

~~12-8-2017~~  
12-22-2017

~~12-7-2017~~

~~12/12/2017~~  
12-22-2017

File No:  
1020999

Top of HEEZ  
APPELLATE No:  
2017-002530

1-803-734-1890 / Telephone / Voice

1-803-734-1839 / FAX No. **RECEIVED**

DEC 27 2017

SC Court of Appeals

Attention: Vicky  
Clerks of Court:

1220 SENATE ST.

Columbia, South Carolina

29201

Attn: JENNEY Kitchings

1220 SENATE ST.

Columbia S.C. 29201

South Carolina Workers' Compensation Commission

12-22-17

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999  
Carrier File #: 007209000278WC01  
December 15, 2017

**FORM 31 BRIEFING SCHEDULE  
AND  
NOTICE OF APPELLATE HEARING**

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

**MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC**

**Filing Date for Appellant's Brief: January 14, 2018**

**Subject: Sct on Review.**  
**Date: 02/20/18 at 01:30 PM**  
**Location: South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
Columbia, SC 29201**

You are receiving this notice pursuant to South Carolina Regulation 67-704. This matter is to be set for Full Commission Review on the above date. Regulation 67-705(A) requires the appellant to file a brief which includes a statement of the case, questions presented, argument, and the conclusion by the date above. Pursuant to Regulation 67-205, please submit your brief electronically through the **Upload** functionality in eCase located on the Commission's website at [www.wcc.sc.gov](http://www.wcc.sc.gov).

The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Pursuant to South Carolina Regulation 67-705, the Respondent may file a responding brief within fifteen (15) days of service of Appellant's brief. Appellant may then file a reply brief within ten (10) days of service of Respondent's responding brief. All briefs must be received by the Workers' Compensation Commission at least five (5) days before the scheduled date for review.

For questions regarding this matter, please visit eCase Status at [www.wcc.sc.gov](http://www.wcc.sc.gov) or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739.

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

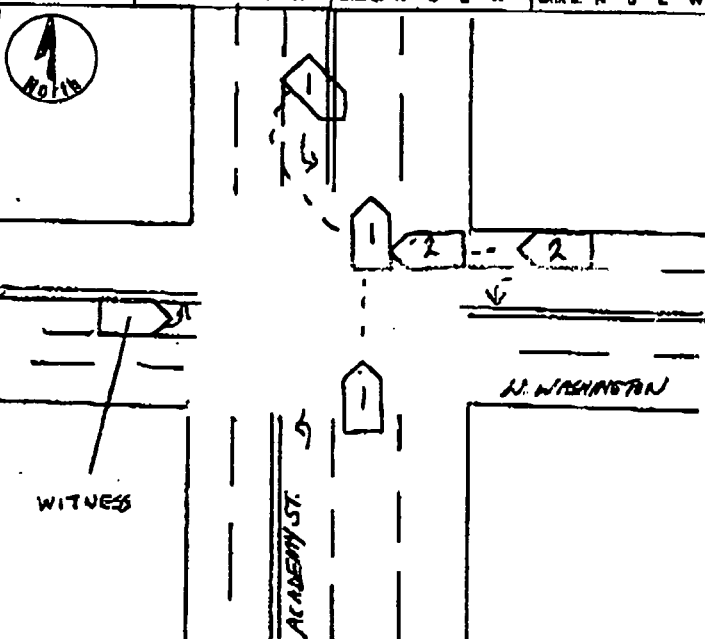
This matter is set before: Panel A

ORIGINAL

12-22-17

NOV 02 2018

D.S. USE ONLY <b>10122380</b>		Page # 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM		# of Units 2	Amended - Attach Copy of Original Report	Notified 0843	Armed 0846	
Date 10-20-2010	Time 0843	County A3	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name) 8 Academy St / 123	2- Main 3- Alternate 4- Spur	5- Connection 6- Business 7- Other	Miles: N E S W	In / Near City or Town of: Greenville
Lane # / Dir. 2 / S	Distance Offset 20	Direction E	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name) W. Washington St.	1- Main 2- Alternate 3- Spur	4- Connection 5- Business 6- Other	ABRU code MP/Ord	Latitude 34.1139
R.R. Id. N/A	From N E S W	Right of Way 1- Entrance 2- Exit	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Second Intersection (Rt. # / Name) Hampton Ave.	1- Main 2- Alternate 3- Spur	4- Connection 5- Business 6- Other	Longitude 81.1292	
B-661324 Driver/Pedestrian's Full Name Koddy, Backdale D. Jr.					B-661325 Driver/Pedestrian's Full Name Wilson Mattie Sarah Elizabeth				
Unit # 1	Sex M	Race W	Street/R.F.D. 191 B St.	City, State, & Zip Greer SC 29651	Unit # 2	Sex F	Race B	Street/R.F.D. 215 Perry Ave.	City, State, & Zip Greenville SC 29601
State SC	Year 2000	Body 45	Vehicle Make Honda	VIN # JHACG5B75YC030453	State SC	Year 1986	Body 25	Vehicle Make Ford	VIN # 1FASP1158TW160703
Driver's License # 1500993	Insurance Company State Farm	Home Telephone (843) 877-3484	Owner's Full Name - same -	Contributed To Collision No	State SC	Year 2012	License Plate # 7705EV	Owner's DL # - same -	Home Telephone (843) 291-9757
Home Telephone (843) 877-3926	Street/R.F.D. - same -	Contributed To Collision No	City, State, & Zip - same -	Estimated Speed 40	Speed Limit 40	C.D.L. Req: Yes No Summons # 67782FI	T/B S Req: Yes No Code 42	Alc/Org Info (see back): Yes No Code N/A	Estimated Speed 20
B-661326 Driver/Pedestrian's Full Name					B-661327 Driver/Pedestrian's Full Name				
Unit # MA	Sex M	Race W	Street/R.F.D.	City, State, & Zip	Unit # MA	Sex M	Race W	Street/R.F.D.	City, State, & Zip
State SC	Year 2011	Body 45	Vehicle Make Honda	VIN #	State SC	Year 2012	License Plate # 7705EV	Owner's DL # - same -	Home Telephone (843) 291-9757
Driver's License # 1500993	Insurance Company State Farm	Home Telephone (843) 877-3484	Owner's Full Name - same -	Contributed To Collision No	State SC	Year 2012	License Plate # 7705EV	Owner's DL # - same -	Home Telephone (843) 291-9757
Home Telephone (843) 877-3926	Street/R.F.D. - same -	Contributed To Collision No	City, State, & Zip - same -	Estimated Speed 40	Speed Limit 40	C.D.L. Req: Yes No Summons # 67782FI	T/B S Req: Yes No Code 42	Alc/Org Info (see back): Yes No Code N/A	Estimated Speed 20
Div. of Travel: Unit 1: N B E W Unit 2: N S E W Unit 3: N B E W					Unit 1 Dam. \$ 1800 Unit 2 Dam. \$ 800 Unit 3 Dam. \$ N/A Prop. Dam. 1 \$ Prop. Dam. 2 \$				
WITNESS					Property Owner/Witness Malinda Lee Address 10 Richview Rd. Taylors State Zip Phone SC 29687 593-0023				
Photographer					Describe What Happened (Refer to Units by Number) Both Unit #1 & 2 stated that traffic signal was green. I called witness & she stated that the traffic signal for Washington had turned green & traffic had begun to move when Unit #1 came into the intersection and was struck by Unit #2. No reported injuries at scene. Map not to scale.				
NOTICE: THE RECORDS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE FACTUAL ACCURACY THEREOF.									
Investigator's Name RBS E.A. X318	Rank CPL	Badge # 206	Code 2302UP	Date 10-20-2010	Reviewer's Name J. J. S.	Rank Sgt	Internal Agency Code 10-28952		



DIRECTORY DISTRIBUTING ASSOC, INC.

12-22-17

INCIDENT INVESTIGATION REPORT

(PLEASE PRINT)

DEPARTMENT/DELIVERY NAME <b>GREENVILLE, SC</b>	LOCATION (CITY/STATE) LOC CODE # <b>Greenville 349</b>	JOB NUMBER <b>520</b>
DIRECTORY DISTRIBUTING ASSOC., INC. P.O. BOX 10066 ST. LOUIS, MO 63145	INCIDENT ON PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DATE & TIME OF INCIDENT <b>about 9:37 AM</b>
EXACT LOCATION OF INCIDENT/STREET ADDRESS, CITY, STATE, ZIP CODE <b>Needyman Washington St Greenville S.C. 29601</b>		DATE REPORTED TO COMPANY <b>Wed 10-20-2017</b>
DESCRIBE IN DETAIL HOW THE INCIDENT OCCURRED (INCLUDE PART OF BODY AFFECTED) <b>I MADE WILSON HAS GREEN LIGHT TO GO - THE OTHER LAW RAN THE RED LIGHT ALL FRONT OF MY CAR WRECKED BOTH FENDERS BUMPER AND HOOD</b>		

**WORKMEN'S COMPENSATION** (THIS SECTION IS FOR A WORK RELATED INJURY OR ILLNESS ON AN EMPLOYEE OR CARRIER)

NAME OF INJURED WORKER (FIRST, MIDDLE INITIAL, LAST) <b>MARIE S. Wilson</b>		HOME ADDRESS	
TELEPHONE NUMBER <b>864 241-9257</b>	COUNTY <b>SPVILLE</b>	CITY <b>SPVILLE</b>	STATE <b>SC</b>
ZIP CODE <b>29611</b>	DATE OF BIRTH <b>8-8-53</b>	DATE OF HIRE	SOCIAL SECURITY NUMBER <b>249-02765</b>
MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/>	PART OF BODY AFFECTED: <b>Neck, Back, Leg</b>	
JOB TITLE		RATE OF PAY	
NATURE OF INJURY OR ILLNESS <b>Neck and Back Strain, Leg</b>		NAME AND ADDRESS OF DOCTOR AND/OR HOSPITAL <b>St Francis Hospital #1 Spville S.C. 29601</b>	
DID INJURED LEAVE WORK? <b>Yes</b>		HAS INJURED RETURNED TO WORK? <b>When?</b>	

**\*FOR WORK RELATED INJURIES YOU MUST CALL GAB AT 1-800-453-4715 AFTER COMPLETION OF THE ABOVE SECTION**

**FAX TO HUMAN RESOURCES AT 314-592-8795**

**GENERAL LIABILITY** (THIS SECTION IS FOR INJURY OR PROPERTY DAMAGE CAUSED BY OUR EMPLOYEE OR CARRIER)

NAME OF INJURED OR OWNER OF PROPERTY	ADDRESS	TELEPHONE NUMBER
IF CAUSED BY CARRIER, LIST NAME, SOCIAL SECURITY #, ADDRESS, TELEPHONE NUMBER OF CARRIER, AND ROUTE NUMBER		
DESCRIBE IN DETAIL THE TYPE OF INJURY OR DAMAGE		

**FAX TO ACCOUNTING AT 314-592-8794**

**AUTOMOBILE LIABILITY** (THIS SECTION IS FOR AUTO DAMAGE CAUSED BY OUR EMPLOYEE OR CARRIER)

NAME OF DRIVER AND/OR OWNER OF VEHICLE DAMAGED	ADDRESS
DESCRIBE IN DETAIL THE TYPE OF ACCIDENT AND ANY INJURY	
Where there any witnesses?	List names, addresses, and telephone numbers.

**ANALYSIS**

WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT OR LOSS?

**PREVENTION**

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE?

**COMMENTS**

INVESTIGATED BY <b>DANA LADIGO</b>	DATE <b>10-25-10</b>	SIGNATURE OF MANAGER <i>Dana Ladigo</i>	DATE <b>10-25-10</b>
---------------------------------------	-------------------------	--	-------------------------

FAX TO ACCOUNTING AT 314-592-8794

REVISED 5-2-02

CUS-Walgreens-Rite Aid-Walmart-Safeway-Kroger-TARGET

Instruct to process thru my Matrixx - Using the bank ID # 0146

Process matrixx # with PAI # HT Group # 10602346

1

12-22-17

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999  
Carrier File #: 007209000278WC01  
October 11, 2017

NOTICE OF APPELLATE HEARING

POSTPONEMENT

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

**Subject:** Sct on Review.  
**Date:** 10/16/17 at 01:30 PM  
**Location:** South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
Columbia, SC 29201

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at [www.wcc.sc.gov](http://www.wcc.sc.gov) or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or [appeals@wcc.sc.gov](mailto:appeals@wcc.sc.gov).

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.

By: Eugenia Hollmon, SC Workers' Compensation, October 11, 2017

Party

Employee: MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC  
Carrier: Ace American Insurance Company

Attorney

Walter R Frye, III  
[wfrye@etblawfirm.com](mailto:wfrye@etblawfirm.com)  
864-236-5013

12-22-17

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999

Date of Injury: 10/20/2010

MATTIE WILSON v. DIRECTORY DISTRIBUTING ASSOC INC  
WCC File No. 1020999

The Commission is hereby providing you a copy of the Motion filed by the unrepresented claimant pursuant to R.67-211.

*Amy A. Bracy*  
Amy A. Bracy  
Judicial Director

Date: October 27, 2017

CERTIFICATE OF SERVICE

I hereby certify on October 27, 2017, I served this document on the parties listed below by electronic mail or depositing a copy hercof, postage prepaid, in the United States mail and addressed as follows:

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

DIRECTORY DISTRIBUTING ASSOC INC  
1324 Clarkson Clayton CTR 348  
BALLWIN, MO 63011

Walter R Frye, III  
Eller Tonnsen Bach  
1306 S Church Street  
Greenville, SC 29605

By: Valeric D. Deller, Judicial Department

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999  
Carrier File #: 007209000278WC01  
March 20, 2017

**NOTICE OF HEARING  
CORRECTED**

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

MATTIE WILSON v. DIRECTORY DISTRIBUTING ASSOC INC

**Subject: To determine issues as set forth on Forms 50 and 51.**  
**Date: May 9, 2017 at 12:30 PM**  
**Location: County Square, 301 University Ridge, Conference Room E, East Wing  
Greenville, SC 29601**

South Carolina Regulations 67-601 through 67-615 govern hearings before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Attorneys must file a Form 58 with proof of service pursuant to Regulation 67-611. Postponements are only granted pursuant to Regulation 67-613. Please visit [www.wcc.sc.gov/Commissioners](http://www.wcc.sc.gov/Commissioners) to view Commissioners' Preferences. If you have questions regarding this matter, please contact the office of the undersigned Jurisdictional Commissioner.

Commissioner T. Scott Beck  
803-737-5698, [sdebruhl@wcc.sc.gov](mailto:sdebruhl@wcc.sc.gov)

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hercof by electronic mail or United States mail.

By: Shawn M DeBruhl, SC Workers' Compensation, March 20, 2017

Party

Employee: MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC  
Carrier: Ace American Insurance Company

Employer: DIRECTORY DISTRIBUTING ASSOC INC  
Carrier: Ace American Insurance Company

Attorney

Walter R Frye, III  
[wfrye@etblawfirm.com](mailto:wfrye@etblawfirm.com)  
864-236-5013

David M. Padgett  
[dpadgett@hplplaw.com](mailto:dpadgett@hplplaw.com)  
864-335-8828

*John / WithDRAW  
of then  
a letter  
WithDRAW hearing  
Request  
postpone*

South Carolina Workers' Compensation Commission

4 of 5

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999

Carrier File #: 007209000278WC01

August 18, 2017

FORM 31 BRIEFING SCHEDULE  
AND  
NOTICE OF APPELLATE HEARING

12-22-17 ~~5/5~~  
9/14/2017

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

RE SET!  
12/11/2017  
1:30pm

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

Filing Date for Appellant's Brief: September 17, 2017

**Subject:** Set on Review.  
**Date:** 10/16/17 at 01:30 PM  
**Location:** South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
Columbia, SC 29201

You are receiving this notice pursuant to South Carolina Regulation 67-704. This matter is to be set for full Commission Review on the above date. Regulation 67-705(A) requires the appellant to file a brief which includes a statement of the case, questions presented, argument, and the conclusion by the date above. Pursuant to Regulation 67-205 please submit your brief...

12-22-17

16 of 41

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W. W. C. FILE NO: 1020999

12/4/2017

12/6/2017

12-28-2017

Mattie Wilson,

Employee,  
claimant,

vs.

MOTION TO ENTER  
DOCUMENTS

Director of Distributing Assoc. Inc.,  
Employer,

MOTION TO WAVE FEES

Ace American Insurance Company,  
Carrier,

and  
Gallaher Bassett Services, Third-  
Party Administrator,  
Defendants.

Mattie Sarah Elizabeth Wilson,  
Plaintiff.

vs.

B.D. Robby aka B. Douglas Robby aka  
Barksdale Roddy Jr. Malinda Lee,  
State Farm Inc.; Richard Owens  
Claims Representative for State  
Farms Inc.;  
Defendants.

Comes Now the Plaintiff, Mattie Wilson, Pro-se evidencing her  
civil Complaint against the above-Defendants. The Plaintiff Motion  
to Enter all relevant Documents that are enclosed. Table of contents.

Dated: October 5, 2017  
CCS FILE.

S. Mattie S. Wilson  
Mattie S. Wilson, Pro-se

18 of 41

~~Oct 2<sup>th</sup> 2017~~ / 12/4/2017 12:22:17 848  
Clerk of Court 12-6-2017 WCC File #: 1020999  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
W. C. C. FILE NO: 1020999

Mattie Wilson,  
Employee,  
Claimant,

vs.

CERTIFICATE OF SERVICE

Director Distributing Assoc. Inc.  
Employer,

Ace American Insurance Company,  
Carrier,

and c/o

Gallagher Bassett Services, Inc.,  
Third Party Administrator,  
Defendants.

Mattie Sarah Elizabeth Wilson,  
Plaintiff,

vs.

B.D. Robby aka B. Douglas Robby aka  
Bar Ksdale Robby Jr. Malinda Lee,  
State Farm Ins. Co.'s Richard Owens,  
Claim Representative for State Farm  
Inc.,

Defendants

1. I'm the Plaintiff, Pro-se in the above-caption Action.
2. Regular communication by mail throughout the State of South Carolina and that this is a proper circumstance of service by mail.
3. I've this day served a copy of the Motion for Mandamus, Motion for Injunction, and Motion to Enter Document in the above-caption matter on the following Attorney of Records by depositing same in the United States mail, postage prepaid-

In Walker R. Frye, III  
Eller Tonnsen Bach  
1306 S. Church Street  
Greenville, South Carolina 29605

Dated this October 5, 2017  
s/ Mattie Wilson  
Mattie Sarah Elizabeth Wilson, Pro-se,  
Plaintiff.

17 of 41

1 of 8

Mattie Sarah Elizabeth Wilson  
239 A Elder Street  
Greenville, South Carolina  
29607

12-22-17 WCC file #:

1020999

~~Oct 7 2017~~

12/4/2017

12-6-2017

October 5, 2017

Re: Mattie Wilson vs. Directory Distributing Assoc. Inc.; Ace American Insurance Company; Gallagher Bassett Services; B.D. Robby aka Robby Jr.; Malinda Lee, State Farm Ins. Co.; Richard Owens Claim Representative for State Farms Ins.

Clerk  
South Carolina Clerk  
Compensation Commission  
1333 Main Street, Suite 500  
Post Office Box 1715  
Columbia, South Carolina  
29202-1715

Dear Clerk:

Enclosed please find the Plaintiff Motion for Mandamus, Motion for Injunction, Motion to Enter Documents. Please clock, stamp and file the original with this Court and please clock, stamp the the copy and return it to Plaintiff address above, stamp envelope is provided. With Certificate of Service to the Attorney of Records.

Thank You for your assistance.

S/ Mattie Wilson  
Mattie Wilson, Pro-se, Plaintiff.

Enclosures:

Walker R. Fryer III  
Eller Tonnesen Bach  
1306 S. Church Street  
Greenville, South Carolina 29605

CC: File.



# GREENVILLE HEALTH SYSTEM

## WILSON, MATTIE SARAH

56 Y old Female, DOB: 08/08/1955  
145 W 4TH STREET, GREENVILLE, SC-29611

Home: 864-498-2484

Guarantor: WILSON, MATTIE SARAH Insurance: MEDICARE COMPLETE

Payer ID: 0

PCP: David Li, MD Referring: David Li, MD External Visit ID: 123042343  
Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

09/26/2011

Progress Notes: Philip J. Hodge

### Current Medications

Levothyroxine tablet 75 mcg (0.075 mg) 1 tab(s) once a day  
Zestoretic tablet 25 mg-20 mg 1 tab(s) once a day  
Lortab tablet 500 mg-5 mg 1 tab(s) every 4 hours  
Ibuprofen tablet 400 mg 1 tab(s) every 4 hours  
Flexeril tablet 1 tab(s)  
Metoprolol tablet, extended release 100 mg 1 tab(s) once a day  
Potassium 99 mg 2 daily  
Medication List reviewed and reconciled with the patient

### Past Medical History

Measles, Mumps, Hypertension, Thyroid deficiency

### Surgical History

None Noted

### Family History

Family: heart disease, hypertension, stroke  
Father: deceased  
Mother: deceased Heart Attack

### Social History

Interpersonal/family relationships: Single, Number of children, 2.  
Lives With: alone.  
Occupation: Retired.  
no Alcohol .  
no Smoking .

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic

#### Procedure

Denies Past Hospitalization

### Review of Systems

#### Musculoskeletal:

Muscle pain NO. Pain in back yes. Pain in neck yes. Painful joints NO. Weakness NO. Swelling of joints yes.

#### Integumentary:

Bruises easily NO. Poor wound healing NO. Skin dryness NO. Skin lesions NO. Skin pigmentation changes NO. Skin rash NO. Sores NO.

### Reason for Appointment

1. Patient last seen 1/31/2011 for upper, lower, bilateral leg pain. Patient continues to have right upper back and arm pain as well as low back and leg pain. Patient states pain score today is a 9/10.

### History of Present Illness

#### Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 11/3/2010 GMH.

#### Thoracic Pain:

Location entire upper back.

#### Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: aching, burning, shock-like, sharp, stabbing. Severity: Pain Score (scale of 1 to 10) 8-10, severe, interferes with sleep. Timing: Patient is experiencing problem at this time since 12/7/2004. Referred or radiating symptoms bilateral leg pain with numbness, tingling, and weakness. Setting in which it first occurred: MVA 12/7/2004 and 10/20/2010. Aggravating factors: moving body increases pain. Relieving factors: none.

### Examination

#### General Exam:

General Appearance: Well developed , obese.

### Assessments

1. Spondylolisthesis - 756.12 (Primary)
2. Leg Pain - 729.5
3. Back pain, low back - 724.2

### Treatment

#### 1. Spondylolisthesis

Mrs. Wilson returns with continued back and leg pain and needs a referral to pain management which we will facilitate. We also discussed her weight and will refer her to a physician directed weight loss program.

#### 2. Others

Referral To: Medical Rehab Upstate

Reason: Pain Management for evaluation and management. UMR

Referral To: Eric Bour General Surgery

Reason: Physician directed weight loss program

### Follow Up

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 09/26/2011

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

Neurological:

Change in alertness NO. Change in vision NO.  
Difficulty speaking NO. Excessive daytime  
sleepiness NO. Headache NO. Seizures, unknown  
type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination no problems.  
Frequency of urination NO. Pain or burning with  
urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO.  
Shortness of breath or difficulty breathing NO.  
Wheezing NO.

Cardiovascular:

Chest pain YES. Irregular heartbeat or feeling of  
fast, pounding heartbeat NO. Swelling including  
ankles or legs NO.

Constitutional Symptoms:

Patient Denies change in appetite. Fever and  
chills YES. Night sweats NO. Unintentional weight  
change NO.

Eyes:

Loss of vision intermittent. Spots or  
specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Ringing in ears YES. Nasal  
congestion NO.

prn

Electronically signed by Philip Hodge on 10/13/2011 at 01:39 PM EDT

Sign off status: Completed

Southeastern Neurosurgical and Spine Institute (Upper)  
111 Doctors Drive  
Greenville, SC 29605  
Tel: 864-797-7150  
Fax: 864-797-7155

Patient: WILSON, MATTIE SAKAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 09/26/2011

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



# GREENVILLE HEALTH SYSTEM

## WILSON, MATTIE SARAH

55 Y old Female, DOB: 08/08/1955  
145B 4TH ST WOODSIDE, GREENVILLE, SC-29611  
Home: 864-498-2484

Guarantor: WILSON, MATTIE SARAH Insurance: MEDICARE  
PCP: David Li, MD Referring: David Li, MD External Visit ID: 109554434

01/31/2011

Progress Notes: Philip J. Hodge

### Current Medications

Flexeril 1 tab(s)  
Ibuprofen 400 mg 1 tab(s) every 4 hours  
Lorlab 500 mg-5 mg 1 tab(s) every 4 hours  
Zestoretic 25 mg-20 mg 1 tab(s) once a day  
Levothyroxine 75 mcg (0.075 mg) 1 tab(s) once a day  
Potassium 99 mg 2 daily  
Metoprolol 100 mg 1 tab(s) once a day

### Past Medical History

Measles, Mumps, Hypertension, Thyroid deficiency

### Surgical History

Denies Past Surgical History

### Family History

Family: heart disease, hypertension, stroke

### Social History

Lives With: alone.  
Occupation: Retired.  
no Alcohol.  
no Smoking.

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

### Review of Systems

#### Musculoskeletal:

Muscle pain NO. Pain in back YES. Pain in neck YES. Painful joints NO. Weakness NO. Swelling of joints YES.

#### Integumentary:

Bruises easily NO. Poor wound healing NO. Skin dryness NO. Skin lesions NO. Skin pigmentation changes NO. Skin rash NO. Sores NO.

#### Neurological:

Change in alertness NO. Change in vision NO. Difficulty speaking NO. Excessive daytime sleepiness NO. Headache NO. Seizures, unknown type NO. Paralysis NO.

#### Psychological:

Feels sad more than usual NO.

#### Endocrine:

Feels hot when others do not NO. Feels cold NO.

### Reason for Appointment

1. Patient seen in neurosurgical consultation at the request of Dr. David Sui LI for upper, lower, bilateral leg pain w/weakness, tingling, numbness. Patient states pain score today is a 8-9/10.

### History of Present Illness

#### Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine 11/3/2010 GMH.

#### Thoracic Pain:

Location entire upper back.

#### Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: aching, burning, shock-like, sharp, stabbing. Severity: Pain Score (scale of 1 to 10) 8-10, severe, interferes with sleep. Timing: Patient is experiencing problem at this time since 12/7/2004. Referred or radiating symptoms bilateral leg pain with numbness, tingling, and weakness. Setting in which it first occurred: MVA 12/7/2004 and 10/20/2010. Aggravating factors: moving body increases pain. Relieving factors: none.

### Vital Signs

Ht 65, Wt lbs 302.2, Wt kg 137.08.

### Examination

#### Imaging Studies:

MRI of the lumbar spine 11/3/2010 GMH - L4-5 spondylolisthesis with bilateral foraminal stenosis and left L5-S1 disc herniation with caudal free fragment.

#### General Exam:

General Appearance: Well developed, obese, well groomed. Communication: Normal. Cardiovascular: normal S1S2, no murmurs. Respiratory: normal breath sounds.

#### Neurological:

Capacity for sustained mental activity and abstract thinking within normal limits. Coordination: normal. Gait: antalgic. Immediate, recent, and remote memory seem normal. Level of consciousness: awake and alert. Mental Status: Orientation normal to time, place, person, and situation. Mood and Affect: normal, and appropriate to the situation. Motor: normal strength bilaterally, upper extremities, lower extremities. Nerve and Spinal Cord Tension- Compression Signs: Straight leg raising is positive bilaterally. Pathological Reflexes: none. Reflexes: 2+ bilaterally and symmetric for, biceps (C5-C6), triceps (C7-C8), patellar (L3-L4), achilles (S1-S2). Speech: language intact for receptive and expressive functions.

#### Lumbar Spine / Lower back:

#### Hip / Thigh:

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

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

5

Greenville, SC 29605  
Tel: 864-797-7150  
Fax: 864-797-7155

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955 Progress Note: Philip J. Hodge 01/31/2011

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

**Upstate Medical Rehabilitation**  
**111 Doctors Drive**  
**Greenville, SC 29605**  
**864-797-7100**

**PHYSICIAN INFORMATION**

Requesting: Randall, Christina

**PATIENT INFORMATION**

Name: WILSON, MATTIE SARAH  
 DOB: 08/08/1955  
 Sex: female  
 Tel: 864-498-2484

**REPORT DETAILS**

Procedure Name: **MRI SPINE**  
**CERVICAL WO CONTRAST**  
 Session Id: 12718499

**REPORT DATES**

Order: 10/08/2012  
 Procedure: 10/08/2012 16:13:00

**REPORT**

Exam :MRI CERV SPN W/O CON

See Below for Report

RM620022 - MRI CERV SPN W/O CON 10/08/2012 16:13 EXAM#: 12718499

ORDERED BY: Dr. CHRISTINA DIXON

ADMISSION DATE/TIME: 10/08/2012 15:25

REASON FOR EXAM: CERVICAL RADICULOPATHY-----

RESULT: WILSON, MATTIE SARAH

C-SPINE MRI, 10/08/2012

HISTORY PROVIDED IS CERVICAL RADICULOPATHY. PATIENT TOLD THE TECHNOLOGIST SHE HAS NECK PAIN. SHE DOES NOT DESCRIBE OR DIAGRAM ANY ASSOCIATED ARM SYMPTOMS EVEN THOUGH THE REFERRAL SLIP INDICATES RADICULOPATHY.

Sequences include sagittal T1, T2 and STIR images. Axial T2 spinecho and gradient recall echo images cover C2 through T1.

I have no prior C-spine studies for comparison. The cord has normal caliber and uniform signal intensity. Loss of disc height is most pronounced at C3-4, C4-5, C5-6 and C6-7 levels. There are huge osteophytes extending anterior from the vertebral column toward the hypopharynx and upper esophagus especially at C3-4, C4-5 and to some degree C5-6. The canal itself shows mild stenosis. Parasagittal views suggest some foraminal compromise on each side. I see no convincing disc herniation on sagittal depiction. STIR images show no sign of edema or infiltrative process in the osseous structures.

Axial views at C2-3 show a herniation or an osteophyte encroaching on the canal to the right of midline causing mild stenosis. C3-4 shows moderately severe stenosis in the canal and foramina bilaterally. I believe this is osteophytic ridge formation rimming the end plates combined with diffuse disc bulge.

At C4-5, the canal shows moderate stenosis. Mild bilateral foraminal stenoses are evident. There is no herniation.

C5-6 shows mild stenosis in the canal and foramina bilaterally but no focal herniation. C6-7 shows mild stenosis in the canal and some foraminal stenosis on the right. C7-T1 shows no herniation or stenosis.

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

## IMPRESSION:

MULTILEVEL SPONDYLOSIS CHANGES. THIS CONTRIBUTES TO MODERATELY SEVERE STENOSES AT C3-4, C4-5 AND C6-7 LEVELS. MILD STENOSIS IS EVIDENT AT C5-6. FORAMINAL STENOSES ARE NOTED BILATERALLY AS DISCUSSED ABOVE. THERE IS EITHER A SMALL HERNIATION OR OSTEOPHYTE ENCROACHING ON THE CANAL TO THE RIGHT OF MIDLINE AT C2-3.

TRANSCRIPTIONIST: KATIE, CLARDY

TRANSCRIBE TIME/DATE: 10/9/2012 1:25:00 AM

READ BY: STEPHEN REINARZ, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / REINARZ, MD, STEPHEN

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

24



SOUTH CAROLINA DIAGNOSTIC IMAGING

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

PATIENT: WILSON, MATTIE  
 DOB: 08/08/1955  
 MRN: 897146  
 PHYSICIAN: ROBERT LEBLOND, MD  
 EXAM DATE: 02/22/2013

EXAM: MR-Lumbar Spine Without Contrast

REASON FOR EXAM: lumbar radiculopathy

ADDITIONAL HISTORY: Back pain.

TECHNIQUE: Multiplanar multisequence imaging through the lumbar spine.

FINDINGS: Grade-I spondylolisthesis at L4/5. Type-II Modic endplate changes involving the endplates of L4, L5, and S1. Cord terminates normally.

L1/2 and L2/3: No compressive disc pathology or stenoses.

L3/4: Shallow circumferential disc bulge with mild hypertrophic facet changes combine to create minimal foraminal stenoses.

L4/5: Grade-I spondylolisthesis and posterior pseudo bulge. Superimposed larger right parasagittal disc herniation that extends vertically alongside the posterior margin of the L4 vertebral body. In overall dimension it measures 11 x 12 x 16 mm in AP, transverse, and craniocaudal dimensions. Some hypertrophic changes. These combine to create mild biforaminal and moderate central stenoses.

L5/S1: Diffuse posterior annular bulge with a large central through left parasagittal disc herniation. This extends 10 x 13 x 15 mm and extends inferiorly through the lateral recess along the posterior margin of the S1 vertebral body.

IMPRESSION: Multilevel degenerative disc changes including Grade-I spondylolisthesis at L4/5. Right parasagittal disc herniation at L4/5. Central through left parasagittal disc herniation at L5/S1.

William Perry Edenfield, MD

PE/sr

DD: 02/22/2013 01:46 P

DT: 02/22/2013 03:45 P

Accession#: 08-1580560 VS#: 11226727 CS#: 206557

cc:

Electronically Signed and Reviewed by William Perry Edenfield, MD 02/25/2013 08:09  
 A

WPE

[\*]

Upstate Medical Rehabilitation  
111 Doctors Drive  
Greenville, SC 29605  
864-797-7100

PHYSICIAN INFORMATION

Requesting: Randall, Christina

PATIENT INFORMATION

Name: WILSON, MATTIE SARAH  
DOB:  
Sex: female  
Tel: 864-

REPORT DETAILS

Procedure Name: MRI SPINE  
CERVICAL WO CONTRAST  
Session Id: 12718499

REPORT DATES

Order: 10/08/2012  
Procedure: 10/08/2012 16:13:00



REPORT

Exam :MRI CERV SPN W/O CON

See Below for Report

RM620022 - MRI CERV SPN W/O CON 10/08/2012 16:13 EXAM#: 12718499

ORDERED BY: Dr. CHRISTINA DIXON

ADMISSION DATE/TIME: 10/08/2012 15:25

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RESULT: WILSON, MATTIE SARAH

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Sequences include sagittal T1, T2 and STIR images. Axial T2 spinecho and gradient recall echo images cover C2 through T1.

I have no prior C-spine studies for comparison. The cord has normal caliber and uniform signal intensity. Loss of disc height is most pronounced at C3-4, C4-5, C5-6 and C6-7 levels. There are huge osteophytes extending anterior from the vertebral column toward the hypopharynx and upper esophagus especially at C3-4, C4-5 and to some degree C5-6. The canal itself shows mild stenosis. Parasagittal views suggest some foraminal compromise on each side. I see no convincing disc herniation on sagittal depiction. STIR images show no sign of edema or infiltrative process in the osseous structures.

NO Herniation Disc's  
not  
NO Herniation Disc's  
not 10/8/2012

Axial views at C2-3 show a herniation or an osteophyte encroaching on the canal to the right of midline causing mild stenosis. C3-4 shows moderately severe stenosis in the canal and foramina bilaterally. I believe this is osteophytic ridge formation rimming the end plates combined with diffuse disc bulge.

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C5-6 shows mild stenosis in the canal and foramina bilaterally but no focal herniation. C6-7 shows mild stenosis in the canal and some foraminal stenosis on the right. C7-T1 shows no herniation or stenosis.

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

12-22-2017

Last Sheet

Case No:  
WCC File No: 1020999

~~Appellate No:~~  
Case No.

2017-002530

~~12-7-2017~~

~~12-8-2017~~  
12-22-2017

~~12/12/2017~~  
12-22-2017

File No:  
1020999

Top of HEEZ  
Appellate No:  
2012-002530

1-803-734-1890 / Telephone / Voice

1-803-734-1839 / FAX No.

**RECEIVED**

DEC 27 2017  
SC Court of Appeals

Attention: Vicky  
Clerks of Court:

1220 SENATE ST.

Columbia, South Carolina

29201

Attn: Jenney Ritchings

1220 SENATE ST.

Columbia S.C. 29201

5/10

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1020999

Mattie Wilson, )  
 Employee, )  
 Claimant, )  
 vs. )  
 Directory Distributing Assoc. Inc., )  
 Employer, )  
 Acc American Insurance Company, )  
 Carrier, )  
 and )  
 Gallagher Bassett Services, )  
 Third-Party Administrator, )  
 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 MATTIE WILSON, *PRO SE* CLAIMANT:**

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:

EXHIBITS	NAME OF PROVIDER	DATES	PAGES
A.	Copy of the Commission's File		

2017/04/24 10:06:20 3 /3

576

Wilson, Mattie Sarah (MRN 971456316)

Disc spaces at T11-12, T12-L1, and L1-2 are essentially normal in appearance for age.

L2-3: Mild disc desiccation. Mild bilateral facet arthropathy. No significant canal or foraminal stenosis.

L3-4: Moderate disc desiccation and mild disc space narrowing. Broad-based posterior disc herniation. Advanced facet arthropathy and ligament flavum hypertrophy. These combine to reduce the AP diameter canal to 10 mm. Moderate bilateral foraminal stenosis. There has been unequivocal progression of disease at this level since 11/03/2010.

L4-5: Advanced disc degeneration with marked narrowing of the disc space. Approximately 8 mm anterolisthesis at L4-5 a large left paracentral disc herniation with cephalad extrusion of disc signal. Advanced facet arthropathy with ligamentum flavum hypertrophy. AP diameter canal is reduced to approximately 6 mm. Severe right foraminal stenosis and moderate left foraminal stenosis.

L5-S1: Advanced disc degeneration with left paracentral disc herniation as before. Persistent encroachment upon the left S1 nerve root, similar to what was documented previously. Moderate to severe bilateral foraminal stenosis.

IMPRESSION:

1. PROGRESSION OF DISC AND FACET DEGENERATION AT L3-4 SINCE THE 11/03/2010 EXAMINATION. BROAD-BASED POSTERIOR DISC PROTRUSION AND ADVANCED BILATERAL FACET ARTHROPATHY AND LIGAMENTUM FLAVUM HYPERTROPHY. THESE COMBINE TO PRODUCE MODERATE TO SEVERE CANAL STENOSIS AND MODERATE BILATERAL FORAMINAL STENOSIS.
2. PERSISTENT ANTEROLISTHESIS AT L4-5 WITH BROAD-BASED POSTERIOR DISC PROTRUSION AND CEPHALAD EXTRUSION OF DISC SIGNAL RESULTING IN POTENTIALLY SIGNIFICANT CANAL AND FORAMINAL STENOSIS SIMILAR TO 11/03/2010.
3. LEFT PARACENTRAL DISC HERNIATION WITH CAUDAL EXTRUSION ENCROACHING UPON THE LEFT S1 NERVE ROOT AS BEFORE.

TRANSCRIPTIONIST: sgm  
TRANSCRIBE TIME/DATE: 04/24/2017 09:59 am  
READ BY: STEVEN G. MILAM, MD

ELECTRONICALLY SIGNED BY:  
4/24/2017 9:59 AM: STEVEN G. MILAM, MD

The above report was produced by using a computer based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

All CT scans at this facility use specific methods available to minimize radiation exposure to our patients. We use techniques such as dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Signed By: Steven Glenn Milam, MD on 4/24/2017 9:59 AM

55

2017/04/24 10:06:20 2 /3

Wilson, Mattie Sarah (MRN 971456316)

Attending: David Sui Ng Li  
130 MALLARD ST  
GREENVILLE SC 29605

**Greenville Health System Radiology  
Imaging Result**

Name: <b>Wilson, Mattie Sarah</b>	DOB: 8/8/1955	Sex: Female	Patient Class: Outpatient
Procedures Performed: <b>MRI Lumbar Spine without Contrast</b>	Exam Time: 04/22/2017 3:10 PM	Reason for Exam: None Specified	Diagnosis: Spinal stenosis, unspecified spinal region
Performing Department: <b>Patewood Outpatient MRI</b> 200 Patewood Drive Greenville SC 29615	Accession Number: POC200972097	Performing Tech: Herbert Sanders	POC: Li, David Sui Ng

Greenville Health System  
GREENVILLE MEMORIAL HOSPITAL  
GREENVILLE, SOUTH CAROLINA

PATIENT NAME: Wilson, Mattie Sarah      MED. REC. NO.: 971456316  
 DOB: 08/08/1955  
 SEX: F      PT. NS./ROOM: 43MRI  
 PT. CLASS: O      CORP. ACCOUNT  
 NO.:  
 ADMISSION NO.: 1000084861452

ORDERING MD: DAVID S. LI, MD      OP LOCATION:

IMG283 MRI LUMBAR SPINE WO CONTRAST      ACCESSION NO: POC200972097  
ORDERED BY: DAVID S. LI, MD

DATE OF EXAM: 04/22/2017 15:50  
REASON FOR EXAM: M48.00^ Spinal stenosis, site unspecified^ I10

ADMISSION DATE: 04/22/2017 10:18

61-year-old female with clinical history of known spinal stenosis, back pain, and recent motor vehicle accident.

Parasagittal T1, turbo spin echo T2, and STIR sequences were acquired through lumbosacral spine with axial T1 and turbospin-echo T2-weighted images from L2-S1.

Comparison with 11/03/2010.

FINDINGS:  
Conus extends to mid L1 level.

Mon Apr 24, 2017 10:01 AM

54

2017/04/24 10:06:20 1 /3



GREENVILLE  
HEALTH SYSTEM

Fax Transmission

Privileged and Confidential

This facsimile is privileged and confidential. It is intended solely for the use of the individual named below. If you are not the intended recipient, or the person responsible to deliver it to the intended recipient, you are hereby advised that any dissemination, distribution or copying of this communication is prohibited. If you have received this facsimile message in error, please immediately notify the sender by telephone and arrangements will be made to pick up the original message.

Date: 4/24/17

Time: 10:01 AM

To: **David Sui Ng Li, MD**  
Fax: 864-751-0479

From: Rad Results In Interface  
PATEWOOD OUTPATIENT MRI  
200 Patewood Drive  
Greenville SC 29615

If you do not receive all pages or if any transmission is not legible, please let us know immediately.

Priority Care - 975 West Faris Road, GREENVILLE SC 29605-4241

WILSON, MATTIE (Id #4152, dob: 08/08/1955)

## Imaging Order

04/17/2017

To Provider	From Provider
<b>PATEWOOD HOSPITAL (RADIOLOGY SCHEDULING)</b>  200 PATEWOOD DR BLDG A GREENVILLE, SC 29615 Phone: Phone: (864) 454-1000 Fax: Fax: (864) 454-1075	<b>DAVID LI, MD</b> Faris Road - GREENVILLE 975 West Faris Road GREENVILLE, SC 29605-4241 Phone: (864)729-8330 Fax: (864) 751-0479

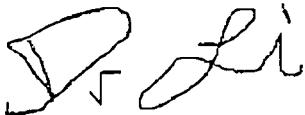
## Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> <li>Spinal stenosis ICD-10: M48.00: Spinal stenosis, site unspecified</li> </ul>
Order Name	Orders included: 1  Spinal stenosis   ICD-10: M48.00: Spinal stenosis, site unspecified <ul style="list-style-type: none"> <li>MRI, LUMBAR SPINE, W/O CONTRAST</li> </ul> Appointment Date: 04/22/2017 Appointment Time: 3:15PM ARRIVAL Authorization #: A089875791 Authorization Notes: Valid from 4/17/17-6/1/17
Notes	

## Patient Information

Patient Name	WILSON, MATTIE
Sex - DOB - Age	F 08/08/1955 61yo
Address	239 APT A ELDER ST GREENVILLE, SC 29607
Phone	H: (864) 567-8109 M: (864) 567-8109
Primary Insurance	WellCare (Medicare Replacement/Advantage - HMO) ID: 18557213 Policy Holder: WILSON, MATTIE
Secondary Insurance	None recorded.

Electronically Signed by: DAVID LI, MD




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 DAVID LI, MD

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IMPRESSION:

- ✓ MULTILEVEL SPONDYLOSIS CHANGES. THIS CONTRIBUTES TO MODERATELY SEVERE
- ✓ STENOSES AT C3-4, C4-5 AND C6-7 LEVELS. MILD STENOSIS IS EVIDENT AT C5-6. FORAMINAL STENOSES ARE NOTED BILATERALLY AS DISCUSSED ABOVE.
- ✓ THERE IS EITHER A SMALL HERNIATION OR OSTEOPHYTE ENCROACHING ON THE
- ✓ CANAL TO THE RIGHT OF MIDLINE AT C2-3.

TRANSCRIPTIONIST:KATIE, CLARDY

TRANSCRIBE TIME/DATE:10/9/2012 1:25:00 AM

READ BY:STEPHEN REINARZ, MD,

SIGNED BY:

0 ELECTRONIC SIGNATURE / REINARZ, MD,STEPHEN

Patient: WILSON, MATTIE SARAH DOB: 08/08/1955

RE TAXED ~~12-9-2017~~ - 1 - of 41 ~~12/15/2017~~  
~~12/8-2017~~

ATTN: Eugenia: ~~12-4-2017~~ ~~12-6-2017~~

FAX No. 1-803-737-1281

WCC File No.  
1020999

Judicial Deptment  
May You Appeal this Decision?  
Please

~~9/18/2017~~  
~~12/4/2017~~  
APPEAL

TOP SHEET

RE FAX ON 12/6/2017  
12-22-2017

FROM: MATTIE S.E WILSON  
239-A ELDER St.  
GREENVILLE S.C. 29602  
1 (864) 567-8109

TO: S.C. WORKERS COMPENSATION Comm.  
WCC File No. 1020999

Commissioner: Mr. Scott Beck

E-Mail - Appeals WCC @ SC, Gov.  
Appeals @ WCC, SC, Gov.

3 of 4  
4/5

ATTEN: EUGENIA

12-7-2017

FILE No: 1020999

FAX No: 1-803-737-1281

VOICE PHONE: 1-803-737-5675

South Carolina Workers Compensation Comm.

FAX MACHINE is NOT RECEIVING W WC FILE No. 1020999

ANY Appeals to SEND FOR FOUR DAYS OR E-MAILS

ALSO IN HALF STRONG BAD TIMES from Car., Due to Road Side Service.

COMMISSIONER: M. SCOTT BECK

PLEASE RESET APPELLATE HEARING. Thank You

CANCEL and RESET THE HEARING FOR THE  
APPELLATE HEARING ON MONDAY 12-11-2017 to a nother  
WEEK MAY PLEASE? HAVE TO BE HEARD FOR  
TIMES IN HALF.

Mattie S. Wilson  
MATTIE S. WILSON  
to Remain

E-MAIL / ~~Appeals WCC@~~  
Appeals @ WCC.SC.GOV.

South Carolina Workers' Compensation Commission

2 of 5

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5723



WCC File #: 1020999  
Carrier File #: 007209000278WC01  
October 13, 2017

NOTICE OF APPELLATE HEARING

MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

MATTIE WILSON v DIRECTORY DISTRIBUTING ASSOC INC

**Subject:** Set on Review.  
**Date:** 12/11/17 at 01:30 PM  
**Location:** South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
Columbia, SC 29201

RE Set  
2-20-2018

South Carolina Regulations 67-701 through 67-711 govern appeals before the South Carolina Workers' Compensation Commission. The claimant must attend when not represented by an attorney or when disfigurement is involved. Corporations must be represented by an attorney, and uninsured employers must attend.

Briefs are due according to prior notice and are governed by Regulation 67-705. For questions regarding this matter, please visit eCase Status at [www.wcc.sc.gov](http://www.wcc.sc.gov) or contact the Judicial Department of the South Carolina Workers' Compensation Commission at (803) 737-5739 or [appeals@wcc.sc.gov](mailto:appeals@wcc.sc.gov).

The Commission requests your presence thirty minutes prior to your scheduled oral argument.

This matter is set before: Panel A

CERTIFICATE OF SERVICE – This is to certify the undersigned has served this notice in the above entitled action upon all parties to this cause by sending a copy hereof by electronic mail or United States mail. Unrepresented parties were served by United States Postal Service first class postage.

By: Eugenia Hollmon, SC Workers' Compensation, October 13, 2017

Party

Attorney

Employee: MATTIE WILSON  
239 A Elder St.  
Greenville, SC 29607

Employer: DIRECTORY DISTRIBUTING ASSOC INC  
Carrier: Acc American Insurance Company

Walter R Frye, III  
[wfrye@etblawfirm.com](mailto:wfrye@etblawfirm.com)  
864-236-5013

12-22-2017

Last Sheet

Case No:  
WCC File No: 1020999

~~Appellate~~ No:  
Case No.

2017-002530