APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO: 1115485

Lamar Clark,

CLAIMANT/RESPONDENT,

v.

Philips Electronics/Shakespeare,

Employer,

and

Gallagher Bassett Services,

Carrier,

DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia,
South Carolina on March 20, 2018

Appellate Panel Decision and Order filed: June 5, 2018

Appearances: Claimant/Respondent represented by William B. Salley and Jake Smith of Salley Law Firm, P.A., Lexington, South Carolina

Defendants/Appellants represented by Brooke Payne of Lueder, Larkin & Hunter, LLC, Mt. Pleasant, South Carolina

STATEMENT OF THE CASE

This case came before the Single Commissioner to resolve the issues raised in Claimant's Form 50 and in the Defendants' Form 21. This case was heard Commissioner on September 6, 2016, at which time the parties and their representatives appeared and evidence was received. The parties stipulated that the Claimant suffered an admitted accident within the course and scope of his employment on or about July 20, 2011. The Claimant alleged injuries to his back, left hip, left leg, left foot, nervous system, and resultant psychological. The Claimant sought an award for permanent and total disability under either S.C. Code § 42-9-10 or § 42-9-30, if deemed to have reached maximum medical improvement.

Defendants alleged that the Claimant had reached MMI as a result of his work injury and requested a stop pay and recoupment of temporary benefits paid since the date of that designation. Defendants contended that the Claimant only sustained an injury to one body part, the lumbar spine. Defendants argued that the Claimant is not permanently disabled under either S.C. Code § 42-9-10 or § 42-9-30 and he is limited to scheduled member disability under S.C. Code § 42-9-30. Defendants agree that his authorized treating physicians have assigned a PPD rating of 20% to his spine, and maintained that he is not entitled to future medical care for his work-related back injury.

The hearing was held pursuant to timely and proper notice served on all parties, and the record was held open for submission of documents as well as expert depositions. No objection was raised by either party regarding jurisdiction or venue.

On December 28, 2017, the Single Commissioner issued her Decision and Order, making the following FINDINGS OF FACT:

1. That all parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Lamar Clark, as

Employee and Philips Electronics/Shakespeare, as Employer, and Gallagher Basset Services, as Carrier.

2. That this matter was heard before the undersigned on September 6, 2016, pursuant to Claimant's Form 50 Request for Hearing and Defendants' Form 21 Request for Hearing.

3. That at the conclusion of the testimony on September 6, 2016, the hearing was adjourned to rule on Defendants' Motions to Compel discovery and hearing testimony from Joel Leonard, CRC, CVE. The parties briefed the issue and an Order on the Motions was served on December 5, 2016.

4. The September 6, 2016 hearing record was also held open to allow the submission of documents, and that would include a second deposition of Dr. Storick, if Defendants wished to pursue that route. The record was also held open for submission of documents that were received pursuant to subpoenas that had already been sent, as well as any providers learned about at the hearing (Hearing Transcript p. 24).

5. As of December 5, 2016 – 90 days after the hearing—no additional documents, APA's or exhibits were filed with the Commission. Order Instructions were sent to the parties on that same day indicating that the record was closed as of December 5, 2016, as no documents had been submitted.

6. On December 14, 2016, Defendants submitted a Second Supplemental Notice of Submission of Written Experts' Reports and Exhibits, which included Defendants APA Submissions numbers 27, 28 and 29 and Exhibits U, V, W, X, Y and Z.

7. That the Defendants' December 14, 2016 submissions were admitted into the record despite the December 5, 2016 closing date referenced in the Order Instructions because no deadline had been issues at the conclusion of the September 6, 2016 hearing when the record was originally held open.

8. That Claimant's average weekly wage at the time of his injury by accident July 20, 2011, was $361.91 resulting in an applicable weekly compensation rate of $241.29.

9. That I did not find Claimant's testimony regarding his pre-injury conditions and multiple disability filings credible at all. Nevertheless, I find Claimant was successfully employed with Philips Electronics, initially through a temporary agency, for seven months prior to his injury. Claimant also continued to work for Philips Electronics, as an employee, for an additional six months post injury.

10. That Dr. Holbrook performed a left L5-S1 microdiskectomy on April 4, 2012, and a second, subsequent L4-5 microdiskectomy on September 25, 2013, nearly a year and a half after the first surgery, due to Claimant's ongoing symptomology and radiographic findings.

11. That Claimant underwent a functional capacity evaluation with Tracy Hill, P.T., who

noted that Claimant qualified for limited sedentary to limited light work.

12. That Dr. Hutcheson opined Claimant sustained 25% whole person impairment, which converted to 28% to the lumbar spine. Dr. Hutcheson opined Claimant could return to work with limited sedentary to limited light work restrictions.

13. That Dr. Westerkam opined Claimant sustained 25% whole person impairment, which converted to 28% to the lumbar spine. Dr. Westerkam opined Claimant could return to work with limited sedentary to limited light work restrictions.

14. That Dr. Gabr opined Claimant sustained 23% whole person impairment for the lumbar spine. Dr. Gabr opined Claimant had work restrictions of abilities to sit continuously are limited to 15 minutes at a time and no longer than four hours per day with allowance for frequent change of position for comfort, ability to stand limited to 10 minutes of the time, no longer than two hours per day, ability to walk less than one block at a time and no longer than one hour per day, difficulties reaching at the disk level secondary to cervical radiculopathy and shoulder symptoms, especially above shoulder activities following cervical fusion surgery, secondary to difficulties with lifting consistently over 10 lbs, inability to sit or stand continuously more than 10 minutes and required frequent change of position, and inability to consistently kneel, crawl or bend secondary to limited spine range of motion.

15. That Claimant's most recent MRI, as interpreted by Dr. Storick, shows a possible recurrent disc herniation at L4/L5 and post-surgical changes at L4/L5 to the left.

16. That Claimant's testimony regarding his prior medical treatment in Florida does not undermine the seriousness of Claimant's medical condition and treatment to date resulting from this admitted workers' compensation claim.

17. That this is an admitted back claim. The Claimant had two surgeries to his back as a result of this admitted workers' compensation claim.

18. That Claimant's admitted back injury affects the use of his left and right leg, with the left being the more affected side.

19. That Claimant sustained a psychological injury as a result of his July 20, 2011 work injury. This finding is based on the opinions of Dr. Lind, Dr. Hutcheson, Dr. Westerkam, and Dr. Brabham.

20. That Claimant is permanently and totally disabled under either S.C. Code Ann. §42-9-10 with a combination of work-related injuries affecting more than one body part resulting in complete destruction of earning capacity, as well as §42-9-30(21) for having suffered 50% or more loss of use to the back. However, I specifically find that Claimant receives the total and permanent disability award under §42-9-10 for having a combination of work-related injuries affecting more than one body part resulting in complete destruction of earning capacity. I base this finding on both of the vocational evaluations of Dr.

Brabham and Ms. Westmoreland; however, greater weight was given to the opinion of Dr. Brabham in this instance, as I find it was more in line with the opinions of the treating physicians.

21. That alternatively, Claimant is totally and permanently disabled pursuant to §42-9-30(21) in that he has sustained a 50% or greater loss of use to his back and Defendants have failed to rebut the presumption. Claimant's permanent impairment ratings ranging from 20 – 25%, limited sedentary to limited light FCE restrictions as well as Claimant's highest level of education completed, 12th grade education, weighed heavily into this decision. Although evidence shows that the Claimant attempted college courses twice, I find they were not completed. Claimant's onerous limitations for his work-related back injury are more restrictive than those found in *Linen v. Ruscon Const.*, 286 S.C. 67, 332 S.E.2d 211 (1985), which also resulted in total and permanent disability because of 50% or more loss of use to the back under §42-9-30(21) even though the Claimant in *Linen* had no surgery.

19. That Claimant is entitled to lifetime reasonable and necessary causally related medical care, including, but not limited to, the care of authorized treating physicians Dr. Holbrook and Dr. Storick, and any and all necessary prescription drugs, procedures, and referrals as the aforementioned authorized treating physicians may recommend. Claimant is also entitled to lifetime reasonable and necessary causally related care for his psychological overlay. [1]

20. That pursuant to *Dodge v. Bruccoli, Clark, Layman, Inc.*, 334 S.C. 574, 514 S.E.2d 593 (S.C. App. 1999), Defendants shall remain financially responsible for lifetime reasonable and necessary nursing services, medicines, sick travel, medical, psychological, hospital and other treatment or care, which shall be paid by Defendants during the lifetime of the injured employee, without regard to any limitation in the Act including the maximum compensation limit.

21. That Claimant is entitled to a lump sum award pursuant to *James v. Anne's* and *Utica-Mohawk*. Claimant is capable of managing a lump sum award, a lump sum award is in the best interest of Claimant, and Defendants have shown no prejudice from payment of the award in lump sum.

22. That Claimant is entitled to 500 weeks of benefits less any amount previously received as temporary total disability paid since July 20, 2011.

23. That these above findings are based on the medical evidence, the record as a whole, and the observation of Claimant by the undersigned.

The Single Commissioner made the following CONCLUSIONS OF LAW:

1. I find and conclude that this matter is governed by the South Carolina Workers' Compensation Act, §42-1-10 *et seq.* of the South Carolina Code (1976, as amended).

[1] The Finding of Facts in the Order were improperly numbered, as numbers 19, 20, and 21 were repeated.

2. I find and conclude that under §42-1-160 and §42-15-20, Claimant sustained an injury by accident within the course and scope of his employment and that Defendants were given proper notice of Claimant's injury. Specifically, under §42-1-160, I find and conclude that Claimant sustained injuries to his back, back affecting right leg, back affecting left leg, and resultant psychological overlay on July 20, 2011, within the course and scope of his employment.

3. I find and conclude that under §42-1-40, Claimant's average weekly wage was $361.91, and the corresponding weekly compensation rate was $241.29.

4. I find and conclude that Claimant's work related injury affects multiple body parts, therefore, he is not limited to partial disability under §42-9-30.

5. I find and conclude that under §42-9-10, Claimant is totally and permanently disabled due to his back injury affecting his right and left legs and psychological overlay, which combine to completely destroy his earning capacity under §42-9-10, and, therefore, he is entitled to 500 weeks compensation.

6. I find and conclude that under §42-9-30(21), Claimant is totally and permanently disabled, as he has 50% or more loss of use to his back from his causally related work injury and Defendants have failed to rebut the presumption.

7. I find and conclude that under §42-15-60, since Claimant is totally and permanently disabled as a result of his work related injuries, Claimant is entitled to receive causally related reasonable and necessary nursing services, medicines, sick travel, medical, hospital and other treatment or care, which shall be paid by Defendants during the life of the Claimant, without regard to any limitation in the Act, including the maximum compensation limit. Also under this section, I find and conclude that Defendants shall remain financially responsible for Claimant's ongoing need for psychological treatment and care.

8. I find and conclude that under §42-15-60 and *Dodge v. Bruccoli, Clark, Laymen Inc.*, 334 S.C. 575, 514 S.E.2d 593 (S.C. App. 1999), Defendants shall remain financially responsible for lifetime *Dodge* medical care, including, but not limited to, the recommendations of the authorized treating physicians, Dr. Holbrook and Dr. Storick, and any and all necessary prescription drugs, procedures, and referrals as the aforementioned authorized treating physicians may recommend, including, but not limited to, reimbursement for mileage and medications. Also under this section, I find and conclude that Defendants shall remain financially responsible for Claimant's ongoing need for psychological treatment and care.

9. I find and conclude that under §42-9-10 and §42-1-120, Claimant has reached maximum medical improvement as of May 25, 2016, for the physical and psychological work related injuries.

10. I find and conclude that under §42-9-10 and §42-1-120, Claimant is entitled to receive compensation at the rate of Two Hundred Forty-one and 29/100 Dollars ($241.29) for 500 weeks with Defendants getting credit for temporary total disability paid since July 20, 2011.

11. I find and conclude under §42-15-60, Dr. Holbrook and Dr. Storick are Claimant's authorized treating medical providers.

12. I find and conclude that *Utica-Mohawk* and *James v. Anne's* language is ordered. I find and conclude that Claimant's total lump sum award, which amounts to Forty-four Thousand Three Hundred Ninety-eight and 68/100 Dollars ($44,398.68) as of November 8, 2017, shall be allocated as follows: That the aggregate of the proposed settlement is the sum of Forty Four Thousand Three Hundred Ninety Eight and 68/100 ($44,398.68) Dollars that Employee requests this Commission to approve the allocation of the aforementioned proposed settlement as follows: Eleven Thousand One Hundred Eighty and 71/100 ($11,180.71) Dollars to the Salley Law Firm, P.A. as attorneys' fees; Twenty Two Thousand Thirty Seven and 26/100 ($22,037.26) Dollars to Salley Law Firm, P.A. as reimbursement of costs and expenses; Eleven Thousand One Hundred Eighty and 71/100 ($11,180.71) Dollars to the employee as compromise settlement of future disability benefits commencing as of November 6, 2017 for a period of 35.53 years or 1,847.56 weeks, the life expectancy of the employee, at the rate of $6.05 Dollars per week pursuant to the South Carolina Life Expectancy Table in §19-1-150, 1976 Code of Laws of South Carolina, as amended, and as interpreted by the South Carolina Supreme Court in the decisions of Utica Mohawk Mills v. Orr, 227 S.C. 226; 87 S.E.2d 589 (1955), James v. Anne's Inc., 390 S.C. 188; 701 S.E.2d 730 (2010), and the case of Sciarotta v. Bowen, 837 F.2d 135 (3rd Cir. 1989). A final determination of the actual amount to be paid to Claimant, as well as the actual attorney's fees and costs will be determined upon approval of the Form 61 and accompanying Order.

ISSUES ON APPEAL

Within the statutory period, Defendants timely filed an application for review and Form 30 setting forth their numerous grounds for review, copies of which were provided to all interested parties. Defendants' Form 30 and Addendum filed on January 12, 2018 raised the following issues on appeal:

1. Whether the Single Commissioner erred in finding **(Finding of Fact No. 20, 21, 19a, 20a, 21a, 22; Conclusion of Law No. 5, 6, 7, 8 10, 12)** that the Claimant is permanently and totally disabled and entitled to benefits.

2. Whether the Single Commissioner erred in finding **(Finding of Fact No. 19, 19a; Conclusion of Law No. 2, 4, 5, 7)** that the Claimant suffered an injury by accident

resulting in a psychological overlay on July 20, 2011, within the course and scope of his employment.

3. Whether the Single Commissioner erred in finding **(Finding of Fact No. 12, 13, 14, 18, 19, 20, 21; Conclusion of Law No. 2, 4, 5, 6, 7, 9, 10, 12)** the Claimant's injury to his back affected more than one body part and that the Claimant lost more than 50% use of the back.

4. Provided it is found that the Claimant did in fact sustain an injury to more than one body part and/or more than 50% use of the back, whether the Single Commissioner erred in finding **(Finding of Fact No. 11, 12, 13, 14, 20, 21; Conclusion of Law No. 6)** that the Employer/Carrier failed to rebut the presumption that the Claimant is totally and permanently disabled.

5. Whether the Single Commissioner failed to properly apply Linen v. Ruscon Const., 286 S.C. 67, 332 S.E. 2d 211 (1985). **(Finding of Fact No. 21).**

6. Whether the Single Commissioner erred in failing to evaluate, based on all evidence submitted by the parties and the Claimant's own testimony, whether the Claimant's prior emotional/mental problems limited the Claimant's ability to work *prior* to the Claimant's work accident. **(Finding of Fact No. 9, 16, 19, 23; Conclusion of Law No. 5, 7).**

7. Whether the Single Commissioner erred in failing to evaluate, based on all evidence submitted by the parties and the Claimant's own testimony, whether the Claimant's prior back injury and radicular issues limited the Claimant's ability to work *prior* to the Claimant's work accident. **(Finding of Fact No. 9, 16, 23; Conclusion of Law No. 5, 6).**

8. Whether the Single Commissioner erred in failing to evaluate all relevant evidence submitted by the parties prior to making her conclusion as to the Claimant's permanency.

9. Whether the Single Commissioner erred by placing greater weight on the opinion of the Claimant's vocational expert, Dr. Brabham, failing to substantiate why said opinion was more probative than the medical opinions proffered by the Employer/Carrier. **(Finding of Fact No. 20; Conclusion of Law No. 5, 7).**

10. Whether the Single Commissioner erred in finding **(Finding of Fact No. 19a, 20a, 21a, 22; Conclusion of Law No. 7, 8)** that the Employer/Carrier is responsible for lifetime reasonable and necessary causally related medical care pursuant to the opinions of Dr. Holbrook and Dr. Storick.

11. Whether the Single Commissioner erred in finding **(Finding of Fact No. 19, 19a; Conclusion of Law No. 2, 5, 9)** that the Claimant is entitled to lifetime reasonable and necessary causally related care for his alleged psychological overlay.

12. Whether the Single Commissioner erred in finding **(Finding of Fact. No. 21)** that the Claimant highest education level was a 12th grade education, as he had not "completed"

his college degrees and only took some college courses.

13. Whether the Single Commissioner erred by failing to find that the Claimant has been physically and psychologically disabled from work since 2006 based on the SSA records proffered by the Employer/Carrier.

Both parties submitted briefs outlining their positions prior to the oral arguments which took place before the Appellate Panel on March 20, 2018. After careful consideration of the arguments of the parties and the Record in this case, the Appellate Panel hereby **REVERSES** the Single Commissioner's December 28, 2017 Decision and Order. The Appellate Panel, therefore, enters its own Findings and Conclusions consistent with S.C. Code Ann. § 42-17-50, as follows:

FINDINGS OF FACT OF THE APPELLATE PANEL

After careful review of the evidence of the record, the Single Commissioner's Order and the briefs and oral arguments of the parties, WE FIND AS A FACT THAT:

1. All parties to the proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended, with Lamar Clark, as Employee and Philips Electronics/Shakespeare, as Employer, and Gallagher Bassett Services, as Carrier.

2. We find that the Claimant suffered an injury by accident to his back within the course and scope of his employment on July 20, 2011.

3. We find that the Claimant's alleged psychological issues are not supported by the greater weight of the evidence and thus are not causally related to the accident of July 20, 2011. The greater weight of the evidence supports that the Claimant had pre-existing psychological issues which were not relayed to any of his treating physicians. This finding is based on the 2008 and 2009 SSDI documents wherein Claimant alleged that he was suffering from mental or emotional issues at that time which limited his ability to work. Ex. C. Moreover, the Claimant indicated on these documents that he had been seen by a provider for emotional or mental problems in the past. Id. The Claimant maintained his denial of any prior psychological issues at the hearing, and his medical records are void of any mention to his treating physicians of his prior psychological issues and/or treatment. Hrg. Tr. p. 54 – 55; See medical records.

4. We find the Claimant to be wholly lacking in credibility. We find that the Claimant's lack of credibility has undermined the medical opinions and treatment received in relation to his admitted workers' compensation claim, as the opinions and conclusions of his

providers were based upon self-serving assertions of the Claimant. This finding is supported by the Deposition and Hearing testimony of the Claimant, his prior medical and Social Security records and the records from all physicians and vocational evaluators involved in this claim. The Claimant sustained a work injury in 2006 while working for Tile Depot, leaving him with residual low back pain and complaints of radiculopathy; however, when deposed in 2013, the Claimant denied ever working for Tile Depot, denied having any prior workers' compensation claims and denied any prior back injuries. Hrg. Tr. p. 46 - 47; Ex. C p. 626; Ex. S, p. 11, 21, 36. The Claimant maintained this denial of his prior workers' compensation claim at the Hearing, even when presented with his signature on Florida Workers' Compensation documents indicating otherwise. Hrg. Tr. p. 40, 48. The Claimant's 2006 work injury at Tile Depot was significant enough for him to apply for SSDI benefits in 2007 and 2009 as a result of same, wherein he indicated that his 2006 back injury prevented him from being able to work. Ex. N p. 2040, 1871. Just seven months before his date of accident with this Employer, the Claimant presented to Newberry Hospital, reporting back and left flank pain. Hrg Tr. p. 127 – 128. Even so, the Claimant unequivocally admitted that he did not report any prior physical limitations to the IME physicians or vocational evaluators in relation to his work injury at Philips, even though he was asked about same. Hrg. Tr. p. 88 – 89; See medical records.

5. We find that the Claimant's authorized treating physicians are Dr. Thomas Holbrook and Dr. Steven Storick, so we give the greatest weight to the opinions of these physicians.

6. We find that the Claimant has reached MMI as of July 23, 2014. This finding is based on the 14B completed by Dr. Thomas Holbrook, wherein he placed the Claimant at MMI as of July 23, 2014 and indicated that the Claimant would be evaluated by Dr. Storick to optimize his medicines and for consideration of a spinal cord stimulator. Ex. A.

7. We find that the evidence in the record does not support that the Claimant is permanently and totally disabled. We find that the Claimant's lack of truthfulness throughout the pendency of this matter to be an impediment to supporting the Single Commissioner's decision. In further support of this finding is the Claimant's admission that he did not report any prior physical limitations to the IME physicians or vocational evaluators in this claim. Hrg. Tr. p. 88 – 89; See medical and vocational reports. Moreover, at the Hearing, the Claimant disputed all of the medical records which evidenced improvement in his condition following his work injury at Philips. Hrg Tr. p. 69-71, 77, 85. Further, the Claimant reported to the vocational evaluators that he had only completed a 12th grade education, when in fact he had completed one year of college at Kaiser College, where the Claimant majored in computer programming, and one year at the Georgia Military College. Hrg. Tr. p. 66.

8. We find that the Claimant has sustained a 20% permanent impairment to his back, taking into account any affects to his legs. Both Drs. Holbrook and Storick have opined that the Claimant has sustained a medical impairment rating of 20%, and we assign greater weight to the opinions of these treating physicians. Ex. A, R.

9. We find that the Claimant is no longer entitled to further medical treatment pursuant to

S.C. Code Ann. § 42-9-60.

APPELLATE PANEL CONCLUSIONS OF LAW

1. Under S.C. Code Ann. § 42-1-130 and § 42-1-140, at the time of the accident, the Claimant and Defendant Employer were covered parties under the Act.

2. Under S.C. Code Ann. § 42-1-160, the Claimant sustained an injury by accident to his back within the course and scope of his employment.

3. Under S.C. Code Ann. § 42-9-35, the Claimant bears the burden of proving an aggravation of a pre-existing condition. We conclude that there is not substantial evidence in the record to support a conclusion that the Claimant's pre-existing psychological condition was aggravated by the compensable work injury.

4. Under S.C. Code Ann. § 42-9-10, the Claimant only sustained an injury to one body part and has no loss of wage earning capacity as a result of his June 20, 2011 work injury, so he is therefore not entitled to permanent and total benefits under this statute.

5. Under S.C. Code Ann. § 42-9-30(21), the Claimant did not sustain 50% or more loss of use of his back and is therefore not entitled to permanent and total benefits under this statute.

6. Under S.C. Code Ann. § 42-9-30(21), the Claimant sustained a 49% or less loss of use of his back. Specifically, the Claimant is awarded a medical impairment rating of twenty percent (20%) to his back, taking into account any affects to his legs.

7. Under .C. Code Ann. § 42-9-210, Defendants are entitled to a deduction from the amount of compensation to be paid since disability payments were made when they were not due and payable.

8. Under § 42-15-60, the Claimant is no longer entitled to further medical treatment for his back.

ORDER

IT IS THEREFORE ORDERED that the Decision and Order of the Single Commissioner filed in the above-captioned matter on December 28, 2017 is hereby REVERSED.

IT IS FURTHER ORDERED that Claimant sustained a compensable injury to his back. The Claimant's current psychological condition, if any, is unrelated to his work injury at Philips.

IT IS FURTHER ORDERED that Claimant is not Permanently and Totally Disabled.

IT IS FURTHER ORDERED that Claimant reached MMI on July 23, 2014 and sustained a permanent partial disability of 20% to his back, which takes into account any affects to his legs. This rating entitles the Claimant to 60 weeks of permanent partial disability compensation benefits, which amounts to Fourteen Thousand Four Hundred Seventy Seven Dollars and 40/100 ($14,477.40).

IT IS FURTHER ORDERED that Defendants may stop payment of temporary benefits as of July 23, 2014 and are entitled to a credit and reimbursement for all payments of temporary total benefits paid since that date. As of the date of this Order, Defendants have paid the Claimant 199 weeks of weekly post-MMI benefits, amounting to $48,016.71. After Claimant's permanent partial disability award is applied to the aforementioned credit, Defendants have a resulting net credit and are entitled to reimbursement in the amount of Thirty-Three Thousand Five Hundred Thirty-Nine Dollars and 31/100 ($33,539.31).

IT IS FURTHER ORDERED that Defendants credit is in excess of Claimant's permanent partial disability award; thus, no payment is due to the Claimant.

IT IS FURTHER ORDERED that the Claimant is not entitled to any further medical treatment for his back.

AND IT IS SO ORDERED.

APPELLATE PANEL OF THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION:

Commissioner T. Scott Beck

Commissioner Michael Campbell

Commissioner Susan Barden

6-5-, 2018
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 Valerie Deller on June 5, 2018