013. So he had every opportunity to rehabilitate or revive or continue his claim at that time. So, in essence, if you allow this practice to go on then you -- we're going to

have employers that face unlimited liability years into the future after -- more importantly though that the claim has already been defended and defeated effectively by him withdrawing his Form 50. I want to also point out, we've been focusing solely on the procedural aspect of the claim, but there's also argument to be made that the substantiative issue of whether there was a change of condition, that also is something that needs to be highlighted. Dr. Behr -- I've also already told you that Dr. Behr testified that it didn't occur, that there was no change of condition. Mr. Lowe even testified in -- at the hearing. If you look at hearing transcript pages 23 through 24, I was -- I asked him about whether or not his epidural steroid injections were helping him; and he actually testified that his condition had improved. And I don't want to misquote, I want to read exactly what he said. It's hearing transcript page 28. Well, wait a minute, I'm sorry, page 24. And I asked him at line two, has your condition improved since you've had two epidural steroid injections. And those were two injections that had occurred

in calendar year 2015. His answer was some, some, but not a lot. He's effectively testified that his condition has improved. In -- in the claimant's brief he's asked that you all issue an Order finding that there was a change of condition and that more medical treatment be ordered or -- or be undertaken. There's not any evidence in this record that Mr. -- Mr. Lowe requires any additional medical treatment. He's been getting injections, medication since day; the same medications, the same injections. He's not gotten any additional impairment, his restrictions have not been changed at all. So if you -- even if you do find as he want's you to, I don't know what you're going to do because there's no recommendation that any treatment is even out there for him. He was referred back to Dr. Mitchell, who is -- was the spine surgeon in Dr. Behr's practice. Mitchell saw him again actually shortly after he was -- after Behr was deposed in September 2013, and Mitchell said I don't have anything else -- I don't have anything to offer you from a surgical standpoint. The only thing that's going to

benefit him is chronic pain management which has been going on the entire time. He also saw -- I believe he saw Dr. Rollins in that same practice in the underlying claim for a surgical consultation and Dr. Rollins told him that he didn't have any surgery for him. So he didn't have any surgery for him then, he didn't have any surgery for him after the fact, he's been the -- it's been the same condition the entire time and the evidence in this case is overwhelming in support of that position. Thank you.

COMMISSIONER BARDEN: Thank you. Mr. Byrd.

MR. BYRD: I don't have any additional rebuttal, Commissioners. We just rely on our briefs. I did a reply brief so I'll just let that suffice.

COMMISSIONER BARDEN: Thank you, sir.

COMMISSIONER JAMES: Thank you.

COMMISSIONER TAYLOR: Thank you.

COMMISSIONER BARDEN: That concludes this proceeding.

(There being nothing further, the hearing concluded at 2:51 p.m.)

CERTIFICATE

This is to certify that the within hearing consisting of twenty one (21) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on April 20, 2017.

M. Sean Cary
Court Reporter

Notary Public for South Carolina
My Commission Expires: January 29, 2023

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 0715651

Donnie K. Lowe,
Claimant,
v.
BMW Manufacturing,
Employer,
and
Hartford Insurance,
Carrier/Defendants.

FULL COMMISSION HEARING

****

Monday, October 17, 2016
2:30 p.m. - 2:51 p.m.

The Full Commission Hearing was heard before Commissioners, Melody L. James, Aisha Taylor and Susan S. Barden, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 17th day of October, 2016, before M. Sean Cary, Court Reporter and Notary Public in and for the State of South Carolina.

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APPEARANCES

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.

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COURT REPORTER: Today is Monday. This is South Carolina Workers Compensation Case Number 0715651. This it the case of Donnie K. Lowe, the claimant, versus BMW Manufacturing, the employer, and Hartford Insurance, the carrier. The appellant is the claimant represented by Mitchell K. Byrd, and the respondent is represented by Brad B. Easterling. Each side is allowed ten minutes for oral argument and the appellant three minutes to reply. You're requested to argue the grounds of exception and stay within the record.

COMMISSIONER BARDEN: All right, Mr. Byrd.

MR. BYRD: I'm Mitchell Byrd. I represent Donnie Lowe. This is a -- this appeal is about a legal issue, jurisdiction, and specifically whether a statute of limitations was told thus preserving the Commission's jurisdiction to hear the claim. The hearing Commissioner found that there was no jurisdiction, there was a statute of limitations violation, but we are contending that that was legal error and that it should be reversed. This is a change of condition for the worse claim. The claimant filed a Form 50 within the one year time period

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for filing, that is undisputed in this case. And our position as such is that the filing of the Form 50 by the claimant within that one year tolls the statute of limitations. This is true for both the claimant's initial claim, but as well for a claimant's change of condition claim. It would not make much sense that the statute of limitations can tolled in a claim that's an initial claim, but that it cannot be tolled in a claimant's change of condition claim, because that is exactly what the defense is arguing and we reject that argument and we would ask you to please do the same. A Form 50 in this case was timely and properly filed within the one year time frame for filing a change of condition claim, and that is what is required by the act. And that —

COMMISSIONER BARDEN: And that was July 3rd, 2013 —

MR. BYRD: Yes, Commissioner Barden.

COMMISSIONER BARDEN: — the Form 50 you're referring to?

MR. BYRD: That's correct, yes, ma'am.

COMMISSIONER BARDEN: Okay. I just want to make sure I've got my time line down..

MR. BYRD: Absolutely. And when that was done the

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statute of limitations we contend was tolled. The ultimate hearing on the issue need not mandatorily take place within one year because that would create some, as the case law would say, absurd results; I'll talk just briefly about that in a second. The claimant's statute of limitations burden pursuant to 42-17-90 is met when he makes an application of a party in interest. That's quote from the statute. So, clearly he is the interested party; he must make an application. That application is accomplished by filing a Form 50, and does not —

COMMISSIONER JAMES: Let me ask you a question. The Form 50 did not request a hearing -- and I know those aren't the facts we are here under. It did not request a hearing, would -- would that have tolled the statute?

MR. BYRD: Yes.

COMMISSIONER JAMES: Well, 42-15-40, where filing a claim tolls -- that uses the language claim filed. 42-17-90 uses the word motion or application —

MR. BYRD: Or application.

COMMISSIONER JAMES: — of a party, so it implies,

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possibly —

MR. BYRD: Right.

COMMISSIONER JAMES: – and I guess that's the argument of the defendant's as I understand it, that it requires that you're actually asking for a hearing as opposed to just filing something. And I know —

MR. BYRD: It is —

COMMISSIONER JAMES: — I'm a little bit off the fact path —

MR. BYRD: Uh-huh.

COMMISSIONER JAMES: — but —

MR. BYRD: I think I understand your question, Commissioner —

COMMISSIONER JAMES: So —

MR. BYRD: — James, and it is a difficult question to address except to say that the – that the – the language is a little bit unclear and it has been addressed in the Allen case, which I'll mention in just a minute, that went to the Supreme Court; and it is – it is also further addressed in the Commission's regulation which describe the two situations that actually file the claim. It's – I don't want to get my regulations wrong, Commissioner, I just – it's

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20 – 67-20-6 and 67-20-7 that both describe the filing of a Form 50, claim only in 20-6 and actually requesting a hearing in 20-7, specifically stating that that files the claim.

COMMISSIONER JAMES: Does that not, again, go with the language for 42-15-40 that says a claim filed said that that's addressing the 42-15-40 as opposed to the 42-17-90?

MR. BYRD: Well, all I can tell you that there – there isn't – it must be an application of a party, and that has been interpreted to – by the Supreme Court to mean the – the filing – the filing of a claim: and the way to file the claim is by using the Form 50. And I have a – sort of a quote from that case that interprets that, the – the odd language in the statute that says – this is Allen versus Benson Outdoor Case, it's cited by both parties to this appeal: the statute in question should be given a construction which permits the Commissioner to hear and pass upon any application -- any application in writing for a further adjustment of a claim, and if filed within the statutory period applicable to the nature to the claim filed. So it is difficult

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to say because there is some confusion in the language, but our position would be that the Supreme Court has interpreted that to mean something very similar to what you would find in the initial claim statute of limitations cite the 42 -- no, it is in 40, pardon me, that's -- you've got to file a claim, you've got to -- you've got to enter into the process and the process is undertaken by the filing of the 50 whether it request a hearing or not, those things file the claim and begin the process.

COMMISSIONER JAMES: For a claim?

MR. BYRD: Co- -- correct.

COMMISSIONER JAMES: But —

MR. BYRD: For —

COMMISSIONER JAMES: — again, I'm asking that the language of most -- on her application, which I understood that the application was made in this -- everybody agrees to the fact prior to the one year, but then was withdrawn.

MR. BYRD: Right.

COMMISSIONER JAMES: So, the -- you know, the question is then under -- and we're looking at the language of 42-17-90, so -- as opposed to

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42-15-40.
MR. BYRD: Correct. And again, the -- it seems that -- that, if I understand your question is, is there a difference between filing a claim and making an application upon interest. Our contention is that there is no difference and that -- that this is an issue that's been interpreted by the Supreme Court to mean you've got to meet a burden by instituting the process, and the way that you institute the process, whether it's an application, whether it's filing a claim, is by using the Form 50; and the Form 50 files a claim per the regulations. Other than that, I -- I don't -- I don't really know much else to say except that it's a little vague in terms of case law. There's not a lot out there outside of the Benson or the Allen -- sorry, the Allen versus Benson Outdoor case, but I would contend that that -- that that situation that they addressed in Allen says that you've got a one year statute of limitations. That's based on the language of the statute. You've got to -- you have to institute that process within one year. You don't mandatorily have to have the case

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heard within that one year because that would be unfair to the claimant, and quite frankly it would be very unfair to the Commission because it's too busy to do that. I mean it's just impossible to get done, that's the absurd result.
COMMISSIONER TAYLOR: Well, wouldn't another absurd result be if you filed a Form 50 within one year and then didn't prosecute it for three more years?
MR. BYRD: Right.
COMMISSIONER JAMES: How long would that 50 sit open?
MR. BYRD: That's a good question. That's, in my opinion, what the defense's public policy argument -- that's what it is. All I can say is that while -- while that may not be the perfect situation for anyone -- nobody wants that. I don't claimants and claimant's attorneys want that, I don't think the defense wants that. My contention would be the Commission has ways of dealing with that without it being a statute of limitations violation. The Commission knows how to deal with a case that has sat for a long time, is

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there a laches defense, are these other -- they -- the Commission can address those cases on the merits, it's not necessarily a statute of limitations violation or it would not necessarily divest the Commission of jurisdiction. So yes, that's unsavor- -- unsavorable, you don't really want that to happen, but I think the more absurd result is to divest a claimant of -- or the Commission of jurisdiction to hear a claimant's case, especially one like this where you have the -- the evidence showing that the claimant did have a change of condition within one year.
COMMISSIONER JAMES: Well ---
MR. BYRD: So, if you take this ---
COMMISSIONER JAMES: --- is ---
MR. BYRD: --- case on its merits -- excuse me.
COMMISSIONER JAMES: Is there a method for the Defendants to -- if you file, let's say you're correct, the filing is your application even thought there's no request for hearing. I know that's not the facts here. And so you file, and th- -- do the Defendants at some point in that scenario or in the -- in the scenario we have in front of us, are they able to bring

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that to a hearing, do they have a methodology in which they ---
MR. BYRD: Right.
COMMISSIONER JAMES: --- can bring it to a hearing knowing that they have an open 50 so to speak out there?
MR. BYRD: Right. Well, I think it's -- it's very - - it's awfully similar to a -- a denied claim in an initial case. In those cases you have forms being filed, Form 50 establishing the claim, whether it requests a hearing or not the claim is filed, the statute of limitations is tolled, that claim could sit forever. Nobody wants that, but theoretically it could, and the Commission would have a way of dealing with those cases on their merits, but there may not be a good mechanism for ---
COMMISSIONER JAMES: That's what I'm asking you, is there a methodology for the Defendants to bring it to a hearing?
MR. BYRD: I've heard of situations where Defendants could somehow file a motion or a 21 to get a denied claim to a hearing, but -- but me personally, I don't know -- I don't know for sure that there is. And in this case it would

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be similar to that. They may not -- if they're going to deny the -- the change of condition claim, there may not be a methodology for them to bring it to a hearing. But even if they can't, it ---

COMMISSIONER JAMES: I asked that because I've heard it argued both ways.

MR. BYRD: Right.

COMMISSIONER JAMES: And -- and so, I've -- I've seen ---

MR. BYRD: Right.

COMMISSIONER JAMES: --- claimants take the position that the defendants have no methodology. So, if that's the case, you know, there -- they -- they sit with a ---

MR. BYRD: And no -- and no one want's that. I think -- I think it would be fair to say no one wants cases just to sit. And it -- it does happen sometimes. And I don't think anyone wants that, but I -- I guess my -- our -- our position would be that there may not be a methodology for the defense to bring it to a hearing but it should come to a hearing.

COMMISSIONER BARDEN: Okay. Thank you, sir.

MR. BYRD: Thank you.

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COMMISSIONER BARDEN: Mr. Easterling.

MR. EASTERLING: May it please the Commission, I'm Brad Easterling here on behalf of BMW and their Workers' Comp carrier, The Hartford. This is a time line, I know it's hard to see. This is one that we created back for the original hearing with Commissioner Campbell and it's nothing more that just this -- a chronology of events. There's nothing necessarily insightful about it, but it kind of helps me keep everything in order. From the outset though I want to highlight what has obviously already been touched upon and that's the legislative intent and the purpose behind 42-17-90 and its one year time limit. And that is obviously to limit employer liability indefinitely into the future or to not subject employers to liability indefinitely into the future: to somehow put a stop to it and bring it to a conclusion so employers can -- can gauge what they're looking at and predict what -- what ongoing future liability is here. And in this case it's also important to note that this injury happened nine years ago. And -- and also it's important to notice that Mr. Lowe has continued to

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receive medical treatment the entire time. BMW is providing -- continuing to provide medical care per the Order and is still doing that today. So this case is not about medical, it's obviously about more indemnity. And I just -- most of the arguments that I'm going to make have already been raised by the questions. And I want to point out that Mr. Byrd keeps talking about there's not really any difference between filing a regular Form 50 notice of claim or a request for hearing or -- and in this case filing a change of condition claim, but those two are totally different animals. A regular Form 50 is totally different from a change of condition in that there's that one year that -- that is there to limit employer liability. And in this case I think that's exactly what's happened. You'll see that the Form 50 was originally filed in July 2013. The -- and this goes to the merits of the claim, but in August of 2013 there was a second MRI done and then I deposed Dr. Behr in September of 2013. Dr. Behr in his testimony, which I wanted to make sure you had his -- his transcript, he testified that there was no objective change of

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condition in September 2013. So, my opinion -- or we can assume that the Form 50 was then withdrawn in October of 2013 because the claim was essentially defeated by -- by the defendants.

COMMISSIONER BARDEN: Well, since no objective change of condition, but Russell has now said you don't need a objective evidence.

MR. EASTERLING: That's right, and that argument actually has not been raised by -- it wasn't raised in the original hearing and it hasn't been raised here today, but ---

COMMISSIONER JAMES: And not to throw you off point, both of you agree there's a small scribner's error in the Order ---

MR. EASTERLING: There is.

COMMISSIONER JAMES: --- with October 7th versus ---

MR. EASTERLING: There is.

COMMISSIONER JAMES: --- I mean, August 7th versus October 7th ---

MR. EASTERLING: That's correct.

COMMISSIONER JAMES: --- that needs to be corrected?

MR. EASTERLING: That's right.

COMMISSIONER JAMES: Is that correct?

MR. EASTERLING: And I think that was noted in my

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brief.
COMMISSIONER JAMES: Okay.
MR. EASTERLING: Yeah.
COMMISSIONER JAMES: That's where I saw it.
MR. EASTERLING: Yes.
COMMISSIONER JAMES: Is that correct —
MR. EASTERLING: So —
COMMISSIONER JAMES: Okay.
MR. EASTERLING: So, but if we follow the -- the logic of the claimant -- and again, y'all -- you all have already raised these questions and touched on it, you're subjecting employers to unlimited liability. They file a Form 50, they request a hearing, and they did request a hearing, and they had the affidavit from Dr. Behr originally. That was defeated, in my opinion, through -- through his deposition testimony, but then it's withdrawn. And then -- so then you've got the result that then sits around for another almost two years until March of 2015 when they re-file a change of condition claim with new evidence from Dr. Behr, he -- he created another questionnaire in March 2015, and then a questionnaire from Dr. Kelly who is an independent radiologist. Who I don't even

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COMMISSIONER BARDEN: Thank you. Mr. Byrd.

MR. BYRD: I don't have any additional rebuttal, Commissioners. We just rely on our briefs. I did a reply brief so I'll just let that suffice.

COMMISSIONER BARDEN: Thank you, sir.

COMMISSIONER JAMES: Thank you.

COMMISSIONER TAYLOR: Thank you.

COMMISSIONER BARDEN: That concludes this proceeding.

(There being nothing further, the hearing concluded at 2:51 p.m.)

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910 East Washington Street
Greenville, SC 29601
Phone: (864) 312-4444
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Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead
Mitchell K. Byrd, Jr.

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November 25, 2015

Via E-Case Upload
Commissioner Mike Campbell
SC Workers' Compensation Commission
PO Box 1715
Columbia SC 29202-1715

RE: Lowe (Donnie) v. BMW Manufacturing Corp
WCC File No: 715651
DOA: 10/2/2007
Hearing Date: December 10 2015 at 2:30 pm

Dear Commissioner Campbell:

Please find enclosed the Pre-Hearing Brief and Administrative Procedures Act Submittal, along with the Certificate of Service for the above-referenced matter.

By copy hereof, I am serving the documents and the records cited therein upon the counsel for the defense.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

THE CAROLINA LAW GROUP

Mitchell K. Byrd, Jr.
Attorney At Law

MDD/tlm
Enclosures

cc: Brad Easterling, Esq.,

* Member Million Dollar Advocate Forum

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 715651

Claimant's Name: Mr. Donnie Lowe
Address: 106 Pine St.
City: Greer State: SC Zip: 29650
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: BMW Manufacturing Corp.
Address: 1400 Highway 101 South
City Greer State: SC Zip: 29651
Carrier: Hartford Insurance Company

Preparer's Name: Mitchell Byrd Jr.
Preparer's Phone #: (864)312-4444

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

1. Compensation Rate: $645.94 2. AWW: $113,312.00 **Date of Injury:** 10/2/2007
3. Type of injury and body part(s): Back and Right Lower Extremity
4. Facts in controversy: Whether claimant has sustained a change of condition for the worse.
5. Legal issues involved: See No. 4.
6. Unusual aspects:
7. Witnesses (designate if expert):* Claimant.
8. Exhibits: Please refer to Administrative Procedure Act Submittal. Claimant reserves the right to amend APA Submissions, Form 58, and Witnesses.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Please refer to the APA Submissions
10. Name, address, and specialty, if any, of the treating physician: Dr. James P. Behr, Orthopaedic Associates, 1330 Boiling Springs Road, Spartanburg SC 29303.
11. Impairment rating(s); body part(s); physician and date of opinion: 9% Lumbar Spine, Dr. James Berh, 1/17/11. 12% Spine, 5% Right Lower Extremity, Dr. Daniel Cordas 1/11/12.
12. I am amending my Form 50/51 in the following manner:

☐ **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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Mike Campbell, Commissioner, Workers' Compensation Commission, P.O. BOX 1715 Columbia, SC 29202-1715 via ecase upload and to Brad Easterling, Esq., MGC Insurance Defense P.O. Box 2980, Greenville 29602 Greenville SC 29601 on the 25th day of November, 2015

by; ☒ first class postage ☐ certified mail ☐ personal service. _____ **Certifier**

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

Signature: _____
Date of hearing: December 10, 2015

Email: monty@thecarolinalawgroup.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 67-601 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.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 715651

Mr. Donnie Lowe,	)	
Employee / Claimant,	)	
vs.	)	
BMW Manufacturing	)	**ADMINISTRATIVE**
Employer,	)	
and	)	
	)	
Hartford Insurance Company,	)	
Carrier,	)	
Defendants.	)	

TO: THE HONORABLE MIKE CAMPBELL, COMMISSIONER FOR SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, AND TO BRAD EASTERLING, ATTORNEY FOR DEFENDANTS

YOU ARE HEREBY NOTIFIED THAT The Carolina Law Group, pursuant to the provision of the South Carolina Workers Compensation Act and South Carolina Code Section I-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Claimant, to wit:

APA	PHYSICIAN / PRACTICE	DATE OF REPORT	PAGE
1.	QUESTIONNIARE FROM DR. JAMES BEHR AND QUESTIONNIARE FROM DR. JASON KELLY	3/12/15 &3/7/14	1 - 2
2.	MRI'S OF CERVICAL SPINE	8/8/13 & 2/24/10	3 – 4
3.	ORTHOPAEDIC ASSOCIATES DR. JAMES BEHR	9/29/15 - 6/23/10	5 – 185
4	IME OF DR. DANIEL CORDAS	1/11/12	186 – 192
Ex. 1	DECISION & ORDER	8/28/12	

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 of any of the physicians, whose reports are submitted for the purpose of cross-examination.

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

Respectfully submitted,
THE CAROLINA LAW GROUP, LLC

Mitchell K. Byrd, Jr., Esquire
Attorney for Claimant,

Dated: November 25, 2015
Greenville, SC

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☒ Yes ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. James P. Behr

3/12/15
Date

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

My name is Dr. Jason Kelly and I am a musculoskeletal radiologist at Upstate Carolina Radiology. I have had the opportunity to fully review Mr. Donnie Lowe's MRI scans of February 24, 2010 and August 8, 2013.

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☒ Yes (By MRI) ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. Jason Kelly

3/7/14
Date

2

SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Grove
#1 Cannon Drive Greenville, SC 29605
p: (864) 242-2020 f: (864) 240-5776

PATIENT: LOWE, DONNIE
DOB: 09/19/1964
MRN: 685158
PHONE: 864-848-2131(Home)
PHYSICIAN: JAMES BEHR, MD
EXAM DATE: 08/08/2013

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: low back pain

TECHNIQUE: Multiplanar imaging of the lumbar spine was performed using a posterior phased-array coil configuration in a 1.5 Tesla magnet. T1, T2 and T2 fat-suppressed spin echo sequences were utilized.

FINDINGS: Parasagittal images demonstrate normal signal intensities within the vertebral bodies as well as preservation of vertebral body heights. Disc spaces are maintained. There is mild disc desiccation at L5-S1. The left neural foramina are patent. The right neural foramina are patent. Axial images at L1-2, L2-3, L3-4, and L4-5 appear normal. Axial images at L5-S1 demonstrate a small central protrusion with subannular hyperintense signal consistent with subannular tearing. There is mild impression on the thecal sac. No significant spinal stenosis is seen.

CONCLUSION: Small central protrusion at L5-S1.

Martin Ruocco, MD
MR/kp

DD: 08/09/2013 08:34 A
DT: 08/09/2013 09:39 A
Accession#: 08-1679579 VS#: 11474315 CS#: 434022
cc:

Electronically Signed and Reviewed by Martin Ruocco, MD 08/09/2013 11:54 A

_ADDENDUM:: Previous examination of February 24, 2010 was reviewed.

Comparison of the two studies demonstrate the central protrusion at L5-S1. The central protrusion demonstrates slight decreased prominence compared to the earlier study of 2010. Subannular hyperintensity is seen on the 2013 study but not the 2010 study. Very-subtle mild decreased disc narrowing is noted at L4-5 when compared to prior study. No additional significant changes are seen.

_CONCLUSION:: Comparison findings as discussed above.

Martin Ruocco, MD

MR/llh
DD: 04/04/2014 03:02 P
DT: 04/04/2014 03:23 P
Accession#: 08-1679579 VS#: 11823733 CS#: 758211
cc:

3

INNERVISION MRI & IMAGING
Innervision
Innervision at Grove
Open MRI of Simpsonville
Grove One Cannon Drive Greenville, SC 29605 Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Lowe, Donnie
DOB: 9/19/1964
MRN: 685158
PHYSICIAN: Elisa Katemba, MD
DATE: 2/24/2010

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back and left lower extremity pain/numbness

TECHNIQUE: Sagittal T1/T2/STIR and axial T1/T2-weighted images are submitted. Study is compared with similar examination 11-8-07.

FINDINGS: Lumbar vertebral bodies are intact and alignment is satisfactory. Chronic discogenic signal is present in the superior endplate at the L2 level. Otherwise, no marrow signal abnormality is identified. The T12-L1 disc space is narrowed. Otherwise, the lumbar disc space heights are well maintained.

At the T11-T12 level, previously described left paracentral disc protrusion is no longer identified. Relatively minor disc bulging is present without associated neural impingement. A small nerve root sheath cyst is identified on the right and this is unlikely to be of clinical significance.

At the T12-L1 level, the disc space is narrowed without significant disc bulging/herniation or neural impingement. A small nerve root sheath cyst is identified on the right and this is unlikely to be of clinical significance.

At the L1-L2 and L2-L3 levels, no significant abnormality is identified.

At the L3-L4 level, relatively shallow posterolateral disc bulging is again identified, greater on the left. No associated neural impingement results. Relatively mild bilateral facet joint degeneration is present.

At the L4-L5 level, shallow posterolateral disc bulging is again identified bilaterally, to a slightly greater degree on the left. No significant neural impingement is apparent.

At the L5-S1 level, prominent central posterior disc protrusion has subtly enlarged. However, this does not efface the thecal sac or efface/displace the traversing S1 nerve roots. No significant foraminal stenosis is identified.

Images of the conus are intrinsically unremarkable. Paravertebral soft tissues demonstrate no obvious abnormality.

IMPRESSION: Upon comparison with exam 11-8-07, prominent central disc protrusion at the L5-S1 level may have subtly enlarged, although results in no significant neural impingement. Previously described left paracentral disc protrusion at T11-T12 is no longer identified. Otherwise, no significant interval change has occurred.

L. Chase Allen, Jr., MD
CA / fl

DD: 2/24/2010
DT: 2/24/2010
Job: 10019266

This document has been electronically reviewed and signed by L. Chase Allen, Jr., MD.

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

09/29/2015 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Mr. Donnie Lowe is a 51 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: Back pain.

History From: Patient
Race: White / Caucasian
Family Physician: Dr. Hunter Leigh, Greer, SC
The patient is a 51-year-old male here for followup appointment. Mr. Lowe comes in today for followup of his back pain. On 08/31/2015, the patient underwent bilateral L5-S1 transforaminal epidural steroid injection. He reports he got 50 to 60% relief from this. He normally get two to three months from these injections. He does have a back brace, which he wears. He continues on his Butrans and tramadol and does report functional improvement on these medications without any side effects.

Date of Last UTOX: 07/31/2015

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 08/31/2015

Past Medical History

Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure

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GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Medications (reviewed today):
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
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SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Allergies (reviewed today):
PENICILLIN (Critical)

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Review of Systems
General: Positive for fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Positive for back pain.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Positive for numbness/tingling in arms/legs.
Psychiatric: Positive for difficulty sleeping.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is separated, Never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Patient Instructions:
1) Most patients (90%) of patients with low back pain will improve with time (2-6 weeks). Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to lower back and take medication as instructed for pain relief. Please read the Back Pain Handout and start Physical Therapy as directed.

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 168
BMI (in-lb) 25.64
R: **15** BP: **143/85**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION

Tenderness to across the lumbar paraspinals.

MMT

Manual muscle testing 5/5.

DTRs

Deep tendon reflexes equal and symmetric.

SPECIAL TESTS

Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY/DIAGNOSTIC TESTS:

MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

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ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. The patient did get 50 to 60% relief from his recent bilateral L5-S1 transforaminal epidural steroid injection and can repeat every three to four months.
2. Continue Butrans and tramadol. The patient does report functional improvement on these medications without any side effects.
3. Otherwise continue Flexeril and Cymbalta. The patient is tolerating these medications as well.
4. Continue back brace.
5. Send the patient to physical therapy for his low back and lower extremities.
6. We will have the patient follow up in 12 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/31518
cc: J. Hunter Leigh, M.D.

gb

Disposition: Return to office

rxs were hand written
tramadol 50 tid #90
butrans 10 1 ptch q 7days #4
cymbalta 60 bid #60

Electronically signed by James Paul Behr MD on 10/06/2015 at 11:51 AM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

08/31/2015 - Nurse Note: Bilat Lumbar TFESI
Provider: Cheryl Atkins, RN
Location of Care: Orthopaedic Associates PA

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
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OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?

Revised:

Pre\Post Op
PreOp BP: 123/81
PostOp BP: 119/75
PreOp Pulse: 97
PostOp Pulse: 90

Other Lab Tests
Pregnancy test admnistered? N/A
Blood Glucose finger stick administered? N/A

Sedation Meds
Sedation Meds administered? N/A

Handouts
Discharge instructions have been given to patient.

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Date of Procedure: 03/27/2013
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 08/31/2015

Electronically signed by Cheryl Afkins, RN on 09/01/2015 at 4:47 PM

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Name: Donnie Lowe DOS: 8/31/2015

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Left and Right L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. The needle was then removed without complication. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

07/31/2015 - Office Visit: recheck
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

History of Present Illness
Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: Back pain.

History From: Patient
Race: White / Caucasian
Family Physician: Dr. Hunter Leigh, Greer, SC
The patient is a 50-year-old male here for followup appointment. Mr. Lowe comes in today for followup of his back pain. He has not yet gotten the injection. It appears that he may still be waiting for approval. The patient is interested in repeat injection. He reports that he gets greater than 50% relief for approximately 2 months. He is going out of town next week on vacation with his daughter. He continues on the Butrans and tramadol and does report functional improvement on these medications without any side effects.

Date of Last UTOX: 07/31/2015

Type of Problem
pain 5/10

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

*** Please Note ***
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure

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GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Medications (reviewed today):
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SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Allergies (reviewed today):
PENICILLIN (Critical)

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Review of Systems
General: Positive for fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Positive for back pain.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Positive for numbness/tingling in arms/legs.
Psychiatric: Positive for difficulty sleeping.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is separated, Never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

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VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 162
BMI (in-lb) 24.72
R: 14

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION

Tenderness to across the lumbar paraspinals.

MMT

Manual muscle testing 5/5.

DTRs

Deep tendon reflexes equal and symmetric.

SPECIAL TESTS

Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY/DIAGNOSTIC TESTS:

MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's

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complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. We will once again try to get the patient's bilateral L5-S1 transforaminal epidural steroid injection approved. He has a greater than 50% relief from this for approximately between 2 to 3 months.
2. As we are still trying to get outpatient injection approved and he is going out of town on vacation, we will give him a Medrol Dosepak.
3. Otherwise, continue Flexeril and Cymbalta. The patient is tolerating these medications well.
4. I will have the patient follow up in 8 weeks or sooner if needed.

The above assessment and plan was discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/31501
cc: J. Hunter Leigh, M.D.

gb

New Orders:
Est. Level 4 [CPT-99214]

Disposition: Return to office
In 60 Days.

Due to errors in patient chart rx had to be written...Butrans 10 cymbalta 60, tramadol 50, medrol, flexeril

Electronically signed by James Paul Behr MD on 08/03/2015 at 11:53 AM

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Orthopaedic Associates, PA 1330 Boiling Springs Suite 1600 Spartanburg,SC 29303 864-582-6396 CLIA/COLA: 42D2013021	Patient : Lowe,Donnie Patient ID : 129807 DOB : 09/19/1964 Age : 50 Sex: Male Location : Laboratory Provider : Behr,James MD Phone :

Sample #: 10336
Collected By: NS
Final Report Date: 08/07/2015 4:11:27 PM

Report Printed: 08/07/2015 4:11:27 PM
Specimen Collected Date: 07/31/2015 09:45
Sample Type: Urine Priority: Routine

Test	Result	Flags	Units	Normal
Profile = Standard				
Heroin	NEGATIVE		Cutoff 10 ng/ml	
Amphetamine	NEGATIVE		Cutoff 500 ng/ml	
Benzodiazepine	NEGATIVE		Cutoff 200 ng/ml	
Buprenorphine	**POSITIVE**	**Abnormal**	**Cutoff 20.0ng/ml**	
Cocaine	NEGATIVE		Cutoff 150 ng/ml	
Ethanol	NEGATIVE		Cutoff 100 mg/dl	
Methadone	NEGATIVE		Cutoff 300 ng/ml	
Oplate	NEGATIVE		Cutoff 300 ng/ml	
Oxycodone	NEGATIVE		Cutoff 300 ng/ml	
THC	NEGATIVE		Cutoff 50 ng/ml	
Tramadol	**POSITIVE**	**Abnormal**	**Cutoff 200 ng/ml**	
Creatinine	NORMAL		>=20	
Oxidant	NEGATIVE		Cutoff 200 ug/ml	
Specific Gravity	NORMAL		1.003-1.035	

J Behr MD

End Of Report
Performed By: STANDARD - IRH

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

06/05/2015 - Office Visit: recheck
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

History of Present Illness

Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: Back pain.

History From: Patient
Race: White / Caucasian
Family Physician: Dr. Hunter Leigh, Greer, SC
The patient is a 50-year-old male here for followup appointment. Mr. Lowe comes in today for followup of his back pain. He states that the bilateral L5-S1 transforaminal epidural steroid injection he had back in 01/2015 has now worn off. He is interested in repeat injection. He typically gets about 50% relief with these injections for several months. He continues on Butrans and tramadol. He does report functional improvement with this medication without any side effects.

Date of Last UTOX: 10/16/2014

Type of Problem

pain 5/10

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/16/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History

Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):
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Current Allergies (reviewed today):
PENICILLIN (Critical)

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Surgical history includes Appendectomy and Tonsillectomy.

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General: Positive for fatigue.
Eyes: .Patient denies blurring; vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
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Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
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Genitourinary: Patient denies pain, urinary retention, frequent UTI.
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Neurologic: Positive for numbness/tingling in arms/legs.
Psychiatric: Positive for difficulty sleeping.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is separated, Never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
BMI (in-lb) 25.18
R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT: NCAT, MMM, EOMI

CHEST/RESP: No respiratory distress

EXTREMITIES: No CCE

NEURO/MSK:

PALPATION

Tenderness to across the lumbar paraspinals.

MMT

Manual muscle testing 5/5.

DTRs

Deep tendon reflexes equal and symmetric.

SPECIAL TESTS

Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:

MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with

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medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. Refilled Butrans and tramadol. Patient does report functional improvement with these medications without any side effects.
2. We will set the patient up for repeat bilateral L5-S1 transforaminal epidural steroid injection. Once again, he typically gets 50% relief with these for approximately 3 months.
3. Otherwise continue Flexeril and Cymbalta. The patient is tolerating these medications well.
4. Continue back brace and home exercise program.
5. Prescriptions were written today as there was some difficulty with the computer and they could not be placed in the note at the time of the visit.
6. We will have the patient follow up in 8 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James P. Behr, M. D.
KW/22109

cc: J. Hunter Leigh, M.D.

tw

New Orders:
Est. Level 4 [CPT-99214]

Disposition: Return to office
In 56 Days.

Electronically signed by James Paul Behr MD on 06/08/2015 at 3:03 PM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

03/13/2015 - Office Visit: recheck
Provider: Kelly.M Wilson PAC
Location of Care: Orthopaedic Associates PA

History of Present Illness

Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
Chief Complaint: The patient is a 50-year-old male here for followup appointment of back pain.

History From: Patient
Race: White / Caucasian
Family Physician: Dr. Hunter Leigh, Greer, SC
Mr. Lowe comes in today for followup of his back pain. On 01/29/2015, the patient underwent a bilateral L5-S1 transforaminal epidural steroid injection. He did get relief from this. He continues on his Butrans and tramadol and does report functional improvement on these medications without any side effects. Workmen's comp did approve back brace, which he is wearing today.

Date of Last UTOX: 10/16/2014

Type of Problem

pain

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History

Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal In Body.

Active Medications Prior to This Update (reviewed today):
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter

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TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Medications (reviewed today):
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid.
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

Current Allergies (reviewed today):
PENICILLIN (Critical)

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Review of Systems
General: Positive for fatigue.
Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.
ENT: Patient denies decreased hearing, difficulty swallowing.
Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.
Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.
Gastrointestinal: Patient denies vomiting, diarrhea, nausea.
Genitourinary: Patient denies pain, urinary retention, frequent UTI.
Musculoskeletal: Positive for back pain.
Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.
Neurologic: Positive for numbness/tingling in arms/legs.
Psychiatric: Positive for difficulty sleeping.
Heme/Lymphatic: Patient denies abnormal bruising.
Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 165
BMI (in-lb) 25.18
P: **108** R: **14** BP: **143/85**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN
1. Continue Butrans and tramadol. The patient does report functional improvement on these medications.

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2. The patient did get relief from his recent bilateral L5-S1 transforaminal epidural sterold injection, can repeat every 3 to 4 months.
3. Otherwise continue current medications without any changes.
4. We will have the patient follow up in 12 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James P. Behr, M. D.
KW/10404

cc: J. Hunter Leigh, D.O.

tw

New Orders:
Est. Level 3 [CPT-99213]

Disposition: Return to office
In 84 Days.

unable to put medications on visit due to open visit open in chart. sny

Electronically signed by James Paul Behr MD on 03/17/2015 at 10:35 AM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

01/29/2015 - Nurse Note: Bilateral TFESI L5-S1
Provider: Danielle Skinner
Location of Care: Orthopaedic Associates PA

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
01/29/2015

Pre\Post Op
PreOp BP: 130/85
PostOp BP: 125/80
PreOp Pulse: 97
PostOp Pulse: 90

Other Lab Tests
Pregnancy test administered? No
Blood Glucose finger stick administered? No

Sedation Meds
Sedation Meds administered? No

Handouts
Discharge instructions have been given to patient.

Electronically signed by Danielle Skinner on 01/29/2015 at 3:10 PM

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Name: Donnie Lowe DOS: 1/29/2015

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Left and Right L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. The needle was then removed without complication. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

01/14/2015 - Office Visit: f/u back pain
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back Pain

History of Present Illness
Mr. Lowe comes in today for followup of his back pain. He continues on his Butrans and tramadol and does report functional improvement on these medications without any side effects. He continues with the back brace and TENS unit, which does help, trazodone was initiated at his previous visit and this has been helping with sleep. The patient typically only takes this as needed and it has been quite some time since the patient has tried an epidural and he would be willing to try it again to see if he can get any additional relief.

Date of Last UTOX: 10/16/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd

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SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
01/14/2015

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Patient Instructions:
1) Most patients (90%) of patients with low back pain will improve with time (2-6 weeks). Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to lower back and take medication as instructed for pain relief. Please read the Back Pain Handout and start Physical Therapy as directed.

Vital Signs:

Patient Profile:	50 Years Old Male
CC:	Back Pain
Height:	68 inches
Resp:	15 per minute
(right arm)	
Cuff size:	regular

Vitals Entered By: Paige Scruggs RTR (January 14, 2015 10:31 AM)

Family History Summary:
Reviewed history Last on 10/16/2014 and no changes required:01/15/2015

General Comments - FH:
Patient indicates a family history of Arthritis and Heart Disease.

Social History:
Reviewed history from 10/16/2014 and no changes required:
Passive smoke exposure - no
Alcohol Use - no
Drug Use - no
HIV/High Risk - no

Smoking History:
Patient has never smoked.

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
BMI (in-lb) 26.30
R: 15

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

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PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. Refilled Butrans and tramadol. The patient does report functional improvement on these medications.
2. Otherwise continue Cymbalta, Flexeril and trazodone. The patient is tolerating these medications well.
3. We will set the patient up for repeat bilateral L5-S1 transforaminal epidural steroid injection.
4. Continue back brace, TENS unit and home exercise program.
5. Follow up in 8 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD
KW/10380

cc: J. Hunter Leigh, D.O.

mm

New Orders:
Est. Level 4 [CPT-99214]

Disposition: Return to office

Prescriptions:
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90 x 1
Entered by: Paige Scruggs RTR
Authorized by: Kelly M Wilson PAC

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Electronically signed by: Paige Scruggs RTR on 01/14/2015
Method used: Print then Give to Patient
RxID: 1736861333122630

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid #60 x 1
Entered by: Paige Scruggs RTR
Authorized by: Kelly M Wilson PAC
Electronically signed by: Paige Scruggs RTR on 01/14/2015
Method used: Print then Give to Patient
RxID: 1736861333122610

BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 1
Entered by: Paige Scruggs RTR
Authorized by: Kelly M Wilson PAC
Electronically signed by: Paige Scruggs RTR on 01/14/2015
Method used: Print then Give to Patient

Patient also received a Rx of Trazadone 50mg 1-2 po qhs #60 with 1 refill I had to hand write it, the computer wouldn't let me put it in.. P.S

Electronically signed by James Paul Behr MD on 01/15/2015 at 12:06 PM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

10/16/2014 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back Pain

History of Present Illness
Mr. Lowe comes in today for followup of his back pain. He continues on Butrans and tramadol and reports functional improvement on this medication without any side effects. He has actually gone back to taking the Cymbalta twice a day. He continues to wear a back brace, which does help. He is interested in something for sleep.

Date of Last UTOX: 10/16/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient Indicates history of High Cholesterol and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd

32

SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
10/16/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Risk Factors:

Tobacco use: Never smoker
Passive smoke exposure: no
Drug use: no
HIV high-risk behavior: no
Caffeine use: yes
Alcohol use: no
Exercise: yes
Seatbelt use: 100 %
Sun Exposure: occasionally

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.

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Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Patient Instructions:
1) Most patients (90%) of patients with low back pain will improve with time (2-6 weeks). Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to lower back and take medication as instructed for pain relief. Please read the Back Pain Handout and start Physical Therapy as directed.

Vital Signs:

Patient Profile:	50 Years Old Male
CC:	Back Pain
Height:	68 inches
Weight:	173 pounds
BMI:	26.30
Pulse rate:	70 / minute
Resp:	16 per minute
BP sitting:	139 / 87 (right arm)
Cuff size:	small

Vitals Entered By: Paige Scruggs (October 16, 2014 7:49 AM)

Family History Summary:
Reviewed history Last on 07/18/2014 and no changes required:10/20/2014

General Comments - FH:
Patient indicates a family history of Arthritis and Heart Disease.

Social History:
Reviewed history and no changes required:
Passive smoke exposure - no
Alcohol Use - no
Drug Use - no
HIV/High Risk - no

Smoking History:
Patient has never smoked.

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VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 173
BMI (in-lb) 26.30
P: **70** R: **15** BP: **139/87**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3. No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 50-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

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PLAN

1. Continue Butrans and tramadol. The patient does report functional improvement on these medications.
2. We will place the patient back on Cymbalta 60 mg b.i.d.
3. Continue Flexeril. The patient takes this only as needed.
4. We will add trazodone 50 mg 1 to 2 tablets by mouth at bedtime.
5. U-tox was obtained today. Preliminary results are appropriate. We will send for confirmation review at next visit.
6. Follow up in 12 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James P. Behr, M. D.
KW/10404

cc: J. Hunter Leigh, D.O.

tw

New Orders:
Est. Level 4 [CPT-99214]

Disposition: Return to office
in 90 Days.

Electronically signed by James Paul Behr MD on 10/20/2014 at 12:16 PM

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Ameritox™
Medication Monitoring Solutions

Rx Guardian INSIGHT™ Report

486 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387-7691

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Orthopaedic Associates, P.A. - Spartanburg	Name:	LOWE, DONNIE K	Requisition Number:	A4581839
Provider:	Behr, James Paul MD	DOB:	09/19/1964	Report Version:	1
				Date Collected:	10/16/2014
				Date Reported:	10/21/2014 11:03 AM

Note

The Rx Guardian CD calculations were not performed due to missing or incorrect demographic information (height, weight, gender). If you would like these results, please contact an Ameritox toxicology specialist with the missing information and an updated report can be generated.

1. Illicit Drugs

No illicit drugs detected based on provider order.

2. Medications Or Metabolites Detected But Not Listed On Requisition

No unlisted medications detected.

3. Medication Monitoring Results

Medication Prescribed	Test Result
TRAMADOL HCL	Positive
GABAPENTIN CAPSULE	Not tested based on provider order
XANAX TABLETS	Negative
CYMBALTA TABLETS	Not tested based on provider order
BUTRANS TRANSDERMAL PATCH	Positive
CYCLOBENZAPRINE HCL	Not tested based on provider order

4. Rx Guardian CD Standard Scores (Current)

5. Rx Guardian CD Historical Trend

The INSIGHT Report displays Standard Scores and Historical Trends for the following prescribed drugs: Morphine (extended release formulations and Kadian), Hydrocodone (immediate release formulations), Oxycodone (immediate and extended release formulations), Oxymorphone (immediate and extended release formulations), Methadone, Aripiprazole, Quetiapine (extended release formulation) and Risperidone.

The Rx Guardian INSIGHT Report is intended to supplement the Rx Guardian Results Report as a summary of specific findings. For comprehensive results, please refer to the accompanying Rx Guardian Results Report

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Rx Guardian™ Results Report

486 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387-7591

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Orthopaedic Associates, P.A. - Spartanburg	Name:	LOWE, DONNIE K	Requisition Number:	A4581639
Account:	223337	DOB:	09/19/1964	Lab Accession Number:	814104 1085
Address:	1330 BOILING SPRINGS RD SUITE 1600 SPARTANBURG, SC 29303	Height:	n/a	Date Collected:	10/16/2014
		Weight:	n/a	Date Received by Lab:	10/20/2014 2:41 PM
Fax:	864-582-1608	Gender:	Male	Date Reported:	10/21/2014 11:03 AM
Provider:	Behr, James Paul MD	ID:	n/a	Report Version:	1

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
NOTIFICATIONS								
RESULTS EXPLANATION	The Rx Guardian CD calculations were not performed due to missing or incorrect demographic information (height, weight, gender). If you would like these results, please contact an Ameritox toxicology specialist with the missing information and an updated report can be generated.							
ILLICIT DRUGS								
Cocaine Metabolite								
Benzoylecgonine (IA SCREEN)	Negative	5	150					
Marijuana Metabolite								
THCA (MS SCREEN)	Negative	0	20					
MDMA								
MDMA (IA SCREEN)	Negative	45	500					
Phencyclidine								
Phencyclidine (IA SCREEN)	Negative	4	25					
OPIATES								
Opiates								
Opiates (IA SCREEN)	Negative	0	50					
Oxycodone/Oxymorphone								
Oxycodone/Oxymorphone (IA SCREEN)	Negative	42	100					
Heroin Metabolite								
6-monoacetylmorphine (IA SCREEN)	Not Tested							
RESULTS EXPLANATION	Heroin Metabolite testing was not performed because the morphine result by MS was either negative or < 2000 ng/mL							

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Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
SYNTHETIC OPIOIDS								
Buprenorphine								
Buprenorphine (IA SCREEN)	Positive	33	5					
Buprenorphine (MS)	Positive	26	10					Consistent
Norbuprenorphine (MS)	Positive	15	10					Consistent
RESULTS EXPLANATION	Small amounts of buprenorphine are released by use of the Butrans® patch. This may result in urine levels of buprenorphine or its metabolite, norbuprenorphine, below the listed cutoff.							
Fentanyl								
Fentanyl (IA SCREEN)	Negative	0	2					
Methadone								
Methadone (IA SCREEN)	Negative	0	130					
EDDP (IA SCREEN)	Negative	0	150					
Meperidine								
Meperidine (IA SCREEN)	Negative	189	200					
Tramadol								
Tramadol (IA SCREEN)	Positive	>1000	200					
Tramadol (MS)	Positive	75033	300					Consistent
O-desmethyltramadol (MS)	Positive	20965	300					Consistent
Tapentadol								
Tapentadol (IA SCREEN)	Negative	188	200					
SEDATIVES/HYPNOTICS								
Benzodiazepines								
Benzodiazepines (IA SCREEN)	Negative	18	40					REVIEW
RESULTS EXPLANATION	A prescription was reported for Xanax tablets. Benzodiazepines were not detected. This could be due to not taking the drug as prescribed or individual differences in pharmacokinetics. Typical detection time is 5 to 10 days. (1)							
Barbiturates								
Barbiturates (IA SCREEN)	Negative	8	200					
Carisoprodol								
Carisoprodol (IA SCREEN)	Negative	28	100					
STIMULANTS								
Amphetamines								

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Rx Guardian™ Results Report

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Phone: (866) 287-7584
Fax: (336) 387-7691

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
STIMULANTS								
Amphetamines (IA SCREEN)	Negative	169	500					
VOLATILES								
Alcohol (in mg/dL)								
Ethanol (IA SCREEN)	Negative	2	20					
Ethyl Glucuronide								
Ethyl Glucuronide (IA SCREEN)	Negative	26	500					

Specimen Validity Testing	Value	Reference Range	
Specific Gravity	1.019	1.003	1.040
pH	5.0	4.5	8.9
Creatinine (in mg/dL)	275.4	5.0	400.0
General Oxidant	Negative	<200 mcg/mL	

Prescribed Drug*	Drug Name	Drug Class	Dose (mg)	Last Dose	Frequency Low/High	Number Dose Low/High	PRN
Simvastatin	Simvastatin		40	N/A	QD/QD	1/1	No
Omeprazole	Omeprazole		40	N/A	QD/QD	1/1	No
Tramadol Hcl	Tramadol Hydrochloride	Synthetic Opioids	50	N/A	TID/TID	1/1	No
Gabapentin Capsule	Gabapentin	Neuropathic Pain Medications	300	N/A	QD/QD	1/1	No
Gabapentin Capsule	Gabapentin	Neuropathic Pain Medications	300	N/A	BID/BID	1/1	No
Gabapentin Capsule	Gabapentin	Neuropathic Pain Medications	300	N/A	TID/TID	1/1	No
Xanax Tablets	Alprazolam	Sedatives/Hypnotics	1	N/A	/	1/1	No
Cymbalta Tablets	Duloxetine	Antidepressants	60	N/A	BID/BID	1/1	No
Butrans Transdermal Patch	Buprenorphine Hydrochloride	Synthetic Opioids	0.24	N/A	QD/QD	1/1	No
Cyclobenzaprine Hcl	Cyclobenzaprine Hydrochloride	Antidepressants	10	N/A	TID/TID	1/1	No

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Medication Monitoring Solutions

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REPORTING NOTES

10/21/2014 - No frequency listed on requisition for some medication(s).
10/21/2014 - Medications are prescribed which are not currently in our medication database.

MS = Mass Spectrometry
GC = Gas Chromatograph with Flame Ionization Detector (FID)
IA SCREEN = (examples include immunoassay and enzymatic spectrophotometric)
MS SCREEN = (examples include rapid-fire or mass spectrometry screen)

* Disclaimer: The normalized values and Standard Scores for drug and/or metabolites are based on quantitative mass spectrometry urine drug levels, standard lean body mass calculations, and urine creatinine. These Standard Scores are compared to reference ranges developed from patients clinically assessed as adherent. Due to many factors no single method of assessing medication adherence is sufficient. Rx Guardian CD should be considered in conjunction with clinical and behavioral information that is known to the prescriber. The 95% Database Refererce Ranges are rounded from +1.96 and -1.96.

IA or MS Screening indicates the presence of a drug or compound in a significant quantity to require confirmatory testing. When a negative screen result is reported, the amount detected, if any, is below the cutoff level, which has been established to significantly reduce the incidence of 'false positives' that may result from interferents, cross-reactivity, or other undetermined factors that may trigger a positive screen result.

Range Comparison REVIEW: Indicates that the Standard Score is outside the 95% Database Reference Range.

Medication Comparison REVIEW: Indicates that the drugs provided on the Requisition Form do not match the drugs or metabolites detected through our testing.

1. Drug detection times are typical of the general population. Factors that can affect detection time include, but are not limited to: route of administration, dose, time of last dose, frequency of use, formulation and patient variation in pharmacokinetics and body mass. The comments as stated are not all inclusive nor does the order imply likelihood of occurrence.

2. The prescribed medications as listed on the Rx Guardian Results Report and requisition form have not been verified by Ameritox, and thus, does not replace the patient's official medical record.

Date of last dose is provided for prescriber reference only. This information is not used by Ameritox for medication monitoring test results or standard score calculations.

Samples should be sent to Ameritox as soon as possible after collection to minimize the risk of sample degradation.

PHYSICIAN COMMENTS

*** End of Report ***

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Orthopaedic Associates, P.A.

Patient Information

First: DONNIE Middle: KENNETH Last: LOWE

Address 106 PINE ST. City: GREER State: SC Zip: 29650-5444

Home Phone #: 864-848-2131 Cell Phone #: 864-380-2984 @EMAIL: Artguy64@Bellsouth.net

Date of Birth: 9-19-64 Age: 50 SS#: 247-35-0152 Gender: M

Marital Status: Separated Race: W Is the Patient a Student: ☐ Yes ☒ No

* If a Prescription should be given today, which Pharmacy & Location: BMW Associate Family Pharmacy

Patient's Employer or School: Unemployed Work Phone #: _____

Occupation: _____ Address: _____ ☐ Full Time ☐ Part-time

What body part is injured or painful: lower Back and legs ☒ **Right** ☐ **Left** **Date of Injury** 10-2-07

If an Accident, was it: ☒ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____

Referred By: (Physician, Hospital, ER, Friend, etc.): _____

Who is your Primary Care Physician: Dr. Leigh @ Mountain View Family Practice Greer, SC

Patients Spouse's Name: Tammy C Lowe Spouse's Date of Birth: 7-27-65 Spouse's SS #: _____

Patients Spouse's Employer: _____ Spouse's Work Phone #: _____

If the Patient is a Minor – provide guardian information:

Parent / Responsible Person: _____

Address: _____ *Phone #:* _____ *Date of Birth:* _____ *SS#:* _____

REQUIRED:

Emergency Contact Person: Tammy Clowe Relationship: Wife Phone #: 864-346-3255

Does the patient have Advance Directives? (Living Will) ☐ YES ☒ NO

Primary Insurance Information

Insurance Company: Worker's Comp Insured's Name: _____

Insured's SS#: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____

Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. I understand that OA has the right to refuse or accept assignment of such benefit. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Donnie K Lowe **Date:** 10-15-14

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UNIVERSAL MEDICATION FORM

Today's Date: 10-15-14

Patient's Name: DONNIE K. LOWE	
Patient's Date of Birth: 9-19-64	
Allergic To: Penicillin Reaction: Rash Swelling	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date Prescribed	Name of Medication/Dosage	Directions / How often taken	Prescribing Doctor's Name Reason for RX	Date RX Stopped If Applicable
	Butrans Patch	1 patch every 7 days	Kelly Wilson	
	Cyclobenzaprine 10mg	1 Tabet 3 Times a day	James Beke	
	Omeprazole 40mg	1 per day	Dr John Leigh	
	Duloxetine 60mg	1 per Day	Kelly Wilson	
	Tramadol 50mg	1 tablet 3 time a day	Kelly Wilson	

=

Orthopaedic Associates, PA

1330 Boiling Springs Rd., Suite 1600
Spartanburg, SC 29303
864-582-6396
Fax 864-542-2939

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025
Fax 864-721-0035

HIPAA Consent / Authorization of Use & Disclosure of PHI / Notice of Privacy

Patient Name: Dannie K. Lowe Date of Birth: 9-19-64

Authorization to Release Medical and Appointment Information
I give my permission to release any of my PHI (Protected Health Information) to the names below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:	Relationship to You:	Type of Info to Release: (All, Or Indicate just Medical, Includes previous Medication History, Appt or Financial)
Tammy C Lowe	wife	All
Tabitha M. Lowe	daughter	All
Myrtis Lowe	Mother	All
Monty Desi (Carolina Law Firm)	Lawyer	All

Contact Information
May we contact you and leave information regarding appointments, treatment, as well as other pertinent medical information in the following methods listed below: ____ Yes ____ No

If yes, Check all that apply:

✓ Home Phone ✓ Answering Machine ____ Work ✓ Mail
✓ Cell ✓ Text Message Reminder of Appts. ✓ Email

Acknowledgement of Receipt of **Notice of Privacy Practices**
I have received a copy of the Notice of Privacy Practices. The notice provides detailed information of how my health information may be used or disclosed. I understand I should read it carefully. I am aware that the Notice may be changed at any time and a copy of the revised notice can be provided at any time.

Patient / Guardian Signature: Dannie K. Lowe

Date: 10-16-14

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Donnie K Lowe Home: (864) 848-2131
Male DOB: 09/19/1964 129807 Ins: SRS MedBill WC

07/18/2014 - Office Visit: recheck
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 50 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: The patient is a 49-year-old male here for followup of back pain.

History of Present Illness
Mr. Lowe comes in today for follow up of his back pain. He continues on Butrans and tramadol. He reports functional improvement on these medications. At his previous visit the patient's Cymbalta was increased to b.i.d. dosing, but he would like to go back to just once a day. He has had injections before without much relief.

Date of Last UTOX: 02/20/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
10/16/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 60 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Risk Factors:

Alcohol use: yes
Exercise: yes

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.

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Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Family History Summary:
Reviewed history Last on 07/18/2014 and no changes required:10/16/2014

General Comments - FH:
Patient indicates a family history of Arthritis and Heart Disease.

Social History:
Reviewed history and no changes required:

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
BMI (in-lb) 25.64

GENERAL EXAM
Hand Dominance: Right

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

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Positive discogram in 2010 at L5-S1. .

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural sterold injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. We will decrease the Cymbalta back to once a day.
2. Continue Butrans and tramadol. Patient does report functional improvement on these medications without any side effects.
3. Continue back brace and home exercise program.
4. Continue Flexeril, which takes only as needed.
5. Follow up in 12 weeks or sooner if needed.
6. The above assessment and plan has been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.

KW/10324

cc: J. Hunter Leigh, DO

gb

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[Tablet] x 2
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293373157030
Handout requested.
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 2
Entered by: Sonya Yates

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Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Print then Give to Patient
RxID: 1721293343157030
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid #60 x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293314107030
Handout requested.

CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid #90[Tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293313157030
Handout requested.

Electronically signed by James Paul Behr MD on 10/16/2014 at 11:07 AM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

07/18/2014 - Office Visit: recheck
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: The patient is a 49-year-old male here for followup of back pain.

History of Present Illness

Mr. Lowe comes in today for follow up of his back pain. He continues on Butrans and tramadol. He reports functional improvement on these medications. At his previous visit the patient's Cymbalta was increased to b.i.d. dosing, but he would like to go back to just once a day. He has had injections before without much relief.

Date of Last UTOX: 02/20/2014

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History

Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter

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TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
07/18/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 60 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

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Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 168
BMI (in-lb) 25.64
P: **91** R: **14** BP: **124/79**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's

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complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. We will decrease the Cymbalta back to once a day.
2. Continue Butrans and tramadol. Patient does report functional improvement on these medications without any side effects.
3. Continue back brace and home exercise program.
4. Continue Flexeril, which takes only as needed.
5. Follow up in 12 weeks or sooner if needed.
6. The above assessment and plan has been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/10324

cc: J. Hunter Leigh, DO

gb

New Orders:
Est. Level 4 [CPT-99214]

Disposition: Check UTOX at next visit
in 90 Days.

Prescriptions:
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[Tablet] x 2
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293373157030
Handout requested.

BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 2
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Print then Give to Patient
RxID: 1721293343157030

53

Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid #60 x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293314107030
Handout requested.

CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid #90[Tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 07/18/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1721293313157030
Handout requested.

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

04/21/2014 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe is a 49-year-old male who comes in for followup of his back pain. He remains on the Butrans and tramadol. He does report functional improvement on these medications. He continues on the Cymbalta but is still having quite a bit of leg pain. He has had epidurals before but only got very minimal relief from them.

Date of Last UTOX: 02/20/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
04/21/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has not had a Bone Density Screening
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 170
BMI (in-lb) 25.94
P: **94** R: **15** BP: **137/80**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with

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medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. Continue back brace and home exercise program.
2. Refilled Butrans and tramadol. The patient is tolerating these medications well.
3. We will increase Cymbalta to 60 mg b.i.d.
4. We will add Flexeril 10 mg t.i.d. to help with muscle cramps.
5. Seeing as the patient had epidurals before without much relief, he is not interested in repeat injections at this time.
6. Follow up in 12 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/22007

cc: J. Hunter Leigh, DO

gb

New Orders:
Est. Level 4 [99214]

Disposition: Return to office
in 90 Days.

Prescriptions:
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) 1 po tid #90[tablet] x 2
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 04/21/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1713688339156310
Handout requested.

BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 2
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 04/21/2014
Method used: Print then Give to Patient
RxID: 1713688309756310
Handout requested.

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 2

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Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 04/21/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1713688309356310
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po bid #60[capsule] x 2
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 04/21/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1713688279806310
Handout requested.

Electronically signed by James Paul Behr MD on 04/21/2014 at 2:14 PM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

02/20/2014 - Office Visit: recheck
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe is a 49-year-old male who comes in today for followup of his back pain. He continues to do well with the Butrans and the tramadol. He did get a back brace, which does help. He is wearing it today. He continues with Cymbalta and is tolerating this well.

Date of Last UTOX: 02/20/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
02/20/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

6

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 165
BMI (in-lb) 25.18
P: **95** R: **14** BP: **119/79**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with

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medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

1. Continue back brace and home exercise program.
2. Once again, patient was not felt to be a surgical candidate by Dr. Rollins.
3. Refill Butrans and tramadol. The patient does report functional improvement on these medications.
4. Continue Cymbalta 60 mg once daily. The patient is tolerating this well.
5. Patient has had epidurals before but has only gotten very minimal relief and is not interested in repeat injections.
6. Follow up in 8 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/22056

cc: Hunter Leigh, DO

gb

New Orders:
Est. Level 3 [99213]

Prescriptions:
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 1
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 02/20/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1708505565156320
Handout requested.
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 1
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 02/20/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1708505564156320

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Handout requested.
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 1
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 02/20/2014
Method used: Print then Give to Patient
RxID: 1708505563156320
Handout requested.

]

Electronically signed by James Paul Behr MD on 02/21/2014 at 9:52 AM

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Ameritox™
Medication Monitoring Solutions

Rx Guardian INSIGHT™ Report

486 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387-7691

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Orthopaedic Associates, P.A. - Spartanburg	Name:	LOWE, DONNIE	Requisition Number:	A4157588
Provider:	Behr, James Paul MD	DOB:	09/19/1964	Report Version:	1
				Date Collected:	02/20/2014
				Date Reported:	02/25/2014 8:39 AM

Note

The Rx Guardian CD calculations were not performed due to missing or incorrect demographic information (height, weight, gender). If you would like these results, please contact an Ameritox toxicology specialist with the missing information and an updated report can be generated.

1. Illicit Drugs

No illicit drugs detected based on provider selected panel

2. Medications Or Metabolites Detected But Not Listed On Requisition

Buprenorphine | Norbuprenorphine | Tramadol
O-desmethyltramadol

3. Medication Monitoring Results

No monitored medications listed on Requisition Form.

4. Rx Guardian CD Standard Scores (Current)

5. Rx Guardian CD Historical Trend

The INSIGHT Report displays Standard Scores and Historical Trends for the following prescribed drugs: Morphine (extended release formulations and Kadian), Hydrocodone, Oxycodone (immediate and extended release formulations), Oxymorphone (immediate and extended release formulations) and Methadone.

The Rx Guardian INSIGHT Report is intended to supplement the Rx Guardian Results Report as a summary of specific findings. For comprehensive results, please refer to the accompanying Rx Guardian Results Report.

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Ameritox™
Medication Monitoring Solutions

488 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387-7691

Rx Guardian™ Results Report

CLINIC INFORMATION		PATIENT INFORMATION		SPECIMEN INFORMATION	
Name:	Orthopaedic Associates, P.A. - Spartanburg	Name:	LOWE, DONNIE	Requisition Number:	A4157588
Account:	223337	DOB:	09/19/1964	Lab Accession Number:	8140243270
Address:	1330 BOILING SPRINGS RD SUITE 1600 SPARTANBURG, SC 29303	Height:	n/a	Date Collected:	02/20/2014
		Weight:	n/a	Date Received by Lab:	02/21/2014 1:57 PM
Fax:	864-582-1608	Gender:	Male	Date Reported:	02/25/2014 8:39 AM
Provider:	Behr, James Paul MD	ID:		Report Version:	1

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
NOTIFICATIONS								
RESULTS EXPLANATION	The Rx Guardian CD calculations were not performed due to missing or incorrect demographic information (height, weight, gender). If you would like these results, please contact an Ameritox toxicology specialist with the missing information and an updated report can be generated.							
ILLICIT DRUGS								
Cocaine Metabolite								
Benzoylecgonine (IA)	Negative	14	150					
Marijuana Metabolite								
THCA (IA)	Negative	0	30					
MDMA								
MDMA (IA)	Negative	30	500					
Phencyclidine								
Phencyclidine (IA)	Negative	5	25					
OPIATES								
Opiates								
Opiates (IA)	Negative	0	50					
Oxycodone/Oxymorphone								
Oxycodone/Oxymorphone (IA)	Negative	3	100					
Heroin Metabolite								
6-monoacetylmorphine (IA)	Negative		10					
SYNTHETIC OPIOIDS								
Buprenorphine								
Buprenorphine (IA)	Positive	22	5					See MS Results
Buprenorphine (MS)	Positive	11	10					REVIEW
Norbuprenorphine (MS)	Positive	16	10					REVIEW

Ameritox™
Medication Monitoring Solutions

Rx Guardian™ Results Report

486 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387-7691

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
SYNTHETIC OPIOIDS								
RESULTS EXPLANATION	The presence of Buprenorphine and Norbuprenorphine has been confirmed. This is evidence of taking a Buprenorphine medication. Detection time for these drugs is approximately 2-4 days.							
Fentanyl								
Fentanyl (IA)	Negative	0	2					
Methadone								
Methadone (IA)	Negative	2	130					
EDDP (IA)	Negative	0	150					
Meperidine								
Meperidine (IA)	Negative	70	200					
Tramadol								
Tramadol (IA)	Positive	>1000	200					See MS Results
Tramadol (MS)	Positive	48490	300					REVIEW
O-desmethyltramadol (MS)	Positive	17843	300					REVIEW
RESULTS EXPLANATION	The presence of Tramadol and O-Desmethyltramadol has been confirmed. This is evidence of taking a Tramadol medication. Possible sources include (but are not limited to) Ultram or Ultracet. Detection time for these drugs is approximately 2-4 days.							
Tapentadol								
Tapentadol (IA)	Positive	518	200					See MS Results
N-desmethyltapentadol (MS)	Negative		100					Consistent
Tapentadol (MS)	Negative		100					Consistent
RESULTS EXPLANATION	A presumptive positive immunoassay and negative confirmation result can be due to an additive response from parent drug and metabolites that individually are below the confirmation cutoff or an undetermined urine component triggering an immunoassay response that would not affect confirmation results. This should be considered a negative result.							
SEDATIVES/HYPNOTICS								
Benzodiazepines								
Benzodiazepines (IA)	Negative	0	40					
Barbiturates								
Barbiturates (IA)	Negative	24	200					
Carisoprodol								
Carisoprodol (IA)	Negative	8	100					

Ameritox™
Medication Monitoring Solutions

Rx Guardian™ Results Report

485 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax (336) 387-7691

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Normalized Value	Standard Score	95% Database Reference Range*	Range Comparison	Medication Comparison
STIMULANTS								
Amphetamines								
Amphetamines (IA)	Negative	147	500					
VOLATILES								
Alcohol (in mg/dL)								
Ethanol (E)	Negative	1	20					
Ethyl Glucuronide								
Ethyl Glucuronide (IA)	Negative	21	500					

Specimen Validity Testing	Value	Reference Range	
Specific Gravity	1.018	1.003	1.040
pH	5.4	4.5	8.9
Creatinine (in mg/dL)	264.0	50	400.0
General Oxidant	Negative	<200 mcg/mL	

No Medications Prescribed

E = Enzymatic Spectrophotometric
IA = Immunoassay
MS = Mass Spectrometry
GC = Gas Chromatograph with Flame Ionization Detector (FID)

* Disclaimer: The normalized values and Standard Scores for drug and/or metabolites are based on quantitative mass spectrometry urine drug levels, standard lean body mass calculations, and urine creatinine. These Standard Scores are compared to reference ranges developed from patients clinically assessed as adherent. Due to many factors no single method of assessing medication adherence is sufficient. Rx Guardian CD should be considered in conjunction with clinical and behavioral information that is known to the prescriber. The 95% Database Reference Ranges are rounded from +1.96 and -1.96.

Immunoassay (IA) screening establishes the presence of a drug or compound in a significant quantity to require confirmatory testing. When a negative IA result is reported, the amount detected, if any, is below the established cutoff level, which has been established to significantly reduce the incidence of 'false positives' that may result from interferents, cross-reactivity, or another undetermined factor that triggered the weak IA reaction.

Range Comparison REVIEW: Indicates that the Standard Score is outside the 95% Database Reference Range.

Medication Comparison REVIEW: Indicates that the drugs provided on the Requisition Form do not match the drugs or metabolites detected through our testing.

1. Drug detection times are typical of the general population. Factors that can affect detection time include, but are not limited to: dose, time of last dose, frequency of use, formulation and patient variation in pharmacokinetics and body mass. The comments as stated are not all inclusive nor does the order imply likelihood of occurrence.

Ameritox™
Medication Monitoring Solutions

Rx Guardian™ Results Report

488 Gallimore Dairy Rd
Greensboro, NC 27409
Phone: (866) 287-7584
Fax: (336) 387 7691

2. The prescribed medications as listed on the Rx Guardian Results Report and requisition form have not been verified by Ameritox, and thus, does not replace the patient's official medical record.

Date of last dose is provided for prescriber reference only. This information is not used by Ameritox for medication monitoring test results or standard score calculations.

PHYSICIAN COMMENTS

***** End of Report *****

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

11/25/2013 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: The patient is a 49-year-old male here for followup of back pain.

History of Present Illness
Mr. Lowe comes in today for followup of his back pain. At his previous visit, the patient was rotated to Butrans and does feel this works better for him than the Nucynta. He does continue with the back brace and is wearing it today. He was previously seen by Dr. Rollins who did not recommend surgery.

Date of Last UTOX: 08/05/2013

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid

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OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
11/25/2013

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 165
BMI (in-lb) 25.18
P: **99** R: **15** BP: **129/81**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

PLAN
1. Continue back brace and home exercise program.
2. Refilled Butrans and tramadol. The patient does report functional improvement on this medication.
3. Continue Cymbalta 60 mg once daily. The patient is tolerating this well.
4. Patient reports the last few epidurals have only given him very minimal relief and he is not interested in repeat injection at this time.
5. Follow up in 12 weeks or sooner if needed. The above assessment and plan have been discussed with Dr. Behr.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD
KW/10324

cc: Hunter Leigh, D.O.

mwm

New Orders:
Est. Level 3 [99213]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 2
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by:Sonya Yates on 11/25/2013
Method used: Print then Give to Patient
RxID: 1700988494056390
Handout requested.

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 11/25/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1700988493056390
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 11/25/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411

73

Orthopaedic Associates PA
115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0021 Fax: (864) 721-0035

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

10/23/2013 - Office Visit: f/u lumbar spine
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe returns today, reports he is doing well. He saw Dr. Rollins who did not recommend surgery, otherwise no changes. Medications are working okay but he would like try something different.

Date of Last UTOX: 08/05/2013

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd

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SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
10/23/2013

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

75

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 163
BMI (in-lb) 24.87
P: **107** R: **16** BP: **127/77**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural steroid injections until recently when the pain increased and he states he is now interested in surgery.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

PLAN
1. Dr. Rollins did not recommend surgery.
2. The patient will continue back brace along with home exercise program.
3. We will switch him from Nucynta to Butrans, see if he does better with that.
4. Continue other medications.
5. Follow up in 30 days.

Dictated by: James P. Behr M.D.

JPB/10416

cc: Hunter J. Leigh, D.O.

tw

New Orders:
Est. Level 4 [99214]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 10/23/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1698139079156420
Handout requested.

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 10/23/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1698139049356420
Handout requested.

BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 10/23/2013
Method used: Print then Give to Patient

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

09/24/2013 - Office Visit: Recheck lumbar spine
Provider: Gerald Rollins MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

History From: Patient
Race: White / Caucasian

History of Present Illness

This 49-year-old gentleman is referred by Dr. Behr for evaluation of lumbar spine pain. Apparently he has been out of work for a couple of years and actually discharged from employment with BMW because he has been out so long. He got hurt at work and has been treated conservatively by Dr. Behr since then. He is continuing to struggle with pain in the back that he rates as 8 or 9 on a scale of 1-10 but occasionally gets down to 4. With any activity it goes back up to 8 or 9. It has been for the most part consistent over the last couple years. An epidural has helped in the past but more recently has not. He does complain of some right leg pain that comes and goes. He always has a burning in the posterior aspect of his right hip but further down the leg the pain is less intense.

Date of Last UTOX: 08/05/2013

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History

Patient indicates history of High Cholesterol and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
UCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill on 9-25-13
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter

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NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?

Revised:
09/24/2013

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:

79

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
BMI (in-lb) 24.42
R: **16**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Durable Goods: No

PHYSICAL EXAM
On physical examination the patient moves about the office with discomfort. He is alert, cooperative and oriented and basically healthy but struggles to get up out of a chair and move and has very limited motion in the back. Good motion of hips, knees and ankles. Straight leg raise produces an increase in back pain and buttock pain of both legs, more so on the right. He is grossly neurologically intact, however, with sensory exams and reflex exams unremarkable.

RADIOLOGY:
Recent MRI shows a small posterior disc protrusion at L5-S1 but this is not all that impressive and certainly not causing any neural compression.

ASSESSMENT

Chronic low back pain with some referred pain down the right leg since a work-related injury 2 years ago.

PLAN
At this point, I do not see anything that would benefit from any surgery. Unfortunately, he seems to have had a prolonged conservative approach and is still struggling with pain. At this point the only thing I know is to continue with chronic pain management support. It does not sound like epidurals have produced any lasting benefit and I doubt they will in the future. It does not look likely that this gentleman will be able to return to work unless his pain is significantly improved and I do not know how to accomplish that. Basically, I do not have anything to suggest to Dr. Behr other than the fact that I do not believe surgery will help this gentleman.

Dictated by: Gerald L Rollins, M.D.

GLR/10324

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

mwm

New Orders:
Est. Level 3 [99213]
Lumbar Spine 2-3 views [72100]

]

Electronically signed by Gerald Rollins MD on 10/01/2013 at 9:22 AM

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Orthopaedic Associates PA
115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0021 Fax: (864) 721-0035

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

08/28/2013 - Office Visit: f/u after MRI
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness

Mr. Lowe returns today. He reports the medications are working well. He is pleased with those. However, the epidurals are no longer working as well as they used to and he would be interested in surgery. He did obtain the MRI. He denies any notable side effects with the medications and again does report functional improvement. His pain has been controlled with medications and epidurals until recently, but the pain increased and he states he would now be interested in surgery.

History of OA Fractures or Procedures:

Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013
Date of Last UTOX: 08/05/2013

Past Medical History

Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill on 9-25-13
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid

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ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
08/28/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:

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Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb

Height (in): 68
Weight (lb): 160
BMI (in-lb) 24.42
P: **110** R: **16** BP: **135/85**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

MRI on 08/08/2013 from Innervision demonstrates a small central protrusion at L5-S1 with possible subannular tearing.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural steroid injections until recently when the pain increased and he states he is now interested in

surgery.

PLAN

1. Continue medications with no change with noted functional improvement and no side effects.
2. At this point, the patient would be very interested in surgery. The patient previously saw Dr. Rollins, but he will be interested in seeing Dr. Mitchell. The patient previously had a discogram, which is positive at L5-S1, but that was 4 years ago.
3. Follow up with me after he sees Dr. Mitchell for continued medication management.

Dictated by: James P. Behr M.D.

JPB/10505

cc: Hunter J. Leigh, D.O.

mwm

New Orders:
1st Level 4 [99214]

Prescriptions:

NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill on 9-25-13 #90 x 0
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693303139156200
Handout requested.

NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid #90 x 0
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693303079056200
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30 x 1
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by:Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693302959056200
Handout requested.

Electronically signed by James Paul Behr MD on 08/30/2013 at 10:06 AM

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Orthopaedic Associates, P.A.

Patient Information

First: DONNIE Middle: KENNETH Last: LOWE

Address: 106 PINE ST. City: Greer State: SC Zip: 29650

Home Phone #: (864) 848-2131 Cell Phone #: (864) ~~###~~ 360-2984 EMAIL: Artguy64@bellsouth.net

Date of Birth: 9-19-64 Age: 48 SS#: 247-35-0152 Gender: M

Marital Status: Separated Race: W Is the Patient a Student: ☐ Yes ☑ No

* If a Prescription should be given today, which Pharmacy & Location: BMW Associate Family Pharmacy

Patient's Employer or School: N/A Work Phone #: _____

Occupation: unemployed Address: _____ ☐ Full Time ☐ Part-time

☐ Right ☐ Left **Injured OR Painful Area:** Lower back **Date of Injury OR Onset of Pain:** 10-2-07

If an Accident, was it: ☑ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____

Referred By: (Physician, Hospital, ER, Friend, etc.): _____

Patients Spouse's Name: Tammy C. Lowe Spouse's Date of Birth: 7-27-65 Spouse's SS #: 251-43-9623

Patients Spouse's Employer: ZF Lemforder Spouse's Work Phone #: _____

If Patient is a Minor – provide guardian information:

Parent / Responsible Person: _____

Address: _____ *Phone #:* _____ *Date of Birth:* _____ *SS#:* _____

REQUIRED:

Emergency Contact Person: Tammy C. Lowe Relationship: Wife Phone #: (864) 420-1169

Does the patient have Advance Directives? (Living Will) ☐ YES ● NO

Primary Insurance Information

Insurance Company: WC Insured's Name: SELF

Insured's SS#: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____

Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. I understand that OA has the right to refuse or accept assignment of such benefit. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Donnie K. Lowe Date: 8-24-13

UNIVERSAL MEDICATION FORM

Today's Date: 8-28-13

Patient's Name: DONNIE K LOWE	
Patient's Date of Birth: 9-19-44	
Phone #: 864- 848-2131	Cell 864-380-2984
Allergic To: Penicillin Reaction: Rash swelling	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date Prescribed	Name of Medication/Dosage	Directions / How often taken	Prescribing Doctor's Name Reason for RX	Date RX Stopped If Applicable
	See Chart			

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Orthopaedic Associates, PA

1330 Boiling Spgs Rd., Ste 1600
Spartanburg, SC 29303
864-582-6396
Fax 864-542-2939

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025
Fax 864-721-0035

1650 Skylyn Dr., Ste 210
Spartanburg, SC 29307
864-285-9440
Fax 864-596-4523

Authorization and Acknowledgements / Notice of Privacy

I. Authorization to Release Medical and Appointment Information

In the event that you are unable to contact our office and need to have someone other than yourself request medical, financial or appointment information, please list their name below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:	Relationship to You:	Type of Info to Release: (All, Or indicate just Medical, includes previous Medication history, Appt or Financial)
Tammy C. Lowe	wife	All
Tabitha Lowe	daughter	All

II. Receipt and Acknowledgement of **Notice of Privacy Policies**

As a part of your healthcare, OA originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among many health professionals who contribute to patient care
- A source of information for applying diagnosis and surgical information to bill
- A means by which third party payers can verify that services billed were actually provided
- A tool for healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the above summary of the Notice of Privacy Policies and am aware that I can ask for a detailed Notice of Privacy Policy detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law.

I understand the contents of the Notice and I request the following restriction(s) (if any) concerning the use of my PHI.
Write "NONE" if there are no restrictions on who can obtain your PHI:

NONE

Patient / Guardian Signature: Daniel K. Lowe

Date: 8-28-13

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

08/05/2013 - Office Visit: follow-up back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe comes in today for followup of his back pain. He continues on his Nucynta 75 mg t.i.d. and does report functional improvement on this. He also continues on Cymbalta and is tolerating this well. He does however continue complaints of back pain and does feel that it may be getting worse. Patient has undergone epidural injections in the past with only very minimal relief. He is wearing his back brace today.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013
Date of Last UTOX: 08/05/2013

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
08/05/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 158
BMI (in-lb) 24.11
P: **110** R: **14** BP: **134/83**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural steroid injections.

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PLAN.
1. Continue Nucynta 75 mg t.i.d. Patient does report functional improvement on this medication.
2. Continue Cymbalta 60 mg once daily. Patient is tolerating this well.
3. Continue home exercise program and back brace.
4. We will set the patient up for an MRI of his lumbar spine for further evaluation. He reports that his pain is bad enough that he may actually consider a surgical referral in the near future.
5. Follow up after MRI with Dr. Behr. The above assessment and plan have been discussed with Dr. Behr.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD
KW/10855

cc: Hunter Leigh, M.D.

mwm

New Orders:
Est. Level 4 [99214]

Prescriptions:
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 08/05/2013
Method used: Print then Give to Patient
RxID: 1691319567956350
Handout requested.

NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid #90 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 08/05/2013
Method used: Print then Give to Patient
RxID: 1691319538206350
Handout requested.

Electronically signed by James Paul Behr MD on 08/05/2013 at 4:38 PM

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

08/10/2013 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe returns today and reports the ESI helped quite a bit and Nucynta is helping quite a bit. He is overall very happy. He states that most days are very bearable and overall doing fairly well at this point well enough that he does not wish to have the MRI or surgical consultation.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill 7/8/13
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
06/10/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 60 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

94

Donnie K Lowe Home: (864) 848-2131
Male DOB: 09/19/1964 129807 Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 170
BMI (in-lb) 25.94
P: **114** R: **16** BP: **154/88**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural sterold injections.

PLAN

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Tonnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

1. We will continue home exercise program and brace.
2. Continue bilateral L4-5 transforaminal epidural steroid injections as needed.
3. Continue medications with no changes.
4. We had the patient sign a pain management agreement.
5. If the patient wishes to do a different course, would give some consideration to an MRI or surgical referral but will hold off at this point.
6. Follow up in 8 weeks.

Dictated by: James P. Behr M.D.

JPB/10324

cc: Hunter Lee, M.D.

mwm

New Orders:
Est. Level 4 [99214]

Prescriptions:
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill 7/8/13 #90 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 06/10/2013
Method used: Print then Give to Patient
RxID: 1686481712256430
Handout requested.

NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid #90 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 06/10/2013
Method used: Print then Give to Patient
RxID: 1686481712056430
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 1
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 06/10/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1686481683556430
Handout requested.

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Name: Donnie Lowe DOS: 5/23/2013

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Right and Left L4-5** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. The needle was then removed without complication. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or hematomas following the procedure.

Signature: _____ _____
James Behr, MD

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

05/13/2013 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe returns today and reports the last epidural did not give him as much relief as the previous ones. He also reports that the pain has been increasing across his low back down into his right greater than left buttock. No trouble with the Ultram but the increased dose has not helped as much as he would like.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk, then 1 po bid x 1 wk,then 1 po tid thereafter
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
05/13/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

99

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 161
BMI (in-lb) 24.57
P: **97** R: **14** BP: **133/83**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3. No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural steroid injections.

PLAN

100

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

1. The patient has not done well with the past 2 epidurals which were at L5-S1. He has done well in the past at the L4-5 level so we will schedule him for that.
2. Increase Cymbalta to 60 mg once a day for pain relief.
3. We will switch him from Ultram to Nucynta 75 mg 3 times per day.
4. If the patient does not do well with the above measures, we will consider an MRI at the next visit.
5. Follow up in 4 weeks' time.

Dictated by: James P. Behr M.D.

JPB/10324

cc: Hunter Leigh, M.D.

mwm

New Orders:
Est. Level 4 [99214]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid #90 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 05/13/2013
Method used: Print then Give to Patient
RxID: 1684055944956430
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 05/13/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1684055916556430
Handout requested.

Electronically signed by James Paul Behr MD on 05/14/2013 at 11:47 AM

101

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 5/13/13 Previous Visit ___/___/___ Treating Physician Behr
Patient's Name Donnie R Lowe Home Phone: ____
Patient's SS# ____ Patient DOB: 9/19/64
Employer: ____ Phone: ____

MEDICAL INFORMATION

Date of Accident/Injury ____
Diagnosis: (description) ____ (code) ____
(description) ____ (code) ____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- [X] Patient has received MMI
- [ ] Able to work with no restrictions
- [ ] May return to Regular work on ___/___/___
- [ ] Continue Light Duty
- [ ] Begin Light Duty on ___/___/___
- [ ] Out of Work until ___/___/___
- [ ] Next Office Visit on ___/___/___
- [ ] **Other** ____

LIGHT DUTY RESTRICTIONS

- [ ] Full Time
- [ ] Part Time ____ hrs. Per day
- [ ] Sedentary Work Only
- [ ] No Repetitive Motion
- [ ] No lifting
- [ ] No lifting more than ____ lbs.
- [ ] No pushing, pulling or twisting
- [ ] No bending, stooping, or climbing
- [ ] **Other** ____

Signature: ____

102

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

04/15/2013 - Office Visit: follow-up ESI
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: The patient is a 48-year-old male here today for followup appointment for back pain.

History of Present Illness

Mr. Lowe comes in today for followup. He underwent a bilateral L5-S1 transforaminal epidural sterold injection on 03/27/2013. He does report this helped, does not much as his previous injection. He continues to wear a back brace. He reports he was unable to tolerate the gabapentin as it made him too sleepy. He otherwise continues on tramadol.

History of OA Fractures or Procedures:

Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013

Past Medical History

Patient Indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
CYMBALTA 30 MG CPEP (DULOXETINE HCL) one po q day
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd

103

POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
04/15/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

104

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 167
BMI (in-lb) 25.48
P: **83** R: **14** BP: **132/87**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to palpation over the lower lumbar paraspinals.

MMT
Manual muscle testing is 5/5.

DTRs
DTRs are equal and symmetric.

SPECIAL TESTS
Negative facet loading bilaterally. Pain with forward flexion. Straight leg raise is positive on the right.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 48 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to an L5 S1 discogenic pain with a positive discogram. His pain is well controlled on his Ultram as well as epidural steroid injections.

PLAN

1. Continue on tramadol as directed. The patient does report functional improvement on this medication.

105

2. We will discontinue gabapentin and switch to Cymbalta 30 mg once daily.
3. Continue to wear back brace with home exercise program.
4. The patient does get some relief with the bilateral L5-S1 transforaminal epidural sterold injections, can repeat this every 3 to 4 months as needed.
5. Follow up in 4 weeks or sooner if needed. The above assessment and plan have been discussed Dr. Behr and can possibly consider adding Nucynta ER going forward if needed.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD
KW/10507

cc: Hunter Leigh, M.D.

New Orders:
Est. Level 4 [99214]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid #180[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 04/15/2013
Method used: Electronically to
Walmart Greer* (retail)
14055 E Wade Hampton Blvd
Greer, SC 29650
Ph: (864) 877-2296
Fax: (864) 877-2296
RxID: 1681646815406260

CYMBALTA 30 MG CPEP (DULOXETINE HCL) one po q day #30[capsule] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 04/15/2013
Method used: Electronically to
Walmart Greer* (retail)
14055 E Wade Hampton Blvd
Greer, SC 29650
Ph: (864) 877-2296
Fax: (864) 877-2296
RxID: 1681646815306260

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid #180[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 04/15/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1681646754206260

106

Handout requested.
CYMBALTA 30 MG CPEP (DULOXETINE HCL) one po q day #30[capsule] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 04/15/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1681646724156260
Handout requested.

Electronically signed by Myra Million on 04/17/2013 at 2:56 PM

107

Name: Donnie Lowe DOS: 3/27/2013

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Right and Left L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. The needle was then removed without complication. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____ _____
James Behr, MD

108

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

03/18/2013 - Office Visit: recheck back pain
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old white male, who is here for a follow-up appointment.
History From: Patient
Race: white

Chief Complaint: back pain

History of Present Illness
The patient is a 48-year-old male here for followup appointment.

Mr. Lowe comes in today for a followup. He reports he is interested in a repeat epidural. He is tolerating the Ultram well and feels that it is helping his pain. He continues to wear his back brace.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

109

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Are you receiving any narcotics from any other Physician?
No

Revised:
03/18/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 168

110

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

BMI (in-lb) 26.25
P: **79** R: **16** BP: **124/80**

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to palpation over the lower lumbar paraspinals.

MMT
Manual muscle testing is 5/5.

DTRs
DTRs are equal and symmetric.

SPECIAL TESTS
Negative facet loading bilaterally. Pain with forward flexion. Straight leg raise is positive on the right.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 48 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to an L5 S1 discogenic pain with a positive discogram. His pain is well controlled on his Ultram as well as epidural steroid injections.

PLAN

1. Continue tramadol as directed. He does report functional improvement on this medication.
2. Add gabapentin 300 mg to be titrated up to t.i.d. dosing.
3. Continue back brace.
4. We will schedule another bilateral L5-S1 transforaminal epidural steroid injection. Kenalog will be used this time instead of Depo-Medrol.
5. Follow up in 4 weeks or sooner if needed. The above assessment and plan have been discussed with Dr. Behr who can possibly consider adding Nucynta ER going forward if needed.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

KW/10507

cc: Hunter Leigh, M.D.

New Orders:
Est. Level 4 [99214]

Prescriptions:
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 03/18/2013
Method used: Print then Give to Patient
RxID: 1679215542156350

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid #180[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 03/18/2013
Method used: Electronically to
Walmart Greer* (retail)
14055 E Wade Hampton Blvd
Greer, SC 29650
Ph: (864) 877-2296
Fax: (864) 877-2296
RxID: 1679215482056350
Handout requested.

GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter #90[capsule] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 03/18/2013
Method used: Electronically to
Walmart Greer* (retail)
14055 E Wade Hampton Blvd
Greer, SC 29650
Ph: (864) 877-2296
Fax: (864) 877-2296
RxID: 1679215452156350
Handout requested.

]

Electronically signed by Myra Million on 03/20/2013 at 8:47 AM

112

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

02/18/2013 - Office Visit: Recheck back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old white male, who is here for a follow-up appointment.
History From: Patient
Race: white

Chief Complaint: Low back pain

History of Present Illness
Mr. Lowe returns today. Reports he is doing okay. The last injection which we did back in December did not nearly help as much as they usually do. Although, we did use a different sterold, the Depo-Medrol rather than Kenalog. Otherwise, things are going okay.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

113

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Revised:
02/18/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 60 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Hema/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 163
BMI (in-lb) 26.25
P: **77** R: **14** BP: **118/63**

GENERAL EXAM

114

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Appearance: Healthy
Mental Status: Alert & Oriented x 3. No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

SPECIAL TESTS:
Straight leg raise positive on the right. Forward flexion does cause some pain. Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 48 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to an L5 S1 discogenic pain with a positive discogram. His pain is well controlled on his Ultram as well as epidural steroid injections.

PLAN

1. The patient would like to try switching medications. We will give him tramadol 100 mg t.i.d. and discontinue the Ultram ER.
2. Continue back brace.
3. The patient did not do well with the last epidural. I wonder if it may be due to the fact that we used Depo-Medrol rather than Kenalog. If we do repeat it, we will likely do that with Kenalog instead.
4. We will see the patient back in 1 months' time to see how he is doing with the medications. If he is not doing well, we may consider adding Nucynta ER or repeating the epidural with Kenalog.

Dictated by: James P. Behr M.D.

JPB/10487

115

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

cc: Lee Taylor, M.D.

New Orders:
Est. Level 4 [99214]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid #180[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 02/18/2013
Method used: Electronically to
Walmart Greer* (retail)
14055 E Wade Hampton Blvd
Greer, SC 29650
Ph: (864) 877-2296
Fax: (864) 877-2296
RxID: 1676796335056220

ULTRAM 50 MG TABS (TRAMADOL HCL) 1-2 po tid #180[tablet] x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 02/18/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1676796246506220
Handout requested.

]

Electronically signed by Myra Million on 02/19/2013 at 9:48 AM

116

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 2/18/13 Previous Visit ___/___/___ Treating Physician Behr
Patient's Name Donnie R Lowe Home Phone: _____
Patient's SS# _____ Patient DOB: 9/9/64
Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☑ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time_____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than _____lbs.

☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing

☐ **Other** _____

Signature: _____

117

Name: Donnie Lowe DOS: 12/14/2012

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Right and Left L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sudium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Depo-Medrol** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____ _____
James Behr, MD

118

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

11/19/2012 - Office Visit: recheck back pain
Provider: Kelly M Wilson PAC
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: back pain

History of Present Illness
Mr. Lowe is a 48 year old male here for follow up appointment. He returns today and his previous sterold injection was on 06-01-2012. He reports he got about 12 months of relief which is typical for him. He is currently taking Ultram which is working well for him and wearing a back brace as needed.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po qid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
11/19/2012

119

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 60 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 172
BMI (in-lb) 26.25
R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

120

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

SPECIAL TESTS:
Straight leg raise positive on the right. Forward flexion does cause some pain. Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 48 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to an L5 S1 discogenic pain with a positive discogram. His pain is well controlled on his Ultram as well as epidural steroid injections.

PLAN

1. We will continue the patient on Ultram ER 200 mg po qd as well as Tramadol 50 mg po q.i.d. This is working well for him.
2. Patient is to continue to wear his back brace as needed.
3. We will schedule a bilateral L5 S1 transforaminal epidural steroid injection and continue these on an as needed basis.
4. The patient is asked to follow up in three months or earlier if needed.

Dictated by Kelly Wilson, PA-C for James P. Behr, M.D.

New Orders:
Est. Level 4 [99214]

Prescriptions:
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day #30[tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 11/19/2012

121

Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1668932431056400

ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po qid #120[tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 11/19/2012
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1668932401956400

XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 11/19/2012
Method used: Print then Give to Patient
RxID: 1668932401056400

Electronically signed by Mary Jo McMeans on 11/27/2012 at 8:12 AM

122

Name: Donnie Lowe DOS: 6/12/2012

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Left and Right L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of methyl prednisolone** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

05/25/2012 - Office Visit: Recheck after ESI
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 47 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Low back pain

History of Present Illness
Mr. Lowe returns today reporting with the last epidural steroid injection on 04-15-12 he got about four months of excellent relief again which is very typical for him. He is also currently taking Ultram and working well. Otherwise denies any new difficulties.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po qid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?

Revised:
05/25/2012

Past Surgical History

124

Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

125

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

SPECIAL TESTS:
Straight leg raise positive on the right.
Forward flexion does cause some pain.
Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 47 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. At this point it appears the patient's pain complaints are likely related to L5 S1 discogenic pain with positive discogram. His pain has been fairly well controlled with conservative measures including epidural steroid injection, medications and physical therapy.

PLAN

1. Will switch the Tramadol around and give him Ultram ER 200 mg once a day as well as Tramadol 50 mg q.i.d. Hopefully this will work a little bit better for him. If not, we can switch back.
2. Patient can continue to have bilateral L5 S1 transforaminal epidural steroid injections on an as needed basis as she seems to get about four months of excellent relief and we will schedule one for him at this time.
3. Follow up in six month's time or earlier if needed.

Dictated by James P. Behr, M.D.

cc: Dr. Hunter Leigh

New Orders:
Est. Level 4 [99214]

Prescriptions:
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day #30[tablet] x 5
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 05/25/2012
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499

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RxID: 1653581944156480
ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po qid #120[tablet] x 5
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 05/25/2012
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1653581914156480
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 05/25/2012
Method used: Print then Give to Patient
RxID: 1653581885556480

Electronically signed by Mary Jo McMeans on 05/29/2012 at 9:54 AM

127

Name: Dornie Lowe DOS: 1/27/2012

PRE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Right and Left L5-S1** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of preservative free triamcinalone** and 2cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

128

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

01/13/2012 - Office Visit: follow up lumbar spine
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 47 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: lumbar spine

History of Present Illness
Mr. Lowe returns today reporting that he got about 4 1/2 months relief from the last epidural sterold injection, doing great and is very happy with that. The Celebrex has also been causing some GI issues for him. Otherwise denies any new difficulties.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po bid
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po bid
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
01/13/2012

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

129

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMW

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

HF	HE	KF	KE	DF	PF	EHL

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R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

SPECIAL TESTS:
Straight leg raise positive on the right.
Forward flexion does cause some pain.
Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 46 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. At this point it appears the patient's pain complaints are likely related to L5 S1 discogenic pain with positive discogram. His pain has been fairly well controlled with conservative measures including epidural steroid injection, medications and physical therapy.

PLAN

1. Patient is already at **MMI.**
2. As patient got 4 1/2 months out of the last epidural steroid injection we will repeat the bilateral L3-4 transforaminal epidural steroid injection.
3. Will increase the Ultram to 200 mg b.i.d. Also give Ultram 50 mg b.i.d.
4. Continue home exercise program.
5. Follow up in four month's time.

Dictated by James P. Behr, M.D.

New Orders:
Est. Level 4 [99214]

Prescriptions:
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 01/13/2012
Method used: Print then Give to Patient
RxID: 1642081604156260

ULTRAM 50 MG TABS (TRAMADOL HCL) 1 po bid #60 x 3
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 01/13/2012
Method used: Print then Give to Patient

131

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

RxID: 1642081574856260
ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po bid #60 x 3
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by:Sonya Yates on 01/13/2012
Method used: Print then Give to Patient
RxID: 1642081574156260

]

Electronically signed by Mary Jo McMeans on 01/18/2012 at 10:23 AM

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White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 1/23/12 Previous Visit ___/___/___ Treating Physician: Bohr

Patient's Name: Donnie K Lowe Home Phone: _____

Patient's SS#: _____ Patient DOB: 9/19/64

Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury: _____

Diagnosis: (description) _____ (code) _____

(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☒ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time_____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than _____lbs.

☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing

☐ Other _____

Signature: _____

133

Name: Donnie Lowe DOS: 8/1/2011

RE and POST PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disk disease.
3) Low back pain

PROCEDURES PERFORMED:
1) **Right and Left L3-4** Transforaminal epidural steroid injection
2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, the risk of steroids, nerve damage, weakness and numbness in the extremity, worsening pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

The skin between the appropriate interspace(s) were identified using anteriorposterior fluoroscopic guidance. Then an oblique view was obtained to view the appropriate pedicle(s). The skin and subcutaneous tissue overlying the inferior portion of each pedicle was anesthetized with a 2cc of 1% lidocaine mixed with sodium bicarb using a 27 gauge 1.5 inch needle.

Next a 22 gauge 3.5 inch spinal needle was placed and advanced towards the epidural space at each appropriate level using intermittent fluoroscopic guidance. Once the needle(s) reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral views. At this point there was negative heme and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing **80 mg of Kenalog** and 3cc of 1% preservative free lidocaine was injected. Each needle was then removed with a lidocaine flush. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.

Signature: _____
James Behr, MD

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

07/19/2011 - Office Visit: recheck back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: back pain

History of Present Illness
Mr. Lowe returns today after bilateral L5-S1 transforaminal epidural steroid injection on 4/15/11. He reports that he got three months of excellent relief and it has gone worn off again. He continues to take the Celebrex and Tramadol with some help. He does report significant functional improvement with the medications as well as the injections.

History of OA Fractures or Procedures:
Fracture/Surgery: ESI
DOS: 04/15/2011

Past Medical History
Patient Indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po qid prn pain
CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 07/20/2011

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMW

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

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SPECIAL TESTS:
Straight leg raise positive on the right.
Forward flexion does cause some pain.
Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 46 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. At this point it appears the patient's pain complaints are likely related to L5 S1 discogenic pain with positive discogram. His pain has been fairly well controlled with conservative measures including epidural steroid injection, medications and physical therapy.

PLAN

New Orders:
Est. Level 4 [99214]
Electronically generated transmitted RX using Qual ERX [G8553]

1. Again, the patient had excellent pain relief as well as functional improvement with the injections. Therefore, will recommend repeat bilateral L5-S1 transforaminal epidural steroid injection.
2. Will continue Celebrex and Tramadol. I think he does have some refills left but will give him some more.
3. Will have the patient follow up in the clinic in six months time and he can call in earlier for epidural if needed.

Dictated by James Paul Behr, MD

Prescriptions:
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Signed by: Sonya Yates on 07/19/2011
Method used: Print then Give to Patient
RxID: 1626709714550670

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc #30 x 5
Entered by: Casey L Blackwell
Authorized by: James Paul Behr MD
Signed by: Casey L Blackwell on 07/19/2011
Method used: Print then Give to Patient
RxID: 1626709536450680

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po qid prn pain #120 x 5
Entered by: Casey L Blackwell
Authorized by: James Paul Behr MD
Signed by: Casey L Blackwell on 07/19/2011

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White - Industrial Care
Yellow Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 7/19/11 Previous Visit ___/___/___ Treating Physician Behr
Patient's Name Dennis K Lowe Home Phone: ____
Patient's SS# ____ Patient DOB: 9/19/64
Employer: ____ Phone: ____

MEDICAL INFORMATION

Date of Accident/Injury ____
Diagnosis: (description) ____ (code) ____
(description) ____ (code) ____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☑ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** ____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than _____lbs.

☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing

☐ **Other** ____

Signature: ____

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Orthopaedic Associates, P.A.
1330 Boiling Springs Rd, Ste 1600
Spartanburg, SC 29303

115 Deacon Tiller Ct
Duncan, SC 29334

(864) 582-6396
www.orthopedics-sc.com

OPERATIVE NOTE

NAME: LOWE, DONNIE
DOS: 04-15-11

Attending Physician:
James Behr, MD

PRE-PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disc disease.
3) Low back pain

POSTOPERATIVE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disc disease.
3) Low back pain

PROCEDURES PERFORMED:
1) Left L5-S1 Transforaminal epidural steroid injection.
2) Right L5-S1 Transforaminal epidural steroid injection.
3) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, nerve damage, weakness and numbness in the extremity, worsening spine pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

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LOWE, DONNIE
04-15-11

The skin between the appropriate left interspace was identified using anterior-posterior fluoroscopic guidance. Then a left oblique view was obtained to view the pedicle at this level. The skin and subcutaneous tissue overlying the inferior portion of the pedicle was anesthetized with a 2cc of 1% lidocaine using a 27gauge 1.5 inch needle. Next a 25 gauge 3-1/2 inch spinal needle was placed and advanced towards the epidural space using intermittent fluoroscopic guidance. Once the needle had reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral view. At this point there was negative heme aspiration and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected with confirmed uptake into the epidural space. Next a solution containing 120mg of Depo Medrol (40mg/ml) and 1cc of 1% preservative free lidocaine was injected. The needle was then removed with a lidocaine flush.

Next attention was turned to the right side and the skin between the appropriate right interspace was identified using anterior-posterior fluoroscopic guidance. Then a right oblique view was obtained to view the pedicle at this level. The skin and subcutaneous tissue overlying the inferior portion of the pedicle was anesthetized with a 2cc of 1% lidocaine using a 27 gauge 1.5 inch needle. Next a 25 gauge 3-1/2 inch spinal needle was placed and advanced towards the epidural space using intermittent fluoroscopic guidance. Once the needle had reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral view. At this point there was negative heme aspiration and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected with confirmed uptake into the epidural space. Next a solution containing 120mg of Depo Medrol (40mg/ml) and 1cc of 1% preservative free lidocaine was injected. The needle was then removed with a lidocaine flush.

A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.
5) The patient will not apply heat to the injection site for a minimum of 24 hours.

Signature: J Behr MD
James Behr, MD

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Orthopaedic Associates PA
115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0021 Fax: (864) 721-0035

Donnie K Lowe
ale DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

03/31/2011 - Office Visit: recheck back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: recheck back pain

History of Present Illness
Mr. Lowe returns today stating he got about 3-4 months of excellent relief from the epidural sterold injection but the pain is now wearing off. He thinks it may be related to work hardening program which he is currently undergoing. He also states that the Diclofenac is causing some GI side effects. Otherwise no difficulties.

History of OA Fractures or Procedures:

Past Medical History
atient indicates history of High Cholesterol, Diabetes and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po qid prn pain
CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 04/05/2011

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
atient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMW

Osteoporosis Management in Women 60 yrs of age and Older

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

142

SPECIAL TESTS:
Straight leg raise positive on the right.
Forward flexion does cause some pain.
Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 46 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is currently being followed at the request of Dr. Rollins for worker's comp injury in 2007 secondary to repetitive motion. At this point it appears the patient's pain complaints are likely related to L5 S1 discogenic pain with positive discogram. His pain has been fairly well controlled with conservative measures including epidural steroid injection, medications and physical therapy.

PLAN

1. As patient did not tolerate Diclofenac will switch to Celebrex 200 mg qd.
2. Patient is scheduled for FCE on 04-11or 4-12.
3. Patient will continue work hardening.
4. Will continue Tramadol.
5. As patient got 3-4 months of excellent relief with epidural steroid injection we will repeat that at bilateral L5 S1. Again discussed with him that these generally last 3-4 months at a time.
6. Patient will follow up in six month's time for medication refill as well as he can call and scheduled epidural steroid injection whenever he needs, but no more than 3-4 per year.

Dictated by James P. Behr, M.D.

New Orders:
Est. Level 4 [99214]

Disposition: Return to office
in 6 Months.

Prescriptions:
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Cristina Walters
Authorized by: James Paul Behr MD
Signed by: Cristina Walters on 03/31/2011
Method used: Print then Give to Patient
RxID: 1617178478150650

CELEBREX 200 MG CAPS (CELECOXIB) one p.o. daily pc #30 x 5
Entered by: Cristina Walters
Authorized by: James Paul Behr MD
Signed by: Cristina Walters on 03/31/2011
Method used: Print then Give to Patient
RxID: 1617178477950650

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po qid prn pain #120 x 5
Entered by: Cristina Walters

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White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 3/31/11 Previous Visit ___/___/___ Treating Physician Bohr
Patient's Name Dapore K Lowe Home Phone:
Patient's SS# Patient DOB: 9/19/64
Employer: Phone:

MEDICAL INFORMATION

Date of Accident/Injury
Diagnosis: (description) (code)
(description) (code)

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- [X] Patient has received MMI
- [ ] Able to work with no restrictions
- [ ] May return to Regular work on ___/___/___
- [ ] Continue Light Duty
- [ ] Begin Light Duty on ___/___/___
- [ ] Out of Work until ___/___/___
- [X] Next Office Visit on 9/29/11 e 8:00
- [ ] Other

LIGHT DUTY RESTRICTIONS

- [ ] Full Time
- [ ] Part Time ____ hrs. Per day
- [ ] Sedentary Work Only
- [ ] No Repetitive Motion
- [ ] No lifting
- [X] No lifting more than 20 lbs.
- [ ] No pushing, pulling or twisting
- [X] excessive No bending, stooping, or climbing
- [ ] Other

Signature: Bohr MD

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South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

Physician's Statement

Claimant's Name: DONNIE K LOWE
Physician's Name: JAMES P. BEHR, MD
Practice/Clinic: Orthopaedic Associates, PA
Preparer's Name: Torrie Fowler
Phone: 864-582-6396

Employer's Name: BMW
Insurance Carrier: SRS
SCWCC File No:

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to **§§42-15-60, 42-1-172 or 42-11-10.**

Date of Injury or Illness: 10-03-2007

Date of first office visit: 12-02-2010 Date of last visit: 1-6-2011

Diagnosis or nature of injury or illness: L5-S1 discogenic pain

Body part(s) injured: LUMBAR SPINE Body part(s) affected:

Date of **Maximum Medical Improvement:** 1-6-2011

Based on the **AMA Guidelines,** the claimant has sustained a 9 (nine) **% medical impairment** to Lumbar Spine injured body part(s) and a **% medical impairment** to other affected body part(s).

The claimant is **able to return to work** without restriction.

**** The claimant is **able** to return to work **with the following restrictions:**

No lifting over 20 pounds on a frequent basis, nor would I recommend any excessive lifting, bending or twisting

The claimant is **unable to return to work** at his or her current employment.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

**** **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

medications, epidurals up to every three months as well as possible surgical referral in the future if his pain should worsen.

Treating Physician – James P. Behr, MD

1/27/11
Date

Orthopaedic Associates, P.A.
1330 Boiling Springs Rd, Ste 1600
Spartanburg, SC 29303

115 Deacon Tiller Ct
Duncan, SC 29334

(864) 582-6396
www.orthopedics-sc.com

OPERATIVE NOTE

NAME: LOWE, DONNIE K
DOS: 12-15-10

Attending Physician:
James Behr, MD

PRE-PROCEDURE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disc disease.
3) Low back pain

POSTOPERATIVE DIAGNOSES:
1) Lumbar radiculopathy.
2) Lumbar degenerative disc disease.
3) Low back pain

PROCEDURES PERFORMED:
1) Left L5-S1 Transforaminal epidural steroid injection.
2) Right L5-S1 Transforaminal epidural steroid injection.
3) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, minimal effectiveness of the procedure, nerve damage, weakness and numbness in the extremity, worsening spine pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion.

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LOWE, DONNIE K
12-15-10

The skin between the appropriate left interspace was identified using anterior-posterior fluoroscopic guidance. Then a left oblique view was obtained to view the pedicle at this level. The skin and subcutaneous tissue overlying the inferior portion of the pedicle was anesthetized with a 2cc of 1% lidocaine using a 27gauge 1.5 inch needle. Next a 25 gauge 3-1/2 inch spinal needle was placed and advanced towards the epidural space using intermittent fluoroscopic guidance. Once the needle had reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral view. At this point there was negative heme aspiration and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected with confirmed uptake into the epidural space. Next a solution containing 120mg of Depo Medrol (40mg/ml) and 1cc of 1% preservative free lidocaine was injected. The needle was then removed with a lidocaine flush.

Next attention was turned to the right side and the skin between the appropriate right interspace was identified using anterior-posterior fluoroscopic guidance. Then a right oblique view was obtained to view the pedicle at this level. The skin and subcutaneous tissue overlying the inferior portion of the pedicle was anesthetized with a 2cc of 1% lidocaine using a 27 gauge 1.5 inch needle. Next a 25 gauge 3-1/2 inch spinal needle was placed and advanced towards the epidural space using intermittent fluoroscopic guidance. Once the needle had reached the level of the epidural space placement was confirmed with both anterior-posterior and lateral view. At this point there was negative heme aspiration and negative cerebrospinal fluid aspiration. Then 1cc of Omnipaque 240 contrast dye was injected with confirmed uptake into the epidural space. Next a solution containing 120mg of Depo Medrol (40mg/ml) and 1cc of 1% preservative free lidocaine was injected. The needle was then removed with a lidocaine flush.

A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.
5) The patient will not apply heat to the injection site for a minimum of 24 hours.

Signature: J Behr MD
James Behr, MD

147

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

01/06/2011 - Office Visit: Follow up: back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

History of Present Illness
Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: back pain

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Mr. Lowe returns today after epidural steroid injection. He reports that a combination of the epidural steroid injection along with the new medication, the Tramadol and Diclofenac, he is having great relief. He reports this is the best relief he has had in years. He reports if he was able to maintain this type of relief he would certainly be very happy and would be happy to continue to avoid surgery.

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po tid prn pain
DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 01/14/2011

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMW

148

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3. No Acute Distress
Hand Dominance: Right
Gait: Normal

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:
Equal and symmetric.

149

SPECIAL TESTS:
Straight leg raise positive on the right.
Forward flexion does cause some pain.
Facet loading is negative.

IMAGING
MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 46 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is here today at the request of Dr. Rollins for initial consultation and evaluation of low back pain following a worker's comp injury in 2007 secondary to repetitive motion. After careful review of the patient's history, physical exam, and imaging studies it appears the patient's pain complaints are likely related to L5-S1 discogenic pain with a positive discogram although Dr. Rollins did not want to do surgery at this time although he was sent for the discogram by Dr. Mitchell.

PLAN

New Orders:
Est. Level 4 [99214]

1. Will continue Diclofenac and Tramadol.
2. The patient did quite well with the bilateral L5-S1 transforaminal epidural steroid injection. I told him this likely would provide him 3-4 months of relief and could be repeated every 3-4 months. He certainly understood this.
3. As the patient is doing well with the medications and injections, would not recommend any further interventions at this time.
4. As we are not considering surgery at the moment and this case has been opened for four years, I feel it is appropriate to state he has reached maximum medical improvement and that he can be rated and released. Based on the Guides to Evaluation of Permanent Impairment, Table 17-4, I will give him a 9% impairment rating. I feel that he will have some restrictions at going forward. I particularly would not recommend lifting over 20 pounds on a frequent basis, nor would I recommend any excessive lifting, bending or twisting.
5. Although I am rating and releasing Mr. Lowe today, he will certainly likely need future medical care including medications, epidurals up to every three months as well as possible surgical referral in the future if his pain should worsen.
6. Follow up. The patient will follow up in three months time.

Dictated by James Paul Behr, MD

Electronically signed by Myra Million on 01/14/2011 at 3:58 PM

150

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 1/6/11 Previous Visit ___/___/___ Treating Physician Behr
Patient's Name Dannie K Lowe Home Phone: _____
Patient's SS# _____ Patient DOB: 9/19/64
Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☑ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time_____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☑ No lifting more than 20 lbs.

☐ No pushing, pulling or twisting ☑ No bending, stooping, or climbing

☐ **Other** _____

Signature: _____

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Orthopaedic Associates PA
115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0021 Fax: (864) 721-0035

Donnie K Lowe
Male DOB: 09/19/1964 129807
Home: (864) 848-2131
Ins: SRS MedBill WC

12/02/2010 - Office Visit: NP Back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Referral Source: Rollins
Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a first time visit.
History From: Patient

Chief Complaint: back pain

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Mr. Lowe is a very pleasant 46 year old gentleman with a past medical history significant for high cholesterol, diabetes, and GERD who is here today at the request of Dr. Rollins for initial consultation and evaluation of a worker's comp injury from 10/02/07 when the patient was working on the line at BMW and reported with repetitive bending he developed low back pain. He now describes the pain as occurring in a bandlike distribution across his low back and radiating down his right hip. He describes the pain as a constant 2-8/10 and has being burning, pressure, pins, and needles. He states the pain is made better with nothing and made worse with bending down, sitting too long, standing too long. Over the past three years he has been seen by Dr. Schwartz who did multiple trigger point injections. He has also undergone physical therapy, TENS unit, seen by a chiropractor, tried a brace. He did have a positive discogram at L5-S1 but was not deemed a surgical candidate by Dr. Rollins due to the level of pain he was having. He is currently taking Tramadol for pain relief and doing well with this. He has previously failed Lortab and Skelaxin.

Patient does report some weakness in his right leg. He does report some difficulty sleeping but denies any increased anxiety, depression, or irritability. He does report some functional limitations related to this pain. He has been out of work for sometime on light duty.

Past Medical History

Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po tid prn pain
DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure

ALLERGIES
I PENICILLIN

152

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Are you receiving any narcotics from any other Physician? No
Revised - 12/06/2010

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMW

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAMINATION

HEENT:	NCAT, MMM, EOMI
NECK:	Supple with no lymphadenopathy or thyromegaly
CHEST/RESP:	No respiratory distress

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CV: PPP, Pulses are 2+ in bilateral radial and dorsalis pedis
ABDOMEN: NT, ND, BS, soft
EXTREMITIES: No CCE

NEURO/MSK:

MMT:

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

DTR:

Deep tendon reflexes 1 bilateral patella, ankle. Toes are downgoing.

SPECIAL TESTS:

Straight leg raise positive on the right.
Forward flexion reproduces pain.
Facet loading reproduces his pain.

IMAGING

MRI from Innervision in Greenville unfortunately is not available for my review.

He did have a positive discogram at L5-S1.

ASSESSMENT

Mr. Lowe is a very pleasant 46 year old gentleman who with a past medical history significant for high cholesterol, diabetes, and GERD who is here today at the request of Dr. Rollins for initial consultation and evaluation of low back pain following a worker's comp injury in 2007 secondary to repetitive motion. After careful review of the patient's history, physical exam, and imaging studies it appears the patient's pain complaints are likely related to L5-S1 discogenic pain with a positive discogram although Dr. Rollins did not want to do surgery at this time although he was sent for the discogram by Dr. Mitchell.

PLAN

1. We will refill the patient's Tramadol.
2. We will start Diclofenac 75 b.i.d.
3. Recommend bilateral L5-S1 transforaminal epidural steroid injection as this has never been done and may provide him at least some relief. We could also consider gray ramus communicans block
4. At the next visit depending on the results of the epidural could consider MMI.
5. Patient will follow up two weeks after the ESI.

Dictated by Dr. Behr

cc: Dr. Leigh

New Orders:

154

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

New Level 4 [99204]

Prescriptions:

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po tid prn pain #180 x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Signed by: Sonya Yates on 12/02/2010
Method used: Print then Give to Patient
RxID: 1606902732450620

XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure #1 x 0
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Signed by: Sonya Yates on 12/02/2010
Method used: Print then Give to Patient
RxID: 1606902582700620

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid #60 x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Signed by: Sonya Yates on 12/02/2010
Method used: Print then Give to Patient
RxID: 1606902582150620

Electronically signed by Casey L Blackwell on 12/06/2010 at 3:58 PM

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White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129107

DEMOGRAPHIC INFORMATION

Today's Date: 12-12-10 Previous Visit ___/___/___ Treating Physician Behr
Patient's Name Donnie K Love Home Phone: _____
Patient's SS# _____ Patient DOB: 9/19/64
Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time_____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than 20 lbs.

☐ No pushing, pulling or twisting ☑ No excessive bending, stooping, or climbing

☐ **Other** _____

Signature: _____

156

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

10/27/2010 - Office Visit: Lumbar spine follow up
Provider: Gerald Rollins MD
Location of Care: Orthopaedic Associates PA

History of Present Illness
Family Physician: Dr. Hunter Lee, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Lumbar spine follow up

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Donnie is a 46 year old with lumbar spine pain. He has positive discogram at L5 S1. He does not hurt bad enough for surgery, but hurts enough that activities at work that are very demanding and a lot of bending are not well tolerated.

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal In Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po q 6 hrs prn pain
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po q 4-6 hrs prn pain WC given to pt.

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 11/08/2010

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

On exam the patient is unchanged since last visit 10-15-10. See that note for details.

ASSESSMENT

Degenerative disc disease at L5 S1.

PLAN
At this point the patient does not feel good enough to be able to do his normal job with a lot of bending and lifting but he is having enough pain that he can't do a lot of bending and lifting. He is kind of stuck in the middle. Tramadol for pain and we will refer him to see pain management, back to Dr. Behr who did the discogram. If he gets where his normal activity level is significantly compromised due to pain then surgery may be indicated. If we did surgery at this time it would only be to try to get him back to a job requiring a lot of bending and awkward lifting and I just don't think that surgery for his problem is successful a high enough percentage of time to do it, just for work with a lot of heavy lifting and bending. I have explained this to the patient more than one time. We will have him see Dr. Behr in follow up.

Dictated by Gerald L. Rollins, M.D.

New Orders:
Est. Level 3 [99213]

158

Prescriptions:

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po q 4-6 hrs prn paln WC given to pt. #30 x 0
Entered by: Lindsay Jones
Authorized by: Gerald Rollins MD
Signed by: Lindsay Jones on 10/27/2010
Method used: Print then Give to Patient
RxID: 1603794981150830

]

Electronically signed by Mary Jo McMeans on 11/08/2010 at 8:22 AM

159

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 10/27/10 Previous Visit ___/___/___ Treating Physician R Mims
Patient's Name Donnie K Lowe Home Phone: ____
Patient's SS# ____ Patient DOB: 9/19/64
Employer: ____ Phone: ____

MEDICAL INFORMATION

Date of Accident/Injury ____
Diagnosis: (description) ____ (code) ____
(description) ____ (code) ____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☑ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ Other ____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time ____ hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☑ No lifting more than 20 lbs.

☐ No pushing, pulling or twisting ☐ No repetitive bending, stooping, or climbing

☐ Other ____

Signature: ____

160

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

09/15/2010 - Office Visit: follow up lumbar spine
Provider: Gerald Rollins MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Hunter Lee, Greer, SC

Mr. Donnie Lowe is a 46 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: lumbar spine

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Donnie Lowe is a 46 year old gentleman with degenerative changes in his lumbar spine at L5 S1 with a positive discogram. He has been treated conservatively with a lifting limitation of no more than 20 pounds, no repetitive bending. He has not been back to work since I believe, sometime, back in June. When he is not at work he tolerates pain. When he is at work he is in terrible pain and tears in his eyes when he gets back at home.

When we saw him in the office a month or so ago and suggested that a spine fusion may be of benefit. Unfortunately since his can manage the level of pain if he does not do repetitive bending the surgery would mainly be to allow him to be more active without the severe pain that he gets with a lot of bending and lifting at the present time. The main benefit of that would be to allow him to get back to a job requiring bending and lifting. As long as he avoids that type of work he does not need the surgery. That makes a difficult decision.

Past Medical History

Patient indicates history of High Cholesterol, Diabetes and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po q 6 hrs prn pain

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 09/23/2010

Past Surgical History

161

Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

VITAL SIGNS
Ht: **68** In. Wt: **172** lbs. R: **16**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

On physical examination patient has some limitation of motion in the lumbar spine but neurologically he is intact in the lower extremities.

ASSESSMENT

DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)

PLAN
At this point we are just going to see how he does going back to work. No lifting more than 20 pounds and no repetitive bending or climbing. Hopefully we will be able to continue treating nonsurgically.

162

Tonnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Dictated by Gerald L. Rollins, M.D.

New Orders:
Est. Level 3 [99213]

]

Electronically signed by Mary Jo McMeans on 09/23/2010 at 8:29 AM

163

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 9/15/10 Previous Visit ___/___/___ Treating Physician R Mims
Patient's Name Donnie K Lowe Home Phone: ____
Patient's SS# ____ Patient DOB: 9/19/64
Employer: ____ Phone: ____

MEDICAL INFORMATION

Date of Accident/Injury ____
Diagnosis: (description) ____ (code) ____
(description) ____ (code) ____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☒ - Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** ____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☒ No lifting more than 20 lbs. No repetitive

☐ No pushing, pulling or twisting ☒ No bending, stooping, or climbing

☐ **Other** ____

Signature: ____

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

08/18/2010 - Office Visit: Back pain
Provider: Gerald Rollins MD
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Hunter Lee, Greer, SC

Mr. Donnie Lowe is a 45 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Back pain

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Donnie is a 45 year old with back pain. Has not had any surgery. He has been seen by Dr. Scott and has also seen Dr. Mitchell, Dr. Schwartz in Greenville. Probably the most important evaluation done in his work up is a provocative discogram performed 07-07-10 that was significantly positive at L5 S1 and negative at controls. He says that his pain varies in intensity. Occasionally going up to 8 on a scale of 1-10, most frequently between 3-5/10. He is using Skelaxin and Tramadol for pain. He feels that sometimes he may be able to work but he has been out two months because his job requires a lot of bending and lifting and they have not found something that he can do. He was on some limited duty work but he works at BMW and they have not had anything that fits his back situation.

Past Medical History

Patient indicates history of High Cholesterol, Diabetes and GERD.

*** **Please Note** ***
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE)
SIMVASTATIN 40 MG TABS (SIMVASTATIN)
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH)
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 2 tablets q 6 hrs prn pain
SKELAXIN 800 MG TABS (METAXALONE)
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po q 6 hrs prn pain

ALLERGIES
I PENICILLIN

Are you receiving any narcotics from any other Physician? No
Revised - 08/20/2010

Past Surgical History

Surgical history includes Appendectomy and Tonsillectomy.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

Physical exam shows some decreased range of motion of the spine. He has neurologic testing of the lower extremities normal. Hip, knee and ankle motion are good.

ASSESSMENT

Degenerative disc disease L5 S1with markedly positive discogram.

PLAN
I believe the patient could certainly be treated conservatively if that is the way he wants to go. That is the safe way of going but it is not going to relieve his pain. I think another approach would be to do an A-LIF at L5 S1. I did discuss with him the low risk and the 1/2 to 1% range for impotence. Most of this resolves and if you don't use electrocautery over the anterior spine it usually does not happen. The risk of bleeding, poor relief of his pain, etc were discussed with the patient. I think an A-LIF at this level is the way to go. We will see how he does with conservative approach and at some point when he wants to get it fixed he will let us know.

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

New Orders:
Est. Level 4 [99214]

Prescriptions:
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1-2 po q 6 hrs prn pain #50 x 0
Entered by: Lindsay Jones
Authorized by: Gerald Rollins MD
Signed by: Lindsay Jones on 08/18/2010
Method used: Print then Give to Patient
RxID: 1597761075150770
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 2
Entered by: Lindsay Jones
Authorized by: Gerald Rollins MD
Signed by: Lindsay Jones on 08/18/2010
Method used: Print then Give to Patient
RxID: 1597761015700770

]

Electronically signed by Mary Jo McMeans on 08/20/2010 at 12:42 PM
Electronically signed by Beverly Carree on 08/24/2010 at 3:00 PM

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White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 8/18/10 Previous Visit ___/___/___ Treating Physician Rmins
Patient's Name Dennie K Cowie
Patient's SS#_____ Home Phone:_____
Employer:_____ Patient DOB: 9/19/64
Phone:_____

MEDICAL INFORMATION

Date of Accident/Injury_____
Diagnosis: (description)_____ (code)_____
(description)_____ (code)_____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ❑ Patient has received MMI
- ❑ Able to work with no restrictions
- ❑ May return to Regular work on ___/___/___
- ❑ Continue Light Duty
- ❑ Begin Light Duty on ___/___/___
- ❑ Out of Work until ___/___/___
- ❑ Next Office Visit on ___/___/___
- ❑ **Other**_____

LIGHT DUTY RESTRICTIONS

❑ Full Time ❑ Part Time_____hrs. Per day

❑ Sedentary Work Only ❑ No Repetitive Motion

❑ No lifting ❑ No lifting more than _____lbs.

❑ No pushing, pulling or twisting ❑ No bending, stooping, or climbing

❑ **Other**_____

Signature:_____

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

07/21/2010 - Office Visit: Recheck after discogram
Provider: David Mitchell MD
Location of Care: Orthopaedic Associates PA

History of Present Illness
Family Physician: Dr. Hunter Lee, Greer, SC

Mr. Donnie Lowe is a 45 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Recheck low back pain

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Donnie K. Lowe is 45 years old, who has continued back pain since his injury 10-02-07 at BMW. He does not work. He has been through aggressive conservative therapy as well as working with Dr. Scott. He had a discogram that seemed to be nonconcordant with pain at 3-4 and 4-5 but concordant with pain at 5-1. CT scan seems to show a congenital abnormality in some of his lamina but he has not had any back surgery.

History of Present Illness
Reason for visit: recheck low back after discogram

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE)
SIMVASTATIN 40 MG TABS (SIMVASTATIN)
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH)
* LYRICA 1 po bid
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 2 tablets q 6 hrs prn pain
SKELAXIN 800 MG TABS (METAXALONE)

ALLERGIES
I PENICILLIN

Revised - 07/26/2010

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **14**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

LUNGS:	Clear.
HEART:	Regular rate and rhythm.
ABDOMEN:	Benign.

ASSESSMENT

PLAN
At this point in time I would recommend an anterior approach L5 S1 for surgical solution to his spinal instability secondary to degenerative disc disease. He understands and wishes to think about it. He will return to see us and talk to Dr. Harley.

New Orders:
Est. Level 3 [99213]

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White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 7/21/10 Previous Visit ___/___/___ Treating Physician Mitchell
Patient's Name Bonnie K Cowe Home Phone: _____
Patient's SS# _____ Patient DOB: 9/19/64
Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time _____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than _____lbs.

☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing

☐ **Other** _____

Signature: _____

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Orthopaedic Associates, P.A.
1330 Boiling Springs Rd, Ste 1600
Spartanburg, SC 29303

115 Deacon Tiller Ct
Duncan, SC 29334

(864) 582-6396
www.orthopedics-sc.com

OPERATIVE NOTE

NAME: LOWE, DONNIE K
DOS: 07-07-10

Attending Physician:
James Behr, MD

PRE-PROCEDURE DIAGNOSES:
1) Low back pain
2) Lumbar degenerative disc disease.

POSTOPERATIVE DIAGNOSES:
1) Lumbar degenerative disc disease.
2) Low back pain

PROCEDURES PERFORMED:
1) L3-4, L4-5, L5-S1 Discogram
2) L3-4, L4-5, L5-S1 Discography
3) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Conscious Sedation and Local Anesthesia

INDICATIONS FOR THE PROCEDURE: Back pain

INFORMED CONSENT: After discussing the potential risks, benefits, and alternatives of the procedure and the need for fluoroscopy, the patient agreed to proceed and signed informed consent. The risks discussed with the patient included but were not limited to bleeding, infection, pain at the site of injection, nerve damage, weakness and numbness in the extremity, worsening spine pain, paralysis and death. The patient expressed understanding of these potential risks and agrees with the following procedure.

PROCEDURE IN DETAIL: After informed consent was obtained IV Antibiotics were given within 45 minutes prior to the start of the procedure. The patient was brought to the Operating Room and placed in the prone position. The patient's skin was prepped with betadine three times and draped in the normal sterile fashion. Using anterior posterior fluoroscopic views each level of the lumbar spine was identified and marked.

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LOWE, DONNIE K
07-07-10

L3-4 Discogram
Using anterior posterior fluoroscopic guidance the target level disc was identified. Next the fluoroscope was obliqued to properly position the SAP over the target disc. Next using a 25G 1.5" needle 1cc of 1% plain lidocaine was used for local anesthesia. Then under fluoroscopic visualization, a 18 gauge 3.5 inch needle was advanced to position. Next a 22G 7" spinal needle was advanced through the 18 gauge guide needle anterior to the SAP, caudal to the exiting nerve root and into the center of the disc. The proper placement of the needle tip was confirmed by both anterior and lateral fluoroscopic visualization.

L4-5 Discogram
Using anterior posterior fluoroscopic guidance the target level disc was identified. Next the fluoroscope was obliqued to properly position the SAP over the target disc. Next using a 25G 1.5" needle 1cc of 1% plain lidocaine was used for local anesthesia. Then under fluoroscopic visualization, a 18 gauge 3.5 inch needle was advanced to position. Next a 22G 7" spinal needle was advanced through the 18 gauge guide needle anterior to the SAP, caudal to the exiting nerve root and into the center of the disc. The proper placement of the needle tip was confirmed by both anterior and lateral fluoroscopic visualization.

L5-S1 Discogram
Using anterior posterior fluoroscopic guidance the target level disc was identified. Next the fluoroscope was obliqued to properly position the SAP over the target disc. Next using a 25G 1.5" needle 1cc of 1% plain lidocaine was used for local anesthesia. Then under fluoroscopic visualization, a 18 gauge 3.5 inch needle was advanced to position. While attempting to advance this needle we were unable to advance due to the pateitn's bony anatomy. Additionally at this time patient did begin to have vasovagal response. However we were able to continue and a 22G 7" spinal needle was advanced through the 18 gauge guide needle anterior to the SAP, caudal to the exiting nerve root but the needle did remain to the lateral side of the disc. The proper placement of the needle tip was confirmed by both anterior and lateral fluoroscopic visualization.

After all the needles were in place each needle was injected with a mixture of Clindamycin and contrast. At each successive level the volume of contrast injected, pain intensity, concordance of pain and appearance of the disc was recorded (Please see chart below).

After the procedure was complete the needles were withdrawn with a flush of 1% lidocaine. Next a bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

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LOWE, DONNIE K
07-07-10

DISCOG-RAPHY TABLE	Opening Pressure (psi)	Peak Pressure (psi)	Volume of Contrast Injected (cc)	Pain Intensity (0-10)	Concordance Of Pain	Nuclear Configuration
L3-4	-	-	3	1/10	No	Lobular
L4-5	-	-	3	1/10	No	Lobular
L5-S1	-	-	2	10/10	High	Fissured

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: Patient did have a vasovagal response during this procedure. He was given IV fluids and his blood pressure did return to normal.

SPECIMENS: None sent.

Impression

1. Both the L3-4 and the L4-5 disc are architecturally normal and demonstrated no concordance of the patient's usual pain with the intensity of the pain during the discogram ranging around 1/10.
2. At the L5 S1 level this was technically challenging discogram due to the patient's anatomy as well as a vasovagal response while performing the discogram at this level. However, the patient did report a very high concordance with his usual pain as well as a 10/10 pain and there also appeared to be a fissured morphology of the L5 S1 disc , although the analysis of the architecture of the disc is somewhat limited as again due to patient anatomy. The needle was only able to be placed in the lateral aspect of the disc. These findings strongly indicate that Mr. Lowe has a very high probability of having discogenic pain at the L5 S1 level according to _____ guidelines.

The patient's tolerance for the procedures was good and the data obtained in this study appears valid.

INSTRUCTIONS FOLLOWING THE PROCEDURE:
1) Following the procedure the patient will continue all pre-procedure medications.
2) The patient will ice the injection site three times a day for ten minutes for the next three days.
3) The patient will follow-up in the clinic as directed.
4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.
5) The patient will not apply heat to the injection site for a minimum of 24 hours.
6) The patient was provided a pain diary to record their pain scores following the procedure.

Signature: J Behr MD
James Behr, MD

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
North Grove

NAME: LOWE,DONNIE
ORDERING PHYSICIAN: MITCHELL,DAVID
LOC: OPT
Pt. Type:OPT
DOB: 09/19/64
NORTH GROVE RADIOLOGY
UNIT #: 000718253
CI#: 2799892
ANH:S1018801029

FINAL

Exam
65195 NC CT SPINE LUMBAR W/O CONTRASTDate: 07/07/10 1313
72131 Ord Diag: 724.2-LUMBAGO

History: Back pain.

CT of the lumbar spine dated 7/7/10: Compared with conventional radiographs of 10/8/2007.

Axial images were obtained through the lumbar spine with coronal and sagittal reformatted images.

Findings: Lumbar vertebral bodies are normally aligned. Mild degenerative changes are present in the upper spine, more pronounced at T12-L1. There is dense material within the intervertebral disc spaces at L3-L4 and L4-L5. This this is thought to be contrast injected for discograms. There is no extravasation of contrast to suggest an abnormal nucleus pulposis at either level. Disc heights are well-maintained and there is no soft tissue projecting posteriorly to suggest a disc herniation.

Axial images were obtained from the pedicle level of T11 to the upper sacrum. No disc herniations are seen until L5-S1 where there is soft tissue projecting posteriorly. This has some hyperdense material associated with it, and this may be a partially calcified disc. This is seen impressing on the left S1 nerve root which is displaced posterior to its usual location. This is best seen on axial image 91. There does not appear to be any involvement of the L5 nerve root. There is suggestion of a laminotomy defect versus a congenital non fusion of the lamina on the left at L5-S1. Has patient had previous disc surgery in this region? No significant abnormality is seen

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
North Grove

NAME: LOWE,DONNIE
ORDERING PHYSICIAN: MITCHELL,DAVID
LOC: OPT
Pt. Type:OPT
DOB: 09/19/64
NORTH GROVE RADIOLOGY
UNIT #: 000716253
CI#: 2799692
AN#:S1018801028

Checkin-Exam Code Summary
2799692-85195

otherwise.

Impression: Two level discogram at L3-L4 L4-L5. Both of these levels appear normal. There is a posterior disc protrusion centrally and to the left at L5-S1 impressing on the left S1 nerve root. There is a defect in the lamina on the left at this level that appears more likely to be congenital than postsurgical, but this should be correlated with clinical history. No significant abnormality noted otherwise.

Transcriptionist- n/a
Reading Radiologist- LAWRENCE WARRENJR MD
Releasing Radiologist- LAWRENCE WARRENJR MD
Released Date Time- 07/07/10 1403

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Orthopaedic Associates, P.A.

Orthopaedic Associates

1330 Boiling Springs
Spartanburg, SC

115 Deacan Tiller Ct
Duncan, SC

(864) 582-6396
www.orthopedics-sc.com

New Patient Intake Form

Name: Donnie K. Lowe **DOB:** 9-19-64

Work related? [✓] Yes [ ] No
Legal Actions pending? [ ] Yes [✓] No
Workers Compensation? [✓] Yes [ ] No
Are you working now? [ ] Yes [✓] No

Name of the doctor that referred you to this clinic: _____
[ ] I referred myself.

How long have you had this pain? _____ Days _____ Weeks _____ Months ✓ Years 10-2-07

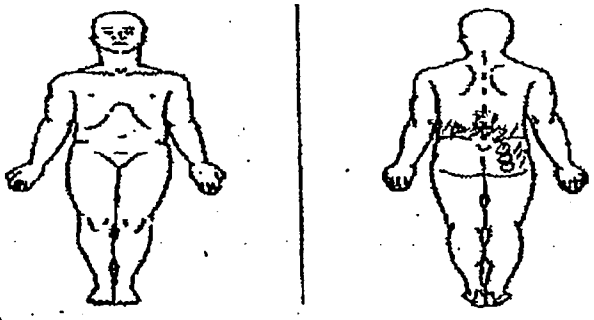
Was there any injury/event that caused your pain? [ ] No [✓] Yes
If yes briefly explain: Working on line @ BMW repetitive bending down in car and then standing up working over head while leaned back.

Any prior back injury or pain before the event above? [✓] No [ ] Yes
What type? _____

Have you had surgery on your back / neck? [ ] No [✓] Yes
What type? _____

WHERE IS THE PAIN?
Using any or all of the symbols below please mark the diagrams to indicate your typical areas of pain.

Ache	>>>>>
Pins & Needles	ooooo
Numbness	———
Stabbing	//////////



Please rate your pain over the last **TWO WEEKS:**

Rate your **WORST** pain:	NO PAIN	0	1	2	3	4	5	6	7	(8)	9	10 THE WORST PAIN IMAGINABLE
Rate your **LEAST** pain:	NO PAIN	0	1	(2)	3	4	5	6	7	8	9	10 THE WORST PAIN IMAGINABLE
Rate your **AVERAGE** pain:	NO PAIN	0	1	2	3	4	(5)	6	7	8	9	10 THE WORST PAIN IMAGINABLE

Is your pain: [✓] Constant or [ ] Intermittent

Please see reverse for page 2

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Adjectives to describe your pain:

Sharp	Radiating	Cruel	Punishing
Burning	Achy	Dull	Shooting
Tingling	Numb	Pressure	Pins/Needles

What makes your pain better? _____

What makes your pain worse? bending down, sitting too long, Standing too long

What treatments have you tried up to this point?

	Currently Receiving	Helped	Made things worse	No difference
Hot packs/ice/ultrasound	☐	☐	☐	☐
Massage	☐	☐	☐	☐
Physical therapy	☐	☐	☐	☐
TENS Unit at home	☐	☑	☐	☐
Body mechanics training	☐	☐	☐	☐
Strengthening exercises	☐	☐	☐	☐
Aerobics (e.g. treadmill)	☐	☐	☐	☐
Gravity inversion/traction	☐	☐	☐	☐
Bedrest	☐	☐	☐	☑
Chiropractic treatment	☐	☐	☐	☐
Osteopathic manipulation	☐	☐	☐	☐
Biofeedback	☐	☐	☐	☐
Local (trigger point) injection	☐	☐ Helped for short time	☐	☐
Spinal injections	☐	☑	☐	☐
Soft back/neck brace	☐	☐	☐	☐
Rigid back/neck brace	☐	☐	☐	☐
Acupuncture	☐	☐	☐	☐
Pain Specialist	☐	☑	☐	☐
Other _____	☐	☐	☐	☐

Have you ever lost control of your bowel or bladder? [ ] No [✓] Yes

Do you have any weakness in your arm(s) or leg(s)? [ ] No [✓] Yes Sometimes - right leg

In the past 1 month have you experienced any of the following more frequently than half of the time?

Trouble falling asleep?	[✓] No	[ ] Yes
Waking at night and not being able to fall back asleep?	[✓] No	[ ] Yes
Feeling not rested when you wake up in the morning?	[ ] No	[✓] Yes
Feeling excessively sleepy during the day?	[✓] No	[ ] Yes

Do you feel you might be depressed or overly anxious? [✓] No [ ] Yes

Circle the appropriate number to indicate the extent of the problem you are having with each of the following:

Anxiety:	None	(0)	1	2	3	4	5	6	7	8	9	10 Severe
Depression:	None	(0)	1	2	3	4	5	6	7	8	9	10 Severe
Irritability	None	0	1	2	3	4	5	6	7	8	9	10 Severe

Are you receiving care from a mental health professional? [ ] No [✓] Yes

If yes briefly explain: _____

Does your pain limit your function? [ ] No [✓] Yes

If yes briefly explain: Painful to bend down. When kneeled down usually have to have something to pull up on

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Orthopaedic Associates, P.A.

Patient Information

First: Dannie Middle: Kenneth Last: Lowe

Address: 106 Pine Street City: Greer State: SC Zip: 29650-1549

Home Phone #: 864-848-2131 Cell Phone #: 864-380-2984 EMAIL: Artguy64@bellsouth.net

Date of Birth: 9-19-64 Age: 45 SS#: 247-35-0152 Gender: Male

Marital Status: Seperated Race: W Is the Patient a Student: ☐ Yes ☑ No

Complete ONLY if Patient is a Minor

Parent / Responsible Person: _____

Address: _____ Phone #: _____ Date of Birth: _____ SS#: _____

Emergency Contact Information is REQUIRED:

Emergency Contact Person: Myrtis Lowe Relationship: Mother Phone #: 864-877-0459

Patient's Employer or School: BMW Manufacturing Work Phone #: 864-989-6000

Occupation: Production Associate Address: 1400 Hwy 101 S. Greer ☑ Full Time ☐ Part-time

Spouse's Name: Tammy Lowe Spouse's Date of Birth: 3-27-65 Spouse's SS #: _____

Spouse's Employer: _____ Spouse's Work Phone #: _____

Primary Insurance Information

Insurance Company: Blue Cross/Blue Shield Insured's Name: Dannie K Lowe

Insured's SS#: 247-35-0152 Insured's DOB: 9-19-64 Insured's Group / Policy #: _____

Secondary Insurance / Supplemental Insurance

Insurance Company: N/A Insured's Name: _____

Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Injured OR Painful Area: Lower Back ☐ **Right** ☐ **Left** **Date of Injury OR Onset of Pain:** 10-2-09

If an Accident, was it: ☑ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____

Referred By: (Physician, Hospital, ER, Friend, etc.): Dr. Glen Scott

Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Dannie K. Lowe **Date:** 6-23-10

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UNIVERSAL MEDICATION FORM

Date:

Name: Dennie K. Lowe	Address: 106 Pine St. Greer, SC 29650-1544
Phone: 864-848-9131	
Birth Date: 9-17-64	
Emergency Contact/Phone numbers: Mystis Lowe 864 877-0459	

IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)

Tetanus: Feb 2008	Flu Vaccine(s): 2-2010	
Pneumonia Vaccine: March 2009	Hepatitis Vaccine:	Other:

Allergic To: Penicillin Reaction: Rash/hives	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:
Allergic To: Reaction:	Allergic To: Reaction:

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin).

Date	Name of Medication/Dose	Directions: Use patient friendly directions. (Do not use medical abbreviations)	Date Stopped	Notes: Reason for taking/Prescribing Doctor's Name
	omeprazole	40 mg 1 time day		Dr H. Leigh
	Simvastatin	40mg 1 time day		Dr H. Leigh
	Poly Hist Forte tablets	1 Tablet every 12 Hours		Dr. H. Leigh
	Lyrica	1 Tablet 2 times daily	6/29/10	Dr Shea Scott
	Tramadol	2 Tablets every 6 hour as needed		Dr E Ketchaa
	Skelaxin	1 Tablet every 8 hours as needed		Dr. E. Ketchaa

Orthopaedic Associates, PA

1330 Boiling Springs Rd., Suite 1600
Spartanburg, SC 29303
864-582-6396 Fax 864-542-2939

720-B S. Duncan Bypass
Union, SC 29379
864-429-8764 Fax 864-429-8766

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025 Fax 864-721-0035

Authorization and Acknowledgements

I. Authorization to Release Medical and Appointment Information

In the event that you are unable to contact our office and need to have someone other than yourself request medical, financial or appointment information, please list their name below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:	Relationship to You:	Type of Info to Release: (All, Or indicate just Medical, Appt or Financial)
Tabitha Lowe	Daughter	All
Myrtis Lowe	Mother	All

II. Receipt and Acknowledgement of Notice of Privacy Policies

As a part of your healthcare, OA originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning care and treatment
- A means of communication among many health professionals who contribute to patient care
- A source of information for applying diagnosis and surgical information to bill
- A means by which third party payers can verify that services billed were actually provided
- A tool for healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the above summary of the Notice of Privacy Policies and am aware that I can ask for a detailed Notice of Privacy Policy detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law.

I understand the contents of the Notice and I request the following restriction(s) (If any) concerning the use of my PHI.
Write "NONE" if there are no restrictions on who can obtain your PHI:

Patient / Guardian Signature: Donnie K. Lowe

Date: 6-23-10

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

06/23/2010 - Office Visit: Lumbar spine pain
Provider: David Mitchell MD
Location of Care: Orthopaedic Associates PA

History of Present Illness
Referral Source: Dr. Glen Scott
Family Physician: Dr. Hunter Lee, Greer, SC

Mr. Donnie Lowe is a 45 Years Old white male, who is here for a first time visit.
History From: Patient

Chief Complaint: Lumbar spine pain

Problem #1
Type: Lumbar spine
DOI: 10/02/2007

Mr. Lowe is a pleasant gentleman, 45 years old. He was injured initially October 2, 2007 at BMW.He has had continued back pain. Has had continued restrictions despite aggressive conservative therapy consisting of physical therapy, muscle relaxers, Lyrica, physiatrist. He just has not responded well. Has not been able to return to his lifting work activities and has been placed out of work at this point in time.

History of Present Illness
Reason for visit: Lumbar spine pain

Injury Sustained: yes **Injury Onset Date:** 10/02/2007
How did it happen?: Work
Where did it happen? Work

Past Medical History
Patient indicates history of High Cholesterol, Diabetes and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE)
SIMVASTATIN 40 MG TABS (SIMVASTATIN)
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH)
* LYRICA 1 po bid
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 2 tablets q 6 hrs prn pain
SKELAXIN 800 MG TABS (METAXALONE)

ALLERGIES
PENICILLIN

Revised - 06/25/2010

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, Non-smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

VITAL SIGNS
Ht: **68** in. Wt: **172** lbs. R: **15**

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

On examination today he is alert and oriented. Walks with an antalgic gait. Has significantly tight paraspinal muscle spasms of his lumbar spine. Has decreased range of motion of the lumbar spine. Deep tendon reflexes are diminished bilaterally in the patella and Achilles. Straight leg raise is negative, even though he said it used to be positive on the right side. Hamstrings are tight. Range of motion hips, knees and ankles is normal.

X-RAYS:
His MRI has been repeated that indicates some central disc protrusion L5 S1 with no significant neural impairment. X-rays are without acute abnormality.

ASSESSMENT

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Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

BACK PAIN, LUMBAR (ICD-724.2)

PLAN

We will obtain a lumbar CT discogram at L3-4 and L4-5 and L5 S1 to see if this helps us identify any concordant pain. He understands the risks and benefits of the procedure and we will discuss this with him as well as Dr. Scott.

New Orders:
New Level 4 [99204]
Lumbar Spine 2-3 views [72100]

Disposition: Return to office after studies
]

Electronically signed by Mary Jo McMeans on 06/25/2010 at 11:43 AM

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NP

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # 129807

DEMOGRAPHIC INFORMATION

Today's Date: 10/23/10 Previous Visit ___/___/___ Treating Physician Mitchell
Patient's Name Donnie K Cowie Home Phone: _____
Patient's SS# _____ Patient DOB: 9/19/64
Employer: _____ Phone: _____

MEDICAL INFORMATION

Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION – *THIS MUST BE COMPLETED*

- ☐ Patient has received MMI
- ☐ Able to work with no restrictions
- ☐ May return to Regular work on ___/___/___
- ☐ Continue Light Duty
- ☐ Begin Light Duty on ___/___/___
- ☐ Out of Work until ___/___/___
- ☐ Next Office Visit on ___/___/___
- ☐ **Other** _____

LIGHT DUTY RESTRICTIONS

☐ Full Time ☐ Part Time_____hrs. Per day

☐ Sedentary Work Only ☐ No Repetitive Motion

☐ No lifting ☐ No lifting more than _____lbs.

☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing

☐ **Other** _____

Signature: _____

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OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642
Phone: 864-855-1633 *Fax: 864-855-1323*

PATIENT'S NAME: DONNIE LOWE
MRN: 95903
DATE OF SERVICE: 01/11/2012

INDEPENDENT MEDICAL EVALUATION

HISTORY OF PRESENT ILLNESS:

Mr. Lowe is a 47-year-old gentleman whose medical records indicate that he injured his back on October 2, 2007, while working at BMW Manufacturing in Greer. He was seen on October 3, 2007, by Dr. Katemba from Industrial Medicine. She diagnosed him with a back sprain and put him on out-of-work restrictions. When he returned to Dr. Katemba on October 8, 2007, she ordered physical therapy. On November 5, 2007, the patient was doing better and a return-to-regular-duty was ordered. However, on November 6, 2007, the patient returned complaining of return of symptoms and new onset of right lower extremity pain. He was placed out of work again at that time. On November 12, 2007, the patient was still complaining of the same symptoms and he was referred for treatment with physiatry. He saw Dr. Schwartz from physiatry on November 19, 2007, for the first time. He was diagnosed with an L5-S1 lumbar disc herniation with right lower extremity radiculopathy. Dr. Schwartz recommended that the patient return to light duty with a lifting limit of 20 pounds and limited activity below knee level. He also recommended an epidural steroid injection. On November 21, 2007, Dr. Schwartz performed an L5-S1 lumbar epidural steroid injection. He reported that the patient had immediate benefit after the injection. On December 6, 2007, the patient returned to Dr. Schwartz. Dr. Schwartz's note indicated that the patient had experienced dramatic improvement and his lifting limit was increased to 25 pounds on his light duty restrictions.

The patient returned to Dr. Schwartz on January 3, 2008, with return of his pain in the right posterior hip and right lower extremity. A repeat injection was recommended. On January 10, 2008, Dr. Schwartz again performed an L5-S1 lumbar epidural steroid injection and, again, there was immediate benefit. On January 22, 2008, the patient returned for office followup reporting about two-thirds improvement in his symptoms. Dr. Schwartz performed a third ESI. After this one, there was no immediate change in the patient's symptoms. Dr. Schwartz wrote for him to return to work without restrictions. On February 12, 2008, the patient returned to Dr. Schwartz. The note indicates that there was dramatic improvement in symptoms and the patient was released.

On May 21, 2008, the patient returned with an exacerbation of his pain. Isometric exercises for a home exercise program were ordered and the patient was continued on Tramadol and Skelaxin oral medications. Dr. Schwartz felt that the patient had mechanical low back pain and ordered a diagnostic ultrasound. On June 13, 2008, Dr. Schwartz performed right L1-2 and L5-S1 lumbar facet blocks as well as an injection of the mid-sacral ligaments. The patient was next seen on September 23, 2008, where it was noted that he had made good progress.

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Continued . . .
HISTORY OF PRESENT ILLNESS (Continued):

A TENS trial had been helpful and Dr. Schwartz ordered a TENS unit for purchase for the patient. The patient returned on October 21, 2008, and Dr. Schwartz felt he was at maximum medical improvement and released him at that time.

The next medical record is from April 8, 2010, when the patient saw Dr. Glen Scott, Jr. from orthopedics. At that point, he was complaining of low back and right lower extremity pain. Dr. Scott felt that he had discogenic low back pain and ordered a lumbosacral orthosis and prescribed Lyrica. On April 28, 2010, the patient returned. Dr. Scott noted that he was improved. He was cleared for some light duty. On May 26, 2010, the patient reported that he could take the Lyrica twice per day, but if he tried to go to three times per day it made him dizzy. He was ordered to continue taking Lyrica and Ultracet and Dr. Scott placed him at maximum medical improvement. On June 22, 2010, the patient returned to Dr. Scott reporting an increase in his low back pain. It was felt that was due to some repetitive squatting he was doing at work. His light duty restrictions were amended to include no repetitive squatting. A consult with Dr. Mitchell from orthopedics was ordered.

On June 23, 2010, the patient saw Dr. Mitchell. He ordered a CT discogram of the lumbar spine. The discogram was performed by Dr. Behr on July 7, 2010. Dr. Behr felt that there was good concordance with the patient's symptoms being reproduced on injection at L5-S1 as well as asymptomatic injection at L3-4 and L4-5. The patient did have a vasovagal reaction during the procedure and required some increased IV fluid for his blood pressure to return to normal. The patient returned to Dr. Mitchell on July 21, 2010. Dr. Mitchell actually recommended an anterior lumbar interbody fusion at L5-S1. The patient wished to think about his options and then return to see Dr. Mitchell. The next visit was on August 18, 2010. At that point, the patient had opted for conservative treatment rather than surgery. Dr. Mitchell felt that the surgical option might still be best for the patient, but he did refer him for conservative treatment. On September 15, 2010, it was decided to try a return to work with limitations of no lifting more than 20 pounds and no repetitive bending or climbing. On October 27, 2010, the patient returned to Dr. Mitchell. It is felt that the patient had manageable symptoms for activities of daily living, but that physical work was causing him too much pain to allow that type of employment. It was not clear that surgery would be advisable if that was the ultimate goal. He was referred to Dr. Behr for long-term pain management. On December 2, 2010, the patient saw Dr. Behr once again. He was prescribed Tramadol and Diclofenac and bilateral L5-S1 transforaminal epidural steroid injections were ordered. The patient had those injections on December 15, 2010. On January 6, 2011, he returned to Dr. Behr reporting "great" relief. He was instructed to continue Diclofenac and Tramadol p.r.n. and placed at maximum medical improvement. He was given work restrictions of no excessive bending, twisting, or lifting. It was felt that the patient might require future injections as often as every three months and possibly might require future surgery. The patient returned to Dr. Behr on March 31, 2011, noting that his pain had returned while he was in a work hardening physical therapy program. Also, his Diclofenac was giving him significant GI upset, so he had discontinued that. Dr. Behr switched the patient from Diclofenac to Celebrex 200-mg PO q. day and refilled the Tramadol. Repeat bilateral TF LESI injections were ordered. Those were performed on April 15, 2011. On July 15, 2011, the patient reported to Dr. Behr that he had three months of excellent improvement after those injections. Repeat injections were ordered and the patient's Celebrex and Tramadol were refilled. This is the last note available for review. I should note that the patient himself reports today

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that the Celebrex gave him significant GI discomfort and he is no longer taking that medication.

Continued . . .

HISTORY OF PRESENT ILLNESS (Continued):

The patient reports he continues to have significant back and right lower extremity pain. Most of the time, the pain is in the right buttock and upper posterior thigh, but occasionally he reports the symptoms extend all the way down to the foot and are associated with some numbness and tingling down the leg. He denies any bowel or bladder incontinence. He does not have numbness on a daily basis. He is not currently working. He was terminated from his position officially on January 1, 2012 with BMW Manufacturing.

PAST MEDICAL HISTORY:

Hypercholesterolemia, GERD, low back pain, and allergic rhinitis.

PAST SURGICAL HISTORY:

Tonsillectomy
Appendectomy
Open reduction internal fixation of the left distal radius

CURRENT MEDICATIONS:

Omeprazole
Simvastatin
Poly Hist Forte
Tramadol 50-mg one to two tabs PO q3h p.r.n. pain
The patient reports that he takes approximately four Tramadol tablets per day.

ALLERGIES:

PENICILLIN
DICLOFENAC
CELEBREX
FENTANYL

PHYSICAL EXAMINATION:

On examination today, the patient is tender to palpation in the midline of the lumbar spine at about the L5 level. He also has pain on the right side over the sacroiliac and upper buttock area. He is non-tender throughout the right side. On range of motion testing, he exhibits 45-degrees of forward flexion, but recovers back to an upright position very slowly. He has lateral flexion to the right to 20-degrees and lateral flexion to the left to 30-degrees. He can extend only to 15-degrees. He does wear a lumbosacral orthosis normally, he reports.

The patient's neurologic exam demonstrates intact light touch sensation throughout all dermatomes of both lower extremities. He has 5/5 motor strength in bilateral quadriceps, tibialis anterior, extensor hallucis longus, and gastrocnemius muscle groups. He also has 5/5 hip flexion strength bilaterally. Straight leg raising elicits pain in the lower back and right buttock on the right. Straight leg raise on the left is negative.

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Continued . . .
PHYSICAL EXAMINATION (Continued):

CT: A post-discogram CT scan of the lumbar spine report from July 7, 2010 was available for review. This showed a posterior disc protrusion at L5-S1. This appeared to be slightly eccentric to the left. There also appeared to be a defect in the lamina on the left side at L5 that appeared to be congenital. It is felt that the left S1 nerve root was displaced by the herniation.

There is also a discogram report from July 7, 2010, from Dr. Behr. This reports that there was 10/10 pain with injection at L5-S1 and only 1/10 pain with injection at L3-4 and L4-5. He also reports that the patient has a vasovagal response during the L5-S1 needle placement which normalized and the blood pressure returned to normal after giving additional IV fluids.

MRI: There is an MRI report available from February 24, 2010, on the lumbar spine. This showed a prominent central disc protrusion at L5-S1 which was felt to be slightly larger than it was when visualized previously on November 8, 2007. There was shallow bulging at L4-5 and L3-4. There did not appear to be any impingement on the nerve roots at L5-S1 or any of the other levels.

Nerve conduction: Reports are available from two separate NCV/EMG nerve conduction tests. The first was from March 11, 2010. It was performed by Dr. Kent Kistler. This was interpreted as normal with no evidence of radiculopathy or neuropathy. The second was from August 24, 2010, performed by Dr. Robert Ringel. This was also felt to be normal with no signs of radiculopathy or neuropathy.

FCE: The patient had a two-day functional capacity evaluation performed on May 2, 2011 and May 3, 2011. The therapist reported that the patient gave maximum effort with good cooperation throughout the test. He is able to walk only on an occasional level. The report states that the patient would not be able to squat, crouch, kneel, bend forward, or lift from the floor to the waist in a setting with a line-based pace of production. He had a maximum occasional lift from floor to waist of 10 pounds occasional and negligible weight frequently. He can lift from waist to head level 30 pounds occasionally and 20 pounds frequently. He is able to carry 30 pounds occasionally. He was able to crouch, kneel, climb stairs, walk, and sit only occasionally. Therefore, although his strength limitations would place him into a light physical demand type of category, his postural limitations make him more appropriate for a sedentary type of occupation. He would need to be able to change position frequently and as desired due to these postural limitations as well.

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Continued . . .
IMPRESSION:

1. **CHRONIC LOW BACK PAIN WITH RIGHT LOWER EXTREMITY SCIATICA SYMPTOMS, BUT NO FINDINGS OF RADICULOPATHY ON NERVE CONDUCTION EMG STUDIES.**

IMPAIRMENT:

According to *The AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition*, this patient would fall into a Class I impairment with significant disc disease and non-verifiable radicular complaints. He has a functional history modifier of Grade IV, a physical exam modified of Grade II, and a clinical studies modifier of Grade I. Applying this to the Class I impairments from Table 17-4, Page 570, the patient has a 9% whole person impairment. This is due to the lumbar spine condition with the associated right lower extremity sciatica.

With regard to work capacity, the patient does have fairly severe limitations based on his functional capacity evaluation. He cannot do any crouching, kneeling, squatting, lifting from floor to waist, or forward bending of more than 30-degrees. He needs to be allowed to work at a self-selected pace with changes in position as needed as well. His maximum occasional lift from his waist to head level is 25 pounds occasionally and 10 pounds frequently. He can walk only on an occasional basis which means less than one-third of an eight-hour work day. Given these restrictions, it appears that Mr. Lowe would be limited to a sedentary type of position which would allow for frequent changes in position.

With regard to future medical treatment, Mr. Lowe is on Tramadol chronically for this pain and will likely continue to need that on an indefinite basis. He is also receiving lumbar epidural steroid injections with Dr. Behr every few months. It appears likely that he will continue to need those on an indefinite basis as well. He may also, in the future, reach a point where his symptoms worsen and he opts for either stronger pain medications such as opiates or potentially lumbar spine surgery.

The above is my medical opinion felt to be more likely than not based on the information provided for review as well as my examination of the patient today.

This concludes the Independent Medical Evaluation on Donnie Lowe. I hope that it will prove useful to the parties involved. If I can be of any further assistance, please do not hesitate to contact me.

Daniel Cordas, MD

DC:ats12

Voice File: 0113.001
Audio Position: 0:00

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OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642
Phone: 864-855-1633 *Fax: 864-855-1323*

PATIENT'S NAME: DONNIE LOWE
MRN: 95903
DATE OF SERVICE: 01/11/2012

INDEPENDENT MEDICAL EVALUATION ADDENDUM

Converting the patient's whole person impairment to a spine impairment according to *The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition*, the patient's 9% whole person impairment equates to a 12% impairment of the spine.

Daniel Cordas, MD

DC:ats12

Voice File: 0119.008
Audio Position: 0:00

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OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642
Phone: 864-855-1633 *Fax: 864-855-1323*

PATIENT'S NAME:	Donnie Lowe
MRN:	95903
DATE OF SERVICE:	01/11/2012

INDEPENDENT MEDICAL EVALUATION

2ND ADDENDUM:

I have been asked to comment on Mr. Lowe's right lower extremity symptoms. He has persistent complaints of sciatica-type pain affecting his right lower extremity throughout his medical record, as well as at the time of his Independent Medical Evaluation. I felt that he had non-verifiable radicular complaints. I, therefore, felt that this increased his impairment rating within Class I of intervertebral disc herniation classification on page 570 of The Guides from 7% to 9%. Therefore, this is an increase of 2% in the patient's whole person impairment due to the right lower extremity signs and symptoms present. From Table 16-10 of the AMA 6th Edition of The Guides to the Evaluation of Permanent Impairment, a 2% impairment of the whole person is equivalent of a 5% impairment of the lower extremity. Therefore, it seems reasonable to state that 2% of the patient's 9% whole person impairment would be attributable to his right lower extremity. In addition, it would appear reasonable to state, as well, that the patient has a 5% impairment to the right lower extremity, which is included in the 9% whole person impairment.

This concludes the addendum on Mr. Lowe. I hope that it will prove useful to the involved parties. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Daniel Cordas, MD

DC:ats46

Voice File: 0126-006

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

Donnie Lowe,	Employee, Claimant,	
BMW Manufacturing Corp.,	Employer,	**DECISION AND ORDER**
AND		
Specialty Risk Services Inc.,	Carrier,	
	Defendants.	

HEARING:	Held in Grenville, South Carolina on May 9, 2012.
APPEARANCES:	Claimant represented by Monty Desai, Esq. of Greenville, South Carolina.
	Defendants represented by Brad B. Easterling, Esq. of Turner, Padget, Graham and Laney, P.A.
PURPOSE OF HEARING:	To determine the issues in Forms 50 and 51 and any other issues that may timely come before the Commission.
DECISION AND ORDER:	Commissioner T. Scott Beck
FILED:	**August 28, 2012**

STIPULATIONS

Counsel for the parties stipulated prior to the hearing to the following:

1. The purpose of the hearing is to determine issues as set forth in the Forms 50 and 51 which have been filed with this Commission and any other issues time and properly before the Commission;
2. Notice of hearing was timely and properly served upon all parties of interest;
3. Venue, set in Greenville County, is proper as agreed upon;
4. Claimant's average weekly wage is $1,133.12 with a corresponding compensation rate of $645.94, respectively.
5. The parties stipulate as to the date of maximum medical improvement, which is January 6, 2011.
6. Claimant suffered a compensable injury by accident to his spine on October 2, 2007 while employed with BMW Manufacturing Corporation. Therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

The following documents were submitted without objection pursuant to the Administrative Procedures Act:

Claimant's APA Submissions:

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
1	BMW Industrial Health Services	10-03-07 – 07/20/11	1 – 80
2	Spartanburg Regional	10/08/07 & 07/07/10	81 - 86
3	Diagnostic Health	11/08/07	87 - 88

4	Piedmont Physical Medicine & Rehab	11/08/07 – 09/23/08	89 -103
5	Innervision MRI & Imaging	02/24/10	104
6	Glenn L. Scott, MD	04/08/10 – 06/22/10	105 - 109
7	Neurology Associates of Greenville – EMG/NCV	03/11/10	110 - 113
8	Orthopaedic Associates David Mitchell, MD Gerald Rollins, MD James P. Behr ,MD	06/23/10 – 08/01/11	114 - 160
9	Regional Rehabilitation Services – FCE	05/05/11 – 05/03/11	161 – 174
10	Permanent Restrictions Dr. Katemba	06/10/09 & 05/06/11	175 – 176
11	Serenity Rehab and Wellness Center – FCE	0//10/12 & 04/18/12	177 – 191
12	Oaktree Orthopedics IME – Dr. Cordas	01/11/12	192 – 198
13	Weldon & Associates Rock Weldon, MA, CVE Vocational Evaluation	01/16/12	199 – 202
14	Questionnaire Completed by Dr. Behr	01/24/12	203

Defendant's APA Submissions:

15	BMW IHS	10/17/07 – 11/17/11	204 - 251
16	Piedmont Physical Medicine & Rehab	11/19/07 – 10/21/08	252 - 265
17	Dr. Glenn L. Scott	5/26/10 – 6/22/10	266 – 267
18	Dr. David Mitchell	6/23/10 – 7/21/10	268 – 272
19	Dr. Gerald Rollins	8/18/10 – 10/27/10	273 – 281
20	Dr. James Behr	12/2/10 – 1/17/11	282 - 299
21	MRI/CT Scan	11/8/07 – 7/7/10	300 – 303
22	Operative Note – Dr. James Behr	7/7/10 – 8/1/11	304 – 312
23	FCE	7/28/09	313 – 321
24	The Directions Group	2/28/12	322 – 334

Exhibits:

Deposition of Dr. Behr taken March 6, 2012

STATEMENT OF THE CASE

This claim involves an admitted injury to the Claimant's spine, which occurred on October 2, 2007 as a result of Claimant's work at BMW Manufacturing Corporation. Both parties agree Claimant achieved maximum medical improvement for the admitted injury on January 6, 2011. Pursuant to his Form 50, Claimant contends he is permanently and totally disabled as a result of his admitted back injury with effect on his right lower extremity. In essence, Claimant contends that in addition to the admitted injury to his back, he also sustained injury to his right lower extremity in the form of radicular symptoms from his admitted back injury. Claimant is seeking future causally-related medical care per the recommendations of treating physician, Dr. James P. Behr. While the treating physician, Dr. Behr, assigned a 9% rating to the Claimant's spine only, Claimant contends the medical impairment rating of his independent medical evaluator, Dr. Daniel Cordas, is more accurate. Dr. Cordas assigned a 12% medical impairment to the whole person as well as a 5% rating to the right lower extremity. Claimant seeks payment of his award in lump sum with appropriate *Utica Mohawk / James* language.

The Defendants contend Claimant did, in fact, achieve maximum medical improvement on January 6, 2011, and believe that the Claimant has injury to his back only. Defendants deny Claimant is permanently and totally disabled and believe any permanent partial disability Claimant has is to his back only pursuant to South Carolina Code §42-9-30. Defendants believe this is a one-body part case only and deny any injury to the Claimant's right lower extremity. As Defendants are currently paying temporary total disability benefits, they seek an order allowing termination of same. In that regard, defendants request credit for overpayment of temporary disability benefits past the date of maximum medical improvement or, in the alternative, past the date of claimant's filing of his Form 50.

EVIDENCE OF THE CASE

Claimant, Donnie Lowe, appeared at the hearing and testified on his own behalf. Claimant was born September 19, 1964, and is currently 47 years old. Claimant was formerly a production associate with BMW and described that he was working in the wire harness area at the time of the subject injury. Claimant described his job entailed connecting wires in the X-5 vehicles. Claimant has one 23-year-old daughter, and also has a seven month old grandchild. The Claimant testified that he has gained 25 pounds since the October 2, 2007 work injury. Claimant does continue to maintain a valid driver's license and drives approximately ten miles around town on a daily basis. Claimant holds a high school diploma, but has no education beyond high school. Claimant uses a computer on a regular basis to check his email and to surf the internet. Claimant described that he uses a wireless keyboard with his computer hooked to his flat screen television.

The Claimant described that prior to the October 2, 2007 injury, he was in good health, diagnosed with only borderline diabetes. The Claimant had no work restrictions prior to the October 2, 2007 injury. Claimant described that he did engage in physical activity prior to October 2, 2007, including cutting his grass and working in his yard. Claimant described that now his nephew cuts his grass, and that he only sets flowers in pots rather than getting on the ground and planting them himself. Claimant testified that he had no prior injuries or accidents before October 2, 2007.

At the hearing, Claimant also described his jobs prior to employment with BMW Manufacturing. Claimant testified that his first job of high school was a cook and stock boy for Hardee's. Shortly after high school, Claimant also worked for Fleet Oil Company as a cashier / groundskeeper. In regards to the cashier job, Claimant testified that he did not believe he could return to that job due to the required prolonged sitting. After his cashier job at the gas station, the Claimant worked for Wonder Weave Carpet. Claimant described that he was required to wrap bolts of carpet in paper. In this job, Claimant described that he was required to pull rolls of carpet off a machine, which

required bending over. The job at Wonder Weave also required standing for 8 to 10 hours a day. Claimant testified that he does not believe that he could return to a job similar to his prior job at Wonder Weave Carpet. Claimant described that he then went to work for a company named Digital Equipment, requiring him to load copper panels into a machine and inspect the panels. Claimant testified that he performed that job from 1985 to 1999. In the job at Digital Equipment, Claimant testified that heavy lifting was involved as the copper panels came in lots of 48 panels. Claimant would have to lift the lots from a cart. Based on this lifting, the Claimant testified that he also does not believe he could return to a job similar to his prior job at Digital Equipment. Claimant described that he went to work for BMW Manufacturing in 1999 where he began working in the wire harness area. In the wire harness area, the Claimant described that he worked four different jobs requiring him to move from the front of the car all the way to the back. Claimant switched stations every 2 ½ hours. The Claimant described that all of his jobs at BMW involved prolonged standing. Claimant also described that in one of his jobs at BMW, he was required to lift a metal part from a bin that weighed between 15 and 20 pounds. In his job at BMW, the Claimant also described significant walking.

At the hearing, Claimant also described how he injured his back on October 2, 2007. Claimant described he was bending down in front of an X-5 into the floor pan tightening bolts on the side of the firewall. As he was bending in, tightening bolts, he testified he felt immediate pain in his back. At that point, the Claimant went to BMW Industrial Health Services where he initially saw Dr. Elisa Katemba. Claimant described that after his initial injury he was out of work for a period of time and began seeing Dr. Robert Schwartz. After initially treating with Dr. Schwartz, Dr. Schwartz returned the Claimant back to work at which time the Claimant resumed his regular work duties. Claimant testified that he worked approximately 90 days before going back out of work again. Claimant testified that, per BMW policy, 90 days was the most an employee could work while on light duty.

Claimant went on to describe that during his period of light duty, BMW rearranged its production line during Christmas shutdown and Claimant was out of work for an additional two weeks. Upon returning after the two weeks after Christmas, Claimant testified he returned to work running a hoist requiring him to bend down to hook parts to the hoist and push the parts back to the line. At the end of February 2010, Claimant ultimately returned to see Dr. Katemba and did not return to work at BMW after that time period. Subsequent to Claimant going out of work, he began treating with Dr. Glenn Scott, Dr. Mitchell, Dr. Rollins, and Dr. Behr. At the hearing, the Claimant discussed his reasons for not pursuing surgery. Claimant described his understanding that nerve damage and possible impotency could result from a surgery. Further, Claimant described that a fusion surgery would prevent Claimant from bending over.

At the hearing, Claimant described his current physical limitations. Claimant testified he has a hard time bending down and a hard time holding his granddaughter for any length of time. Claimant testified he does clean his house but does not do a whole lot of housework. Claimant describes he installed a handle in his shower to prevent losing his balance while showering. Claimant testified he can sit between 15-30 minutes to an hour depending on the chair. Claimant testified he can stand for 45 minutes before having pain. Claimant did acknowledge he has a treadmill in his house that he tries to walk on for 30 minutes per day. Claimant acknowledged he does lift his 16 or 17 pound granddaughter but only while sitting down. Claimant acknowledged he does some housework but has assistance from his daughter who helps clean his bathroom. The Claimant described he gets approximately four hours of consistent sleep during the night. The Claimant testified that if his physical condition will allow, he would return to work. The Claimant testified he would rather be working than sitting around his house.

The Claimant does not believe he can return to work in his prior job at BMW nor any of his other jobs he has held prior to BMW. The Claimant testified he has pain in his right leg in addition to the pain in his low back.

On cross-examination, the claimant acknowledged he lives alone and care for his two dogs on a daily basis. The Claimant drives a 2004 Toyota truck to which he operates with no difficulty. The claimant drives himself to and from stores such as Big Lots and Wal-Mart to purchase household items. The Claimant is able to drive to a gas station and pump his own gas. The Claimant acknowledged that he did graduate from Greer High School where he was an A/B student. The Claimant also acknowledged participating in the vocational testing administered by Jan Westmoreland of The Directions Group. On cross-examination, it was pointed out that the Claimant has a Beta IQ ranking in the superior intelligence category. It was also pointed out that the Slosson Intelligent Test indicates the Claimant operates in the average to above-average intelligence range. In regards to Claimant's vocational expert, Defendants pointed out the Claimant's vocational expert did not administer any specific IQ or intelligence testing.

In regards to Claimant's prior jobs, Claimant acknowledged his job with Digital Equipment Corporation involved primarily inspecting circuit boards. In Claimant's prior job with Wonder Weave, Claimant again acknowledged his primary job was to run a machine. The Claimant admitted that if given a job allowing him to alternate between sitting and standing he could, in fact, return to work. While Claimant has been out of work since June 2010, the Claimant admitted he has not looked for any other jobs and has not called any employers and nor submitted any applications for potential other work. The Claimant candidly admitted that he is really unsure about what he could or could not do in a potential job as he has not tried to return to work.

On cross-examination, the Claimant's epidural steroid injections were discussed in detail. The Claimant acknowledged after receiving steroid injections from Dr. Behr, he receives excellent pain relief. The Claimant also acknowledged the steroid injections provide good functional improvement. The Claimant further admitted he informed Dr. Behr in January 2011 that based on the combination of steroid injections and pain medications he is able to handle his pain and function "pretty well." At the hearing, the Claimant verified his last steroid injection was in January 2012. The Claimant pointed out he was scheduled to undergo an additional steroid injection on May 25, 2012. The Claimant acknowledged that because the steroid injections and medications were helping significantly, he decided not to have surgery. While the Claimant discussed his reasons for not wanting surgery, he admitted Dr. Mitchell and Dr. Rollins, the two orthopaedic surgeons in this claim, never actually officially recommended the Claimant to undergo surgery. The Claimant described that after a steroid injection, his average pain level is between a two and three and when his epidural steroid injections begin to wear off, his pain level increases to about a six.

The Claimant confirmed he cares for his 11 month old granddaughter between two to three days per week while his daughter works. The Claimant provides this care on a regular basis and acknowledged the longest period of time he has been required to care for his 11 month granddaughter in any given day is between six to eight hours. While Claimant testified on direct examination is the only time he lifts his granddaughter is while he is sitting down, on cross-examination, he did ultimately admit that he will, from time to time, have to pick his granddaughter up to carry her to the bed to change her diaper.

The Claimant ultimately acknowledged that, while he had to sit and stand and grimace several times during the hearing, much of his pain is due to being on the "tail end" of his steroid injection.

The claimant acknowledged that shortly after his steroid injections, he was able to walk better and is in less pain.

MEDICAL EVIDENCE & CASE LAW

The medical evidence submitted in both parties' APAs were received and thoroughly reviewed. Of most importance are the medical records of the authorized treating physician, Dr. James Behr who, on January 6, 2011, assigned a nine (9%) percent medical impairment to claimant's spine. On January 11, 2012, Claimant's independent medical evaluator, Dr. Daniel Cordas, assigned a twelve (12%) percent medical impairment to claimant's spine and a five (5%) medical impairment to claimant's right lower extremity.

The case law cited and presented by the parties were also considered and reviewed. The undersigned also gave due consideration to both claimant's (Rock Weldon) and Defendants' (Jan Westmoreland) vocational experts' reports. Finally, and perhaps more importantly, the deposition of Dr. Behr was thoroughly reviewed.

FINDINGS OF FACT

Based upon the stipulation of the parties, testimony, and evidence received and produced at this hearing, the undersigned Commissioner makes the following findings of fact:

1. The parties to this proceeding are subject to, and bound by, the terms and provisions of the South Carolina Workers' Compensation Act.
2. I find as a fact claimant suffered a compensable injury to his back with effect to his right lower extremity on October 2, 2007 during his employment with BMW Manufacturing Corporation.
3. I find as a fact that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.
4. I find the testimony given by the claimant at the hearing to be credible.

5. I find as a fact that, during the hearing, claimant appeared very uncomfortable in his chair and was required to stand through a portion of his testimony.
6. I find a as a fact claimant wore a back brace and testified he wears the brace most of the time.
7. I find as a fact that claimant cannot sit or stand for prolonged periods, but believes if offered a job allowing him to alternate between sitting and standing he believes he could probably perform that job.
8. I find as a fact that claimant uses a TENS unit regularly.
9. I find as a fact that claimant testified his condition at the hearing, i.e. alternating between standing and sitting and grimacing, is consistent with the end of an epidural steroid injection cycle. In that regard, claimant acknowledged his pain level and functional ability is better shortly after receiving a steroid injection.
10. I find as a fact the medical records submitted, particularly the records of Dr. Behr, demonstrate that the epidural steroid injections provide claimant with significant relief.
11. I find as fact that the most recent Functional Capacity Exam places claimant in a light physical demand job category.
12. While I am not of the opinion claimant is permanently and totally disabled, I find as fact his disability significantly exceeds his medical impairment ratings.
13. I find as a fact, per agreement of the parties, claimant achieved maximum medical improvement as of January 6, 2011.
14. Based on the medical evidence submitted and the testimony of the claimant, pursuant to S.C. Code § 42-9-30, claimant is awarded thirty-five (35%) percent disability to his spine, which takes into account any effect to his right lower extremity.

15. Pursuant to *Dodge v. Bruccoli*, I find claimant is entailed to future causally-related medical care consistent with the recommendations of Dr. Behr for the length of time necessary to lessen claimant's period of disability.

16. For the purposes of determining lifetime allocation, this award, which is compensation for permanent impairment that will affect claimant for life, is estimated and allocated into a theoretical stream of periodic payments as follows: $42,292.54 in compromise settlement of disputed future disability benefits at the rate of $25.51 per week commencing August 24, 2012, for a period of 1,657.24 weeks thereafter, based upon his life expectancy of 31.87 years as stated in *SC Code § 19-1-150*, pursuant to Section 42-9-10 of the *1976 Code of Laws of South Carolina*, as interpreted by the South Carolina Supreme Court decision of ***Utica-Mohawk Mills v. Orr***, 277 SC 266, 87 SE2d 589, and Section 19-1-150 of the 1976 Code of Laws of South Carolina and POMS 11501.235(C), and ($25,531.16) as attorney's fees and costs in prosecuting this action.

CONCLUSIONS OF LAW

1. S.C. Code § 42-1-160 of the South Carolina Code of Laws (1976, as amended) is applicable in defining "injury and personal injury."
2. S.C. Code § 42-15-60 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the period of time in which medical treatment and supplies shall be furnished.
3. S.C. Code § 42-9-30 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the amount of compensation and period of disability for certain injuries.
4. S.C. Code § 42-9-10 of the South Carolina Code of Laws (1976, as amended) governs general disability.

5. S.C. Code §42-9-20 of the South Carolina Code of Laws (1976, as amended) governs disability resulting from wage loss or a diminished capacity to earn wages.
6. S.C. Code § 42-9-210 is applicable in determining the extent to which a carrier is entitled to a credit for overpayment of temporary disability benefits.
7. S.C. Code § 42-17-40 of the South Carolina Code of Laws (1976, as amended) is applicable in governing the conduct of hearings and rendering of awards.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the undersigned Commissioner orders as follows:

IT IS, THEREBY, ORDERED that claimant sustained a compensable injury to his spine, with effect to his right leg, on October 2, 2007 during his employment with BMW Manufacturing Corporation.

IT IS, THERBY, ORDERED that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.

IT IS ORDERED that claimant has suffered thirty-five (35%) percent permanent partial disability to his spine.

IT IS SO ORDERED!

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

August 28, 2012

By: Amy Bracy, Administrative Assistant to Commissioner Beck

mgc | INSURANCE DEFENSE

Reply To
BRAD B. EASTERLING
Direct Dial: (864) 239-6736
brad.easterling@mgclaw.com

November 30, 2015

VIA eCase
Commissioner R. Michael Campbell, II
S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

RE: Donnie K. Lowe vs. BMW Manufacturing Co. LLC and Hartford Ins. Co. of the Midwest c/o Sedgwick Claims Management Services, Inc.
Date of Accident: October 2, 2007
WCC File No.: 0715651
Our File No.: 20194.14123
Claim No.: YMG72538C

Dear Commissioner Campbell:

Please find enclosed our Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports for filing in the above captioned matter.

By copy of this letter to Monty D. Desai, Esquire, the claimant's attorney, we are notifying him of these submissions and serving copies of the same upon him by mail.

Very truly yours,

Brad B. Easterling

BBE/jcl
Enclosures
cc: Francine Proulx, Sedgwick Claims Management Services, Inc.
Andrew Walker, BMW Manufacturing Corporation
Monty D. Desai, Esquire, The Carolina Law Group

McANGUS GOUDELOCK & COURIE LLC
55 EAST CAMPERDOWN WAY
SUITE 300 (29601)
POST OFFICE BOX 2980
GREENVILLE, SC 29602
864.239.4000 PHONE
864.242.3199 FAX
WWW.MGCLAW.COM

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 0715651

Claimant's Name: Donnie Lowe SSN: 247-35-0152
Address: 106 Pine Street, Greer, South Carolina 29650
Home Phone: (864) 848-2131 Work Phone:
Preparer's Name: Brad B. Easterling

Employer's Name: BMW Manufacturing Corporation
Address: Post Office Box 11000, Spartanburg, South Carolina 29304
Carrier: Hartford Ins. Co. of the Midwest c/o Sedgwick Claims Management Services, Inc.
Preparer's Phone #: (864) 239-6736

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Comp. Rate: $645.94 2. AWW: $ 1,133.12 **Date of Injury:** 10/02/07
3. Type of injury and body part(s): spine
4. Facts in controversy: Whether Claimant sustained a change of condition for the worse pursuant to S.C. Code § 42-17-90 and Regulation 67-602(C); whether Claimant's claim for change of condition is barred by the statute of limitations prescribed in S.C. Code § 42-17-90.
5. Legal issues involved: S.C. Code § 42-17-90; Regulation 67-602(C); *Creech v. Ducane Company*, 320 S.C. 559, S.C. Court of Appeals 1995; *Allen v. Benson Outdoor Advertising Company*, 236 S.C. 22 (1960).
6. Unusual aspects: Defendants have scheduled the deposition of Dr. James Behr for January 5, 2016, as this was the first available date provided by the doctor's office.
7. Witnesses (designate if expert):* Claimant; Dr. James Behr* (By deposition previously taken).
8. Exhibits: Deposition transcript of Dr. James Behr; prior order of Commissioner Scott Beck; prior Forms 50 previously filed by Claimant's attorney; correspondence to the Claimant's attorney paying the original award as ordered by Commissioner Scott Beck.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

   Please see attached APA submission.
10. Name, address, and specialty, if any, of the treating physician:

    Dr. Gerald Rollins, Orthopaedic Specialties — Spartanburg, South Carolina
    Dr. James Behr, Orthopaedic Associates — Spartanburg, South Carolina
11. Impairment rating(s); body part(s); physician and date of opinion: Nine (9%) to the spine by Dr. James Behr; Commissioner Scott Beck awarded the Claimant thirty-five (35%) percent disability to the spine per his Order of August 28, 2012.
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. 67-4803.
- ☐ 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**.

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 Monty D. Desai, Esquire, The Carolina Law Group
address 910 East Washington Street, Greenville, South Carolina 29601 **on the** 30th **day of** November **20** 15.
by ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of Hearing: December 10, 2015
Email: brad.easterling@mgclaw.com
Time needed for hearing: 30 min.

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211, 67-211, and Regulations 67-601 through 67-615; as well as Reg. 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.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

DONNIE LOWE,

Employee,

Claimant,

vs.

BMW MANUFACTURING CORPORATION,

Employer,

AND

HARTFORD INS. CO. OF THE MIDWEST C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

Carrier,

Defendants.

NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE ON BEHALF OF DEFENDANT

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND MONTY D. DESAI, ESQUIRE:

YOU ARE NOTIFIED that the Defendants, pursuant to the provisions of the South Carolina Workers' Compensation Act and Section 1-23-330 of the South Carolina Code of Laws (Cum. Supp. 1988) submit the following medical records and other documents as evidence:

APA#	DOCTOR	PRACTICE	DATES	PAGES
5.	James Paul Behr, M.D.	Orthopaedic Associates, PA	11/26/13 to 02/21/14	193 - 206
6.		Innervision Medical Imaging	08/08/13	207 - 208
7.		GRMH Emergency Room	09/23/13	209 - 217
8.		Greenville Health System	05/07/12 to 05/28/13	218 - 230
9.		The Directions Group	2/28/12	231 - 243
Ex. 1		Decision and Prior Order of Commissioner Beck	8/28/12	

Ex. 2		Form 50	9/3/15	
Ex. 3		Form 50	3/18/10	
Ex. 4		Payment of 8/28/12 order	10/3/12	

YOU ARE FURTHER NOTIFIED that you have the right to cross-examine or otherwise oppose this evidence and, should you desire to exercise this right, you are to promptly schedule the deposition of any provider whose records are submitted, for the purposes of cross-examination, or otherwise promptly submit opposing medical records into evidence.

YOU ARE FURTHER NOTIFIED that these records, or photocopies of the same, will be provided to the South Carolina Workers' Compensation Commission for insertion in their file and for consideration as evidence on behalf of the Defendants.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Defendants: Claimant; and Dr. James Behr (by deposition previously taken).

BRAD B. EASTERLING
MCANGUS GOUDELOCK & COURIE, L.L.C.
Post Office Box 2980
55 East Camperdown Way, Suite 300
Greenville, South Carolina 29602
(864) 239-4000
Attorneys for the Employer/Carrier

Greenville, South Carolina
November 30, 2015

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

DONNIE LOWE,

Employee,

Claimant,

vs.

BMW MANUFACTURING CORPORATION,

Employer,

AND

HARTFORD INS. CO. OF THE MIDWEST C/O SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.,

Carrier,

Defendants.

CERTIFICATE OF SERVICE

The undersigned certifies that she is an employee at MCANGUS GOUDELOCK & COURIE, and that she has served, on the date set forth below, a copy of the document described below, in the above entitled action to the following persons, pursuant to Section 15-9-930 and Section 15-9-940 of the Code of Laws of South Carolina, 1976, by depositing a copy of same in the United States Mail, postage prepaid, addressed to:

TO: Monty D. Desai, Esquire
The Carolina Law Group
910 East Washington Street
Greenville, South Carolina 29601

S. C. WORKERS' COMPENSATION COMMISSION
Post Office Box 1715
Columbia, South Carolina 29202-1715

DOCUMENT: Pre-Hearing Brief and Notice of Witnesses and Written Medical Reports

DATE OF MAILING: November 30, 2015

P Dalton

Paula Dalton
Legal Assistant to Brad B. Easterling

Orthopaedic Associates

Dr. Behr

APA 5

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

February 21, 2014
Page 1
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

02/20/2014 - Office Visit: recheck
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA
Status: ON HOLD DOCUMENT. Contents are preliminary

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness
Mr. Lowe is a 49-year-old male who comes in today for followup of his back pain. He continues to do well with the Butrans and the tramadol. He did get a back brace, which does help. He is wearing it today. He continues with Cymbalta and is tolerating this well.

Date of Last UTOX: 02/20/2014

History of OA Fractures or Procedures:
Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History
Patient indicates history of High Cholesterol and GERD.

***** Please Note *****
Patient has Metal in Body.

MEDICATIONS
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807
Home: (864) 848-2131
Ins: SRS MedBill WC

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
02/20/2014

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807
Home: (864) 848-2131
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 165
BMI (in-lb) 25.18
P: 95 R: 14 BP: 119/79

GENERAL EXAM
Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM
HEENT: NCAT, MMM, EOMI
CHEST/RESP: No respiratory distress
EXTREMITIES: No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY:
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

February 21, 2014
Page 4
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807
Home: (864) 848-2131
Ins: SRS MedBill WC

PLAN

1. Continue back brace and home exercise program.
2. Once again, patient was not felt to be a surgical candidate by Dr. Rollins.
3. Refill Butrans and tramadol. The patient does report functional improvement on these medications.
4. Continue Cymbalta 60 mg once daily. The patient is tolerating this well.
5. Patient has had epidurals before but has only gotten very minimal relief and is not interested in repeat injections.
6. Follow up in 8 weeks or sooner if needed.

The above assessment and plan have been discussed with Dr. Behr.

Dictated by: Kelly Wilson, PA for James Behr, M. D.
KW/22056

cc: Hunter Leigh, DO

gb

New Orders:
Est. Level 3 [99213]

Prescriptions:

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 1
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by: Sonya Yates on 02/20/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1708505565156320
Handout requested.

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 1
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by: Sonya Yates on 02/20/2014
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1708505564156320
Handout requested.

BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 1
Entered by: Sonya Yates

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

February 21, 2014
Page 5
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807
Home: (864) 848-2131
Ins: SRS MedBill WC

Authorized by: Kelly M Wilson PAC
Electronically signed by: Sonya Yates on 02/20/2014
Method used: Print then Give to Patient
RxID: 1708505563156320
Handout requested.

]

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

November 26, 2013
Page 1
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

11/25/2013 - Office Visit: f/u back pain
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA
Status: ON HOLD DOCUMENT. Contents are preliminary

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 49 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: The patient is a 49-year-old male here for followup of back pain.

History of Present Illness

Mr. Lowe comes in today for followup of his back pain. At his previous visit, the patient was rotated to Butrans and does feel this works better for him than the Nucynta. He does continue with the back brace and is wearing it today. He was previously seen by Dr. Rollins who did not recommend surgery.

Date of Last UTOX: 08/05/2013

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: ESI
Date of Procedure: 04/15/2011
Fracture/Surgery/Injection: Right and Left L5-S1 TF ESI
Date of Procedure: 01/27/2012
Fracture/Surgery/Injection: Bil L4-5 TFESI
Date of Procedure: 06/01/2012
Fracture/Surgery/Injection:: Right and Left L5-S1 TF ESI
Date of Procedure: 12/14/2012
Fracture/Surgery/Injection: Bilateral L5-S1 TFESI
Date of Procedure: 03/27/2013

Past Medical History

Patient indicates history of High Cholesterol and GERD.

*** Please Note ***
Patient has Metal In Body.

MEDICATIONS
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
11/25/2013

Past Surgical History
Surgical history includes Appendectomy, Tonsillectomy and Other Surgery.

Social History
Patient is separated, never smoker, and lives alone. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Complains of fatigue.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Complains of numbness/tingling in arms/legs.
Psychiatric: Complains of difficulty sleeping.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Complains of hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

November 26, 2013
Page 3
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2191
Ins: SRS MedBill WC

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 165
BMI (in-lb) 25.18
P: 99 R: 15 BP: 129/81

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI.
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar paraspinals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

X-RAYS
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

ASSESSMENT

Mr. Lowe is a 49-year-old male with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a workers' comp. injury in 2007 secondary to repetitive motion. The patient's complaints are likely related to L5-S1 discogenic pain with positive discogram. The pain has been well-controlled with medications and epidural steroid injections. The patient was not felt to be a surgical candidate by Dr. Rollins.

PLAN

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

November 26, 2013
Page 4
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

1. Continue back brace and home exercise program.
2. Refilled Butrans and tramadol. The patient does report functional improvement on this medication.
3. Continue Cymbalta 60 mg once daily. The patient is tolerating this well.
4. Patient reports the last few epidurals have only given him very minimal relief and he is not interested in repeat injection at this time.
5. Follow up in 12 weeks or sooner if needed. The above assessment and plan have been discussed with Dr. Behr.

Dictated by Kelly M. Wilson, PA-C, for James P. Behr, MD
KW/10324

cc: Hunter Leigh, D.O.

mwm

New Orders:
Est. Level 3 [99213]
Electronically generated transmitted RX using Qual ERX [G8553]

Prescriptions:
BUTRANS 10 MCG/HR PTWK (BUPRENORPHINE) Apply 1 patch q 7 days #4 x 2
Entered by: Sonya Yates
Authorized by: Kelly M Wilson PAC
Electronically signed by: Sonya Yates on 11/25/2013
Method used: Print then Give to Patient
RxID: 1700988494056390
Handout requested.

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) 1 po tid #90[tablet] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by: Sonya Yates on 11/25/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1700988493056390
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30[capsule] x 2
Entered by: Sonya Yates
Authorized by: James Paul Behr MD
Electronically signed by: Sonya Yates on 11/25/2013
Method used: Electronically to
BMW Pharmacy Greer* (retail)
1402 Hwy. 101 S
Greer, SC 29651
Ph: (864) 801-0411
Fax: (864) 801-0499
RxID: 1700988485706390

P. 201

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

November 26, 2013
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Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill WC

Handout requested.

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Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

August 29, 2013
Page 1
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill

08/28/2013 - Office Visit: f/u after MRI
Provider: James Paul Behr MD
Location of Care: Orthopaedic Associates PA
Status: ON HOLD DOCUMENT. Contents are preliminary

Family Physician: Dr. Hunter Leigh, Greer, SC

Mr. Donnie Lowe is a 48 Years Old White / Caucasian male, who is here for a follow-up appointment.
History From: Patient
Race: White / Caucasian

Chief Complaint: Back pain.

History of Present Illness

Mr. Lowe returns today. He reports the medications are working well. He is pleased with those. However, the epidurals are no longer working as well as they used to and he would be interested in surgery. He did obtain the MRI. He denies any notable side effects with the medications and again does report functional improvement. His pain has been controlled with medications and epidurals until recently, but the pain increased and he states he would now be interested in surgery.

History of OA Fractures or Procedures:

Fracture/Surgery: ESI
DOS: 04/15/2011
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 01/27/2012
Fracture/Surgery: Bil L4-5 TFESI
DOS: 06/01/2012
Fracture/Surgery: Right and Left L5-S1 TF ESI
DOS: 12/14/2012
Fracture/Surgery: Bilateral L5-S1 TFESI
DOS: 03/27/2013
Date of Last UTOX: 08/05/2013

Past Medical History

Patient indicates history of High Cholesterol, Diabetes and GERD.

*** Please Note ***
Patient has Metal in Body.

MEDICATIONS
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill on 9-25-13
CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd
XANAX 1 MG TABS (ALPRAZOLAM) 1 po one hour prior to procedure
GABAPENTIN 300 MG CAPS (GABAPENTIN) One po q day x 1 wk., then 1 po bid x 1 wk.,then 1 po tid thereafter
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill

ULTRAM ER 200 MG TB24 (TRAMADOL HCL) 1 po q day
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) 1 po qd
SIMVASTATIN 40 MG TABS (SIMVASTATIN) 1 po qd
POLY HIST FORTE 4-25-10 MG TBCR (CHLORPHEN-PYRIL-PHENYLEPH) po qd

ALLERGIES
PENICILLIN (Critical)

Are you receiving any narcotics from any other Physician?
No

Revised:
08/28/2013

Past Surgical History
Surgical history includes Appendectomy and Tonsillectomy.

Social History
Patient is separated, never smoker, and lives with children. Has 1 child. Does not drink alcohol. Exercises. Education completed: High School. Occupation: Production Associate @ BMS.

Osteoporosis Management in Women 50 yrs of age and Older
Patient is not taking Calcium Supplements
Patient has been advised / referred to their PCP for Bone Density Screening & Management

Family History
Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems
General: Denies weight loss, weight gain, fatigue, fever.
Eyes: Denies blurring, vision loss.
Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.
Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.
Respiratory: Denies wheezing, coughing, shortness of breath.
Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.
Genitourinary: Denies urinary frequency, incontinence, painful urination.
Musculoskeletal: Complains of back pain, stiffness.
Skin: Denies rashes, lumps, lesions, itching, sores.
Neurologic: Denies numbness/tingling in arms/legs, fainting, dementia, paralysis.
Psychiatric: Denies difficulty sleeping, anxiety, depression, suicidal thoughts.
Endocrine: Denies heat or cold intolerance, excessive thirst.
Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.
Allergic/Immunologic: Denies latex allergy, hives, hay fever.

Directives Added:
Added new directive of DISCUSSED - NO DECISION MADE

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill

VITAL SIGNS

Body Mass Index in-lb
Height (in): 68
Weight (lb): 160
BMI (in-lb) 24.42
P: 110 R: 15 BP: 135/85

GENERAL EXAM

Appearance: Healthy
Mental Status: Alert & Oriented x 3, No Acute Distress
Hand Dominance: Right
Gait: Normal
Durable Goods: No

PHYSICAL EXAM

HEENT:	NCAT, MMM, EOMI
CHEST/RESP:	No respiratory distress
EXTREMITIES:	No CCE

NEURO/MSK:

PALPATION
Tenderness to across the lumbar parasplnals.

MMT
Manual muscle testing 5/5.

DTRs
Deep tendon reflexes equal and symmetric.

SPECIAL TESTS
Facet loading negative. Some pain with forward flexion. Straight leg raise positive on the right.

RADIOLOGY
MRI from 2010 from Innervision is not available.

Positive discogram in 2010 at L5-S1.

MRI on 08/08/2013 from Innervision demonstrates a small central protrusion at L5-S1 with possible subannular tearing.

ASSESSMENT

Mr. Lowe is a 48-year-old gentleman with a past medical history significant for high cholesterol, diabetes and GERD being followed at the request of Dr. Rollins for a worker's comp injury in 2007 secondary to repetitive motion. The patient's pain complaints are most likely related to L5-S1 discogenic pain with a positive discogram. His pain has been controlled with medications and epidural steroid injections until recently when the pain increased and he states he is now interested in surgery.

Orthopaedic Associates PA
1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

August 29, 2013
Page 4
Chart Document

Donnie K Lowe
Male DOB: 09/19/1964 129807

Home: (864) 848-2131
Ins: SRS MedBill

PLAN

1. Coritinue medications with no change with noted functional improvement and no side effects.
2. At this point, the patient would be very interested in surgery. The patient previously saw Dr. Rollins, but he will be interested in seeing Dr. Mitchell. The patient previously had a discogram, which is positive at L5-S1, but that was 4 years ago.
3. Follow up with me after he sees Dr. Mitchell for continued medication management.

Dictated by: James P. Behr M.D.

JPB/10505

cc: Hunter J. Leigh, D.O.

mwm

New Orders:
Est. Level 4 [99214]

Prescriptions:
NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid may fill on 9-25-13 #90 x 0
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by: Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693303139156200
Handout requested.

NUCYNTA 75 MG TABS (TAPENTADOL HCL) 1 po tid #90 x 0
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by: Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693303079056200
Handout requested.

CYMBALTA 60 MG CPEP (DULOXETINE HCL) 1 po qd #30 x 1
Entered by: Paige Scruggs
Authorized by: James Paul Behr MD
Electronically signed by: Paige Scruggs on 08/28/2013
Method used: Print then Give to Patient
RxID: 1693302959056200
Handout requested.

Innervision Medical Imaging

APA 6

SOUTH CAROLINA DIAGNOSTIC IMAGING

Innervision Medical Imaging Grove
#1 Cannon Drive Greenville, SC 29605
p: (864) 242-2020 f: (864) 240-5776

PATIENT: LOWE, DONNIE
DOB: 09/19/1964
MRN: 685158
PHYSICIAN: JAMES BEHR, MD
EXAM DATE: 08/08/2013

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: low back pain

TECHNIQUE: Multiplanar imaging of the lumbar spine was performed using a posterior phased-array coil configuration in a 1.5 Tesla magnet. T1, T2 and T2 fat-suppressed spin echo sequences were utilized.

FINDINGS: Parasagittal images demonstrate normal signal intensities within the vertebral bodies as well as preservation of vertebral body heights. Disc spaces are maintained. There is mild disc desiccation at L5-S1. The left neural foramina are patent. The right neural foramina are patent.

Axial images at L1-2, L2-3, L3-4, and L4-5 appear normal.

Axial images at L5-S1 demonstrate a small central protrusion with subannular hyperintense signal consistent with subannular tearing. There is mild impression on the thecal sac. No significant spinal stenosis is seen.

CONCLUSION: Small central protrusion at L5-S1.

Martin Ruocco, MD

MR/kp
DD: 08/09/2013 08:34 A
DT: 08/09/2013 09:39 A
Accession#: 08-1679579 VS#: 11474315 CS#: 434022
cc:

Electronically Signed and Reviewed by Martin Ruocco, MD 08/09/2013 11:54 A

INNERVISION MRI & IMAGING

Innervision
Innervision at Grove
Open MRI of Simpsonville

Grove One Cannon Drive Greenville, SC 29605 Phone (864) 242-4011 Fax (864) 233-2677

PATIENT: Lowe, Donnie
DOB: 9/19/1964
MRN: 685158
PHYSICIAN: Elisa Katemba, MD
DATE: 2/24/2010

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Low back and left lower extremity pain/numbness.

TECHNIQUE: Sagittal T1/T2/STIR and axial T1/T2-weighted images are submitted. Study is compared with similar examination 11-8-07.

FINDINGS: Lumbar vertebral bodies are intact and alignment is satisfactory. Chronic discogenic signal is present in the superior endplate at the L2 level. Otherwise, no marrow signal abnormality is identified. The T12-L1 disc space is narrowed. Otherwise, the lumbar disc space heights are well maintained.

At the T11-T12 level, previously described left paracentral disc protrusion is no longer identified. Relatively minor disc bulging is present without associated neural impingement. A small nerve root sheath cyst is identified on the right and this is unlikely to be of clinical significance.

At the T12-L1 level, the disc space is narrowed without significant disc bulging/herniation or neural impingement. A small nerve root sheath cyst is identified on the right and this is unlikely to be of clinical significance.

At the L1-L2 and L2-L3 levels, no significant abnormality is identified.

At the L3-L4 level, relatively shallow posterolateral disc bulging is again identified, greater on the left. No associated neural impingement results. Relatively mild bilateral facet joint degeneration is present.

At the L4-L5 level, shallow posterolateral disc bulging is again identified bilaterally, to a slightly greater degree on the left. No significant neural impingement is apparent.

At the L5-S1 level, prominent central posterior disc protrusion has subtly enlarged. However, this does not efface the thecal sac or efface/displace the traversing S1 nerve roots. No significant foraminal stenosis is identified.

Images of the conus are intrinsically unremarkable. Paravertebral soft tissues demonstrate no obvious abnormality.

IMPRESSION: Upon comparison with exam 11-8-07, prominent central disc protrusion at the L5-S1 level may have subtly enlarged, although results in no significant neural impingement. Previously described left paracentral disc protrusion at T11-T12 is no longer identified. Otherwise, no significant interval change has occurred.

L. Chase Allen, Jr., MD
CA / fl

DD: 2/24/2010
DT: 2/24/2010
Job: 10019266

This document has been electronically reviewed and signed by L. Chase Allen, Jr., MD.

GRMH Emergency Room

APA 7

GRMH
EMERGENCY RECORD

Lowe, Donnie Kenneth
DOB: 9/19/1964 M49
Wt/Ht: 74.4 Kg
MedRec: 971414535
AcctNum: 04018702475

Patient Data

Complaint: Abdominal pain
Triage Time: Mon Sep 23, 2013 12:58
Urgency: 3-Urgent
Bed: ED WAITING
Initial Vital Signs: 9/23/2013 13:10
BP:152/94
P:99
O2 sat:98 on ra
R:18
T:98.3
Pain:5
ED Attending: Neuffer, MD, John
Primary RN: Moore, RN, Ashley

DISPOSITION
PATIENT: Disposition Type: Discharge, Disposition: Discharge home, Condition: Stable. (19:23 JNN1)
Patient left the department. (20:07 TGR)

DIAGNOSIS (19:23 JNN1)
FINAL: PRIMARY: Epigastric pain.

INSTRUCTION (19:27 JNN1)
DISCHARGE: ABDOMINAL PAIN.
FOLLOWUP: Seymour, NP, Amanda, Family Practice, Mountain View Family Practice, 406 Memorial Drive Ext., Greer SC 29651, 864-877-9066, YAZDY, S.ALI, GASTROENTEROLOGY, 1025 VERDAE BLVD. STE. A, GREENVILLE SC 29607, 8647522000, Follow up with Specialist In one week.

KNOWN ALLERGIES
Penicillins

PRESCRIPTION (19:27 JNN1)
Lortab: TABLET : 5 mg-500 mg : ORAL : Quantity: *** 1 *** Unit: tab(s) Route: ORAL Schedule: SEE NOTES Dispense: *** 20 ***.
NOTES: every 4-6 hours as needed.
ZOFRAN ODT: TABLET,DISINTEGRATING : 4 mg : ORAL : Quantity: *** 1 *** Unit: tab(s) Route: ORAL Schedule: SEE NOTES Dispense: *** 15 ***.
NOTES: every 6 hours as needed for nausea.

CURRENT MEDICATIONS
Cymbalta: 60 mg(s) by mouth every day. (13:12 LSM)
omeprazole: 1 cap(s) by mouth every day. (13:12 LSM)
Nucynta: 75 mg(s) by mouth three times daily. (13:12 LSM)
simvastatin: 1 cap(s) by mouth every day. (13:13 LSM)

TRIAGE (12:58 WLD)
PATIENT: NAME: Lowe, Donnie Kenneth, AGE: 49, GENDER: male, DOB: Sat Sep 19, 1964, TIME OF GREET: Mon Sep 23, 2013 12:57, RACE: Caucasian, Need Isolation?: No Isolation, Poss. Flu Exposure: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 247350152, KG WEIGHT: 74.4, MEDICAL RECORD NUMBER: 971414535, ACCOUNT NUMBER: 04018702475, PERSON ID: 971414535. (12:58 WLD)
ADMISSION: URGENCY: Comprehensive Triage Needed, ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, DEPT: Emergency, BED: WAITING. (12:58 WLD)
VITAL SIGNS: BP 152/94, Pulse 99, Resp 18, Temp 98.3, Pain 5, O2 Sat 98, on ra, Time 9/23/2013 13:10. (13:10 LSM)
COMPLAINT: HIGH RISK COMPLAINT: Abdominal pain, (13:14 LSM)
HISTORY OF PRESENT COMPLAINT: Pt states he has had 8 episdoes of vomitting and 3-4 episodes of diarrhea that looked black, Severe abd pain about the umbilicus today, No

GRMH
EMERGENCY RECORD

Lowe, Donnie Kenneth
DOB: 9/19/1964 M49
Wt/Ht: 74.4 Kg
MedRec: 971414535
AcctNum: 04018702475

loc/cp/sob/trauma. (13:11 LSM)
ASSESSMENT: Pain level 5, using numeric pain scoring. (13:11 LSM)
IMMUNIZATIONS: Immunizations up to date, Last tetanus shot received less than 10 years ago. (13:11 LSM)
DOMESTIC VIOLENCE: No domestic violence. (13:11 LSM)
TREATMENTS PRIOR TO ARRIVAL: No treatment. (13:11 LSM)
MEDICATIONS PRIOR TO ARRIVAL: Other medication: home meds. (13:11 LSM)
TREATMENTS IN TRIAGE: NIBP, Pulse Oximetry. (13:11 LSM)
MEDICATIONS IN TRIAGE: Other medication given in triage: none. (13:11 LSM)
ES LEVEL: ES level 3. (13:11 LSM)
SEPSIS ASSESSMENT: NO. (13:11 LSM)

PAST MEDICAL HISTORY
MEDICAL HISTORY: History of gastrointestinal disease, including gastroesophageal reflux disease, History of musculoskeletal disorder, history of back pain (chronic), which is post-traumatic in etiology. (13:09 LSM)
SURGICAL HISTORY: History of orthopedic, left, wrist, History of appendectomy. (13:09 LSM)
PSYCHIATRIC HISTORY: No previous psychiatric history. (13:09 LSM)
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others, Denies smoking, Denies consumption of alcohol. (13:09 LSM)
FAMILY HISTORY: Family history is not contributory to this case. (13:09 LSM)
NOTES: Nursing records reviewed, Agree with nursing records. (15:43 DSN)

HPI ABDOMINAL PAIN (15:42 DSN)
CHIEF COMPLAINT: Patient presents for the evaluation of abdominal pain.
HISTORIAN: History obtained from patient.
TIME COURSE MALE: Onset of symptoms reported as gradual, Onset was OVER THE PAST 2 DAYS, Patient currently has symptoms, Complaint is worse.
QUALITY: Pain is aching.
LOCATION MALE: Pain in epigastric area, Radiation is not present.
ASSOCIATED WITH: No recent antibiotic use, No bright red blood per rectum, No associated chills, No associated constipation, Associated with diarrhea, for 1 day, Intermittently, No associated fever, No associated flank pain, No groin pain, No hematemesis, Not associated with hematuria, Associated with loss of appetite, for 2 days, intermittently, No melena, Associated with nausea, for 2 days, intermittently, No associated trauma, No associated UTI Symptoms, Associated with vomiting, for 2 days, intermittently.
RISK FACTORS MALE: AAA risk factors include patient over 40, Torsion testicle risk factors N/A for this patient.
EXACERBATED BY: Patient's condition exacerbated by movement, food.
RELIEVED BY: Patient's condition relieved by nothing.

PHYSICAL EXAM (15:44 DSN)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Alert and oriented X 3, Patient appears uncomfortable.
HEAD: Atraumatic, Normocephalic.
EYES: Extraocular muscles intact, Sclera are normal.
RESPIRATORY CHEST: Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: Patient 40+ years of age, RRR, Heart sounds normal, Normal S1 S2.
ABDOMEN: No pulsatile masses, No other masses, Bowel sounds normal, No distension, No peritoneal signs, No hernias, McBurney's point nontender, No Murphy's sign, Liver and spleen normal, Tenderness, in epigastric area, in LLQ, which is moderate in

GRMH
EMERGENCY RECORD

Lowe, Donnie Kenneth
DOB: 9/19/1964 M49
Wt/Ht: 74.4 Kg
MedRec: 971414535
AcctNum: 04018702475

intensity.
BACK: There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.
NEURO: GCS is 15, No focal motor deficits, No focal sensory deficits, Speech normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
PSYCHIATRIC: Oriented X 3, Normal insight, Normal concentration, Anxious affect.

DOCTOR NOTES (18:12 DSN)
SIGN OUT: Patient signed out to Dr. NEUFFER, Pending radiology studies include CT A/P.

RESULTS
LABORATORY: (14:03 DSN)

Measurement	Result	Units	Range
HP NO DIFFERENTIAL Mon Sep 23, 2013 13:31			
WBC COUNT	6.8	TH/mm3	4.0–11.5
RBC COUNT	5.21	MIL/CUMM	4.5–5.9
HEMOGLOBIN	16.4	g/dl	13.5–17.5
HEMATOCRIT	48.4	%	41–53
MEAN CELL VOLUME	92.9	FL	80–100
MEAN CELL HGB	31.5	PG	26–34
MEAN CELL HGB CONC	33.9	g/dl	31–37
RED CELL DIST	12.1	%	12.0–16.0
PLATELET COUNT	262	TH/CUMM	125–415
MEAN PLT VOLUME	8.5	FL	6.9–10.6

(14:16 DSN)

Measurement	Result	Units	Range
LIPASE Mon Sep 23, 2013 13:31			
LIPASE	14	IU/L	8–78

(14:16 DSN)

Measurement	Result	Units	Range
COMP METABOLIC PNL Mon Sep 23, 2013 13:31			
SODIUM	144	mMol/L	133–144
POTASSIUM	3.7	mMol/L	3.4–5.1
CHLORIDE	104	mMol/L	101–111
CARBON DIOXIDE	27	mMol/L	20–30
ANION GAP	13	mMol/L	6–16
GLUCOSE	111	mg/dl	74–99
UREA NIT.,BLOOD	9	mg/dl	7–21
CREATININE	1.13	mg/dl	0.72–1.25
EST GFR–CAUCASIAN	69	mL/min/1.73m2	>59
EST GFR–NON CAUCASIAN	83	mL/min/1.73m2	>59
CALCIUM	10.5	mg/dl	8.5–10.3
ALBUMIN	4.5	g/dl	3.5–5.0
TOTAL PROTEIN	7.9	g/dl	6.0–8.3
SGOT(AST)	29	IU/L	5–51
TOT. BILIRUBIN	0.7	mg/dl	0.1–1.2
ALKALINE PHOSPHATASE	82	IU/L	32–125
SGPT(ALT)	30	IU/L	1–55

(14:29 DSN)

Measurement	Result	Units	Range
URINE MACROSCOPIC Mon Sep 23, 2013 14:08			
COLOR,URINE	Yellow		
CHARACTER	Clear		
SPECIFIC GRAVITY	1.025		1.003–1.035

GRMH
EMERGENCY RECORD

Lowe, Donnie Kenneth
DOB: 9/19/1964 M49
Wt/Ht: 74.4 Kg
MedRec: 971414535
AcctNum: 04018702475

PH URINE	6.0		4.6-8.0
PROTEIN,URINE	Neg	mg/dl	NEG
GLUCOSE,URINE	Neg	mg/dl	NEG
KETONE URINE	Neg	mg/dl	NEG
BILIRUBIN,URINE	Neg		NEG
HEME URINALYSIS	Neg		NEG
NITRITE	Neg		NEG
UROBILINOGEN	0.2	eu/dl	<2.0
LEUKOCYTES URINE	Neg		NEG

NURSING PROCEDURE: NURSE NOTES

TIME: Pt starting PO contrast. (15:59 ADM1)
Blanket given to patient, Assistance offered to patient. (17:13 ADM1)
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach. (17:13 ADM1)

NURSING PROCEDURE: DISCHARGE NOTE (19:50 TOR)

TIME: Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by parent, Patient instructed not to drive home, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, 2x2 dressing applied, Discontinued due to, patient being discharged, Discharge instructions given to, Simple/moderate discharge teaching performed, Name of prescription(s) given: Lortab, zofran, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, Patient left the emergency department at 1950.
VITAL SIGNS: BP: 107, / 79, Pulse: 85, Resp: 16, Temp: 98.1, Pain: 2, O2 sat: 97, on: ra.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: SALINE LOCK (13:24 ADM1)

SITE 1: Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Indications for procedure: fluid replacement, Indications for procedure: medication administration, Procedure performed at 1324, IV established for venous access, 20 gauge catheter inserted, into right antecubital, In 1 attempt, Saline lock established, flushed with normal saline, amount 10, ml, Labs drawn at time of placement, Specimen labeled in the presence of the patient and sent to lab, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, IV line connections checked and properly labeled, IV secured by, Sterile dressing applied.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: TRANSPORT TO TESTS

TIME: Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Indications for test: facilitate diagnosis, Procedure was performed at 1804, Patient transported to, CT scan, Patient transported via, cart, Patient accompanied by, x-ray tech. (18:04 ADM1)
After procedure, patient returned to ED at 1814. (18:14 ADM1)
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach. (18:04 ADM1)

NURSING PROCEDURE: URINE COLLECTION (13:45 ADM1)

URINE COLLECTION MALE: Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Procedure performed at 1345, Mid-stream clean catch, in 1 attempt, Amount 30, ml, Specimen labeled in the presence of the patient and sent to lab, Specimen obtained for culture labeled in the presence of the patient and sent to lab.

GRMH
EMERGENCY RECORD

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SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

EVENTS

TRANSFER: Triage to Emergency Waiting Room. (14 on Sep 23, 2013 12:58 WLD)
Emergency Waiting Room to Emergency Department 08. (13:14 LSM)
Emergency Emergency Department 08 to Waiting Room. (19:52 LAF1)
Removed from Emergency Waiting Room. (20:07 TGR)

Key:
ADM1=Moore, RN, Ashley DSN=Nabors, MD, Dina S. JNN1=Neuffer, MD, John LAF1=Faucette, Laura
LSM=Morris, RN CEN, Laura TGR=Rodgers, RN, Terri WLD=Donald, NST, Wendell

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

48 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131
Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPC/PPO PREFERRED BLUE
PCP: HUNTER J LEIGH External Visit ID: 151868635
Appointment Facility: Mountain View Family Practice

05/28/2013 PROGRESS NOTE: Hunter Leigh

Current Medications
Simvastatin 40 mg tablet 1 tab(s) once a day (at bedtime)
omeprazole 40 mg delayed release capsule 1 cap(s) once a day
Flonase nasal spray 50mcg per spray 2 spray each nostril daily
Cymbalta 60 mg delayed release capsule 1 cap (s) once a day
Nucynta 75 mg tablet 1 tab(s) tid
Medication List reviewed and reconciled with the patient

Past Medical History
dsylipidemia, GERD, SAR

Surgical History
Tonsillectomy 1980
Appendectomy 1992
Left wrist open ORIF distal radius fracture/scaphoid fracture /Dr. K. Lonergan 3-12-2009

Family History
Family: heart disease, diabetes, kidney disease, rheumatoid arthritis
Mother- diabetes
grandmother- diabetes.

Social History
Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Never smoker.
Occupation: bmw.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies
Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Hospitalization/Major Diagnostic Procedure

Reason for Appointment
1. dyslipidemia, GERD, allergic rhinitis mgt

History of Present Illness
Musculoskeletal:
pain sharp from herniated discs he got his last ESI last Thursday and was also put on Cymbalta and Nucynta getting about 40% pain relief, Nature: sharp, Severity: moderate to severe, Onset: all the time.
General:
pt presents for chronic disease mgt. He is taking meds as prescribed. No cp,sob,doe or claudication. No lightheadness, dizziness or fatigue. He is having continued low back pain. It does not seem to be improved with ESI.

Vital Signs
Ht 68, Ht Cm 172.72, Wt lbs 169, Wt kg 76.66, BMI 25.69, BP 124/90, HR 100, Pain score 8, Tech Initial kch.

Past Orders
Lipid Profile (incl. calc. LDL, HDL/LDL ratio) (Order Date - 05/21/2013) (Collection Date - 05/21/2013)

CHOLESTEROL	156	<200 - mg/dL
TRIGLYCERIDE	111	<150 - mg/dl
HDL Chol, direct	47	>39 - mg/dl
LDL Chol, calc	87	<100 - mg/dL
VLDL Chol, calc	22	<30 - mg/dl
Chol/HDL Ratio	3	<3.5 -
Non-HDL Chol	109	<130 - mg/dL

HGB A1C (Glycated Hemoglobin)(veni) (83036QW,36415) (Order Date - 05/21/2013) (Collection Date - 05/21/2013)

Gly Hgb:	5.8	4.3 - 5.6 %

Comprehensive Metabolic Panel (CMP, CMET) (Order Date - 05/21/2013) (Collection Date - 05/21/2013)

SODIUM	139	133-144 - mMol/L
POTASSIUM	3.7	3.4-5.1 - mMol/L
CHLORIDE	102	101-111 - mMol/L
CARBON DIOXIDE	26	20-30 - mMol/L
ANION GAP	11	6-16 - mMol/L

see surgery

Review of Systems

Review of Systems:

General: denies fever, chills. Eyes: Denies, Double vision, Blurred vision. Cardiovascular: Denies, Chest pain or discomfort, Shortness of breath with exertion, Difficulty Breathing at night. Respiratory: Denies Cough, Shortness of breath.. Gastrointestinal: Denies Nausea, Vomiting, Diarrhea. Musculoskeletal: Complains of, Back pain, Stiffness.

GLUCOSE	90	74-99 - mg/dl
CALCIUM	9.9	8.7-10.5 - mg/dl
ALBUMIN	4.0	3.5-5.0 - g/dl
TOTAL PROTEIN	7.3	6.0-8.3 - g/dl
SGOT(AST)	22	5-51 - IU/L
TOT. BILIRUBIN	0.6	0.1-1.2 - mg/dl
SGPT(ALT)	22	1-55 - IU/L
ALK. PHOSPHATASE	74	32-125 - IU/L
UREA NIT.,BLOOD	11	7-21 - mg/dl
CREATININE (SERUM)	1.09	0.72-1.25 - mg/dl
EST GFR-CAUCASIAN	72	>59 - mL/min/1.73m2
ES GFR-NON CAUCASIAN	87	>59 - mL/min/1.73m2

ClinitekStatus SG Urinalysis, w/micro (81001) (Order Date - 05/21/2013) (Collection Date - 05/21/2013)

Glucose (Ref range: negative)	Negative	-
Bilirubin (Ref range: negative)	Negative	-
Ketone (Ref range: negative)	Negative	-
Specific Gravity (Ref range: 1.003-1.035)	1.025	-
Blood (Ref range: negative)	Negative	-
pH (Ref range: 4.6 - 8.0)	6.0	-
Protein (Ref range: negative)	Negative	-
Urobili (Ref range: 0.1-1.0 EU/dL)	0.2 E.U./dL	-
Nitrite (Ref. range: negative)	Negative	-
Leukocytes (Ref. range:negative)	Negative	-
RBC	0	0 - 3 /hpf
WBC	0	0 - 3 /hpf
Bacteria	0	negative -
Sq. Epithelials	0-2	0 - 2 /hpf
Casts	0	negative -
Mucous	0	negative -
Crystals	small amorphus	
Misc.	0	
Color	yellow	-
Clarity	clear	

Examination

General Examination:

General: in no acute distress, pleasant and cooperative, well nourished and well developed. Eyes: PERRLA, extraocular movements intact. Neck: no lymphadenopathy, thyroid normal, no carotid bruit. Heart: regular rate and rhythm without murmur. Lungs: clear to auscultation. Chest/Breasts: normal chest wall. Abdomen: soft, positive BS, nontender, no masses, no hepatosplenomegaly. Peripheral pulses: normal. Musculoskeletal: low lumbar muscle tightness. .

Assessments

1. HYPERLIPIDEMIA - 272.4 (Primary)
2. GERD - 530.81
3. ALLERGIC RHINITIS - 477.9
4. Impaired fasting glucose - 790.21
5. Elevated blood pressure reading without diagnosis of hypertension - 796.2
6. Back pain unspecified - 724.5
7. THERAPEUTIC DRUG MONITOR - V58.83

Treatment

1. HYPERLIPIDEMIA
Refill Simvastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 2
LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio) (Ordered for 11/28/2013)

2. GERD
Refill omeprazole delayed release capsule, 40 mg, 1 cap(s), orally, once a day, 90 days, 90, Refills 2

3. ALLERGIC RHINITIS
Refill Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily, 3, Refills 2

4. Back pain unspecified
Continue Cymbalta delayed release capsule, 60 mg, 1 cap(s), orally, once a day
Continue Nucynta tablet, 75 mg, 1 tab(s), orally, tid

5. THERAPEUTIC DRUG MONITOR
LAB: Comprehensive Metabolic Panel (CMP, CMET) (Ordered for 11/28/2013)
LAB: CBC with Auto Diff (veni) (85025,36415) (Ordered for 11/28/2013)
LAB: ClinitekStatus SG Urinalysis, w/micro (81001) (Ordered for 11/28/2013)

Follow Up
6 Months (Reason: reck)

Electronically signed by Hunter Leigh on 05/28/2013 at 04:32 PM EDT

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066
Fax: 864-241-9224

Patient: LOWE, DONNIE KENNETH DOB: 09/19/1964 Progress Note: Hunter Leigh 05/28/2013

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

Greenville Health System

APA 8

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

48 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131
Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPC/PPO PREFERRED BLUE
PCP: HUNTER J LEIGH
Appointment Facility: Mountain View Family Practice

05/21/2013

Progress Note: Hunter Leigh

Current Medications

Simvastatin 40 mg tablet 1 tab(s) once a day (at bedtime)
omeprazole 40 mg delayed release capsule 1 cap(s) once a day
Flonase nasal spray 50mcg per spray 2 spray each nostril daily
Ultram 50 mg tablet 1 tab(s) every 4 hours
tramadol 200 mg/24 hours tablet, extended release 1 tab(s) once a day

Past Medical History

dsylipidemia, GERD, SAR

Allergies

Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Reason for Appointment

1. LAB

Assessments

1. HYPERLIPIDEMIA - 272.4 (Primary)
2. GERD - 530.81
3. ALLERGIC RHINITIS - 477.9
4. Need for influenza vaccination - V04.81
5. Impaired fasting glucose - 790.21
6. Back pain unspecified - 724.5
7. THERAPEUTIC DRUG MONITOR - V58.83

Treatment

1. HYPERLIPIDEMIA
   LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

2. Impaired fasting glucose
   LAB: Comprehensive Metabolic Panel (CMP, CMET)
   LAB: ClinitekStatus SG Urinalysis, w/micro (81001)

Glucose (Ref range: negative)	Negative	-
Bilirubin (Ref range: negative)	Negative	-
Ketone (Ref range: negative)	Negative	-
Specific Gravity (Ref range: 1.003-1.035)	1.025	-
Blood (Ref range: negative)	Negative	-
pH (Ref range: 4.6 - 8.0)	6.0	-
Protein (Ref range: negative)	Negative	-
Urobili (Ref range: 0.1-1.0 EU/dL)	0.2 E.U./dL	-
Nitrite (Ref. range: negative)	Negative	-
Leukocytes (Ref range:negative)	Negative	-
RBC	0	0 - 3 /hpf
WBC	0	0 - 3 /hpf
Bacteria	0	negative -
Sq. Epithelials	0-2	0 - 2 /hpf
Casts	0	negative -
Mucous	0	negative -
Crystals	small amorphus	
Misc.	0	
Color	yellow	-

Clarity clear

Parker,Donna , RT 05/21/2013 09:54:07 AM EDT > Performed by DP / RP

~~LAB: HGB A1C (Glycated Hemoglobin)(veni) (83036QW,36415)~~

Gly Hgb: 5.8 4.3 - 5.6 %

Fowler,Allison (MVFP) , RT 05/21/2013 09:16:11 AM EDT > Performed by af

Procedure Codes
80061 LIPID PANEL
83036 Glycated Hemoglobin Test, Clia waived
36415 VENIPUNCT, ROUTINE*
80053 COMPREHEN METABOLIC PANEL
81001 Urinalysis

Electronically signed by Hunter Leigh on 05/21/2013 at 12:45 PM EDT

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066
Fax: 864-241-9224

Patient Name: LOWE, DONNIE KENNETH
Date of Birth: 09/19/1964
Telephone: 864-848-2131

Greenville Hospital

HGB A1C (Glycated Hemoglobin)(ven) (83036QW,36415)	
COLLECTION DATE	05/21/2013
ORDER DATE	05/21/2013
RESULT DATE	05/21/2013
ORDERING PHYSICIAN	Hunter Leigh
Gly Hgb:	5.8 (4.3 - 5.6 %)

ClinitekStatus SG Urinalysis, w/micro (81001)		
COLLECTION DATE	05/21/2013	11/14/2012
ORDER DATE	05/21/2013	11/14/2012
RESULT DATE	05/21/2013	11/14/2012
ORDERING PHYSICIAN	Hunter Leigh	Hunter Leigh
Glucose (Ref range: negative)	Negative ( )	Negative ( )
Bilirubin (Ref range: negative)	Negative ( )	Negative ( )
Ketone (Ref range: negative)	Negative ( )	Negative ( )
Specific Gravity (Ref range: 1.003-1.035)	1.025 ( )	1.020 ( )
Blood (Ref range: negative)	Negative ( )	Negative ( )
pH (Ref range: 4.6 - 8.0)	6.0 ( )	6.0 ( )
Protein (Ref range: negative)	Negative ( )	Negative ( )
Urobili (Ref range: 0.1-1.0 EU/dL)	0.2 E.U./dL ( )	0.2 E.U./dL ( )
Nitrite (Ref. range: negative)	Negative ( )	Negative ( )
Leukocytes (Ref range:negative)	Negative ( )	Negative ( )
RBC	0 (0 - 3 /hpf)	0 (0 - 3 /hpf)
WBC	0 (0 - 3 /hpf)	0-1 (0 - 3 /hpf)
Bacteria	0 (negative -)	0 (negative -)
Sq. Epithelials	0-2 (0 - 2 /hpf)	0-3 (0 - 2 /hpf)
Casts	0 (negative -)	0 (negative -)
Mucous	0 (negative -)	0 (negative -)
Crystals	small amorphus	0
Misc.	0	0
Color	yellow ( )	yellow ( )
Clarity	clear	clear

Comprehensive Metabolic Panel (CMP, CMET)			
COLLECTION DATE	05/21/2013	11/14/2012	05/07/2012
ORDER DATE	05/21/2013	11/14/2012	05/07/2012
RESULT DATE	05/21/2013	11/14/2012	05/07/2012
ORDERING PHYSICIAN	Hunter Leigh	Hunter Leigh	Hunter Leigh
SODIUM	139 (133-144 mMol/L)	140 (133-144 mMol/L)	137 (136-144 mMol/L)
POTASSIUM	3.7 (3.4-5.1 mMol/L)	4.2 (3.4-5.1 mMol/L)	3.5 (3.4-5.1 mMol/L)
CHLORIDE	102 (101-111 mMol/L)	102 (101-111 mMol/L)	102 (101-111 mMol/L)
CARBON DIOXIDE	26 (20-30 mMol/L)	23 (22-32 mMol/L)	28 (22-32 mMol/L)

ANION GAP	11 (6-16 mMol/L)	15 (3-14 mMol/L) H	7 (3-14 mMol/L)
GLUCOSE	90 (74-99 mg/dl)	94 (74-99 mg/dl)	94 (74-99 mg/dl)
CALCIUM	9.9 (8.7-10.5 mg/dl)	9.8 (8.5-10.3 mg/dl)	9.1 (8.9-10.3 mg/dl)
ALBUMIN	4.0 (3.5-5.0 g/dl)	4.0 (3.5-5.0 g/dl)	4.0 (3.5-4.8 g/dL)
TOTAL PROTEIN	7.3 (6.0-8.3 g/dl)	7.1 (6.0-8.3 g/dl)	6.8 (6.1-7.9 g/dL)
SGOT(AST)	22 (5-51 IU/L)	26 (5-51 IU/L)	21 (1-51 IU/L)
TOT. BILIRUBIN	0.6 (0.1-1.2 mg/dl)	0.6 (0.1-1.2 mg/dl)	0.7 (0.3-1.2 mg/dl)
SGPT(ALT)	22 (1-55 IU/L)	27 (1-55 IU/L)	23 (1-52 IU/L)
ALK. PHOSPHATASE	74 (32-125 IU/L)	86 (32-125 IU/L)	68 (32-125 IU/L)
UREA NIT.,BLOOD	11 (7-21 mg/dl)	11 (7-21 mg/dl)	9 (8-26 mg/dL)
CREATININE (SERUM)	1.09 (0.72-1.25 mg/dl)	1.21 (0.72-1.25 mg/dl)	1.1 (0.9-1.2 mg/dl)
EST GFR-CAUCASIAN	72 (>59 mL/min/1.73m2)	64 (>89 mL/min/1.73m2) L	72 (mL/min/1.73m2)
ES GFR-NON CAUCASIAN	87 (>59 mL/min/1.73m2)	77 (>89 mL/min/1.73m2) L	87 (mL/min/1.73m2)

Lipid Profile (incl. calc. LDL, HDL/LDL ratio)			
COLLECTION DATE	05/21/2013	11/14/2012	05/07/2012
ORDER DATE	05/21/2013	11/14/2012	05/07/2012
RESULT DATE	05/21/2013	11/14/2012	05/07/2012
ORDERING PHYSICIAN	Hunter Leigh	Hunter Leigh	Hunter Leigh
CHOLESTEROL	156 (<200 mg/dL)	167 (<200 mg/dL)	161 (<200 mg/dL)
TRIGLYCERIDE	111 (<150 mg/dl)	132 (<150 mg/dl)	142 (<150 mg/dl)
HDL Chol, direct	47 (>39 mg/dl)	43 (>39 mg/dl)	43 (40-59 mg/dl)
LDL Chol, calc	87 (<100 mg/dL)	98 (<100 mg/dL)	90 (<100 mg/dL)
VLDL Chol, calc	22 (<30 mg/dl)	26 (<30 mg/dl)	28 (<30 mg/dl)
Chol/HDL Ratio	3 (<3.5)	4 (<3.5) H	4 ( )
Non-HDL Chol	109 (<130 mg/dL)	124 (<130 mg/dL)	118 (<130 mg/dL)

CBC with Auto Diff (veni) (85025,36415)	
COLLECTION DATE	05/07/2012
ORDER DATE	05/07/2012
RESULT DATE	05/07/2012
ORDERING PHYSICIAN	Hunter Leigh
WBC	6.1 (4.0 - 11.5 1000/uL)
Lymph %	30.0 (15 - 45 %)
Mono %	1.8 (2 - 11 %)
Gran %	68.2 (45 - 75 %)
RBC	4.68 (4.5 - 5.9 1000000/uL)
Hgb	14.7 (13.5 - 17.5 g/dL)
Hct	43.1 (41 - 53 %)
MCV	92.2 (80 - 100 fL)
MCH	31.5 (26 - 34 pG)
MCHC	34.2 (31 - 37 g/dL)
Platelet Count	240. (140 - 440 1000 /uL)

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

48 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131
Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPC/PPO PREFERRED BLUE
PCP: HUNTER J LEIGH External Visit ID: 137784146
Appointment Facility: Mountain View Family Practice

11/21/2012

PROGRESS NOTE: Hunter Leigh

Current Medications

omeprazole delayed release capsule 40 mg 1 cap(s) once a day
Simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
tramadol tablet, extended release 200 mg/24 hours 1 tab(s) once a day
Flonase nasal spray 50mcg per spray 2 spray each nostril daily
Ultram tablet 50 mg 1 tab(s) every 4 hours
Medication List reviewed and reconciled with the patient

Past Medical History

dsylipidemia, GERD, SAR

Surgical History

Tonsillectomy 1980
Appendectomy 1992
Left wrist open ORIF distal radius fracture/scaphoid fracture /Dr. K. Lonergan 3-12-2009

Family History

Family: heart disease, diabetes, kidney disease, rheumatoid arthritis
Mother- diabetes
grandmother- diabetes.

Social History

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Never smoker.
Occupation: bmw.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Hospitalization/Major Diagnostic Procedure

Reason for Appointment

1. dyslipidemia, GERD, allergic rhinitis, chronic low back pain mgt

History of Present Illness

General:

pt presents for reck. He is doing well on current meds. No cp,sob,doe or claudication. No lightheadness, dizziness or fatigue.

Vital Signs

Ht 68, Ht Cm 172.72, Wt lbs 170, Wt kg 77.11, BMI 25.85, BP 131/85, HR 87, Temp (F) 98.3, Pain score 6, Tech Initial ljc.

Examination

General Examination:

General: in no acute distress, pleasant and cooperative, well nourished and well developed. Eyes: PERRLA, extraocular movements intact. Neck: no lymphadenopathy, thyroid normal, no carotid bruit. Heart: regular rate and rhythm without murmur. Lungs: clear to auscultation. Chest/Breasts: normal chest wall. Abdomen: soft, positive BS, nontender, no masses, no hepatosplenomegaly. Peripheral pulses: normal. Musculoskeletal: full ROM of all joints, no swelling or deformity, no evidence of scoliosis.

Assessments

1. HYPERLIPIDEMIA - 272.4 (Primary)
2. GERD - 530.81
3. ALLERGIC RHINITIS - 477.9
4. Need for influenza vaccination - V04.81
5. Impaired fasting glucose - 790.21
6. Back pain unspecified - 724.5
7. THERAPEUTIC DRUG MONITOR - V58.83

Treatment

1. HYPERLIPIDEMIA

Refill Simvastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 2

LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio) (Ordered for 11/23/2012)

2. GERD

Refill omeprazole delayed release capsule, 40 mg, 1 cap(s), orally, once

see surgery

Review of Systems

Review of Systems:

General: denies fever, chills.

Eyes: Denies, Double vision, Blurred vision. Cardiovascular: Denies, Chest pain or discomfort, Shortness of breath with exertion, Difficulty Breathing at night. Respiratory: Denies Cough, Shortness of breath,. Gastrointestinal: Denies Nausea, Vomiting, Diarrhea. Musculoskeletal: Denies Muscle aches, Muscle weakness, Complains of, Back pain, Stiffness.

a day, 90 days, 90, Refills 2

3. ALLERGIC RHINITIS
Continue Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily, 3, Refills 2

4. Impaired fasting glucose
LAB: HGB A1C (Glycated Hemoglobin)(veni) (83036QW,36415) (Ordered for 11/23/2012)
LAB: Comprehensive Metabolic Panel (CMP, CMET) (Ordered for 11/23/2012)
LAB: ClinitekStatus SG Urinalysis, w/micro (81001) (Ordered for 11/23/2012)
This is currently controlled with diet and exercise.

5. Others
Refill Ultram tablet, 50 mg, 1 tab(s), orally, every 4 hours, 90, Refills 2
Refill tramadol tablet, extended release, 200 mg/24 hours, 1 tab(s), orally, once a day, 90, Refills 2

Immunization
Influenza (3 yrs and over) 90658 : 0.5 ml given by Carr, Lorraine on right deltoid

Procedure Codes
90658 Influenza (3 yrs and over) 90658

Follow Up
6 Months (Reason: reck)

Electronically signed by Hunter Leigh on 11/23/2012 at 06:54 PM EST

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066

Fax: 864-241-9224

Patient: LOWE, DONNIE KENNETH DOB: 09/19/1964 Progress Note: Hunter Leigh 11/21/2012

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

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

48 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131
Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPO/PPO PREFERRED BLUE
PCP: HUNTER J LEIGH External Visit ID: 137783957
Appointment Facility: Mountain View Family Practice

11/14/2012

Progress Note: Hunter Leigh

Current Medications

omeprazole delayed release capsule 40 mg 1 cap(s) once a day
Simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
tramadol tablet 50 mg 1 tab(s) every 4 hours
Flonase nasal spray 50mcg per spray 2 spray each nostril daily
Poly Hist Forte tablet, extended release 4 mg-10 mg-25 mg 1 tab(s) 2 times a day

Past Medical History

dsylipidemia, GERD, SAR

Allergies

Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Reason for Appointment

1. LABS

Assessments

1. HYPERLIPIDEMIA - 272.4 (Primary)
2. Proteinuria - 791.0
3. Impaired fasting glucose - 790.21
4. THERAPEUTIC DRUG MONITOR - V58.83

Treatment

1. HYPERLIPIDEMIA

LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

2. Proteinuria

LAB: ClinitekStatus SG Urinalysis, w/micro (81001)

Glucose (Ref range: negative)	Negative	-
Bilirubin (Ref range: negative)	Negative	-
Ketone (Ref range: negative)	Negative	-
Specific Gravity (Ref range: 1.003-1.035)	1.020	-
Blood (Ref range: negative)	Negative	-
pH (Ref range: 4.6 - 8.0)	6.0	-
Protein (Ref range: negative)	Negative	-
Urobili (Ref range: 0.1-1.0 EU/dL)	0.2 E.U./dL	-
Nitrite (Ref. range: negative)	Negative	-
Leukocytes (Ref range:negative)	Negative	-
RBC	0	0 - 3 /hpf
WBC	0-1	0 - 3 /hpf
Bacteria	0	negative -
Sq. Epithelials	0-3	0 - 2 /hpf
Casts	0	negative -
Mucous	0	negative -
Crystals	0	
Misc.	0	
Color	yellow	-
Clarity	clear	

Parker,Donna , RT 11/14/2012 09:39:07 AM EST > Performed by DP / RP

3. **Impaired fasting glucose**
LAB: Comprehensive Metabolic Panel (CMP, CMET)

4. **THERAPEUTIC DRUG MONITOR**
LAB: Comprehensive Metabolic Panel (CMP, CMET)

Procedure Codes
81001 Urinalysis
80053 COMPREHEN METABOLIC PANEL
80061 LIPID PANEL

Electronically signed by Hunter Leigh on 11/19/2012 at 08:09 PM EST

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066
Fax: 864-241-9224

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

47 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131

Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPC/PPO PREFERRED BLUE
PCP: J. HUNTER LEIGH(UMG) External Visit ID: 126632298
Appointment Facility: Mountain View Family Practice

05/14/2012

PROGRESS NOTE: Hunter Leigh

Current Medications

omeprazole delayed release capsule 40 mg 1 cap(s) once a day
Simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
tramadol tablet 50 mg 1 tab(s) every 4 hours
Flonase nasal spray 50mcg per spray 2 spray each nostril daily.
Poly Hist Forte tablet, extended release 4 mg-10 mg-25 mg 1 tab(s) 2 times a day
Medication List reviewed and reconciled with the patient

Past Medical History

dsylipidemia, GERD, SAR

Surgical History

Tonsillectomy 1980
Appendectomy 1992
Left wrist open ORIF distal radius fracture/scaphoid fracture /Dr. K. Lonergan 3-12-2009

Family History

Family: heart disease, diabetes, kidney disease, rheumatoid arthritis
Mother- diabetes
grandmother- diabetes.

Social History

Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
Smoking Status > 13 years old Are you a: Never smoker.
Occupation: bmw.
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies

Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Hospitalization/Major

Reason for Appointment

1. allergic rhinitis, GERD, dyslipidemia mgt

History of Present Illness

General:

No cp,sob, doe or claudication. No lightheadness, dizziness or fatigue.

No myalgia, skin itching. He is taking meds as prescribed.

Vital Signs

Ht 68, Ht Cm 172.72, Wt lbs 176, Wt kg 79.83, BMI 26.76, BP 125/77, Pain score 3, HR 96, Temp (F) 98.2, Tech Initial ljc.

Examination

General Examination:

General: in no acute distress, pleasant and cooperative, well nourished and well developed. Eyes: PERRLA, extraocular movements intact. Neck: no lymphadenopathy, thyroid normal, no carotid bruit. Heart: regular rate and rhythm without murmur. Lungs: clear to auscultation. Chest/Breasts: normal chest wall. Abdomen: soft, positive BS, nontender, no masses, no hepatosplenomegaly. Peripheral pulses: normal. Musculoskeletal: full ROM of all joints, no swelling or deformity, no evidence of scoliosis.

Assessments

1. ALLERGIC RHINITIS - 477.9 (Primary)
2. HYPERLIPIDEMIA - 272.4
3. GERD - 530.81

Treatment

1. ALLERGIC RHINITIS
Refill Poly Hist Forte tablet, extended release, 4 mg-10 mg-25 mg, 1 tab (s), orally, 2 times a day, 90, 180, Refills 2
Refill Flonase nasal spray, 50mcg per spray, 2 spray each nostril, daily, 90 days, 3, Refills 2

2. HYPERLIPIDEMIA
Refill Simvastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime), 90 days, 90, Refills 2

3. GERD

Diagnostic Procedure
see surgery

Review of Systems
Review of Systems:
~~General: denies fever, chills.~~
Eyes: Denies, Double vision, Blurred vision. Cardiovascular: Denies, Chest pain or discomfort, Shortness of breath with exertion, Difficulty Breathing at night. Respiratory: Denies Cough, Shortness of breath.. Gastrointestinal: Denies Nausea, Vomiting, Diarrhea. Musculoskeletal: Denies Muscle aches, Muscle weakness.

Refill omeprazole delayed release capsule, 40 mg, 1 cap(s), orally, once a day, 90 days, 90, Refills 2

4. Others
Continue tramadol tablet, 50 mg, 1 tab(s), orally, every 4 hours

Follow Up
6 Months (Reason: reck)

Electronically signed by Hunter Leigh on 05/14/2012 at 10:00 AM EDT

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066
Fax: 864-241-9224

GREENVILLE HEALTH SYSTEM

LOWE, DONNIE KENNETH

47 Y old Male, DOB: 09/19/1964
106 PINE ST, GREER, SC-29650
Home: 864-848-2131
Guarantor: LOWE, DONNIE KENNETH Insurance: BCBS PPC/PPO PREFERRED BLUE
PCP: Mountain View Family Practice External Visit ID: 126632116
Appointment Facility: Mountain View Family Practice

05/07/2012

Progress Note: Hunter Leigh

Current Medications

omeprazole delayed release capsule 40 mg 1 cap(s) once a day
Simvastatin tablet 40 mg 1 tab(s) once a day (at bedtime)
tramadol tablet 50 mg 1 tab(s) every 4 hours
Flonase nasal spray 50mcg per spray 2 spray each nostril daily
Poly Hist Forte tablet, extended release 4 mg-10 mg-25 mg 1 tab(s) 2 times a day

Past Medical History

dsylipidemia, GERD, SAR

Allergies

Lorcet Plus
penicillin
fentanyl: bottoms out bp
diclofenac: stomach upset

Reason for Appointment

1. LAB

Assessments

1. HYPERLIPIDEMIA - 272.4
2. Encounter Long Term Use Other Drugs - V58.69
3. THERAPEUTIC DRUG MONITOR - V58.83
4. Hyperlipidemia - 272.4

Treatment

1. HYPERLIPIDEMIA

LAB: Comprehensive Metabolic Panel (CMP, CMET)

2. Encounter Long Term Use Other Drugs

LAB: CBC with Auto Diff (veni) (85025,36415)

WBC	6.1	4.0 - 11.5 1000/uL
Lymph %	30.0	15 - 45 %
Mono %	1.8	2 - 11 %
Gran %	68.2	45 - 75 %
RBC	4.68	4.5 - 5.9 1000000/uL
Hgb	14.7	13.5 - 17.5 g/dL
Hct	43.1	41 - 53 %
MCV	92.2	80 - 100 fL
MCH	31.5	26 - 34 pG
MCHC	34.2	31 - 37 g/dL
Platelet Count	240.	140 - 440 1000./uL

Parker,Donna , RT 05/07/2012 09:17:08 AM EDT > Performed by dp

LAB: Comprehensive Metabolic Panel (CMP, CMET)

3. THERAPEUTIC DRUG MONITOR

LAB: CBC with Auto Diff (veni) (85025,36415)

WBC	6.1	4.0 - 11.5 1000/uL
Lymph %	30.0	15 - 45 %
Mono %	1.8	2 - 11 %
Gran %	68.2	45 - 75 %
RBC	4.68	4.5 - 5.9

			1000000/uL
	Hgb	14.7	13.5 - 17.5 g/dL
	Hct	43.1	41 - 53 %
	MCV	92.2	80 - 100 fL
	MCH	31.5	26 - 34 pG
	MCHC	34.2	31 - 37 g/dL
	Platelet Count	240.	140 - 440 1000 /uL

Parker,Donna , RT 05/07/2012 09:17:08 AM EDT > Performed by dp

LAB: Comprehensive Metabolic Panel (CMP, CMET)

4. **Hyperlipidemia**
LAB: Lipid Profile (incl. calc. LDL, HDL/LDL ratio)

Procedure Codes
85025 COMPLETE CBC W/AUTO DIFF WBC
36415 VENIPUNCTURE
80061 LIPID PANEL
80053 COMPREHEN METABOLIC PANEL

Electronically signed by Hunter Leigh on 05/07/2012 at 02:13 PM EDT

Sign off status: Completed

Mountain View Family Practice
406 Memorial Drive Ext.
Greer, SC 29650
Tel: 864-877-9066
Fax: 864-241-9224

The Directions Group

APA 9

The Directions Group, Inc.
Medical & Vocational Case Management

EMPLOYABILITY ANALYSIS
AND
LABOR MARKET SURVEY

2920.871
MAR 0 1 2012

DATE: February 28, 2012

RE:	**DONNIE K. LOWE**	**DOB:**	9/19/1964
ADDRESS:	106 Pine Street	**DOI:**	10/02/2007
	Greer SC 29650	**DOR:**	1/24/2012
REC REC:	1/30/2012	**DOE:**	2/16/2012

REFERRAL INFORMATION: This file was referred to complete an employability analysis to determine Mr. Lowe's current access to employment and anticipated earnings with respect to his physical capabilities, education, geographic location and age.

INJURY: The following information was obtained from a meeting with Mr. Lowe at his attorney's office in Greenville SC. I entered the office at 9:45 a.m. I spoke with his attorney from 10:00 a.m. to 10:15 a.m. Mr. Lowe was shown to the conference room at this time. The purpose of the evaluation was explained and Mr. Lowe was advised that I was not his vocational counselor or providing vocational case management but was requested to complete a vocational evaluation and labor marker survey.

Mr. Lowe is a 47-year-old male who was employed as a production worker with BMW. His job entailed going to the front of the X5 and removing a bolt and attaching ground wires and putting another bolt on. He then went to the back of the car to the hatch. He had to install the tail lights and wire them. At this point, he felt a "pop" and his back started hurting. He was able to move around but the longer he worked the more he hurt. He informed the team leader and she reported the incident to the supervisor. He was told to report to IHS. Security drove him to his vehicle as he could barely move. He had to drive himself home. He was given a prescription for Lortab and Flexeril. Flexeril was changed to Tramadol a few days later.

He was sent for an x-ray but it did not show anything. He was placed out of work. He had a MRI done which showed bulging discs. He was placed on light duty (2 hours on line and 2 hours off line sweeping). He went back and forth for appointments with Dr. Katemba. He was referred to Dr. Schwartz for Pain Management. He had an injection which helped with the pain for approximately one week. He was prescribed a TENS unit to help with the residual pain. He was returned to light duty which was standing and installing radios into boxes (pre-assembly). He was on light duty for 90 days then was out for 13 months.

A job was located on the engine line. This would require standing for the entire time. He was able to work the job up until the Christmas shut-down. At this time, the jobs were re-arranged on the engine line. One of the positions was standing and the other 3 jobs consisted of working the hoist. He worked this schedule for a while but reported leaving work each day "with tears in my eyes". He attributed this to the pain. He told his supervisor that this job was causing him pain and he indicated the supervisor told him that IHS said he could do the job. He reported to IHS and told Dr. Katemba about the jobs. He reported she was unaware that he was working the hoist. He was taken out of work again.

He was referred to Dr. Glenn Scott. Dr. Scott prescribed a brace. He tried Lyrica and returned to work. A co-worker, according to Mr. Lowe, informed the supervisor that Mr. Lowe was going to hurt himself or someone else. Mr. Lowe was sent to IHS. He was taken off the Lyrica. Dr. Scott referred him to Dr. Mitchell. He was referred to Dr. Rollins. A discogram was performed by Dr. Mayer. A CT showed a disc was pressing on the sciatic nerve. He was referred to Dr. Behr for pain management. Epidurals were done and provided some relief. The last injection was on 1/27. He usually receives the injections every 3 months.

RECORDS REVIEWED:

- BMW Manufacturing Corp., LLC
- Diagnostic Health
- Piedmont Physical Medicine & Rehabilitation, PA-Robert G. Schwartz, MD
- Regional Rehabilitation Services
- Glenn L. Scott, MD
- Orthopaedic Associates, PA-Mary Jo McMeans; David Mitchell, MD, Gerald Rollins, MD
- Orthopaedic Associates, PA-James Paul Behr, MD
- Oaktree Orthopaedics-Daniel Cordas, MD
- Serenity Rehab and Wellness Center
- Weldon & Associates- Rock Weldon, MA, CVE
- Deposition of Donnie Kenneth Lowe, January 9, 2012

MEDICAL SUMMARY:

- **BMW Manufacturing Corp., LLC:** 9/01/85-11/17/11-IHS Documentation.
- **Diagnostic Health:** 11/08/07-MRI lumbar spine. Conclusion: Central disc protrusion T11-12 produces mild central canal stenosis and subtly effaces distal thoracic cord. No evidence of cord compression or intrinsic abnormality of distal cord/conus identified. Central disc protrusion L5-S1. This does not produce significant neural impingement. Posterolateral disc bulging is present at several levels within the lower lumbar spine. However, no evidence of significant foraminal stenosis is visualized. 7/07/10-CT lumbar spine. Impression: Two level discogram at L3-L4, L4-L5. Both of these levels appear normal. There is a posterior disc protrusion centrally and to the left at L5-S1 impressing on the left S1 nerve root. There is a defect in the lamina on the left at this level that appears more likely to be congenital than postsurgical, but this should be correlated with clinical history. No significant abnormality noted otherwise.
- **Piedmont Physical Medicine & Rehabilitation, PA-Robert G. Schwartz, MD:** 11/19/07-Impression: Probable right L5/s1 nerve root irritation with HNP. Requested ESI. Limited below knee activity and no lifting greater than twenty pounds above knee as RTW restrictions. 11/21/07-ESI. 12/06/07-Instructed in paraspinal isometrics and crook lying sit-ups. No lifting greater than 25 pounds as current restriction. 1/03/08-Repeat ESI. Restrictions remain. Is doing regular job without restrictions. 1/22/08-ESI. 2/12/08-Dramatic additional improvement and is quite pleased. Can be released without impairment or restrictions. Has a 0% loss. Is able to return to work without restrictions. Will not need future medical care. 5/21/08-Think this is primarily mechanical in nature at this juncture. Diagnostic ultrasound study of the lumbar spine. 6/09/08-Diagnostic Musculoskeletal Ultrasonography. Evidence of hypoechogenicity at L12, L5 S1 and across the mid sacral ligaments. The rest of the area studied showed normal echogenic pattern.

Clinical Impression: Requested for L5 facet region and sacral ligament injection. 6/13/08-Lumbar facet region block. Sacral ligament injection. 7/11/08-Lumbar facet region block. Sacral ligament injection. 8/01/08-Now reporting 75% relief. Lumbar facet region block. Sacral ligament injection. 9/02/08-Now reporting 90% improvement. Lumbar facet region block. Sacral ligament injection. 9/23/08-Has breakthrough pain. TENS trial was attempted. Prescription for TENS. 10/21/08-TENS unit helps quite a bit. There is a 3% impairment to the spine. Is at MMI. Do not think we need to schedule for further recheck at this time. Is able to return to work without restrictions. Will not need future medical care.

- **Regional Rehabilitation Services:** 7/28/09-FCE. US Department of Labor Physical Demand level: Medium working into heavy with floor to waist and with front carry. Projections are for 8 hours a day 8 days a week at the levels indicated on the FCE grid. Does display consistencies with a lower lumbar dysfunction as ID'd in PE. However, these findings did not interfere with functional abilities other than pain reported.
- **Glenn L. Scott, MD:** 5/26/10-Maintains improvement on the Lyrica. Has job description available for permanent work which feel is acceptable for his back condition and he should be able to work on a regular basis at that job. Will continue to sue brace and continue on the Lyrica and Ultracet. Has a 6% permanent partial impairment to the whole person. 6/22/10-Has mechanical back pain is sufficiently limiting his industrial capabilities and showing very little tendency for improvement. Suggest opinion regarding surgical intervention and an appointment has been made for him to see Dr. Mitchell. His work prescriptions were further tightened to indicate no squatting as well as bending. Discontinue one of the Lyrica tablets.
- **Orthopaedic Associates, PA-Mary Jo McMeans; David Mitchell, MD, Gerald Rollins, MD:** 6/23/10-X-rays indicate some central disc protrusion L5 S1 with no significant neural impairment. X-rays are without acute abnormality. Assessment: Back pain, lumbar. Will obtain lumbar CT discogram at L3-4 and L4-5 and L5 S1 to see if this helps to identify any concordant pain. 7/21/10-Would recommend an anterior approach L5 S1 for surgical solution to his spinal instability secondary to degenerative disc disease. 8/18/10-Assessment: Degenerative disc disease L5 S1 with markedly positive discogram. Could be treated conservatively. Another approach would be to do an A-LIF at L5 S1. 9/15/10-Assessment: Degenerative lumbar/lumbosacral intervertebral disc. Is to return to work with no lifting more than 20 pounds and no repetitive bending or climbing. Hopefully will be able to treat nonsurgically. 10/27/10-Assessment: DDD at L5 S1. Plan: Patient does not feel good enough to be able to do his normal job with a lot of bending and lifting. Is having enough pain that he cannot do a lot of bending or lifting. Will refer to pain management, back to Dr. Behr who did the discogram. Is significantly compromised due to pain, surgery may be indicated.
- **Orthopaedic Associates, PA-James Paul Behr, MD:** 7/07/10-Operative Note. Procedure: L3-4, L4-5, L5-S1 discogram. L3-4, L4-5, L5-S1 Discography. Impression: Both the L3-4 and L4-5 disc are architecturally normal and demonstrated no concordance of the patient's usual pain with the intensity of the pain during the discogram ranging around 1/10. At L5-S1, this was technically challenging discogram due to the patient's anatomy as well as a vasovagal response while performing the discogram at this level. However, the patient did report a very high concordance with his usual pain as well as a 10/10 pain and there appears to be a fissured morphology of the L5 S1 disc, although the analysis of the architecture of the disc is somewhat limited as again due to patient anatomy. The needle was only able to be placed in the lateral aspect of the disc. These findings strongly indicate that Mr. Lowe has a very high probability of having discogenic pain at the L5 S1 level. 9/15/10-Assessment: Degenerative lumbar/lumbosacral intervertebral disc. No lifting more than 20 pounds and no repetitive bending or climbing. Will be able to continue treating nonsurgically.

12/02/10-Has had trigger point injections, PT, TENS unit, seen by chiropractor, tried a brace. Had positive discogram at L5-S1 but was needed not a surgical candidate by Dr. Rollins due to the level of pain. Complaints are likely related to L5-S1 discogenic pain with a positive discogram although Dr. Rollins did not want to do surgery at this time although he was sent for the discogram by Dr. Mitchell. Refilled Tramadol. Start Diclofenac. Recommend bilateral L5-S1 transforaminal epidural steroid injection. May provide some relief. Could consider gray ramus communicans block. May be at MMI next appointment after results of epidural. 12/15/10-Operative note. Procedures: Left L5-S1 transforaminal epidural steroid injection. Right L5-S1 transforaminal epidural steroid injection. 1/06/11-Continue Diclofenac and Tramadol. Did quite well with bilateral L5-S1 transforaminal epidural steroid injection. Would not recommend any further interventions at this time except medications and injections. Am not considering surgery at this moment and this case has been opened for 4 years. Has reached MMI. Has a 9% impairment rating. Restrictions: no lifting over 20 pounds on a frequent basis nor would I recommend any excessive lifting, bending or twisting. Will likely need future medical care including medications, epidurals up to every 3 months as well as possible surgical referral in the future if his pain should worsen. 1/17/11-Has a 9% impairment rating. Restrictions: no lifting over 20 pounds on a frequent basis nor would I recommend any excessive lifting, bending or twisting. Will likely need future medical care including medications, epidurals up to every 3 months as well as possible surgical referral in the future if his pain should worsen. 3/31/11-Pain has been fairly well controlled with conservative measures including epidural steroid injection, medications and PT. Is scheduled for FCE on 4/11 or 4/12. 4/15/11-Operative note. Procedures: Left L5-S1 transforaminal epidural steroid injection. Right L5-S1 transforaminal epidural steroid injection. 7/19/11-Has had excellent pain relief as well as functional improvement with injections. Will recommend repeat bilateral L5-S1 transforaminal epidural steroid injection. Continue Celebrex and Tramadol. 1/24/12-Questionnaire: Condition from his 12/22/08 work injury will deteriorate as time goes on-Yes. Is likely that the DDD will progress with time. Will ultimately require surgery-yes. Was previously offered surgery. If his pain increases surgery may be reasonable. Work Well FCE-restrictions outlined by Dr. Katemba-Yes.

- **Oaktree Orthopaedics-Daniel Cordas, MD:** 1/11/12-Independent Medical Evaluation. Impression: Chronic low back pain with right lower extremity sciatica symptoms but no findings of radiculopathy on nerve conduction EMG studies. Has a 9% whole person impairment. This is due to the lumbar spine condition with the associated right lower extremity sciatica. With regard to work capacity, does have fairly severe limitation based on his functional capacity evaluation. Cannot do any crouching, kneeling, squatting, lifting from floor to waist or forward bending of more than 30 degrees. Needs to be allowed to work at a self-selected pace with changes in position as needed. Maximum occasional lift from his waist to head level is 25 pounds occasionally and 10 pounds frequently. Can walk only on an occasional basis which means less than one-third of an eight-hour day. Appears that he would be limited to a sedentary type of position which would allow for frequent changes in position. Will likely continue Tramadol on an indefinite basis. Is receiving LESI every few months and this will need to continue. May need to opt for either a stronger pain medications such as opiates or potentially lumbar spine surgery. Has a 9% whole person impairment which equates to a 12% impairment of the spine. Addendum: Has persistent complaints of sciatica-type pain affecting his right lower extremity. Had non-verifiable radicular complaints. Feel this increased his impairment rating from 7% to 9%. This increase of 2% in his whole person impairment due to the right lower extremity signs and symptoms present. Has a permanent impairment, a 2% impairment of the whole person is equivalent of a 5% impairment of the lower extremity.

It seems reasonable to state that 2% of the patient's 9% whole person impairment would be attributable to his right lower extremity. Would appear reasonable that he has a 5% impairment to the right lower extremity, which is included in the 9% whole person impairment.

- **Serenity Rehab and Wellness Center:** 1/10/12-Two-day FCE completed on 5/02/11-5/03/11. Is not able to perform any task constantly. Demonstrates overall Light strength. Overall, his performance for tasks is noted as occasional. Can only sit, stand and walk occasionally. Would be classified as Sedentary for his Physical Demand Level. Is at the same level of Light strength level with Sedentary PDL as assessed on 5/02/11 and 5/03/11. Would be unable to be involved in any gainful employment that involves constant sitting, standing, walking, crouching/squatting, bending, lifting, carrying, pushing, pulling or reaching.

OTHER RECORDS:

- **Weldon & Associates- Rock Weldon, MA, CVE:** Is unable to return to any of the work he has performed in the past. Is a poor candidate for vocational rehabilitation to other sedentary work. With his continued need for medical treatment, physical limitations, his ongoing pain, limited work history, lack of transferrable skills as well as work stamina and endurance limitations, should be considered permanently and totally vocationally disabled.

SECONDARY MEDICAL CONDITIONS: Mr. Lowe reported a history of reflux, high cholesterol, allergies and hiatal hernia. He fractured his collarbone 10 years ago on a mini bike. He broke his left wrist in 2009 and has a steel plate in it. He has had his appendix and tonsils removed. His family history is positive for high blood pressure in his mother. His mother and grandparents have diabetes. His grandmother has congestive heart problems. He has been in 2 MVA's but reported no injuries.

Previous Hospitalizations/Surgeries:

• 29 years ago	Appendectomy	Allen Bennett
• High School	Tonsillectomy	St. Francis
• 3/07/2009	Left wrist	Greer Memorial

Other Medical History: Mr. Lowe is 5' 8" tall and weighs 170 pounds. Prior to his injury, he weighed approximately 148 pounds. He is right handed but can be ambidextrous.

SUBJECTIVE PHYSICAL LIMITATIONS:

• Vision	Wears glasses
• Reading/Responding	No reported problems; no observed problems
• Hearing	No reported problems; no observed problems
• Writing	No reported problems; no observed problems
• Speaking	No reported problems; no observed problems
• Lifting/Carrying	Limited to below waist of 10 pounds; above waist 20 pounds
• Standing	Able to stand for 1 hour
• Walking	Able to walk for 30 minutes on the treadmill
• Sitting	Depends on the chair. In his recliner, 1 hour
• Climbing	Does not perform this activity

• Stooping/Squatting	Can do if have to but have to have something to hold on to in order to assist in rising
• Bending/Twisting	Can twist some but refrains from bending over
• Kneeling	Limited in performing this activity
• Arms/Hands (reaching)	No reported problems; no observed problems
• Comprehending	Have always had a problem even in high school
• Breathing	No reported problems; no observed problems
• Balancing	Sometimes has issues if right leg goes numb

CURRENT COMPLAINTS–SUBJECTIVE: On 2/16/2012, Mr. Lowe reported:

• Lower back	Approximately 3 inches below the beltline and it runs into his hips and into his right leg. Is a burning pain. At the onset of the assessment-3/10. At the conclusion of the assessment-6 or 7/10.
• Left leg	At the conclusion of the assessment, he indicated the pain was starting to run down his left leg. At this time, the burning pain at the conclusion of the assessment-3/10.

MEDICATIONS: On 2/16/2012, Mr. Lowe reported taking Tramadol at night and 1 during the day for pain. He takes Simvastin for cholesterol; Prilosec-generic, OTC for reflux and Allegra, generic, for allergies. He took no medication prior to the appointment.

ORTHOTICS/SELF-HELP DEVICES/EQUIPMENT: Mr. Lowe wears a back brace "all the time". He uses his TENS unit in the evenings. He alternates between using a heating pad and an ice pack at times. He takes a hot shower or a hot bath during the day. He sees the chiropractor for regular adjustments.

EDUCATIONAL BACKGROUND: Mr. Lowe completed the high school at Greer High School in Greer SC in 1982 with a diploma. He was an "A/B" student and was in a regular classroom setting.

EMPLOYMENT HISTORY:

Employer:	BMW
Location:	Spartanburg SC
Length:	12 years
Job Title:	Production Associate
Duties:	Worked on the line in a vehicle manufacturing plant
Reason for leaving:	Injured
Wages:	$25.92/hour

Employer:	Digital Equipment Corporation/Carolina Circuits
Location:	Greenville SC
Length:	14 years
Job Title:	Machine Operator
Duties:	Inspected circuit boards, ran a machine that put ultra violet image on film over copper panel. Ran a developer.
Reason for leaving:	Position at BMW
Wages:	$12.00/hour

Employer:	Capri's Italian of Greer
Location:	Greer SC
Length:	11 years
Job Title:	Waiter, bus person
Duties:	Waited on customers, taking orders and delivering food. May clean tables
Reason for leaving:	Business burned
Wages:	$2.00/hour + tips

Worked this position while he was working Digital Equipment Corporation

Employer:	Dan River (Wunda Weave)
Location:	Greer SC
Length:	2 years
Job Title:	Machine Operator
Duties:	Ran machine that put paper wrap around carpet before being shipped out
Reason for leaving:	Position at Digital Equipment Corporation
Wages:	$6.00/hour

Employer:	Fleet Oil
Location:	Greer SC
Length:	1 year
Job Title:	Cashier
Duties:	Accepted payment for purchase
Reason for leaving:	Position at Dan River
Wages:	Minimum wage

Employer:	Hardees
Location:	Greer SC
Length:	2 years
Job Title:	Cook/stocker
Duties:	Prepared food in a fast food restaurant, if slow business then would stock
Reason for leaving:	Position at Dan River
Wages:	$3.00/hour

Worked at Hardees and Fleet Oil at the same time.

MILITARY HISTORY: None reported

ARREST HISTORY: None reported

MEANS OF TRANSPORTATION: Mr. Lowe has a SC driver's license. He has access to a 2004 Toyota Tundra with automatic transmission, power steering and power brakes in excellent condition. His driving record is in good condition.

SOCIO-ENVIRONMENTAL: Mr. Lowe has been legally separated for 14 years. He lives alone. He has good family support. He receives $2,583.76 monthly from Worker's Compensation. He receives $100 monthly form his LTD. He has not applied for Social Security Disability. His expenses include insurances, utilities, telephone, house payment, transportation and an installment payment. This accident has resulted in financial difficulty for him.

ACTIVITIES OF DAILY LIVING: Mr. Lowe wakes up based on his pain level. He retires for the evening at 11:00 p.m. He reported his quality of sleep as "not very good". He is able to attain approximately 4 hours of continuous sleep and any given time and then on occasion may be able to sleep all night with medications. He denied any prior sleeping difficulties.

Mr. Lowe can bathe, dress and attend to his personal sanitary needs. He is able to do minimal sweeping and dusting. He seldom vacuums. He throws the covers up on his bed. He is able to load the dishwasher. He is able to steam mop. His mother cooks for him or he is able to use the microwave for dinners. His nephew performs his yard work. He has placed potted plants in his flower beds. He is able to drive for 45 minutes. He is able to ride as a passenger for 45 minutes to 1 hour. He reported stopping 3 times on his way for this appointment.

Mr. Lowe watches some television during the day. He will read some. He attends church 3 times per week. He may visit his mother during the day. He is able to perform light repairs around his home. He sings in the church choir and helps to run the sound system. He may visit the elderly. He will babysit his granddaughter as his daughter works and is in school. He use to do some wood working projects and reported being able to do small things. He does enjoy drawing and showed a picture of his daughter and granddaughter. This picture was good.

He may nap 1 time per day for approximately 30 minutes. He denied smoking, using any other tobacco products or consuming alcohol. He drinks 2 Pepsi's during the day. He drinks 1 cup of coffee in the mornings. The rest of the time he will drink water.

BEHAVIORAL OBSERVATIONS: On 2/16/12, I met Mr. Lowe at his attorney's office in Greenville SC. He drove to the appointment independently. I was shown to the conference room. His attorney entered and spoke with me for 15 minutes prior to Mr. Lowe being escorted into the room.

I introduced myself and explained that I was asked to complete a vocational evaluation and labor market survey. He expressed understanding. He was encouraged to take breaks as needed, to stand, move about the area, visit the restroom and do whatever was necessary to be as comfortable as possible throughout the evaluation. He was encouraged to ask questions if he did not understand a question or was curious regarding the purpose of a question. He was encouraged not to answer any questions that made him uncomfortable.

He maintained eye contact during the evaluation. He recalled the date, time, address and place. He recalled his telephone number and social security number. He provided information about his work history which consisted of 6 jobs. He worked at 2 of these positions at the same time along with another position.

He sat in the chair across from me at the conference room table. He stood 7 times during the evaluation. He did not demonstrate any difficulty standing from his seated position or returning to his seat. The evaluation concluded at 1:20 p.m.

OTHER VOCATIONAL CONSIDERATIONS: Mr. Lowe's work history has been as a production associate for a car manufacturer, machine operator, waiter, cashier and cook. He has been able to maintain the physical ability to perform his job duties. He has not contacted the SC Department of Employment and Workforce for employment assistance. He has not contacted the SC Vocational Rehabilitation Department program. He has not sought the assistance of any private employment service.

VOCATIONAL GOALS: Mr. Lowe is unsure of his ability to return to any type of employment. He is computer literate and does have a computer in his home. He does operate the computer/video at his church for services.

RESULTS OF VOCATIONAL TESTING: The following tests were administered with results indicated.

Revised BETA Examination (BETA III): Mr. Lowe was administered the revised Beta Examination for the appreciation of his nonverbal intelligence. Results of this examination are as follows:

Sum of scale scores	69
BETA IQ	128
Percentile	97

**Norm used: Ages 45-54 years*

His test results indicate an IQ representing "superior" intelligence. When his scores were calculated to include the Standard Error of Measurement (SEM) at a 95% confidence, the following confidence span of IQ ranges emerged:

- 119 through 137 (high average to very superior)

Based upon the Beta, there is a 95% chance that Mr. Lowe's nonverbal intelligence fall between the 119 to 137 point range.

Slosson Intelligence Test, Revised (SIT-R-3)

Mr. Lowe was administered the Slosson Intelligence Test for appreciation of his verbal intelligence. Results for this instrument are as follows:

Total Standard Score (TSS)	103
Percentile rank	57

**Norm used: Ages 18+ years of age*

Interpretation of data gated via the Slosson Intelligence test indicates Mr. Lowe is functioning in the "average range" of verbal intelligence. When using a confidence interval of 95%, Mr. Lowe's Total Standard Score falls within the range of:

- 92 to 114 (average to above average)

There is a 95% chance that Mr. Lowe's verbal intelligence falls within the 92 to 114 point range. Mr. Lowe was able to recall sequences of numbers in order and reverse order based on the instructions.

Wide Range Achievement Test (WRAT-4, Green):

Subtest/Composite	Raw Score	Standard Score	%ile Rank	Grade Equivalent
Word Reading	60	96	39	12.5
Sentence Comprehension	45	91	27	11.8
Spelling	45	100	50	>12.9
Math Computation	42	100	50	12.9

**Norm used: Green age 45:0 through 54:11*

Mr. Lowe was able to read 2, 3, 4 and 5 syllable words. He completed some of the simple addition, subtraction and multiplication.

Self-Directed Search–Form R, 4th edition: Mr. Lowe completed the Self-Directed Search to discover his pattern of vocational interests and competencies. His highest-ranking category of interest was "Artistic". Individuals scoring highest in this area are usually described as imaginative, original, intuitive, independent, passionate, unconventional and idealistic. They enjoy imagination and expression to create vision and a creative product, and unsystematised, expressive or creative activities that involve emotionally expressive unconventional interactions with others. They value innovative and aesthetic qualities, unconventional ideas, originality and imagination. They are often successful in careers such as an actress, fashion designer, author, film and video graphics designer, dancer, photographer, musician, journalist, special effects person, graphics designer, interior architect/decorator, singer, artist and entertainer.

His 2nd highest-ranking category of interest was "Realistic". Individuals scoring high in this area are usually described as "doing" rather than "thinking". They enjoy working with things rather than people and explicit, practical or manual tasks, autonomous or solitary situations, and concrete and technical things such as use of machines, tools and materials. They may be described as persistent, precise and methodical. They are successful in careers such as gardener, aircraft pilot, baker, machinery operator, zookeeper, firefighter, mechanic, forestry worker, sportsperson and police officer.

His 3rd highest-ranking category of interest was "Social". Individuals scoring high in this area are usually described as convincing, cooperative, friendly, generous, helpful, idealistic, kind, patient, responsible, social, sympathetic, tactful, understanding and warm. These individuals generally like occupations that allow them to help, teach and counsel people more than engage in mechanical or technical activity. They enjoy careers working around other people and helping them with their problems. Matching careers include nurse, speech therapist, teacher, religious worker and counselor.

Individuals scoring highest with the ARS category combination tend to be successful in positions such as still photographer or stage technician.

Combinations of the ARS are ASR, RAS or SRA. Individuals in these categories tend to be successful in positions such as screen printing inspector, paintings restorer, pastry cook or frozen dessert cook.

PHYSICAL LIMITATIONS/RETURN TO WORK GUIDELINES:

- On 10/21/08, Dr. Schwartz indicated: TENS unit helps quite a bit. There is a 3% impairment to the spine. Is at MMI. Do not think we need to schedule for further recheck at this time. Is able to return to work without restrictions. Will not need future medical care.
- On 7/28/09, Regional Rehabilitation Services conducted a FCE. US Department of Labor Physical Demand level: Medium working into heavy with floor to waist and with front carry. Projections are for 8 hours a day 8 days a week at the levels indicated on the FCE grid. Does display consistencies with a lower lumbar dysfunction as ID'd in PE. However, these findings did not interfere with functional abilities other than pain reported.
- On 1/06/11, Dr. Behr indicated: Would not recommend any further interventions at this time except medications and injections. Am not considering surgery at this moment and this case has been opened for 4 years. Has reached MMI. Has a 9% impairment rating. Restrictions: no lifting over 20 pounds on a frequent basis nor would I recommend any excessive lifting, bending or twisting. Will likely need future medical care including medications, epidurals up to every 3 months as well as possible surgical referral in the future if his pain should worsen. 1/17/11-Has a 9% impairment rating. Restrictions: no lifting over 20 pounds on a frequent basis nor would I recommend any excessive lifting, bending or twisting. Will likely need future medical care including medications, epidurals up to every 3 months as well as possible surgical referral in the future if his pain should worsen.
- On 1/10/12-Serenity Rehab and Wellness Center performed a two-day FCE. Is not able to perform any task constantly. Demonstrates overall Light strength. Overall, his performance for tasks is noted as occasional. Can only sit, stand and walk occasionally. Would be classified as Sedentary for his Physical Demand Level. Is at the same level of Light strength level with Sedentary PDL as assessed on 5/02/11 and 5/03/11. Would be unable to be involved in any gainful employment that involves constant sitting, standing, walking, crouching/squatting, bending, lifting, carrying, pushing, pulling or reaching.

- On 1/11/12, Dr. Cordas indicated: With regard to work capacity, does have fairly severe limitation based on his functional capacity evaluation. Cannot do any crouching, kneeling, squatting, lifting from floor to waist or forward bending of more than 30 degrees. Needs to be allowed to work at a self-selected pace with changes in position as needed. Maximum occasional lift from his waist to head level is 25 pounds occasionally and 10 pounds frequently. Can walk only on an occasional basis which means less than one-third of an eight-hour day. Appears that he would be limited to a sedentary type of position which would allow for frequent changes in position.

After review of medical reports and my clinical interview, Mr. Lowe's physical capacity range appears to fall within the sedentary physical demand work capacity.

As a guideline, *The Dictionary of Occupational Titles, Volume 2, Fourth Edition, Revised 1991, US Department of Labor,* describes sedentary below as:

Sedentary Work–Exerting up to 10 pounds of force occasionally (1/3rd of time) and/or a negligible amount of force frequently (1/3rd to 2/3rd of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time but may involve walking or standing for brief periods.

TRANSFERABLE SKILLS ANALYSIS/EMPLOYABILITYANALYSIS: An OASYS Transferability Skills Analysis (TSA) was conducted to review Mr. Lowe's work history, aptitudes and worker traits. The resulting profile identified the following for his previous work history.

Mr. Lowe's specific vocational preparation profile is 5. This reflects 6 months and up to and including 1 year required time to learn the techniques, acquire the information and develop the facility needed for average job performance. General educational development levels reflect formal and informal education in his reasoning, language and mathematics skills.

His work history indicated the ability to apply commonsense understanding to carry out instructions furnished in written, oral or diagrammatic form. He has been able to deal with problems involving several concrete variables in or from standardized situations.

In his work, he has been able to compute discount, interest, profit, and loss; commission, markup, and selling price; ratio and proportion and percentage. He has been able to calculate surfaces, volume, weights and measures. He has been able to calculate plane and solid figures; circumference, area and volume. He has been able to understand kinds of angles and properties of pairs of angles.

His work history indicated a passive vocabulary of 5,000-6,000 words. He has been able to read 190-215 words per minute. He has been able to read instructions to assemble model cars and airplanes. He has been able to write compound and complex sentences, using proper end punctuation and employing adjectives and adverbs. He has been able to speak clearly and distinctly with appropriate pauses and emphasis, correct pronunciation, variation in word order, using present, perfect and future tenses.

Work history strengths required Mr. Lowe to exert physical demand levels of medium work on average. He has had to stoop, taste/smell, use far acuity and color vision occasionally. He has been able to finger, talk, hear, use depth perception and accommodation. He has been able to reach, handle and use far acuity constantly.

Specifically, work history reflected the ability to understand instructions and underlying principles, to reason, to understand meanings of words and use them effectively and to comprehend language.

His work history indicated average aptitude in general learning ability, verbal aptitude, numerical aptitude, spatial aptitude, form perception, clerical aptitude, motor coordination and manual dexterity.

Based on Mr. Lowe's work history, previous work situations included the following: performing repetitive work, performing a variety of duties, attaining precise limits/tolerances, following specific instructions, dealing with people and making judgments and decisions. Work functions dealing with data included the following: compiling, computing and comparing. Work functions dealing with people indicate: serving and taking instructions-helping. Work functions dealing with things indicates manipulating, tending and handling.

CONCLUSIONS: Mr. Lowe is a 47-year-old male who was employed as a production worker with BMW. Return to work guidelines were listed above. The appointment began at 10:15 a.m. and concluded at 1:20 p.m.

Upon review of available medical records, vocational interview, interest testing, education, it is my opinion that Mr. Lowe remains employable. This assumes he can work part-time (20 hours) or full-time (40 hours) employment. After review of medical reports, my clinical interview and testing, Mr. Lowe's physical capacity range appears to fall within the sedentary physical demand work capacity.

It is my vocational opinion that Mr. Lowe is competitive in the local labor market.

The above opinions are rendered with a reasonable degree of professional vocational certainty and are based upon my review of Mr. Lowe's records, education and experience. The above conclusions are based upon the information currently available to me. It is assumed that the information is factual and correct.

Should new information become available, I would be pleased to review and revise my findings and opinions, if indicated. The above-noted vocational information is provided as a general guide. If you have any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

Jan Westmoreland, MEd, CRC.
Vocational Rehabilitation Consultant
jwestmoreland@thedirectionsgroup.com

DEFENDANTS' EXHIBIT 1
Decision and Order of Commissioner Beck

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 0715651

Donnie Lowe,	Employee, Claimant,	
BMW Manufacturing Corp.,	Employer,	**DECISION AND ORDER**
AND		
Specialty Risk Services Inc.,	Carrier,	
	Defendants.	

HEARING: Held in Grenville, South Carolina on May 9, 2012.

APPEARANCES: Claimant represented by Monty Desai, Esq. of Greenville, South Carolina.

Defendants represented by Brad B. Easterling, Esq. of Turner, Padget, Graham and Laney, P.A.

PURPOSE OF HEARING: To determine the issues in Forms 50 and 51 and any other issues that may timely come before the Commission.

DECISION AND ORDER: Commissioner T. Scott Beck

FILED: August 28, 2012

STIPULATIONS

Counsel for the parties stipulated prior to the hearing to the following:

1. The purpose of the hearing is to determine issues as set forth in the Forms 50 and 51 which have been filed with this Commission and any other issues time and properly before the Commission;
2. Notice of hearing was timely and properly served upon all parties of interest;
3. Venue, set in Greenville County, is proper as agreed upon;
4. Claimant's average weekly wage is $1,133.12 with a corresponding compensation rate of $645.94, respectively.
5. The parties stipulate as to the date of maximum medical improvement, which is January 6, 2011.
6. Claimant suffered a compensable injury by accident to his spine on October 2, 2007 while employed with BMW Manufacturing Corporation. Therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.

APA SUBMISSIONS

The following documents were submitted without objection pursuant to the Administrative Procedures Act:

Claimant's APA Submissions:

APA#	NAME OF PROVIDER/OTHER	DATE(S) OF RECORD(S)	PAGE NUMBERS
1	BMW Industrial Health Services	10-03-07 – 07/20/11	1 – 80
2	Spartanburg Regional	10/08/07 & 07/07/10	81 - 86
3	Diagnostic Health	11/08/07	87 - 88

4	Piedmont Physical Medicine & Rehab	11/08/07 – 09/23/08	89 -103
5	Innervision MRI & Imaging	02/24/10	104
6	Glenn L. Scott, MD	04/08/10 – 06/22/10	105 - 109
7	Neurology Associates of Greenville – EMG/NCV	03/11/10	110 - 113
8	Orthopaedic Associates David Mitchell, MD Gerald Rollins, MD James P. Behr ,MD	06/23/10 – 08/01/11	114 - 160
9	Regional Rehabilitation Services – FCE	05/05/11 – 05/03/11	161 – 174
10	Permanent Restrictions Dr. Katemba	06/10/09 & 05/06/11	175 – 176
11	Serenity Rehab and Wellness Center – FCE	0//10/12 & 04/18/12	177 – 191
12	Oaktree Orthopedics IME – Dr. Cordas	01/11/12	192 – 198
13	Weldon & Associates Rock Weldon, MA, CVE Vocational Evaluation	01/16/12	199 – 202
14	Questionnaire Completed by Dr. Behr	01/24/12	203

Defendant's APA Submissions:

15	BMW IHS	10/17/07 – 11/17/11	204 - 251
16	Piedmont Physical Medicine & Rehab	11/19/07 – 10/21/08	252 - 265
17	Dr. Glenn L. Scott	5/26/10 – 6/22/10	266 – 267
18	Dr. David Mitchell	6/23/10 – 7/21/10	268 – 272
19	Dr. Gerald Rollins	8/18/10 – 10/27/10	273 – 281
20	Dr. James Behr	12/2/10 – 1/17/11	282 - 299
21	MRI/CT Scan	11/8/07 – 7/7/10	300 – 303
22	Operative Note – Dr. James Behr	7/7/10 – 8/1/11	304 – 312
23	FCE	7/28/09	313 – 321
24	The Directions Group	2/28/12	322 – 334

Exhibits:

Deposition of Dr. Behr taken March 6, 2012

STATEMENT OF THE CASE

This claim involves an admitted injury to the Claimant's spine, which occurred on October 2, 2007 as a result of Claimant's work at BMW Manufacturing Corporation. Both parties agree Claimant achieved maximum medical improvement for the admitted injury on January 6, 2011. Pursuant to his Form 50, Claimant contends he is permanently and totally disabled as a result of his admitted back injury with effect on his right lower extremity. In essence, Claimant contends that in addition to the admitted injury to his back, he also sustained injury to his right lower extremity in the form of radicular symptoms from his admitted back injury. Claimant is seeking future causally-related medical care per the recommendations of treating physician, Dr. James P. Behr. While the treating physician, Dr. Behr, assigned a 9% rating to the Claimant's spine only, Claimant contends the medical impairment rating of his independent medical evaluator, Dr. Daniel Cordas, is more accurate. Dr. Cordas assigned a 12% medical impairment to the whole person as well as a 5% rating to the right lower extremity. Claimant seeks payment of his award in lump sum with appropriate *Utica Mohawk / James* language.

The Defendants contend Claimant did, in fact, achieve maximum medical improvement on January 6, 2011, and believe that the Claimant has injury to his back only. Defendants deny Claimant is permanently and totally disabled and believe any permanent partial disability Claimant has is to his back only pursuant to South Carolina Code §42-9-30. Defendants believe this is a one-body part case only and deny any injury to the Claimant's right lower extremity. As Defendants are currently paying temporary total disability benefits, they seek an order allowing termination of same. In that regard, defendants request credit for overpayment of temporary disability benefits past the date of maximum medical improvement or, in the alternative, past the date of claimant's filing of his Form 50.

EVIDENCE OF THE CASE

Claimant, Donnie Lowe, appeared at the hearing and testified on his own behalf. Claimant was born September 19, 1964, and is currently 47 years old. Claimant was formerly a production associate with BMW and described that he was working in the wire harness area at the time of the subject injury. Claimant described his job entailed connecting wires in the X-5 vehicles. Claimant has one 23-year-old daughter, and also has a seven month old grandchild. The Claimant testified that he has gained 25 pounds since the October 2, 2007 work injury. Claimant does continue to maintain a valid driver's license and drives approximately ten miles around town on a daily basis. Claimant holds a high school diploma, but has no education beyond high school. Claimant uses a computer on a regular basis to check his email and to surf the internet. Claimant described that he uses a wireless keyboard with his computer hooked to his flat screen television.

The Claimant described that prior to the October 2, 2007 injury, he was in good health, diagnosed with only borderline diabetes. The Claimant had no work restrictions prior to the October 2, 2007 injury. Claimant described that he did engage in physical activity prior to October 2, 2007, including cutting his grass and working in his yard. Claimant described that now his nephew cuts his grass, and that he only sets flowers in pots rather than getting on the ground and planting them himself. Claimant testified that he had no prior injuries or accidents before October 2, 2007.

At the hearing, Claimant also described his jobs prior to employment with BMW Manufacturing. Claimant testified that his first job of high school was a cook and stock boy for Hardee's. Shortly after high school, Claimant also worked for Fleet Oil Company as a cashier / groundskeeper. In regards to the cashier job, Claimant testified that he did not believe he could return to that job due to the required prolonged sitting. After his cashier job at the gas station, the Claimant worked for Wonder Weave Carpet. Claimant described that he was required to wrap bolts of carpet in paper. In this job, Claimant described that he was required to pull rolls of carpet off a machine, which

required bending over. The job at Wonder Weave also required standing for 8 to 10 hours a day. Claimant testified that he does not believe that he could return to a job similar to his prior job at Wonder Weave Carpet. Claimant described that he then went to work for a company named Digital Equipment, requiring him to load copper panels into a machine and inspect the panels. Claimant testified that he performed that job from 1985 to 1999. In the job at Digital Equipment, Claimant testified that heavy lifting was involved as the copper panels came in lots of 48 panels. Claimant would have to lift the lots from a cart. Based on this lifting, the Claimant testified that he also does not believe he could return to a job similar to his prior job at Digital Equipment. Claimant described that he went to work for BMW Manufacturing in 1999 where he began working in the wire harness area. In the wire harness area, the Claimant described that he worked four different jobs requiring him to move from the front of the car all the way to the back. Claimant switched stations every 2 ½ hours. The Claimant described that all of his jobs at BMW involved prolonged standing. Claimant also described that in one of his jobs at BMW, he was required to lift a metal part from a bin that weighed between 15 and 20 pounds. In his job at BMW, the Claimant also described significant walking.

At the hearing, Claimant also described how he injured his back on October 2, 2007. Claimant described he was bending down in front of an X-5 into the floor pan tightening bolts on the side of the firewall. As he was bending in, tightening bolts, he testified he felt immediate pain in his back. At that point, the Claimant went to BMW Industrial Health Services where he initially saw Dr. Elisa Katemba. Claimant described that after his initial injury he was out of work for a period of time and began seeing Dr. Robert Schwartz. After initially treating with Dr. Schwartz, Dr. Schwartz returned the Claimant back to work at which time the Claimant resumed his regular work duties. Claimant testified that he worked approximately 90 days before going back out of work again. Claimant testified that, per BMW policy, 90 days was the most an employee could work while on light duty.

Claimant went on to describe that during his period of light duty, BMW rearranged its production line during Christmas shutdown and Claimant was out of work for an additional two weeks. Upon returning after the two weeks after Christmas, Claimant testified he returned to work running a hoist requiring him to bend down to hook parts to the hoist and push the parts back to the line. At the end of February 2010, Claimant ultimately returned to see Dr. Katemba and did not return to work at BMW after that time period. Subsequent to Claimant going out of work, he began treating with Dr. Glenn Scott, Dr. Mitchell, Dr. Rollins, and Dr. Behr. At the hearing, the Claimant discussed his reasons for not pursuing surgery. Claimant described his understanding that nerve damage and possible impotency could result from a surgery. Further, Claimant described that a fusion surgery would prevent Claimant from bending over.

At the hearing, Claimant described his current physical limitations. Claimant testified he has a hard time bending down and a hard time holding his granddaughter for any length of time. Claimant testified he does clean his house but does not do a whole lot of housework. Claimant describes he installed a handle in his shower to prevent losing his balance while showering. Claimant testified he can sit between 15-30 minutes to an hour depending on the chair. Claimant testified he can stand for 45 minutes before having pain. Claimant did acknowledge he has a treadmill in his house that he tries to walk on for 30 minutes per day. Claimant acknowledged he does lift his 16 or 17 pound granddaughter but only while sitting down. Claimant acknowledged he does some housework but has assistance from his daughter who helps clean his bathroom. The Claimant described he gets approximately four hours of consistent sleep during the night. The Claimant testified that if his physical condition will allow, he would return to work. The Claimant testified he would rather be working than sitting around his house.

The Claimant does not believe he can return to work in his prior job at BMW nor any of his other jobs he has held prior to BMW. The Claimant testified he has pain in his right leg in addition to the pain in his low back.

On cross-examination, the claimant acknowledged he lives alone and care for his two dogs on a daily basis. The Claimant drives a 2004 Toyota truck to which he operates with no difficulty. The claimant drives himself to and from stores such as Big Lots and Wal-Mart to purchase household items. The Claimant is able to drive to a gas station and pump his own gas. The Claimant acknowledged that he did graduate from Greer High School where he was an A/B student. The Claimant also acknowledged participating in the vocational testing administered by Jan Westmoreland of The Directions Group. On cross-examination, it was pointed out that the Claimant has a Beta IQ ranking in the superior intelligence category. It was also pointed out that the Slosson Intelligent Test indicates the Claimant operates in the average to above-average intelligence range. In regards to Claimant's vocational expert, Defendants pointed out the Claimant's vocational expert did not administer any specific IQ or intelligence testing.

In regards to Claimant's prior jobs, Claimant acknowledged his job with Digital Equipment Corporation involved primarily inspecting circuit boards. In Claimant's prior job with Wonder Weave, Claimant again acknowledged his primary job was to run a machine. The Claimant admitted that if given a job allowing him to alternate between sitting and standing he could, in fact, return to work. While Claimant has been out of work since June 2010, the Claimant admitted he has not looked for any other jobs and has not called any employers and nor submitted any applications for potential other work. The Claimant candidly admitted that he is really unsure about what he could or could not do in a potential job as he has not tried to return to work.

On cross-examination, the Claimant's epidural steroid injections were discussed in detail. The Claimant acknowledged after receiving steroid injections from Dr. Behr, he receives excellent pain relief. The Claimant also acknowledged the steroid injections provide good functional improvement. The Claimant further admitted he informed Dr. Behr in January 2011 that based on the combination of steroid injections and pain medications he is able to handle his pain and function "pretty well." At the hearing, the Claimant verified his last steroid injection was in January 2012. The Claimant pointed out he was scheduled to undergo an additional steroid injection on May 25, 2012. The Claimant acknowledged that because the steroid injections and medications were helping significantly, he decided not to have surgery. While the Claimant discussed his reasons for not wanting surgery, he admitted Dr. Mitchell and Dr. Rollins, the two orthopaedic surgeons in this claim, never actually officially recommended the Claimant to undergo surgery. The Claimant described that after a steroid injection, his average pain level is between a two and three and when his epidural steroid injections begin to wear off, his pain level increases to about a six.

The Claimant confirmed he cares for his 11 month old granddaughter between two to three days per week while his daughter works. The Claimant provides this care on a regular basis and acknowledged the longest period of time he has been required to care for his 11 month granddaughter in any given day is between six to eight hours. While Claimant testified on direct examination is the only time he lifts his granddaughter is while he is sitting down, on cross-examination, he did ultimately admit that he will, from time to time, have to pick his granddaughter up to carry her to the bed to change her diaper.

The Claimant ultimately acknowledged that, while he had to sit and stand and grimace several times during the hearing, much of his pain is due to being on the "tail end" of his steroid injection.

The claimant acknowledged that shortly after his steroid injections, he was able to walk better and is in less pain.

MEDICAL EVIDENCE & CASE LAW

The medical evidence submitted in both parties' APAs were received and thoroughly reviewed. Of most importance are the medical records of the authorized treating physician, Dr. James Behr who, on January 6, 2011, assigned a nine (9%) percent medical impairment to claimant's spine. On January 11, 2012, Claimant's independent medical evaluator, Dr. Daniel Cordas, assigned a twelve (12%) percent medical impairment to claimant's spine and a five (5%) medical impairment to claimant's right lower extremity.

The case law cited and presented by the parties were also considered and reviewed. The undersigned also gave due consideration to both claimant's (Rock Weldon) and Defendants' (Jan Westmoreland) vocational experts' reports. Finally, and perhaps more importantly, the deposition of Dr. Behr was thoroughly reviewed.

FINDINGS OF FACT

Based upon the stipulation of the parties, testimony, and evidence received and produced at this hearing, the undersigned Commissioner makes the following findings of fact:

1. The parties to this proceeding are subject to, and bound by, the terms and provisions of the South Carolina Workers' Compensation Act.
2. I find as a fact claimant suffered a compensable injury to his back with effect to his right lower extremity on October 2, 2007 during his employment with BMW Manufacturing Corporation.
3. I find as a fact that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.
4. I find the testimony given by the claimant at the hearing to be credible.

5. I find as a fact that, during the hearing, claimant appeared very uncomfortable in his chair and was required to stand through a portion of his testimony.
6. I find a as a fact claimant wore a back brace and testified he wears the brace most of the time.
7. I find as a fact that claimant cannot sit or stand for prolonged periods, but believes if offered a job allowing him to alternate between sitting and standing he believes he could probably perform that job.
8. I find as a fact that claimant uses a TENS unit regularly.
9. I find as a fact that claimant testified his condition at the hearing, i.e. alternating between standing and sitting and grimacing, is consistent with the end of an epidural steroid injection cycle. In that regard, claimant acknowledged his pain level and functional ability is better shortly after receiving a steroid injection.
10. I find as a fact the medical records submitted, particularly the records of Dr. Behr, demonstrate that the epidural steroid injections provide claimant with significant relief.
11. I find as fact that the most recent Functional Capacity Exam places claimant in a light physical demand job category.
12. While I am not of the opinion claimant is permanently and totally disabled, I find as fact his disability significantly exceeds his medical impairment ratings.
13. I find as a fact, per agreement of the parties, claimant achieved maximum medical improvement as of January 6, 2011.
14. Based on the medical evidence submitted and the testimony of the claimant, pursuant to S.C. Code §42-9-30, claimant is awarded thirty-five (35%) percent disability to his spine, which takes into account any effect to his right lower extremity.

15. Pursuant to *Dodge v. Bruccoli*, I find claimant is entailed to future causally-related medical care consistent with the recommendations of Dr. Behr for the length of time necessary to lessen claimant's period of disability.

16. For the purposes of determining lifetime allocation, this award, which is compensation for permanent impairment that will affect claimant for life, is estimated and allocated into a theoretical stream of periodic payments as follows: $42,292.54 in compromise settlement of disputed future disability benefits at the rate of $25.51 per week commencing August 24, 2012, for a period of 1,657.24 weeks thereafter, based upon his life expectancy of 31.87 years as stated in *SC Code § 19-1-150*, pursuant to Section 42-9-10 of the *1976 Code of Laws of South Carolina*, as interpreted by the South Carolina Supreme Court decision of *Utica-Mohawk Mills v. Orr*, 277 SC 266, 87 SE2d 589, and Section 19-1-150 of the 1976 Code of Laws of South Carolina and POMS 11501.235(C), and ($25,531.16) as attorney's fees and costs in prosecuting this action.

CONCLUSIONS OF LAW

1. S.C. Code § 42-1-160 of the South Carolina Code of Laws (1976, as amended) is applicable in defining "injury and personal injury."
2. S.C. Code § 42-15-60 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the period of time in which medical treatment and supplies shall be furnished.
3. S.C. Code § 42-9-30 of the South Carolina Code of Laws (1976, as amended) is applicable in determining the amount of compensation and period of disability for certain injuries.
4. S.C. Code § 42-9-10 of the South Carolina Code of Laws (1976, as amended) governs general disability.

5. S.C. Code §42-9-20 of the South Carolina Code of Laws (1976, as amended) governs disability resulting from wage loss or a diminished capacity to earn wages.
6. S.C. Code § 42-9-210 is applicable in determining the extent to which a carrier is entitled to a credit for overpayment of temporary disability benefits.
7. S.C. Code § 42-17-40 of the South Carolina Code of Laws (1976, as amended) is applicable in governing the conduct of hearings and rendering of awards.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the undersigned Commissioner orders as follows:

IT IS, THEREBY, ORDERED that claimant sustained a compensable injury to his spine, with effect to his right leg, on October 2, 2007 during his employment with BMW Manufacturing Corporation.

IT IS, THERBY, ORDERED that claimant's injury is to his back only, the situs of the injury, with effect to his right lower extremity.

IT IS ORDERED that claimant has suffered thirty-five (35%) percent permanent partial disability to his spine.

IT IS SO ORDERED!

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

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

August 28, 2012

By: Amy Bracy, Administrative Assistant to Commissioner Beck

DEFENDANTS' EXHIBIT 2 Claimant's Form 50 filed 9/3/15

910 East Washington Street
Greenville, SC 29601
Phone: (864) 312-4444
Fax: (864) 312-4447

Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead
Mitchell K. Byrd, Jr.

CAROLINA LAW GROUP LLC

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Tax ID 27-4810173

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Greenville, SC 29611
Fax: (864) 520-1095
210 West Poinsett Street
Greer, SC 29650
Phone: (864) 757-5555
Fax: (864) 757-5556

BBOE

September 3, 2015

RECEIVED
SEP 18 2015
BY: 20194.1483

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

RE: Donnie Lowe v. BMW Manufacturing Corp.
WCC File No: 0715651

Dear Ms. Bracy:

Please let this letter serve as notice that I represent the above named individual in his Worker's Compensation claim against BMW Manufacturing, in connection with injuries he suffered on or about October 2, 2007.

Enclosed please find an original Form 50 Change of Condition claim and Request for Hearing regarding Mr. Lowe, along with medical reports that we believe constitute a change condition. In that regard, please direct all future correspondence concerning this matter to me at the address above.

I look forward to working with you. Please call if you have any questions or concerns.

Very truly yours,

THE CAROLINA LAW GROUP

Monty D. Desai
Attorney at Law

9.4.44

MDD/cwl
Enclosures

cc: Brad Easterling, Esquire

SCWCC
SEP 08 2015
JUDICIAL

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

WCC File #: 0715651
Carrier File #: YMGC72538
Carrier Code #: 428
Employer FEIN #: 38-1710758

Claimant's Name: Donnie Lowe SSN: 247-35-0152 Employer's Name: BMW Manufacturing CORP.

Address: 106 Pine St. Address: 1400 Hwy 101 South

City: Greer State: SC Zip: 29650 City: Greer State: SC Zip: 29651

Home Phone: (864) 848-2131 Work Phone: (864) 380-2984 Insurance Carrier: Hartford Insurance Company

Preparer's Name: Monty D. Desai Law Firm: The Carolina Law Group Preparer's Phone #: (864) 312 - 4444

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 10/02/07

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Back and Right Lower Extremity (Part(s) of Body Injured) on 10/02/07 (Month/Day/Year) in Spartanburg county, state of South Carolina.
2. Body part(s) affected are: Back and Right Lower Extremity
   Briefly describe how the accident occurred. Installing wiring harness in BMW X5.
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 10/02/2007 (Month/Day/Year) in the following manner:
   Verbal to Team Leader, Trinity

☒ 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: Back and Right Lower Extremity

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TBD

☒ 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: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $1133.12, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim:
Claimant has suffered a change of condition pursuant to the questionnaire completed by Dr. Behr and Dr. Kelly which is attached.

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:
Please see attached list.

11b. To the best of your knowledge, did you have any prior permanent disability? If yes, describe: Yes. Awarded 35% to the back by Commissioner Beck pursuant to Order Filed August 28, 2012.

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: 1 hour

☒ 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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Brad Easterling, Esquire address P.O. Box 1409, Greenville, SC 29602 on the 3rd day of September 2015, 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.

Preparer's Signature	Attorney Title	monty@thecarolinalawgroup.com Email	9-3-2015 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.

WCC Form # 50 — Employee's Notice of Claim and/or

Names and addresses of all physicians for Donnie Lowe

1. St. Francis Hospital
   1 Saint Francis Rd.
   Greenville, SC 29601

2. Innervision
   1 Cannon Drive.
   Greenville, SC 29605

3. Spartanburg Regional
   101 E. Wood Street
   Spartanburg, SC 29303

4. Dr. Glenn Scott, M.D.
   900 S Pine St Ste 2A
   Spartanburg, SC 29302

5. Regional Rehabilitation Services
   543 Floyd Road.
   Spartanburg, SC

6. Neurology Associates
   1130 Grove Road.
   Greenville, SC 29605

7. Dr. Gerald L. Rollins, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

8. Dr. M. Mitchell, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

9. Dr. James Behr, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

10. Serenity Rehab & Wellness
    3795 East North Street, Suite 14
    Greenville, SC 29615

11. Oaktree Medical Center
    115 Brushy Creek Road
    Easley, SC 29642

12. Rock Weldon, MA, CVE
    Weldon & Associates
    1225 S. Church Street
    Greenville, SC 29604

13. Dr. Jason Kelly
Upstate Carolina Radiology
P.O. Box 4026
Spartanburg, SC 29305

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

My name is Dr. Jason Kelly and I am a musculoskeletal radiologist at Upstate Carolina Radiology. I have had the opportunity to fully review Mr. Donnie Lowe's MRI scans of February 24, 2010 and August 8, 2013.

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☑ Yes (by MRI) ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☑ Yes ☐ No

Dr. Jason Kelly

3/7/14
Date

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

In reviewing Mr. Lowe's two MRI scans, the 2013 MRI scan reveals two worsened findings in comparison to the 2010 scan. The 2013 MRI scan demonstrates new annular fissuring at the L5-S1 disk that is not present on the 2010 MRI scan. Additionally, the 2013 MRI scan shows that the L5-S1 disk has worsened and shows interval progression in the degree of disk dessication.

1. In your medical opinion, more likely than not, has Mr. Lowe's condition as it relates to his October 2, 2007 work injury physically changed for the worse?

☒ Yes ☐ No

2. Do you hold your opinion(s) to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. James P. Behu

3/12/15
Date

BEFORE THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION
W.C.C. FILE NO. 0715651

Donnie Lowe, Employee / Claimant, Vs. BMW Manufacturing Corp, Employer, and Hartford Insurance Company, SRS Cedwick, Insurer, Defendants	CERTIFICATE OF SERVICE

I, Cynthia W. Lopata, the undersigned employee of The Carolina Law Group, attorney for the Claimant, do hereby certify that I have served the documents herein stated, upon the individual(s) named below, by way of postage prepaid, via First Class US Mail, to the following addresses:

Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Brad Easterling, Esquire
McAngus Goudelock & Courie, LLC
P.O. Box 2980
Greenville, SC 29602

Forms: Form 50 Change of Condition
Client: Donnie Lowe

Cynthia Lopata

Cynthia Lopata, Legal Assistant for
Monty D. Desai, Esq.
The Carolina Law Group
517 Laurens Road
Greenville, SC 29607
Ph: 864-312-4444
Fax: 864-312-4447

Dated: 9-14-15

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715

Tel: (803) 737-5700
Fax: (803) 737-1281
www.wcc.sc.gov

Workers' Compensation Commission

September 8, 2015

Monty Desai
The Carolina Law Group
PO Box 5192
Greenville, SC 29606

Re: WCC File No. 0715651
DONNIE LOWE v. BMW MANUFACTURING CORP
Date of Injury: 10/02/2007

The enclosed Form 50 is being returned for the following reason(s):

Form has not been properly served per R.67-210 and 211. Please serve the proper party below.

Please complete and resubmit the pleading/form with the necessary changes.

Sincerely,

Audra J. Higbe
Claims Analyst
803-737-5684

Enclosure

c:
Brad B. Easterling, Esquire
McAngus Goudelock & Courie, LLC
PO Box 2980
Greenville, SC 29602

DEFENDANTS' EXHIBIT 3 Claimant's Form 50 filed 3/18/10

THE CAROLINA LAW GROUP LLC

Monty D. Desai*
Nihar M. Patel
J. Matthew Whitehead

www.thecarolinalawgroup.com
Tax ID 27-4810173

910 East Washington Street
Greenville, SC 29601
Phone: (864) 312-4444
Fax: (864) 312-4447

Mailing Address:
P.O. Box 5192
Greenville, SC 29606

West Greenville Address:
6304 White Horse Road, Suite B
Greenville, SC 29611

March 18, 2010

Ms. Virginia L. Crocker, Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

RE: Donnie Lowe v. BMW Manufacturing Corp.
WCC File No: 0715651

Dear Ms. Crocker:

Please let this letter serve as notice that I represent the above named individual in his Worker's Compensation claim against BMW Manufacturing, in connection with injuries he suffered on or about October 2, 2007.

Enclosed please find an original Form 50 Change of Condition claim and Request for Hearing regarding Mr. Lowe, along with medical reports that we believe constitute a change condition. In that regard, please direct all future correspondence concerning this matter to me at the address above.

I look forward to working with you. Please call if you have any questions or concerns.

Very truly yours,

THE CAROLINA LAW GROUP

Monty D. Desai
Attorney at Law

MDD/tlm
Enclosures

cc: Brad Easterling, Esquire

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

WCC File #: 0715651
Carrier File #: YMGC72538
Carrier Code #: 428
Employer FEIN #: 38-1710758

Claimant's Name: Donnie Lowe SSN: 247-35-0152 Employer's Name: BMW Manufacturing CORP.

Address: 106 Pine St Address: 1400 Hwy 101 South

City: Greer State: SC Zip: 29650 City: Greer State: SC Zip: 29651

Home Phone: (864) 848-2131 Work Phone: (864) 380-2984 Insurance Carrier: Hartford Insurance Company

Preparer's Name: Monty D. Desai Law Firm: The Carolina Law Group Preparer's Phone #: (864) 312 - 4444

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: 10/02/07

☒Injury ☐ Illness ☐ Repetitive Trauma ☐Occupational Disease ☐Physical Brain Injury ☐Concurrent Jurisdiction

1. The claimant sustained an injury to Back and Right Lower Extremity (Part(s) of Body Injured) on 10/02/07 (Month/Day/Year) in Spartanburg county, state of South Carolina.
2. Body part(s) affected are: Back and Right Lower Extremity
   Briefly describe how the accident occurred. Installing wiring harness in BMW X5.
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 10/02/2007 (Month/Day/Year) in the following manner:
   Verbal to Team Leader, Trinity

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

☐(a) medical examination and treatment for: ____

☒(b) additional medical examination and treatment for: Back and Right Lower Extremity

☒8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
TBD

☒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: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $1133.12, and demands accounting of days worked and wages earned as provided by law.

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

11. Further grounds or unusual aspects of claim:
Claimant has suffered a change of condition pursuant to the questionnaire completed by Dr. Behr which is attached.

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:
Please see attached list.

11b. To the best of your knowledge, did you have any prior permanent disability? If yes, describe: Yes. Awarded 35% to the back by Commissioner Beck pursuant to Order Filed August 28, 2012.

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: 1 hour

☒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.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Brad Easterling, Esquire address P.O. Box 1309, Greenville, SC 29602 on the 3rd day of July 2013, 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.

Preparer's Signature	Attorney Title	monty@thecarolinalawgroup.com Email	7/3/2013 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.

WCC Form # 50 EA Employee's Notice of Claim and/or

Names and addresses of all physicians for Donnie Lowe

1. St. Francis Hospital
   1 Saint Francis Rd.
   Greenville, SC 29601

2. Innervision
   1 Cannon Drive.
   Greenville, SC 29605

3. Spartanburg Regional
   101 E. Wood Street
   Spartanburg, SC 29303

4. Dr. Glenn Scott, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

5. Regional Rehabilitation Services
   543 Floyd Road.
   Spartanburg, SC

6. Neurology Associates
   1130 Grove Road.
   Greenville, SC 29605

7. Dr. Gerald L. Rollins, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

8. Dr. M. Mitchell, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

9. Dr. James Behr, M.D.
   Orthopaedic Associates, P.A.
   1330 Boiling Springs Road Suite 1600
   Spartanburg, SC 29303

10. Serenity Rehab & Wellness
    3795 East North Street, Suite 14
    Greenville, SC 29615

11. Oaktree Medical Center
    115 Brushy Creek Road
    Easley, SC 29642

12. Rock Weldon, MA, CVE
    Weldon & Associates
    1225 S. Church Street
    Greenville, SC 29604

RE: Donnie Lowe
DOB: 09/19/64
DOA: 10/02/07

1. Has Mr. Lowe's condition, resulting from him work related injury December 22, 2008, changed for the worse since January 6, 2011?

☒ Yes ☐ No

Please explain the reason for your opinion:

Subjectively Mr Lowe is reporting increased pain requiring change in med

2. In your 05/13/13 medical note you indicated that Mr. Lowe's last epidural injection did not give him as much relief as the previous ones. Mr. Lowe also reports that the pain has been increasing across the low back down into his right greater than left buttock. In your medical opinion, do you believe Mr. Lowe will ultimately require surgery due to his December 22, 2008 work related injury?

☐ Yes ☐ No

If yes, please explain the reason for your opinion:

Can not answer at this time. We will change his treatment plan and reassess at that time

3. Have you been given the opportunity to add or redact anything you wish from this questionnaire

☐ Yes ☐ No

4. Do you hold all these opinions to a reasonable degree of medical certainty?

☒ Yes ☐ No

Dr. James P. Behr Date

BEFORE THE SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION
W.C.C. FILE NO. 0715651

Donnie Lowe, Employee / Claimant, Vs. BMW Manufacturing Corp, Employer, and Hartford Insurance Company, SRS Cedwick, Insurer, Defendants	CERTIFICATE OF SERVICE

I, Terra L. McKenzie, the undersigned employee of The Carolina Law Group, attorney for the Claimant, do hereby certify that I have served the documents herein stated, upon the individual(s) named below, by way of postage prepaid, via First Class US Mail, to the following addresses:

Ms. Virginia L. Crocker, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202-1715

Brad Easterling, Esquire
Turner Padget Graham & Laney, P.A.
P.O. Box 1509
Greenville, SC 29602

Forms: Form 50 Change of Condition
Client: Donnie Lowe

Terra L. McKenzie, Paralegal for
Monty D. Desai, Esq.
The Carolina Law Group
517 Laurens Road
Greenville, SC 29607
Ph: 864-312-4444
Fax: 864-312-4447

Dated: July 3, 2013

DEFENDANTS' EXHIBIT 4 Correspondence and check for payment of 8/28/12 Order

TURNER PADGET
TURNER PADGET GRAHAM & LANEY P.A.

CHARLESTON
COLUMBIA
FLORENCE
GREENVILLE
MYRTLE BEACH

MAILED
10/4/12

October 3, 2012.

Brad B. Easterling
Email: BEasterling@TurnerPadget.com
Writer's Direct Dial: (864) 552-4619

Monty D. Desai, Esquire
The Carolina Law Group
P.O. Box 5192
Greenville, SC 29606

RE:	Claimant:	Donnie K Lowe
	Employer:	BMW Manufacturing Corporation
	Carrier:	Specialty Risk Services Inc.
	Claim No.:	YMG72538C
	WCC File No.:	0715651
	Our File No.:	02920.00811
	D/A:	10/2/2007

Dear Monty:

Please find enclosed a check in the amount of $65,239.94 representing the 105 week award of permanent partial disability per the Order of Commissioner Beck dated 8/28/2012. Please note the check amount represents 101 weeks due the insurance carrier paying 4 weeks of temporary total disability from the date of the order through 9/25/12). I have also enclosed a Form 19 and would appreciate it if you would return the signed copies to my attention.

With best regards, I remain

Very truly yours,

TURNER PADGET GRAHAM & LANEY P.A.

Brad B. Easterling, Esq.

BBE/rhd
Enclosure
cc: Beth Padgett

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

WCC File # 0715651
Carrier File # YMG72538C
Carrier Code # 428
Employer FEIN 381710758

Donnie K. Lowe	247-35-0152			BMW Manufacturing Corp			
Claimant's Name	SSN			Employer's Name			
106 Pine Street	Greer, SC 29650			1400 Highway 101 South	Greer, SC 29651		
Address	City	State	Zip	Address	City	State	Zip
(864) 848-2131				Specialty Risk Services, LLC			
Home Phone #	Work Phone #			Insurance Carrier			

Beth H. Padgett — Preparer's Name
(800) 541-0139 — Phone #

Compensation Paid:	Number of Weeks	From	To	Amount
		10/3/07 1/9/08 8/15/08 6/23/10	12/6/07 1/17/08 3/22/09 9/25/12	
1. Number of weeks T.T.	160			$ 103,350.40
2. Number of weeks T.P.				$
3. Number of weeks P.P.		Per Order(105 wks -4 wks TT paid from date of Order)		$ 65,239.94
4. Disfigurement				$
5. Agreement and Final Release				$
Total Compensation Paid				$ 168,590.34
6. Total Medical Benefits* Paid				$ 13,712.32
7. Funeral Benefits				$

Case Denied:

Date of Injury: 10/2/2007 (month day year)

By signing this receipt, I acknowledge that I have received the compensation shown above.

By: _____ (Claimant) By: _____ (Employer's Representative) Date: 10/3/12

Print or type the name of the person, other than the claimant, receiving benefits and sign below.

By: _____

Report of additional Fees and Recoupment

A. Carrier Reimbursement by Third Party ..... $ _____

B. Attorney's Fee Paid by Employer ..... $ _____

C. Attorney's Fee Paid by Claimant ..... $ _____
(Non contingent fees, only)

File this form with the Claims Department according to R.67-414 and R.67-1204. A person, other than the claimant, receiving benefits should sign on the line provided. *Do not include as medical costs fees paid for expert testimony, fees for determining carrier's liability, costs of autopsy, birth and death certificates and impartial examination. Form 19 must be filed within sixteen days of final payment of compensation. Form 19 must be filed when a claim is denied.

WCC FORM # 19 REV. DATE 3/96

19

STATUS REPORT AND COMPENSATION RECEIPT

FC04159 (12/06) YMG72538C

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/541-0139

000194
Turner Padget Graham & Laney
P O Box 1509
200 E Broad Street, Ste 250 29601
Greenville, SC 29602

00195

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 2021151867

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
10-02-07	20WN D68700 YMGC 72538	BMW MANUFACTURING CORP DONNIE K. LOWE.	$65,239.94
Nature of Payment: Permanent Partial Disability Major Lump Sum		Service Dates 09-21-2012 09-21-2012	$65,239.94
Claim Handler: Beth H. Padgett 800/541-0139 Southern SRS Claim P.O. Box 305104 Nashville, TN 37230-5104		Additional Comments:	

Issue Date	09-21-2012	Check Number	2021151867	Total Amount of Check	$65,239.94

Please keep the above information for your records.

099824174

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

VOID VOID VOID VOID VOID VOID

SRS SPECIALTY RISK SERVICES

Specialty Risk Services, LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/541-0139

Check Number: 2021151867
Issue Date: 09-24-2012
Benefit Period: 09-21-2012 to 09-21-2012

Payable on behalf of HARTFORD INSURANCE COMPANY OF THE MIDWEST

Pay $*****65,239.94

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

SIXTY-FIVE THOUSAND TWO HUNDRED THIRTY-NINE DOLLARS AND 94/100

TO THE ORDER OF The Carolina Law Group LLC and Donnie Lowe, their client

Authorized Signature

VOID VOID VOID VOID VOID VOID