

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM THE S.C. WORKERS'
COMPENSATION COMMISSION

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S.C. SUPREME COURT

Opinion No. 2017-UP-443 (S.C. Ct. App. filed Nov. 29, 2017)

Lettie Spencer,

Respondent,

v.

NHC Parklane,

Employer/Petitioner,

and

Premier Group Insurance Co., Inc. Carrier/Petitioner.

APPENDIX - PART I

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S.C. SUPREME COURT

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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL
Commissioner Campbell, III, Chair

APPELLATE CASE NO. 2015-002112

Lettie Spencer,.....Appellant,

v.

NHC Parklane, Employer, and Premier Group Insurance Co., Inc.,
Carrier.....Respondents.

RECORD ON APPEAL

VOL 1 OF 4

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SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Lettie Spencer,
Claimant,

vs.

NHC Parklane,
Employer,

and

Premier Group Insurance Co., Inc.,
Carrier
Defendants.

SCWCC File No. 1120778

DECISION AND ORDER

Hearing: September 3, 2014 in Columbia, South Carolina.

Appearances: Andrew W. Creech, Esquire, Elrod Pope, Attorneys at Law, Rock Hill, S.C., for the Claimant.

Clarke W. McCants, III, of Nance, McCants & Massey, Attorneys at Law, Aiken, South Carolina, for the Defendants.

Purpose of Hearing: To determine those issues set forth on the Forms 50 and 51 and any other matters which may have timely come before the undersigned Commissioner.

Decision and Order: By R. Michael Campbell, II, Commissioner

Filed: March 12, 2015

STIPULATIONS

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.
2. The Notice of the Hearing was timely and properly served upon all parties of interest.
3. The Claimant's average weekly wage is \$1,065.00. Her compensation rate is \$704.92, the maximum rate for 2011.
4. Venue for this matter is proper in Richland County, South Carolina.
5. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.
6. The Defendants have paid for certain medical treatment received by the Claimant for these injuries, and the Defendants have paid temporary total compensation to her pursuant to the provisions of the S.C. Workers' Compensation Law (hereinafter referred to as "the Act").
7. The South Carolina Workers' Compensation Commission has jurisdiction in this matter.

COMBINED APA SUBMISSIONS OF THE PARTIES

- APA No. 1: Boston Diagnostic Imaging, dated 3/18/04 to 4/21/04;
- APA No. 2: Amy Dorn, M.D., dated 11/17/04 to 5/15/04;
- APA No. 3: Spine & Brain Neurosurgery Center, dated 7/14/04 to 8/2/05;

- APA No. 4: Neuroskeletal Imaging, dated 9/15/05 to 8/16/05;
- APA No. 5: Chester Regional Medical Center, dated 1/26/09 to 3/6/14;
- APA No. 6: Carolina Occupational Health, dated 6/22/11 to 11/16/11;
- APA No. 7: Chester Internal Medicine, dated 8-10-11 to 3-20-13;
- APA No. 8: Columbia Neurosurgical Associates, dated 8/31/11 to 9/7/11;
- APA No. 9: S.C. Pain Associates, dated 11/10/11 to 4/18/12;
- APA No. 10: Select Physical Therapy, dated 3/12/12 to 3/29/12;
- APA No. 11: Carolina Orthopaedic Surgery, dated 4/17/12 to 4/2/13;
- APA No. 12: Springs Memorial Hospital, dated 9/11/12;
- APA No. 13: Sanjay Nandurkar, M.D., dated 1/18/13 to 7/15/14;
- APA No. 14: Health & Rehabilitation Psychologists, dated 3/7/13 to 1/21/14;
- APA No. 15: Deposition of Dr. William Lehman, dated 1/9/13;
- APA No. 16: The Rehab Center, dated 3-7-13 to 10-31-13;
- APA No. 17: Columbia Rehabilitation Clinic, Inc, dated 1-21-14;
- APA No. 18: Patrick B. Mullen, MD, dated 2-28-14;
- APA No. 19: Leanna Hollenbeck, MS, dated 3-8-14; and
- APA No. 20: Video of Claimant.

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner to determine the issues set forth in the Parties' Forms 50 and 51. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment as a nurse with the Employer. Since that time the Defendants have paid for certain

medical treatment rendered to the Claimant for these injuries, and have also paid temporary total compensation to her.

The Claimant contends that she is permanently and totally disabled as a result of the accident which forms the basis for this case. She contends that she is entitled to an award of compensation for such permanent and total disability, as well as provision and payment for causally related medical care for the remainder of her life.

The Defendants agree that the Claimant has sustained some degree of permanent partial disability as a result of the accident here, but deny that the Claimant is permanently and totally disabled. The Defendants further agree that the Claimant is entitled to ongoing authorized, causally related and reasonable and necessary medical care which tends to lessen any disability sustained by her.

EVIDENCE IN THE CASE

The Claimant in this matter, Lettie Spencer, is currently 66-years of age and resides in

She is divorced and is the mother of two adult children.

Mrs. Spencer left school in the eighth grade, but obtained a GED and eventually earned a degree as a licensed practical nurse. She has worked as an LPN since 1982, and began working for NHC Parklane, the Employer in this case, in 2008. Her specialty and primary work interest is assisting individuals suffering from Alzheimer's Disease.

On June 22, 2011 the Claimant injured her lower back while pushing a medicine cart. She testified that as she pushed the cart from a carpeted area to a tile floor, the wheels on the cart stopped suddenly and she felt a sensation of pain in her lower back. While she finished her work shift on the date of the incident involved here, she has not returned to work with NHC

Parklane.

Mrs. Spencer has been evaluated by numerous physicians and other medical providers as part of this case. She has primarily received conservative medical treatment, to include use of prescription medication, physical therapy and lumbar spine injections in an attempt to relieve her pain symptoms.

Specifically, the Claimant has been treated by William Lehman, M.D. in Rock Hill. Dr. Lehman is of the opinion, following certain diagnostic testing, that Mrs. Spencer sustained a strain-type injury to her lower back which aggravated a pre-existing arthritic condition. He has prescribed pain medication for her and also referred her to Sanjay Nandurkar, MD for ongoing pain management treatment. Dr. Nandurkar's course of treatment has included the injection therapy and other treatment noted above.

In his report dated April 2, 2013 Dr. Lehman set forth that the Claimant has sustained a 9% permanent physical impairment to her lumbar spine as a result of the injury to her lower back. He also limited Mrs. Spencer to sedentary work activities.

Dr. Nandurkar prepared a Form 14B for this matter on February 9, 2014, which sets forth that Mrs. Spencer has sustained a 13% whole person impairment as a result of her injury. He also stated that the Claimant is limited to sedentary-type work. Finally, Dr. Nandurkar set forth that the Claimant will need future medical care in the form of "pain management, periodic spinal injections, medications, physical therapy, spinal cord stimulator."¹ The Claimant testified that she receives very limited relief from the spinal injections. She does obtain relief from the use of certain medication.

¹ Of note, the Claimant testified that she does not want to undergo implantation of a spinal cord stimulator.

Medical records for this matter also reflect that Mrs. Spencer was referred to a multi-week intensive rehabilitation program in Charlotte, North Carolina. There she received physical therapy and counseling from a social worker and psychiatrist. She testified that she received a great deal of benefit from this program, but lost those benefits after the program was completed.

The evidence for this matter indicates that the Claimant has also suffered some degree of symptoms of depression as a result of her injuries. She testified that she has lost as much as forty pounds of weight as a result of such symptoms. She is currently taking an anti-depressant, which appears to assist her with her symptoms.

The Claimant testified that she continues to experience lower back pain and problems using her legs on a continuous basis. She relates that her back pain normally measures as "6" on a scale of "0 to 10", with the higher numbers representing the more severe discomfort. She also relates that she cannot lift more than ten pounds, cannot sit for extended periods of time and experiences difficulty balancing herself, standing, walking and using stairs. She further testified that her sleep is often interrupted by her pain and discomfort.

Mrs. Spencer testified further that she is able to drive an automobile for up to two hours. She is also able to perform household chores to some degree, including work in her yard.

Extensive video evidence of the Claimant, obtained by representatives of the Defendants, was offered into evidence as part of this matter. In particular, that evidence demonstrates that during a period of time Mrs. Spencer was regularly present at a business location in Great Falls, South Carolina known as "Car Toys."

Mrs. Spencer testified that this business was operated by her son, and which

performed window-tinting and general automobile mechanical services until it closed in 2014. She testified on direct examination that she providing financing for the start-up of this business, and executed the lease and other documents to obtain utilities for the business.

The Claimant testified that believes that she is not capable of working as an LPN. Specifically, she relates that she cannot walk without difficulty, push a medicine cart or respond to the physical needs of her patients.

Counsel for the Claimant offered reports prepared by Patrick Mullen, M.D. and Leanna Hollenbeck, MS, CLCP, CRC in support of his position that the Claimant suffers from major depressive symptoms and is incapable of engaging in gainful employment at the present time.

Upon cross examination by Counsel for the Defendants, Mrs. Spencer admitted that as a health care professional it is very important that a provider obtain an accurate history from a patient before reaching a diagnosis and assessing that patient's condition and needs. She agreed that medical professionals must have accurate information in order to reach the opinions that they offer.

Mrs. Spencer agreed that Dr. Mullen's report for this matter indicates that she experienced minor medical problems until the accident in this matter, after which she began experiencing chronic pain and depression. She also agreed that Dr. Mullen's report included in her history that she had never received any psychiatric care.

The Defendants introduced records documenting medical treatment received by the Claimant prior to the accident involved in this case. Included in that evidence are records documenting treatment for Mrs. Spencer at Chester Regional Medical Center in January 2009.

In those records it is noted that she reported a past medical history of chronic pain and depression. The Claimant testified that she did not recall providing that information to providers at Chester Regional, but does not have information to demonstrate that the referenced medical report is inaccurate.

Prior medical records for Mrs. Spencer show that she underwent neck surgery in 2004. Medical records produced by Amy Dorn, M.D. demonstrate that in 2006 the Claimant reported symptoms of "hyperlipidemia, hypertension, chronic back pain, chronic neck pain status post-surgery, carpal tunnel syndrome, restless leg syndrome, smoking and anxiety." An insurance claim form prepared by the Claimant in 2005 reflects that she experiences neck pain and lower back pain.

The Claimant also admitted that she provided a history to Dr. Mullen to the effect that following the accident in this case, she had "to stay in her bed and the pain has grown worse." Upon questioning she stated that her problems have improved to the point where she does not "stay in bed all the time anymore."

Mrs. Spencer further admitted that she did not provide an accurate history to Dr. Mullen regarding her marital status. Dr. Mullen's report indicates that the Claimant resides with her husband, who is a truck driver and is not home on a regular basis. The evidence for this matter shows that Mrs. Spencer separated from her husband following a domestic dispute, and during which she was assaulted by him. When asked, she agreed that it is important for a mental health provider to fully understand the circumstances surrounding the stability of a patient's family life before reaching a medical opinion.

Dr. Mullen also set forth in his report that Mrs. Spencer "raised beautiful flowers,

but has not done any gardening since the accident." The Claimant testified that she does perform some yard work from time to time. She further agreed that Dr. Mullen's statement that she is "completely dysfunctional" is not accurate.

Mrs. Spencer agreed that Ms. Hollenbeck set forth in her report for this matter that she "reports being in agony by 5:00 p.m. after a day at home with little or no physical activity during the day." She also agreed that Ms. Hollenbeck understood that she "uses a cane when she leaves her home." The video evidence presented in this matter reflects no use of a cane by the Claimant. Further, she testified that she uses a cane only while outside and actually at her house.

Upon cross examination the Claimant also testified that she planned to work until she reached the age of sixty-years of age and then work part-time. She also testified that she wants to perform volunteer work to assist individuals suffering from Alzheimer's Disease.

The Parties stipulate that the Claimant is shown in the video sequences and segments offered into evidence in this case. The Claimant agrees that the video does show her outside of her home, driving by herself, shopping and performing errands at any given times of the day, including the morning, afternoon and into the evening and night. She further agrees that portions of the video sequences show that she walks on occasion without difficulty. She, however, contends that this is only for short distances.

With respect to the business known as Car Toys, Mrs. Spencer agrees that it was placed in her name, her name was on the lease, the power bill, water bill and the business checkbook. She also testified that she applied for the necessary permits to operate the business. She also stated that she paid the bills incurred by the business. When asked, she related that she

did not inform either Dr. Mullen or Ms. Hollenbeck that she was engaging in such business activities. She contends, however, that she never received any wages or compensation from Car Toys.

After Car Toys ceased operations, the evidence shows that Mrs. Spencer participated in winding-up its affairs. Segments of the video offered into evidence shows Mrs. Spencer assisting with clearing debris from the garage where the business was located.

Other video segments offered by the Defendants show the Claimant shopping. Specifically, she is shown emptying the contents of her shopping cart into her automobile.

One segment of video shows the Claimant operating her John Deere lawn tractor at 2:00 p.m. on July 29, 2014. Mrs. Spencer agrees that the outside temperature on that date, and at that time, was approximately ninety-seven degrees. A review of the videotape shows that the Claimant spent an extended period of time operating the tractor and cutting her large lawn. Additional video evidence shows the Claimant filling gasoline cans on other dates, which she agrees are used to supply gasoline to her tractor. Mrs. Spencer also testified that she is able to perform a number of these physical tasks with the assistance of her TENS Unit.

With respect to additional medical care Mrs. Spencer agrees that the injection therapy provided by Dr. Nandurkar only helps her briefly. She stated that there is no real use or benefit to be obtained from such injections.

Terry Sartin, the Claimant's son, testified as part of this matter. He stated that he actually operated the business known as Car Toys, which was financed by his Mother. He also testified that his Mother was depressed following her accident, and he encouraged her to get out of the bed and attempt to "do something." Upon cross examination, he admitted that his Mother

did perform some tasks for the business, including sweeping the floor areas and paying bills.

FINDINGS OF FACT

1. The purpose of the Hearing was to determine the issues set forth in the Hearing Notice and Forms 50 and 51, and any other matters which may have timely come before the undersigned Commissioner.

2. The Notice of the Hearing was timely and properly served upon all parties of interest.

3. The Claimant's average weekly wage is \$1,065.00. Her compensation rate is \$704.92, the maximum rate for 2011.

4. Venue for this matter is proper in Richland County, South Carolina.

5. The Claimant seeks compensation and benefits pursuant to the provisions of the South Carolina Workers' Compensation Law.

6. The South Carolina Workers' Compensation Commission has jurisdiction in this matter.

7. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.

8. The Defendants have paid the costs associated with certain medical treatment received by the Claimant for her injuries, and have also paid temporary total compensation to her.

9. Based upon the Form 14B prepared by Dr. Nandurkar the Claimant reached the point of maximum medical improvement on February 9, 2014, and with respect to the

injuries to her lower back and psyche.

10. Based upon the medical records and reports of Dr. Lehman and the medical records and reports of Dr. Nandurkar, the Claimant has sustained a 9% permanent physical impairment to her lower back, and a 13% whole person impairment, as a result of the injury to her lower back.

11. The Claimant testified that she intended to retire at the age of 66-years of age and is interested in performing volunteer work assisting individuals with Alzheimer's Disease.

12. Based upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such a business.

13. The Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for a permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and un-contradicted.

14. Based on the evidence when viewed as a whole, and particularly in light of the surveillance and my finding that the Claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with the impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work.

15. Therefore, based on the evidence cited above, Claimant sustained permanent partial disability to the back in the amount of 21%.

16. The opinions and conclusions of Dr. Mullen and Ms. Hollenbeck are given less evidentiary weight in this matter. This finding is due to the conflicts and inconsistencies between the evidence of the Claimant's prior health history and her testimony at the hearing for this matter, and the historical and factual conclusions set forth in their reports, and upon which these providers' opinions and conclusions are based.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant sustained injuries to her lower back and psyche on June 22, 2011, and as a result of an accident arising out of and in the course of her employment with the Employer.

2. The Claimant reached maximum medical improvement with respect to the injuries to her lower back and psyche on February 9, 2014.

3. Pursuant to S.C. Code Ann. § 42-15-60 (1976), and other applicable law and regulation, including the decision of Dodge v. Bruccoli, Clark, Layman, Inc., et al, 334 S.C. 574, 514 S.E.2d 593 (1999), the Defendants shall be responsible for the provision and payment of additional authorized, causally related and reasonable and necessary medical treatment for the injuries the Claimant sustained to her lower back and psyche.

4. The Defendants shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014.

5. The Defendants are not entitled to a credit for overpayment of temporary compensation beyond the date the Claimant reached maximum medical improvement from her injuries, as no Form 21 was filed in this matter.

6. Pursuant to S.C. Code Ann. § 42-9-30 (1976), and other applicable law and

regulation, the Claimant has sustained a 21% permanent partial disability to her lower back as a result of the accident in this matter, and shall be paid compensation therefor pursuant to the provisions of the Act.

6. Claimant has not met her burden of proving she is entitled to permanent and total disability benefits under § 42-9-10(A). Claimant has not demonstrated a total incapacity for work as a result of multiple physical injuries.

7. Benefits are to be awarded in accordance with § 42-9-30(21). Claimant has not met her burden of proving that she is entitled to permanent and total disability benefits in accordance with § 42-9-30(21) as she has not sustained a 50% or greater disability to the back.

8. The Claimant is entitled to a lump sum payment of the award of permanent partial disability in this matter, pursuant to the provisions of the Act, and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010).

ORDER

IT IS THEREFORE ORDERED that the Defendant shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014;

IT IS FURTHER ORDERED that the Defendant shall pay to the Claimant compensation for a 21% permanent partial disability to her lower back, in a lump sum, pursuant to the provisions of the Act and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010);

IT IS FURTHER ORDERED that the Defendants shall be responsible for that additional authorized, causally related and reasonable and necessary medical treatment for the injuries to the Claimant's lower back and psyche, pursuant to the provisions of the Act, and other applicable law and regulation, including the decision of Dodge v. Brucoli, Clark, Layman, Inc., et al. 334 S.C. 574, 514 S.E.2d 593 (1999).

IT IS SO ORDERED.


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).
March 12, 2015

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO. 1120778**

Lettie Spencer,

Employee / Claimant,

Appellant / Respondent,

Vs.

NHC Parklane,

Employer,

and

Premier Group Insurance Co., Inc.,

Carrier,

Appellants / Respondents.

Appellate Panel Decision and Order filed
September 11th, 2015

APPEARANCES:

Employee Appellant / Respondent represented by
Andrew W. Creech, Esquire
of Rock Hill, South Carolina

Defendants Appellants/Respondents represented by
Clarke W. McCants, III, Esquire
of Aiken, South Carolina.

STATEMENT OF THE CASE

The Parties were heard by Commissioner R. Michael Campbell, II on September 3, 2014 in Columbia, South Carolina. On March 12, 2015, he issued the following Order:

IT IS THEREFORE ORDERED that the Defendant shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014;

IT IS FURTHER ORDERED that the Defendant shall pay to the Claimant compensation for a 21% permanent partial disability to her lower back, in a lump sum, pursuant to the provisions of the Act and in accordance with the decision of James v. Anne's Inc., et al., 390 S.C. 188, 701 S.E.2d 730 (2010);

IT IS FURTHER ORDERED that the Defendants shall be responsible for that additional authorized, causally related and reasonable and necessary medical treatment for the injuries to the Claimant's lower back and psyche, pursuant to the provisions of the Act, and other applicable law and regulation, including the decision of Dodge v. Bruccoli, Clark, Layman, Inc., et al., 334 S.C. 574, 514 S.E.2d 593 (1999).

Within the statutory period, Counsel for the Employee and Counsel for the Employer and Carrier filed Applications for Review in this case setting forth their reasons, a copy of which was furnished to all interested Parties prior to oral argument presented before an Appellate Panel on June 15, 2015, and comprised of Commissioner Avery B. Wilkerson, Jr., Commissioner Aisha Taylor and Commissioner Susan S. Barden. All proffered testimony had been taken. Such, together with all documentary evidence, was delivered by oral argument to the individual members of the Appellate Panel convened on the aforesaid date.

By appeal, the Employee / Appellant respectfully submitted the following issues:

1. Did the Single Commissioner err in Finding of Fact No. 12 stating "Based upon the video evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with this business" when this finding is not supported by the preponderance of the evidence?

2. Did the Single Commissioner err in Finding of Fact No. 13 stating "the Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted" as this finding is not supported by the preponderance of the evidence?

3. Did the Single Commissioner err in Finding of Fact No. 14 stating "Based on the evidence as a whole, and particularly in light of the surveillance and my finding that the Claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with her impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work" as it is not supported by the preponderance of the evidence?

4. Did the Single Commissioner err in Finding of Fact No. 15 stating that the Claimant has sustained only a 21% permanent partial impairment to her back, when that finding is not supported by the preponderance of the evidence?

5. Did the Single Commissioner err in failing to find the Claimant is permanently and totally disabled per 42-9-10 and / or 42-9-30 and awarding lifetime medical to Claimant's low back and psyche - when all the medical evidence in the record states Claimant is totally disabled?

6. Did the Single Commissioner err in failing to make a finding under 42-9-20, regarding the extent of the Claimant's wage loss when wage loss was properly before the court as stipulated to the parties on the record; it is undisputed Claimant has sustained permanent injury to both back and psyche; and that the Claimant is physically unable to return to her former job as an LPN; and the Claimant submitted an unrefuted vocational evaluation noting Claimant is permanently and totally disabled, but in the alternative if she is able to find work, she will have a significant loss in earning capacity?

By appeal the Employer and Carrier / Appellants respectfully submitted the following issue:

1. Did the Single Commissioner err in finding as a fact and in concluding as a matter of law that the Defendants are not entitled to a credit for overpayment of Temporary Total Compensation?

In an Appellate Review, the Appellate Panel shall, pursuant to S. C. Code Ann. §

42-17-50 (1976), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the record for this matter, and listening to and considering the statements and arguments of Counsel, a majority of the Appellate Panel hereby makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. The Claimant sustained injuries to her lower back and psyche on June 22, 2011 as a result of an accident arising out of and in the course of her employment with the Employer.
2. The Defendants have paid the costs associated with certain medical treatment received by the Claimant for her injuries, and have also paid temporary total compensation to her.
3. Based upon the Form 14B prepared by Dr. Nandurkar the Claimant reached the point of maximum medical improvement on February 9, 2014, and with respect to the injuries to her lower back and psyche.
4. Based upon the medical records and reports of Dr. Lehman and the medical records and reports of Dr. Nandurkar, the Claimant has sustained a 9% permanent physical impairment to her lower back, and a 13% whole person impairment, as a result of the injury to her lower back.
5. The Claimant testified that she intended to retire at the age of 66-years of age and is interested in performing volunteer work assisting individuals with Alzheimer's Disease.
6. Based upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such a business.
7. The Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for a permanent and total disability. This finding is based upon the medical records and reports for this matter,

the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted.

8. Based upon the evidence when viewed as a whole, and particularly in light of the surveillance and our finding that the Claimant is physically active to a significant degree, the Panel is not persuaded that Claimant's disability to her back, combined with the impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total incapacity for work.

9. Therefore, based on the evidence cited above, Claimant sustained permanent partial disability to the back in the amount of 21%.

10. The opinions and conclusions of Dr. Mullen and Ms. Hollenbeck are given less evidentiary weight in this matter. This finding is due to the conflicts and inconsistencies between the evidence of the Claimant's prior health history and her testimony at the hearing for this matter, and the historical and factual conclusions set forth in their reports, and upon which these providers' opinions and conclusions are based.

CONCLUSIONS OF LAW

1. Pursuant to S.C. Code Ann. § 42-1-160 (1976), and other applicable law and regulation, the Claimant sustained injuries to her lower back and psyche on June 22, 2011, and as a result of an accident arising out of and in the course of her employment with the Employer.

2. The Claimant reached maximum medical improvement with respect to the injuries to her lower back and psyche on February 9, 2014.

3. Pursuant to S.C. Code Ann. § 42-15-60 (1976), and other applicable law and regulation, including the decision of Dodge v. Bruccoli, Clark Layman Inc., et al. 334 S.C. 574, 514 S.E.2d 593 (1999), the Defendants shall be responsible for the provision and payment of additional authorized, causally related and reasonable and necessary medical treatment for the injuries the Claimant sustained to her lower back and psyche.

4. The Defendants shall be allowed to stop payment of temporary total compensation to the Claimant effective September 3, 2014.

5. The Defendants are not entitled to a credit for overpayment of temporary compensation beyond the date the Claimant reached maximum medical improvement from her injuries, as no Form 21 was filed in this matter.

6. Pursuant to S.C. Code Ann. § 42-9-30 (1976), and other applicable law and regulation, the Claimant has sustained a 21% permanent partial disability to her lower back as a result of the accident in this matter, and shall be paid compensation therefor pursuant to the provisions of the Act.

7. The Claimant has not met her burden on proving she is entitled to permanent and total disability benefits under § 42-9-10(A). The Claimant has not demonstrated a total incapacity for work as a result of multiple injuries.

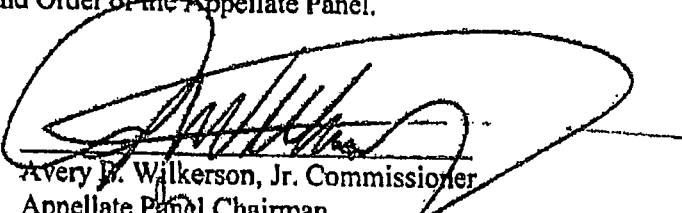
8. Benefits are to awarded in accordance with § 42-9-30(21). The Claimant has not met her burden of proving that she is entitled to permanent and total disability benefits in accordance with § 42-9-30(21) as she has not sustained a 50% or greater disability to the back.

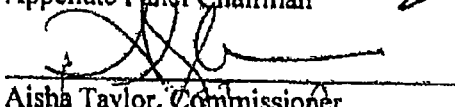
9. The Claimant is entitled to a lump sum payment of the award of permanent partial disability in this matter, pursuant to the provisions of the Act, and in accordance with the decision of *James v. Anne's Inc., et al.*, 390 S.C. 188, 701 S.E. 2d 730 (2010).

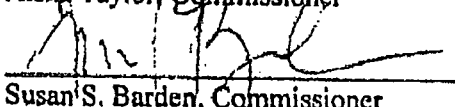
ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner filed in this matter on March 12, 2015 is hereby affirmed by a majority of the Appellate Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

SO ORDERED.


Avery B. Wilkerson, Jr. Commissioner
Appellate Panel Chairman


Aisha Taylor, Commissioner


Susan S. Barden, Commissioner

Dated: September 11th, 2015
Columbia, South Carolina

CERTIFICATE OF SERVICE

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

By Kim Falls on September 11, 2015

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 #: 1120778
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lettie L. Spencer SSN: _____ Employer's Name: NHC Parklane, et al
Address: _____ Address: 7601 Parklane Road
City: _____ State: _____ Zip: _____ City: Columbia State: SC Zip: 29223
Home Phone: _____ Work Phone: () _____ Insurance Carrier: Premier Group Insurance Company
Preparer's Name: Andrew W. Creech, Esquire Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324-7574

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

Date of Injury or Illness: 6-22-11

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

1. The claimant sustained an injury to low back, left leg, psyche (Part(s) of Body Injured) on 6-22-11 (Month/Day/Year) in Richland county, state of SC.
Body part(s) affected are: low back, left leg, left hip and psyche
2. Briefly describe how the accident occurred. Claimant was pushing a medical cart and it got stuck going through a door from tile to carpet. It jammed, causing sharp pain in low back through buttocks, hips and lower extremity.
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 6-24-11 (Month/Day/Year) in the following manner:
By reporting same to Patti Coates.

X7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: Claimant is at MMI

☒ (b) additional medical examination and treatment for: _____

X 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: Claimant is receiving TTD.

X9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):

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

9a. ☐ A determination of permanent disability is premature at this time.

X10. Due to the injury, the claimant has a serious bodily disfigurement consisting of:
N/A

10a. At the time of the injury, the claimant was paid weekly wages of \$1,065.00/wk, 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: None. Claimant requests order finding permanent and total disability ordering payment of remaining 500 weeks and lifetime medical to the back and psyche to include depression medication. Claimant requests lump sum; with lump sum attorney fee (Vica Langsdorf and any other benefits claimant may be entitled to).

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident:
SEE ATTACHMENT

11b. To the best of your knowledge, did you have any prior permanent disability? None.
If yes, describe: _____

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

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

14. Estimated time needed for hearing: 30 minutes

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

☒ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☒ b. Mediation is required pursuant to Reg. 67-1802.

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

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Clarke W. McCants III, Esquire, Nance & McCants, P O Box 2881 Aiken SC 29802 on the 28th day of February 2014, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Andrew W. Creech Attorney for Claimant acreech@elrodpope.com 2-28-14
Preparer's Signature Title Email 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

ROA 22

Attachment to WCC Form #50

Lettie L. Spencer
WCC File No. 1120778

11a. Dr. Thomas Motycka, Carolina Occupational Healthcare, LLC, 1715 Blanding St., Columbia, SC 29201; Chester Regional Medical Center, 1 Medical Park Dr., Chester, SC 29706; Dr. Randall G. Drye, Columbia Neurosurgical Associates, P.A., 720 Rabon Rd., Columbia, SC 29203; Dr. Tony Owens, South Carolina Pain Associates, 1 Wellness Blvd., Suite 200, Irmo, SC 29063; Dr. William Lehman of Carolina Orthopedic Surgery Associates, PA, 134 Professional Park Drive, Rock Hill, SC 29732; Dr. Nandurkar, Piedmont Interventional Spine, 834 W. Meeting St. Lancaster, SC 29720

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



WCC File #: 1120778

Carrier File #: _____

Carrier Code #: 1100

Employer FEIN #: _____

Claimant's Name: Lettie L. Spencer SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Injury: 6/22/11

Employer's Name: NHC Parklane

Address: 7601 Parklane Road

City: Columbia State: SC Zip: 29223

Insurance Carrier: Premier Group Insurance Co.

Preparer's Name: Clarke W. McCants, III

Law Firm: Nance, McCants & Massey

Preparer's Phone #: 803-649-6200

Date of Injury or Illness: 6/22/11

Estimated time for hearing: 30 minutes

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☒ Admitted ☐ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants admit injury to the low back only.
2. It is ☒ Admitted ☐ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ Admitted ☐ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☒ Admitted ☐ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☒ Admitted ☐ Denied notice of injury was given the employer. The reasons for denial are:
6. It is ☐ Admitted ☒ Denied the employee ☒ Needs ☒ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are: Upon information and belief, Claimant has reached maximum medical improvement.
7. It is ☒ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of: To be determined
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 623.47 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

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

Preparer's Signature

Title

Attorney for Defendants

mccants3rd@aol.com

Email

3/28/14

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 07/13

51

Employer's Answer to Request for Hearing

ROA 24

CERTIFICATE OF FILING AND SERVICE

I HEREBY CERTIFY THAT I HAVE this date filed the attached document(s)
with the South Carolina Workers' Compensation Commission, Post Office Box 1715, Columbia,
South Carolina 29202, and served a copy of said document(s) upon the following, by first class
mail with sufficient postage affixed thereto to insure proper delivery:

Andrew W. Creech, Esquire
Elrod-Pope Law Firm
P.O. Box 11091
Rock Hill, SC 29731

NANCE, MCCANTS & MASSEY

By: Erin P. Elam

Erin P. Elam, Paralegal
P. O. Box 2881
Aiken, SC 29802
(803) 649-6200 Ext.21

Dated: March 28, 2014



WCC File #: 1120778
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lettie Spencer SSN: _____ Employer's Name: National HealthCare (Parklane)
Address: _____ Address: 7601 Parklane Rd.
City: _____ State: _____ Zip: _____ City: Columbia State: SC Zip: 29223
Home Phone: _____ Work Phone: () - Insurance Carrier: Premier Group Insurance Company
Preparer's Name: Andrew W. Creech Law Firm: Elrod Pope Law Firm Preparer's Phone #: (803) 324 - 7574

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: (m/d/yyyy)
6/22/11

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).

Did the Single Commissioner err in finding of fact #12 stating "Based upon the video evidence submitted into evidence in this matter - the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with this business" when this finding is not supported by the preponderance of the evidence.

Did the Single Commissioner err in finding of fact #13 stating "the Claimant is not permanently and totally disabled, and is not entitled to an award of compensation for permanent and total disability. This finding is based upon the medical records and reports for this matter, the testimony of the Claimant and the extensive videotape evidence of the Claimant which is reliable and uncontradicted." As this finding is not supported by the preponderance of the evidence.

Did the Single Commissioner err in finding of fact #14 stating "Based on the evidence as a whole, and particularly in light of the surveillance and my finding that the claimant is physically active to a significant degree, I am not persuaded that Claimant's disability to her back, combined with her impairment to her psyche, diminishes her earning capacity to such an extent as to result in a total capacity for work" as it is not supported by the preponderance of the evidence.

Did the Single Commissioner err in Finding of fact #15 stating Claimant has sustained only a 21% permanent partial impairment to her back, when that finding is not supported by the preponderance of the evidence.

Did the single Commissioner Err in failing to find Claimant is permanently and totally disabled per 42-9-10 and/or 42-9-30 and awarding lifetime medical to Claimant's low back and psyche - when all the medical evidence in the record states Claimant is totally disabled.

Did the Single Commissioner err in failing to make a finding under 42-9-20, regarding the extent of Claimant's wage loss when: Wage Loss was properly before the court as stipulated to the parties on the record; It is undisputed Claimant has sustained permanent injury to both back and psyche; and that Claimant is physically unable to return to her former job as an LPN; and Claimant submitted an unrefuted vocational evaluation noting Claimant is permanently and totally disabled, but in the alternative if she is able to find work - she will have sustained significant loss earning capacity.

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.

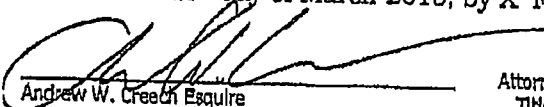
(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ 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 Clarke W. McCants, III, Esquire, Nance, McCants & Massey, Attorneys & Counselors at Law, PO Box 2881, Aiken, SC 29802-2881; Ms. Valerie Deller, Judicial Department, SC Workers' Compensation Commission, PO Box 1715, Columbia, SC 29202-1715 on the 13th day of March 2015, by ☒ First Class Postage ☐ Certified Mail ☐ Personal Service.


Andrew W. Creech Esquire

Attorney for Claimant
Title

acreech@elrodpope.com
Email

March 13, 2015
Date

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

RECEIVED

OCT 09 2015

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
South Carolina Workers Compensation Commission
Appellate Panel

SCWCC Case No. 1120778

Lettie Spencer, Employee, ... Claimant/Appellant,

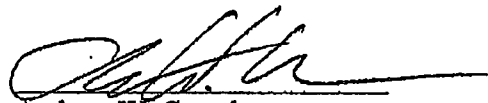
v.

NHC Parklane and
Premier Group Insurance Co. Inc., Appellants Defendants/Respondents

NOTICE OF APPEAL

Claimant, Lettie Spencer, appeals the order of the South Carolina Workers Compensation Appellate Panel dated September 11, 2015. Appellants received written notice of entry of this order on September 11, 2015.

October 9, 2015



Andrew W. Creech
Elrod Pope Law Firm
Attorneys at Law
212 E. Black Street
PO Box 11071
Rock Hill, SC 29732
(803) 324-7574

Clarke W. McCants III, Esquire
Nance, McCants, and Massey
Attorneys at Law
218 Newberry Street, S.W.
Aiken, SC 29801
ATTORNEY FOR RESPONDENT

Grounds for Appeal

1. Did the Appellate Panel of the Full Commission err in finding as an issue of fact and/or concluding as a matter of law "that Based on upon the video evidence submitted into evidence in this matter the Claimant is physically active to a significant degree. Based upon this evidence, as well as the testimony of the Claimant and her son regarding the operation of Car Toys, the Claimant is capable of performing some level of work associated with such business. (Finding of Fact No. 6).
2. Did the Appellate Panel of the Full Commission err in finding as an issue of fact and/or concluding as a matter of law that the Claimant is not permanently and totally disabled pursuant to Section 42-9-10 and/or 42-9-30, but rather that Claimant only sustained permanent partial disability of 21% to the back and that she failed to demonstrate a total incapacity for work. (Finding of Fact Nos. 7, 8, & 9 and Conclusions of Law Nos. 6, 7, and 8.
3. Did the Appellate Panel of the Full Commission err in failing to consider Claimant's permanent work restrictions – as set forth by three treating physicians, and two separate functional capacity evaluations ultimately concluding that Claimant qualifies for work restrictions which are considered "less than sedentary" pursuant to the DOT work classification guidelines.
4. Did the Appellate Panel of the Full Commission err in failing to make a finding or ruling as a matter of law whether or not Claimant has sustained a loss earning capacity/wage loss claim and to what extent pursuant to Section 42-9-20 – despite it being undisputed that Claimant was physically incapable of returning back to her former employment and the only evidence of record stating that though Claimant is unlikely to return to any gainful employment, in the unlikely case that she does return to work – she will have a 70% wage loss.

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1120778

LETTIE SPENCER,	)	
	)	HEARING
CLAIMANT,	)	BEFORE COMMISSIONER
	)	R. MICHAEL CAMPBELL, II
v.	)	
	)	<u>TRANSCRIPT</u>
NATIONAL HEALTHCARE,	)	
	)	
EMPLOYER,	)	
AND	)	
	)	
PREMIER GROUP INSURANCE	)	
COMPANY,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
	)	

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
11:00 A.M., WEDNESDAY, SEPTEMBER 3, 2014, SOUTH
CAROLINA WORKERS' COMPENSATION COMMISSION, 1333 MAIN
STREET, COLUMBIA, SOUTH CAROLINA 29202.

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

APPEARANCES

FOR THE CLAIMANT

ANDREW W. CREECH, ESQUIRE
ELROD POPE LAW FIRM
POST OFFICE BOX 11091
ROCK HILL, SOUTH CAROLINA 29731
803-324-7574

FOR THE DEFENDANT

CLARKE W. McCANTS, III, ESQUIRE
NANCE, McCANTS & MASSEY
POST OFFICE BOX 2881
AIKEN, SOUTH CAROLINA 29802
803-649-6200

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)

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

ROA 31

1 THE COURT: Today's hearing date is September
2 3rd, 2014. This is workers' comp case File Number
3 1120778. The Claimant is Lettie Spencer. Her
4 attorney is Andrew W. Creech. The Employer is
5 National Healthcare. The Carrier is Premier Group
6 Insurance Company represented by Clarke W. McCants,
7 III.

8 The date of accident is June 22nd, 2011. There
9 is an average weekly wage of \$1065.00 with a
10 corresponding rate of \$704.92. Is that correct?

11 MR. CREECH: Yes, Your Honor.

12 THE COURT: Okay.

13 MR. McCANTS: If I may. I've got \$656.73. It's
14 the max rate for 2011.

15 MR. CREECH: It's the max rate for 2011.

16 COMMISSIONER BECK: Well, one of you has \$656.73
17 is Clarke's and you've got \$704.92.

18 MR. McCANTS: It's the max rate for 2011 whatever
19 that is. I don't think he got seven -- 2011.

20 MR. CREECH: I don't I have that with me. I can
21 just --

22 MR. McCANTS: Can we just stipulate it's the max
23 rate and he and I will straighten it out?

24 THE COURT: Yes. Okay.

25 MR. McCANTS: Thank you.

1 MR. CREECH: Sorry about that.

2 THE COURT: And Mr. Creech, why don't you go
3 ahead and state your position for the record.

4 Excuse me. We're here to determine the issues
5 set forth in Claimant's Form 50 and Defendants' Form
6 51. I have received the APAs. Are there any
7 objections to APAs, jurisdiction, venue or any other
8 items?

9 MR. CREECH: None from the Claimant, Your Honor.

10 MR. McCANTS: Not from the Defendants, Your
11 Honor.

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

16 Let the record reflect that we are going to leave
17 the record open until the close of business on this
18 Friday, which that will be September 5th, to allow the
19 Claimant to review any video footage presented by the
20 Defendants in the APAs. And so with that, Mr. Creech,
21 would you state your position?

22 COMMISSIONER BECK: Are both sides conceding that
23 absent Mr. Creech providing us with additional footage
24 that Commissioner Campbell can review just the clip
25 excerpt without reviewing in total the hours of video?

1 MR. CREECH: Yes, sir.

2 COMMISSIONER BECK: In other words, the purpose
3 of him leaving the record open is for you to look at
4 the clips --

5 MR. CREECH: Correct.

6 COMMISSIONER BECK: -- portion and if there are
7 additional clips that you want to review you're going
8 to notify him of those additional excerpts. But the
9 expectation of counsel is that he's only going to
10 review the clip version CD submitted by Mr. McCants
11 absent of the additional one that you want him to look
12 at?

13 MR. CREECH: That's correct, Your Honor.

14 COMMISSIONER BECK: Mr. McCants?

15 MR. McCANTS: That's fair with the understanding,
16 obviously, that if he looks at a clip and wants to go
17 back to that clip and expand on it that's -- that's
18 not what --

19 COMMISSIONER BECK: I understand that --

20 MR. McCANTS: -- but it's limited to the clips,
21 but I'm sure you're not going to want to watch --

22 COMMISSIONER BECK: But your expectation after
23 him wanting to do that is everything you want him to
24 see is in that clip versus the CD?

25 MR. McCANTS: That's correct, Your Honor.

1 MR. CREECH: I just have no idea what he
2 compiled on the clip.

3 THE COURT: Okay. Mr. Creech.

4 BY MR. CREECH: Thank you, Your Honor. Clarke's
5 told me I need to be brief. I told him I don't know
6 if that's possible, but I'll find out.

7 MR. McCANTS: I didn't say that.

8 MR. CREECH: It's -- thank you, Your Honor. It's
9 Claimant's position that she is permanent and totally
10 disabled pursuant to 42-9-10 and/or 42-9-30.
11 Additionally, Your Honor, we -- in pre-trial I made an
12 oral motion that I also would be allowed to plead
13 42-9-20 which is the Wage Loss Statute and that --
14 that Motion -- there's no objection to that Motion.

15 MR. McCANTS: That's correct.

16 MR. CREECH: So, Your Honor, it's -- it's
17 Claimant's position that she's permanent and totally
18 disabled and we're requesting the Court to -- to
19 provide us with the commuted value of the remaining
20 benefits of 500 weeks issued in a lump sum. I'm
21 asking for lump sum attorney's fees with James v. Anne
22 apportionment language in the Order and we're asking
23 for lifetime medical for -- and Dodge medical pursuant
24 -- related to all injured body parts. Again, in our
25 pre-trial we went over the medical in depth and so I'm

1 -- and y'all have all the medical to review; it's now
2 in evidence so I'm not going to do that again. I
3 would again just like to bring the Court's attention
4 that essentially every piece of medical evidence in
5 this case suggests that she's permanent and totally
6 disabled and that there is zero evidence been
7 submitted by the Defense to refute that.

8 THE COURT: Okay. Mr. McCants.

9 BY MR. McCANTS: Thank you, Commissioner. As we
10 did discuss during the extensive pre-hearing
11 conference our -- my clients' position is that Ms.
12 Spencer is not permanently and totally disabled. That
13 this is an accepted case; it was a mild type sprain
14 injury to her lower back; that the medical does, in
15 fact, support that. I would again invite you to Dr.
16 Drye's report, the various diagnostics have been taken
17 in this case, specifically the CT Scan of Ms.
18 Spencer's lower back that was performed. And as we
19 discussed also, we -- we have submitted surveillance
20 of the Claimant in this case. I think that coupled
21 with her testimony as a very valuable source of
22 information leads you to a ruling in this case, so I'm
23 going to respectfully ask you to focus on all the
24 evidence; and I'm sure you will. As to recent
25 decisions I think again our Supreme Court has

1 instructed us practitioners, and the Commission is an
2 Administrative Agency within it, that's what we're
3 here for. We've got a rating in this case, at least
4 from the authorized physician, Dr. Lehman, nine
5 percent to the lower back. I think we're working off
6 of that and I thank you again for your consideration.

7 COMMISSIONER BECK: Mr. McCants, we didn't talk
8 about this during the pre-hearing conference, but the
9 back and the psyche are both admitted; is that
10 correct?

11 MR. McCANTS: That's correct.

12 COMMISSIONER BECK: Did you see --

13 MR. CREECH: I did -- that was one of the
14 surveillance -- because I haven't had an opportunity
15 to either review the compiled disc, that's the last
16 one that Clarke did and it was taken just a month ago
17 and --

18 THE COURT: This is the one -- is that from July
19 29th?

20 MR. McCANTS: No, that's probably August, two or
21 three days after this -- which is in my compilation;
22 if you're talking about this shopping and (inaudible)?

23 MR. CREECH: You can disregard that if you need
24 to.

25 COMMISSIONER BECK: You want that back?

1 MR. CREECH: Sure. Why don't we do this; I will
2 look at -- if you don't mind letting me look at it and
3 make sure it's in there and if it's not I'll notify
4 you and then we'll submit it.

5 COMMISSIONER BECK: Why don't we do this; why
6 don't we go ahead and mark that Claimant's one.

7 MR. CREECH: Yes, sir.

8 COMMISSIONER BECK: You're going to look at the
9 excerpts anyway.

10 MR. CREECH: Yes, sir.

11 COMMISSIONER BECK: If you come back and say
12 everything is in the excerpts that I want he only has
13 to look at this one; the selected video clips one.

14 MR. CREECH: Right.

15 COMMISSIONER BECK: So we're going to mark that
16 as Claimant's one and we're going to mark these as
17 Defendants' one through three and four; four being the
18 excerpts.

19 MR. McCANTS: You've got -- so you're now going
20 to have four -- five discs?

21 COMMISSIONER BECK: Yes. Your four and the
22 Claimant's one.

23 MR. McCANTS: That's right.

24 (Claimant's Exhibit No. 1, Surveillance CD,
25 marked for identification and entered into the

1 record.)

2 (Defendants' Exhibit Nos. 1 through 4,
3 Surveillance CDs, marked for identification and
4 entered into the record.)

5 THE COURT: Mr. Creech, do you have anything to
6 add?

7 MR. CREECH: No, Your Honor, that's our -- that's
8 our position.

9 THE COURT: Mr. McCants?

10 MR. McCANTS: No, sir.

11 THE COURT: Okay. Mr. Creech, your witness.
12 How are you today?

13 THE WITNESS: I'm good, thank you.

14 THE COURT: I just have a couple of instructions
15 for you. First of all, please, if you would, when
16 you're answering a question please speak up. We don't
17 have any microphones in the room and both the
18 attorneys need to hear you, I need to hear you, most
19 importantly the court reporter needs to hear you, so
20 please make sure that you speak loudly and clearly for
21 us, if you would. Also, if you're asked a yes or no
22 answer please indicate with a verbal yes or no answer.
23 Uh-huh, huh-uh is too easily misunderstood, nodding
24 your head like I do all the time, it slows her down.
25 She has to see you do that, she has to reflect that in

1 the record, so please a clear yes or no answer. Do
2 you have any questions? Do you understand this?

3 THE WITNESS: I understand.

4 THE COURT: If you would, please raise your right
5 hand. Do you swear or affirm that the testimony that
6 you're about to give is the truth, the whole truth and
7 nothing but the truth?

8 THE WITNESS: I do.

9 THE COURT: Thank you, ma'am. Please state for
10 the record and spell for the record your full name.

11 THE WITNESS: Lettie Spencer, L-E-T-T-I-E,
12 S-P-E-N-C-E-R.

13 THE COURT: Thank you, Ms. Spencer. Your
14 witness.

15 MR. CREECH: Thank you, Your Honor, and with the
16 Court's permission and with Clarke, I may lead her a
17 little bit and Clarke, if I get out of line or start
18 getting to the juice of the stuff you let me know and
19 I'll stop.

20 MR. McCANTS: Thank you, I certainly will.

21 Lettie Spencer,
22 Having first been duly sworn, testified as follows:

23 DIRECT EXAMINATION

24 BY MR. CREECH:

25 Q All right. Ms. Spencer, you're

1 right now?

2 A Yes.

3 Q Okay. All right. And you're recently
4 divorced; is that right?

5 A Yes.

6 Q And that was as of within the last year?

7 A Yes.

8 Q Okay. All right. And you have a couple of
9 children?

10 A Yes.

11 Q Two sons; is that right?

12 A Yes.

13 Q Okay. And one of them is here today,
14 actually; is that right?

15 A Yes.

16 Q Do either of the boys live with you?

17 A Terry lives with me most of the time, yes.

18 Q Okay. And how far did you go in school?

19 A In school, to the eighth grade.

20 Q All right. And did you ever go back to
21 school?

22 A I did, I went to night school while my sons
23 were in the same high school during the day. I
24 obtained my GED. From there I went into a CNA program
25 to make sure a nurse is what I wanted to be. After I

1 completed that program got certification as a CNA then
2 I applied for the School of Nursing in Orlando,
3 Florida and they accepted me into that school. And I
4 believe that was 1982.

5 Q And did you eventually complete that nursing
6 program and get a degree?

7 A I did.

8 Q Okay. What type of certificate or degree
9 did you get?

10 A Licensed Practical Nurse.

11 Q All right. And I believe you said that was
12 in 1982. Have you essentially worked as an LPN from
13 that day forward?

14 A Yes.

15 Q Okay. Is that the only type of work you
16 have done since 1982?

17 A Yes.

18 Q Okay. All right. And I believe -- it's my
19 understanding that you first started working for NHC
20 Parklane 15 years ago?

21 A Not Parklane.

22 Q Okay. Tell me where you -- tell me about
23 that.

24 A In 1997 I went to work for NHC Orlando,
25 Florida.

1 Q Got you. Okay. Same company, different
2 location?

3 A Right.

4 Q Okay. All right. And -- and were you
5 working there as an LPN?

6 A Yes.

7 Q Okay. And were you dealing with Alzheimer's
8 patients there?

9 A Yes.

10 Q Is that your passion?

11 A That's my passion.

12 Q And eventually did you move to South
13 Carolina?

14 A Yes.

15 Q Okay. And where did you go to work in South
16 Carolina?

17 A At first I worked at Chester Nursing Center
18 and then I found NHC Parklane and I knew the values of
19 that company; they're a great company, they take
20 excellent care of their patients and that's where I
21 wanted to work.

22 Q And did you go back to work there?

23 A I did.

24 Q Okay. And do you remember when you went
25 back to work there, what -- what year that was?

1 A I don't -- don't recall, no.

2 Q Have you got any idea how long you were
3 working there before you got hurt?

4 A Approximately three years.

5 Q Okay. All right. And did they put you back
6 to work at the Alzheimer's unit?

7 A Yes, eventually they did.

8 Q Okay. And our records show that you were
9 making approximately \$1062.00 before the tax man took
10 taxes out; does that sound -- does that sound about
11 right to you?

12 A It sounds about right.

13 Q Okay. All right. And it's my understanding
14 you hurt your back on June 22nd, 2011; does that sound
15 right?

16 A I'm not sure if it was 2010 or 2011.

17 Q They all kind of run together?

18 A Yes.

19 Q I know the feeling. Do you remember when
20 you hurt yourself?

21 A Yes.

22 Q All right. Tell us what happened.

23 A I was pushing a medicine cart. It was
24 around 1:00 in the afternoon, maybe a quarter 'til
25 1:00 and I was going from a carpeted area to a tiled

1 area and there's this little -- I don't know what you
2 call that thing that separates the carpet from the
3 tile; a little strip of something. And the wheels on
4 the medicine carts are very small and when I got the
5 med cart, the front wheels to that strip I don't know
6 if a wheel was locked on it, I don't know what -- it
7 didn't want to go over the little hump so I gave it a
8 push; and when I did then I felt pain in my back. And
9 so I -- I completed my shift; I remember I was off the
10 next day. I did not do an incident report that day
11 because I was going to be off the next day and I
12 thought, well, I'm going to be okay. If I go home and
13 I rest all day tomorrow I'll be okay, you know, I just
14 -- just thought, you know, it was -- it was -- I hurt
15 at the moment, it wasn't going to be permanent. And
16 so it -- it didn't get better it got worse and as the
17 days and the weeks and the months passed it continued
18 to get worse. When I went back to work after my day
19 off I notified the Directory of Nursing; her name is
20 Patty. I can't recall her last name at the moment,
21 but I did an incident report that same day. After I
22 finished my shift I went to the company doctor who is
23 on Blanding Street here in Columbia.

24 Q Okay. And eventually did you get referred
25 to see Dr. Lehman?

1 A I did.

2 Q And do you remember what type of doctor

3 Dr. Lehman is?

4 A I believe orthopedic.

5 Q Okay. And were your visits -- when you saw

6 Dr. Lehman who paid for those visits?

7 A I paid for the first visit, workers' comp

8 paid --

9 Q -- for the rest of them?

10 A Yes.

11 Q Okay. All right. And do you remember what

12 all Dr. Lehman did for you?

13 A I -- I believe he did the dye test in my

14 back.

15 Q Okay.

16 A If it wasn't him it was Dr. Nan De Caro.

17 All these doctors and visits, and this -- I can't keep

18 my dates straight anymore.

19 Q That's okay. Do you think Dr. Lehman did

20 physical -- ordered physical therapy for you?

21 A I think he did.

22 Q Did he recommend you have some injections in

23 your back?

24 A I think he did.

25 Q Do you remember having injections in your

1 back?

2 A Yes.

3 Q Tell me about those. Did they help you at
4 all? How many injections do you remember having?

5 A Dr. Owens did one or two. Dr. Nandurkar did
6 two. And I think Dr. Lehman did that -- where they
7 put dye in.

8 Q Okay.

9 A And I think that's right. I am not a
10 hundred percent sure which doctor ordered --

11 Q Okay. Let me ask you this: Ultimately, did
12 Dr. Lehman think you needed surgery?

13 A No.

14 Q And you never had -- and you still haven't
15 had surgery?

16 A No.

17 Q All right. And -- but I believe while you
18 were treating with Dr. Lehman, did he refer you to Dr.
19 Nandurkar?

20 A Yes.

21 Q Do you remember what type of Dr. Nandurkar
22 is?

23 A He is a pain doctor.

24 Q And I believe you said just a minute ago
25 that Dr. Nandurkar has given you a couple of

1 injections; is that right?

2 A Yes.

3 Q And did those injections help you?

4 A They did for a few hours during the time
5 that my back was completely numb from the injection.
6 That is the most relief I have had from my back, is
7 when it was totally numb. The injections I think
8 helped a day or two, but no.

9 Q Okay. All right. And in addition did Dr.
10 Nandurkar start -- did he prescribe you pain
11 medications?

12 A Yes, he did.

13 Q And what type of pain medications is he
14 prescribing you; do you know?

15 A Nucynta and Zanaflex.

16 Q The Nucynta, how many times do you take that
17 daily?

18 A Three times, every eight hours.

19 Q And what about the Zanaflex?

20 A The Zanaflex is as needed. It's -- if I
21 overdo -- you know, if I walk too long, I take one.
22 It's a -- it's a muscle relaxer.

23 Q It's as needed?

24 A As needed, yes. If I do anything strenuous,
25 like attempt to vacuum, which I can't, I've tried and

1 it just hurts too bad; the next day I can't do
2 anything; I take one.

3 Q How many times do you take this -- how many
4 times do you need this as needed Zanaflex? How many
5 times a week?

6 A Five or six times a week.

7 Q Okay. So you need it almost every day?

8 A Almost every day.

9 Q All right. Now, in addition to Dr.
10 Nandurkar, did workers' comp send you to a
11 rehabilitation program?

12 A Yes, they did.

13 Q Can you tell the Court a little bit about
14 this program; how long you were there; what all they
15 did for you?

16 A It was a rehab program. They had --
17 workers' comp had me picked up at 6:00, 6:15 in the
18 morning at my house. They drove me to Charlotte to
19 the Rehab Center. And at the Rehab Center they have a
20 psychiatrist, a social worker, a medical doctor and
21 several physical therapists. And I spent time, at
22 least once a week with the social worker, once a week
23 with the medical doctor. Maybe it was more often with
24 the medical doctor. Once a week with the psychiatrist
25 and physical therapy every day. And initially it was

1 ordered for four weeks, but I was doing really well, I
2 thought, I was giving it my best, and so they asked
3 for an extension for two more weeks.

4 Q And did you want that extension?

5 A I did. I felt better while I was going
6 there. Of course, I've lost all the affects of the
7 benefits I gained, but I felt better.

8 Q I know we are talking about what they are
9 doing. Were you in physical therapy?

10 A Physical therapy.

11 Q Were they teaching you coping mechanisms for
12 your pain?

13 A Yes.

14 Q Okay. And they were trying -- in addition
15 to back pain, have you -- have you been diagnosed with
16 depression?

17 A Yes.

18 Q Okay. And -- and since your accident, how
19 -- how much -- what's the most amount -- did you
20 experience substantial weight loss at one point?

21 A I did.

22 Q Okay. How much -- what's the high -- the
23 greatest amount of weight that you have lost at one
24 point?

25 A Well, I believe when I had the accident I

1 weighed about 134/135. And I got down to I think 102
2 or 103. I was very depressed when I was taken out of
3 work because --

4 THE COURT: Take your time, ma'am.

5 Q During -- during this rehab program did they
6 have you talking with a psychologist?

7 A Yes.

8 Q And did -- did you feel like you had got
9 some benefit from this program with regards to your
10 depression?

11 A No.

12 Q It did not help your depression?

13 A No.

14 Q Have you subsequently been prescribed an
15 antidepressant?

16 A Yes.

17 Q Okay. Who is prescribing you that
18 antidepressant?

19 A My family doctor.

20 Q Okay. What -- what drug is he giving you?

21 A Vybrid.

22 Q Okay. And since taking that have you
23 noticed any improvement in your depression?

24 A Yes.

25 Q Have you actually started gaining some

1 weight back?

2 A I'm up to 110.

3 Q So you've got a way to go?

4 A Yes.

5 Q And are you continuing to take that Vybrid?
6 Is it your understanding you are going to need that on
7 an indefinite basis?

8 A Yes.

9 Q All right.

10 A Can I go back to that question you asked?

11 Q Which -- sure.

12 A I was depressed when they stopped me from
13 working because there was several of my patients that
14 were getting to end stage of dementia and my job was
15 to help the families cope and get through that. And I
16 was good at that. I was good at my job. And I felt
17 like that I left my job unfinished when they took me
18 out of work, so that was the major cause of my
19 depression. Because my -- my families depended on me
20 for answers to their questions about their loved one's
21 dementia, which I have extensive training in.

22 Q Understandable. Going back to your medical
23 treatment, you successfully completed the rehab
24 program?

25 A I did.

1 Q And upon completion of the rehab program,
2 did you continue to treat with Dr. Nandurkar?

3 A Yes.

4 Q All right. And -- and is Dr. Nandurkar
5 still prescribing you the Nucynta and Zanaflex?

6 A Yes.

7 Q Okay. And is it your understanding you are
8 going to need that medication on an ongoing basis
9 indefinitely?

10 A Yes.

11 Q Does the medication help you?

12 A It helps, but nothing helps a hundred
13 percent.

14 Q Are there -- it helps with the pain, but are
15 there side affects to the medication as well?

16 A Not gastrointestinal side effects. I have
17 --

18 Q Well, how does it make you feel? Mentally,
19 does it make you feel any different?

20 A Drowsy. It just -- I think it affects my
21 memory somewhat.

22 Q Okay. At one point did Dr. Nandurkar talk
23 to you about a spinal cord stimulator?

24 MR. MCANTS: I am going to object to any hearsay.

25 THE COURT: Please rephrase the question.

1 BY MR. CREECH:

2 Q Ms. Spencer, do you want a spinal cord
3 stimulator?

4 A No.

5 Q Did you watch -- have you watched a video on
6 spinal cord stimulator?

7 A Yes.

8 Q Have you talked -- have you researched the
9 effects of a spinal cord stimulator, both negative and
10 positive?

11 A I've done some research, yes.

12 Q Okay. And -- and can you tell The Court
13 what's kind of lead you to decide not to have it?

14 A My neighbor, who we are pretty close, has
15 one, and she's had it for several years and she said
16 that --

17 MR. MCCANTS: Objection.

18 THE COURT: You can't say what she said because
19 that's hearsay and she's not here to testify as to
20 what she said.

21 A Okay.

22 Q What type of results did your neighbor have
23 from the spinal cord stimulator?

24 MR. MCCANTS: I -- respectfully, Commissioner, I
25 -- I think that's calling for not only information

1 that I'm not entirely sure she's familiar with, but
2 it's kind of looking for an opinion, it's medical type
3 --

4 THE COURT: Sustained.

5 MR. MCCANTS: I don't have any problem with her
6 testifying to how she -- what actions she observed or
7 how she appeared and things like that, to her.

8 BY MR. CREECH:

9 Q You have a neighbor that has a spinal cord
10 stimulator?

11 A I do.

12 Q From the observations that you saw, that you
13 personally witnessed when your interactions with this
14 neighbor, did she -- did she have any benefit from her
15 -- that implantation of the spinal cord stimulator?
16 Did it benefit her?

17 A No.

18 Q Okay. All right. Let's talk about your
19 problems that you are having today, where you are
20 today. Okay? Dr. Nandurkar has technically released
21 you from his care; is that right?

22 A Yes.

23 Q Okay. But you're still treating with him
24 indefinitely?

25 A Yes.

1 Q Okay. Are you still having back pain today?

2 A Yes.

3 Q Tell me about your back pain. Does it come
4 and go? Is it constant? How would you describe it?

5 A It's constant, and it's worse in the
6 evenings. If I don't lay down sometimes during the
7 day -- like if I get up at 6:00 and it's 9:00 o'clock
8 before I go to bed, I'm in agony by then. And
9 actually the pain medication does not last eight
10 hours. After about the first four to five hours the
11 pain is coming back, but then I still have to wait.
12 Sometimes that's when I take a Zanaflex, to break
13 through the pain. I have to wait eight hours before I
14 can take it again.

15 Q Okay. Do you have back pain right now?

16 A Yes.

17 Q Okay. We use a zero to ten, zero being no
18 pain, ten you need to go to the hospital; how would
19 you rate your pain right now?

20 A A six.

21 Q Okay. Would you say during most days that's
22 kind of where it stays?

23 A Most days; unless I'm sleeping.

24 Q Does it feel better when you lay down and
25 sleep?

1 A Yes.

2 Q What about -- you mentioned recliner. Do
3 you get relief when you lay in your recliner?

4 A Yes, I do. If I sit there long enough it
5 eases -- my back pain eases -- eases off enough that I
6 can take a nap. And as long as I am in that recliner
7 chair, after I take a short nap, I don't move around,
8 I'm -- I'm good. But when I get up it's there. When
9 I get out of the chair it comes right back.

10 Q Let's talk about lifting. Do you have
11 problems lifting stuff?

12 A Yes.

13 Q How much -- how much weight do you think you
14 can lift?

15 A Not much more than ten pounds.

16 Q Could you lift more than that before you got
17 hurt?

18 A Yes.

19 Q Okay. What about sitting for long periods
20 of time?

21 A That's not comfortable; depending on the
22 type of chair.

23 Q You can drive; is that right?

24 A Yes.

25 Q How long do you think you can -- how -- how

1 long could you drive before you need to kind of stop
2 and pull over?

3 A It would be two hours at the most. But I
4 had to stop coming from my house to here this morning.

5 Q So some days are better than others?

6 A Yes, absolutely.

7 Q What about standing and walking?

8 A I do better walking. Standing in one spot,
9 I get -- that's very painful. To stand -- to just
10 stand in one spot, that's very painful.

11 Q Do you get some relief walking?

12 A No relief, but it -- I don't want to be in a
13 wheelchair either, so I walk as much as I can to keep
14 my legs strong.

15 Q Okay. Problems with stairs?

16 A Yes..

17 Q Do you have any -- do you have -- I mean do
18 you have problems with balance, like stepping upwards?

19 A I do. My balance is not as good as it was;
20 I have a fear of falling. And I have three steps at
21 my house that I have to go up, even when I'm coming in
22 or out. I have a place there, if I've been to the
23 grocery, I have a place there I can bring my groceries
24 up and put it on this place and then go up the steps
25 and get it and then go inside with it.

1 MR. CREECH: And Your Honor, in the -- in the
2 surveillance video that's been produced, I'll
3 highlight the clip, but there are clips -- of course,
4 she has no idea she's being videotaped and she can't
5 even step up a six inch curb without having to use a
6 car for support. I'll highlight that in my
7 submissions later on.

8 Q Before you got hurt did you have a hundred
9 percent use of your back?

10 A I did. I mean I had -- it wasn't nothing
11 that I didn't do, that I couldn't do.

12 Q Any problems doing your job at all?

13 A No.

14 Q Okay. How much use do you feel like you
15 have with your back right?

16 A Not much.

17 Q If you had a hundred percent before, what do
18 you think you have now?

19 MR. MCCANTS: Commissioner, to the extent that's
20 asking for an opinion as to impairment rating, I
21 object.

22 MR. CREECH: I'm not asking for an impairment.
23 I'm asking for her lay opinion on how much loss of use
24 she has sustained. I think she's capable of that.

25 MR. MCCANTS: She's testified as to that.

1 THE COURT: Sustained.

2 Q Do you have problems sleeping nowadays?

3 A Yes, sir.

4 Q Okay. Tell me about that.

5 A In the mornings my back wakes me up before
6 -- before daylight. I have to just get up and get out
7 of bed. Going to sleep at night I -- I have medicine
8 that I take at night time to help me sleep throughout
9 the night. So after I take my medicine, it takes a
10 while after I am laying down for my back to stop
11 hurting enough that I -- I can go to sleep, when I
12 have taken my medication.

13 Q We've talked a lot about your back. In
14 addition to your back do you have problems with your
15 legs?

16 A I do.

17 Q Tell the Court a little bit about what's
18 going on with your -- is it -- is it one leg or both
19 legs? Tell me -- tell me about that.

20 A In the beginning it was mostly my left -- my
21 left leg, but it -- now it feels like it's both legs
22 that are affected. The cramps, when my back has a
23 muscle spasm, it shoots down my legs.

24 Q When you say shoots down, explain -- what do
25 you mean?

1 A A sharp stabbing pain.

2 Q Okay. How often are you experiencing these
3 leg issues?

4 A Daily.

5 Q It's not all the time?

6 A No, not all the time.

7 Q But it -- it's happening daily?

8 A Yes.

9 Q We've talked a little -- we've talked pretty
10 in depth about some of the pain and problems you
11 having; but there are still things that you can do; is
12 that right?

13 A Yes.

14 Q Okay. And I believe we talked about you are
15 still able to drive a car?

16 A Yes.

17 Q And I think you actually said you -- on a
18 good day you think you could sit in a car and drive up
19 -- for up to two hours?

20 A Yes.

21 Q Are you able to clean your house?

22 A I can dust and clean the kitchen. Vacuum is
23 the thing I cannot do, or shampoo the carpet; I cannot
24 do that. I can do it, but the next day or so I'm
25 incapacitated. It makes my back hurt so bad then,

1 it's just -- I'd rather have a dirty floor than my
2 back hurt that bad.

3 Q You're still able to shop, aren't you?

4 A Yes.

5 Q Okay. And you go to the grocery store?

6 A Yes.

7 Q And you run errands?

8 A Yes.

9 Q Okay. Do you have problems shopping?

10 A No. I do tell the people don't make one bag
11 too heavy. If I'm buying single bottles of water,
12 I'll say just put three bottles in this bag. They're
13 -- they're -- most of the stores I go to know to not
14 to make the bags too heavy.

15 Q And now are you -- are you walking around
16 the grocery store carrying baskets, or how are you
17 getting around in the store?

18 A No, the shopping cart, and the care also I
19 lean on it. It helps take some pressure off my back
20 as I'm shopping, as I'm walking.

21 Q Okay. And you're still able to do some yard
22 work?

23 A Yes.

24 Q Tell me about -- tell me about your yard
25 work. What all can you do out in the yard?

1 A I can pull weeds from my flower beds. And
2 when I was at therapy we did a lot of squatting, a lot
3 of kneeling.

4 Q How -- how does that make your back feel?

5 A When I squat for a few minutes it makes my
6 back feel a lot better.

7 Q It helps you?

8 A Yes, but I can't stay in that position very
9 long; I wish I could. Anyway I can -- I can pull
10 weeds out of my flower garden. I can take my little
11 hand snips and -- and -- and trim my bushes. I have a
12 little plastic wheelbarrow. I can roll it over there
13 and dump it out. There -- there are places in my yard
14 where I can ride the lawnmower and cut the grass if I
15 have my TENS Unit on and turned up pretty high.

16 Q All right. And you know that people have
17 followed you around videotaping you?

18 A Yes.

19 Q That's no surprise to you?

20 A No.

21 Q Okay. And you haven't curbed what you can
22 and cannot do as a result of that, right?

23 A Right.

24 Q All right. And the video shows you going to
25 a place of business for a period of time. Do you know

1 what I'm talking about?

2 A Yes.

3 Q All right. It looked like a tire business
4 to me, but can you tell the Court what type of
5 business we're talking about.

6 A It's a business where they do window tint,
7 oil changes on cars, sell tires; they fix flat tires;
8 they work on cars, motor problems.

9 Q Okay. Who owns -- what was the name of the
10 business?

11 A Car Toys.

12 Q Who is the owner of the business?

13 A My name was on as the owner.

14 Q Okay. Who ran the business?

15 A My son.

16 Q Why -- why was your name -- why were you
17 named as the owner?

18 A Well, he doesn't have a driver's license.
19 He didn't have the money to start, so I just -- as a
20 gift.

21 Q Did you finance the business?

22 A Finance? Yes, I did.

23 Q How did you finance this business?

24 A I paid the utilities, I paid the rent.

25 Q What money did you use to finance it?

1 A I pulled my 401K money.

2 Q So you cashed in your 401K to help your son?

3 A Yes.

4 Q All right. Did you ever receive any type of
5 financial payment, financial benefit from this
6 business?

7 A No.

8 Q Did you ever work as an employee in any
9 capacity for this business?

10 A No. No.

11 Q Okay. All right. Now, would you often go
12 to this business?

13 A Yes.

14 Q All right. Tell me why -- why would you go
15 there?

16 A My son would ask me to come. Mom, I don't
17 want you sitting around home being depressed all day,
18 come on -- come on down to the shop. I love talking
19 to people so I did enjoy going down there. But I
20 didn't go every day.

21 Q Okay. How often would you go down there?

22 A It just depended. Sometimes I'd go
23 three, four, five times a week. Sometimes I'd skip a
24 week. I had no set schedule. I'd come and -- you
25 know, I'd come and go as I pleased.

1 Q When you were at this business, where were
2 you kind of hanging out?

3 A I did a lot of walking there, but there's a
4 little sofa inside, and a TV and a computer. If my
5 back started bothering me too much I could lay down on
6 the sofa during the daytime when I was there; I
7 watered plants, once in a while I'd sweep a little
8 bit.

9 Q Is this place still in business today?

10 A No.

11 Q Okay. What happened?

12 A It -- the town's very small. There just
13 wasn't enough money coming in to keep it going there.

14 Q Okay. So you cashed in your 401K and the
15 business dissolved?

16 A Yes.

17 Q All right. And you -- you've met Mr.
18 McCants on several occasions; is that right?

19 A Yes.

20 Q Okay. And he's deposed you a couple times?

21 A Yes.

22 Q And I believe at one point he asked you did
23 you -- did you ever have a plan of retiring and do you
24 remember what your answer was?

25 A I believe my answer was to retire at 66 and

1 work part-time a couple days a week.

2 Q Was that before or after you cashed in your
3 401K?

4 A Before.

5 Q Okay. Would -- would cashing in your 401K
6 affect your plan?

7 A No, not if I was well, no.

8 Q Not if you were -- I'm sorry.

9 A I said no it wouldn't.

10 Q What do you mean by that?

11 A Repeat the question.

12 Q You said ultimately your plan was when you
13 hit 66 you were going to retire and work part-time.

14 A Yes.

15 Q Okay. And when you said that I believe you
16 still had your 401K intact?

17 A Yes.

18 Q And that was before you cashed it in for
19 this business to help your son?

20 A Yes.

21 Q Did cashing in this 401K, your retirement,
22 okay, since you did that for your son, if you hadn't
23 have been hurt would you still -- would you have
24 followed through with your plan and retired or would
25 you have kept on working?

1 A I would have kept on working.

2 Q Okay. Did you love your job?

3 A I did.

4 Q Can you do your job now?

5 A No.

6 Q Why not?

7 A I don't think I can push the medication
8 cart. In fact, I know I can't push it.

9 Q Is a medication cart different than a
10 shopping cart?

11 A Yes.

12 Q Okay. Well, because we know you can push
13 shopping carts, why couldn't you push the medication
14 cart?

15 A I believe it's a little heavier. It doesn't
16 maneuver as well as a shopping cart does. I don't --
17 legally I don't think I would be able to do the
18 documentation.

19 Q Why is that?

20 A Like I said, my memory and the pain
21 medicine.

22 Q Because you've got to take the pain
23 medicine?

24 A Yes.

25 Q What about -- what about walking? Does that

1 job involve a lot of walking?

2 A Yes.

3 Q Could you do that?

4 A Could I do that now?

5 Q Yes.

6 A No.

7 Q Okay. How often on a -- in a normal day
8 before you got hurt how often were you on your feet?

9 A Pretty much all day every day.

10 Q And you are dealing with Alzheimer's
11 patients; is that right?

12 A Yes.

13 Q Do these patients -- are they always aware
14 of what's going on?

15 A No.

16 Q Do sometimes they -- do they act out
17 sometimes?

18 A Absolutely.

19 Q Would you be able to deal with those
20 incidents?

21 A No.

22 Q No further questions.

23 THE COURT: Mr. McCants.

24 MR. McCANTS: Thank you, Commissioner.

25 COMMISSIONER BECK: Just a couple points of

1 Clarification before you do your cross examination,
2 Mr. McCants. Have y'all agreed on a maximum medical
3 improvement date?

4 MR. McCANTS: I think we can go by that 14B.
5 Lehman, I think, said in his deposition, I'll give up
6 that date before we leave; I think we -- we got a
7 couple of dates.

8 MR. CREECH: My date -- it would be my position
9 that it would be the date released by the pain -- the
10 pain physician, when he released her at MMI per a 14B.

11 MR. McCANTS: What's the date on that?

12 MR. CREECH: I don't --

13 COMMISSIONER BECK: Somebody get us a date, if
14 you don't mind.

15 MR. CREECH: Sure.

16 COMMISSIONER BECK: And secondly, is --

17 MR. McCANTS: Can I tell you this, I'm going to
18 stick by my 58 and say Dr. Lehman, 4/2/13 is the
19 rating date.

20 MR. CREECH: Say that again, Clarke.

21 MR. McCANTS: April 2, 2013.

22 MR. CREECH: Dr. Nandurkar filled out his 14B at
23 MMI on February 6, 2014.

24 COMMISSIONER BECK: Now is there TTD being paid?

25 MR. CREECH: Yes, sir.

1 MR. McCANTS: Yes.

2 COMMISSIONER BECK: Is there an issue of credit
3 if the Claimant is not found permanently and totally
4 disabled?

5 MR. McCANTS: Yes, sure is

6 COMMISSIONER BECK: Back to what date?

7 MR. McCANTS: Back to April.

8 THE COURT: April 2nd?

9 MR. McCANTS: April 2nd.

10 THE COURT: And you have not filed a 21 as yet?

11 MR. McCANTS: Not, no. We don't have it, to
12 answer your question about that.

13 COMMISSIONER BECK: And one thing I was trying to
14 find through the course of your direct examination,
15 Mr. Creech, was were there any nerve conduction
16 studies done?

17 MR. CREECH: I don't believe there has ever been
18 an ENG done.

19 COMMISSIONER BECK: All right, but there has been
20 an NCS done?

21 MR. CREECH: No, sir. There's been clinical
22 objector findings found in the way of leg raises and
23 stuff like that.

24 MR. McCANTS: I thought it had been done. I may
25 want to look for that in a second if I can.

1 THE COURT: Mr. McCants.

2 CROSS EXAMINATION

3 BY MR. MCCANTS:

4 Q Hello, Ms. Spencer.

5 A Good morning.

6 Q Nice to see you again.

7 A Same here.

8 Q I do have a few questions for you today. I
9 want to talk a little bit about some of the folks that
10 evaluated you at your attorney's request. Do you
11 remember Dr. Mullen? He was a psychiatrist that you
12 went to see, Patrick Mullen?

13 A Yes.

14 Q I've looked at his report and the opening of
15 his report, Ms. Spencer, is "The patient", referring
16 to you, "was well until June of 2011 when she hurt her
17 back at work." Now I would understand that to mean
18 you were doing pretty good until June of 2011 when you
19 hurt your back pushing that cart. Do you agree with
20 that?

21 A Yes.

22 Q All right. And as you may know, I have
23 gathered and submitted some medical records of yours
24 documenting medical problems and treatment for those
25 problems prior to June of 2011. Are you aware of

1 that?

2 A I think my attorney did mention that.

3 Q Have you had a chance to look at them?

4 A I haven't looked at it.

5 Q Because I know you've testified you've got
6 maybe some memory issues here. Bear with me as I try
7 to go through some of these, okay. Because Dr.
8 Mullen later wrote in his report that while you had
9 some restless leg syndromes, your medical problems
10 have all been fairly minor until the chronic pain and
11 depression. Then Dr. Mullen wrote, "She has never had
12 any psychiatric care." Are you with me there?

13 A Yes.

14 Q Do you understand what that means?

15 A Psychiatric care, yes.

16 Q We're kind of fortunate. You've been in
17 the medical field for a long time, so you kind of know
18 where I'm -- what I'm talking about; is that correct?

19 A That's correct.

20 Q I mean, I read this to say that Dr. Mullen
21 in reaching his opinion in this case has said you are
22 doing pretty well until June of 2011. In fact, he
23 said all of your medical problems have been fairly
24 minor before you were pushing that medical cart. Do
25 you agree with that?

1 A I have had issues in the past, a couple of
2 car accidents.

3 Q And you know, as a medical professional like
4 you are, would you -- would you agree with me that in
5 order for a doctor to get a valid opinion as to a
6 patient's condition, that doctor has to have an
7 accurate history?

8 MR. CREECH: I'm going to object. He was
9 objecting to my client making opinions about medical
10 diagnosis and what she is able to do. I would make
11 that same objection.

12 MR. McCANTS: I'll rephrase.

13 Q How about a nurse, an LPN, what you are --
14 I'm going to ask you for your opinion, okay. In order
15 for you to provide patient care, determine diagnoses
16 to present to the doctor, do you agree that you have
17 to have an accurate history from your patients?

18 A It would be helpful, yes.

19 Q Well, if it ain't true, what's the risk?
20 What's the worst case scenario with an inaccurate
21 history? Would you agree with me that it's death?

22 A I would say death would be, yeah, the worst
23 case scenario.

24 Q To medical professionals this -- this isn't
25 difficult -- the medical professions have to have

1 accurate histories to provide opinions, don't you
2 agree with me, Ms. Spencer?

3 A Yes, I'm sure they ask the questions they
4 need the answers to.

5 Q All right. And going back to Dr. Mullen's
6 report, he's given his opinion in the case, he is of
7 the opinion, based on your history, there weren't many
8 problems prior to June of 2011? I got --

9 A I was able to do my work.

10 Q All right. I got this report from Chester
11 Regional Medical Center, and this is January of 2009.
12 Okay? It's a year and a half prior to that time that
13 you were pushing that medical cart. And it says right
14 here, "Past medical history: chronic pain and
15 depression." And I'm happy to let you look at this
16 report. But when you went to the Chester Hospital in
17 January of 2009 did you tell them that you had a past
18 medical history of chronic pain and depression?

19 A I don't recall saying that. What --

20 MR. McCANTS: May I approach.

21 THE COURT: Permission to approach.

22 Q Let me give you the note. I've got
23 highlighted, I think the areas that are important.

24 MR. McCANTS: And just for your benefit,

25 Commissioner, that's page 17 of my APAs.

1 A Yes, I see that.

2 Q Does that help refresh your memory?

3 A Yes. And may I go further?

4 Q Absolutely. But let me just do something
5 real quick.

6 MR. McCANTS: For the record, she's looked at my
7 APA, page 17. That's the report from Chester Hospital
8 January of 2009.

9 Q I'm sure the Commissioner will let you
10 explain.

11 A Explain now?

12 Q Yes.

13 A Okay. I am on some medication that is an
14 antidepressant, but I use it for sleep and I've been
15 on that for years. It's called Trazodone. And they
16 relate the medication --

17 MR. McCANTS: I am going to object to any
18 hearsay.

19 MR. CREECH: You asked her the question. You
20 opened the door. She can explain why she's on this
21 medication.

22 MR. McCANTS: I just object.

23 THE COURT: I'm going to allow it. You can
24 answer the question.

25 BY MR. McCANTS:

1 A The -- the medication I take at bed time is
2 Trazodone and it is an antidepressant, in that
3 category. But I did not take it for depression. But
4 that -- that's what category it is listed in. It was
5 given to me by Dr. Bradley to help me sleep at night.
6 But I wasn't treated for depression here.

7 Q Do you have any information today, Ms.
8 Spencer, though, that would demonstrate that that
9 medical report that you've reviewed is inaccurate?

10 A No, I don't have any.

11 Q All right. And let me just go just briefly
12 through a couple of other records documenting your
13 medical treatment prior to June of 2011, keeping in
14 mind Dr. Mullen says that you've had a pretty good
15 history, medical history until this incident in June
16 of 2011. In fact, you had a right bad injury to your
17 -- your neck back in 2004; isn't that correct?

18 A That's correct.

19 Q Resulting in a surgical procedure to your
20 neck; is that correct?

21 A That's correct.

22 Q Do you remember what the surgical procedure
23 was?

24 A (No response).

25 Q Let me help you out if I can. These are

1 just in the first few documents that I've got. While
2 I'm thinking about it, and you and I have talked about
3 this, are you still smoking, Ms. Spencer?

4 A Yes, sir.

5 Q All right. Because these records from way
6 back when indicate that you were a smoker then, and
7 you continue to do that today; is that correct?

8 A Yes, sir.

9 Q Despite the doctors giving you advice to
10 quit; is that correct?

11 A Yes, sir.

12 Q All right. I'm not -- I'm not picking on
13 that regard. You and I have had that conversation.
14 I'm just looking at it from a medical standpoint.

15 A I understand.

16 Q All right. Thank you. And I -- and I see
17 -- all right, I don't see exactly what they did, but
18 I'm seeing a situation where you had your neck surgery
19 and at least a year, maybe a year and a half later
20 you've still got chronic neck pain; is that correct?
21 Do you remember that? That really -- that neck pain
22 really stuck with you?

23 A It didn't stick with me that long. After
24 the doctor did the surgery -- it was a pinched nerve.
25 He did the surgery and I wore the brace. I was able

1 to go back to work and do my full duties at work. I
2 have no chronic pain in my neck.

3 Q All right. Well, I'm only asking you this
4 because we've got Dr. Mullen's opinion based in part
5 on a clean medical history. Okay?

6 A Okay.

7 Q I'm trying to show that opinion. Maybe it
8 isn't as strong as it should be, but in any event --
9 let's look in February of 2006, this is the medical
10 problems you reported to Dr. Dorn. Do you remember
11 Amy Dorn who treated you?

12 A Yes.

13 Q All right. Pretty good doctor?

14 A Yes.

15 Q You had hyperlipidemia, hypertension,
16 chronic back pain, chronic neck pain status post
17 surgery, carpal tunnel syndrome, restless leg
18 syndrome, smoker, anxiety --

19 MR. CREECH: What page are you at, Mr. McCants.

20 MR. MCCANTS: Dr. Dorn's records are at pages 2,
21 3, 4, 5, 6, 7 of my APAs.

22 THE COURT: Two through seven?

23 MR. MCCANTS: Yes. I have to look because I'm
24 working with the copies and unfortunately they're
25 missing some numbers.

1 BY MR. McCANTS:

2 Q That -- that's not a clear medical history,
3 is it, Ms. Spencer, what I just described to you?

4 A Would you describe it again, please.

5 Q Sure. Dr. Dorn in 2006, specifically
6 February of 2006, and I'll show the record to you, was
7 of the impression that you suffered from the
8 following: hyperlipidemia, hypertension. I don't know
9 what hyperlipidemia is. What is it, you're a nurse;
10 what is it; do you know?

11 A I don't take any medication for it, whatever
12 it is. I don't remember.

13 Q All right. Hypertension, chronic back pain,
14 chronic neck pain status post surgery, carpal tunnel
15 syndrome, restless leg syndrome, smoking and anxiety.
16 Was that -- let me show you the report. That's again
17 dated February 21 of 2006. Does that help refresh
18 your memory?

19 A It does. But chronic back pain, once the
20 surgery was done --

21 MR. CREECH: Clarke, what page are we on?

22 MR. McCANTS: That's right, I'm now to page
23 seven. It should be seven.

24 COMMISSIONER BECK: Page seven, under
25 impression.

1 THE COURT: That's that medical note from 2004?

2 MR. McCANTS: It's dated 2006.

3 BY MR. McCANTS:

4 Q Have you ever had -- did you ever have any
5 low back pains before because, just let me tell you,
6 that report suggested there is back pain and neck
7 pain? Had you ever had any low back pain before June
8 of 2011?

9 A Looking back at this, the second -- I
10 believe it was the second car accident, I did have
11 some pain, but it got better, it went away completely.

12 Q That's fair. But you had still had those
13 medical problems; is that correct?

14 A They're still listed, yes.

15 Q And you did not provide that information to
16 Dr. Mullen, did you?

17 A I wasn't aware -- I don't -- I wasn't aware
18 that these diagnoses were there.

19 Q Well, let me show you this if I can.

20 MR. McCANTS: This is page 14 and 15.

21 Q Let me show you this document that I've put
22 in. This is a claim form, I believe from Triple A,
23 back in 2005, and you correct me if I'm wrong, and
24 that's in your own handwriting, saying that you had
25 neck pain and low back pain. Can you look at that for

1 me please, Ms. Spencer?

2 THE COURT: What page was that again?

3 COMMISSIONER BECK: Page 14.

4 BY MR. McCANTS:

5 Q If I can help you, I don't mean to reach
6 over you. Just let me point it out to you to save
7 time. Okay? First off, on page 14, is that your
8 handwriting, Ms. Freeman?

9 A Yes.

10 Q I mean Spencer; you were a Freeman at the
11 time; is that correct?

12 A Yes.

13 Q All right. Is that your handwriting on that
14 page?

15 A Yes.

16 Q All right. Look in the middle there and
17 read to the Commissioner how you described your
18 situation and why you were seeking benefits from
19 Triple A at that point. Read that right there if you
20 would.

21 A "Fully describe your injuries. I was taken
22 by ambulance to Health Central Hospital Emergency Room
23 with neck pain and low back pain."

24 Q So, at least at that point you in your own
25 handwriting had reported that you had neck pain and

1 low back pain; is that fair?

2 A Yes, it's been --

3 Q I realize -- listen, I realize that's been a
4 while ago. Okay? And I'm going to move on, but my
5 point is, is that I want to make sure Dr. Mullen had a
6 clear history before he gave an opinion in the case.
7 And that's all I am asking about, okay. All right.
8 Now, Dr. Mullen in his report, again he -- he wrote,
9 "Her depression began about six months after her
10 initial injury." That's not really true because you
11 had depression to some degree before the accident in
12 June of 2011; is that fair?

13 A No, I didn't have depression. I mean I may
14 have been on depression medications, and they may have
15 written depression, but I had no depression, no.

16 Q All right. Then it said, "She had to quit
17 working and stayed in bed a lot and the pain has grown
18 worse." Did you tell him that after the accident,
19 what happened to you, in June of 2011, that you had to
20 stay in your bed and the pain has grown worse?

21 A June --

22 Q This is what you -- what -- what is in Dr.
23 Mullen's report from you.

24 A Yes, when -- when I was first taken out of
25 work I did stay in bed. I was depressed.

1 Q All right. Well, obviously you've gotten a
2 lot better in some regards, because you don't stay in
3 bed all the time anymore, do you?

4 A No.

5 Q You do a lot of things, which we'll talk
6 about in just a little bit, but you're not at home in
7 bed all the time like Dr. Mullen wrote in his report,
8 at least back in February of 2014? All right. Now
9 let me -- I have to ask you about this and I want you
10 to understand I may be in a sensitive area and you and
11 I have talked about this a little bit. But Dr. Mullen
12 believes at least as of February of 2014 you're still
13 with your husband. And you know we talked about this.
14 You and your husband split up, at least my notes say
15 back in the summer of 2013; is that correct?

16 A I am getting these dates mixed up.

17 Q And I'm not trying to confuse you. Let's go
18 back over it. Okay? And you -- you weren't really
19 sure in your deposition when it was that you had the
20 problem with your husband. Let's go ahead and tell
21 the Commissioner. What happened is you and your
22 husband got into an altercation. He pushed you.

23 A Yes.

24 Q Police were involved. In fact, a charge of
25 criminal domestic violence is still pending against

1 him in the state of South Carolina; is that correct?

2 A That's correct.

3 Q All right. He's somewhere off in Virginia
4 or West Virginia, correct?

5 A Somewhere, I don't know where.

6 Q Doesn't provide a lick of support for you,
7 does he?

8 A No.

9 Q All right. This report -- that -- that --
10 that -- from what I could remember was in 2013;
11 that incident. You weren't sure if it was 2012 or
12 2013, which, frankly, Ms. Spencer, for purposes of
13 conversation, I don't think it's important, because
14 Dr. Mullen in February of 2014 believes that you are
15 still married, living with your husband and he does
16 travel a lot. But he believes that you're married.
17 Okay? And it's not a huge thing, but I think a
18 psychologist or psychiatrist is interested in knowing
19 about the stability of your family life. That's not
20 unreasonable, is it?

21 A No.

22 Q All right. So did you tell him -- did you
23 tell Dr. Mullen that your husband had assaulted you
24 and that y'all were separated and perhaps on the way
25 to a divorce?

1 A I don't recall him asking anything like
2 that, and I don't recall saying that.

3 Q Do you know how he got the information that
4 you quote currently live with your husband who is a
5 truck driver and not home very much?

6 A I may have said that.

7 Q All right. Well, that wasn't accurate, was
8 it?

9 A No.

10 Q All right. Here's the next thing I want to
11 ask you about. He -- and this is significant, because
12 I was listening very closely to your testimony. It
13 says in his report, Dr. Mullen's report, "She says she
14 raised beautiful flowers, but she has not done any
15 gardening since the accident." And if I understood
16 your sworn testimony 10 or 15 minutes ago, you are
17 gardening?

18 A Not like I used to. I used to could go to
19 the store and buy a plant, come home and dig a hole
20 and plant it. I can't do that anymore. What I mean
21 by gardening is pulling the weeds from around the
22 plants that are already there.

23 Q I'm going to show you Dr. Mullen's report.
24 And, again, I am not trying to be difficult, but see
25 where it says, "She", and you read it for me. "She

1 says" --

2 A "She raises beautiful flowers, but she's not
3 done any gardening since the accident."

4 Q That says any gardening, Ms. Spencer.

5 THE COURT: What page is that on?

6 MR. McCANTS: That's his APA 306.

7 Q It doesn't say do some. It doesn't any.

8 A To me gardening is planting things.

9 Q All right. Fair enough. The last thing I'm
10 going to ask you about -- excuse me. Dr. Mullen, he
11 wrote, "The patient stays at home trying to get
12 comfortable."

13 MR. McCANTS: That's at page 306, Commissioner,
14 of his report.

15 Q That's just simply not accurate, is it,
16 Ms. Spencer?

17 A "Stays at home", some days I did stay home
18 all day.

19 Q I guess -- I guess we can read that a couple
20 of ways. But, I -- I -- that to me, says "The patient
21 stays at home."

22 A No.

23 Q All right. Okay. One more thing.

24 MR. McCANTS: At Page 308 of Dr. Mullen's report.

25 Q And this -- this is his report where he

1 says, Ms. Spencer, "I believe that Ms. Spencer is not
2 a candidate for the active work force in any
3 capacity." That's his conclusion. On the page before
4 he says, "She also has chronic pain with her back and
5 legs almost completely dysfunctional." You're not
6 going to sit here and tell Commissioner Campbell that
7 you're completely dysfunctional, are you?

8 A No.

9 Q All right. No, I want to ask you about Ms.
10 Hollenback, if I can. Because she's also given an
11 opinion that you can't work, and she's looked at all
12 the medicals, including the medical report that we
13 just went through with Dr. Mullen. Bear with me. I'm
14 particularly interested in Ms. Hollenback's factual
15 information and conclusions.

16 MR. McCANTS: And this is at page 315.

17 Q "She", referring to you -- are you able to
18 hear me okay Ms. Spencer?

19 A Yes, I hear you.

20 Q All right. "She reports being" -- well,
21 here it is, "Chief complaints: Ms. Spencer voiced the
22 following complaints with regard to her current
23 medical status." First Bullet: -- excuse me, Second
24 Bullet: "She reports being in agony by 5:00 p.m.
25 after a day at home with little or no physical

1 activity during the day." Is that accurate?

2 A Afternoons are terrible, yes. Most
3 afternoons my back is worse.

4 Q With little or no physical activity during
5 the day?

6 A With little or no activity -- physical
7 activity, it -- it hurts worse in the afternoon. It
8 always does than it does in the mornings.

9 Q All right. This is one I'm really
10 interested in. This is the Sixth Bullet of you --
11 your complaint. It says that you used a cane when you
12 leave your home. It says "She uses a cane when she
13 leaves her home and she has a handicap parking tag for
14 her car." And all - I'm just saying, I know you may
15 have a placard for your car, I have yet to see a cane
16 in any of the video we have. And I would like the
17 record to reflect you don't have a cane today. Did
18 you tell Ms. Hollenback as part of your interview with
19 her that you use a cane?

20 A I told her that at home I do. My yard is
21 not level. I have a big fear of falling when I go
22 outside at home I do use a cane. But I -- I did not
23 say I used the cane when I go to the grocery or
24 anywhere else. I use the cane only when I'm outside
25 at my house.

1 Q All right. Only at your house. And you use
2 the cane when you have difficulty getting around; is
3 that correct?

4 A At my house because the ground is not level,
5 and I believe at that time it was a lot of leaves on
6 the ground and I didn't want to slip down. You know,
7 leaves pile up and they're slippery.

8 Q I'm familiar with that. I understand that
9 for sure.

10 A Yes, at home I did tell her. I still use it
11 if I'm going to walk to the pond, which is not a long
12 ways.

13 Q But you don't use it when you leave the
14 house?

15 A No. I never -- that's a misquote.

16 Q All right. I respect very much your desire
17 to work and it sounds like you've had a great career
18 as an LPN. We're going to talk about this a little
19 bit more, but in Ms. Hollenback's report, Ms. Spencer,
20 it talks about that you want to do some volunteer
21 work. And perhaps working with families through
22 Hospice and coping with Alzheimer's and people's last
23 days, that you want to do that; is that accurate?

24 A That's accurate, I want to do that.

25 Q All right. That you want to get out there

1 and -- and help people and do the type of tasks
2 associated with that type of work. You're not going
3 to get paid for it, you understand, but you do want to
4 get out there and do it; is that correct?

5 A I would -- I would -- when I was at my son's
6 shop I -- I met people whose family -- had family
7 members that had Alzheimer's and they would just stop
8 by to talk to me and not spend any money there at all,
9 just to listen to them. And you know, that's part of
10 what I am, --

11 Q Yes, ma'am.

12 A -- is talking about Alzheimer's with anybody
13 that wants to talk about it, anybody anywhere.

14 Q That was part of your life?

15 A It was. It is.

16 Q And it's part of your life, the work aspect,
17 but there were other aspects of your life, too?
18 Getting out and doing things. And to a large extent
19 you still do that; is that fair?

20 A I go to the grocery. I go to the doctors.

21 Q Well, not to interrupt you, I want to talk
22 about that in just a second. Can I go ahead and do
23 this though. Mr. Creech, of course, brought up the
24 issue about what your plans were. And there's no
25 question that you told me in your deposition, "Clarke,

1 here is my plan. I'm going to work until I'm 66 and
2 then I'm going to retire and then I'm going to work
3 part-time two or three days a week; is that correct?

4 A That's what I said, yes.

5 Q All right. Did you tell Dr. Hollenback that
6 was your plan? Excuse me, Mrs. Hollenback?

7 A I don't recall.

8 Q All right. Now, we, of course did, as you
9 are aware, have -- have a good bit of video footage,
10 Ms. Spencer. I'm going to try and go through this
11 very quickly and I'm going to trust that you have
12 viewed it, looked at it? Have you looked at some of
13 the video that we have?

14 A No.

15 Q You haven't looked at any of it?

16 A No.

17 Q I think we do have a stipulation that it's
18 you in the video. And I want to talk to you about
19 just a couple of clips, but let me go through what
20 I've got and you've heard our conversation.
21 Commissioner Campbell has some clips. First thing I'm
22 going to ask you: There's a sign outside your house at
23 the front of your property that says that somebody at
24 least at some point was buying used parts, lawnmowers,
25 things like that. Was that your husband?

1 A No.

2 Q Are you doing that?

3 A No.

4 Q Why is that sign out there?

5 A That's my neighbor's sign.

6 Q That's not your entrance; is that correct?

7 A I have no signs, never have had out by the
8 road.

9 Q Fair enough. I'm just asking. All right.
10 That there's no question that the video that we've got
11 shows you outside of your home driving by yourself,
12 driving, shopping, performing errands at any given
13 time during the day, morning, afternoon and even into
14 the evening at night; is that fair?

15 A Yes, it's fair. I try not to be out after
16 dark time.

17 Q All right. Now --

18 A There are times when I am.

19 Q My perception of the video and it really
20 doesn't count, but I'm going to tell you my perception
21 of the video is that you are walking in many of these
22 videos without difficulty.

23 MR. CREECH: I'm going to object to that. The
24 video speaks for itself. The Court certainly can make
25 whatever opinions they want to about what the video

1 shows. But I don't think Clarke's able to opine what
2 the video is.

3 THE COURT: Sustained.

4 BY MR. McCANTS:

5 Q All right. Ms. Spencer, the Commissioner is
6 going to look at those clips. He's going to form his
7 own opinion. Do you think that there are clips that
8 show you walking without difficulty? You haven't seen
9 them, but do you think there are instances where you
10 walk without difficulty?

11 A Occasionally I have a good day and you may
12 see me standing up straight or walking as normal as I
13 can for a short distance.

14 Q Short distance?

15 A Yes.

16 Q And for whatever it's worth, there's video
17 footage, as least my impression, you do have some
18 difficulty walking and I'm going to show you one in
19 just a second. Because I was struck by your comment
20 that if you are physically active that affects you for
21 a couple of days; is that correct?

22 A Yes.

23 Q Now, I want to talk about Car Toys. This is
24 a business in Great Falls that your son operated; is
25 that correct?

1 A Yes.

2 Q Terry's here today?

3 A Yes.

4 Q It was a general service car facility,
5 particularly window tinting was -- was something it
6 focused on, correct?

7 A That and selling tires.

8 Q All right. I did not know this until you
9 testified earlier. Did you own that business?

10 A It was in my name.

11 Q I thought I heard you use the phrase that
12 you owned the business.

13 A My name was on all the business stuff, but
14 my son ran the shop. I mean, I don't know how to do
15 none of that stuff.

16 Q Was your name on the lease?

17 A Yes.

18 Q Was your name on the power bill?

19 A Yes.

20 Q Water bill?

21 A Yes.

22 Q Was your name on the check book?

23 A Yes.

24 Q Did you have to have any permits to run
25 that; DHEC or anything like that?

1 A Yes.

2 Q Did you apply for all of that?

3 A Yes.

4 Q All right. Terry was there running the
5 business, but -- but you -- you owned it? I mean your
6 name was on the line?

7 A Terry was running the business, yes.

8 Q It wasn't much of a question, you were there
9 on a regular basis? I've heard what you say you did
10 there, but you were there on a regular basis; is that
11 correct?

12 A Not regular, I was in and out. Sometimes I
13 would be there all day. Maybe I'd skip a day.
14 Maybe I'd be there every day for a week. But I
15 didn't have to be there. My son wanted me there.

16 Q Well, you were also protecting your
17 investment; is that correct?

18 A I wouldn't -- I don't know how I could
19 protect it, because I don't do any of the kinds of
20 things that you do in a car garage.

21 Q You're going to ride by and at least check
22 on your investment every now and then, aren't you?

23 A It wasn't an investment for me.

24 Q All right. Okay. And that to me, then,
25 explains why after the business closed you were doing

1 a lot of the work involved with closing the business.
2 For example, the business had to be cleaned out; is
3 that correct?

4 A Most of the stuff stayed.

5 Q All right. Well, there's a video footage of
6 you helping to clean out the garage.

7 A Okay.

8 Q You did that, correct; lifting certain
9 things? I don't know how much they weighed. We're
10 going to talk about that in just a second. But you
11 were physically involved in cleaning out and rounding
12 up the affairs -- winding up the affairs of Car Toys;
13 is that correct?

14 A I did. But I didn't clean out the garage.
15 I didn't -- I was out there with the person that owned
16 the building.

17 Q All right. Did you pay the bills?

18 A Yes.

19 Q Wrote the check?

20 A Yes.

21 Q Did you tell Dr. Mullen or Ms. Hollenback
22 that you were doing this?

23 A I don't recall.

24 Q Well, they wanted to know if you were doing
25 any type of work or physical activity. You don't work

1 and not get a check. That's what volunteer work is.
2 But did you tell them that you were performing these
3 physical and these mental tasks?

4 A I wasn't doing physical tasks. Mental
5 tasks, did I tell her, I don't recall.

6 Q Do you know if she asked you if you were
7 doing anything like that?

8 A I don't recall.

9 Q I won't go back the reports, but I gleaned
10 from it that you told them that you were staying at
11 home not doing anything. Do you see where I'm headed
12 here?

13 A Yes, sir.

14 Q I'm going back to see whether or not we've
15 got accurate information --

16 COMMISSIONER BECK: Mr. McCants, as a matter of
17 fairness, I think there's a second sentence right
18 behind the one you're quoting that she does admit that
19 she's going to that shop.

20 MR. McCANTS: Oh, I agree with that. There was
21 one, though, and I can't remember if it's Hollenback,
22 and I want to go back to it.

23 COMMISSIONER BECK: The one that you pointed out
24 earlier, the second sentence in that statement she
25 admits going to her son's shop.

1 MR. McCANTS: All right. Well, I'm certainly not
2 trying to misquote anything. Just for itself --

3 COMMISSIONER BECK: Which would be -- they just
4 seem to -- the only reason I'm bringing this to light,
5 they seem to contradict each other.

6 MR. McCANTS: I understand.

7 BY MR. McCANTS:

8 Q I certainly don't want -- Ms. Spencer,
9 please understand, I'm not trying to mislead you,
10 okay, but you're the best person in the room to tell
11 us what you've been doing. That's why I'm asking you
12 these questions. All right. Did you have the keys to
13 the building? That's another note I made. Is that
14 correct?

15 A The keys to the building, there was no
16 physical key.

17 Q All right. There are several other
18 instances in the video. There's no question you go to
19 the grocery store. You go to the Dollar General a
20 good bit, and that's a good store, I agree with you.
21 Home Depot, Belk, garage sales and things like that?

22 A Garage sales, maybe one, yeah.

23 Q All right. Now, I do want to ask you
24 specifically about this and I'm going to show you a
25 little bit of footage. Okay? Bear with me. This is

1 footage, it's August 1, 2014, and I believe that's at
2 a Dollar General. Do you remember that, Ms. Spencer,
3 at all? That's just recently.

4 A Yes, I remember that day.

5 Q Okay. Raining?

6 A Yes.

7 Q That's after -- there's -- there's footage
8 of you going into the store. I will tell you, it
9 appears to me that you're having some difficulty
10 walking.

11 A That's Dollar Tree.

12 Q All right. Dollar Tree. But this is when
13 you come back out, it's raining and you're loading
14 your car. Here is my question. You're doing this by
15 yourself. None of these bags are heavy or anything
16 like that?

17 A As you can see, it's paper towels.

18 Q Well, I can't really tell. But if you're
19 telling me it's all paper products and what not --
20 that's your testimony?

21 A Toilet paper, paper towels.

22 Q You do a good job at throwing one in the
23 car; for whatever it's worth.

24 A They weigh nothing.

25 Q All right. Now, I'm happy for them to

1 continue to tell me to play this, but I want to stop
2 it for a second and ask you this question, if I can.
3 All right. You do look limited with your walking that
4 day. That's August 1 of 2014. Do you remember what
5 you were doing on July 29 of 2014?

6 A No.

7 Q Let me show you -- last July 29 of 2014, a
8 couple days before, and I think our agreement is
9 that's you, but do you remember that day?

10 MR. McCANTS: Your Honor, for the record, this is
11 a clip on July 29, 2014.

12 A Yes, that's me.

13 Q All right. What I'm going to tell you is
14 there's a fair amount of footage of you operating what
15 appears to be a very nice John Deere lawn tractor and
16 cutting your grass.

17 A Yes, sir.

18 Q Do you remember that?

19 A Yes, sir.

20 Q It shows you climbing on and off of the lawn
21 mower, the tractor?

22 A Yes, sir.

23 Q And engaging in that?

24 A Yes, sir.

25 Q I want you to note the time. It's 2:00

1 o'clock in the afternoon. Do you remember how hot it
2 was in that area at 2:00 o'clock on July 29 of 2014?
3 I checked. Do you know?

4 A (No response)

5 Q It was about 97 degrees. Okay? You with
6 me?

7 A I'm with you.

8 Q And there's footage of you riding the
9 tractor that afternoon in the heat doing this physical
10 work. Okay? Now you're going to tell Commissioner
11 Campbell you're totally disabled?

12 A I have my TENS Unit on in there. It's
13 turned up all the way. There are parts of the yard
14 that I can cut and there's some that I can't.

15 Q What you're telling Commissioner Campbell
16 then today is if you're wearing your TENS unit, which
17 we provided to you, you're able to engage in the level
18 of physical activity as depicted by this video I'm
19 showing you; is that correct?

20 A Driving that tractor is easy. I mean it's
21 not a hard thing to do.

22 Q Climbing on and off of it is no problem?

23 A That's the most difficult part.

24 Q Has it got power steering? I've got one
25 kind of like it. Does it have power steering?

1 A It's very easy to turn the steering wheel.

2 Q All right. You're not going to say that
3 doesn't jostle your back or your legs at all? Is that
4 your testimony?

5 A In the areas that -- that I could cut, no.

6 Q All right. As a result of doing this,
7 though, on July 29, 2014, did you wind up as stoved up
8 as you was going in the Dollar General a couple days
9 later? That's my question. Is that --

10 A My back is hurting even there. I can tell
11 by the way I'm sitting.

12 Q All right. So your back is hurting there?

13 A Yes.

14 Q Okay. Would that have affected your ability
15 later on?

16 A No.

17 Q So you would -- you would tell us that --
18 doing that and climbing on and off the tractor,
19 working in that heat, does not affect you physically?

20 A Since I lost all that weight, I freeze most
21 of the time. My hands are ice cold. So, actually I
22 enjoy the heat.

23 Q All right. Ms. Spencer, I'm about through.

24 THE COURT: Ms. Spencer, I have one quick
25 question. When you're on the tractor, that vibration

1 of the tractor, that doesn't interfere with your back?

2 A I -- I -- if I didn't have my TENS Unit on,
3 turned up pretty much all the way, it would. And the
4 next day I hurt anyway. I mean, a little worse the
5 next day. I haven't cut the grass -- in fact, that's
6 the last time I cut the grass. And I did know that
7 they videotaped that. He was right at the end of my
8 driveway.

9 Q Why -- not interrupt -- go ahead and finish
10 if you want to.

11 A But I haven't cut grass since that day.

12 Q All right. Had you cut -- when is the last
13 time you cut it before then. Let me stop you and tell
14 you why I'm asking that question. There's video of
15 you filling up gas cans in the back of your little
16 SUV. Okay? May the Commissioner presume that if
17 you're filling up your two medium size gas cans,
18 that's going to fill up your lawn tractor and cut your
19 grass; is that fair?

20 A That's fair. I do put the cans in the back
21 of my car and take them to the station and put gas in
22 them as they're in the car, sitting in the back of
23 the car.

24 Q Let me shift a little bit of the focus.
25 Let's talk about the medical. I want to -- let me

1 make sure I understand this about Car Toys. You
2 voluntarily put that money in that business for your
3 son; is that correct?

4 A I did.

5 Q Nobody made you do it?

6 A Nobody.

7 Q That's what you wanted to do to help your
8 boy, okay. The injections that you've been receiving,
9 is it your testimony today that they only help you for
10 a day?

11 A A day or two or three. Yeah, I think one
12 time one lasted maybe three days at the most.

13 Q So there's no real use to use those, is it?

14 A No.

15 Q All right. And Dr. Lehman, in fact,
16 referred you to the Charlotte Rehab facility, correct?
17 Do you remember that? Is that correct?

18 MR. CREECH: That's not the case at all. Your --
19 your -- your people decided that she needs to go
20 there.

21 MR. McCANTS: Yeah, upon his recommendation. I
22 think it's in the reports. I just want to make it
23 clear. I think it's in the reports that that's not a
24 facility that we picked out of the blue. It was given
25 to us as a recommendation.

1 MR. CREECH: I disagree with that. Matter of
2 fact I litigated it because I didn't want her going
3 there and we lost that issue.

4 MR. McCANTS: I may want to look into the records
5 just to clear that up.

6 MR. CREECH: Neither here or there. She went.

7 MR. McCANTS: She did.

8 THE COURT: Okay.

9 BY MR. McCANTS:

10 Q All right. Did you have any light to shed
11 on that, Ms. Spencer? Do you remember how you found
12 your way to Charlotte?

13 A I think I was told by Patty Chambers.

14 Q That's the nurse case manager?

15 A Yes, she's the nurse case manager.

16 Q All right. Okay. That -- I think -- I
17 agree with Drew, that's kind of -- that's all we've
18 got. Thank you, Ms. Spencer.

19 THE COURT: Okay. Mr. Creech.

20 MR. CREECH: Thank you, your Honor. Very
21 briefly.

22 REDIRECT EXAMINATION

23 BY MR. CREECH:

24 Q Ms. Spencer, do you try to remain as active
25 as possible?

1 A I try, yes.

2 Q And is that what your doctor's have asked
3 you to do?

4 A Well -- well -- well, do what you can do, as
5 much as you can. Don't just sit around.

6 Q Okay. Are you employed by National
7 HealthCare?

8 A No.

9 Q Do they have a position available for you?

10 A No.

11 Q Okay. Can you do any job -- can you do the
12 job that you've done for the last 35 years?

13 A No.

14 MR. CREECH: No further question.

15 RE-CROSS EXAMINATION

16 BY MR. MCCANTS:

17 Q You are still employed? You just haven't
18 come back to work. Nobody has told you, you're fired
19 from us, have they?

20 A No.

21 Q You would like to come back if you could;
22 but you say you can't, right?

23 A I don't feel like I am physically able.

24 Q But we didn't let you go, have we?

25 A I haven't received a termination letter.

1 But I did get a letter that my insurance had been
2 cancelled.

3 Q All right. It wasn't from us, though, was
4 it?

5 A I doubt it was from you.

6 Q Thank you, Ms. Spencer.

7 MR. CREECH: No further questions.

8 THE COURT: Ms. Spencer, you can step down.

9 Please raise your right hand. Do you swear or
10 affirm that the testimony you're about to give is the
11 truth, the whole truth and nothing but the truth?

12 THE WITNESS: Yes, sir.

13 THE COURT: Thank you. Please state and spell
14 your full name for the record.

15 THE WITNESS: Terry Sartin. T-E-R-R-Y,
16 S-A-R-T-I-N.

17 THE COURT: Mr. Creech, your witness.

18 Terry Sartin,
19 Having first been duly sworn, testified as follows:

20 DIRECT EXAMINATION

21 BY MR. CREECH:

22 Q Terry, what is your relationship with
23 Ms. Spencer?

24 A My mother.

25 Q Okay. All right. And Terry, did you run -

1 sometime last year did you run a window tinting, tire
2 business?

3 A Yes, sir.

4 Q Okay. What was the name of that business?

5 A Car Toys.

6 Q Okay. How long was that business in
7 operation?

8 A About a year.

9 Q Okay. And is it closed now?

10 A Yes, sir.

11 Q Okay; When did it close?

12 A Three months ago, something like that, maybe
13 a little more.

14 Q Okay. And who ran that business?

15 A I did.

16 Q Okay. How did you -- how did you finance
17 that business?

18 A My mother gave me a loan at first to get me
19 going.

20 Q Okay.

21 A It wasn't a loan. I asked her for a loan
22 and then she gave it to me, so -

23 Q Okay.

24 A I didn't have to pay her back.

25 Q She was trying to help you get a business

1 started?

2 A Yes, sir.

3 Q Okay. And did you have problem -- did you
4 have issues getting permits and stuff like that in
5 your own name?

6 A Yes, sir.

7 Q Okay. So who got all that stuff for you?

8 A Well, she got it for me.

9 Q Okay. All right. And now when you were
10 running this business, did -- did -- would your mom
11 come and hang out sometimes?

12 A Yes, she would.

13 Q Okay. Tell me about that. Why -- why was
14 she coming up there?

15 A Well, when I first got back with my mom to
16 see how my mom was doing, my mom was depressed in bed.
17 I mean I needed her -- I wanted her to get out and get
18 up out of bed and come out and be with the public and
19 do something. She was so depressed when I came up
20 here. I mean I felt good when she came up to the shop
21 because she was getting out and being with the public,
22 I mean at least out of bed, you know, talking.

23 Q So you asked her to come out and just hang
24 out?

25 A Yes, sir. I liked it when she did it.

1 Q Okay. And did you feel like it was
2 beneficial to her?

3 A Yes, sir.

4 Q How often would you mom come there?

5 A She came whenever she pleased. I didn't
6 know when she was coming. I didn't know when she
7 would really leave. I was just, you know, just happy
8 to see her not at home depressed and not doing
9 nothing.

10 Q Would you ever -- did your mom ever receive
11 any type of financial payment for her being there?

12 A No, sir.

13 Q Did your mom ever work for that business in
14 any type of capacity at all?

15 A No, sir.

16 Q When your mom was there what would she do?

17 A Sit on the couch, take walks. Sit out on
18 the curb. Really that was -- I mean she might have
19 picked up a broom or something every now and then.
20 Maybe talked to customers or something like that. I
21 liked -- I mean I liked seeing her talk to people
22 because it kept her going, you know what I mean.

23 Q Was your mom an employee of that business?

24 A No, sir.

25 Q Was -- as an owner, did your mom --you're

1 your mom receive any type of financial benefit from
2 the business?

3 A No, sir.

4 Q Was there -- if the business would have made
5 money, would your mom have ever received payment?

6 A No, sir.

7 Q The money she gave you was that -- was that
8 a gift?

9 A Yes, sir, it was a gift to me.

10 Q A mother helping her son?

11 A Yes, sir.

12 MR. CREECH: No further questions.

13 THE COURT: Mr. McCants.

14 MR. McCANTS: Thank you.

15 CROSS EXAMINATION

16 BY MR. MCCANTS:

17 Q Terry, I introduced myself to you earlier.

18 A Yes, sir.

19 Q Thank you for coming. I just have a few
20 questions. Your mom gave you the money for the
21 business --

22 A Yes, sir.

23 Q -- as a gift? She signed the lease?

24 A We both signed the lease.

25 Q You're on the lease, too?

1 A Yes, sir.

2 Q Okay. Well, I misunderstood that. I
3 thought she said she only signed the lease. Both of
4 y'all are on the lease then?

5 A We both went in there together. I was
6 almost positive I was on that lease.

7 Q Fair enough. She got the power, utility,
8 other utilities and water for you, though?

9 A Yes, sir.

10 Q She paid the bills for you?

11 A Yes, sir.

12 Q Her name is on the check book?

13 A Yes, sir.

14 Q She came by there on a somewhat regular
15 basis, correct?

16 A Yes, sir.

17 Q Interacted with the customers, correct?

18 A Yes, sir.

19 Q Swept the floor to a certain degree?

20 A Yes, sir.

21 Q I do have some video footage, I don't know
22 if you are aware, of her pointing out certain things
23 to some of your workers and what not.

24 A Okay.

25 Q You don't disagree with that. She did that,

1 Q So that's helping your business?

2 A Okay.

3 Q You agree with that? That's not hard. You

4 --

5 A I mean, yes, but I mean -- I appreciate her
6 doing it for me, you know what I mean, so.

7 Q God bless the mothers. I agree with that
8 for sure. Thank you.

9 THE COURT: Mr. Creech, anything further?

10 MR. CREECH: No further questions, Your Honor.

11 THE COURT: Mr. McCants.

12 MR. McCANTS: Nothing further.

13 THE COURT: You can step down. Thank you for
14 your testimony. Thank you for being here.

15 THE COURT: Do you have any additional witnesses?

16 MR. CREECH: No, sir. That concludes the
17 hearing, Your Honor.

18 MR. McCANTS: No witnesses.

19 THE COURT: That concludes the hearing.

20 (The hearing concluded at 1:14 p.m.)

21

22

23

24

25

STATE OF SOUTH CAROLINA)
) CERTIFICATE
COUNTY OF LEXINGTON)

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 86
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 11TH DAY OF
OCTOBER, 2014.

CORA ELLIS BRUTON
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES JANUARY 18, 2015

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1120778

Lettie Spencer,)
)
Claimant,)
)
v.)
)
National Healthcare Parklane,)
)
Employer,)
)
and)
)
Premier Group Insurance)
Company, Inc.,)
)
Carrier/Defendants.)
-----)

FULL COMMISSION HEARING

Monday, June 15, 2015
2:51 p.m. - 3:14 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Ayisha Taylor and Avery Wilkerson, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 15th day of June, 2015, before Jennifer Nottle, 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.



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1 **THE COURT REPORTER:** Today is Monday, June 15th,
2 2015. This is South Carolina Workers'
3 Compensation case number 1120778. This is the
4 case of a Lettie Spencer, the Claimant, versus
5 National Healthcare, Employer, and Premier
6 Group, the Carrier. This is a cross appeal.
7 The First Appellant is the Claimant,
8 represented by Andrew Creech. The Second
9 Appellant is the Defendant, represented by
10 Clarke McCants. Each side is allowed eight
11 minutes for oral argument and three minutes in
12 reply. You're requested to argue the grounds
13 of exception and stay within the record.

14 **COMMISSIONER WILKERSON:** Excuse me. Mr. Creech?

15 **ARGUMENT BY MR. CREECH:**

16 **MR. CREECH:** Thank you, Your Honor. May it please
17 the court?

18 **COMMISSIONER WILKERSON:** Please.

19 **MR. CREECH:** This case is an appeal of a permanency
20 award. It's our position that Ms. Spencer is
21 permanent totally disabled pursuant to 42-9-10.
22 I've also planned the alternative, if the
23 Commission finds that she's not permanent
24 totally disabled, pursuant to 42-9-10, that we
25 have a wage loss claim out there pursuant to



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1 42-9-20. To give you a little bit of
2 background on this case, Ms. Spencer is 66
3 years old, ended up getting her GED, and has
4 been a licensed practical nurse for the last 33
5 years. She actually has kind of a specialty
6 with Alzheimer patients, and that's kind of her
7 passion. It's been the only job she's had for
8 the last 33 years. In June of 2011, she
9 sustained an admitted back injury. She was
10 originally seen and determined to be non-
11 surgical by neurosurgeon, Dr. Drye. Her
12 treatment then at that point got transferred to
13 a pain management doctor, Dr. Owens, who did
14 some SI injections. I believe some -- a nerve
15 block, and basically, it was determined that
16 she needed a second opinion with an orthopaedic
17 surgeon. Her care was at that point
18 transferred to Dr. Lehman, who's in Rock Hill,
19 who became the authorized treating physician.
20 Dr. Lehman also concluded she was non-surgical,
21 but did a serious of, you know, conservative
22 care. And ultimately, eventually, she reached
23 MMI with Dr. Lehman. And he released her
24 noting that she's at less than sedentary work.
25 He also -- she was also found to have major



1 depression disorder, which is a compensable
2 body part pursuant to a consent order. I think
3 it's important to note a couple things. Number
4 one, her depression at one point was so bad --
5 she's a little lady to begin with, but her
6 normal weight was, like, 135 pounds. And her
7 weight got down to, I believe, 103 pounds due
8 to her chronic pain and depression at one
9 point. It's since stabilized to a certain
10 degree, but she was a very frail and fragile
11 lady. Dr. Lehman did give her, again, less
12 than sedentary work, but only a seven percent
13 impairment based on the actual type of back
14 injury. After he released her, the insurance
15 carrier sent her to a three-week comprehensive
16 rehab program in Charlotte. And she was -- she
17 was participating in this program, gave it
18 great effort amidst three weeks, five days a
19 week, eight hours a day. She gave it her all.
20 And actually, she felt like she did get some
21 benefit from the program. At the end of it,
22 they did an FCE, and Dr. Carlton, who's the
23 facilitator of this program, released her with
24 sedentary work restrictions. But he did that
25 based on the FCE she underwent in that program.



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1 And so if you dive into the FCE, it's clear
2 that the restrictions are really less than
3 sedentary. She could only stand for 10 minutes
4 at a time and sit for 60 minutes. Also, she
5 can only lift up to seven or eight pounds. In
6 order to be sedentary you have to be able to
7 lift 10 pounds. And what I've learned, it is
8 -- for whatever reason, some of these FCEs, the
9 lowest category there is is sedentary. That's
10 the lowest category that they have. So I would
11 submit to the Commission that Dr. Carlton,
12 based on the FCE results, also released her
13 with less than sedentary. She then gets -- her
14 care gets transferred to Dr. Nandurkar. Dr.
15 Nandurkar was the authorized treating pain
16 physician. Dr. Nandurkar basically has given
17 her long-term meds, and she's on quite a bit.
18 He's tried injections. And ultimately he
19 released her with less than sedentary work
20 restrictions. There was also an FCE done by
21 Columbia Rehab. Both FCEs, the one done by --
22 by the rehab center in Charlotte, and the
23 second FCE done by Carolina Columbia
24 Rehabilitation Program, both note she put forth
25 full and consistent effort. And both concluded



1 less than sedentary. Finally, I have --
2 because of her ongoing depression issues, I had
3 her evaluated by Dr. Mullin, who's a
4 psychiatrist in Greenville for an IME. He
5 concluded essentially, in a combination of her
6 chronic pain syndrome and her severe
7 depression, that she's totally disabled. And
8 then I had my vocational report done. And my
9 vocational expert concluded that she was
10 permanent and totally disabled. My voc expert
11 also noted that even though she believes more
12 likely than not permanent totally disabled, in
13 the event that she did go back to work, it
14 would be at an entry level position making
15 \$7.50, which would basically be a 70 percent
16 wage loss.

17 **COMMISSIONER WILKERSON:** Help me understand two
18 things. One is the Dr. Lehman and Dr.
19 Nandurkar --

20 **MR. CREECH:** Yes, sir.

21 **COMMISSIONER WILKERSON:** --- affirmed each other as
22 far as the disability numbers they've put in?

23 **MR. CREECH:** No, sir. Dr. Lehman was seven percent
24 of whole person to the back but less than
25 sedentary work, which ---



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1 COMMISSIONER WILKERSON: Right.

2 MR. CREECH: Dr. Nandurkar was 12 percent to the
3 back, yeah, but less than sedentary work.

4 COMMISSIONER WILKERSON: All right. And also help
5 me understand, if those restrictions are there,
6 how she was able to work with her son's company
7 for a period of time?

8 MR. CREECH: She did not work with her son's company
9 for a period of time.

10 MR. COMMISSIONER WILKERSON: Okay.

11 MR. CREECH: There ---

12 COMMISSIONER BARDEN: She didn't sweep the floors?

13 MR. CREECH: Well, she did sweep the floor. She did
14 sweep the floor, and she testified she can do
15 some things. I mean, she's -- this woman is
16 not an invalid.

17 COMMISSIONER WILKERSON: Oh, no, no.

18 COMMISSIONER BARDEN: Does she have a cane at the
19 FCE?

20 MR. CREECH: I don't recall that. I don't know.

21 COMMISSIONER BARDEN: Because I thought the video
22 showed her not using a cane out in the -- not
23 -- she said that she needs a cane, because she
24 can't walk. And it showed her ---

25 MR. CREECH: She uses a cane sometimes, she says,



1 depending on the terrain. But the -- there is
2 no evidence that shows that she was working.
3 I mean, she -- her son had his own business.
4 And ---

5 **COMMISSIONER WILKERSON:** Car Toys?

6 **MR. CREECH:** Car Toys, yes, sir. And she'd show up
7 there for a period of time. And what her son
8 testified -- or what her testimony was, it was
9 basically to get her out of the house. Because
10 she was dealing with some severe depression and
11 it was just to get her out. Both were very
12 clear, she never worked there, she never got
13 paid a cent for being there. Did she do some
14 menial tasks, like sweep the floor, like what
15 she would do at her house? Yeah, I'm sure she
16 did. She doesn't deny any of that stuff. She
17 doesn't act like she can't do things. She can
18 go shopping, she can drive, she can do stuff
19 like that. I don't believe it's in dispute
20 that she can do -- she can't do her job
21 anymore. That's not in dispute.

22 **COMMISSIONER BARDEN:** Well, were the -- no, you go
23 ahead. I was looking for something I remember,
24 but ...

25 **MR. CREECH:** Yes, ma'am. It's -- it's essentially



1 -- that's our case. It is every single piece
2 of medical evidence says she's totally
3 disabled. We do have surveillance video, but
4 it's benign in nature. It doesn't show her
5 doing anything that she doesn't freely admit
6 that she can do.

7 **COMMISSIONER WILKERSON:** Go ahead and finish your
8 thoughts. You've got three minutes in reply.

9 **MR. CREECH:** So again -- so that's our position that
10 she's P & T under 42-9-10 with back injury
11 affecting the leg, as noted on the 14-Bs, with
12 an admitted psychological overlay. And then
13 the alternative of wage loss. Thank you.

14 **COMMISSIONER WILKERSON:** Thank you. You've got
15 three minutes in reply, so. Mr. McCants?

16 **ARGUMENT BY MR. MCCANTS:**

17 **MR. MCCANTS:** Thank you. And again, good afternoon.
18 I think Commissioner Campbell, who, of course,
19 sat in this room and listened to Ms. Spencer's
20 testimony and had an opportunity to look over
21 the records, had an opportunity to view the
22 video that was offered by my clients in this
23 case, did very well under circumstances to rely
24 more on the lay evidence as opposed to the
25 expert medical evidence and other expert



1 evidence that was introduced in the record for
2 this case in reaching his decision. Because I
3 think the decision, the true decision, the
4 right decision, is when we have to go to that
5 evidence to reach a just result. And as we all
6 know, and I try to put the legal authorities in
7 the brief, we have been told that all kinds of
8 evidence, whether it be expert or lay, should
9 be considered in trying to evaluate these cases
10 because that's the nature of them, workers'
11 injuries and other workplace incidents. We
12 should be relying on the common sense type
13 evidence in reaching just results. I will
14 readily conceive that you have expert's
15 reports, and the four corners of those expert
16 reports say any number of things with regard to
17 Ms. Spencer's situation. And I'm not here to
18 assault or pick on Ms. Spencer. She's a nice
19 lady. I just think that she -- it leads to
20 believe in our heart she's worse off than she
21 really is, especially when you consider some of
22 the lay evidence we presented. And if I can --

23 -

24 COMMISSIONER WILKERSON: Clarke, let me ask you a
25 question.



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1 MR. MCCANTS: Yes, sir.

2 COMMISSIONER WILKERSON: Or, Mr. McCants. Your
3 client has no voc report in here; is that
4 correct?

5 MR. MCCANTS: That's correct.

6 COMMISSIONER WILKERSON: Okay. Because I was
7 looking, I read them, and I thought I could
8 only find one voc report.

9 MR. MCCANTS: I don't think I need a voc report if
10 I think I've got the Claimant working.

11 COMMISSIONER WILKERSON: No, no. But you've gone to
12 a failed medication ---

13 MR. MCCANTS: Yes, sir.

14 COMMISSIONER WILKERSON: --- is my understanding in
15 reading through the file. Mediation fail,
16 obviously it's position 42-9-10 -- he's seeking
17 permanent and total.

18 MR. MCCANTS: He is.

19 COMMISSIONER WILKERSON: And his voc report gives
20 him what he's seeking. How do you get around
21 that?

22 MR. MCCANTS: We'll simply point to the voc report
23 and the four corners of it. You judges make us
24 lay foundations before we acquire an expert's
25 opinion be introduced at a hearing. We have to



1 lay the proper foundation before an expert can
2 offer an opinion to a reasonable degree of
3 medical certainty, psychiatric engineering,
4 what have you. That person has to have a
5 strong foundation upon which to build that
6 opinion. There is little if any foundation for
7 the essential opinions these experts have in
8 this case. And Commissioner Campbell set these
9 forth in the order. For example, if you look
10 at Dr. Mullins, the psychiatrist report, and
11 part of his conclusion that Ms. Spencer is
12 permanently and totally disabled. He bases
13 that on part -- in her statement that quote,
14 she has to stay in her bed, and the pain has
15 grown worse. She told Dr. Mullin, I don't do
16 any gardening anymore, I don't get outside.
17 Commissioner Barden, you made reference to the
18 cane. That's in actually Ms. Holenbeck's
19 report.

20 **COMMISSIONER BARDEN:** Well, she told me she didn't
21 get out of bed, but didn't y'all capture her on
22 a tractor and working in her yard?

23 **MR. MCCANTS:** Yes, ma'am. And I want to talk about
24 the video in just a second because it's not
25 insignificant video. This is some of the



1 strongest video I think I've seen for purposes
2 of respectfully challenging these experts'
3 reports. She told Ms. Holenbeck she uses a
4 cane when she leaves her home. That's in that
5 report. And that was one of the building
6 blocks for Ms. Holenbeck's vocational opinion
7 in this case, and Mr. Chairman, that's simply
8 not true. It's just not true. The other thing
9 I want to point to, Dr. Mullin based his
10 opinion that she has a major depressive
11 condition back that -- believing she had a
12 clean bill of health before this incident.
13 Again, not true. The first 68 pages of my APA
14 is devoted to her prior medical problems
15 including the neck surgery, chronic pain,
16 treatment by at least a psychologist, maybe
17 even a psychiatrist, with regard to major
18 depressive issues. She did not have a clean
19 bill of health before this incident. And
20 that's probably to be expected of a person her
21 age. But you can't go to an expert in one of
22 these cases and say I'm taking the position I
23 can't work, and the reason I can't work is I
24 was fine before this incident. Again, not
25 true. Little things like her marital status.



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1 She told Dr. Mullin everything was okay, when
2 in fact, respectfully, Ms. Spencer has had some
3 significant domestic problems with her husband
4 involving even a charge of criminal domestic
5 violence against him. You talked about that
6 video once we got all this, and I tried to put
7 on one disc selected clips. I think this runs
8 about eight or 10 minutes. Please look at it.
9 You will see the type of physical activity, her
10 moving around doing things, which is
11 inconsistent with these expert opinions. You
12 made reference, Commissioner Barden, to use of
13 the tractor. Ironically, I think we're on one
14 of the hottest days of the years so far today,
15 so I want to pretend like you're outside. Ms.
16 Spencer was using her John Deere lawn tractor
17 to cut her front yard, which is not an
18 insignificant front yard. I want to say it's
19 at least an acre or two, on the hottest day of
20 the year. I can't do that. If I do so, I know
21 I'm going to be hurting or in pain. But the
22 fact you're getting out there and doing things
23 that are consistent with a normal lifestyle is
24 indicia of the true facts of a case like this.
25 And that's why I thought Commissioner Campbell



1 was right to rely on that information. Do I
2 argue now my ---

3 COMMISSIONER WILKERSON: Yeah. You got -- yeah.
4 Part of that, you can argue that, because you
5 got three minutes in reply.

6 MR. MCCANTS: All right. I hope I'm covering
7 everything in that regard. And we had a nine
8 percent to the lower back and a 13 percent
9 whole person from Dr. Lehman and Dr. Nandurkar,
10 respectfully. All right. I appealed too
11 because Commissioner Campbell did not award a
12 credit for overpayment of temporary total in
13 this case on the basis that I have not filed a
14 21. I do it --sometimes, I do it, sometimes I
15 don't. I knew we were going to owe Ms. Spencer
16 an award at some point. So I just let my
17 friend Drew kind of carry the day with --
18 pursuant to a hearing. Whether or not a 21 is
19 filed, as y'all know, does not control the
20 credit issue. The credit issue is based upon
21 the concept of disability. It's not
22 necessarily MMI. It's geared towards whether
23 or not someone is capable of engaging in
24 physical activity allow them to work.

25 COMMISSIONER WILKERSON: Was an agreement on the



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1 record of her MMI day?

2 **MR. MCCANTS:** I think we probably at least purposes
3 of it -- now, he certainly takes the position
4 MMI plus maintenance dodge type medicals -

5 **COMMISSIONER WILKERSON:** No, and I understand that's
6 a little different. But did y'all agree on the
7 record? I couldn't find it.

8 **COMMISSIONER BARDEN:** I didn't see it.

9 **COMMISSIONER WILKERSON:** I didn't see it, but maybe
10 I missed it. I was concentrating on a lot of
11 other issues. Did y'all agree on the record
12 that she reached MMI on X day? I couldn't find
13 it, but maybe I missed it.

14 **MR. MCCANTS:** There is a very good chance we did
15 not. I think ---

16 **COMMISSIONER WILKERSON:** Okay.

17 **MR. MCCANTS:** --- Commissioner Campbell found
18 February 9, 2014 ---

19 **COMMISSIONER WILKERSON:** Yeah.

20 **MR. MCCANTS:** --- based on -

21 **COMMISSIONER WILKERSON:** Yeah.

22 **MR. MCCANTS:** And, you know, we concede that she's
23 entitled to ongoing pain management ---

24 **COMMISSIONER WILKERSON:** Yeah, okay.

25 **MR. MCCANTS:** --- with Dr. Nandurkar, we don't



1 dispute that, because I think it helps her live
2 the lifestyle that she lives.

3 **COMMISSIONER WILKERSON:** Okay. All right.

4 **MR. MCCANTS:** Thank you.

5 **COMMISSIONER WILKERSON:** You have three minutes in
6 reply. Mr. Creech.

7 **REPLY BY MR. CREECH:**

8 **MR. CREECH:** Thank you. My client has never been
9 one that's -- that acts like she can't do
10 anything. That's never been the -- her
11 position or what she's ever maintained. With
12 regard to her on the lawnmower, it was a riding
13 lawnmower. And she was on it -- the
14 surveillance video showed she was on it for 20
15 minutes. Was it in the middle of the day, yes
16 it was. But she never -- she never said she
17 can't do yard work or ride on a lawnmower or
18 bend down to pick up weeds in a flower bed. I
19 mean, these are things that she doesn't deny.
20 All the other videos, if you've watched it, I
21 mean, it shows her walking around or standing.
22 Sometimes it shows her walking with a lot of
23 difficulty. Long story short, it's not in
24 dispute that she can't do her job anymore.
25 It's the only job that she's done for 33 years.



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1 With regard ---

2 COMMISSIONER BARDEN: Did she have any surgery from
3 this, or was she treated conservative?

4 MR. CREECH: It was conservative. The spinal cord
5 stimulator was recommended, and she opted ---

6 COMMISSIONER BARDEN: And she doesn't wish to
7 undergo that?

8 MR. CREECH: Yeah. So with regard to the credit, he
9 could have filed the 21 at any time. We would
10 have gotten here a lot quicker. We -- you
11 know, from the moment we had the failed
12 mediation, a 21 could have been filed and --
13 you know, we could have been here in 30 days.
14 And he chose not to, so we had asked that you
15 affirm the decision not to give her credit.

16 COMMISSIONER TAYLOR: Mr. Creech, how does the
17 credit issue of whether or not it's on the Form
18 21, how does that mesh with the Curiel case?

19 MR. CREECH: To be honest, I'm not 100 percent sure
20 because I haven't read the Curiel case.

21 COMMISSIONER TAYLOR: Okay. Okay.

22 MR. CREECH: I do feel like there -- there needs to
23 be some equity in the sense that there is an
24 obligation, I think, for the defense to
25 preserve the credit. I think they have to take



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1 some type of affirmative stance, and they
2 haven't done it.

3 **COMMISSIONER BARDEN:** I guess there is one record
4 that gives me pause from Dr. Carlton. And I
5 don't know if that's your expert or treating
6 physician or whoever that says that she's
7 walking bent over so far that her spine is,
8 quote, parallel to the ground. But doesn't the
9 video show that some of these complaints are
10 amplified or exaggerated such that the doctors
11 relied on that in coming up with the
12 restrictions? And there is some self-limiting
13 in there ---

14 **MR. CREECH:** Yeah. I think if you read the -- if
15 you read the overall picture of the rehab
16 program, I mean, I think she's like anybody
17 where she has really good days and really bad
18 days. I think the overall picture put forth in
19 this rehab program, which was very intensive,
20 was that she tried really, really hard, and
21 that she actually got some benefit from it. I
22 mean, she'll tell you that. And so, as far as
23 I'm aware, there's been no allegation in any of
24 the medical records that this woman is a woman
25 that's malingering or exaggerating her symptoms



1 or anything like that. And that hasn't been
2 really ---

3 COMMISSIONER BARDEN: Did they watch the video?

4 MR. CREECH: I'm sorry?

5 COMMISSIONER BARDEN: Did the doctors see the video?

6 MR. CREECH: No.

7 COMMISSIONER WILKERSON: No.

8 MR. CREECH: They did not. No, ma'am.

9 COMMISSIONER WILKERSON: Thank you.

10 MR. CREECH: Thank you.

11 COMMISSIONER BARDEN: Thank you.

12 COMMISSIONER WILKERSON: Mr. McCants, any reply?

13 REPLY BY MR. MCCANTS:

14 MR. MCCANTS: Yes, sir. Just briefly. And again --
15 and again, Ms. Spencer, I'm not saying she's
16 trying to necessarily mislead anybody. But
17 when you go to someone like Dr. Mullin, who is
18 going to offer an opinion like this in the
19 case, and you tell Dr. Mullin her depression
20 began about six months after initial injury.
21 She had to quit working, stayed in bed a lot,
22 and pain has grown worse. She -- she says she
23 raised beautiful flowers, but she has not done
24 any gardening since the accident. Those were
25 all facts upon which the experts would



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1 reasonably, assuming they could, rely on. The
2 result probably would have been different if
3 she said, you know, I go to my son's shop, I
4 help out a little bit over there, I do some
5 work there, I sweep the floor, I do drive my
6 John Deere tractor and cut the grass, I do
7 garden, I do get out, I go do lift trash -- gas
8 cans, whatnot, when I fill my tractor. That's
9 what the video shows. And it's there, it's in
10 color. Not just black and white, it's in
11 color. And again, I think ---

12 COMMISSIONER WILKERSON: You agree those aren't the
13 biggest gas cans in America?

14 MR. MCCANTS: Sir?

15 COMMISSIONER WILKERSON: Those weren't the biggest
16 gas cans in America.

17 MR. MCCANTS: Oh, no.

18 COMMISSIONER WILKERSON: They were not -- yeah.

19 MR. MCCANTS: They were, what, four or five gallons.

20 COMMISSIONER WILKERSON: I don't know if they were
21 that big, but they could have been. Three, it
22 looked three to me, but whatever.

23 MR. MCCANTS: Well, it's not only shown that maybe
24 she can lift the gas can, she's got to use the
25 gas on some equipment.



1 COMMISSIONER WILKERSON: I wouldn't disagree with
2 that.

3 MR. MCCANTS: Respectfully. Thank you very much.

4 COMMISSIONER WILKERSON: Thank you. We appreciate
5 it. This concludes the hearing. Thank y'all.
6 (There being nothing further, the hearing concluded
7 at 3:14 p.m.)
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STATE OF SOUTH CAROLINA)
COUNTY OF YORK) BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Lettie Spencer, Employee,)

Claimant,)

-vs-)

National Healthcare,)
Employer,)

and)

Premier Group Insurance Co.)

Defendants.)

WCC FILE NO. 1120778

NOTICE OF WITNESSES AND
WRITTEN REPORT(S)/PHYSICIAN
OR OTHER EVIDENCE TO BE
INTRODUCED ON BEHALF OF
LETTIE SPENCER, CLAIMANT

COMBINED APAs

FILE COPY

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CLARKE W. McCANTS, III, ESQUIRE, ATTORNEY FOR DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Lettie Spencer, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), and Rule 67-612, herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

<u>NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE</u>	<u>DATE OF REPORT(S)</u>	<u>PAGE NUMBERS</u>
APA 1: Carolina Occupational Healthcare	6-27-11 – 10-14-11	5 – 19
APA 2: Chester Regional Medical Center	7-22-11	20 - 22
APA 3: Chester Internal Medicine	8-10-11 – 3-20-13	23 - 40
APA 4: Columbia Neurosurgical Associates, PA	8-31-11 – 9-7-11	41 - 48
APA 5: SC Pain Associates	11-10-11 – 4-18-12	49 - 76
APA 6: Select PT	3-12-12 – 4-17-12	77 - 86

1

APA 7:	Dr. William L. Lehman, Jr. Carolina Orthopaedic Surgery Associates, PA	4-4-12 – 4-2-13	87 - 110
APA 8:	Springs Memorial Hospital	9-11-12	111 - 119
APA 9:	Sanjay Nandurkar, MD Piedmont Interventional Spine & Pain Care	1-28-13 – 6-5-14	120 - 156
APA 10:	The Rehab Center	3-7-13 – 10-31-13	157 - 276
APA 11:	Tracy Hill, PT Columbia Rehabilitation Clinic, Inc.	1-21-14	277 - 303
APA 12:	Patrick B. Mullen, MD Poinsett Psychiatric Group	2-28-14	304 - 309
APA 13:	Leanna Hollenbeck, MS	3-8-14	310 - 324

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

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, will be submitted at the hearing before Honorable Aisha Taylor, Commissioner, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employee-claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called
on behalf of the Claimant:

Ms. Lettie Spencer
2867 Great Falls Hwy.
Richburg, SC 29729

- Family members, friends, co-workers,
former co-workers and neighbors.

ELROD POPE LAW FIRM

By: *Josh D. Leaker for*
Andrew W. Leach

Attorneys at Law
PO Drawer 11091
Rock Hill, South Carolina 29731
(803) 324-7574
ATTORNEYS FOR CLAIMANT

Rock Hill, South Carolina
August 19, 2014

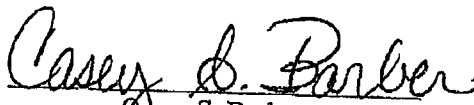
3

CERTIFICATE OF MAILING
WCC FILE NO.: 1120778

The undersigned hereby certifies that she is a secretary to the attorney for the Employee-Claimant in the above-entitled action and that the foregoing **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF LETTIE SPENCER, CLAIMANT** served upon the attorney for the Defendants by depositing same in the United States Mail with the proper postage affixed thereto, to the following address:

Clarke W. McCants, III, Esquire
Nance, McCants & Massey
Attorneys & Counselors at Law
PO Box 2881
Aiken, SC 29802-2881

Hon. Aisha Taylor, Commissioner
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202


Casey S. Barber

Rock Hill, South Carolina
August 19, 2014

4

THIS PAGE IS BLANK IN THE
ORIGINAL RECORD ON
APPEAL

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799-3926 • FAX (803) 258-7886

AUTHORIZATION FOR WORKERS COMPENSATION TREATMENT

Patient Name: Latic Spencer

SSN: _____

Authorization is given to evaluation and treat employee ONLY for:Lower backDate of Injury: 6-22-11Employer: NAC PerkinsContact Name: Pat CoatsPlease fax status report to: 741-9991

Additional requests: _____

Drug Screen

No

☒ Yes6-24-11

Dr. Thomas J. Matycka MD

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

NAME

Spencer, Leticia

DATE

6/27/11

TIME

3:50 PM

TECH

888

HEIGHT

62

Inches

WEIGHT

138

lbs.

PULSE

74

BP

139/70

CC

Pushing MED Cart And Felt Sharp Pain In Lower Back

HPI

~5 days ago pushing med cart
felt pop in (L) low back =
twisting into (R) C.E. to catch.
Never hurt before. Has worsened
w/ movement 2nd B/B.

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

PSH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAMINATION

Post-PSH But @ interference of

(L) low back pain/guarding = (L) SLR

(R) SLR interference cont

plus pain + 2/4

Aortic & brachial artery

Low Back Strain, but likely radiculopathy (will try
steroids for benefit)

ASSESSMENT & PLAN: SEE RETURN TO WORK STATUS FORM ☐

NEXT VISIT IN 7 DAYS OR PRN

PHYSICIAN'S SIGNATURE

MITCHELL H. HEGQUIST, MD

☐ CHARLES BOYTER, MD

☐ JAMES WRIGHT, MD

☒ THOMAS MOTYCKA, MD

DATE

6/27/11

☐ H.W. BLEDSOE, MD

☐

Page 000007

ROA 145

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING ST.
COLUMBIA, SC 29201
PHONE (803) 799-3926 FAX (803) 256-7896

☐ SC VOC	<u>NHC</u>	(Company name)
☒ DWC		
☐ PRIVATE		
☐ Employment		(Company Name)
☐ Asbestos - NIOSH FORM NEEDED - RADIOLOGIST READS		

X-Ray No. 19060 Patient Name Spencer, Lettie M ☒ (P)
Date 6.27.11 SS. _____ Age _____
*Pregnancy statement

Requesting Physician: ☐ WRIGHT ☐ HEGQUIST ☒ MOTYCKA ☐ BLEDSE ☐

History: WC injury

X-Ray Technician's Signature/Name: EBoutwell R.T. (R)

- | | | | |
|---|---|--|---|
| ☐ Abdomen, IV, 74000 | ☐ Finger, 3V, 73140 | ☐ Knee & Tun, 3+1, 73564 | ☐ Shoulder, 2V, 73030 |
| ☐ Abdomen, 3V, 74022 | ☐ Foot, 2V, 73620 | ☒ L-S-Spine, 3V, 72100 | ☐ Sinuses, 2V, 70210 |
| ☐ Ankle, 3V, 73810 | ☐ Foot, 3V, 73630 | ☐ Mandible, 3V, 70100 | ☐ Sinuses, 3V, 70220 |
| ☐ C-Spine, 3V, 72040 | ☐ Foot-FB, 2V, 73620 | ☐ Nasal, 3V, 70160 | ☐ Skull, 2V, 70250 |
| ☐ C-Spine, 5V, 72050 | ☐ Forearm, 2V, 73090 | ☐ Neck-ST, 2V, 70380 | ☐ Skull, 4V, 70280 |
| ☐ Chest, 1V, 71010 | ☐ Hand, 3V, 73130 | ☐ Os calcis, 2V, 73650 | ☐ T-Spine, 2V, 72070 |
| ☐ Chest, 2V, 71020 | ☐ Hand, 2V, 73120 | ☐ Pelvis, 1V, 72170 | ☐ Thumb, 3V, 73140 |
| ☐ Clav, 2V, 73000 | ☐ Hip, 2V, 73510 | ☐ Ribs, 4V, 71101 | ☐ Tib & Fib, 2V, 73590 |
| ☐ Coccyx & Sacrum 2V 72220 | ☐ Humerus, 2V, 73060 | ☐ Ribs-Bilat, 4-5V, 71111 | ☐ Toes, 3V, 73680 |
| ☐ Elbow, 2V, 73070 | ☐ Knee, 2V, 73560 | ☐ SI Joint, 3V, 72202 | ☐ Wrist, 2V, 73100 |
| ☐ Elbow, 4V, 73080 | ☐ Knee, 3V, 73562 | ☐ Scapula, 2V, 73010 | ☐ Wrist w/Nav, 3-5V, 73110 |
| ☐ Femur, 2V, 73550 | ☐ Knee & Sun, 3+1, 73564 | ☐ Shoulder, AC, 2V, 73050 | ☐ Add View, 1V, 70001 |
| ☐ Sternum, 71120 | | | |

INITIAL IMPRESSION LS/SI fracture properly

SIGNATURE ON FILE: ☐ JAMES A. WRIGHT, MD ☐ MITCHELL H. HEGQUIST, MD ☒ THOMAS MOTYCKA, MD
☐ H.W. BLEDSE, MD ☐ CHARLES BOYTER, MD ☐ _____, MD

☐ 76140 REQUEST RADIOLOGIST CONSULT

☐ Normal Examination

☐ I agree with the initial impression stated above

☐ I disagree with the initial impression, see comments:

☐ Radiologist please review the following area of concern _____

XRAY SIGNED OUT BY _____

Page 000008 Radiologist

Date

DATE

ROA 146

SCANNED

CAROLINA OCCUPATIONAL HEALTHCARE, LLC
1715 BLANDING ST, COLUMBIA, SC 29201
PHONE (803) 799-3926 • FAX (803) 258-7896

RETURN TO WORK STATUS

PATIENT INFORMATION:

NAME Spencer, Letti

COMPANY INFORMATION:

COMPANY NAME NHC

CONTACT PERSONS NAME Patthy Coates

OCCUPATION / JOB DESCRIPTIONS Nurse

INJURY INFORMATION:

DATE OF INJURY 6, 22, 11

TIME OF INJURY 730 AM / PM

DIAGNOSIS: Low BACK Strain (also Radiculopathy likely)

TREATMENT PLAN (1) Warm compresses
(2) Cyclohexamine at Bedtime
(3) Tramadol for pain
(4) (Steroid) Steroid Tapers

INSTRUCTION SHEET GIVEN

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL _____ / _____ / _____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS:

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☒ NO LIFTING MORE THAN 10 POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS
☒ ALTERNATE SITTING, STANDING & WALKING
☐ OTHER RESTRICTIONS

AVOID PILL CRUSHER IF IT CAUSES BACK PAIN

PHYSICIAN'S SIGNATURE

DATE 6, 27, 11

PHYSICIAN'S NAME:

- ☐ MITCHELL H. HEDGECOCK, MD
☐ H.W. BLEDSOE, MD
☐ CHARLES BOYTER, MD

- ☐ JAMES WRIGHT, MD
☒ THOMAS MOTYCKA, MD

NEXT APPOINTMENT

07, 05, 11 @ 200

CHECK OUT TIME: 5:15 INITIALS [Signature]

* IF LESS THAN 7 DAYS, NEED AUTHORIZATION

Page 000009

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201

PHONE (803) 799 - 3926 FAX (803) 258 - 7896

SCANNED

Patient: SPENCER, LETTIE L

DATE: 7-5-11

TIME: 2:00

TECH: mmc

DOI: 6/22/2011

HEIGHT: 62 inches WEIGHT: 138 lbs PULSE: 80 BP 169 / 70 BP 1

CC: f/u Lumber sprain

HPI

Not any better, might even be worse.
Is on Day 7 of 12 Day Steroid
taper. Using cyclobenzaprine during day, it
makes me drowsy.
Discomfort & radiation
Pill crushing still hurts my back

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

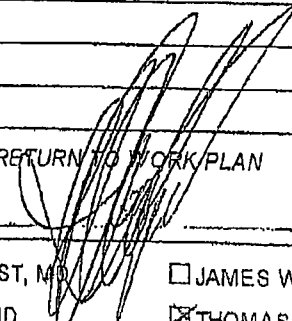
F/S/H: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM

Very uncomfortable appearing - sitting as cone on exam
table & standing - bent over posture. Pain in
back but did not intensify when (B) flex
Mild palp repro pain

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN after 14-18 DAYS OR PRN

PHYSICIAN SIGNATURE: 

DATE: 7-5-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Page 000010

SCANNED

Carolina Occupational Healthcare, LLC
1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 789 - 3928 FAX (803) 256 - 7896

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

DOB 11/28/1947

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN: 1) Tramadol for Daytime Pain
2) Cyclobenzaprine AT BEDTIME
3) Heating Pad after Day's Activities
4) MRI Low Back
INSTRUCTION SHEET GIVEN: 5) Combine Steroid Taper

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☒ NO LIFTING MORE THAN 10 POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING
☒ OTHER RESTRICTIONS: _____

PHYSICIAN SIGNATURE: _____

DATE 7-5-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME: _____ Initials: _____

NEXT APPOINTMENT DATE/TIME: _____

Page 000019
*If less than 7 days, Need AUTHORIZATION

Patient: SPENCER, LETTIE L DATE: 7-29-11 TIME: 3:50 TECH: RS
DOI: 6/22/2011

HEIGHT: 62 Inches WEIGHT: 138 lbs PULSE: BP / BP /

CC: Flu on MRI - of LS-spine

HPI: Still back pain (L) low back pain L to R arm (L)
Buttock/porroloated thigh radiate
Out of Transpo
MRI results 8/15/11 showing disc bulge
at L4/5

TRAMADOL HCL 50 MG 30 TABLETS NDC 68183-027-11 EXP 07/2012 LOT 11/091	CYCLOOXYGENASE 100 MG 30 TABLETS NDC 6823-3874-32 EXP 07/2012 LOT 11/091
---	---

ROS: ☐ Reviewed ☐ Non-Contributory
PH: ☐ Reviewed ☐ Non-Contributory
F/SH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM: Very uncomfortable - appears leaning to right
at L5 - 5/5 power
Distal anesthesia, dyesthesia, due to (L) low back pain

As low back pain (L) MRI int/LS - narrow
P. to Ortho

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN NEXT VISIT IN 0-7 DAYS OR PRN

PHYSICIAN SIGNATURE: [Signature] DATE: 7-29-2011
☐ MITCHELL H. HEGQUIST, MD ☐ JAMES WRIGHT, MD
☐ CHARLES BOYTER, MD ☒ THOMAS J MOTYCKA, MD
Page 000012

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201

PHONE (803) 799 - 3926 FAX (803) 256 - 7866

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Diagnosis 647.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN:

Discontinuation of painkillers may offer relief
(2) Ortho Referral
(3) Refill Tylenol 325mg + Tramadol

INSTRUCTION SHEET GIVEN:

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN ____ POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN ____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING _____
☒ OTHER RESTRICTIONS: NO 10 PILL-CRUSHING
IF IT HURTS BACK

PHYSICIAN SIGNATURE:

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME: 4:30 Initials: SR

NEXT APPOINTMENT DATE/TIME: ORTHO

*If less than 7 days, Need AUTHORIZATION

Page 000013

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201

PHONE (803) 799-3926 FAX (803) 256-7898

Patient: SPENCER, LETTIE L

DATE: 9-16-11

TIME: 3:05

TECH: UNC

DOI: 6/22/2011

HEIGHT: 62 inches

WEIGHT: 138 lbs

PULSE: 80

BP 156 / 62

CC: f/u LBP

HPI

Return to NEUROSurg report that nothing surgical
and present to Adjuster & both state that
P.T. said Benefit moved from TEN3
Still "pill crushing" v. brt/ndy into my low back
of sciatica

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

F/SH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM

PE of Spine

Tender at the L5 S1 area - nothing
more lateral & nothing more superiorly.
The S1 is not tender

McDonald Low Back Pain (Overuse Syndrome)
see doc.

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN 4 weeks DAYS OR PRN

PHYSICIAN SIGNATURE:

DATE: 9-16-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ Matycka, MD

Carolina Occupational Health
1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799 - 3826 FAX (803) 256 - 7886

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

INJURY INFORMATION:

DATE OF INJURY: 6/22/2011

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN:

(1) P.T. continued
(2) Tramadol & Cyclobenzaprine
(3) TENS UNIT

INSTRUCTION SHEET GIVEN:

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A
☐ UNABLE TO RETURN TO WORK UNTIL / /
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN POUNDS
☐ NO USE OF
☐ SIT FOR NO LONGER THAN HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS
☐ ALTERNATE SITTING, STANDING & WALKING
☒ OTHER RESTRICTIONS: Avoid pill-crushing

PHYSICIAN SIGNATURE:

DATE 9-16-11

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME 3:52 PM Initials: R

NEXT APPOINTMENT DATE/TIME:

10-14-2011 3:00 PM

*If Page 000015, Need AUTHORIZATION

CAROLINA OCCUPATIONAL HEALTHCARE, LLC

1718 BLANDING STREET
COLUMBIA, SC 29201
PHONE: (803) 788-3888
FAX: (803) 888-7888

MITCHELL H. HEDQUIST, MD SM2271714
CHARLES W. BOYTER, JR., MD SM1819377
JAMES WRIGHT, MD AWA2832378
THOMAS J. MICHYKA, MD SM3042886

Patient Name:

Celtic Spencer

Address:

Date:

9-16-2011

R TENS UNIT

1

AS Directed

☐ unless checked, label with drug name

Refill

0 times (No refill unless indicated)

M.D.

SUBSTITUTION PERMITTED

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799-3926 FAX (803) 266-7896

Patient: SPENCER, LETTIE L

DATE: 10/14/2011

TIME: 3:59 PM

TECH: 8

DOI: 8/22/2011

HEIGHT: 62 Inches WEIGHT: 138 lbs

PULSE: 69

BP 128, 66

BP

CC: APU LBP

HPI

Pt return to work at TERS unit a PT.
Essentially no pain at CSR low back, but
a belt bulge sensation intensified by standing
leg raise or bending forward. Further education
saw Neurosurgeon Dr. Dye, who he rec'd surgery
just med/PT.
[There was a "broad-based bulge disc" on MRI - I
still think that is a role-player in this case; I thought I
gave (1) facet arthrolysis; after scan body.
I don't perform it. I also enclosed a manual low back
about the aponeurosis can the ilioparalumbosa triangle - the
area.]

ROS: ☐ Reviewed ☐ Non-Contributory

PH: ☐ Reviewed ☐ Non-Contributory

FISH: ☐ Reviewed ☐ Non-Contributory

PHYSICAL EXAM CSR But do get intensification of pain in (1) belt bulge
T. @ CSR Coaxial & appropriate
1 hip discomfort ROM testis
Greater posterior controllable

Compensating
Low back pain likely Stair/overuse postural But also radiating
Pain Mgmt into buttock

ASSESSMENT & PLAN: SEE RETURN TO WORK PLAN

NEXT VISIT IN DAYS OR PRN

PHYSICIAN SIGNATURE: [Signature]

DATE 10-14-2011

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J MOTYCKA, MD

☐

Page 000017

SCANNED

Carolina Occupational Healthcare, LLC

1715 BLANDING STREET, COLUMBIA, SC 29201
PHONE (803) 799 - 3926 FAX (803) 256 - 7896

RETURN TO WORK STATUS

Patient: SPENCER, LETTIE L

Employer: NHC HEALTHCARE - PARKLANE

EMPLOYER CONTACT

OCCUPATION / JOB DESCRIPTION: NURSE

INJURY INFORMATION:

DATE OF INJURY: 8/22/2011

Diagnosis 847.2 SPRAIN LUMBAR REGION

ADDITIONAL DIAGNOSIS INFORMATION:

TREATMENT PLAN:

① PAIN MANAGEMENT Referral
② Continue TENS unit for relief

INSTRUCTION SHEET GIVEN:

RETURN TO WORK STATUS:

- ☐ RETURN TO WORK WITH NO LIMITATIONS
☐ RETURN TO WORK WITH NO LIMITATIONS AS A _____
☐ UNABLE TO RETURN TO WORK UNTIL ____/____/____
☐ RELEASED FROM CARE
☐ REFERRED FOR SPECIALTY EVALUATION TO _____
☒ RETURN TO WORK WITH THE FOLLOWING LIMITATIONS (see below)

LIMITATIONS:

- ☐ NO OPERATING OF HEAVY EQUIPMENT, MACHINERY, DRIVING
☐ NO PROLONGED BENDING, STOOPING, SQUATTING
☐ NO LIFTING MORE THAN _____ POUNDS
☐ NO USE OF _____
☐ SIT FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ STAND FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ WALK FOR NO LONGER THAN _____ HOURS PER 8 HOUR WORKDAY
☐ RECOMMENDATIONS _____
☐ ALTERNATE SITTING, STANDING & WALKING
☒ OTHER RESTRICTIONS: No use of pill crusher

PHYSICIAN SIGNATURE: _____

DATE

10/14/2011

☐ MITCHELL H. HEGQUIST, MD

☐ JAMES WRIGHT, MD

☐ CHARLES BOYTER, MD

☒ THOMAS J. MOTYCKA, MD

Check out TIME _____ initials: _____

NEXT APPOINTMENT DATE/TIME _____

Page 000018 Need AUTHORIZATION

Carolina Occupational Healthcare, LLC

4/3/2012

Patient: LETTIE L. SPENCER

EMPLOYER: NHC HEALTHCARE - PARKLANE

NH000

INSURANCE CO: PREMIERE GROUP INSURANCE

PRE00

PO BOX 1122

MURSFEESSBORO,

(866)414-7442

CLAIM #

ADJ:

Date	Description	Procedure	Dx 1	Claim#	Units	Charge	Amt Paid	SELF PAY	ADJ	Billed?
6/27/2011	NEW PATIENT DETAILED EVALUATION	99203	847.2	17813	1	142.00	-134.90	0.00	-7.10	
6/27/2011	LS-SPINE 3V XRAY	72100	847.2	17813	1	62.00	-49.40	0.00	-2.60	
6/27/2011	TRAMADOL 50 MG #30	85182-0827	847.2	17813	30	30.30	-28.49	0.00	-1.81	
6/27/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	17813	30	39.30	-35.85	0.00	-3.45	
7/5/2011	ESTABLISHED PATIENT MD FU	99213	847.2	17813	1	95.00	-90.25	0.00	-4.75	
7/29/2011	ESTABLISHED PATIENT MD FU	99213	847.2	17933	1	95.00	-90.25	0.00	-4.75	
7/29/2011	TRAMADOL 50 MG #30	85182-0827	847.2	17933	30	30.30	-28.49	0.00	-1.81	
7/29/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	17933	30	39.30	-35.85	0.00	-3.45	
9/16/2011	ESTABLISHED PATIENT MD FU	99213	847.2	18380	1	95.00	-90.25	0.00	-4.75	
9/16/2011	CYCLOBENZAPRINE 10MG #30	00603-3079	847.2	18380	30	39.30	-35.85	0.00	-3.45	
9/16/2011	TRAMADOL 50 MG #30	85182-0827	847.2	18380	30	30.30	-28.49	0.00	-1.81	
10/14/2011	ESTABLISHED PATIENT MD FU	99213	847.2	18564	1	95.00	0.00	0.00	0.00	
11/3/2011	CHECK PAYMENT	CHECK		0	1	-164.59	0.00	0.00	0.00	
11/3/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-10.01	0.00	0.00	0.00	
11/11/2011	CHECK PAYMENT	CHECK		0	1	-164.59	0.00	0.00	0.00	
11/11/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-10.01	0.00	0.00	0.00	
11/16/2011	CHECK PAYMENT	CHECK		0	1	-338.89	0.00	0.00	0.00	
11/16/2011	CORVEL/CORCARE ADJUSTMENT	COR		0	1	-18.71	0.00	0.00	0.00	

SCANNED

Page 000019

Total Charges:	\$ 782.80
Total Payments:	-\$ 648.07
Total Adjustments:	-\$ 39.73
Total Account Balance:	\$ 95.00

ROA 157

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ORIGINAL RECORD ON
APPEAL

CHESTER REGIONAL MEDICAL CENTER

1 MEDICAL PARK DRIVE
CHESTER SC 29706
RADIOLOGICAL INTERPRETATION

PATIENT NAME: SPENCER, LETTIE
ACCOUNT #: 3102226
EXAM DATE: 7/22/2011
ORDERING: STAFF NON, MD

RM: RAD MR#: 107577
X-RAY#: 17750
D.C.B.: 11/28/1947

ATTENDING:

CONSULTING:

BACK PAIN

1 72148 MRI L-SPINE WO CONT

MRI OF THE LUMBAR SPINE, 07/22/11:

HISTORY: 63-year-old with history of lower back pain.
TECHNIQUE: Sagittal and axial T1 and T2 and sagittal STIR
weighted MR images of the lumbar spine were performed without
the use of radiologic contrast material.

FINDINGS: The vertebral body heights of the lumbar spine are
preserved and anatomic alignment maintained. No abnormal marrow
signal is identified. The spinal cord conus ends appropriately
at T12-L1 disc space level with no evidence of intrathecal mass.
Visualized portions of the retroperitoneum are unremarkable.

At the T11-12, T12-L1 and L1-2 levels no disc herniation or
significant neural foraminal narrowing is identified.

At the L2-3 level, no disc herniation or neural foraminal
narrowing is identified.

At the L3-4 level, hypertrophic facet changes are identified,
however, disc herniation or neural foraminal narrowing is
identified.

At the L4-5 level, hypertrophic facet change and ligamentum
flavum thickening are identified and combined with a broad based
disc bulge to cause a component of inferior neural foraminal
narrowing bilaterally as well as a component of lateral recess
narrowing, left greater than right. No central canal stenosis

CONTINUED ON PAGE 2

STAFF NON, MD

Carolina
Oce. Health

77-3028

fax 803-258-7896
256

CHESTER REGIONAL MEDICAL CENTER

1 MEDICAL PARK DRIVE
CHESTER SC 29706
RADIOLOGICAL INTERPRETATION

PATIENT NAME: SPENCER, LETTIE
ACCOUNT #: 3102226
EXAM DATE: 7/22/2011
ORDERING: STAFF NON,MD

RM: RAD MR#: 107577
X-RAY#: 17750
D.O.B.: 11/28/1947

ATTENDING:

CONSULTING:

BACK PAIN

661 72148 MRI L-SPINE WO CONT

is identified.

At the L5-S1 level, no disc herniation or neural foraminal narrowing is identified.

IMPRESSION: MILD DEGENERATIVE DISC DISEASE OF THE LUMBAR SPINE
MOST PROMINENT AT L4-5 AS DESCRIBED ABOVE.

DD: 07/22/2011 00:00
DT: 07/22/2011 19:07 MPS

Dictated By: REUTER,MD, ROBERT
Signed By: REUTER,MD, ROBERT

ROBERT REUTER, MD

DICTATED BY

DATE DICTATED: 7/22/2011
DATE TRANSCRIBED: 7/22/2011 19:07
BY: MPS TECH: GENERIC TECH
661 STAFF NON,MD

REVIEWED AND SIGNED
ROBERT REUTER, MD
RADIOLOGIST
7/25/2011 15:34:52
PAGE 2 OF 2

Female Visit/Progress Note

Patient Name Lettie Spence

Date 8-10-11

DOB

Hx

Y

LA

B

O

C/O: V up

Other:

med - refills
Hurt on job June 20 "Back"
Workman's Comp - Columbia SC

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

July MPT Spence 7-22-11 waiting

Smoker: Yes No Ex Y2PK - 4 day

Allergies: Demol - pen for ortho appt

Hx (dates) Pap Mammogram
SPE Colonoscopy No ETDH

PH: ☐ No change ☐ Change Date Codene/8/11 SH: ☐ No change ☐ Change Date

Subjective: ROS - Review symptoms below													
Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dyuria	discharge	schizophrenia	Ins BG	HA	depression
chills	congested	red	Ba Inlect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	deco BG	weakness	anxiety
metelisa	drainage	discharge	bruising	cough	edema	nausea	viters	epicuria	dryness	redness	Ins thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	hale	flank pain	dyaparauna	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses	hemoptysis	hemoptysis	HTN	abd pain	moles/chg		vasomotor	dark pain	polyuria	sempary chg	ideas
weak	bleeding	contacts	asthma	asthma	liver lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	insomnia
anorexia	hearing loss	allergies	no sweat	no sweat	PND	constipation	hair loss		nipple d/c	leg pain	polyphagia	belache	
	sore throat		chest pain	chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					chondroclon	incrgas							

Other: Ht: 5'2" Wt: 135 T 97.3 P-78 R-16 BP 130/80 D2-94

Glucose

Fasting 110

Obtained by: Reviewed by:

Assessment/Plan:

Meds: Bid 70

Other:

H/P: HTN
Dyslipidemia
Low Back
Edema
HTN
- Norvasc 10mg + q day
Edema
- Aldactone 25 + q day
Dyslipidemia
- Crestor 20mg + q day
- Tricor 145 + q day

Reviewed Meds/SS ☐
Cont. Current Meds ☒
See list
med - refills
see list
W/B

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA O&S Microab Proforma
A1C Glucose Lipid ALT KOH
RAD: BGS Mamm CMP
lipid
OTHER: PFT EKG CBC
mg. UA
CONSULTS: T4-TSH
V-D25
EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS
F/U: ___ days ___ wks 4 mths ___ PAN
___ OOW ___ OOS
COUNSELING: >50% OV ___ (time)
Level Visit 1 2 3 4
NA Reviewed POC with: ___
Obtain records from: ___

Low back Pain
- followed via Workman Comp

Labs next visit:

Rad next visit:

Hyperkalemia
toprolol 10mg + q day
Arterial Rheum
Fluoride if with each night, 1/4

Amalgam
12/30/11

Patient Name

Lettie Spense

Date

8-10-11

GENERAL: trial thin/cachectic malaise
☒ WDOWN distress unkempt/dischveled
☒ NAD obese (m - mod - morbid - truncal)

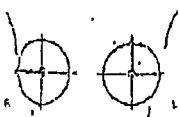
PSYCH: depressed anxious agitated
☒ alert/oriented flat disoriented (person - place - time)
☒ memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
☒ TM's clear TM scar dull fluid R L
EAO swollen red cerumen R L
☒ pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
☒ nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinate: enlarged congested
☒ sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
fund benign narrow arteries AV nicking
hemorrhage exudate R L
papilledema R L
☒ neck SWN cervical adenopathy R L tender
anterior shortly posterior
☒ neck FROM ROM limited 2': muscle nuchal rigidity
☒ thyroid enlarged bruit nodules
☒ bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
☒ clear BS's rales R L
☒ R,R,R,W rhonchi R L

HEART: tachycardia@ BPM reg irreg
☒ RRR bradycardia@ BPM reg irreg
☒ M,R,G murmur M holosystolic diastolic
apex LLSB LUSB RUSB ALSB

BREASTS: deferred Size: sm med lg pend
mass mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
discharge R L bloody
☒ DC nipple inverted retracted R L
☒ LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Bradley
2/30/11

ABDOMEN: obese scapuloid flat
☒ benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank(CVA) R L
☒ soft NT AUG RLQ LUQ LLO
rebound AUG RLQ LUQ LLO
guarding voluntary involuntary
☒ (+)BS BS's increased decreased absent
☒ HSM liver spleen palpable
☒ mass mass

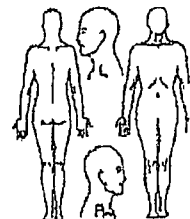
GENITALIA: deferred
 FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic caruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL osix tender (m - mod - sv)
parous nulliparous
cervical lesion (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate: uterus adnexa
2': obesity pain cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
rash excoriation irritation rash:
hemorrhoids external hemorrhoids
internal hemorrhoids
sphincter WNL sphincter loose tight tender
OB (-) OB (+) gross blood positive

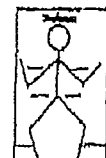
EXT/MS: edema pedal 1+ 2+ 3+ R L
☒ C,C,E joint tenderness:
☒ joints NT spinal/paraspinal tenderness

Pulse	Carotid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert sedated lethargic
☒ CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Lettie Spence Date 12-14-11

DOB H: Hypertension W: LA B: 0

10: 1. up
Routine
Hyperthyroidism
Allergic Rhinitis

Other:

NO: Nausea & back pain, vomitting
NO chest or abd. pain, with dizziness
No loss of vision, fatigue, back pain
Allergies: Domest / Penicillin / Latex

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex AKOH 1-occasional

MM: (date) Pap Mammogram Never

BDS 72 yrs Colonoscopy 1-10

PH: ☒ No change ☐ Change Date

PH: ☒ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - See #1													
Const	ENT	Eyes	Head/Neck	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Bu Injct	wheezing	palpitations	reflux	rash	polyuria	boiling	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	polyuria	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	sores	flank pain	dryness	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glaucoma		hemoptysis	HTN	abd pain	itching	hematuria	vasomotor	back pain	polyuria	sensory def	insomnia
weak	bleeding	contact		asthma	inter apnea	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	numbness	
anorexia	hearing loss	allergies		no sweat	PNO	constipation	hair loss	polyuria	apple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin	breast lump	joint pain	wt loss	coordination		
				claudication	brp gas								

Other: Ht 5'2" Wt 133 T 97 P 72 R 16 BP 125/74 O2 96

Glucose

Fasting

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

HTN: Norepinephrine 10mg tid

Hyperthyroidism: Synthroid 20mg tid

Hyperthyroidism: Synthroid 10mg tid

Hyperthyroidism: Synthroid 10mg tid

Chronic kidney disease

Insomnia - see med list

Dr. Owens - SC PAIN MANAGEMENT

NOV-2011 Injections - back

Dec. 20th next appointment

Reviewed Meds/SE 8/10/10

Cont. Current Meds ☐

See List 1/10

Refill turned

Discontinue

for future use

Previous/Recent Labs/Rad Review ☐

LAB: CBC UA OAS Microabs Proline

A1C Glucose Lipid ALT KOH

RAD: BDS, Mammogram

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE

STE DIET/NUTR LIPIDS

PAU: days wks mths PRN

COW OOS

COUNSELING: >50% OV (times)

Level Visit 1 2 3 4

NP Reviewed POC with:

Obtain records from:

Signature: Bradley

Lab next visit:

Rad next visit:

12/14/11

Female Visit/Progress Note

Patient Name Lettie Spencer

Date 02-09-12

DOB

Hx

WF LA B O

C/O: N/V / NO Appetite / weakness
diarrhea
Fever/chills
NO: Abdominal / NO chest pain

Other:

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/
Smoker: Yes No 12 PK. 90yr NO
Hx (dates) Psp Mammogram
BDS Colonoscopy

Allergies: Demerol / PCN / codeine / ceftriaxone

PH: ☒ No change ☐ Change Date

PH: ☐ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - see HPE for new A's

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Bx infect	wheezing	palpitations	reflux	rash	achy	itchy	warm	dec BG	weakness	anxiety
metals	drainage	discharge	bruising	cough	edema	nausea	ulcers	hematuria	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nails	back pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glaucoma		hemoptysis	HTN	abdominal	wound	hematuria	vasomotor	back pain	polyuria	easy bruising	ideas
weak	bleeding	contacts		asthma	incor lipids	diarrhea	hair loss		breast pain	neck pain	polydipsia	menstrual	insomnia
anorexia	hearing loss	earplugs		noc sweat	PNO	constipation			nipple d/c	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	incontinence							

Other: HT 5'2 WT 128 T90 P82 R16 BP 129/73 CO 98
Glucose Fasting = 1

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

N/V - likely 2nd medication now delayed
Zofran 40mg 4x daily
Nexium 40mg 1x daily
low back pain
gabapentin 300mg 3x daily
gabapentin 300mg 3x daily
Nexium 40mg 1x daily
continue all other meds as directed
SC PAIN ASSOCIATES
Dr Tony Owens
Nucynta ER
50mg Bic - 2/9/12
Phenergan 25mg Supp.
2/9/12 2/9/12 2/9/12
nausea

Reviewed Meds/SE ☒ Bic
Cont. Current Meds ☐
See LIST
Zofran 40mg 4x daily
Nexium 40mg 1x daily

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA C&S Microabs Protime
A1C Glucose Lipid ALT KOH
RAD: SDB Mammogram
OTHER: PFT EKG
CONSULTS:
EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPOIDS
F/U: 2 days 2 wks mths PRN
 ODW OOS
COUNSELING: >50% QV (time)
Laval Visit 1 2 3 4
MP Reviewed POC with:
Obtain records from:

Labs next visit:

Rad next visit:

2/10/12

Patient Name

Lottie Spence

Date 2/10/12

GENERAL: frail thin/cachectic malaise
☒ WDOWN distress unkempt/dischveled
☒ NAD obese (m - mod - morbid - truncal)

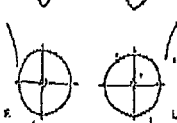
PSYCH: depressed anxious agitated
☒ Alert/Oriented flat disoriented (person - place - time)
☒ memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
☒ TM's clear TM scar dull fluid R L
EAC swollen red cerumen R L
☒ pharynx WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
☒ nose WNL rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinales: enlarged congested
☒ sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
undi benign narrow arteries AV nicking
hemorrhage exudate R L
papilledema R L
☒ neck SWN cervical adenopathy R L tender
anterior shotty posterior
☒ neck FROM ROM limited 2°: muscle nuchal rigidity
☒ thyroid enlarged bruit nodules
☒ bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
☒ clear BS's rales R L
☒ R, R, W rhonchi R L

HEART: tachycardia @ BPM reg irreg
☒ RRR bradycardia @ BPM reg irreg
☒ M, R, G murmur A holosystolic diastolic
apex LLSB LUSB RUSB RLSB

BREASTS: deferred Size: sm med lg pend
☒ mass mass: cm R L at o'clock
tender non-tender firm soft fixed mobile
☒ ODC discharge R L bloody
☒ nipples WNL nipple inverted retracted R L
☒ LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Penally No
2/10/12

ABDOMEN: obese scafold flat
☒ benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank (VA) R L
☒ soft, NT AUG RLQ LUQ LLQ
rebound AUG RLQ LUQ LLQ
☒ guarding voluntary involuntary
☒ BS's increased decreased absent
☒ HSM liver spleen palpable
☒ mass mass

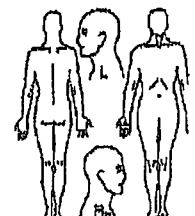
GENITALIA: deferred
 FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic caruncle
vagina WNL discharge: white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender (m - mod - sv)
parous nulliparous
cervical lesion (shown)
uterus WNL utane; enlarged tender retroverted
unable to adequately palpate uterus adnexa
2°: obesity pain cooperation
adnexal Tx adnexa tender R L (m - mod - sv)
adnexal mass adnexal mass R L

RECTAL: deferred
☒ rash excoriation irritation rash:
☒ hemorrhoids external hemorrhoids
internal hemorrhoids
☒ sphincter WNL sphincter loose tight tender
☒ OB (-) OB (+) gross blood positive

EXT/MS: edema pedal 1+ 2+ 3+ R L
☒ O, C, E joint tenderness:
☒ joint NT spinal/parespinal tenderness

Pulse	Carotid	Radial	Femoral	BP	ET
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert sedated lethargic
☒ CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Lettie SpencerDate 4-11-12

DOB _____

Hx HTN - Hypertensiony.o. WE LA B OC/O: 4 months 3/11 - No Complaints

Other: _____

c/o chronic low back pain - major work related issues
- per Dr. Lehmanno CP, no palpitations, no weight changes
no N/V, no diarrhea, noAllergies: Demerol / PCN / codeine / Celestin

Visual Acuity	RIGHT	LEFT	BOTH
(with/without glasses)	20/	20/	20/

Smoker: Yes No Ex
 HM: (date) Pap 1/2 PK Mammogram
 BDS Colonoscopy NO ETOH

PH: ☒ No change ☐ Change Date _____PH: ☒ No change ☐ Change Date _____SH: ☒ No change ☐ Change Date _____

Subjective: ROS - Reviewed - See Hx

Const	ENT	Eyes	HemLymph	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	Ba infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	low BG	weakness	anxiety
metastase	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	nafe	flank pain	dyspareunia	swelling	low thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	abdominal pain	redness		vesicovaginal	back pain	polyuria	seizure	ideas
weak	bleeding	contact		asthma	low lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	meningitis	insomnia
anorexia	hearing loss	allergies		no sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	incontinence							

Other: HT 5'2" WT 130 T97.0 P-72 R-16 BP 119/67 CR-96GlucoseFasting - N

Obtained by: _____

Reviewed by: _____

Assessment/Plan:

HTN

- Norvasc 10, tid

Dyslipidemia

- Crestor 20, tid- Simvastatin 40, tid

Hypertension

- Lisinopril 10, tid

Insomnia

- Trazodone 50, tid

GERD

- Pantoprazole 40, tid

Meds:

Reviewed Meds/SE ☒ See
Cont Current Meds ☐

See LIST
Norvasc 10mg
tid x 30 days
Kcl 20MEQ tid
X 60 days
Trazodone 50mg
tid x 30 days
Crestor 20mg
tid x 30 days
Pantoprazole 40mg
tid x 30 days
Klonopin 0.5 QHS
X

Other:

Previous/Recent Labs/Rad Review ☐
 LAB: CBC UA C&S Microab Protime
 A1C Glucose Lipid ALT KOH

RAD: BDS Mamma

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
 STE DIET/NUTR LIPIDS

F/U: _____ days _____ wks _____ mths _____ PRN

OOW OOS _____

COUNSELING: >50% OV _____ (time)

Level Visit 1 2 3 4

NP Reviewed POC with: _____

Obtain records from: _____

Signature: _____

Aldactone 25mg tid x 30 days

Fenofibrate

tid x 30 days

Mavix - 400mg

Page 000029

Patient Name Lettie SpencerDate 4/11/12

GENERAL: frail thin/ cachectic malaise
☒ WOWN diastress unkempt/dischveled
☒ NAD obese (m - mod - morbid - truncal)

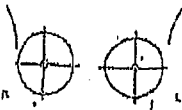
PSYCH: depressed anxious agitated
☒ alert/oriented flat disoriented (person - place - time)
☒ memory intact forgetful MMSE Score

HEENT: TM red R L (m - mod - sv)
TM's clear TM scar dull fluid R L
☒ pharynx WNL EAC swollen red cerumen R L
☒ nose WNL pharynx erythematous (m - mod - sv)
tonsils swollen R L (m - mod - sv)
rhinorrhea: clear purulent bloody
mucosa: pale boggy hyperemic
turbinales: enlarged congested
☒ sinus pain tender over sinuses: (m - mod - sv)
R L maxillary frontal
audi benign narrow arteries AV nicking
hemorrhage exudate R L
☒ neck SWN papilledema R L
cervical adenopathy R L tender
anterior shotty posterior
☒ neck FROM ROM limited 2°: muscle nuchal rigidity
☒ thyroid enlarged bruit nodules
☒ bruits carotid bruit R L

CHEST: wheezes R L (m - mod - sv)
☒ clear BS's rales R L
☒ R, R, R, W rhonchi R L

HEART: tachychardia@ BPM reg irreg
☒ RRR bradychardia@ BPM reg irreg
☒ O, M, R, G murmur M holosystolic diastolic
apex LLB LUB RUB ALB

BREASTS: deferred Size: sm med lg pend
☒ mass mass: cm R L at oblock
tender non-tender firm soft fixed mobile
☒ DC discharge R L bloody
☒ nipples WNL nipple inverted retracted R L
☒ LN's lymph node: cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Initials _____

ABDOMEN: obese scaphoid flat
☒ benign tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical flank/ova R L
☒ soft, NT RUC RLQ LUC LLO
rebound RUC RLQ LUC LLO
☒ guarding voluntary involuntary
☒ (+) BS BS's increased decreased absent
☒ HSM liver spleen palpable
☒ mass mass

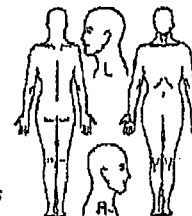
GENITALIA: deferred
 FEMALE vulva atrophic lesion
external WNL rash excoriation hyperemic oruncle
vagina WNL discharge white green (m - mod - lg)
stenotic (m - mod - sv)
Cx WNL cervix tender (m - mod - sv)
parous nulliparous
cervical lesion: (shown)
uterus WNL uterus: enlarged tender retroverted
unable to adequately palpate: uterus adnexa
2°: obesity pain, cooperation
☒ adnexal Tx adnexa tender R L (m - mod - sv)
☒ adnexal mass adnexal mass R L

RECTAL: deferred
☒ rash excoriation irritation rash:
☒ hemorrhoids external hemorrhoids
internal hemorrhoids
☒ sphincter WNL sphincter loose tight tender
☒ OB (-) OB (+) gross blood positive

EXTMS: edema pedal 1+ 2+ 3+ R L
☒ O, C, E joint tenderness:
☒ joints NT spinal/paraspinal tenderness

Pulse	Carotid	Radial	Femoral	DB	FT
R					
L					

SKIN: (mark on diagram)
☒ rash



NEURO: ☒ alert sedated lethargic
☒ CN2-12 WNL
Motor WNL
Sensory WNL
Reflexes WNL
Cerebellar WNL



Female Visit/Progress Note

Patient Name Lettie Sperry

Date 8/15/12

DOB

Hx HTN - hyperthyroid

W F LA B O

C/O:

Other:

wt. loss - chills good appetite
BACK discomfort discolorations
request multiple check. Back in 2° workman

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex 1/2 PK Achy Non-Alchol
Hx: (dates) Pap Mammogram
BDS Colonoscopy

Illness: Demoral / Pain / backache / malin

PH: ☒ No change ☐ Change Date

FH: ☐ No change ☐ Change Date

SII: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - see HTN above for dx													
Consl	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	infect	wheezing	pallidness	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	polyuria	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarseness	vision	bleeding	sputum	orthopnea	vomiting	nales	back pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal
fatigue	PND	glasses	hemoptysis	HTN	HTN	abdominal	molesting	hematuria	vasomotor	back pain	polyuria	sensory chg	ideas
weak	bleeding	contacts	asthma	incor lipids	PND	constipation	wound		breast pain	neck pain	polydipsia	man chg	insomnia
anorexia	hearing loss	allergies	no sweat	chest pain	DOE	blood	hair loss		nipple chg	leg pain	polyphagia	balance	
	sore throat					inc gums	dry skin		breast lump	joint pain	wt loss	coordination	

Other: HT 5'2 WT 119 T97 P75 R16 BP 126/74 CO 96
Glucose Fasting - NI

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

Severe low back pain
followed up workman comp
- still open case
- pt scheduled to coordinate
next visit for tx and open
- to do still severe persistent
low back pain
- HTN - Amlod 10, 1/2
- weight loss 1/2/134
- 1/2 perphenazine 10, 1/2
Dep Depress
- Low glucose 150, 1/2

Reviewed Meds/SE 1/2/134
Cont. Current Meds ☐
See LIST
Acuvase 10mg daily
KCL 20mg daily
Triclorone 5mg 1/2 HS
Carbamazepine 10mg daily
TAPazole 10mg daily
Kloripin 0.5 @ 1/2
Atidactone 25mg daily
Fenofibrate 1/2 HS
MAG OX 400mg daily

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA OAS Microab Protime
ATC Glucose Lipid ALT KOH
RAD: BDS Mamm
OTHER: PFT EKG
CONSULTS:
EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS
FU: days wks mths PRN
UOW OOS
COUNSELING: >50% OV (line)
Level Vialt 1 2 3 4
NP Reviewed POC with:
Obtain records from:

Labs next visit: needs health screen
Rad next visit: mammogram / colonoscopy

At Reg next handclasp skin
tearful

Patient Name Lettie SpencerDate 8/15/12

GENERAL: ☒ frail ☒ thin/skeletal ☐ malaise
☒ WDWN ☐ distress ☐ unkempt/discoveiled
☒ NAD ☐ obese (m - mod - morbid - truncal)

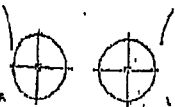
PSYCH: ☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT: ☐ TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☐ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☒ fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ neck FROM ☐ ROM limited 2": muscle muscle rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST: ☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R, R, R, W ☐ hoarse R L

HEART: ☐ tachycardia @ ☐ BPM reg irreg
☒ BRB ☐ bradycardia @ ☐ BPM reg irreg
☒ M, R, G ☐ murmur ☐ MI holosystolic diastolic
☐ apex LLSB LUSB RUSB ALSB

BREASTS: ☐ delayed Size: sm med lg pend
☐ mass ☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



Bradley

ABDOMEN: ☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank (CVA) R L
☒ soft, NT ☐ RUQ RLO LUQ LLO
☐ rebound RUQ RLO LUQ LLO
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver: spleen: palpable
☐ mass ☐ mass

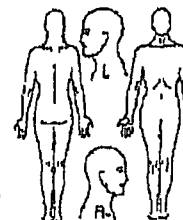
GENITALIA: ☐ deferred
 FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excretion hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2": obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL: ☐ deferred
☐ rash ☐ excretion irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

EXT/MS: ☐ edema pedal 1+ 2+ 3+ R
☐ O, C, E ☐ joint tenderness: *1 spine 1 rdn*
☐ joint NT
☐ spinal NT ☐ spinal/paraspinal tenderness

Palp	Carotid	Radial	Palmar	DP	PT
R					
L					

SKIN: (mark on diagram)
☐ rash



NEURO: ☒ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



FROM

Female Visit/Progress Note

Patient Name Lettie SpencerDate 12/19/12

DOB

Hx HTN, Hyperthyroid

LA B O

C/O: HTN, loss of appetite

Other:

"Depressed"Dark discoloredUnable to do thingsthat she wants to doVISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/Smoker: Yes No Ex No: ETOHHx: (dates) Pap 2/12/12 MammogramBOS ColonoscopyAllergies: Demerol, Pen, Codine, CelebrexPH: ☐ No change ☐ Change DatePH: ☐ No change ☐ Change DateSH: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - Summary

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	anemia	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	int BB	HA	depressed
chills	congested	red	bruising	wheezing	pallidness	reflux	rash	polyuria	itching	vam	dec BB	weakness	anxiety
melancholy	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	quickness	stressed
weight loss	hoarseness	vision	bleeding	spitum	orthopnea	vomiting	nails	flank pain	dyspareunia	swelling	dec thyroid	dizziness	suicidal ideas
fatigue	PND	glasses		hemoptysis	HTN	abd pain	molesting		vasomotor	back pain	polyuria	sensory def	insomnia
weak	bleeding	contact		asthma	incr lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	numbness	
anorexia	heating loss	allergies		noct sweat	PNO	constipation	hair loss		nipple dis	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	injury							

Other: HT 5'2 WT 110 T97 P92 R16 BP 140/74 CB 97
Glucose Fasting - NO

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: Bilo

Other:

HTN - Norelco 10 + 10Dyslipidemia- Atorvastatin 20Severe low back pain- Nucyntone 500 + 140weight loss / Adult friend to theDr. Lehman - Orthopedic
Consider: Nerve BlockDepression- Zolpidem 30, 7, 1 day x 2wkgabapentin 600 + 10 x 2wkHyperthyroidismhyperactive 10 + 10Reviewed Meds/SE ☒
Cont Current Meds ☐See List1/12Myocardial400, 100bioPrevious/Recent Labs/Rad Review ☐LAB: CBC UA OAS Microalbumin Proline
A1C Glucose Uptd ALT KOH

RAD: BOS Mamma

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPOIDSF/U: 4 days 4 wks 4 mths 4 PRNOOV 4 OOS 4COUNSELING: >50% OV 4 mthsLive Visit 1 2 3 4NP Reviewed POC with 4Obtain records from: 4

Labs next visit:

Rad next visit:

Ana

Page 000033

12/19/12

Patient Name

Letter Spence

Date

12/19/12

GENERAL:

☒ Well ☐ ill/cachetic ☐ malaise
☒ V/D/WN ☐ distress ☐ unkempt/disheveled
☒ IAD ☐ obese (m - mod - morbid - frugal)

PSYCH:

☐ depressed ☐ anxious ☐ agitated
☒ Alert/Oriented ☐ flat ☐ disoriented (person - place - time)
☒ Memory intact ☐ forgetful ☐ MMSE Score

HEENT:

☒ TM red ☐ R ☐ L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☒ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☒ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☐ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal

fund benign

☐ narrow arteries ☐ AV tickling
☐ hemorrhage exudate R L
☐ papilledema R L

neck SWN

☐ cervical adenopathy R L tender

neck FROM

☐ ROM limited 2: muscle muscle rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST:

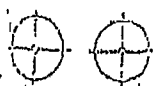
☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R,R,R,W ☐ rhonchi R L

HEART:

☒ tachycardia@ ☐ BPM reg irreg
☒ RRR ☐ bradycardia@ ☐ BPM reg irreg
☒ M,R,G ☐ murmur ☐ M holosystolic diastolic
apex LLSB USB RUB RLSB

BREASTS:

☐ deferred Size: sm med lg pend
☐ mass ☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☐ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
fixed mobile tender non-tender hard soft



Initials

ABDOMEN:

☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
suprapubic periumbilical hemic (GVA) R L
☒ soft NT ☐ RUQ ALO LUQ LLQ
☐ rebound RUQ ALO LUQ LLQ
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ G HSV ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

☐ deferred
FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic ceruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender: (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
2: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

☐ deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

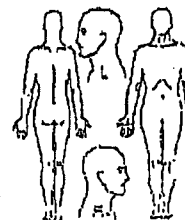
EXT/MS:

☐ edema pedal: 1+ 2+ 3+ R L
☒ C,C,E ☐ joint tenderness:
☐ joints NT ☐ spinal NT
☐ spinal NT ☐ spinal/paraspinal tenderness

Pulses	Cervid	Radial	Femoral	DP	PT
R					
L					

SKIN: (mark on diagram)

☒ rash



NEURO:

☐ alert ☐ sedated ☐ lethargic
☒ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



Female Visit/Progress Note

Patient Name Bettie Spencer

Date 1-2-13

DOB _____

Hx HTN, Hyperthyroid

WF LA B O

C/O: aching - cough - clear when blown
none - fever - had flu shot
flu test - Neg.

Other:

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No Ex 10 PR day

HM: (dates) Pap _____ Mammogram _____

BOS _____ Colonoscopy _____ Nr ETDH

Allergies: PCN/Semeral/codaine/acetamin

PH: ☐ No change ☐ Change Date _____

PH: ☐ No change ☐ Change Date _____

SH: ☐ No change ☐ Change Date _____

Subjective: ROS

Consl	ENT	Eyes	Head/lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	enamel	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	inc BG	HA	depression
chills	congested	red	Bu. Injct	wheezing	palpitations	reflux	rash	polyuria	itching	warm	dec BG	weakness	anxiety
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	ngoturia	dryness	redness	inc thyroid	numbness	stressed
weight loss	hoarseness	vision	bleeding	spitum	orthopnea	vomiting	nitile	flank pain	dyspareunia	swallowing	dec thyroid	dizziness	suicidal
fatigue	PND	glasses		hemoptysis	HTN	stool pain	molesting		vesomotor	back pain	polyuria	seasonal chg	idease
weak	bleeding	contacts		asthma	low lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	incontinence
anorexia	hearing loss	allergies		noc sweat	PND	constipation	hair loss		nipple d/o	leg pain	polyphagia	balance	
	sore throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	incontinence							

Other: HT 5'2" WT 106 T96.5 P 62 R 18 BP 113/40 CR 97
Glucose Fasting

Obtained by:

Reviewed by:

Assessment/Plan:

Meds:

Other:

Acute
Urol syndrome
Acute URI
Acetamin 815m

Rx Leno Hlocin 500, 1 day x 7 #7

Rx Phendyl
10cc 5 4-6 pm x 7 #7

Zyrtec 10, 1 day #15

Reviewed Meds/SE ☒
Cont. Current Meds ☐
See List

Previous/Recent Labs/Red Review ☐
LAB: CBC UA C&S Microalb Protime
A1C Glucose Lipid ALT KOH

RAD: BDS Mamm

OTHER: PFT EKG

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS

F/U: _____ days _____ wks _____ mths _____ PRN
_____ QW _____ QOS

COUNSELING: >50% OV _____ (time)
Level Visit 1 2 3 4
NP Reviewed FOC with: _____
Obtain records from: _____

Signature: _____

Next visit:

Red next visit:

Bonadum
1/2/13
Page 000035

FROM

Patient Name

Lettie Spencer

Date

1/2/13

GENERAL:

W/DWN ☐ frail ☐ thin/ cachectic ☐ malnourished
 NAD ☐ distress ☐ unkempt/discoheved
☐ obese (m - mod - morbid - truncal)

PSYCH:

☐ depressed ☐ anxious ☐ agitated
☒ alert/oriented ☐ flat ☐ disoriented (person - place - time)
☒ memory intact ☐ forgetful ☐ MMSE Score

HEENT:

TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☐ fundi benign ☐ narrow arterioles ☐ A/V nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ neck BWN ☐ cervical adenopathy R L tender
☐ anterior shaggy posterior
☒ neck FROM ☐ ROM limited 2': muscle nuchal rigidity
☒ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ bruits ☐ carotid bruit R L

CHEST:

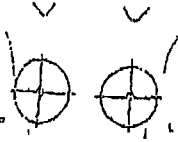
☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R, R, R, W ☐ rhonchi R L

HEART:

☐ tachycardia @ ☐ BPM reg irreg
☒ RAR ☐ bradycardia @ ☐ BPM reg irreg
☒ O, M, R, G ☐ murmur ☐ VI holosystolic diastolic
 apex LLSB LUSB RUSB ALSB

BREASTS:

☐ deferred Size: sm med lg pend
☐ mass ☐ mass: ☐ cm R L at ☐ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☒ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: ☐ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



Handwritten signature and date: 12/13

ABDOMEN:

☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ soft, NT ☐ suprapubic periumbilical flank (QVA) R L
☐ RUQ ALQ LUQ LLQ
☐ rebound RUQ ALQ LUQ LLQ
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver: spleen palpable
☐ mass ☐ mass

GENITALIA:

☐ deferred
 FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parvus nulliparus
☐ cervical lesion (shown)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2: obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

☐ deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

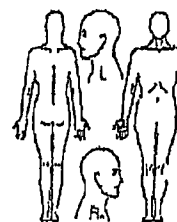
EXT/MS:

☐ edema pedal 1+ 2+ 3+ R L
☒ O, C, E ☐ joint tenderness:
☐ joint NT ☐ joint NT
☐ spinal NT ☐ spinal/paraspinal tenderness

Palmar	Carpal	Radial	Ulnar	Distal	Prox	Dist
R						
L						

SKIN: (mark on diagram)

☒ rash



NEURO:

☒ alert ☐ sedated ☐ lethargic
☐ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☐ Cerebellar WNL



Patient Name Lettie Freeman

Date 1-16-73

DO B

Hx, MTN, Hypothyroid

Y.O . LA B

C/O:

Other:

VISUAL ACUITY	RIGHT	LEFT	BOTH
(with/without glasses)	20/	20/	20/

Smoker: ☒ Yes ☐ No 12/15/2014
 Hx: (dates) Pap 7/15/2011 Mammogram 7/15/2011
 BGS Colonoscopy

Ulagas: Pen, Demoral, Antihm, Cebaca

PH: ☒ No change ☐ Change Date

FH: ☒ No change ☐ Change Date

\$H: ☒ No change ☐ Change Date

Subjective: ROS - ~~Resting~~

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever	pain	pain	angina	SOB	chest pain	indigestion	pruritis	dysuria	discharge	stiffness	low BG	HA	depression
chills	congested	red	Bx infect	wheezing	palpitations	reflux	rash	polyuria	itching	warm	low BG	weakness	anxiety
metalse	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	stressed
weight loss	hoarse	vision	bleeding	sputum	orthopnea	vomiting	halls	flank pain	dispareunia	swelling	low thyroid	dizziness	suicidal ideas
fatigue	PND	glasses		hemoptysis	HTN	abd pain	redstitch		vasomotor	back pain	polyuria	sensory dng	
weak	bleeding	contact		asthma	lowr apix	djarrhea	wound	hematuria	breast pain	neck pain	polydipsia	men chg	incontin
anorexia	heating bva	allergies		noc sweat	PND	constipation	hair loss		diaple d/s	leg pain	polyphagia	balance	
	apex throat			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	
					claudication	bur gas							

Other: HT 5'2 WT 107 T8³ P 78 R/L BP 124/66 CD 98
Glucose Fasting 10

Obtained by:

Reviewed by:

Assessment/Plan:

Meda: B.V.

Other:

Acute Viral Syndrome
- rubella

Day 12 - 12/12/2019

vegetables / some failure to them
 - some people very good
 some work hard
 - John Baker

Reviewed Meds/SE ☐
 Cont. Current Meds ☐

See LIST

Previous/Recent Labs/Rad Review ☐
 LAB: CBC UA C&S Microab Protime
 A1C Glucose Lipid ALT KOH

RAD: BOS Mammo

OTHER: PFT EKO

CONSULTS:

EDUCATION: HTN DM OP SBE
STE DIET/NUTR LIPIDS

FAU: ___days ___wks ___mths ___PAN
___QOW ___OOS

COUNSELING: >60% OV _____ (time)
 Level Visit 1 2 3 4
 NP Reviewed POC with: _____
 Obtain records from: _____

Signature:

Labs next visit:

Rad next visit:

Patient Name

Little Therman

Date 1/15/13

GENERAL:

☒ fair ☒ thin ☐ cachectic ☐ malnourished
☒ WDOWN ☐ distressed ☐ unkempt/dischveled
☒ NAD ☐ obese (m - mod - morbid - truncal)

PSYCH:

☐ depressed ☐ anxious ☐ agitated
☒ Alert/Oriented ☐ flat ☐ disoriented (person - place - time)
☒ Memory intact ☐ forgetful ☐ MMSE Score

HEENT:

☐ TM red R L (m - mod - sv)
☒ TM's clear ☐ TM scar dull fluid R L
☐ EAC swollen red cerumen R L
☒ Pharynx WNL ☐ pharynx erythematous (m - mod - sv)
☐ tonsils swollen R L (m - mod - sv)
☒ Nose WNL ☐ rhinorrhea: clear purulent bloody
☐ mucosa: pale boggy hyperemic
☐ turbinates: enlarged congested
☒ Sinus pain ☐ tender over sinuses: (m - mod - sv)
☐ R L maxillary frontal
☒ Fundi benign ☐ narrow arteries ☐ AV nicking
☐ hemorrhage exudate R L
☐ papilledema R L
☒ Neck SWN ☐ cervical adenopathy R L tender
☐ anterior shotty posterior
☒ Neck FROM ☐ ROM limited 2": muscle nuchal rigidity
☐ thyroid ☐ enlarged ☐ bruit ☐ nodules
☒ Bruits ☐ carotid bruit R L

CHEST:

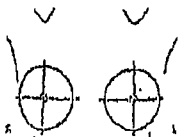
☐ wheezes R L (m - mod - sv)
☒ clear BS's ☐ rales R L
☒ R, R, R, W ☐ thorchi R L

HEART:

☐ tachycardia @ _____ BPM reg irreg
☒ bradycardia @ _____ BPM reg irreg
☒ M, R, G ☐ murmur _____ V holosystolic diastolic
☐ apex LLSB LUSB RUSB RLSB

BREASTS:

☐ delayed Size: sm med lg pend
☐ mass: _____ cm R L at _____ o'clock
☐ tender non-tender firm soft fixed mobile
☐ DC ☐ discharge R L bloody
☒ nipples WNL ☐ nipple inverted retracted R L
☐ LN's ☐ lymph node: _____ cm R L axilla supraclav
☐ fixed mobile tender non-tender hard soft



ABDOMEN:

☐ obese ☐ scaphoid ☐ flat
☒ benign ☐ tender (m - mod - sv) diffuse epigastric
☐ suprapubic periumbilical flank (CVA) R L
☒ soft NT ☐ RUQ RLO LUQ LLO
☐ rebound RUQ RLO LUQ LLO
☐ guarding voluntary involuntary
☒ (+) BS ☐ BS's increased decreased absent
☒ HSM ☐ liver spleen palpable
☒ mass ☐ mass

GENITALIA:

☐ deferred
 FEMALE ☐ vulva atrophic lesion
☐ external WNL ☐ rash excoriation hyperemic caruncle
☐ vagina WNL ☐ discharge white green (m - mod - lg)
☐ stenotic (m - mod - sv)
☐ Cx WNL ☐ cervix tender (m - mod - sv)
☐ parous nulliparous
☐ cervical lesion (abovyn)
☐ uterus WNL ☐ uterus: enlarged tender retroverted
☐ unable to adequately palpate: uterus adnexa
☐ 2": obesity pain cooperation
☐ adnexal Tx ☐ adnexa tender R L (m - mod - sv)
☐ adnexal mass ☐ adnexal mass R L

RECTAL:

☐ deferred
☐ rash ☐ excoriation irritation rash:
☐ hemorrhoids ☐ external hemorrhoids
☐ internal hemorrhoids
☐ sphincter WNL ☐ sphincter: loose tight tender
☐ OB (-) ☐ OB (+) gross blood positive

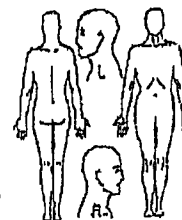
EXTAMS:

☐ edema pedal 1+ 2+ 3+ R L
☒ O, C, E ☐ joint tenderness:
☐ joints NT ☐ spinal NT
☐ spinal NT ☐ spinal/parespinal tenderness

Pulsa	Carotid	Radial	Femoral	BP	PT
R					
L					

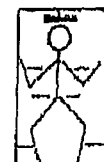
SKIN: (mark on diagram)

☐ rash



NEURO:

☐ alert ☐ sedated ☐ lethargic
☒ CN2-12 WNL
☐ Motor WNL
☐ Sensory WNL
☐ Reflexes WNL
☒ Cerebellar WNL



Female Visit/Progress Note

Name: Leticia Spencer

Date: 3/20/19

Hx: HTN, Hypothyroid

LA 8 B 0

NO: Proteinuria

Other:

Lasix 10mg QOD - 2 daily VBP

Episodes of weakness/BB/CA my feeling

No Me/abdominal/chest/other

VISUAL ACUITY RIGHT LEFT BOTH
(with/without glasses) 20/ 20/ 20/

Smoker: Yes No 12 pk. Cigs 16: ETOH

H/M: (dates) Pap 12 pk. Cigs Mammogram

BDS Colonoscopy

Allegies: Pen, Demoral, Codine, Litho

PH: ☒ No change ☐ Change Date

FH: ☐ No change ☐ Change Date

SH: ☒ No change ☐ Change Date

Subjective: ROS - Reviewed - see app

Const	ENT	Eyes	Hem/Lymp	Resp	CV	GI	Skin	GU	Gyn	MS	Endo	Neuro	Psych
fever/ chills	pain congested	pain red	anemia Ba. Injct	SOB wheezing	chest pain palpitations	indigestion reflux	pruritis rash	dysuria polyuria	discharge itching	stiffness warm	low BG dec BG	HA weakness	depression
malaise	drainage	discharge	bruising	cough	edema	nausea	ulcers	nocturia	dryness	redness	low thyroid	numbness	anxiety
weight loss	hoarse	vision	bleeding	spitum	orthopnea	vomiting	nausea	flank pain	dyspareunia	swelling	dec thyroid	clonus	stressed
fatigue	PND	glasses		hemoptysis	HTN	abd pain	incontinence		vasomotor	back pain	polyuria	sensory chg	suicidal ideas
weak	bleeding	contact		asthma	inc: lipids	diarrhea	wound	hematuria	breast pain	neck pain	polydipsia	motor chg	insomnia
anorexia	hearing loss	allergies		new onset	PND	constipation	hair loss		ripping d/o	leg pain	polyphagia	balance	
	agoraphobia			chest pain	DOE	blood	dry skin		breast lump	joint pain	wt loss	coordination	

Other: Ht 5'2 Wt 105 T 98 P 74 R 18 BP 123/64 Q 94

Glucose

Fasting - NO

Obtained by:

Reviewed by:

Assessment/Plan:

Meds: Bilo

Other:

Adjustment to the
weight loss
- repeat lab
- test
- Same chronic low back pain
- weakness comp. w/
Depression
- die agoraphobia
HTN
↓ Now 54, 7.9 dn

Reviewed Meds/SE ☒
Cont. Current Meds ☐
See List
RF 15 90 days
TP
*Unable to take
Cymbalta
Prescription
7800

Previous/Recent Labs/Rad Review ☐
LAB: CBC UA O&S Metabols Protime
A1C Glucose Lipid ALT KOH
RAD: BDS Manual
OTHER: PFT EKG
CONSULTS:
EDUCATION: HTN DM OP SBE 1
STE DIET/NUTR LIPIDS
F/U: 8 days 8 wks 8 mths PRN
OOB OOB
COUNSELING: >50% OV (time)
Level Visit 1 2 3 4
NP Reviewed POC with:
Obtain records from:

hypothyroid

- on levothyron 100, 1/2

meds

levothyron 150, 1/2

Lab next visit:

Rad next visit:

12 weeks
3/20/19

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ORIGINAL RECORD ON
APPEAL

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OFFICE CONSULTATION

Patient: Lettie F. Spencer
Chart: 130062 WC
Date: 8/31/11

CHIEF COMPLAINT: Onset of severe back pain with some left leg symptoms on 8/22/11.

HISTORY OF PRESENT ILLNESS: The patient is a 51 year old female who works as a nurse at a local nursing home facility. She reports no prior history of low back or leg problems and was doing well when, on 8/22/11 she was at work. She was apparently pushing a medication cart when she was transitioning from carpet to a tile threshold. The cart became stuck and required a great deal of force and as it freed she was thrown forward. She had an immediate onset of sharp pain in her back. The patient states that this failed to improve and over time has worsened in terms of stiffness and pain. In addition, she has some left leg symptoms that travel across the buttock, lateral thigh into the portion of the lateral calf. She has no symptoms in the foot or toes. The patient has been back at work with some restrictions but her pain persists. She describes it as being in the lower lumbar area with the above leg symptoms. She has no similar symptoms in the right leg and no symptoms in the foot or toes. She denies any bowel or bladder incontinence or retention. Her treatment has included various medications and she did undergo an MRI. She arrives today at the request of workman's comp seeking neurosurgical input.

HISTORIES: Allergies: PENICILLIN, DEMEROL, CODEINE. Medications: Potassium, Norvasc, Aldactone, vitamin D, calcium, magnesium, trazodone, Crestor, methimazole, Tricor, Klonopin, and Ultram p.r.n. Illnesses: Hypertension, history of a cervical radiculopathy. Surgeries: Left foot, hysterectomy. Family history and review of systems are well documented in the intake sheet of 8/31/11 and have been reviewed and signed. The information contained is noncontributory except for that in the HPI. Social history: She smokes 1/2 pack/day, does not drink alcohol, is married with two adult children, and is employed and working light duty.

PHYSICAL EXAMINATION: VITALS: HT 5'2", WT 137

GENERAL: The patient is a well-developed individual who is awake, alert and oriented x3. Speech pattern is normal in form and content with mentation and memory appropriate for age. **HEENT:** Normocephalic, atraumatic. Neck: Supple without masses. Eyes: Conjugate without scleral injection or icterus. Vision: Grossly intact bilaterally. Hearing: Present in both ears with normal-appearing ears, nose and throat. **LUNGS:** Clear to auscultation and percussion. **HEART:** RR. **ABDOMEN:** Soft, nondistended, nontender with bowel sounds present. **EXTREMITIES:** No cyanosis, clubbing or edema. Distal pulses are present. **SKIN:** No rashes or gross abnormalities noted. **MUSCULOSKELETAL:** Normal ROM of the cervical spine without tenderness, rigidity or step-off deformity. Lhermitte's sign is absent. Spurling's maneuver is negative. Shoulder ROM is normal without pain, tenderness or crepitus. She has very restricted flexion at the waist. SLR reproduces back pain only bilaterally. Patrick's maneuver increases the pain in her back but it does not produce a hip discomfort. Hip ROM is full and nonpainful. She is extremely tender to palpation over the lumbar paraspinal muscles and does have some tension if not spasm. No active spasm, kyphosis or scoliosis present. **NEUROLOGICAL:** Cranial nerve exam: II - Vision is normal to finger recognition and tracks the examiner without difficulty. III, IV, VI - EOMV. V - Sensation on the face is intact to light touch. VII - Muscles of facial expression are normal and symmetric. VIII - Hearing is present in both ears. IX, X - Oropharynx elevates symmetrically in the midline. XI - Strength in the sternocleidomastoid and trapezius is intact. XII - Tongue protrudes normally in the midline.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
APPELLATE PANEL
Commissioner Campbell, III, Chair

APPELLATE CASE NO. 2015-002112

Lettie Spencer, ...Appellant,

v.

NHC Parklane, Employer, and Premier Group Insurance Co., Inc.,
Carrier.....Respondents.

RECORD ON APPEAL

VOL 2 OF 4

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COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

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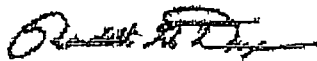
Re: Lettie F. Spencer

8/31/11

Face is symmetric. Strength is 5/5 bilaterally throughout. DTRs are normal and symmetric throughout. Toes are downgoing. Clonus is absent. Hoffmann's sign is negative. Touch and pinprick are subjectively and slightly diminished in the left lateral thigh and superior calf compared to the right. Cerebellar function is intact with normal station, gait, finger-to-nose and heel-to-shin exams.

IMAGING STUDIES: MRI of the lumbar spine done at Chester Regional Medical Center demonstrates no significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight discoloration. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

IMPRESSION/PLAN: Ms. Spencer presents with a very intact and relatively healthy lumbar spine that appears younger than her stated age. I have spent approximately 45 minutes with her reviewing the actual images, discussing the findings and the positive nature of those findings. I think that her symptoms are emanating from a severe lumbar strain given the mechanism of injury and her symptom complex. There is certainly no place for any neurosurgical intervention. She seemed to relieve to hear this. I think that she would best be treated with physical therapy. At the end of the session we met with the caseworker and discussed the above. She has agreed that if I order the physical therapy that the patient can be seen, monitored, and managed by Dr. Rawl with our pain department. I think this would be more appropriate than to have continuous neurosurgical surveillance. The patient may return to her current work duties with restrictions and we will make arrangements for physical therapy with a formal consultation with Dr. Rawl.



Randall G. Drye, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

RGD / MEH

CNAWT: 4021

Faxed To: Patty Chambers, RN

RANDALL G. DRYE, MD

720 Rabon Rd. • Columbia, SC 29203

Phone: (803) 462-0423

Fax: (803) 462-0432

132 Sunset Court • W. Columbia, SC 29169

Phone: (803) 794-3700

Fax: (803) 794-0322

Date: 8/31/2011

PHYSICAL THERAPY ORDER

Patient Name: LETTIE SPENCER

Frequency: 3 times per week

Duration: 4 weeks

Diagnosis: LUMBAR STRAIN

Specific Orders Evaluate and Treat, Local Modalities of Heat, US, Massage, Tens,
E-stim as clinically indicated, Therapeutic Exercise

Precautions/ Restrictions:

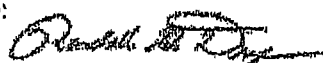
Insurance Authorization:

Appt Date and Time:

*I certify that the above ordered physical therapy medically necessary

Physician: RANDALL G. DRYE, MD

Signature:



COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.
Spine and Neurological Surgery

Carolina Spine Center
A Program of Columbia Neurosurgical Associates

Sylvia Miller, Dir. Industrial Care Dept.
PH (803) 462-3602 Fax (803) 462-3647

WORK STATUS INFORMATION

PATIENT WORK INJURY INFORMATION

LETTIE SPENCER		130062
Patient Name	Patient social security #	Chart #
NHC PARKLANE		PREMIER GROUP INS
Employer Name		Insurance Carrier
WC18202011021728	08/31/2011	07/22/2011
Case #	Date of Service	Date of Accident

Diagnosis code(s) and/or description of condition for which patient is being treated

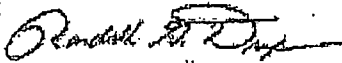
Return to Light Work with restrictions on CONTINUE CURRENT RESTRICTIONS- Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical Demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an Industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

PHYSICAL LIMITATIONS

FOLLOW UP

Physician: RANDALL G. DRYE, MD

Signature:



1300620

PLAN OF TREATMENT (COMPLETE FOR INITIAL CLAIMS ONLY)			
1. PATIENT LAST NAME Spencer		FIRST NAME Lettie	M.I. M.L.
2. PROVIDER NO. 1378580936		3. HICN	
4. PROVIDER NAME NHC HealthCare Parklane		5. MEDICAL RECORD NO. 4686	6. ONSET DATE 06/26/2011
7. SOC DATE 09/07/2011		8. PAYOR Workers Comp.	
9. TYPE ☒ PT ☐ OT ☐ SLP		10. PRIMARY DIAGNOSIS (NHS/ICD-9-CM) 847.2 SPRAIN LUMBAR REGION	
11. TREATMENT DIAGNOSIS LATE EFFEC SPRAIN/STRAIN		12. TREATMENT PLAN	
12. PLAN OF TREATMENT FUNCTIONAL GOALS GOALS (Short Term) In 3 weeks 1. Pain - The patient will report decreased pain for lumbar area to 0/10 (1-10 pain scale measure) by manual therapy to increase level of independence. 2. ROM: General - The patient will increase AROM of trunk forward flexion and lateral bending to only 5 inches from tip of finger to floor increase efficiency of work as a nurse. 3. Standing Balance: General - The patient will increase standing balance with modified physical performance test to 35/36. OUTCOME (Long Term) In 4 weeks Pt to be able to functional as a nurse with no pain with pushing or pulling medicine carts, be able to bend to manage medicine carts			
13. ELECTRONICALLY SIGNED BY (Professional establishing POC) Marla Vista Bozard, PT (2669) 09/07/2011 I CERTIFY THE NEED FOR THESE SERVICES UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE ☐ N/A 14. PHYSICIAN SIGNATURE  15. DATE 9-21-11 16. INITIAL ASSESSMENT (History, medical complications, C/O, reason for referral)			
17. CERTIFICATION FROM 09/07/2011 THROUGH 10/04/2011 ☐ N/A 18. ON FILE (Print physician's name) ☒ Randall Drye 19. PRIOR HOSPITALIZATION FROM THROUGH ☒ N/A			

Reason for Referral: lumbar pain worst This 64 year old female presents to therapy with complaints of 8/10 pain in lumbar area for June 26, 2011 due to occurred while pushing medicine cart. The pain impairs ability to perform difficulty with gait and lifting charts, unable to bend, difficulty sleeping, laying on back. Pain meds with Ultram have been used without resolution of pain or impact on function. Skilled therapy is necessary to improve functional abilities and pain control.

Precautions: Precautions given by neurologist, pending follow up with neurologist

PLOF: Pt works at a nurse at spring hope lane and was able to perform tasks and lift at work, until pt injury in June 2011

History: current nurse at NHC parklane spring hope lane with c/o pain lumbar area June 26 after pushing medicine cart. Pt was seen by neurologists and MRI completed, results were negative and dx with severe muscle report; DOB 11/28/1947; Female

PLAN OF TREATMENT
(COMPLETE FOR INITIAL CLAIMS ONLY)

1300102 @

1. PATIENT LAST NAME Spencer		FIRST NAME Lettie	M.I.	2. PROVIDER NO. 1376580936	3. NHCN
4. PROVIDER NAME NHC HealthCare Parklane		5. MEDICAL RECORD NO. 4686	6. ONSET DATE 06/26/2011	7. ROE DATE 09/07/2011	
8. TYPE ☒ PT ☐ OT ☐ SLP		9. PRIMARY DIAGNOSIS (Perkins Medical D.M.) B47.2 SPRAIN LUMBAR REGION		10. TREATMENT DIAGNOSIS LATE EFFEC SPRAIN/STRAIN	11. PAYOR Workers Comp.

Medications: Anti-Hypertensives at risk for at risk for Chest pain, Cough, Depression, Dizziness, Fainting, GI disturbances, Headache, Lethargy, Lightheadedness, Nausea, Orthostatic hypotension, Pedal edema, Possible exercise intolerance or A44Tachycardia with impact on Therapy POC of tiredness
Hypothyroid Medications at risk for Anxiety, GI disturbances, Insomnia, Lethargy, Mood swings or Weakness with impact to Therapy POC of little to no direct effect
Narcotic Pain Medications at risk for Addiction potential, GI irritation, Liver toxicity, Mental clouding, Respiratory depression or Withdrawal risk with impact on Therapy POC of little to no direct effect.

Previous Therapy: none

Assessment: Pain gets worst at end of work day

Pain shoots down to buttock (on and off), mostly on left side.

Pt to bring in MRI report and CD for therapist to view.

DC Plans: Discharge home and return to vocational activities. Discharge home and return to community activities.

Standardized Tests: pain scale end of work day 8/10 worst on left side

Current Level of Function at SOC:

1. Pain - The patient reports a pain scale rating of 2 /10 (1-10 pain scale measure) for lumbar area.
2. ROM: General - The patient demonstrates AROM trunk forward flexion of 12 inches from tip of fingers to floor, lateral flexion to right and left 15 inches from tip of fingers to floor with complaints of discomfort and pulling on back
3. Standing Balance: General - The patient demonstrates standing balance with modified physical performance test 18/28 (2 task not done).

130062 @N

Randall B. Drye, MD
720 Rabon Road
Columbia, SC 29203
September 7, 2011

Dear Dr. Drye,

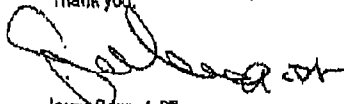
Thank you for referring Latle Spencer for out patient physical therapy. She was evaluated for Lumbar Sprain on sept 7, 2011, and treatment for 3 weeks for 2 weeks.

Ms Spencer reports 7/10 pain on low back, muscle guarding and spasms more prominent on left side. PT POC:

1. Decrease pain to 1/10
2. Decrease muscle spasms to low back
3. Increase ROM of lumbar flexion and lateral flexion

Enclosed is the eval/700 form, please sign and return to NHC Parklane. Enclosed is a self stamped envelope.

Thank you!


Joyce Bozard, PT

mailed 7

7601 Parklane Road Columbia, SC 29223 (803) 741-9090
A National HealthCare Corporation Affiliate

Page 000048

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ORIGINAL RECORD ON
APPEAL

(FAX)

P.019/020

5'2" 130#
NEW PATIENT INTAKE FORM



Appointment Date: 11/10/2011
Name: Spencer, Lettie

Referring physician:

Please Print Legibly

Please choose one primary area of pain to discuss on the first page. There is an additional section to discuss secondary areas of pain. Where is your primary source of pain? lower back

When did your primary pain begin? June 26 2011

Was there an inciting event to your primary pain? (Car accident, fall, etc.)

pushing a med cart and felt sharp pain in back

Please circle the words that describe your primary pain:

Burning	Aching	Sharp	Constant
Electric	Throbbing	<u>Stabbing</u>	Frequent
Prickling	<u>Dull</u>	Shooting	Occasional
Stinging	Crampling	Spasm	Rare
Other: <u>ADVERSE</u>			

What makes your primary pain better? (medications, treatments, positioning, etc.)

TEN HELPS

What makes your primary pain worse? Crushing pills at work
running vacuum cleaner

What symptoms if any accompany your primary pain? (weakness, chest pain, shortness of breath, etc.)

in (C) (E)

Please describe below any treatments you have undergone for attempted relief of your primary pain:

<u>PROCEDURE</u>	<u>DATE</u>	<u>PERFORMED BY</u>	<u>DID IT RELIEVE YOUR PAIN?</u> <u>IF NO, FOR HOW LONG?</u>
1. Support			

1. Surgery

NO

2. Pain Procedures: injections, radiofrequency ablation, spinal cord stimulation, intrathecal pump placement, etc.

10

Please provide dates for the treatments below you have participated in:

3. Physical therapy: Yes helps some

4. Chiropractic Manipulation:

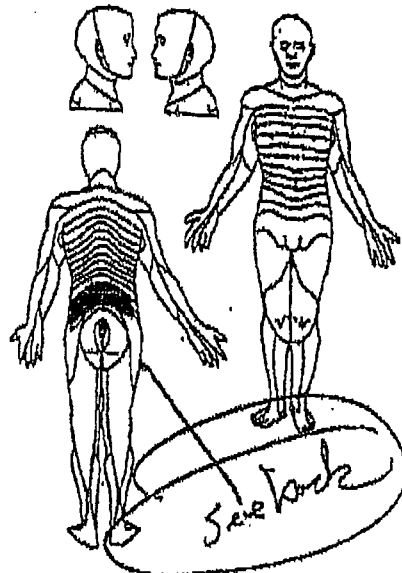
5. Massage Therapy;

6. Appointments:

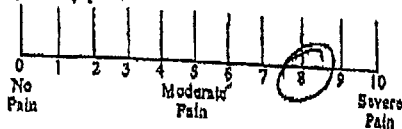
7. TENS: CL

8. Other:

Please shade the area of your primary pain:



Please circle your average pain score for your primary pain:



Please list all current medications you are taking to treat pain, muscle spasms, anxiety and/or depression and include dosing and frequency:

~~A/A~~

Trazadone 100mg qhs
Klonopin 0.5 qhs

Please list all previous medications you have taken to treat pain, muscle spasms, anxiety and/or depression and include dosing, frequency and dates the medications were taken if possible:

Ultram
flexion

PLEASE COMPLETE THE BACK OF THIS FORM

Do you have a secondary area of pain? If so, please discuss below:

When did the secondary pain begin? June 2011

What is the sensation of your secondary pain? (burning, sharp, etc) comes and goes sharp

What is the average pain score of your secondary pain? (1-10): 6

What makes your secondary pain better? NO

What makes your secondary pain worse? NO

What symptoms if any accompany your secondary pain? (weakness, chest pain, shortness of breath, etc.) NO

Do you have any other areas or conditions that cause you pain? If so please discuss below. NO

PAST MEDICAL HISTORY:

HTN
lipids
thyroid

ALLERGIES:

Demerol, PCN, Codeine

SOCIAL HISTORY:

Do you drink alcohol? If so, how much and how often? NO

Do you smoke cigarettes? If so, how much and for how many years? 1/2 pp day

Do you use illicit (street) drugs? If so which drug(s), how often and for how long? NO

FAMILY HISTORY:

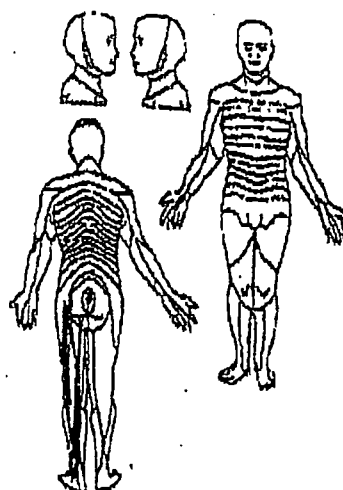
Do any blood relatives suffer from chronic pain? If so, list each family member affected along with the type of pain and any diagnosis given. NO

REVIEW OF SYSTEMS:

Please circle any symptom(s) you have experienced within the last month:

CONSTITUTIONAL:	Fatigue	Fever	Sweats	Weight loss	Weight gain	General weakness
EYES:	Double vision	Blurry vision	Redness	Eye pain	Eye discharge/puss	
ENT/THROAT:	Bleeding	Throat swelling	Ulcers	Lip lesions	Mouth dryness	
RESPIRATORY:	Shortness of breath	Whooping	Chest tightness	Coughing up blood/puss		
CARDIOVASCULAR:	Chest pain	Palpitations	Fainting out	Extremity swelling		
GASTROINTESTINAL:	<u>Nausea</u>	Vomiting	Heartburn	Bleeding	Constipation	
GENITOURINARY:	Incontinence	Impotence	Genital burn	Difficult urination	Discharge	
MUSCULOSKELETAL:	Cramps	<u>Pain</u>	Weakness	Joint pain	Muscle loss	
NEUROLOGICAL:	Headache	Seizures	Vertigo	Memory loss	Concentration difficulty	
PSYCHIATRIC:	Anxiety	Depression	Insomnia	Homicidal or suicidal thoughts		

Please shade the area of your secondary pain:



MEDICATIONS: Please list the medications you currently take along with dosing and frequency (other than the medications listed on page 1)

KT
Metax 0.5 - 20mg qam
Albuterol - qam
Norvasc - qam
CA - 60mg - qam
Vit D 1000 - qam
Proctor 20mg - t bhs
Lamictal 100mg - qhs
Tricar 145mg - qhs

PAST SURGICAL HISTORY: (other than listed on page 1)

Spencer, Lettie L.

Office/Outpatient Visit

1 of 2

Visit Date: Thu, Nov 10, 2011 01:00 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: South Carolina Internal Medicine

Electronically signed by Tony Owens, MD on 11/19/2011 11:43:16 AM

Printed on 04/13/2012 at 2:10 pm.

SUBJECTIVE:CC: Pt complains of Low back pain.

HPI: Ms. Spencer is a pleasant female with a history lumbar back pain which began in June of this year. She describes this pain as 8 out of 10 on the NRS with a dull, stabbing, constant and nauseating sensation. Pain is along the lumbosacral spine with radiation in the posterior aspect of the left lower extremity to the left lateral malleolus. Crushing pills at work and utilizing a vacuum cleaner tends to exacerbate her pain while utilizing a TENS unit has alleviated this pain to some extent. She reports her pain is associated with some weakness in the left leg.

Regarding management this condition, she reports no previous surgeries or interventions in effort to control his pain symptoms. She does report participation in physical therapy with modest results. Regarding medication management, she reports previous trials of Ultram and Flexeril. She is currently on a medication regimen of Trazodone and Klonopin.

ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever and weight change.

EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.

ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.

RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/pus.

CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.

GASTROINTESTINAL: Positive for nausea. Negative for vomiting, heartburn, bleeding or constipation.

GENITOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.

MUSCULOSKELETAL: Positive for pain. Negative for cramps, weakness, joint pain or muscle loss.

NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.

PSYCHIATRIC: Negative for anxiety, depression, insomnia and homicidal/suicidal thoughts.

Current Medications:

Tramadol 50mg Tablet 1-2 q8h prn

OBJECTIVE:Vitals:Current: 11/10/2011 5:19:12 PM

Ht: 5 ft, 2 in; Wt: 130 lbs; BMI: 23.8

BP: 120/70 mm Hg; P: 72 bpm; R: 18 bpm

O2 Sat: 98 %

Pain Index: 8

Exams:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-loterio sclera.

ENT/MOUTH: No ear lesions present. Mucous membranes moist.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallops, or rubs.

C:\Program Files\Foxit Software\Foxit Reader\Foxit Reader.exe

Spencer, Leticia L.

Office/Outpatient Visit

2 of 2

Visit Date: Thu, Nov 10, 2011 01:00 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: South Carolina Internal Medicine

Electronically signed by Tony Owens, MD on 11/16/2011 11:43:16 AM
Printed on 04/13/2012 at 2:10 pm.

ABDOMEN: Negative for tenderness, No present masses or lesions.

NEUROLOGICAL:

Cranial Nerves: II - XII intact.

Reflex Exam: Right bicep 3+, Right triceps 3+, Right patella 3+, Right achilles 3+, Left bicep 3+, Left triceps 3+, Left patella 3+, and Left achilles 3+.

Hoffmann's Sign: Negative bilaterally.

Clonus: None present.

Sensory Exam: No gross deficits noted.

Patrick's Test: Positive on the left side.

Forn's Point: Positive on the left side.

Straight Leg Test: Negative bilaterally.

Tenderness to palpation: L-spine.

MUSCULOSKELETAL:

Gait: Non-antalgic.

Muscle Atrophy: None noted.

Right Motor Exam: 5/5 strength in shoulder, arm, hand grip, hip, leg, dorsiflexion and plantarflexion muscles.
Left Motor Exam: 5/5 strength in shoulder, arm, hand grip, hip, leg, dorsiflexion and plantarflexion muscles.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-pressured speech. Normal affect.

Lab/Test Results: MRI of L-spine 07/22/11

Impression: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight desiccation. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

SC Pharmacy query was evaluated today and reflected adherence to the prescribed regimen.

ASSESSMENT:724.8 Sacroiliac pain
338.4 Chronic pain syndrome
724.2 Low back pain**PLAN:** 1. Due to the distribution of Ms. Spencer's pain as well as physical exam findings, she was scheduled for a left sacroiliac joint injection.
2. I did initiate her on Tramadol today in effort to gain better control of her breakthrough pain for the time being.
3. She will follow up in clinic in 4 weeks assess the effectiveness of the intervention and medication changes mentioned above and make additional treatment recommendations as necessary.

Sacroiliac pain

Orders:

Office/outpatient visit; new patient, level 4

CPT 99213 is a registered trademark of the American Medical Association

Patient: Spencer, Leticia L.
DOB
Date of Exam: 11/21/2011



Dr. Tony Owens
SC Pain Associates
Phone: (803) 457-7246
Fax: (803) 454-6344

Left Sacroiliac Joint Injection with Sedation

Indication: Back Pain
CPT code(s): 27096
ICD 9 code(s): 720.2
Pre-procedural diagnosis: Sacroiliac Pain
Post-procedural diagnosis: Sacroiliac Pain

Procedure:

- 1) Left Sacroiliac Joint Injection:
- 2) Fluoroscopy
- 3) IV sedation

The patient was identified in the holding room. Written informed consent was obtained including a discussion of the risks, benefits and alternatives to the procedure. An IV was placed and the patient was positioned prone on the fluoroscopic table. IV access was confirmed, monitors applied and mild IV sedation was initiated by the sedation nurse. A/P fluoroscopy with a slight oblique tilt was utilized to identify the left SI joint at its most posterior and inferior aspect. 4cc of 0.5% Lidocaine was used for skin anesthesia. Then a 22 gauge spinal needle was placed into the SI joint utilizing intermittent fluoroscopic guidance. After negative aspiration for blood or CSF, 3 cc of a solution containing 0.25% Bupivacaine and 40 mg of Kenalog was injected into the joint. The needle was removed intact and hemostasis was appreciated. Meaningful verbal contact was maintained with the patient throughout the entire procedure. The patient was allowed to recover in a monitored setting for 30 minutes prior to discharge. No complications were noted.

This document has been electronically verified and signed by Tony Owens, M.D., 11/21/2011



SOUTH CAROLINA PAIN ASSOCIATES
TONY OWENS, M.D.
1 WELLNESS BOULEVARD, SUITE 200
IRMO, SOUTH CAROLINA 29063
PHONE: (803) 457-7246
FAX: (803) 454-6544

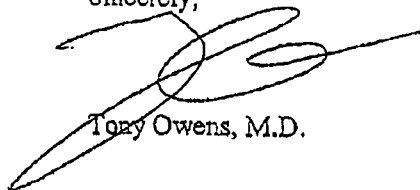
Monday, November 21, 2011

RE: Lettie Spencer

To Whom It May Concern,

Please excuse Ms. Spencer from work until 12/9/2011. She has a follow-up appointment scheduled with me at that time.

Sincerely,



Tony Owens, M.D.

Spencer, Lettie L.

Office/Outpatient Visit

1 of 2

Visit Date: Fri, Dec 9, 2011 01:00 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 12/13/2011 10:44:33 AM

Printed on 04/13/2012 at 2:10 pm.

SUBJECTIVE:CC: Follow up Low back pain.

HPI: Ms. Spencer is a pleasant 63-year-old female with a history of lumbar back pain. She is currently on a medication regimen of Norco, trazodone and Klonopin. Previous medication trials include tramadol and Flexeril.

She has undergone the following interventions with the indicated benefit

1. November 2011, left sacroiliac joint injection, which decreased her pain approximate 80% for about an 18 hour period.

She is describing her pain today as 8-9 out of 10 on the NRS with an aching, dull, shooting and constant sensation. The pain is in the lumbosacral spine with radiation down the posterior aspect of the left lower extremity to the superior aspect of her left hamstring.

ROS:

CONSTITUTIONAL: Positive for weight loss and general weakness. Negative for fatigue, fever, sweats or weight gain.

EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.

ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.

RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/pus.

CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.

GASTROINTESTINAL: Positive for nausea. Negative for vomiting, heartburn, bleeding or constipation.

GENITOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.

MUSCULOSKELETAL: Positive for pain. Negative for cramps, weakness, joint pain or muscle loss.

NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.

PSYCHIATRIC: Negative for anxiety, depression, insomnia and homicidal/suicidal thoughts.

Current Medications:

Norco 8mg/325mg Tablet one po tid prn

Tramadol 50mg Tablet 1-2 q8h prn

OBJECTIVE:**Vitals:**

Current: 12/9/2011 4:50:16 PM

Ht: 5 ft, 2 in

BP: 122/70 mm Hg; P: 71 bpm; R: 16 bpm

O2 Sat: 98 %

Pain Index: 9

Exams:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-icteric sclera.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallops, or rubs.

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Spencer, Lettie L.

Office/Outpatient Visit

2 of 2

Visit Date: Fri, Dec 9, 2011 01:00 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 12/13/2011 10:44:33 AM
Printed on 04/13/2012 at 2:10 pm.**NEUROLOGICAL:**

Cranial Nerves: II - XII intact.

Horn's Point: Positive on the left side.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-preserved speech. Normal affect.**Lab/Test Results:**

MRI of L-spine 07/22/11

Impression: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight discoloration. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

ASSESSMENT:724.6 Sacroiliac pain
338.4 Chronic pain syndrome
724.2 Low back pain**PLAN:** Plan

1. Due to the short-lived benefit she received from the left sacroiliac joint injection, I scheduled her for a left L5-S2 lateral branch radiofrequency ablation.
2. She will continue her Norco as previously prescribed due to positive benefit.
3. She will follow up in clinic in 6-8 weeks to assess her response to the intervention mentioned above and to make additional treatment recommendations as necessary.

Sacroiliac pain

Orders:

Office/outpatient visit; established patient, level 3



SOUTH CAROLINA INTERNAL MEDICINE ASSOCIATES & REHABILITATION, L.L.C.
1 WELLNESS BOULEVARD, SUITE 200
IRMO, SOUTH CAROLINA 29063
PHONE: (803) 749-1111 • FAX: (803) 749-0050

Friday, December 09, 2011

RE: Return to Work Notice for Lettie Spencer

To Whom It May Concern,

Please be advised that Ms. Spencer is currently under my medical care. She will be released to return to work effective 01/14/2012.

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Choose provider

South Carolina Internal Medicine Associates and Rehabilitation, L.L.C.

Patient: Spencer, Lottie L.
DOB: 1/1/1941
Date of Exam: 12/20/2011



Dr. Tony Owens
SC Pain Associates
Phone: (803) 457-7246
Fax: (803) 454-6344

Left L5-S2 Lateral Branch Radiofrequency ablation (SI Joint) with Sedation

Indication: Back Pain

CPT code(s): 64622 (1st level), 64640 (additional levels)

ICD 9 code(s): 724.6

Pre-procedural diagnosis:

Post-procedural diagnosis:

Procedure:

- 1) Left L5-S2 Lateral Branch RFA (SI Joint)
- 2) Fluoroscopy
- 3) IV sedation

The patient was identified in the holding room. Written informed consent was obtained including a discussion of the risks, benefits and alternatives to the procedure. An IV was placed and the patient was positioned prone on the fluoroscopic table. IV access was confirmed, monitors applied and mild IV sedation was initiated by the sedation nurse. The patient's lumbosacral area was prepped and draped in a sterile fashion with Betadine x 3. AP fluoroscopy was utilized to identify the junction of the sacral ala and the superior articulating process of the sacrum on the left side. The skin and subcutaneous tissues at this sight were anesthetized with 4cc of 1% Lidocaine. An 18/10/10 curved tip radiofrequency cannula was advanced towards the targeted area on the left side. Another 18/10/10 curved tip radiofrequency cannula was advanced less than a cm lateral and caudad to the first needle. Proper needle positioning was confirmed in both the AP and lateral positions. The needle stylets were then replaced with the RF ablation probes. Sensory stimulation was tested at 50 hertz and 1 volt which produced no radiolar symptoms and only mimicked the patient's typical pain complaints in a localized area. Motor stimulation was tested at 2 hertz and 3 volts without extremity movement or pain. The RF probes were then removed and approximately 2 cc of a 12cc solution containing 0.25% Bupivacaine and 40mg of Kenalog was injected into each needle after negative aspiration for blood or CSF. The RF probes were then introduced into each cannula, and lesioning was performed at 80 degrees centigrade for 85 seconds between the contacts of these two needles. Under AP fluoroscopy, the needles were repositioned just 0.5 cm lateral to the S1 neuroforamen at the 8 and 10 O'clock positions. Lateral images confirmed proper placement and then 2 cc of the Bupivacaine/Kenalog solution was injected into each cannula after negative aspiration for blood or CSF. Then, The RF stylets were introduced into each needle and lesioning was performed at 80 degrees centigrade for 85 seconds between the contacts of these two needles. The same identical procedure was repeated at the S2 neuroforamen on the left side. All needles were removed intact and hemostasis was appreciated. Meaningful verbal contact was maintained with the patient throughout the entire procedure. The patient was allowed to recover in a monitored setting for 30 minutes prior to discharge. No complications were noted.

This document has been electronically verified and signed by Tony Owens, M.D. 12/20/2011

Spencer, Lettie L.

Office/Outpatient Visit

1 of 3

Visit Date: Fri, Jan 13, 2012 08:46 am

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 01/20/2012 02:17:04 PM

Printed on 04/13/2012 at 2:10 pm.

SUBJECTIVE:**CC:** Follow up Low back pain.**HPI:** Ms. Spencer is a pleasant female with a history of lumbar back pain. She is currently on a medication regimen of Norco, trazodone and gabapentin. Previous medication trials include tramadol and Flexeril.

She has undergone the following interventions with the indicated benefit

1. November 2011: left sacroiliac joint injection, which decreased her pain approximately 80% for about an 18 hour period.
2. December 2011: left L5-S2 lateral branch radiofrequency ablation, which decreased her pain for a 2 day time period

Lettie describes her pain today as 5/10 on the NRS with a throbbing, shooting and frequent sensation. She reports the majority of her pain is actually in the lumbar spine, although she still reports tenderness along the left sacroiliac joint.

ROS:

CONSTITUTIONAL: Positive for weight loss. Negative for fatigue, fever, sweats, weight gain or general weakness.
EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.
ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.
RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/pus.
CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.
GASTROINTESTINAL: Positive for nausea and vomiting. Negative for heartburn, bleeding or constipation.
GENITOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.
MUSCULOSKELETAL: Negative for cramps, pain, weakness, joint pain and muscle loss.
NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.
PSYCHIATRIC: Negative for anxiety, depression, insomnia and homicidal/suicidal thoughts.

Past Medical History / Family History / Social History:

... Last Reviewed on 1/13/2012 11:32:23 AM by Shealy, Lisa

Past Medical History:

Hyperlipidemia
Hypertension
Hypothyroidism

Family History: No Family HX of Pain.**Tobacco/Alcohol/Supplements:**

... Last Reviewed on 1/13/2012 11:33:06 AM by Shealy, Lisa

Tobacco: Currently smokes 1-5 cigarettes per day. Non-drinker

Substance Abuse History:

... Last Reviewed on 1/13/2012 11:33:18 AM by Shealy, Lisa

None

Current Problems:

Last Reviewed on 1/13/2012 11:30:15 AM by Shealy, Lisa

Acquired hypothyroidism, other specified cause

HTN

Low back pain

Other hyperlipidemia

Allergies:

SC Pain Associates is a member of the American Medical Association

Spencer, Lettie L.

Office/Outpatient Visit

2 of 3

Visit Date: Fri, Jan 13, 2012 08:45 am

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 01/20/2012 02:17:04 PM
Printed on 04/13/2012 at 2:10 pm.

Last Reviewed on 1/13/2012 11:31:24 AM by Shealy, Lisa

Demerol HCl:

Codeine Sulfate:

Percocet:

Current Medications:Neurontin 300mg Capsules One qhs x 5, then two qhs x 5, then one am and two qhs x 5, then two bid x 5, then two am, one noon and two qhs x 5, then two tid thereafter
Oxycontin 10mg Tablets, Controlled Release One po BID**OBJECTIVE:****Vitals:**

Current: 1/13/2012 11:34:18 AM

Ht: 5 ft, 2 in

BP: 122/72 mm Hg; P: 80 bpm; R: 18 bpm

O2 Sat: 97 %

Pain Index: 8

Exams:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-tender sclera.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallops, or rubs.

NEUROLOGICAL:

Cranial Nerves: II - XII intact.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-preserved speech. Normal affect.

Lab/Test Results:

MRI of L-spine 07/22/11

Impression: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight discoloration. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

SC Pharmacy query was evaluated today and reflected adherence to the prescribed regimen.

ASSESSMENT:724.6 Sacroiliac pain
338.4 Chronic pain syndrome
724.2 Low back pain

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Spencer, Lettie L.

Office/Outpatient Visit

3 of 3

Visit Date: Fri, Jan 13, 2012 08:45 am

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 01/20/2012 02:17:04 PM

Printed on 04/13/2012 at 2:10 pm.

PLAN: 1. Unfortunately Lettie did not respond as expected to the lateral branch radiofrequency ablation. I explained to her that there's no further interventional treatment to offer her at this time. I did offer to send her for a second opinion or surgical evaluation. She declined this treatment option at this time.
2. I will discontinue hydrocodone today due to lack of benefit and I initiated her on a trial of OxyContin due to the consistent nature of her pain.
3. I plan to enroll her into hydrotherapy as soon as her pain is better controlled.
4. I also initiate her on a trial of Neurontin to address what I believe is likely neuropathic pain.
5. She will follow up in clinic with me in 4 weeks for further evaluation.

Sacroiliac pain

Orders:

Office/outpatient visit; established patient, level 3



PAIN ASSOCIATES

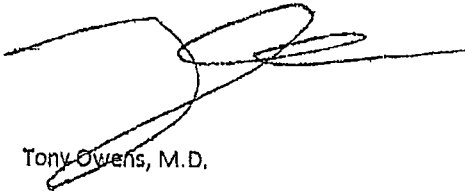
Tony Owens, MD
Pain Management Specialist

January 13, 2012

To whom it may concern:

Please be advised Ms Spencer is currently under my medical care. Her ability to return to work will be reassessed at her next office visit on February 10, 2012. If you have any questions or concerns please not hesitate to contact me.

Best regards,



Tony Owens, M.D.

Spencer, Lettie L.

Office/Outpatient Visit

1 of 3

Visit Date: Thu, Feb 9, 2012 01:15 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 02/22/2012 06:42:49 PM

Printed on 04/13/2012 at 2:10 pm.

SUBJECTIVE:CC: Follow up Low back pain.

HPI: Ms. Spencer is a pleasant female with a history of lumbar back pain. She is currently on a medication regimen of trazodone, Klonopin, OxyContin and Neurontin. Previous medication trials include tramadol, Norco and Flexeril.

She has undergone the following interventions with the indicated benefit

1. November 2011: left sacroiliac joint injection, which decreased her pain approximate 80% for about an 18 hour period.
2. December 2011: left L5-S2 lateral branch radiofrequency ablation, which decreased her pain for a 2 day time period

Lettie reports to me today that she suffered nausea which started shortly after our last visit and has progressively gotten worse. When she stopped the OxyContin and Neurontin she reports that this eased up for a few days, but now has gotten worse and she has not been able to hold down any food. She reports that the OxyContin did control her pain well, but the nausea was more than she was able to tolerate. She reports her pain today as 8/10 on the NRS with an aching and constant sensation. This pain is in the lumbosacral spine with no radiation to the lower extremities.

ROS:

CONSTITUTIONAL: Positive for fatigue, fever, sweats and weight loss. Negative for weight gain or general weakness.

EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.

ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.

RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/pus.

CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.

GASTROINTESTINAL: Positive for nausea and vomiting. Negative for heartburn, bleeding or constipation.

GENTOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.

MUSCULOSKELETAL: Negative for cramps, pain, weakness, joint pain and muscle loss.

NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.

PSYCHIATRIC: Positive for depression. Negative for anxiety, insomnia or homicidal or suicidal thoughts.

Past Medical History / Family History / Social History:

... Last Reviewed on 1/13/2012 11:32:23 AM by Shealy, Lisa

Past Medical History:

Hyperlipidemia

Hypertension

Hypothyroidism

Family History: No Family HX of Pain.Tobacco/Alcohol/Supplements:

... Last Reviewed on 1/13/2012 11:33:08 AM by Shealy, Lisa

Tobacco: Currently smokes 1-6 cigarettes per day. Non-drinker

Substance Abuse History:

... Last Reviewed on 1/13/2012 11:33:16 AM by Shealy, Lisa

None

Allergies:

Last Reviewed on 1/13/2012 11:31:24 AM by Shealy, Lisa

GP only a registered trademark of the American Medical Association

Spencer, Lettie L.

Office/Outpatient Visit

2 of 3

Visit Date: Thu, Feb 9, 2012 01:16 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 02/22/2012 05:42:49 PM

Printed on 04/13/2012 at 2:10 pm.

Demerol HCl:

Codeine Sulfate:

Pentocilline:

Current Medications:

Nucynta ER 50mg Tablets, Extended Release One tablet by mouth BID. May increase to two tabs BID after three days if necessary

Phenergan 25mg Suppository Insert one rectally q8hr prn nausea

Neurontin 300mg Capsules One qhs x 6, then two qhs x 6, then one am and two qhs x 6, then two bid x 6, then two am, one noon and two qhs x 6, then two tid thereafter

Oxycontin 10mg Tablets, Controlled Release One po BID

OBJECTIVE:Vitals:

Current: 2/10/2012 12:43:31 PM

Ht: 5 ft, 2 in

BP: 118/72 mm Hg; P: 78 bpm; R: 20 bpm

O2 Sat: 96 %

Pain Index: 8

Exams:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-icteric sclera.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallops, or rubs.

NEUROLOGICAL:

Cranial Nerves: II - XII Intact.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-pressured speech. Normal affect.

Lab/Test Results:

MRI of L-spine 07/22/11

Impression: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight desiccation. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

ASSESSMENT:

724.8 Sacroiliac pain
338.4 Chronic pain syndrome
724.2 Low back pain

PLAN: 1. I believe Lettie initially was having a reaction to the OxyContin, but is likely now suffering from withdrawal

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Spencer, Lettie L.

Office/Outpatient Visit

3 of 3

Visit Date: Thu, Feb 9, 2012 01:15 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: Lisa Shealy, MA)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 02/22/2012 06:42:49 PM

Printed on 04/13/2012 at 2:10 pm,

symptoms. I will discontinue her OxyContin and Neurontin and I initiated her on extended release Nucynta which I believe will help with her pain and will be less likely to cause GI distress.

2. She will also utilize Phenergan suppositories for nausea as needed,
3. She will follow up in clinic with me in four weeks for further evaluation,

Sacroiliac pain

Orders:

Office/outpatient visit; established patient, level 3



Tony Owens, MD
Pain Management Specialist

February 9, 2012

To whom It may concern:

Mrs. Spencer is currently under my care. I am treating and evaluating her sacroiliac pain. She is unable to return to work at this time until her next follow up appointment with me in four weeks. If you have any questions/concerns please do not hesitate to contact me.

Best regards,

Tony Owens, M.D.

Spencer, Lette L.

Office/Outpatient Visit

Visit Date: Wed, Mar 7, 2012 01:15 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: April Smith, RN)

Location: SC Pain Associates, Dr. Tony Owens

1 of 3

Electronically signed by Tony Owens, MD on 03/08/2012 01:11:21 PM

Printed on 04/13/2012 at 2:10 pm.

SUBJECTIVE:CC:

Mrs. Spencer, a pleasant

White female, returns to the office today to follow up regarding pain management.

HPI:

Mrs. Spencer presents today with back pain.

The following interventions have been performed with the indicated benefit:

1. November 2011: Left SI Injection, decreased pain approximately 80% for < 1 day.
2. December 2011: Left L5-S2 LB RFA, decreased pain for approximately 2 days.

Mrs. Spencer is currently on a medication regimen of Neurontin, Nucynta ER, Trazodone, Klonopin, and Phenergan. She reports previous medication trials of Oxycodone, Tramadol, Norco, and Flexeril.

She describes this pain as 8/10 on the NRS with a(n) aching, dull, and frequent sensation. This pain is located in the lumbosacral spine with no radiation.

ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever and weight change.
EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.
ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.
RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/puss.
CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.
GASTROINTESTINAL: Negative for nausea, vomiting, heartburn bleeding and constipation.
GENITOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.
MUSCULOSKELETAL: Positive for pain. Negative for cramps, weakness, joint pain or muscle loss.
NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.
PSYCHIATRIC: Negative for anxiety, depression, insomnia and homicidal/suicidal thoughts.

Past Medical History / Family History / Social History:

... Last Reviewed on 3/7/2012 1:51:34 PM by Owens, Tony L.

Past Medical History:

Hyperlipidemia
Hypertension
Hypothyroidism

Family History: No Family HX of Pain.Tobacco/Alcohol/Supplements:

... Last Reviewed on 3/7/2012 1:51:56 PM by Owens, Tony L.
Tobacco: Currently smokes 1-5 cigarettes per day. Non-drinker

Substance Abuse History:

... Last Reviewed on 1/13/2012 11:33:16 AM by Shealy, Lisa
None

Current Problems:

Last Reviewed on 3/7/2012 1:51:48 PM by Owens, Tony L.

CPT 99213 is a registered trademark of the American Medical Association

Spencer, Lettie L.

Office/Outpatient Visit

2 of 3

Visit Date: Wed, Mar 7, 2012 01:15 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: April Smith, RN)

Location: SC Pain Associates, Dr. Tony Owens

Electronically signed by Tony Owens, MD on 03/08/2012 01:11:21 PM
Printed on 04/13/2012 at 2:10 pm.

Acquired hypothyroidism, other specified cause

Chronic pain syndrome

HTN

Low back pain

Other hyperlipidemia

Sacroiliac pain

Allergies:

Last Reviewed on 3/7/2012 1:51:40 PM by Owens, Tony L.

Demerol HCl:

Codeine Sulfate:

Penicillins:

Current Medications:

Last Reviewed on 3/7/2012 1:51:50 PM by Owens, Tony L.

Nuoynta 80mg Tablet take one or two tablets every four to six hours as needed for pain pain
Phenergan 25mg Suppository Insert one rectally q6hr prn nausea**OBJECTIVE:**Vitals:

Current: 3/8/2012 9:10:00 AM

Ht: 5 ft, 2 in; Wt: 126 lbs; BMI: 22.6

BP: 120/72 mm Hg; P: 88 bpm; R: 16 bpm

O2 Sat: 97 %

Exams:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-tender sclera.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallop, or rubs.

NEUROLOGICAL:

Cranial Nerves: II - XII Intact.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-pressured speech. Normal affect.

Lab/Test Results:SC Pharmacy query was evaluated today and reflected adherence to the prescribed regimen.
The following radiology test(s) have been performed with the indicated benefit:

7/22/2011 - MRI of Lumbar Spine: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight dislocation. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

ASSESSMENT:

CPT 91.14 is a procedure code used for the American Medical Association

Spencer, Lettie L.

Office/Outpatient Visit

Visit Date: Wed, Mar 7, 2012 01:15 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: April Smith, RN)

Location: SC Pain Associates, Dr. Tony Owens

3 of 3

Electronically signed by Tony Owens, MD on 03/09/2012 01:11:21 PM

Printed on 04/13/2012 at 2:10 pm.

338.4 Chronic pain syndrome

724.8 Sacroiliac pain

724.2 Low back pain

PLAN:

Chronic pain syndrome

- A referral was made to Columbia Rehabilitation Clinic for hydrotherapy.

- The pain is currently reasonably controlled and no changes in management will be made today.

- Nuocyma is working quite well for Ms. Spencer

- She will follow-up in clinic in 8-8 weeks for further evaluation.

Orders:

Office/outpatient visit; established patient, level 3

ADDENDUMS:

Addendum: 03/08/2012 01:40 PM -

Visit Note Faxed to:

ATTN: Pat Chambers; Number (866)440-6782

Addendum: 03/08/2012 03:18 PM -

Visit Note Faxed to:

Corvel (ATTN: Carol); Number (888)915-0958



SOUTH CAROLINA PAIN ASSOCIATES
TONY OWENS, M.D.
1 WELLNESS BOULEVARD, SUITE 200
IRMO, SOUTH CAROLINA 29063
PHONE: (803) 457-7246
FAX: (803) 454-6544

Wednesday, March 07, 2012

RE: Return to Work Notice for Lettie Spencer

To Whom It May Concern,

Please be advised that Ms. Spencer is currently under my medical care. She will be released to return to work effective APRIL 19, 2012.

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Tony Owens, M.D.

Spencer, Lettie L.

Office/Outpatient Visit

Visit Date: Wed, Apr 18, 2012 12:05 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: April Smith, RN)

Location: South Carolina Internal Medicine

Electronically signed by Tony Owens, MD on 04/18/2012 08:27:18 PM
Printed on 08/08/2012 at 10:16 am.

1 of 3

SUBJECTIVE:

CC:

Mrs. Spencer, a pleasant management.

(White female, returns to the office today for a follow-up visit regarding pain

HPI:

Mrs. Spencer presents today with back pain.

The following interventions have been performed with the indicated benefit:

1. November 2011: Left SI Injection, 80% pain relief for < 1 day
2. December 2011: Left L5-S2 LB RFA, provided pain relief for 2 days

Regarding management, she is currently on a medication regimen of Neurontin, Nucynta ER, Trazodone, Klonopin, and Phenegan. She reports previous medication trials of Oxycontin, Tramadol, Norco, and Flexeril. No other treatment modalities are noted.

She describes her pain today as 8/10 on the NRS with a(n) aching, constant, dull, sharp, and shooting sensation. This pain is located in the lumbar spine with radiation to the posterior aspect of the left lower extremity.

ROS:

CONSTITUTIONAL: Negative for chills, fatigue, fever and weight change.

EYES: Negative for double vision, blurred vision, redness, eye pain and discharge.

ENT/MOUTH: Negative for bleeding, throat swelling, ulcers, lip lesions and mouth dryness.

RESPIRATORY: Negative for shortness of breath, wheezing, chest tightness and coughing up blood/pus.

CARDIOVASCULAR: Negative for chest pain, palpitations, passing out and extremity swelling.

GASTROINTESTINAL: Negative for nausea, vomiting, heartburn bleeding and constipation.

GENITOURINARY: Negative for incontinence, impotence, genital burn, difficult urination and discharge.

MUSCULOSKELETAL: Positive for pain. Negative for cramps, weakness, joint pain or muscle loss.

NEUROLOGICAL: Negative for headache, seizures, vertigo, memory loss and concentration difficulty.

PSYCHIATRIC: Positive for depression. Negative for anxiety, insomnia or homicidal or suicidal thoughts.

Past Medical History / Family History / Social History:

... Last Reviewed on 4/18/2012 12:05:27 PM by James, Whitney A

Past Medical History:

Hyperlipidemia

Hypertension

Hypothyroidism

Family History: No Family HX of Pain.

Tobacco/Alcohol/Supplements:

... Last Reviewed on 4/18/2012 12:05:32 PM by James, Whitney A

Tobacco: Currently smokes 1-5 cigarettes per day. Non-drinker

Substance Abuse History:

... Last Reviewed on 1/13/2012 11:33:16 AM by Shealy, Lisa

None

Current Problems:

CP 7-9 in 4/18/2012 of Spencer, Lettie L. (Spencer, Lettie L.)

SCANNED

Spencer, Lettie L.

Office/Outpatient Visit

Visit Date: Wed, Apr 18, 2012 12:05 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant April Smith, RN)

Location: South Carolina Internal Medicine

Electronically signed by Tony Owens, MD on 04/18/2012 06:27:16 PM
Printed on 06/08/2012 at 10:16 am.

Last Reviewed on 4/18/2012 12:05:24 PM by James, Whitney A
Acquired hypothyroidism, other specified cause

HTN

Low back pain

Other hyperlipidemia

Allergies:

Last Reviewed on 4/18/2012 12:05:25 PM by James, Whitney A

Demerol HCl:

Codaine Sulfate:

Penicillins:

Current Medications:

Last Reviewed on 4/18/2012 12:05:26 PM by James, Whitney A
None

OBJECTIVE:

Vitals:

Current: 4/18/2012 1:49:36 PM

Ht: 5 ft, 2 in; Wt: 129 lbs; BMI: 23.6

BP: 142/72 mm Hg; P: 92 bpm; R: 20 bpm

O2 Sat: 98 %

Exam:

CONSTITUTIONAL: Well-nourished and in no apparent distress.

EYES: Negative for PERRL; non-icteric sclera.

RESPIRATORY: Clear to auscultation bilaterally.

CARDIOVASCULAR: Normal rate and rhythm. No murmurs, gallops, or rubs.

NEUROLOGICAL:

Cranial Nerves: II - XII intact.

Sensory Exam: No gross deficits noted.

Fortin's Point: Positive on the left side.

PSYCHIATRIC: Alert and oriented to person, place and time. Cognition intact. Non-pressured speech. Normal affect.

Lab/Test Results:

The following radiology test(s) have been performed with the indicated benefit:

7/22/2011 - MRI of Lumbar Spine: No significant pathologic findings. She has a very mild degenerative disc at L4-5 with nonpathologic bulge and slight dislocation. The disc height is however, fairly well maintained. The other discs show retention of normal fluid and position and she has no evidence of severe spondylosis, stenosis, instability or fracture.

SG Pharmacy query was evaluated today and reflected adherence to the prescribed regimen.

ASSESSMENT:

338.4 Chronic pain syndrome

CP 1.0% 2.0% 3.0% 4.0% 5.0% 6.0% 7.0% 8.0% 9.0% 10.0%

SCANNED

Spencer, Lettie L.

Office/Outpatient Visit

3 of 3

Visit Date: Wed, Apr 18, 2012 12:05 pm

Provider: Tony Owens, MD (Supervisor: Tony Owens, MD; Assistant: April Smith, RN)

Location: South Carolina Internal Medicine

Electronically signed by Tony Owens, MD on 04/18/2012 05:27:16 PM

Printed on 06/06/2012 at 10:16 am.

724.6 Sacroiliac pain

724.2 Low back pain

PLAN:

Chronic pain syndrome

- I continued her current medication regimen without change due to positive benefit.

- A referral was made to orthopedist for further evaluation of chronic low back pain.

Low back pain

Patient Education Handouts:

Acute Low Back Pain

ADDENDUMS:

Addendum: 04/18/2012 05:27 PM - Owens, Tony L.

Visit Note Faxed to:

CorVel; Number (866)440-8782

Premier Group Insurance (Ins. Co.); Number (866)916-0958

SCANNED

100 Wellness Blvd., Ste. 200, N. Hwy. 57, P.O. Box 4031, 749-1111
 Tony Owens, M.D. DEA#01915717 Letter Spill
 Prescription: *[Signature]*
 Dispenser: *[Signature]*
 Refills: 1 2 3 4 5 None
 Signature: *[Signature]*
[Signature]



SOUTH CAROLINA PAIN ASSOCIATES
TONY OWENS, M.D.
1 WELLNESS BOULEVARD, SUITE 200
IRMO, SOUTH CAROLINA 29063
PHONE: (803) 457-7246
FAX: (803) 454-6544

Wednesday, April 18, 2012

RE: Lettie Spencer
DOB: 11/28/1947

To Whom It May Concern,

Please be advised that Ms. Spencer was seen in my office today. I have ordered her to remain out of work until she sees a specialist.

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Tony Owens, M.D.
South Carolina Pain Associates

APA
6

Mar. 13, 2012, 9:59AM

Select Physical Therapy

No. 5468 P. 4



Select
Physical Therapy
a Select Medical company

154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Acct #: 013-810302198
DOB: [redacted]
Clinician: Judith B. Klear, MPT
Prim Phys: Tony Owens
Phy Phone: (803) 749-1111
Phy Fax: (803) 749-0080
Sec Phys: Not Specified
Inj. Date: 7/22/2011
Surg. Date: Not Specified

Visit Date: Mar 12, 2012
FSC: Workers Compensation
Payor: WC OR SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: NHC Parklane
Case Mgt: Not Specified
Visits: 1
Cxl/Res: 0

Initial Evaluation

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

The patient's medical history has been verbally reviewed with the patient by the evaluating therapist. The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

- Premorbid status:
 - Basic care: Independent without difficulty. Work status: Full time / Full duty.
- Current status:
 - Work status: Unable to work secondary to dysfunction. Basic care: Modified independent. Requires prolonged time. can not get clothes out of washing machine, vacuum, change sheets
- Occupation: LPN at skilled nursing facility

Chief Complaints:

- Pain: Aggravating Factors: Activities:
 - Standing: 20 min Walking: 60 min Sitting: < 30 min
- Pain: Location: Lumbosacral Area: center of low back

Mechanism of Injury:

- 6-22-11 Pushing a med chart, had to give it a shove to get over trim at door felt immediate sharp pain in back

Medical Management:

- Originally saw urgent care MD had x-rays and MRI and PT. Was then referred to neurosurgeon who referred her to pain Medicine. Had injections 11-20-11, then 12-20-11 had radio frequency ablation. Medications: Prescription: Pain Medication/Analgesics.

Questionnaire Disability Index:

- Test Name Oswestry Disability Index
- Date 03/13/2012
- Assessment Initial
- Percentage 50.00%

Rehabilitation Expectations/Goals:

- to get better and get stronger

Objective Examination

Muscle Testing: Lower Extremity MMT:

- | | Left | Right |
|----------------------|------|-------|
| • Hip Flexion | 4/5 | 4/5 |
| • Knee Extension | 4/5 | 4/5 |
| • Knee Flexion | 4/5 | 4/5 |
| • Ankle Dorsiflexion | 5/5 | 5/5 |

Range of Motion: Spine: Active Lumbosacral:

- Extension(Bilateral - Pain Provoked) 10%
- Flexion(Bilateral - Pain Provoked) 20%
- Side Bending Left(Bilateral - Pain Provoked) 20%
- Side Bending Right(Bilateral - Pain Provoked) 20%

Treatments

Pt./Family Education:

- Patient Education 1 Time Elapsed: 5 Minutes, Description: benefits of aquatic therapy then progress to clinic Charge Ad: Self Care / Home Mgt-Training

Therapy Session Time:

- Therapy Session Start Time 12:03 PM
- Therapy Session Stop Time 12:35 PM

Documented Procedural Code Summary:

- | Description | Code | Units | Minutes |
|--------------------------------|-------|-------|---------|
| • Physical Therapy, Evaluation | 97001 | 1 | n/a |

Document ID: 10A0132E.001
Judith B. Klear, MPT, MPT(SC Lic 4150)

Status: Signed off (secure electronic signature)

Page 1 of 2

Mar. 13. 2012 9:59AM

Service: Physical Therapy

No. 5468 P. 5

Patient: LUCAS, Spencer
Acct #: 013-610302198

Visit Date: Mar 12, 2012

Self Care/Home Management Training	97535	1	5
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Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Problem #1 Chief Complaint: Pain; Aggravating Factors: Activities: Standing: 20 min

LTG Achieve by May 11, 2012.

Functional Improvements In:

- Able to tolerate standing for 1 hr

Problem #2 Chief Complaint: Pain; Aggravating Factors: Activities: Sitting: < 30 min

LTG Achieve by May 11, 2012.

Functional Improvements In:

- Able to tolerate sitting up to 1 hr

Problem #3 Range of Motion Spine: Active Lumbosacral.

LTG Achieve by May 11, 2012.

Range of Motion Improvements for Active Lumbosacral:

- | | |
|----------------------|-----|
| • Extension | 80% |
| • Flexion | 80% |
| • Side Bending Left | 80% |
| • Side Bending Right | 80% |

Problem #4 Muscle Testing: Lower Extremity MMT.

LTG Achieve by May 11, 2012.

Musculoskeletal Improvements In: Lower Extremity Strength to:

- | | Left | Right |
|------------------|------|-------|
| • Hip Flexion | -5/5 | -5/5 |
| • Knee Extension | -5/5 | -5/5 |
| • Knee Flexion | -5/5 | -5/5 |

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 8 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Active Assistive Range of Motion Activities. Active Range of Motion Activities. Aquatics/Pool. Client Education.



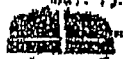
Judith E. Klear, MPT, MPT(SC Lic: 4150)

Jun. 6. 2012 10:25AM Billing

Mar. 13. 2012 10:01AM Select Physical Therapy

No. 0475 P. 10

No. 5469 P. 2/3



Select
Physical Therapy
A Select Healthcare Company

154-101 Amendment Ave.
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9990

Acct #: 013-610202198
DOB:
Clinician: Judith E. Kiser, MPT
Prim Phy: Tony Owens
Phy Phone: (803) 749-1111
Phy Fax: (803) 749-0050
Sec Phy: Not Specified
Mj. Date: 7/22/2011
Surg. Date: Not Specified

Adt Date: Mar 12, 2012
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: NHC Parklane
Case Mgr: Not Specified
Visit: 1
Cd/No: 0

Plan of Care

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

• Premorbid status: Work status: Full time / Full duty.

Rehabilitation Expectations/Goals:

• to get better and get stronger

ADL / Functional Status:

• Current status: Work status: Unable to work secondary to dysfunction. Occupation: LPN at skilled nursing facility

Chief Complaint:

• Pain: Aggravating Factors: Activities:
• Standing: 20 min Walking: 60 min Sitting: < 30 min
• Pain Location: Lumbosacral Area: center of low back

Mechanism of Injury:

• 6-22-11 Pushing a med chart, had to give it a shove to get over trim at door felt immediate sharp pain in back

Questionnaire: Disability Index

• Test Name: Oswestry Disability Index
• Date: 03/13/2012
• Assessment: Initial
• Percentage: 50.00%

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

• Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: 20 min
LTG Achieve by May 11, 2012.

Functional Improvements In:

• Pt able to tolerate standing for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: < 30 min
LTG Achieve by May 11, 2012.

Functional Improvements In:

• Pt able to tolerate sitting up to 1 hr

Problem #3 Range of Motion: Spine: Active Lumbosacral.

• Extension(Bilateral - Pain Provoked)	10%
• Flexion(Bilateral - Pain Provoked)	20%
• Side Bending Left(Bilateral - Pain Provoked)	20%
• Side Bending Right(Bilateral - Pain Provoked)	20%

LTG Achieve by May 11, 2012.

Range of Motion Improvements to: Active Lumbosacral:

• Extension	80%
• Flexion	80%
• Side Bending Left	80%
• Side Bending Right	80%

Problem #4 Muscle Testing: Lower Extremity MMT.

Left

Right

Document ID: 18A0132E.002
Judith E. Kiser, MPT, MPT(SC Lic: 4150)

Status: Signed off (secure electronic signature)

Page 1 of 2

Jun. 6. 2012 10:26AM

Billing

Mar. 13. 2012 10:01AM

Select Physical Therapy

No. 0475 P. 11

No. 5469 P. 3/3

Acct #1 013-610702198

Print Date: Mar 12, 2012

• Ankle Dorsiflexion	-5/5	-5/5
• Hip Flexion	-4/5	-4/5
• Knee Extension	-4/5	-4/5
• Knee Flexion	-4/5	-4/5
• Ankle Plantarflexion	+4/5	+4/5
LTD Achieved by May 11, 2012.		
Musculoskeletal Improvements in Lower		
Extremity Strength to:		
• Hip Flexion	-5/5	-5/5
• Knee Extension	-5/5	-5/5
• Knee Flexion	-5/5	-5/5

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Active Assistive Range of Motion Activities. Active Range of Motion Activities. Aquatics/Pool. Client Education.

Judith E. Kiser, MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Physician Signature: *[Signature]* M.D.

Date

3/22/2012

SCANNED



Select Physical Therapy
154-101 Armandmont Avenue
Rock Hill, SC USA 29732
Phone: (803) 386-9950
Fax: (803) 386-9950

Select Medical Company

Patient: Leticia Spencer
Acct #: 013-610202129
DOB: [REDACTED]
Chiropractor: Judith E. Miller, DPT
Prim Phys: Tony Owens
Phy Phone: (803) 457-7248
Phy Fax: (803) 454-6544
Sec Phys: Not Specified
Inj. Date: 7/22/2011
Surg. Date: Not Specified

Visit Date: Apr 17, 2012
PSC: Workers Compensation
Payor: WC of SC
Policy#: Not Specified
Insured: Not Specified
Employer: NMC Parklane
Comm Date: Not Specified
Visit: 11
ChIR: 0

Re-Evaluation

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status

Current Status

- Work status: Unable to work secondary to dysfunction. Basic care. Modified Independence. Requires prolonged time. can not get clothes out of washing machine, vacuum, change sheets

Occupation: LPN at skilled nursing facility

Chief Complaints

Pain Aggravating Factors/Activities:

- Standing: no more than 30 min Walking: 60 min Sitting: about an hour with pain meds

Pain Location: Lumbosacral Area: center of low back

Daily Comments

- Perceived Improvements: Reports that she has not noticed much difference in her symptoms yet. Usually curls up in bed the rest of the day after aquatic therapy.

Mechanism of Injury:

- 6-22-11: Pushing a med chest, had to give it a shove to get over him at door, felt immediate sharp pain in back.

Medical Management:

- Originally saw urgent care MD had x-rays and MRI and PT. Was then referred to neurosurgeon who referred her to pain medicine. Had injections 11-20-11, then 12-20-11, had radio frequency ablation. Medications: Prescription: Pain Medication/Analgesics

Questionnaire: Disability Index

Test Date

Assessment

Percentage

04/17/2012

70.00%

Objective Examination

OBJECTIVE NOTED - 04/17/12

Muscle Testing: Lower Extremity PART 1

	Mar 22, 2012		Apr 17, 2012	
	Left	Right	Left	Right
• Hip Flexion	4/5	4/5	4/5	4/5
• Knee Extension	4/5	4/5	4/5	4/5
• Knee Flexion	4/5	4/5	4/5	4/5
• Ankle Dorsiflexion	4/5	4/5	4/5	4/5

Range of Motion: Spine: Active Lumbosacral:

	Mar 22, 2012	Apr 17, 2012
• Flexion	20%	40%
• Side Bending (Left/Right) - Pain Provoked	20%	40%
• Side Bending (Right/Bilateral) - Pain Provoked	20%	50%

Treatments

Exercise Activity/Aquatic: Lower Quadrant/Trunk

• Abdominal Bracing (This visit)	Did Not Perform: This visit
• Deep Wall Hanging (This visit)	Did Not Perform: This visit
• Hip Abduction (Agonist) (This visit)	Did Not Perform: This visit
• Walking - Backward (This visit)	Did Not Perform: This visit
• Walking - Forward (This visit)	Did Not Perform: This visit
• Walking - Sideways (This visit)	Did Not Perform: This visit
• Aquatic Activity 20 min (This visit)	Did Not Perform: This visit
• Aquatic Activity 20 min (This visit)	Did Not Perform: This visit
• Aquatic Activity 20 min (This visit)	Did Not Perform: This visit

DocumentID: 1840132612

Justin E. Miller, DPT, MPT (SC) (SC) (SC)

Status: Signed off (secure electronic signature)

Page 1 of 2

5/2/12 11:15 AM No. 1153

Received by COWI Corporation 4/17/2012 6:58:31 AM Pacific Time, Page 2 of 3
Re: Physical Therapy

• Aquatic Activity (This visit)

Therapy Session Time

Did Not Perform: This visit

• Therapy Session Stop Time

Documented Procedural Code Summary:

Description

Code

Units

Minutes

Assessment

Ms Spencer has been participating in aquatic therapy for 4 weeks with fair tolerance for the activity. She reports good pain relief when she is able to unweight completely with the use of noodles, but increased pain with leg kicks and retro walking. She demonstrates decreased lumbar ROM today, but increased in LE strength. Her Oswestry score went 20 points in the wrong direction on upon her re-evaluation from a 50% disability score to 70% disability.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendation: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Problem #1 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: no more than 20 min
 LTG Achieve by May 11, 2012. Progress: Some progress.

Functional Improvements In:

- Pt able to tolerate standing for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: about 20 min with pain meds
 LTG Achieve by May 11, 2012. Progress: Excellent progress.

Functional Improvements In:

- Pt able to tolerate sitting up to 1 hr

Problem #3 Range of Motion: Spinal Active Lumbosacral.

LTG Achieve by May 11, 2012. Progress: Somewhat worse.

Range of Motion Improvements for Active Lumbosacral:

- Flexion

- Side Bending Left

- Side Bending Right

Problem #4 Muscle Testing: Lower Extremity MMT.

LTG Achieve by May 11, 2012. Progress: Good progress.

Musculoskeletal Improvements In: Lower

Extremity Strength to:

- Knee Extension

- Knee Flexion

Left

Right

5/5

5/5

5/5

5/5

Plan

Unless otherwise directed after MD follow-up 4-18-12

Amount, Frequency and Duration:

• Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Containments:

- Aquatics/Pool

Julie E. Kiser MPT

Julie E. Kiser, MPT, MPT(SC Lic 4150)

SCANNED

Document ID: 18AD1326.012

Julie E. Kiser, MPT, MPT(SC Lic 4150)

Signatures: Signed off (secure electronic signature)

Page 2 of 2

No. 7165 P. 3/5

Received by Corvel Corporation 4/17/2012, 8:58:04 AM Pacific Time, 2012, Page 3 of 5
 Se. Ext. Physical Therapy



Select
Physical Therapy
a Select Medical company

Select Physical Therapy
154-101 Amendment Avenue
Rock Hill, SC USA 29732
Phone: (803) 366-9990
Fax: (803) 366-9960

Patient: Lettie Spencer
Acct #: 012-11111111
DOB: 01/01/1950
Clinician: Judith E. Kiser, MPT
Prim Pty: Tony Owens
Phy Phone: (803) 457-7246
Phy Fax: (803) 454-6544
Sec Phy: Not Specified
Inj. Date: 7/22/2011
Surg. Date: Not Specified

Visit Date: Apr 17, 2012
FSC: Workers Compensation
Payor: WC OF SC
Pol/Claim#: Not Specified
Insured: Not Specified
Employer: NHC Parklane
Case Mgr: Not Specified
Visits: 11
Cxl/NSI: 0

Plan of Care

Diagnosis Spine 7242 LUMBAGO

Subjective Examination

ADL / Functional Status:

- Current status: Work status: Unable to work secondary to dysfunction.

Questionnaires: Disability Index:

• Oswestry:

• Date 04/17/2012

• Assessment: Re-assessed

• Percentage 70.00%

Assessment

Ms Spencer has been participating in aquatic therapy for 4 weeks with fair tolerance for the activity. She reports good pain relief when she is able to unweight completely with the use of noodles, but increased pain with leg kicks and retro walking. She demonstrates decreased lumbar active ROM today, but increased in LE strength. Her Oswestry score went 20 points in the wrong direction on upon her re-evaluation from a 50% disability score to 70% disability.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain. Improve Function. Increase Range of Motion. Increase Strength.

Problems & Goals

Item #1 Chief Complaint: Pain: Aggravating Factors: Activities: Standing: no more than 30 min

LTG Achieve by May 11, 2012. Progress: Some progress.

Functional Improvements In:

- Pt able to tolerate standing for 1 hr

Problem #2 Chief Complaint: Pain: Aggravating Factors: Activities: Sitting: about an hour with pain meds

LTG Achieve by May 11, 2012. Progress: Excellent progress.

Functional Improvements In:

- Pt able to tolerate sitting up to 1 hr

Problem #3 Range of Motion: Spine: Active Lumbosacral.

• Extension (Bilateral - Pain Provoked) 20%

• Flexion 40%

• Side Bending Left (Bilateral - Pain Provoked) 50%

• Side Bending Right (Bilateral - Pain Provoked) 50%

LTG Achieve by May 11, 2012. Progress: Somewhat worse.

Range of Motion Improvements to: Active Lumbosacral:

• Extension 80%

• Flexion 80%

• Side Bending Left 80%

• Side Bending Right 80%

Problem #4 Muscle Testing: Lower Extremity MMT.

• Ankle Dorsiflexion Left 5/5 Right 5/5

• Hip Flexion +4/5 +4/5

• Knee Extension 4/5 4/5

• Knee Flexion -5/5 -5/5

LTG Achieve by May 11, 2012. Progress: Good progress.

Musculoskeletal Improvements In: Lower

Extremity Strength to:

• Hip Flexion Left 5/5 Right 5/5



Patient: Lettie Spencer
Acct #: 013-810302198

Visit Date: Apr 17, 2012

• Knee Extension

-5/5

-5/5

Plan

Unless otherwise directed after MD follow-up 4-18-12 *

Amount, Frequency and Duration:

• Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 4 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

• Aquatics/Pool.

Judith E. Kiser MPT

Judith E. Kiser, MPT, MPT(SC Lic: 4150)

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Physician Signature

Date

SCANNED

Select Physical Therapy
 154-101 Amendment Avenue
 Rock Hill, SC 29732
 Phone: (803) 366-9990
 Fax: (803) 366-9960

Appointment for Spencer, Lettie

Thank you for visiting Select Physical Therapy. If we can be of any further assistance, please let us know.

Date	Time	Appointment type	Clinician	Co-pay
Thu, Mar 15, 2012	11:00 AM	Aquatics	Bragg, PTA, Rochelle	0.00
Tue, Mar 20, 2012	11:00 AM	Aquatics	Bragg, PTA, Rochelle	0.00
Thu, Mar 22, 2012	11:00 AM	Aquatics	Bragg, PTA, Rochelle	0.00
Tue, Mar 27, 2012	11:00 AM	Aquatics	Bragg, PTA, Rochelle	0.00
Thu, Mar 29, 2012	11:00 AM	Aquatics	Bragg, PTA, Rochelle	0.00

Additional Instructions:

4-3-12 11:00
 4-5-12 11:00
 4-10-12 11:00
 4-12-12 11:00
 Thank you,
 Select Physical Therapy
 4-17-12 11:00

SCANNED

THIS PAGE IS BLANK IN THE
ORIGINAL RECORD ON
APPEAL

CAROLINA ORTHOPAEDIC SURGERY ASSOCIATES, P.A. (COSA)
PATIENT UPDATE AND REGISTRATION

PATIENT INFO:		SEX: Female
Name: LETTIE SPENCER		
Address:		
EMPLOYER: NHC Parkman Columbia SC	PHONE Work:	
RESPONSIBLE PARTY:	SSN:	DOB:
Name: Sue	PHONE Home:	
Address:	PHONE Cell:	
	PHONE Work:	
EMPLOYER:		

The following questions MUST BE ANSWERED prior to seeing the physician.

What are we seeing you for today? Back pain

1) WHEN DID THIS PROBLEM BEGIN? (date) 6-22-11

2) If accident - Check the appropriate type

Accident? ☒ YES ☐ NO	
☐ Auto Accident ☐ Other	State where accident occurred: <u>S.C</u>
☒ Work Related Injury	Did someone else cause this injury? ☐ YES ☒ NO

3) Who referred you to our office?

Referred by: Friends

Notes: if referred notes are sent

4) INSURANCE INFORMATION:

Insurance to be filed 1st: R&BS

not to file BC
get will pay for
visit today

Person Insured: <u>Lettie Spencer</u>	Employer:
DOB:	Relation: <u>Wife</u>

Insurance to be filed 2nd:

Person Insured:	Employer:
DOB:	Relation:

Calls may be made to you for reminders regarding appointments. We may also leave messages for you to contact us regarding billing questions or other information. If we are unable to reach you may we leave a message? Please INITIAL beside each that you would like us to leave messages at.

HOME ☐ CELL ☒ WORK ☐

VIA EMAIL ☐ email address: _____

LETTIE SPENCER Patient #: 179171-LS DOB: 11/28/1947 (64 years)

04/17/2012 10:09 am

LETTIE B SPENCER DOB 11/28/1947

SCANNED

Carolina Orthopaedic Surgery Associates, P.A.
Consent and Financial Responsibility

Thank you for choosing COSA as your healthcare provider.

MEDICAL CONSENT: The undersigned consents for treatment by the physicians and staff of Carolina Orthopaedic Surgery Associates, P.A. This treatment may include office visits, laboratory testing, x-rays, physical therapy, MRIs or other medical treatment directly related to this patient's care.

The undersigned understands that medicine is not an exact science and diagnosis and treatment may involve risk. The undersigned also acknowledges that no guarantees have been made as to the results of examinations and/or treatment.

FINANCIAL RESPONSIBILITY: The undersigned acknowledges full responsibility for services rendered and agrees to make a definite financial arrangement for services rendered and understands that the charges made for professional services and supplies may not be covered by health insurance and therefore they are solely responsible for payment of all uncovered services. The undersigned understands that payment is expected at the time of service for all office visits, testing, supplies and services not covered by insurance including co-pays, deductibles and co-insurance.

Patients who are not covered by insurance are required to pay a minimum deposit established by the practice. This is a deposit and not to be considered as the total for services rendered. Balances are due at the time of treatment unless other arrangements have been made.

CONTACT FROM PRACTICE/AGENTS: When you provide us with a wireless telephone or land line number you are giving us and our representatives/agents your prior express consent to call that number.

LIABILITY CLAIMS: The undersigned acknowledges that COSA does not accept third party liability as the sole means of payment for services. Payment is expected in full at the time of service unless other arrangements have been made. In the event of other medical insurance, all claim forms and subrogation forms must be completed prior to services being rendered. The undersigned authorizes COSA to establish a valid lien against any settlement, claim, judgment or verdict as a result of said claim for the full amount of services rendered and not previously paid by the patient.

The undersigned further authorizes and directs all Attorneys and Third Party Payors to pay directly to COSA any sums owing, including payments and adjustments from insurance carriers, prior to sums being distributed to the patient and within 15 days of settlement of said liability claim. COSA will, as required by contracts, refund insurance carriers for amounts previously paid on liability claims.

MEDICAL RECORDS: The undersigned authorizes COSA to release medical records, according to HIPAA guidelines, which relate to treatment rendered to insurance carriers, including workers compensation employers and nurse case managers for the purpose of payment of claims. This may include but is not limited to medical records, medical opinions and test results.

MEDICARE, MEDICAID, and GOVERNMENT AUTHORIZATIONS: The undersigned certifies the information given in applying for payment of services provided under TITLES XVIII and XIX of the Social Security Act is correct and request payment to be made in their behalf. The undersigned states they do not have:

-Other group/private insurance that should be filed primary and has provided COSA with all insurance information

-Has not been involved in a third party liability claim for which another party is liable and if so, has provided COSA with detailed billing information as required

The undersigned further authorizes COSA to release information about treatment to the utilization and quality control peer review organization responsible for reviewing medical care.

ASSIGNMENT OF BENEFITS: The undersigned authorizes payment of medical, surgical, and all associated charges for services provided directly to Carolina Orthopaedic Surgery Associates, P.A.

A PHOTOSTATIC COPY OF THIS CONSENT SHALL BE AS VALID AS THE ORIGINAL. I/WE AGREE THIS AUTHORIZATION SHALL BE VALID FOR TWO YEARS.

Lettie Spencer
Signature Patient/Primary Insured

Signature Patient/Spouse/Guardian

4-4-12
Date

LETTIE SPENCER

Patient #: 179121-15

DOB: 11/28/1947 (64 years)

04/17/2012 10:09 am

LETTIE B SPENCER DOB 11/28/1947

SCANNED

Printed with FinePrint trial version. Purchase at www.fineprint.com Page 000089

ROA 227



134 Professional Park Drive
Rock Hill, SC 29732
Phone: (803) 329-3130
Fax: (803) 329-2811

LETTIE B SPENCER
04/04/2012 02:00 PM
Patient #: 179171-LS

History of Present Illness

The patient is a male who presents with a complaint of LUMBAR SPINE PAIN. The onset of the pain has been sudden and has been occurring in a persistent pattern for 9 months. The course has been constant. The pain is described as severe. Note for "LUMBAR SPINE PAIN": -

-CHIEF COMPLAINT: low back pain

-REFERRING PHYSICIAN: Dr Robert Bradley

-PRIMARY CARE PHYSICIAN: same

ACCOMPANIED BY: spouse

-WOULD YOU LIKE FOR THEM TO RECEIVE A COPY OF TODAY'S OFFICE NOTE? yes

Patient states she was pushing a cart at work through a doorway the wheels got caught on the carpet/tile and she felt a sharp pain in her back. Patient states she has seen the company doctor and several other doctor's for this problem. Patient states she is wanting a 2nd opinion for this problem.

Subjective Transcription

She has been an LPN at a nursing home for about four years, employed by NHC Long Term Care. She was working for this company for 9 years when in Orlando, FL, but has been working for four years in this area. On 6/26/11, she was pushing a cart at work through the doorway and the wheel got caught on the carpet or tile, and she felt a sharp pain in her back. Symptoms extend from the back into the left leg towards the calf. She denies any bowel or bladder difficulties. She tried to pursue her regular duties but eventually had to go out of work and has not been actually working since November 2011. She has been using a TENS unit. No specific light duty is available. She initially saw the company doctor and was then sent to a neurologist who felt that there is nothing really to do other than send it to a pain management program. She thus has been referred to Tony Owens, M.D., at South Carolina Pain Associates in Irmo, SC. She has been traveling back and forth from Richburg, SC near Rock Hill down to Irmo. She received ESI X 1 on 11/21/11, but this offered no relief. On 12/21/11, she apparently underwent lumbar medial branch radiofrequency blocks with no improvement. This apparently was dealing with a facet arthropathy seen on scans. Physical therapy was also initiated but this made matters worse. She is potentially released to return back to work on 4/19/12 but feels that she cannot really do this. She is extremely uncomfortable with her back difficulties, still having pain down the left leg. She cannot bend over. She cannot vacuum, use the dishwasher or do anything that requires any bending, leaning, stooping or twisting. She has been taking Nucynta 50 mg which really has not offered that much relief.

Health History Form is on the chart and reviewed with her, including medications and allergies.

SPENCER, LETTIE

Page 1 / 3

SCANNED

Allergies

PENICILLIN; rash swelling
DEMEROL; rash swelling

Past Medical History

No reported breathing problems

Hypertension

Thyroid Problem

None - Liver/Kidney

None - Neurologic

None - Blood

Hysterectomy

Crowns

Dentures

Vision Problems; glasses

General Anesthesia

Family History

Myocardial Infarction; Father

Hypertension; Mother

Social History

No Drug Use

Non Drinker/No Alcohol Use

Tobacco Use; 1/2 pack per day

Living Situation; spouse

Current Work/Study Status; Full-time

Medication History

potassium 20 mg (1 daily) Active.

Magnesium Oxide (400MG Tablet 1 Oral daily) Active.

Aldactone (25MG Tablet 1 Oral daily) Active.

Norvasc (10MG Tablet 1 Oral daily) Active.

Calciolone Carbonate (600MG Tablet 1 Oral daily) Active.

TraZODone HCl (100MG Tablet 1 Oral daily) Active.

Klonopin (0.5MG Tablet 1 Oral daily) Active.

Crestor (20MG Tablet 1 Oral daily) Active.

Tapazole (10MG Tablet 1 Oral daily) Active.

Tricor (145MG Tablet 1 Oral daily) Active.

Fish Oil Concentrate (300MG Capsule 1 Oral daily) Active.

Nucynta ER (50MG Tablet ER 12HR 1 Oral every four-six hours with food, as needed for pain) Active.

Past Surgical

Hysterectomy

Cervical Discectomy

Review of Systems

General: Not Present- Fever, Weight Gain and Weight Loss.

Skin: Not Present- New Lesions and Ulcer.

HEENT: Not Present- Visual Loss, Hearing Loss, Sleep Apnea, Hoarseness, Sore Throat and Voice Changes.

Respiratory: Not Present- Cough, Difficulty Breathing, Hemoptysis and Wheezing.

Cardiovascular: Present- Hypertension. Not Present- Chest Pain, Edema, Elevated Blood Pressure and Palpitations.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Difficulty Swallowing and Heartburn.

Neurological: Not Present- Difficulty Speaking and Visual Changes.

Psychiatric: Not Present- Change in Sleep Pattern and Mood changes.

Endocrine: Not Present- Appetite Changes, Cold Intolerance, Excessive Thirst, Excessive Urination and Hair Changes.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

SPENCER, LETTIE

Page 2 / 3

04/04/2012 02:12 PM

Weight: 128 lb Height: 62 in

Body Surface Area: 1.59 m² Body Mass Index: 23.41 kg/m²

Pulse: 64 (Regular) P. OX: 95% (Room air)

Objective Transcription

Ms. Spencer is alert and conversant, oriented X 3. Vital signs are noted and recorded. She is accompanied by her husband. She obviously is severely uncomfortable and has to change positions frequently because of increasing back and left leg symptoms. There is very limited mobility at the lumbar spine. There is no specific motor, sensory or reflex deficit involving the left lower extremity with no pathologic reflexes. Peripheral pulses are normal. There is mild edema in both legs.

X-RAY: Personal review of the MR of the lumbar spine obtained at Chester Regional Medical Center on 7/22/11 did show hypertrophic facet arthropathy at the L3-4 level. At the L4-5 level, there were hypertrophic facet changes but also ligamentum thickening and a disc bulge extending into the inferior foramen at L4-5 bilaterally, with lateral recess narrowing, left greater than right. This would be consistent with symptoms.

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Nucynta 75MG, 1-2 Tablet every six hours, as needed for pain, #40, 04/04/2012, No Refill. Active.

Assessments Transcription

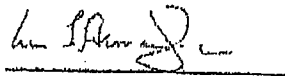
WORK INJURY 6/22/11 WITH PERSISTENT LOW BACK AND LEFT LEG RADICULAR SYMPTOMS, PROBABLY RELATED TO THE L4-5 LEVEL WITH EVIDENCE OF FORAMINAL STENOSIS AND LATERAL RECESS NARROWING LEFT GREATER THAN RIGHT.

Plan Transcription

I recommended further evaluation and treatment. She probably needs a CT myelogram to determine the extent of impingement at the L4-5 level. I increased Nucynta to 75 mg one to two every six hours as needed for pain and she hopefully would respond to perhaps a selective nerve root block prior to considering any surgical intervention. She has had Prednisone in the past and does not want to continue this. It does appear that she would be extremely limited in return back to work and would have to include sedentary work only with ability to change positions frequently. She will contact her attorney, Mr. Elrod, regarding transfer of her care so that I can evaluate her further and provide more effective treatment for this unfortunate woman.

William L. Lehman, Jr., M.D. / as 20083

c: Robert Bradley, M.D., Chester Internal Medicine, One Medical Park Drive, Bldg. 1, Ste. D, Chester, SC 29706 (fax: 803-581-0827)



Electronically signed by William L. Lehman

SPENCER, LETTIE

Page 3 / 3

SCANNED



134 Professional Park Drive
Rock Hill, SC 29732
Phone: 803-329-3130
Fax: 803-329-2611

Patient Name: LETTIE B SPENCER
Date of Birth:
Account: 179171-LS
Date: 04/12/2012

To Whom It May Concern:

LETTIE B SPENCER was treated in our office on 04/12/2012. She was discharged at 05:22:54 PM. Please excuse LETTIE for this appointment.

Work Restrictions / Additional Instructions

Sit Down Work Only WITH ABILITY TO CHANGE POSITIONS

If unable to accommodate restrictions patient should be out of work until next scheduled appointment.

If you have further questions regarding the patient's work status you must talk with the patient and have them contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.

William L. Lehman

SPENCER, LETTIE

Page 1 / 1



134 Professional Park Drive
Rock Hill, SC 29732
Phone: 803-329-3130
Fax: 803-329-2611

LETTIE B SPENCER
04/12/2012 05:20 PM
Patient #: 179171-LS
DOB:

History of Present Illness

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Sit Down Work Only WITH ABILITY TO CHANGE POSITIONS

Electronically signed by William L. Lehman

SPENCER, LETTIE

Page 1 / 1

SCANNED

LETTIE B SPENCER
09/17/2012
Patient #: 179171-LS
DOB: *

History of Present Illness

The patient is male who is in today for TEST RESULTS. Note for "TEST RESULTS": ct lumbar myelogram

Subjective Transcription

She presents for further follow up regarding her work injury of 6/22/11, with back pain and left leg radicular symptoms. MR showing hypertrophic facet arthropathy L3-4, ligamentum thickening and disc bulging at L4-5. I had suggested a CT myelogram in my note of 4/4/2012. This has finally been completed. She has been to physical therapy which only made matters worse.

Previous Health History Form is reviewed and updated from 4/4/12.

Objective Transcription

Ms. Spencer is alert and conversant, oriented X 3. Vital signs: Temperature - 98.2. Pulse - 75. Respiration - 15. There is satisfactory range of motion of the lumbar spine, though somewhat limited in flexion. There are radicular symptoms but no definite neurologic deficit.

X-RAY: Personal review of the CT myelogram lumbar spine did show interestingly no problem whatsoever other than the L4-5 level which did show mild central stenosis. No abnormality otherwise.

Assessment & Plan

Unspecified Diagnosis

Current Plans:

- Sit Down Work Only

Low Back Pain (724.2)

Current Plans:

THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED (724.4)

Current Plans:

- REFERRAL / CONSULT (ADD COMMENTS); Routine (refer to Dr. Nandurkar for pain management/snr left L-5)
- Nucynta 75MG, 1-2 Tablet every six hours, as needed for pain, #40, 09/17/2012, No Refill. Active.
- Neurontin 300MG, 1 Capsule three times daily, #60, 09/17/2012, No Refill. Active.
- Follow up in 3 - 4 weeks

SPENCER, LETTIE

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Assessments Transcription

WORK INJURY 6/22/11 WITH PERSISTENT BACK AND LEFT LEG RADICULAR SYMPTOMS.

Plan Transcription

I suggested a selective nerve root block on the left at L5 as this is the most likely nerve that is irritated from the L4-5 level. I recommended ongoing pain management, possibly by Dr. Nandurkar or someone in Charlotte. I also placed her on Neurontin 300 mg at bedtime gradually increasing to 300 mg tid. I refilled Nucynta 75 mg. Hopefully, we will be able to get her to pain management through Dr. Nandurkar which would be much more direct. I will be glad to see her back if she has any further difficulties, but will follow along to see if she receives authorization for these suggestions as outlined above.

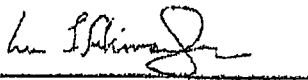
Ms. Pat Chambers, RN, CCM, Corvel Corporation, was available after examination for clarification and facilitation of care on behalf of Ms. Spencer.

She is able to work at light duty, though such apparently is not available. Her previous pain doctor, Tony Owens, M.D. at South Carolina Pain Associates in Columbia, SC, did recommend continued protective mobility, numbness and tingling of the right arm and hand. Electrical studies were to be helpful in this regard.

William L. Lehman, Jr., M.D. / as 801_1101

c: Robert Bradley, M.D., Chester Internal Medicine, One Medical Park Drive, Bldg. 1, Ste. D, Chester, SC 29706 (fax: 803-581-0827)

Pat Chambers, NCM, Corvel - fax: 866-440-6782



Electronically signed by William .Lehman MD

SPENCER, LETTIE

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ROA 234

Patient Name: LETTIE B SPENCER
Date of Birth:
Account: 179171-LS
Date: 09/17/2012

To Whom It May Concern:

LETTIE B SPENCER was treated in our office on 09/17/2012. She was discharged at 08:42:01 AM. Please excuse LETTIE for this appointment.

Work Restrictions / Additional Instructions

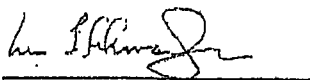
Sit Down Work Only

Work Restrictions / Additional Instructions

Follow up in 3 - 4 weeks

If unable to accommodate restrictions patient should be out of work until next scheduled appointment.

If you have further questions regarding the patient's work status you must talk with the patient and have them contact our office. Due to HIPAA regulations we are unable to verbally confirm the appointment, work note or the work status of the patient without their signed consent unless they are covered under workers compensation.



William .Lehman MD

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SPENCER, LETTIE

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6237 Suite 313 Carolina Commons Drive
Indian Land, SC 29707
Phone: (803) 329-3130
Fax: (803) 329-2611

LETTIE B SPENCER
10/25/2012
Patient #: 179171-LS
DOB:

History of Present Illness

The patient is a 64-year old female who presents for a recheck of Back pain.

Subjective Transcription

64 year old woman presents for further follow up regarding her work related injury which occurred on 6/12/11 when functioning as an LPN at National Health Care for approximately 3-1/2 years. I had been provided with extensive records from Columbia Neurosurgical Associates, Randall Drye, M.D. who saw her once upon referral from the company physician who saw her initially after the injury. She was referred for pain management to Tony Owens, M.D. at South Carolina Pain Associates in Columbia, SC, undergoing left sacroiliac joint injection on one occasion, radiofrequency ablation on the left at L5, S1 and S2, performed November and December 2011 with no relief. She has also undergone physical therapy which offered no relief.

She was on light duty until November 2011, but then her progressive symptoms required that she be out of work and has not been able to return to work since. She was referred for my evaluation in 9/17/2011, and she apparently paid for the appointment through her attorney since I was not the approved treating physician.

I had suggested a lumbar CT myelogram, as well as pain management through Dr. Nandurkar. The CT myelogram was finally approved and performed on 9/11/2012.

She continues to be out of work and is quite depressed, and has lost a considerable amount of weight because of the pain. She continues to have left leg pain extending to the calf, only moderately relieved by Nucynta 75 mg, as well as Neurontin 300 mg tid. She is becoming progressively more debilitated and depressed.

Previous Health History Form is reviewed and updated from 9/17/12.

SPENCER, LETTIE

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ROA 236

Objective Transcription

Ms. Spencer is alert and conversant, obviously quite depressed and very thin. Vital signs: Temperature - 98.4, Pulse - 78, Respiration - 15. General exam is otherwise unremarkable.

At the lower back, there is extreme tenderness to palpation over the lumbar paraspinal muscles with some paraspinal tension, no active spasm, kyphosis or scoliosis.

Patrick's maneuver increases pain in the back. This does appear to be consistent with SI joint pain and Faber does appear to be positive. There is very restricted motion diffusely about the lumbar spine created by pain. Bilateral hip range of motion is normal. Neurologic function to the cranial nerves is normal. Deep tendon reflexes are normal, and there is no clonus. There are no pathologic reflexes. There is decreased touch and pin prick sensation at the left lateral thigh and superior calf as compared to the opposite side. Peripheral pulses are normal. Gait is quite slow and deliberate but is reciprocal heel to toe.

X-RAY: Personal review of the CT myelogram of the lumbar spine, performed at Springs Hospital 9/11/12 shows a very poor study. There was considerable extra dural injection with paraspinal contrast at the L2-3 through L4-5 levels. This study is unlikely to be completely accurate. It does demonstrate, however, that there was significant but relatively mild changes of central canal stenosis at L4-5 with pathology at 9 mm diameter at the L4-5 level.

Assessment & Plan

Radiculitis (729.2)

Current Plans:

- REFERRAL / CONSULT (ADD COMMENTS); Routine (refer to Dr. Nandurkar for esi ? SNRB LEFT L-5 and pain management)
- Neurontin 600MG, 1 Tablet three times daily, #90, 10/25/2012, No Refill, Active.
- Nucynta 75MG, 1-2 Tablet every six hours, as needed for pain, #40, 10/25/2012, No Refill, Active.
- Sit Down Work Only
- Follow up in 1 month or as needed

Assessments Transcription

WORK INJURY 6/12/11 WITH ONGOING BACK PAIN AND LEFT LEG RADICULAR SYMPTOMS, PROGRESSIVE WEIGHT LOSS AND DEPRESSION.

Plan Transcription

I recommended increasing Neurontin to 600 mg tid on a trial basis. I refilled Nucynta #40. Her condition appears to be deteriorating consistent and severely, to the point that I think that maybe it may be physically impossible for her to return back to her date of injury job or any suitable gainful employment. I believe it is of paramount importance to provide more effective treatment for this unfortunate woman.

I met with the case manager, Ms. Patty Chambers, RN, CCM, who thinks that Dr. Owens' rationale for the left SI joint and injection, as well as the facet blocks on the left side, may have occurred because the primary problem at that point was back pain. The leg symptoms are now seemingly more prominent, and I would recommend a trial of epidural steroid injection or selective nerve root block at the L5 level, even though the CT myelogram is not particularly useful. Pain management also appears to be appropriate.

If she does not respond to these treatments, a trial of a spinal cord dorsal column stimulator might be considered as well. I feel strongly that such referral to Dr. Nandurkar would be essential to further treatment of this unfortunate woman and does have the propensity to lessen the current level of disability. Ultimately, it is likely that there will be sufficient residual symptoms that Ms. Spencer will require alternative work activities, ideally based on MFCE.

William L. Lehman, Jr., M.D. / as 801 1950

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of Robert Bradley, M.D., Chester Internal Medicine, One Medical Park Drive, Bldg. 1, Ste. D,
Chester, SC 29706 (fax: 803-581-0827)
Patty Chambers, RN, CCM, nurse case manager, Corvel Corporation - fax: 866-440-6782
Premier Group Insurance, Claim #WC18202011021728, P.O. Box 1122, Murfreesboro, TN 37133

William Lehman

Electronically signed by William Lehman MD

SPENCER, LETTIE

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