

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Appellate Case No. 2017-002522
Case No. 2010-CP-5743

RECEIVED
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SC COURT OF APPEALS

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and
Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson, and Charles M. Fogarty, MD,

Respondents.

**RECORD ON APPEAL
VOLUME XII**

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2008-Jun-23 10:31 AM Aetna:207-791-7798

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*ALSO MEMBER NORTH CAROLINA BAR

June 6, 2008

Aetna Disability Service Center
P.O. Box 17536
Portland, ME 04112

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD
CA No.: 2006-CP42-1728
Our File No.: 26-0266

108888190

Dear Records Custodian:


Please find enclosed a release of pharmaceutical (OR insurance benefits) records that is signed by Mr. William Mark Casey.

These records are being sought based on a medical malpractice lawsuit filed by William Mark Casey. His attorney as well as the undersigned defense counsel are seeking these records for use in this case. We are requesting that copies of the records listed within the release are simultaneously sent to the attorneys listed on the release.

Please send an individual bill with each party's copies and you will be paid a reasonable cost for copying these documents. Should you have any questions or concerns, please give me a call.

I am

Very truly yours,


H. Spencer King
The Ward Law Firm, P.A.

HSK/mdh

cc: Chuck Thompson, Esquire w/o enclosure
Billy Gunn, Esquire w/o enclosure
Milton Mann, Esquire w/o enclosure

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MANN 026304

AUTHORIZATION TO RELEASE INSURANCE BENEFIT RECORDS

TO: Medical Records Custodian, Aetna.

I hereby authorize use or disclosure of protected health information about William Mark Casey,

SSN: 251-02-2977, DOB: 11/03/58, as described below.

- 1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

His/her/its name is: William Mark Casey

- 2. The following person or class of persons may receive disclosure of protected health information about me:

His/her/its name is: H. Spencer King, Attorney at Law

His/her/its address is: The Ward Law Firm, P.A.
233 South Pine Street
Spartanburg, SC 29302

His/her/its name is: Ray E. Thompson, Jr., Attorney at Law

His/her/its address is: P.O. Box 3408
Spartanburg, SC 29304

- 3. The specific information that should be disclosed is:

A complete copy of all insurance benefits paid at any time pertaining to William Mark Casey, SSN: [REDACTED], DOB: [REDACTED]-58.

A complete copy of any billing records for prescription drugs at any time pertaining to William Mark Casey, SSN: [REDACTED], DOB: [REDACTED]-58.

A complete copy of any billing records for medical treatment at any time pertaining to William Mark Casey, SSN: [REDACTED], DOB: [REDACTED]-58.

- 4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, but shall be subject to the attached Protective Order.

- 5. I may revoke this authorization by notifying H. Spencer King and/or Ray E. Thompson, Jr. in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

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MANN 026305

6. This authorization expires on May 31, 2009, OR upon occurrence of the following even that relates to me or to the purpose of the intended use or disclosure of information about me:

Settlement or completion of trial of lawsuit filed by William Mark Casey, 2006-CP-42-1728.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

William Mark Casey May 23
Signature of Patient Date 2008

[Signature] 5/23/08
Witness Date

SWORN BEFORE ME THIS 23 day of May
2008
[Signature]
Notary Public for The State of South Carolina
My Commission Expires: 10/29, 2017

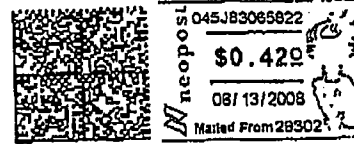
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MANN 026306

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Ward Law Firm, P.A.
Box 3188
Spartanburg, SC 29304



Actna Disability Service Center
P.O. Box 14560
Lexington, KY 40512

4051234560 8050



0619030013

MANN 026307

AETNA DISABILITY CLAIM BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

OFFICE SITE:	HF2
AETNA REQUESTOR'S INITIALS:	CRY
REQUESTED DATE:	10/16/2006
MAIL CONTENTS:	MEDICAL, OTHER
PRIORITY JOB:	NO
REQUEST TYPE:	INDIVIDUAL REQUEST (SEE OPTIONS BELOW)
SPECIAL INSTRUCTIONS:	
SCAN ONLY	
MAIL CODE:	004
CLAIMANT'S SSN/PAYROLL NUMBER:	
CLAIMANT'S FIRST NAME:	WILLIAM
CLAIMANT'S LAST NAME:	CASEY
CONTROL NUMBER:	0607472
RECORD TYPE:	PC
DOCUMENT TYPE:	01002,21024

SBH200610160016



SBH200610160016

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MANN 026308

2017年6月19日

"Also, a period of total disability will end after 24 monthly benefits are payable if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility for treatment of that condition at the end of such 24 months. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period."

We have reviewed Mr. Casey's entire claim file including the documentation submitted on appeal.

The documentation contained in Mr. Casey's file indicated that he has been employed with Michelin North America since July 9, 1984. He held the position of HP Team Member prior to his last date worked of May 28, 2004. His disability began on May 29, 2004. Mr. Casey's medical conditions were listed as Major Depressive Disorder (single episode, severe) and Panic Disorder with Agoraphobia, his benefits were paid through the 24-month limitation (May 28, 2006) specified in the plan. The period in question is from May 29, 2006 forward.

In your appeal letter, you stated "...he has been physically and mentally disabled from any gainful employment since the last week of May and the first few days of June 2004." Along with your appeal letter, you submitted medical documentation from Dr. Joseph G. Grace, Dr. Jeffrey Smith, Dr. L. Randolph Waid, and Dr. Wilson P. Smith. As Mr. Casey's benefits had been approved and paid for the 24-month limitation for his mental nervous conditions, our review focused on his physical medical conditions.

To assist in the assessment of medical records, Milton Jay, Ed.D, Consulting Neuropsychologist, completed the review of Mr. Casey's entire claim file on October 6, 2006. Dr. Jay found that both Dr. Waid and Dr. Grace utilized the WAIS-III (plus two supplemental subtests, Letter-Number Sequencing and Symbol Search) to measure intellect. From Dr. Jay's inspection of the individual subtest findings, he noted variability among the subtests and did not appear at all consistent with a single-point neurological threat such as brain infarctions due to air emboli during laser bronchoscopy. Of the 13 subtests given, five subtests differed quite significantly from one another between the two evaluations by Dr. Grace and Dr. Waid (tested three months apart). These five subtests were Digit-Symbol Coding, Digit Span, Picture Completion, Vocabulary, and Letter-Number Sequencing. These five subtests differed at the level of 3 or 4 scaled scores, statistically significant differences at 1.0 to 1.33 standard deviations, respectively.

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Dr. Jay found that depression and anxiety were prominently supported in this case. Dr. Jay stated: "From my review of the general medical records regarding physical medical problems, I saw no records that indicated neurological examination signs or neurodiagnostic studies showing evidence of neurological impairment. Dr. Fogarty's speculation regarding "neurologic impairment" did not seem supported by objective neurological evidence or abnormal neurological examination findings. Dr. Fogarty appeared to regard the claimant's report of cognitive difficulties, particularly in concentration, as the principal expression of neurologic difficulties." Dr. Jay further stated "Consequently, I do not see adequate support that there was a neurologic basis to the claimant's cognitive complaints and performances as of 5/29/2006 and forward in time. I saw no adequate basis for restrictions and limitations in this man's occupational capacity on the basis of underlying neurologic injury as a cause of cognitive difficulties. Far more likely, it seemed to me, was that the cognitive weakness and cognitive complaints resulted from this man's abnormal mood condition."

Mr. Casey's file was also reviewed by Brian Mercer, M.D., Board Certified in Neurology. Dr. Mercer reviewed all of the documentation in Mr. Casey's file and completed his review on October 6, 2006. Dr. Mercer found Mr. Casey complained of difficulties with concentration, attention and cognitive function which he dated to the bronchoscopy, which was complicated by pneumomediastinum and bilateral pneumothoraces. His treating physicians diagnosed a neurologic deficit due to air emboli as the cause for his symptoms.

Mr. Casey's medical documentation first indicated that the elemental neurologic examinations were described as normal with no focal deficits to support evidence of cerebral dysfunction that might occur with air emboli. Second, the medical records did not contain any cranial imaging studies or EEG's to show evidence of abnormalities consistent with focal cerebral lesions due to air emboli. Third, as outlined in the report of Dr. Milton Jay, the neuropsychological findings are felt to be consistent with depression and anxiety. Fourth, the time course of reported cognitive symptoms and examinations would be inconsistent with air emboli occurring on May 29, 2004. Furthermore, it was noted that his mental status examinations by his primary care physician on July 27, 2004 and September 10, 2004 were described as being normal. However, subsequent evaluations described difficulty in conversation with attention and focus.

The medical records indicated that Mr. Casey had a history of chronic low back pain antedating the events of May 29, 2004. A lumbar MRI scan was described as being "practically normal" with two slight bulging discs. His examinations have shown only limited findings of reduced range of motion and intermittently mildly positive straight leg raises. There was no evidence of focal neurologic deficit to substantiate the presence of a lumbosacral radiculopathy. Dr. Scott (his orthopedist) indicated that he was capable of returning to work from the orthopedic perspective. Dr. Mercer found that "The findings described relative to

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the lumbosacral region would be consistent with at least a medium level of functionality."

In conclusion, Dr. Mercer stated "...from the neurologic perspective, the records do not provide objective evidence to substantiate that Mr. Casey's cognitive symptomatology are on a physical neurologic basis for the multiple reasons outlined above. There is a longstanding history of chronic low back pain which would be consistent with at least a medium level of functionality. This opinion applies to the time period in question of 5/29/06 and forward."

On April 10, 2006, Mr. Casey's occupation was identified as #750.384-010, Tire Builder, Automobile. Said occupation was identified as the closest to match the requirements of his job as an HP Team Member. The occupation of #750.384-010 is categorized by the Dictionary of Occupational Titles to require a medium physical demand level.

Therefore, we have determined that the medical documentation in Mr. Casey's file did not continue to show evidence of impairments resulting from his physical medical conditions that would have functionally impaired him to a degree in which he was unable to perform his own occupation for the period from May 29, 2006 forward. As such, the determination to terminate his benefits effective May 28, 2006 was appropriate and remains in effect.

Mr. Casey is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim.

If Mr. Casey's plan is covered under the Employee Retirement Income Security Act (ERISA), and he does not agree with the final determination upon review, he has the right to bring a civil action under section 502(a) of ERISA.

If either you or Mr. Casey has any questions, please call 1-877-238-6202.

Sincerely,

Carole Roy
Aetna Life Insurance Company

AETNA DISABILITY CLAIM BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

OFFICE SITE:	HF2
AETNA REQUESTOR'S INITIALS:	CRY
REQUESTED DATE:	10/25/2006
MAIL CONTENTS:	MEDICAL
PRIORITY JOB:	NO
REQUEST TYPE:	INDIVIDUAL REQUEST (SEE OPTIONS BELOW)
SPECIAL INSTRUCTIONS:	
SCAN ONLY	
MAIL CODE:	004
CLAIMANT'S SSN/PAYROLL NUMBER:	[REDACTED]
CLAIMANT'S FIRST NAME:	WILLIAM
CLAIMANT'S LAST NAME:	CASEY
CONTROL NUMBER:	0607472
RECORD TYPE:	PC
DOCUMENT TYPE:	01002

8000901301



SBH200610250012

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MANN 026313



UNIVERSITY DISABILITY CONSORTIUM
Physician Specialists for Disability Evaluation and Management

October 6, 2006

Maria Angelillo, RN
AETNA, Incorporated
151 Farmington Avenue
Conveyor #RT32
Hartford, CT 06156

my

Claimant: William Casey

8000901301

NEUROLOGICAL RECORD REVIEW OF WILLIAM CASEY

INTRODUCTION: William Casey is a 47-year-old male who complains of cognitive difficulties and depressive symptoms following a laser bronchoscopy complicated by development of pneumomediastinum and bilateral pneumothoraces. He also has a history of chronic low back pain and lumbar degenerative arthritis. These records are being reviewed to answer the following questions:

Please review the medical information and assess as to whether or not EE is functionally limited as a result of his physical medical conditions. If he is, what are his restrictions and limitations and what information supports said restrictions and limitations? If he is found not to be impaired, what kind of medical evidence is lacking from the file that would support a functional limitation? Is there evidence of an organic component to the claimant's cognitive difficulties? The period in question is from 5/29/06 and forward.

All the medical records supplied by the insurer were reviewed. Mr. Casey was not personally examined for the preparation of this report. The medical opinions rendered are independent of any claim determination. A simultaneous neuropsychology review by Dr. Milton Jay is also being performed.

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MANN 026314

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MEDICAL RECORD REVIEW: An evaluation by Dr. A. Koser dictated on 5/28/04 noted an evaluation for chest pain with an x-ray on admission felt to show a foreign body in the left mainstem bronchus. Fiber optic bronchoscopy was recommended. Additional records of his hospitalization are not included in the packet provided, although his hospital course is summarized in a note from Dr. W. Smith on 7/14/04. He indicated that in May of 2004, Mr. Casey was evaluated for chest pain and bronchoscopy was performed felt to be abnormal but no foreign body was identified. A CT scan done on the same day did not confirm any abnormality. There were incidental calcifications of the left anterior descending coronary artery. A rigid bronchoscopy was then performed to attempt to identify the foreign body and remove it, but during the procedure there was a perforation of the bronchial wall by a laser resulting in pneumomediastinum and respiratory distress. This required intubation and heavy sedation, but then extubation occurring on the next day. A chest x-ray report dictated on 6/11/04 noted that a PA and lateral chest x-ray were normal. However, on that date, Mr. Casey's sister called Upstate Lung and Critical Care Specialists complaining of severe pain at the chest tube site with no relief with use of Percodan. OxyContin was ordered. Evaluation on that date described Mr. Casey as being anxious and would not/could not sit down during the examination. A diagnosis of cough/sparsely productive and status post pneumothorax was made.

Records from Carolina Center for Advanced Pain Management of 6/17/04 noted evaluation for low back pain with a previous evaluation being performed three and a half years ago leading to a diagnosis of mechanical low back pain. Mr. Casey was described as appearing more depressed and was complaining of epigastric pain. With respect to the low back pain, it was felt to be purely mechanical and his MRI scan was described as being "practically normal with two slightly bulging discs that are obviously not his source of pain." He had undergone an epidural steroid injection without benefit. The possibility of performing therapeutic lumbosacral joint injections was raised and it was also felt that Mr. Casey would benefit from seeing a psychologist or psychiatrist to treat his depression and anxiety. Additional handwritten records from Upstate Lung and Critical Care Specialists are provided and reviewed and are partially legible outlining ongoing symptoms.

William Casey - 2

MANN 026315

8000901301

Mr. Casey was first evaluated by Dr. W. Smith of Lung and Chest Medical Associates on 7/14/04 outlining the history detailed above. The physical examination was normal and his neurologic examination describes normal strength and cranial nerves. Pulmonary function tests were described as having normal vital capacity and flow rates and forced expiratory volumes and no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced to 70-77% of predicted. It was felt that his pulmonary function and chest x-ray did not show any evidence of sequelae of the bronchial perforation with normal pulmonary function studies. Dr. Smith raised the possibility of a posttraumatic stress disorder and recommended a psychologist evaluation. A repeat chest x-ray of 7/29/04 was normal as well as an EKG.

An MMPI was performed on 8/9/04 and felt to show moderate to severe depression and moderate anxiety. A nuclear stress study of 8/2/04 was normal.

Evaluation by Jay Grace, Ph.D., Psychology, of 9/16/04 noted an approximate 50% benefit for symptoms with Zoloft, but ongoing depressive symptoms. The MMPI-2 was felt to show moderate depression and anxiety. It was recommended that Zoloft be increased to 150mg per day. A review of Mr. Casey's academic records and performance of WAIS-III testing was done on 6/2/05. These results will be fully summarized in the accompanying Neuropsychology report of Dr. Milton Jay. Briefly, it was felt that subtests involved in processing speed showed deficient scores. It was opined that since there was a discrepancy between Mr. Casey's early intellectual ability measures and current IQ test scores, the only reasonable conclusion is that he had experienced a neurologic event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.

A handwritten encounter from Lung and Chest Medical Associates of 11/10/04 indicated a diagnosis of posttraumatic stress. On 7/19/05, Mr. Casey was reported as vomiting for one week.

Evaluation by Dr. Charles Fogarty on 7/21/05 indicated that the initial interpretation of a metallic fragment on the chest x-ray was misinterpreted as being in the chest and that the rigid bronchoscopy was complicated by pneumomediastinum and bilateral pneumothoraces. Mr. Casey

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reported he had been out of work for one year and in large part because of difficulties with concentrating and staying focused. His neurologic examination described Mr. Casey as having some readily apparent difficulties staying focused with answers to questions and difficulty repeating numbers backwards and simple cognitive screen. His GI symptoms seemed improved with discontinuation of Strattera and the Strattera was not helpful to stay focused. Dr. Fogarty felt that with the reference to the difficulty concentrating, Mr. Casey had air emboli given his long duration of anesthesia and laser perforation of the endotracheal tree with resultant leakage of air into the extrapleural and vascular extrapleural mediastinum and vascular spaces. It was felt that he may well have a permanent neurologic deficit and may be chronically disabled by his neurologic impairment. A double-contrast upper GI of 7/28/05 describes two duodenal diverticula in the third portion of the duodenum, one being a giant diverticulum equal to the size of his duodenal bulb. The duodenal bulb was somewhat deformed, although without discrete ulcers. The possibility of mild esophagitis was also raised. A gallbladder sonogram was normal on 7/28/05.

A neuropsychological evaluation was performed by L. Randolph Waid, Ph.D. in August and September of 2005. This will be fully summarized in the accompanying report of Dr. Milton Jay. The results were interpreted as showing slowed mental/information processing speed with variability in attentional capacities and difficulties with immediate learning and memory capacities. It was felt that his primary impairments were deficits in the speed of processing with difficulty sustaining attention and concentration and reduced immediate learning capacity. Assessment of emotional functioning showed continuing difficulty with depression, fatigue, anxiety, stress, social isolation, disruptive pain and somatic symptomatology. There was not an efficacious response to psychological/psychiatric treatment and this was felt to be suggestive that his difficulties were at least partially attributable to an organic injury. It was felt that his neurocognitive deficits were consistent with subcortical injury and that he was unable to return to employment pursuits. Diagnoses of mood disorder, depressed mood, cognitive disorder with a GAF of 50 was opined. A letter from Dr. Grace of 9/14/06 indicated diagnoses of panic disorder with agoraphobia, major depressive disorder chronic, and unspecified nonpsychotic mental disorder following organic brain damage.

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A series of psychiatric records from Dr. Jeffrey Smith beginning on 11/10/04 are reviewed. On that date he noted that Mr. Casey was reluctant to acknowledge depression despite symptoms to suggest that diagnosis. An assessment of major depression, single episode, moderate, was made. Treatment with Zoloft and Cymbalta is outlined. He was noted to be very stressed by family concerns. Mental status examination described concentration and attention as fair, but with some difficulty maintaining focus and memory was intact for recent and remote events. Motor activity was normal in quality and quantity and thought process was appropriate. Multiple additional follow-ups are reviewed. On 3/14/05, Mr. Casey reported some memory problems which he wondered whether they were stress related or related to Cymbalta. On 5/16/05, he reported that memory was not good and concentration poor and was having difficulty focusing on tasks. Concerta was added. There was no improvement as documented on 6/13/05 and it was felt that his depression was pretty well controlled. Adderall was added. It was felt this resulted in maybe slight improvement by 7/12/05 and Strattera was added in an increasing dosage. On 1/31/06, the depression and anxiety were described as being better. Handwritten notes with an unclear author from March of 2005 and 8/25/05 are provided and reviewed.

A series of records from Dr. Frank Gonda beginning on 2/10/04 noted a history of depression treated in the past with Effexor as well as a history of chronic back pain. Back exam showed decreased range of motion, weakly positive straight leg raising but normal reflexes. On 6/29/04, Mr. Casey reported being nervous and anxious since his bronchoscopy resulting in pneumothorax. He reported having chest pain for two months. Evaluation on 7/27/04 indicated that the mental status examination was normal and he was alert, oriented and coherent. A normal mental status examination is again documented in the next visit of 9/10/04. Some improvement of anxiety and depression were noted on the higher dose of Zoloft on 10/19/04. On that date, it was noted that an Orthopedic evaluation by Dr. Scott opined that Mr. Casey could proceed with his work with diagnoses of degenerative arthritis with bulging discs of the lumbosacral spine. On 4/5/05, Mr. Casey reported his anxiety and depression as being fairly stable. On 6/28/05, he reported return of chronic low back pain with any kind of yard work or house work.

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Multiple attending physician statements are provided and reviewed. A claimant questionnaire is provided and reviewed. Various documents from the insurer as well as from Mr. Casey's attorney are also provided and reviewed.

DIAGNOSES AND DISCUSSION:

- 1.) Cognitive symptomatology.
- 2.) History of depression and anxiety.
- 3.) Chronic low back pain.

Mr. Casey complains of difficulties with concentration, attention and cognitive function which he dates to the bronchoscopy complicated by pneumomediastinum and bilateral pneumothoraces. His treating physicians have diagnosed a neurologic deficit due to air emboli as the cause for his symptoms. However, the medical records provided do not provide objective data to substantiate this opinion. This is based on the following facts. First, Mr. Casey's elemental neurologic examinations are described as normal with no focal deficits to support evidence of cerebral dysfunction that might occur with air emboli. Second, the medical records do not contain any cranial imaging studies or EEGs to show evidence of abnormalities consistent with focal cerebral lesions due to air emboli. Third, as outlined in the report of Dr. Milton Jay, the neuropsychological findings are felt to be consistent with depression and anxiety. Specifically, Dr. Jay felt that it was far more likely that cognitive weaknesses and cognitive complaints resulted from Mr. Casey's abnormal mood condition. Fourth, the time course of reported cognitive symptoms and examinations would be inconsistent with air emboli occurring on 5/29/04. Mr. Casey's neuropsychological testing shows significant fluctuations with both improvements and decline in functions between his June of 2005 WAIS testing and the more detailed neuropsychological testing performed on 8/30/05 and 9/10/05. These fluctuations would not be expected with cognitive deficits due to cerebral lesions due to air emboli where the deficit should be maximal from onset followed by possible gradual improvement up to approximately one year and then stability. Worsening of exam findings would not be expected. Furthermore, it was noted that his mental status examinations by his primary care physician on 7/27/04 and 9/10/04 were described as being normal. However, subsequent evaluations describe difficulty in

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conversation with attention and focus. This reported subsequent decline in cognitive ability would not be expected due to a cerebral lesion due to air emboli. Thus, a physical neurologic basis for Mr. Casey's cognitive symptomatology is not established within reasonable medical certainty. Restrictions and limitations on a neurologic basis therefore are not substantiated.

Mr. Casey has a history of chronic low back pain antedating the events of 5/29/04. He was noted to have a history of low back pain at least three years in duration prior to this felt to be mechanical low back pain. A lumbar MRI scan was described as being "practically normal" with two slight bulging discs. His examinations have shown only limited findings of reduced range of motion and intermittently mildly positive straight leg raising. There was no evidence of focal neurologic deficit to substantiate the presence of a lumbosacral radiculopathy. His treating orthopedist, Dr. Scott, indicated that Mr. Casey had the capability of returning to work from the orthopedic perspective. The findings described relative to the lumbosacral region would be consistent with at least a medium level of functionality.

Mr. Casey has a history of anxiety and depression. Assessment of this diagnosis is deferred to the accompanying neuropsychological report of Dr. Milton Jay.

In summary, from the neurologic perspective, the records do not provide objective evidence to substantiate that Mr. Casey's cognitive symptomatology are on a physical neurologic basis for the multiple reasons outlined above. There is a longstanding history of chronic low back pain which would be consistent with at least a medium level of functionality. This opinion applies to the time period in question of 5/29/06 and forward.



Brian Mercer, M.D.
Board Certified In Neurology
(Casey, WM2) w

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UNIVERSITY DISABILITY CONSORTIUM
Physician Specialists for Disability Evaluation and Management

October 6, 2006

Maria Angelillo, RN
AETNA, Incorporated
151 Farmington Avenue
Conveyor #RT32
Hartford, CT 06156

Claimant: William Casey

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NEUROPSYCHOLOGICAL RECORD REVIEW OF WILLIAM CASEY

INTRODUCTION: The claimant was a 47-year-old man who worked as a Michelin production worker until 5/28/2004. Disability diagnoses were major depressive disorder, panic disorder, back pain, chronic low back pain, and degenerative arthritis. He received long-term disability benefits until 5/28/2006 based on a 24-month mental/nervous limitation. Subsequently, he has claimed cognitive difficulties due to brain damage secondary to air emboli occurring during laser bronchoscopy during June 2004.

I have undertaken my review in conjunction with the medical review of Dr. Brian Mercer. My review was from the neuropsychological perspective, and it consisted of review of medical records only. I did not personally evaluate the claimant. My opinions were not related in any manner to any insurance company decision. I have been specifically asked: "Is there evidence of an organic component to the claimant's cognitive difficulties? Period in question is from May 29, 2006 forward."

MEDICAL RECORD HISTORY: I deferred review of records of physical medical problems to Dr. Mercer, and I focused my review on neuropsychological issues. Nevertheless, I reviewed the entirety of the provided records, the same records that Dr. Mercer reviewed.

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My review of this man's medical records from physicians dealing with his physical problems did not reveal any detailed cognitive status examination sufficient for independent review of cognitive status. Records from his physicians did refer to his complaints of cognitive problems, as well as to his substantial chronic mood problems. These physical medicine records also did not include sufficient detail of this man's mood status to allow independent review of the nature and severity of mood problems, since detailed psychiatric data were not reported by these physicians. These physicians essentially referred to cognitive and mood problems nominally only.

Dr. Charles Fogarty, a pulmonologist, noted on 7/21/2005 his impression that the claimant had a neurological condition as a basis for his cognitive complaints. He noted "with reference to the patient's difficulty concentrating, he undoubtedly had air emboli, given his lengthy duration of anesthesia and laser perforation of the endotracheal tree with resultant leakage of air into extrapleural and vascular extrapleural mediastinal and vascular spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication may be moot and the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment."

From my review of the physical medical records, I saw no neurological examination findings and no neurodiagnostic studies findings that indicated brain infarctions due to air emboli. But review of neurological information was deferred to Dr. Mercer.

Psychiatric records from Dr. Jeffrey Smith began on 11/10/2004. The claimant was referred by Dr. Joseph Grace, his treating psychologist. Dr. Smith's diagnostic assessment was "major depression, single episode, moderate." He stopped Zoloft, added Cymbalta 60 mg once a day, and continued Ambien at 10 mg once at night for insomnia. Dr. Smith noted follow-up visits monthly until January 2005 and then every-other-monthly until July 2005. On 5/16/2005, he added Concerta 36 mg once a day. On 6/13/2005, he stopped Concerta and added Adderall XR 20 mg twice a day. On 7/12/2005, he stopped Adderall and added Strattera at 40 mg once a day, increasing to two a day after seven days.

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Dr. J. Grace, the claimant's treating psychologist, reported on 9/16/2004 regarding psychological testing. He noted that he gave the claimant the MMPI-2. He interpreted the findings as valid, and he noted indications of moderate depression, moderate anxiety and proneness to somatization. He also noted proneness to sudden anxiety and panic episodes. The claimant was described as quite despondent and slowed in thought and action. Obsessional thoughts were noted, and he was described as angry, resentful, rigid and stubborn. He was also described as suspicious, and inclined to question the motives of others.

The MMPI-2 basic clinical graph showed peak elevation on scale 3 at about 88T with elevation on scale 2 at about 85T. Third highest elevation was on scale 4 at about 78T. Fourth highest elevation was scale 7 at about 77T. Both scales 1 and 6 were elevated at about 67T. Dr. Grace suggested to Dr. Gonda, the primary care physician, anti-depressant medication might be helpful, and that psychiatric management of such medication might be needed in the future.

Dr. Grace also reported on intellectual assessment conducted on 6/02/2005. He utilized the WAIS-III, as well as review of academic records of the claimant. Full-scale IQ was reported as 97, with Verbal IQ at 100 and Performance IQ at 91. Verbal Comprehension Index was 100, with Perceptual Organization Index at 99. Working Memory Index was 106, and Processing Speed Index was 73.

Intellectual subtest scaled scores were Letter-Number Sequencing at 12, and Vocabulary, Digit Span, and Matrix Reasoning at 11. Similarities, Arithmetic, Comprehension, Picture Completion, and Picture Arrangement scores were all 10 scaled score. Block Design and Information scaled scores were 9. Symbol Search scaled score was 6, and Digit-Symbol Coding scaled score was 4.

Dr. Grace reported childhood IQ scores of 107 in second grade, 115 in fourth grade, and 113 in sixth grade. School records indicated intelligence testing with the Science Research Associates (SRA) instrument, the Primary Mental Abilities (PMA) test. The PMA was a very brief, less than 30-minute test of intelligence that measured up to five factors (depending on version) and

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was administered in a group testing session. Dr. Grace considered the measured WAIS-III intellect as significantly lower than the claimant's historical intellectual measurements. He concluded "since there is a significant discrepancy between Mr. Casey's early intellectual ability measure and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

Dr. Grace's progress notes noted reports of cognitive difficulties, two minor car accidents, vomiting problems, successful sleep with Ambien, and being scheduled for a neuropsychological examination.

Dr. Grace reported on 9/14/2006 and summarized the evaluation and treatment history to an attorney. Dr. Grace noted the average level intellect measured on the WAIS-III. Dr. Grace reported that over many counseling sessions he noted the claimant's difficulty with attention and concentration at the conversational level. He noted mental blocking, forgetfulness about conversations, irrationality, overreaction, reduced memory, poor self-image, social withdrawal, social discomfort, reduced trust, pessimism, defeatism, worry, despondency, and tearfulness. Dr. Grace noted that, despite treatment with psychiatric medications since July 2004, depression, anxiety and sleep disturbance continued. His diagnostic impressions were panic disorder with agoraphobia; major depressive disorder, chronic; and unspecified non-psychotic mental disorder following organic brain damage.

Dr. L. Randolph Waid reported on neuropsychological evaluation conducted on 8/30/2005 and 9/10/2005. On 10/03/2006, I received by fax from Dr. Waid 40 pages of scoring sheets from the neuropsychological and psychiatric testing that he had conducted. From my inspection of the data package, the data reporting appeared to be reasonably complete. I had no basis to see any difficulties with the test scoring, administration, or normative process. Consequently, I was able to review Dr. Waid's narrative report along with rather complete quantitative data from the testing conducted. This was important since Dr. Waid's narrative report incorporated only partial quantitative data into the body of the report.

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Dr. Waid noted that he utilized medical record review, interviewing, observation, several neuropsychological tests, two tests of cognitive symptom validity, a neurobehavioral symptom checklist, and a standardized objective personality inventory. The tests of symptom validity were the Test of Memory Malingering and the Word Memory Test. The Ruff Neurobehavioral Inventory was used. The Personality Assessment Inventory constitutes the standardized, objective psychiatric test.

In my estimation, the scope of the procedures that Dr. Waid utilized in his neuropsychological evaluation was reasonably compatible with the usual expectations of a comprehensive neuropsychological evaluation of disability determination quality. The Test on Memory Malingering scores were trial 1 at 38, trial 2 at 45, and Retention trial at 46. These findings just barely met criterion for normal range effort, yet they were significantly lesser than the reliable performance levels of several types of unequivocally and severely brain disordered patient groups.

Green's Word Memory Test findings showed IR at 90.0, DR at 85.0, and CNS at 85.0. The IR findings were deemed passing, while the DR and CNS findings indicated "caution" regarding normal effort. Best comparative group fit was with a norm group with epileptic seizures who passed or failed the Word Memory Test (IR at 91.4 mean with standard deviation of 8.4, DR at 90.8 with standard deviation at 10.5, and CNS at 87.0 with standard deviation at 13.3). Overall performances were substantially below normal adult controls and were substantially below neurological patients who made good effort but had impaired memory. Findings were also well below the levels of moderate to severe brain injured patients who passed the Word Memory Test, since IR mean was 97.2 with standard deviation at 3.3, DR mean was 96.8 with standard deviation at 3.5 and CNS mean was 95.4 with standard deviation at 4.0.

In my estimation, findings on these two tests of effort indicated borderline to abnormal findings suggesting some source of reduced performance.

Dr. Waid also reported mixed findings for sustained attention, multiple findings for slowing in cognitive processing speed, overall average findings for verbal and visual memory, normal visual

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spatial functioning without a speed component, and normal qualitative "frontal" task performances, along with a normal Trail Making Part B. The Wisconsin Card Sorting Test showed four out of six sets and normal perseverative errors, but six set failures.

WAIS-III intellectual findings showed a Full Scale IQ of 96, with Verbal IQ at 91 and Performance IQ of 104. Dr. Waid felt the IQ findings were largely consistent with previous IQ findings obtained by Dr. Grace, but he noted some subtest variability.

WAIS-III individual subtest scaled scores included Picture Completion at 14, Picture Arrangement at 12, and Matrix Reasoning at 10. Similarities, Arithmetic, Information, Comprehension, Letter-Number Sequencing, and Block Design scores were all 9. Vocabulary, Digit-Symbol Coding and Symbol Search scaled scores were 8. Digit Span scaled score was 7.

The Tactual Performance Test result with the right hand was average, but with the left hand was borderline abnormal. Both-hand performance was low average. Incidental Memory for the shapes was borderline abnormal, but incidental Location of the shapes recall was average at 50T.

The PAI (Personality Assessment Inventory) was notable for showing "disruptive somatic symptomatology," "highly disruptive depression," "periodic and transient thoughts of self harm," "significant disruption in cognitive emotional and physical realms of functioning" and "significant disruption with regard to anxiety."

PAI Full Scale Profile indicated Negative Impression Management at 70T, a mildly elevated result. Clinical scales showed peak elevation on Scale 4 Depression at 104T, followed by Scale 2 Anxiety, Scale 7 Schizophrenia, Scale 1 Somatization, and Scale ARD Phobia/traumatic stress. Scale 2 elevation was 86T, scale 7 elevation was 85T, scale 1 elevation was 77T, and scale 3 elevation was 73T.

Subscale profile showed Somatization scale peak on somatization subscale at 81T. Scale 2 elevation showed peak on affective subscale at 86T. Scale 3 showed peak elevation on phobia

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subscale at 79T. Subscale profile showed a cognitive peak of depression at 104T. Scale 7 elevation showed subscale peak elevation on social attachment as thought disorder at 90T.

Dr. Waid concluded that the claimant had "mood disorder with depressed mood secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy." He also noted, "cognitive disorder, NOS, due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurologic deficit due to complications of laser bronchoscopy.

He thought "Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multi-factorial etiology." He noted "pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairment." Yet, he also noted "overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogarty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit." He further noted "Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests a potential that difficulties/impairments are at least partially attributable to organic injury."

He summarized "intellectual evaluation revealed Mr. Casey to be functioning in the average range of ability. Neurocognitive evaluation revealed slow mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capabilities with no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulty sustaining attention/concentration, and reduced immediate learning capabilities. There was no compelling evidence for impairments specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning reveals imperceptions and suppressions affecting left-sided auditory processes. Motor functioning was characterized by slowness and weakness. Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology."

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NEUROPSYCHOLOGICAL ANALYSIS: From my review of the general medical records regarding physical medical problems, I saw no records that indicated neurological examination signs or neurodiagnostic studies showing evidence of neurological impairment. Dr. Fogarty's speculation regarding "neurologic impairment" did not seem supported by objective neurological evidence or abnormal neurological examination findings. Dr. Fogarty appeared to regard the claimant's reports of cognitive difficulties, particularly in concentration, as the principal expression of neurologic difficulties.

However, I could not agree that the available evidence regarding this man's cognitive performances provided adequate support that an underlying neurological deficit, such as brain infarctions due to air emboli, constituted the cause of cognitive performance weaknesses.

Dr. Grace referred to childhood intelligence testing as having been substantially higher than the central average findings reported from the WAIS-III. Yet, it needed to be understood that IQ scores were not static measurements that, once achieved, remained stable over the course of development and through adulthood. Even when measurements were made on the same test, or on a very similar test, serial IQ findings were based on the examinee's ability to acquire and maintain, through development, education, and experience, comparable cognitive skills to their age peers over time. If an individual did not keep up with the age peers in some manner, IQ results tended to decline. But if the individual surpassed the age peers in some manner, IQ findings tended to rise.

Consequently, average to high average findings on intelligence testing during primary school grades provided no clear indication that the claimant's adult WAIS-III intellect findings in the central average range represented acquired intellectual loss, from neurologic injury or another source. I could not agree with Dr. Grace's contention that "the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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That was particularly so since the IQ findings noted by Dr. Grace showed prominent weaknesses on WAIS-III Digit-Symbol Coding at 4 scaled score and Symbol Search at 6 scaled score. These relatively weak performances occurred on speed-dependent subtests. Many non-neurological factors may diminish processing speed, one prominent possible source being depression. Consequently, assumption of a neurological event as having lowered this man's IQ findings was simply not well supported.

Moreover, the three instances of primary-school age intellectual measurements utilized the Primary Mental Abilities test from Science Research Associates. This test was a very brief, less than 30-minutes long, group-administered test of up to five factors of intelligence. Such a test was not at all comparable to individually administered, lengthy, comprehensive intellectual testing such as the WAIS-III that Dr. Grace used. Consequently, Dr. Grace's impression of intellectual loss did not seem well founded, to me, since the test comparisons were between highly different testing instruments in terms of design, conditions, scope, reliability and validity.

Dr. Waid also utilized the WAIS-III to measure intellect. Both he and Dr. Grace earlier administered all 11 standard subtests of the WAIS-III, plus two supplemental subtests, Letter-Number Sequencing and Symbol Search. Thus, both psychologists utilized 13 subtests of the WAIS-III. This was the only test in common between the evaluations by Dr. Grace and Dr. Waid, since Dr. Grace utilized only the WAIS-III in his cognitive testing.

From my inspection of the individual subtest findings, I noted variability among the subtests that did not appear at all consistent with a single-point neurological threat such as brain infarctions due to air emboli during laser bronchoscopy. Of the 13 subtests given, five subtests differed quite significantly from one another between the two evaluations by Dr. Grace and Dr. Waid (tested 3 months apart). These five subtests were Digit-Symbol Coding, Digit Span, Picture Completion, Vocabulary, and Letter-Number Sequencing. These five subtests differed at the level of 3 or 4 scaled scores, statistically significant differences at 1.0 to 1.33 standard deviations, respectively.

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Strikingly, two of the subtests showed significant improvement, and three of the subtests showed significant decline. Digit-Symbol Coding improved from 4 to 8 scaled score. Picture Completion improved from 10 to 14 scaled score. Digit Span declined from 11 to 7 scaled score. Vocabulary declined from 11 to 8 scaled score. Letter-Number Sequencing declined from 12 to 9 scaled score. Thus, there were two examples of significant improvement and three examples of significant decline. Such a pattern was not logical for a neurological causation such as has been suggested. Any cognitive decline due to infarctions secondary to air emboli during laser bronchoscopy would be worst immediately after the event and then improve with time. It certainly would not decline significantly over time, as was seen for three subtests. And it certainly would not both decline significantly for three subtests and simultaneously improve significantly for two other subtests. Such variability in this case was neurologically not at all logical.

Dr. Waid interpreted that the cognitive profile was consistent with a subcortical neurological dysfunction. Such a "subcortical" pattern characteristically involved reduced processing speed, reduced attention, and reduced attention-sensitive aspects of memory. I did see among Dr. Waid's test data reasonable examples of reduced processing speed, mild difficulties with sustained attention, and possible mild difficulties with attention-sensitive aspects of memory.

However, depression may also produce a highly similar cognitive profile, involving reduced processing speed, reduced attention, and reduced attention-sensitive aspects of memory, as seen here. Depression and anxiety together may produce the same profile.

Depression and anxiety were prominently supported in this case. General physicians noted depression and anxiety nominally. Dr. Grace, the treating psychologist, treated this man for depression and anxiety. Indications for depression and anxiety on Dr. Grace's MMPI-2 were prominent. Dr. Grace diagnosed panic disorder with agoraphobia and major depressive disorder, chronic. Dr. Smith, the psychiatrist, diagnosed major depressive disorder. Dr. Waid diagnosed mood disorder with depressed mood. The PAI with Dr. Waid showed extreme depressive indications at 104T and severe anxiety indications at 86T. The PAI diagnostic considerations included major depressive episode, generalized anxiety disorder, and somatization disorder.

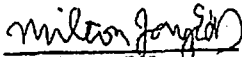
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Consequently, some types of subcortical neurological compromise and also depression with anxiety may produce a neurocognitive profile with an accent on reduced processing speed, reduced tension, and reduced attention-sensitive aspects of memory. But support for depression and anxiety was clearly prominent from clinical observation, psychological evaluation, psychiatric evaluation, the MMPI-2, and the PAI. No support at all for neurologic injury was available from neurological examination or neurodiagnostic study.

Consequently, I do not see adequate support that there was a neurologic basis to the claimant's cognitive complaints and performances as of 5/29/2006 and forward in time. I saw no adequate basis for restrictions and limitations in this man's occupational capacity on the basis of underlying neurologic injury as a cause of cognitive difficulties. Far more likely, it seemed to me, was that the cognitive weaknesses and cognitive complaints resulted from this man's abnormal mood condition.


Milton Jay, Ed.D.

Milton Jay, Ed.D.
Consulting Neuropsychologist
(Casey, WM) w

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AETNA DISABILITY CLAIM BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

OFFICE SITE:	HF2
AETNA REQUESTOR'S INITIALS:	CRY
REQUESTED DATE:	10/17/2006
MAIL CONTENTS:	FINANCIAL
PRIORITY JOB:	NO
REQUEST TYPE:	INDIVIDUAL REQUEST (SEE OPTIONS BELOW)
SPECIAL INSTRUCTIONS:	
SCAN ONLY	
MAIL CODE:	004
CLAIMANT'S SSN/PAYROLL NUMBER:	
CLAIMANT'S FIRST NAME:	WILLIAM
CLAIMANT'S LAST NAME:	CASEY
CONTROL NUMBER:	0607472
RECORD TYPE:	PC
DOCUMENT TYPE:	39007

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Oct 05 06 03:25p Milton Jay
10/05/2006 07:45

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SUBPOENA DUCES TECUM CHARGES

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ATTORNEY: _____
REQUESTING PARTY: Dr. Milton J
FIRM/COMPANY NAME: Aetna
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Oct 05 06 08:25p Milton Jay
10/25/2006 07:46

UNIVERSITY DISABILITY CONSORTIUM → 16179283446

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L. RANDOLPH WAID, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Boulevard
Mt. Pleasant, SC 29464

Telephone No.
(843) 881-2778
FAX: (843) 881-6878

Dr. Milton J.
Aetna/Centralized Appeals Unit
Post Office Box 14557
Lexington, KY 40512

BILLING DATE: 10/3/2006
ACCOUNT ID: WRM Casey
PREVIOUS BALANCE

10240820050000

CHARGES AND PAYMENTS				
DATE OF SERVICE	HOURS	SERVICES	CHARGES PER HOUR	BALANCE DUE
10/3/2006		Copy of Medical Records		\$40.00
			Total Due:	\$40.00
			<i>Please pay this amount:</i>	\$40.00

Terms: 30 days
When sending payment, include the account I.D. information on the check. Thank you.

TAX I.D. NO. 227-78-9203

300

10/23/2006 18:05 FAX

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MANN 026334

AETNA DISABILITY CLAIM BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

OFFICE SITE:	HF2
AETNA REQUESTOR'S INITIALS:	CRY
REQUESTED DATE:	9/19/2006
MAIL CONTENTS:	OTHER
PRIORITY JOB:	NO
REQUEST TYPE:	INDIVIDUAL REQUEST (SEE OPTIONS BELOW)
SPECIAL INSTRUCTIONS:	
SCAN ONLY	
MAIL CODE:	004
CLAIMANT'S SSN/PAYROLL NUMBER:	[REDACTED]
CLAIMANT'S FIRST NAME:	WILLIAM
CLAIMANT'S LAST NAME:	CASEY
CONTROL NUMBER:	0607472
RECORD TYPE:	PC
DOCUMENT TYPE:	21024

2200902001



SBH200609190036

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<https://aeweq.acsaetna.com/gi/sbh/print.asp?stage=print&Itemname=SBH200609190036> 09/19/2006

MANN 026335



Aetna Life Insurance Company
Centralized Appeals Unit
PO Box 14557
Lexington, KY 40512-4557

Carole Roy
Sr. Technical Specialist
Fax: (866) 275-2174
Tel: 1-877-238-6202

September 19, 2006

Burts, Turner, Rhodes, & Thompson
260 North Church Street
Spartanburg, SC 29306

RE: Long Term Disability Appeal
Client/Claimant: William Casey
Group Control No: 607472
Employer: Michelin North America

Dear Attorney Thompson:

You have previously received correspondence regarding your request for an appeal regarding the termination of Mr. Casey's Long Term Disability benefits.

Unfortunately, we have not yet come to a final decision with respect to Mr. Casey's appeal as you indicated during a telephone conversation on August 23, 2006 that a letter would be sent to our office from Dr. Grace. As of this date, we have not received this letter. Therefore, we are extending the appeal deadline by forty-five (45) days. You will receive a response dated prior to October 15, 2006.

If you have any questions, please call 1-877-238-6202.

Sincerely,

Carole Roy
Aetna Life Insurance Company

2700902001

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MANN 026336

**AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING**

Aetna Use Only (PRINT)

OFFICE SITE:	HF2
AETNA REQUESTOR'S INITIALS:	CRY
REQUESTED DATE:	9/20/2006
MAIL CONTENTS:	MEDICAL
PRIORITY JOB:	NO
REQUEST TYPE:	INDIVIDUAL REQUEST (SEE OPTIONS BELOW)
SPECIAL INSTRUCTIONS:	
SCAN ONLY	
MAIL CODE:	004
CLAIMANT'S SSN/PAYROLL NUMBER:	
CLAIMANT'S FIRST NAME:	WILLIAM
CLAIMANT'S LAST NAME:	CASEY
CONTROL NUMBER:	0607472
RECORD TYPE:	PC
DOCUMENT TYPE:	01002

8500902001



SBH200609200073

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<https://aeweq.acsaetna.com/gi/sbh/print.asp?stage=print&Itemname=SBH200609200073> 09/20/2006

MANN 026337

*Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303*

September 14, 2008

Ray E. Thompson, Jr., Esquire
Attorney at Law
260 N. Church Street
Spartanburg, SC 29306

RE: William Mark Casey
DOB: [REDACTED] /58
SS #: [REDACTED]

Dear Mr. Thompson:

A statement reflecting all of Mark Casey's evaluation and counseling visits with me will be faxed to you separately on 9/15/08 as requested. In addition, the following is an update of my clinical observations and impressions of Mr. Casey as also requested.

When Mr. Casey was administered the Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) on 6/2/08, he scored in the "average" range intellectually but processed information quite slowly. He worked extremely slowly and earned particularly low scores on uncomplicated IQ subtests which measure one's ability to perform repetitive tasks quickly. Also, on IQ testing Mr. Casey exhibited lapses in attention, concentration and general memory function.

Throughout his many counseling sessions, I have noted him to have significant difficulty with attention and concentration in a conversational framework. Further, Mr. Casey continues to exhibit poor immediate, recent and remote memory function. Also, he exhibits mental blocking and is prone to forget entire conversations he has had with others in recent days, weeks and months. In addition, he is prone to draw irrational conclusions, usually negative conclusions, and is inclined to overreact to problems and disappointments.

Mark Casey continues to exhibit a poor self-image, poor self-esteem and poor self-confidence. In fact, he reportedly is inclined to avoid heterosexual, amorous relationships because he feels that he no longer has anything to offer a woman. Further, Mr. Casey was previously an excellent athlete and good golfer, but reportedly plays golf so poorly now that he is ashamed and embarrassed to compete with his former golf mates. In addition, he reportedly is very uncomfortable and

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ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026338

awkward in social situations, even with people he knows well. In fact, he reportedly has occasional panic episodes when placed in social settings. In addition, he reports experiencing much more difficulty presently trusting others, particularly healthcare providers.

In addition, Mr. Casey continues to express much pessimism about his future and frequently exhibits a defeatist attitude. Also, he is an excessive worrier who tends to obsess about negative issues and problems in his life. Further, he exhibits a labile mood and occasionally becomes upset, despondent and tearful without provocation.

Mark Casey continues to report that when he attempts to do something strenuous, such as yard work, he becomes very fatigued within an hour and is forced to stop. Following such exertion he reportedly has to rest or even sleep for several hours to recover.

Despite being treated since July 2004 with psychotropic medications for a depressive disorder, anxiety symptoms and sleep disturbances, these disorders persist and continue to be quite problematic for Mr. Casey.

Applying the multiaxial assessment system as outlined in DSM-IV-TR, my present evaluation of Mark Casey is as follows:

- Axis I Panic Disorder with Agoraphobia (300.21)
Major Depressive Disorder, Chronic (296.23)
Unspecified Nonpsychotic Mental Disorder Following
Organic Brain Damage (310.9)
- Axis II (None)
- Axis III (Deferred)
- Axis IV Problems related to the social environment, occupational
problems, housing problems, economic problems, and
other psychosocial and environmental problems
- Axis V Global Assessment of Functioning = 55 (moderate
symptoms and moderate difficulty in social and
potential occupational settings)

Sincerely yours,

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist

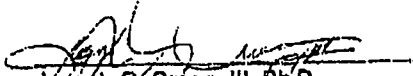
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MANN 026339

NOTE: Since Mark Casey's first visit with me on 8/4/04, he has had 13 "no shows", confused appointment dates / times, and call-ins following the scheduled sessions for which I did not bill him. Normally I do bill under these circumstances. However, forgetfulness and confusion over appointment times and dates is such a prominent feature of Mr. Casey's neuropsychiatric disorder, that such instances are virtually unavoidable for him.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist

September 14, 2006

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STATEMENT FILE

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MANN 026340

09/19/2006

10:40

BURTS LAW FIRM + 18502739577

NO. 413

021

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
280 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, II

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-585-8100
FAX: 864-583-6927

September 19, 2006

TELEFAX TRANSMITTAL

TO: Carole Roy, Actna Insurance Company

FAX NO.: 860-273-8353 9577

NO. OF PAGES (with cover sheet): 4

FROM: Karen P. Greer, Legal Assistant to Ray E. Thompson, Jr.

RE: Medical Narrative of Dr. Joseph G. Grace, III, Ph.D. concerning Mr. William Mark Casey

8500302001

Dear Carole:

I spoke with Dennis this morning and he is aware that this information is being faxed to you. Dennis needs to look over the Request for Production to see if there is any information he can provide at our meeting Monday and if so, bring these documents with him to this appointment. Also, on the Interrogatories, there are a number of questions that we can answer based on the information on our file. However, if there are questions he can answer on paper in advance of our meeting, please do so and ask him to bring this information with him on Monday as well. If you have questions tell him to call me before 12:00 p.m. on Thursday as I am off for the afternoon Thursday and all day on Friday. If something comes up while I'm away let him know that he can certainly call Angela or Chuck.

I hope you all are doing very well.

Thanks!
Karen

IF YOU DO NOT RECEIVE ALL OF THIS TELEFAX,
PLEASE CALL (864) 585-8166 (Karen); for FAX (864) 583-6127.

CONFIDENTIAL NOTICE: The information contained herein may be privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. Thank you.

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MANN 026341

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
280 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-583-8166
FAX: 864-583-6927

September 29, 2006

Ms. Carole Roy
Aetna Insurance Company
P.O. Box 14554
Lexington, KY 40512-4554

**RE: Aetna Long Term Disability Policy of William Mark Casey,
Disabled Employee of Michelin Tire Corporation in
Spartanburg, SC
Date Disability Began: May 28, 2004
Your Group Control No.: 607472**

0000000001

Dear Ms. Roy:

This letter is in response to your September 19, 2006 letter regarding Mr. Casey's appeal of the termination of his long term disability benefits. Per your request, enclosed please find the medical narrative of Dr. Joseph G. Grace, Ph.D. dated September 14, 2006 concerning Mr. William Mark Casey. In your 9/19/06 letter, you indicate that a final decision on Mr. Casey's appeal has not been reached. I am requesting an immediate administrative review of Mr. Casey's Long Term Disability benefits. I need the results of this review immediately along with a detailed explanation of the decision, if the result is a denial.

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By: 
RAY E. THOMPSON, JR.

RET:ar
Enclosures

ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026342

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6 0002

*Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303*

September 14, 2006

Ray E. Thompson, Jr., Esquire
Attorney at Law
260 N. Church Street
Spartanburg, SC 29306

RE: William Mark Casey
DOB: [REDACTED] 58
SS #: [REDACTED]

Dear Mr. Thompson:

A statement reflecting all of Mark Casey's evaluation and counseling visits with me will be faxed to you separately on 9/15/06 as requested. In addition, the following is an update of my clinical observations and impressions of Mr. Casey as also requested.

When Mr. Casey was administered the Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) on 6/2/06, he scored in the "average" range intellectually but processed information quite slowly. He worked extremely slowly and earned particularly low scores on uncomplicated IQ subtests which measure one's ability to perform repetitive tasks quickly. Also, on IQ testing Mr. Casey exhibited lapses in attention, concentration and general memory function.

Throughout his many counseling sessions, I have noted him to have significant difficulty with attention and concentration in a conversational framework. Further, Mr. Casey continues to exhibit poor immediate, recent and remote memory function. Also, he exhibits mental blocking and is prone to forget entire conversations he has had with others in recent days, weeks and months. In addition, he is prone to draw irrational conclusions, usually negative conclusions, and is inclined to overreact to problems and disappointments.

Mark Casey continues to exhibit a poor self-image, poor self-esteem and poor self-confidence. In fact, he reportedly is inclined to avoid heterosexual, amorous relationships because he feels that he no longer has anything to offer a woman. Further, Mr. Casey was previously an excellent athlete and good golfer, but reportedly plays golf so poorly now that he is ashamed and embarrassed to compete with his former golf mates. In addition, he reportedly is very uncomfortable and

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MANN 026343

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awkward in social situations, even with people he knows well. In fact, he reportedly has occasional panic episodes when placed in social settings. In addition, he reports experiencing much more difficulty presently trusting others, particularly healthcare providers.

In addition, Mr. Casey continues to express much pessimism about his future and frequently exhibits a defeatist attitude. Also, he is an excessive worrier who tends to obsess about negative issues and problems in his life. Further, he exhibits a labile mood and occasionally becomes upset, despondent and tearful without provocation.

Mark Casey continues to report that when he attempts to do something strenuous, such as yard work, he becomes very fatigued within an hour and is forced to stop. Following such exertion he reportedly has to rest or even sleep for several hours to recover.

Despite being treated since July 2004 with psychotropic medications for a depressive disorder, anxiety symptoms and sleep disturbances, these disorders persist and continue to be quite problematic for Mr. Casey.

Applying the multi-axial assessment system as outlined in DSM-IV-TR, my present evaluation of Mark Casey is as follows:

- Axis I Panic Disorder with Agoraphobia (300.21)
Major Depressive Disorder, Chronic (296.23)
Unspecified Nonpsychotic Mental Disorder Following
Organic Brain Damage (310.9)
- Axis II (None)
- Axis III (Deferred)
- Axis IV Problems related to the social environment, occupational
problems, housing problems, economic problems, and
other psychosocial and environmental problems
- Axis V Global Assessment of Functioning = 55 (moderate
symptoms and moderate difficulty in social and
potential occupational settings)

Sincerely yours,

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist

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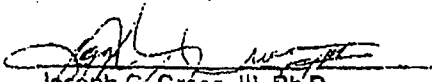
MANN 026344

09-15-06 11:43 FAX 562-500-1510

SPTBC FAMILY MEDICINE

1204

NOTE: Since Mark Casey's first visit with me on 8/4/04, he has had 13 "no shows", confused appointment dates / times, and call-ins following the scheduled sessions for which I did not bill him. Normally I do bill under these circumstances. However, forgetfulness and confusion over appointment times and dates is such a prominent feature of Mr. Casey's neuropsychiatric disorder, that such instances are virtually unavoidable for him.


Joseph G. Grece, III, Ph.D.
Licensed Counseling Psychologist

September 14, 2006

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STATEMENT FILE

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MANN 026345

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-583-8166
FAX: 864-583-6927

September 17, 2006

Ms. Carole Roy
Aetna Insurance Company
P.O. Box 14554
Lexington, KY 40512-4554

**RE: Aetna Long Term Disability Policy of William Mark Casey,
Disabled Employee of Michelin Tire Corporation in
Spartanburg, SC
Date Disability Began: May 28, 2004
Your Group Control No.: 607472**

7100901260

Dear Ms. Roy:

Enclosed please find the medical narrative of Dr. Joseph G. Grace, Ph.D. dated September 14, 2006 concerning Mr. William Mark Casey. Please note the organic brain damage discussed in Dr. Grace's evaluation of Mark Casey on page 2 of his medical narrative. The organic brain damage is what necessitated the treatment Mark Casey has received from Dr. Grace and which is consistent with reports you have of Dr. Jeffrey Smith of Piedmont Psychiatric Services and Dr. Randolph Waid, Ph.D., neuropsychological psychologist of Charleston, SC. A copy of Dr. Waid's report is also attached.

If I can be of further assistance in the review of Mr. Casey's long term disability claim/appeal, please contact me in my office.

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By: Ray E. Thompson, Jr.
RAY E. THOMPSON, JR.

RET:kpg
Enclosures

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MANN 026346

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SPARTANBURG MEDICAL

2002

Joseph C. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 519
Spartanburg, South Carolina 29303

September 14, 2006

Ray E. Thompson, Jr., Esquire
Attorney at Law
260 N. Church Street
Spartanburg, SC 29306

RE: William Mark Casey
DOB: [REDACTED] 58
SS #: [REDACTED]

Dear Mr. Thompson:

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MANN 026347

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Major Depressive Disorder, Chronic (296.23)
Unspecified Nonpsychotic Mental Disorder Following
Organic Brain Damage (310.9)
- Axis II (None)
- Axis III (None)
- Axis IV Problems related to the social environment, occupational
problems, housing problems, economic problems, and
other psychosocial and environmental problems
- Axis V Global Assessment of Functioning = 55 (moderate
symptoms and moderate difficulty in social and
potential occupational settings)

Sincerely yours,

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist

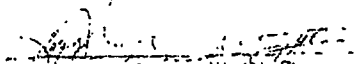
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7100901268

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MANN 026348

NOTE: Since Mark Casey's first visit with me on 8/4/04, he has had 13 "no shows", confused appointment dates / times, and call-ins following the scheduled sessions for which I did not bill him. Normally I do bill under these circumstances. However, forgetfulness and confusion over appointment times and dates is such a prominent feature of Mr. Casey's neuropsychiatric disorder, that such instances are virtually unavoidable for him.


Joseph G. Gyule III, Ph.D.
Licensed Counseling Psychologist

September 14, 2006

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ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

000497-3

STATEMENT OF

MANN 026349

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-6878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey
Age: 46 (DOB: [REDACTED] 58)
Sex: Male
Handedness: Right

Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomediastinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomediastinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grace, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

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10/19/2005 15:34 FAX 18448818878

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MANN 026350

Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Gonda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogarty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tube with resulting leakage of air into extrapleural, vascular, and mediastinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opined that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus.

With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyphrenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricar, Mobic, Hydrocodone 10/500, Tramador 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued.

Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorrhoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization.

Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

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Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

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Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

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Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q.=100, P I.Q.=104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

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In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Case's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as inafectional and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomforting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

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In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogerty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multiaxial assessment is provided:

- Axis I Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy.
Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy.
- Axis II No diagnosis (V71.09).
- Axis III Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax.
- Axis IV Marital separation/divorce; disability/unemployment; Workers' Compensation litigation.
- Axis V GAF=50 (Current).

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.

L. R. Waid Ph.D.

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

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ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-583-8166
FAX: 864-583-6927

August 24, 2006

Ms. Karen Van Deventer, Sr. Tech Specialist
Aetna Insurance Company
P.O. Box 14554
Lexington, KY 40512-4554

RE: Aetna Long Term Disability Policy of William Mark Casey,
Disabled Employee of Michelin Tire Corporation in
Spartanburg, SC
Date Disability Began: May 28, 2004
Your Group Control No.: 607472

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Dear Ms. Van Deventer:

I received your letter of August 16, 2006 indicating that William Mark Casey's request for reinstatement of Long Term Disability benefits has not been granted and that the file was passed on to your appeals department for additional review. If Mr. Casey's benefits are not reinstated, please inform me at the time the review is completed by Aetna's appeal department along with a detailed explanation as to the reasons for the denial so that I can decide how to proceed further. Also, please advise me if the review by the appeals department will complete the administrative procedure review process by Aetna.

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By: Chuck Thompson
RAY E. THOMPSON, JR.

RET:kpg

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AUG. 25. 2006 12:42PM

AETNA HARTFORD

NO. 060 P. 1/1



PO Box 14557
Lexington, KY 40512-4557

Overnight Address:
Attn: ACS Group Disability Claims - Connecticut Appeals
2031 Georgetown Road, Ste 200
Lexington, KY 40511

Carole Roy
Senior Technical Specialist
Benefit Management Services
Aetna Life Insurance Company
Phone # 1-877-238-6202
Fax # 866-275-2174

August 23, 2006

Burts, Turner, Rhodes, & Thompson
Attorney's at Law
Attn: Attorney Ray E. Thompson, Jr.
260 North Church Street
Spartanburg, SC 29306

Re: Receipt of Appeal
Employee: William Casey [REDACTED]
Employer: Michelin North America
Group Control #: 607472

Dear Attorney, Thompson:

This letter is to acknowledge receipt of your request for an appeal of Mr. William Casey disability claim. At this time, a review of Mr. William Casey's claim will commence.

If you plan on submitting additional information, please submit to me either by mail or fax (866-275-2174) any medical information or documentation that you believe may assist us in reviewing Mr. Casey's claim. Examples of this information would be a detailed narrative report, outlining in objective terms the specific physical and/or mental limitations and restrictions inherent to his condition, which Mr. Casey's doctor has placed on him as far as gainful activity is concerned; his physician's prognosis including current course of treatment, frequency of visits and specific medication prescribed; and copies of Mr. Casey's medical records for the time period in which Mr. Casey is claiming total disability. These records should include, but are not limited to test results, x-rays, laboratory data, and clinical findings. This information should be received in our office within 20 days of the date of this letter, or by September 12th 2006. If we do not receive any records by this date we will review Mr. Casey's appeal with the information that is presently in his file.

You will receive a written response within forty-five (45) days, or if special circumstances require an extension of time, you will be notified of such an extension within forty-five (45) days.

If you have any questions, please feel free to contact me at 1-877-238-6202.

Sincerely,

Carole Roy
Aetna Life Insurance Company

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MANN 026359



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Karen VanDeventer
Senior Technical Specialist
1-877-465-0424

**

File Copy

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August 16, 2006

Burts, Turner, Rhodes & Thompson
Attorneys at Law
260 North Church Street
Spartanburg, SC 29306

RE: Long Term Disability (LTD) Benefits Plan

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear Attorney Thompson:

We have received and reviewed the additional information in regards to your client's claim for Long Term Disability (LTD) benefits. At this time a review of the additional information has been completed. Our review concludes that the additional information does not does not change our prior denial decision of May 17, 2006. Therefore, Mr. Casey's LTD has been forwarded to our appeals department for a review.

If you have any questions, please call (877) 465-0424.

Sincerely,

Karen VanDeventer
Aetna Life Insurance Company

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MANN 026360



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9. The Patient will complete Section 1. The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASBY, WILLIAM M. I Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) -58 Height 15'8" Weight (lb) 170

(c) Patient Gender Male Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New
240 LIGHTWOOD FARM RD., WOODBRIDGE, S.C. 29398

(e) Mailing Address, if different from Home address (Same)

(f) Patient Employer Name/City/State PREVIOUSLY MENTIONS IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIME LINE ASSEMBLY

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424. Please complete form in its entirety and fax to (888) 888-2368. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED ACUTE YACHT MASTER D Primary ICD Code 210.9
Secondary Diagnosis WOUND OF FACE Secondary ICD Code 286.22
Other ICD Codes [REDACTED]

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 8-4-04

(c) If Pregnancy related, delivery or expected date N/A MM DD YYYY Delivery
Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
Secondary Procedure N/A Secondary CPT Code N/A
Other Procedures [REDACTED] Other CPT Codes [REDACTED]

(e) Medication(s)/Dose/frequency MIRAPROPRINE 45 MG. Q H.S.
ADONAL KR 40 MG. Q BID, AMBIEN 10 MG. Q HS.
Impairment from medication effects [REDACTED]

(f) Is patient still under your care for this condition? Yes No, date service terminated (MM/DD/YYYY)

(g) Treatment summary COGNITIVE & SUPPORTIVE THERAPY / COGNITIVE & PERSONALITY TESTING

(h) Office visit dates: First 8-4-04 Last 1-26-06 Next 2-9-06 Frequency of appointments Bi-weekly

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit [REDACTED] Discharge [REDACTED]

(j) Hospital Name/City/State N/A

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AP DT 01-001 ME
60-148-1 (10-04)

R-POD

000496

MANN 026361

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: **COGNITIVE DYSFUNCTION (L.S.E. & L.T. REGION), SLOWING, POOR COORDINATION, POOR FINE & GROSS MOTOR COORDINATION, DEPRESSION, ANXIETY, AGITATION, & IRRITATION**
 (b) Date symptoms first appeared or last occurred: MM DD YYYY
 (c) Has patient ever had same or similar condition? No Yes, state when and describe.
 (e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown
 (f) Other Treating Physicians
 Name **WILEON SMITH, M.D.** Specialty **PULMONOLOGY** City **SPARTANBURG** State **S.C.**
 Name **JEFFREY SMITH, M.D.** Specialty **PSYCHIATRY** City **GREENVILLE** State **S.C.**

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
 • Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
 • Able to work with others Yes No Other/describe in (d)
 • Able to give supervision Yes No Other/describe in (d)
 • Able to work cooperatively with others in group setting Yes No Other/describe in (d)
 • Able to do? Select one: Place remarks in item (d) below, if applicable.
 Heavy work activity. No limitations of functional capacity.
 Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 Other. Place remarks in item (d) below.
 (b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) **CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT FEELS QUITE FATIGUED. EMOTIONAL AND PHYSICAL STRESS ARE OBTAINING. IS UNABLE TO WORK IN GENERAL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME.**
 • Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
 • Number of Days per week patient is able to work 1 2 3 4 5 6 7 Days/Week (N/A)
 • Date you prescribed restriction on work activities Month **2** Day **04** Year **17**
 • How long are these restrictions/limitations in effect? **PERMANENT** No Longer
 Days Weeks Months
 • Estimated return to work date? **UNABLE TO COME TO WORK** full duty
 (MM/DD/YYYY) (MM/DD/YYYY)
 (c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL/PSYCHIATRIC DISORDERS
 (d) Other Comments: **PSYCHIATRIC DISORDERS**

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6. Current Status

HAS NEITHER IMPROVED SIG NOR REGRESSED.
 (a) Patient has Improved Stabilized Regressed Not Applicable
 (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain **IS INCAPABLE OF BENEFITTING FROM VOC REHAB SERVICES.**
 (c) In your opinion, is your patient motivated to return to work? **SOMEWHAT BUT INCAPABLE**

Refund Name (Last, First Middle Initial) Required

T. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

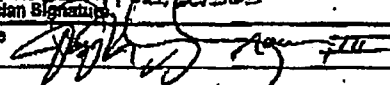
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

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8. Physician Certification

Attending Physician's Name (Print) ROSETH G. GRACE, III	Degree Ph.D.	Specialty LICENS'D PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 953 N. CHURCH ST., SUITE 510 SPARTANBURG, SC 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

Physician Signature 	Date (MM/DD/YYYY) 2-3-06
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AP DT 01-001 ME
GC-100-1 (10-06)

000494

MANN 026363



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9. The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASBY, WILLIAM MARK 1-844-~~888~~-888 -58 15'8" 1170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight(lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM ROAD, WOODRUFF, S.C. 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

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2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 309.81 ICD-9 codes 300.02

AXIS II Primary Diagnosis (NONE) Secondary Diagnosis: --- ICD-9 codes ---

AXIS III Primary Diagnosis (DEFERRED) Secondary Diagnosis: --- ICD-9 codes ---

AXIS IV Primary Diagnosis OCCUPATIONAL STRESS Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT & ATYPICAL CYNICISM, IRRITABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO Cope WITH NORMAL LIFE STRESSES.

(b) Objective findings (Include mental-status findings, testing results, rating scales, etc) BOUNDARY MENTAL STATUS EXAM, AND MMPI-II INDICATING MODERATE AND DEPRESSED FUNCTION TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLOWED IN THOUGHT & ACTION,

(c) Describe interpersonal stressors that impact ability to function OBSSASSIAL THOUGHTS AND COMPULSIVE BEHAVIORS.

(d) Describe work stressors that impact ability to function STRESS OF MEETING PRODUCTION, PHYSICALLY GRUBBLING FOR NUMBER OF HOURS AND LIFTING HEAVY THINGS CONTINUALLY

(e) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD, AND SOMA 14.5.

(b) Impairment from medication effects SADATION
 Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH SYMPTOMS.

(d) Office visit dates: First 8-4-04 Last --- Next --- Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? No Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists (NOT DIRECTLY)

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

Name FRANK GRADY, M.D. Specialty FAMILY PRACT. City " State "

Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GRANDVILLE State S.C.

000493

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MANN 026364

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1992)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

July 12, 2006

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-585-9166
FAX: 864-583-6927

Ms. Karen Van Deventer, Sr. Tech Specialist
Aetna Insurance Company
P.O. Box 14554
Lexington, KY 40512-4554

**RE: Aetna Long Term Disability Policy of William Mark Casey, Disabled
Employee of Michelin Tire Corporation in Spartanburg, SC
Date Disability Began: May 28, 2004
Your Group Control No.: 607472**

Dear Ms. Van Deventer:

I represent Mr. William Mark Casey in a civil action which arose out of the set of circumstances which rendered him disabled from his employment on or about May 28, 2004. Mr. Casey, 47, had been a full-time employee of Michelin Tire Corporation in Spartanburg continuously for 22 years prior to his disability. I understand that Aetna is now questioning whether Mr. Casey is entitled to continue to recover long term disability benefits under the Aetna Disability Policy and in fact his long term disability benefits were suspended/terminated by Aetna on May 28, 2006. On Thursday, July 6, 2006, I had a telephone conversation with Ms. Kelly K. a disability analysis with Aetna who discussed the case with me in some detail and recommended that I forward to you the following to be reviewed to have Mr. Casey's long term disability benefits re-instated. As the enclosed records indicate, he has been physically and mentally disabled from any gainful employment since the last week of May and the first few days of June 2004.

The information enclosed is as follows:

1. Joseph G. Grace, III, Ph.D., Licensed Counseling Psychologist
08/09/04 - 02/03/06, Bate Stamp No. 000458-000497
2. Jeffrey Smith, MD, M.D. with Piedmont Psychiatric Services
11/10/04 - 01/31/06, Bate Stamp No. 000498-000508
3. L. Randolph Waid, Ph.D., Licensed Clinical Psychologist
08/30/05-09/10/05, Bate Stamp No. 000557-000564
4. Dr. Wilson P. Smith, Jr., M.D. with Lung and Chest Medical Associates
07/14/04 - 08/12/04, Bate Stamp No. 000371-000448

Mr. Casey has not been gainfully employed in any capacity since May 28, 2004, and I believe these records will fully substantiate that and require the immediate re-instatement of his

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MANN 026365

Ms. Karen Van Deventer, Sr. Tech. Specialist
July 12, 2006
Page 2

long term disability Aetna benefits. If Aetna is still taking the position that his benefits should have been suspended/terminated as they were on May 28, 2006, and will not be re-instated after review of this information, please send me a detailed letter stating the reason for the failure to retroactively institute the long term Aetna disability benefits. Please re-instate the benefits or provide such letter to me within thirty (30) days of the date of this letter.

I am enclosing a medical authorization form signed by Mr. Casey which will allow you to communicate with me as his attorney with reference to confidential medical records or information.

With warm regards,

I remain,
BURTS, TURNER, RHODES & THOMPSON

By: 
RAY E. THOMPSON, JR.

RET:ar
Encl.

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MANN 026366

Aetna Life Insurance Company
 Telephone: 877-465-0424
 Fax: 866-888-2308

Aetna Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK Ink.

Employee Name (Last, First, Middle Initial) CASBY, WILLIAM MARC		Social Security Number 629 [REDACTED]	Date of Birth (MM/DD/YYYY) [REDACTED] - 57
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Job Title MICHELIN TIRE ASSEMBLY LINE		Contract Number 607472
Current Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDERS FOLLOWING ORGANIC BRAIN DAMAGE (310.9) AND DEPRESSIVE DISORDER (29623)		Medications MIRTAZAPINE 45 MG. Q.H.S. AMITRIPTYLINE 40 MG. Q.A.M. AMITRIPTYLINE 10 MG. Q.H.S.	
Indicate the percent of the day the following activities can be performed: (Occasional 1-3% or 5-25 hrs. Frequent 34-88% or 2.8-6.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)			
Climbing - (DEPRESSED) Crawling Kneeling Lifting Pushing Reaching above shoulder Forward reaching Carrying Bending Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Grasping Firm Hand Grasping Fine Manipulation Gross Manipulation Repetitive Motion Sitting Standing Sloping Walking Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum weight patient is capable of lifting: 1 - 5 lbs. 6 - 10 lbs. (DEPRESSED) 11 - 20 lbs. 21 - 35 lbs. 36 - 50 lbs. 51 - 75 lbs. 76 - 100 lbs. 100 lbs. +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Head and Neck Movements: Static Position Frequent Flexion Frequent Rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the Patient operate: A Motor Vehicle Hazardous Machine Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations to: Speaking Vision (explain) Depth Perception Hearing (explain)	(DEPRESSED)		
Exposure Limitations: Yes No Heat Cold Dampness Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust Fumes Chemicals Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total # of hours patient capable of working per day: 12 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/>	Care Complete: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Next Appointment: 2-9-06		
Additional Comments: PT SLOPED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MAXIMAL BLOCKING, ANHEDONIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGITATION, & PARANOID IDEATION, VERY LOW Frustration TOLERANCE & MAXIMUM TO CARE'S STRESS OF LIFE.			
Physician's Signature [Signature]	Date (MM/DD/YYYY) 2-3-06		

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MI DT 80-002 MR
00-100-1 (P-00)

Dr. Joseph G. Grace

000497

MANN 026367

Mark Casey

(Thompson)

8-25-05

Mr. now has Chubs and Ken Anthony representing him.

Dr. Fogarty's test indicates that he has 98% normal lung capacity.

has had 2 fender benders in past 9 mos. which did not happen to him prior to lung procedure.

9000908170

Mr. scheduled for neuro eval. in Char. next week and has elected not to drive self 200 miles because my mind wanders and I could have an wreck."

* ↓ attention/concentration and now extreme mind wandering than before surgery.

↓ concentration on golf course negatively impairs. did short game.

000492

MANN 026368

can't compete in golf lets he
could

golf was fun recreation but not
anymore.

sleeps well on Ambien

sporadic sleep off of Ambien

↓ appetite

still vomiting sore - has
vomited 4 out of past 5 days
~~sore off of Pills~~

working in heat makes him
vomit.

stress seems related to vomiting
generally no pattern to vomiting
an OTC ~~gas~~ preparation was
recommended,

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000491

MANN 026369



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number N/A - LICENSED PSYCHOLOGIST

(b) Patient Name (Last, First, Middle Initial) WILLIAM MARLY CASEY

(c) Patient Gender Male Female Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) [REDACTED] - 58 Height 5' 8" Weight (lb) 160 LBS

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address 240 LIGHTWOOD FARM RD, SPARTANBURG, S.C. 29381

(f) Patient Employer Name/City/State TERMINATED BY MICHAEL IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 300.21 ICD-9 codes 296.23, 300.21

AXIS II Primary Diagnosis _____ Secondary Diagnosis: _____ ICD-9 codes _____

AXIS III Primary Diagnosis 294.11 Secondary Diagnosis: _____ ICD-9 codes 294.113

AXIS IV Primary Diagnosis OCCUPATIONAL Secondary Diagnosis: ECONOMIC & SOCIAL

Axis V (GAF) CURRENT 50 High last year 50 Goal for return to work NOT PRESENTLY FEASIBLE

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, POOR GROSS MOTOR & FINE MOTOR COORDINATION, ANOREXIA, MEMORY LAPSES AND FORGETFULNESS, AND NAUSEA & VOMITING X 1 WK.

(b) Objective findings (include mental status findings, testing results, rating scales, etc): SAME AS SUBJECTIVE SYMPTOMS + A 10 TO 18 POINT ↓ IN I.Q.

(c) Describe interpersonal stressors that impact ability to function PANIC DISORDER & AGORAPHOBIA & SOCIAL WITHDR

(d) Describe work stressors that impact ability to function POOR COORDINATION AND POOR MEMORY FUNCTION

TREATMENT

(a) Medication(s) / Dose / Frequency: CYMBALTA HOME BID, CONCERTA (? DOSEAGE) PLUS OTHER MEDS PRESCRIBED BY JERRY SMITH, M.D., PSYCHIATRIST, GREENVILLE, SC AND CHARLES FORD, M.D., PSYCHIATRIST, SPARTANBURG, S.C.

(b) Impairment from medication effects NAUSEA AND VOMITING

Compliant with meds? (SAME)

(c) Recent hospitalization? (where, when) FEEL MED. RECORDS OF FRANK GONDA, M.D. & CHARLES FORD, M.D.

(d) Office visit dates: First 8-4-04 Last 7-19-05 Next 7-26-05 Frequency of appointments 1 MO.

(e) Compliant with tx? YES Tx Goals HELP HIM GAIN EMOTIONAL STABILITY STWARD

WHILE M.D. EFFORTS ARE BEING MADE TO HELP HIM OBTAIN MAXIMUM PHYSICAL (ORGANIC) IMPROVEMENT.

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Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

- (a) Has patient ever had same or similar condition? No Yes, state when and describe
- (b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown
- (c) Name / Specialty / City / State of other Treating Physicians or Therapists
 Name FRANK GONDA, M.D. Specialty FAM. MED. City SPARTANBURG State S.C.
 Name JEREMY SMITH, M.D. Specialty PHYSIATRY City GREENVILLE State S.C.
 Name CHARLES FOGARTY, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

5. Abilities/Limitations

- (a) Is this person capable of signing checks and directing the proceeds? POSSIBLY NOT
- (b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Limitations	Limited	Marked	Unable To Perform
Follow work rules	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to give supervision to others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Able to work cooperatively with others in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Able to maintain persistence to task	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Able to maintain attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to work alone or in physical isolation from others ..	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to interact with supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to interact with public/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to use judgement and make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Able to attain set standards and limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Able to direct, control or plan activities of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- (c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):
SEE "SYMPTOM ASSESSMENT" SECTION OF THIS FORM

- (d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)
UNABLE TO PERFORM IN ANY JOB CAPACITY AT PRESENT TIME

- Number of Hours patient is capable of working in a day: N/A 12 10 8 6 4 2 1 Hour/Day
- Number of Days per week patient is able to work: N/A 1 2 3 4 5 6 7 Days/Week
- Date you prescribed restriction on work activities: Month 8-4-04 Day _____ Year _____
- How long are these restrictions/limitations in effect? POSSIBLY WILL NEVER RECOVER No Longer
UNABLE TO Days _____ Weeks _____ Months _____
- Estimated return to work date? DETERMINED modified duty POSSIBLY NOT full duty
(MM/DD/YYYY) (MM/DD/YYYY)

- (e) Other/ Comments

6. Current Status

- (a) Patient is/has Improved Unchanged Regressed
- (b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
 No Yes, please explain NOT PHYSICALLY NOR EMOTIONALLY CAPABLE OF MEETING V.R. EVALUATION DEMANDS AT PRESENT TIME
- (c) In your opinion, is your patient motivated to return to work? YES BUT FEELS HE IS INCAPABLE OF SUCH.

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Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

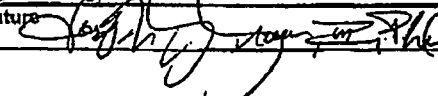
Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

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8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE III	Degree P.H.D.	Specialty PSYCHOLOGY
Address (No. Street, City, State, Zip Code) 833 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 7-19-05
--	-------------------------------------

AP DT 01-002 ME
GC-1493-1 (10-04)

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MANN 026372

10-17-05

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] 58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

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COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

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BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale - 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the "average" range of intellectual functioning (90 - 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol - Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter-Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol - Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

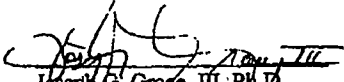
A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three IQ measures is about 112 which placed him at the 70th percentile of intellectual ability. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

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MANN 026374

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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MANN 026375



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

- 1. Patient Instructions - The Physician will complete Sections 2 through 9. The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 468-0424.

(a) Control Number 601414

(b) CASEY, WILLIAM MARCK 1-888-██████████-58 15'8" 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight(lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM ROAD, WOODWUFFE, S.C. 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

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2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 468-0424.

Please complete form in its entirety and fax to (866) 898-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an *)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 309.81 ICD-9 codes 300.02

AXIS II Primary Diagnosis (NONE) Secondary Diagnosis: --- ICD-9 codes ---

AXIS III Primary Diagnosis (DEPRESSED) Secondary Diagnosis: --- ICD-9 codes ---

Axis IV Primary Diagnosis Occupational Stress Secondary Diagnosis: Health Pains, Support Group Pains,

Axis V (GAF) CURRENT 55 High last year 70 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

- (a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT & ATYPICAL CYNICISM, IRRITABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL Somatic Complaints, EXCESSIVE WEAR, EASILY FATIGUED, AND INABILITY TO COPER NORMAL LIFE STRESSORS.
- (b) Objective findings (include mental status findings, testing results, rating scales, etc): Borderline MENTAL STATUS exam AND MAP I - II INDICATING MODERATE AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLOWED IN THOUGHT & ACTION,
- (c) Describe interpersonal stressors that impact ability to function: stressful thought and compulsive behaviors.
- (d) Describe work stressors that impact ability to function: STRESS OF MEETING PRODUCTION, PHYSICALLY GRINDING FOR NUMBER OF HOURS AND LIFTING HEAVY THINGS CONTINUALLY!
- (e) Medication(s) / Dose / Frequency: ZOLAFT 150MG QD, AND SOMA H.S.

- (b) Impairment from medication effects: SEDATION
Compliant with meds? YES
- (c) Recent hospitalization? (where, when): RESPIRATORY ARREST AND COMA PRIOR TO PSYCH SYMPTOMS.
- (d) Office visit dates: First 8-4-04 Last --- Next --- Frequency of appointments: WEEKLY
- (e) Compliant with tx? YES Tx Goals: VERY

4. History

(a) Has patient ever had same or similar condition? No Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists: NOT DIRECTLY

Name WILSON SMITH, M.D. Specialty Pulmonology City SPARTANBURG State S.C.

Name FRANK GONDA, M.D. Specialty Prim. Care City " State "

Name JEREMY SMITH, M.D. Specialty Psychiatry City GRANDVILLE State S.C.

AP DT 01-002 ME
 GC-1493-1 (6-03)

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MANN 026376

Mark Carey

3-31-05

forgot abt apt time and has a
blackout of most of that day. In
fact, not told him he bumped
car in parking lot which he has
no recollection of. Also, has many
blanks of other interactions & other.

Erwin

Erwin had his car repossessed and
lost his license for contempt of court
(not paying fines)

Christen

Christen spent weeks recently in jail
& 1 wk.

Erwin working and Mr. Erwin him
to work "under my thumb"

Christen having to work or return
to jail

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MANN 026377



MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 2-17-05

Employee's Name: WILLIAM MARIC CASIKY

Address: 240 LIGHTWOOD FARM RD, WOODRUFF, SC, 29389

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-

VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYNBALTA
60 MG. QD, AND I HAVE BEEN PROVIDING INDIVIDUAL, Bi-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of documentation regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

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MANN 026378

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Spartanburg, SC 29304
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**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: SEPT. 27, 2004
Sept 7 2004

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCE

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AN INABILITY TO COPE & NORMAL LIFE STRESSORS, AND DECREASED MOTIVATION.
Treatment and/or recommendation: FOR ALL ACTIVITIES, CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

INCREASE ZOLOFT TO 150MG. QD (OCCURRED 9-23-04), SWITCH TO OR COMBINE Cymbalta (SEE ACCOMPANYING LETTER TO DR. GORDON), CONSIDER ADDING BUSPIRONE FOR ANXIETY, AND REFER TO PSYCHIATRIST IF NOT SIGNIFICANTLY IMPROVED IN THREE WEEKS. P.A.D.

DXS: MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER - RESOLVING (309.81), GENERALIZED ANXIETY DISORDER (300.02)
Address: JOSEPH G. STACE, III, M.D., OUTPATIENT CENTER - SAHS, SPARTANBURG, S.C. 29303 (853 N. CHURCH ST., SUITE 570)
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

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MANN 026380



MICHELIN

MICHELIN TIRE MANUFACTURING
US.3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office ~~599-3157~~ 5993157
864-599-3222, Fax ~~599-3222~~ 599-3222

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 8-12-04

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC 29388

Date original medical leave of absence: ABOUT 6-3-04

Expected date of return to work: 9-7-04 (ESTIMATE)

Psychological
Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER (309.81) AND GENERALIZED ANXIETY DISORDER (300.02)

Treatment and/or recommendation: PSYCHOTROPIC MEDICATIONS:

ZOLOFT (AN ANTI-DEPRESSANT) AND SOMA (FOR INITIAL AND TERMINAL SLEEP DISTURBANCES)

Address: JOSEPH G. GRACE, Ph.D.,
LICENSED PSYCHOLOGIST
OUT PATIENT CENTER - SRHS
853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 520-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

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MANN 026381

Patient Name (Last, First Middle Initial) Required
WILLIAM CASBY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds?

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to give supervision to others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work cooperatively with others in group settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to maintain persistence to task	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to maintain attention and concentration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work alone or in physical isolation from others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with public/customers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to use judgment and make decisions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to attain set standards and limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to direct, control or plan activities of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):

SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)

LIMITED RECREATION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day None
- Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week None
- Date you prescribed restriction on work activities: Month 9 Day 4 Year 04
- How long are these restrictions/limitations in effect? UNTIL ABILITY AND DISPLACEMENT SYMPTOMS ARE RESOLVED No Longer
- Estimated return to work date? ROUGH ESTIMATE Days 1/2 Weeks TIME Months INITIALLY full duty

(e) Other/ Comments

6. Current Status

(a) Patient is/has Improved Unchanged Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?

No Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS.

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print) <u>JOSEPH G. GRACE, III</u>	Degree <u>P.H.D.</u>	Specialty <u>CLINICAL/CONSULTING PSYCHOLOGY</u>
Address (No, Street, City, State, Zip Code) <u>883 N. CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303</u>	Telephone Number <u>(864) 560-1512</u>	Fax Number <u>(864) 560-1565</u>
Physician Signature <u>[Signature]</u>		Date (MM/DD/YYYY) <u>10-19-04</u>

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

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FILE COPY

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MANN 026383

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

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If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

000476

MANN 026384



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

9000908170

Date: _____

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: DEC. 6, 04 (ESTIMATE)

Physical findings (diagnosis): PT IS STILL SUFFERING FROM
SERIOUS SIGNIFICANT SYMPTOMS OF MAJOR DEPRESSIVE

DISORDER (296.23). HIS ANXIETY SYMPTOMS HAVE DECREASED
MARKEDLY BUT HE IS EXHIBITING MODERATE TO SEVERE ANHEDONIA,
LETHARGY, LOSS OF MOTIVATION FOR ALL ACTIVITIES, DECREASED FRUSTRATION
TOLERANCE, SOCIAL WITHDRAWAL, AND DECREASED CONCENTRATION AND MEMORY.

Treatment and/or recommendation:

WEEKLY (COGNITIVE RESTRUCTURING) PSYCHOTHERAPY WITH MID
AND PHARMACOTHERAPY WITH DR. JEFFREY SMITH, GREENVILLE

PSYCHIATRIST. PT ALSO BEING FOLLOWED (EVALUATION AND TREATMENT)

BY WILSON SMITH, M.D.,
SPARTANBURG PULMONOLOGIST,

JOSEPH G. GRACE, III, Ph.D.
853 NORTH CHURCH ST., SUITE 510

SPARTANBURG, S.C. 29303

Telephones: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

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MANN 026385

MMPI-2 Minnesota Multiphasic Personality Inventory-2

*Formally realistic
SUBJECTIVE
and practical.*

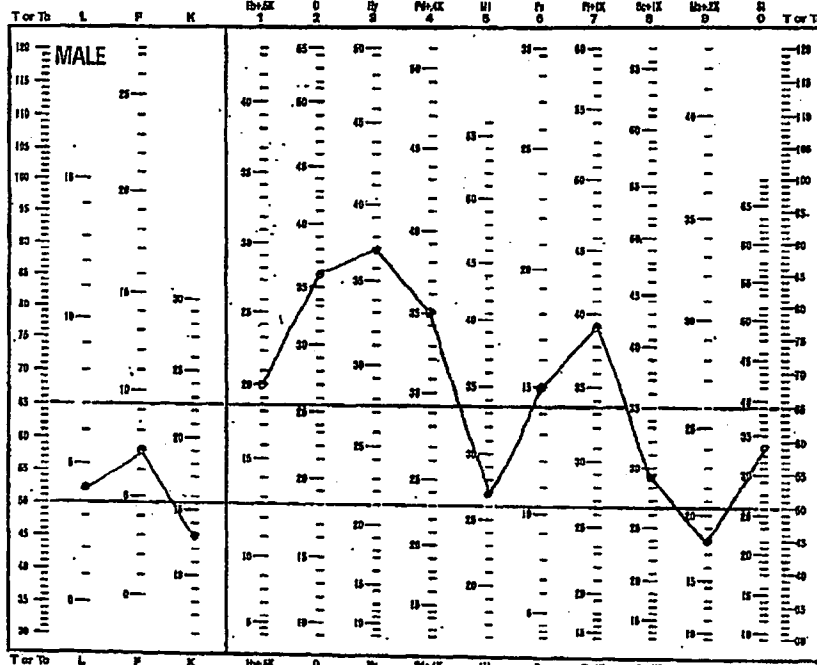
for Basic Scales

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the United States of America.
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of Minnesota.

Name MARK CASE
Address _____
Occupation _____ Date Tested 8/19/04
Education _____ Age 45 Marital Status _____
Referred By _____
MMPI-2 Code 3, 2, 4, 7, 6, 1

000474

Scorer's Initials [Signature]



- LEGEND
- L Lie
 - P Infrequency
 - K Correction
 - Hs Hypochondriasis
 - D Depression
 - Hy Conversion Hysteria
 - Pd Psychopathic Deviate
 - Pt Paranoid
 - Pa Paranoia
 - Sc Schizophrenia
 - Ma Hypomania
 - Si Social Introversion

Open, honest - valid profile
Mod. to severely dep., mod
exp. but good reality con
tact. Addition of
and inclined to get
irritable and argumentative
when events on high.
Demanding and emot.
Dependent to such a degree that
he is constantly frustrated, which
to take out his frustration on
wives and girlfriends. Prone to
Develop ulcers and GI Disturbance
under stress. Also prone to
sudden anx. & panic episodes.
Overwhelmed & prob., guilt with
feelings of unworthiness and in-
adequacy. Responded, slowed
in thought and action. Self-
centered, and immature, and prone
to disregard rules and have con-
flicts & authority figures. Excess
thoughts which initiate compulsive
behavior. Angry & resentful
of the motives of others

Raw Score 4 7 13 13 36 37 29 27 15 26 16 15 34
 K to be Added 7 6 13 13
 Raw Score with K 20 35 39

5238

Softcover Answer Sheet
Hand Scoring

MMPI-2™

Minnesota Multiphasic
Personality Inventory-2™

9000908170

DIRECTIONS:

Please follow these directions when completing the identification areas on this page and responding to the MMPI-2 items on page 3.

1. Print your name, birth date, age, sex, and test date in the area to the right.
2. Use a pencil only and fill in the circles on page 3 with heavy, dark marks.
3. If you make a mistake or change your mind, erase your first response completely and then fill in the correct circle.
4. Do not make any marks outside the circles.

CASEY William Mark
Last Name First Middle

Birth Date Age Sex

8/9/2004
Test Date



Pearson Assessments P. O. Box 1416 Minneapolis MN 55440
800-627-7271 www.pearsonassessments.com

Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
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A B C D 2000

000473 Product Number
24018

DO NOT SEND TO PEARSON ASSESSMENTS
USE ONLY FOR HAND SCORING

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MANN 026387

OUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT



Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

June 20, 2005

JOSEPH G GRACE III MD
853 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303
DR GRACE :

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED]/58

FOLLOW-UP REQUEST FOR INFORMATION

On 05/31/05, we requested information from you so that we could make a disability determination for the above-named individual. Because treating source records are vital to the decision, we are following up to make sure you received our original request.

If you did not receive our original request, please contact us so that we can send you another letter detailing the specific information needed.

If you have received our request, we would appreciate your response as soon as possible. If your response is not received within 10 days, we may have to make a decision without benefit of your records. If you have mailed your response, please disregard this letter.

Please include our original letter with your response. Please call if you have questions.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109



RQID: 0035801454D91109 SITE: 887 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 250

TDN: 0035801454

F1 (8/04)
DMA: Y

000472

MANN 026388

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9000908170

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, S.C. 29303
(864) 560-1512

Patient Name: WILLIAM MARK CASEY Phone: 864-486-9131 (H)
 Address: 240 Lightwood Farm Road
 Woodruff, SC 29388 DOB: [REDACTED] /58
 FAX: 486-9131 SS#: [REDACTED]

Diagnosis: DSM-IV-RT(296.23) Major Depressive Disorder, Single Episode

Date	Description of Service	CPT/Units	Charge	Payment Adj.	Balance
1/06/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
1/13/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
2/10/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
2/18/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
3/03/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
3/31/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
4/28/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
5/17/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
6/2/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
6/16/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
7/05/05	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
Total Paid:				\$660.00	

(IP) Individual Psychotherapy (MC) Marriage Counseling (T) Testing
 (C) Consultation (FC) Family Counseling (CA) Court Appearance

9080908170

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
 ID#247740186

000471

Revised: 3/8/05

STATEMENT COPY

MANN 026389

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 05:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/10/2004 at 5:44 pm.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by AJ Bennett on this same day.

He is Zoloff 150 mg qd and Ambien 10 mg one qhs pm insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations

He thinks Zoloff has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings..

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloff.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs pm insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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000469

MANN 026391

5243

Casey, William M. [redacted] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

1 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC:

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (A, MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopeless feelings. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

He is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Bulging disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Current counseling with Jay Grace, PhD.

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000468

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MANN 026392

Casey, William M. [redacted] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

2 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

Current Medications:
Zoloft 150mg qd past 6 weeks.
Ambien, pm

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

9000908178

ASSESSMENT:

22 Major depression, single episode, moderate

DDx:
R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis.
AXIS III: See PMH and HPI above.
AXIS IV: Family, employment, health.
AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:
80864 Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

000467

PIEDMONT PSYCHIATRIC SERVICES

Woodruff Road Professional Park ~ 2094 Woodruff Road ~ Greenville, SC 29607

Phone: (864)676-9211 ~ Fax: (864) 676-9432

FACSIMILE TRANSMITTAL SHEET

To: Dr. Grace	From: Shylah Perkins, Medical Records
FAX NUMBER: 864-560-1510	Date: November 15, 2004
ATTN:	RE: William Casey
PHONE NUMBER: 864-560-1512	DATE OF BIRTH: -58
# OF PAGES INCLUDING COVER: SS #: 4	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: Please see attached notes from last week's visit with Dr. Smith and Al Bennett.

9000908170

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000466

MANN 026394

SPARTANBURG COUNTY SCHOOL DISTRICT NO. 6

CUMULATIVE TEST RECORD

Name Casey, Mark

Intelligence Tests

Date	Grade	Name of Test and Level	C.A.	M.A.	I.Q.	Percentile	Stanine
9-17-66	7 1/2	SRA PMA 2-4	7-11		107	67	
10-21-68	4	PMA	9-11		115	84	
10-20-70	6	PMA	11-11		113	81	
Paste 8th Grade TEA Presscore Here							9000903170

Achievement Tests

Date	Grade	Name of Test and Level	Gr. Equiv	Percentile
9-17-66	2	SRA Ach. Bat. 1-2	3.6	98
10-24-69	4	SRA FC BL 4-6	7.2	98

MARK	DATE TESTED	FORM	LEVEL	SOC. STUD.	SCIENCE	LANGUAGE ARTS			MATHEMATICS			MUSIC	COMPOSITE	READING	WRITING	TOTAL			
						Ch. & P.	Sp. & G.	Reading	Arithmetic	Algebra	Geometry								
102468		C	BLN	92	98	97	98	99	99	99	99	64	99	98	98	98	99	99	
50269		D	BLN	81	88	97	90	96	98	99	99	98	99	83	89	86	96	99	91
02070		C	BLN	75	81	111	111	93	109	88	87	71	81	111	101	108	99	101	81

Paste 8th Grade Presscore Here

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MANN 026395

Form A 96-3 (1)

SOUTH CAROLINA CUMULATIVE SCHOOL HEALTH RECORD

Page 1

NAME OF PUPIL (Last, First, Middle) Carey, William, Mark Birth: Year 1958 Month Day
 School Roebeck Elementary Birth Certificate Checked by: Date
 OF PARENT - GUARDIAN Julian C. Carey Sex M Race W
 RESIDENCE ADDRESS (In Pencil) Rt. 1, Roebeck, S.C. PHONE (In Pencil) 582-7146
 BUSINESS ADDRESS (In Pencil) Erwin Wholesale Co. PHONE (In Pencil) 582-6714
 FAMILY PHYSICIAN (In Pencil) Dr. James E. Duncan DENTIST (In Pencil) Dr. R. Dunning Johnson

DISEASE AND ILLNESS HISTORY (Give year if possible; otherwise yes) COMMENTS (By Whom - Date)

Headache (Frequent)	<input checked="" type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Mammogram 1967
Sore Throat (Frequent)	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	
Ear Infections (Frequent)	<input type="checkbox"/>	Asthma-Allergy	<input type="checkbox"/>	Muscle or Bone Weakness	<input type="checkbox"/>	
Other Illnesses, Injuries or Operations:						

SCREENING PROCEDURES COMMENTS - FOLLOW-UP (By Whom - Date)

GRADE	Pre-School	1	2	3	4	5	6	7	8	9	10	11	12
DATE (Year)													
Height in Inches	Fall 44	46	49	50	52	54	57	61		57			
Weight in Lbs.	Fall 47	53	60	63	79						113		
Vision Without Glasses	Both Eyes												
With Glasses	R	20/20											
With Glasses	L	20/20											
Hearing	Both												
Type of Test													
Person Giving Test (Give Initials)													

TEACHERS' OBSERVATIONS (Code: X - Condition Observed; C - Condition Corrected) COMMENTS - FOLLOW-UP (By Whom - Date)

GRADE	Pre-School	1	2	3	4	5	6	7	8	9	10	11	12
Abnormal Gait													
Poor Posture													
Skin Lesions													
Tires Easily													
Poor Food Habits													
Frequent Headaches													
Inflamed Eyes													
Squinting-Crossed Eyes													
Reads Too Close-Too Far													
Frequent Irritation													
Hearing Difficulties													
Mouth-Teeth													
Frequent Colds													
Frequent Sore Throat													
Aggressiveness													
Shyness													
Speech Defect													
Stammering													
Undue Restlessness													
Excessive Use of Toilet (Other)													

Refer to South Carolina Manual For Use of the Cumulative School Health Record

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MANN 026396

PAUL M. DORMAN SENIOR HIGH SCHOOL
 1491 Ezell Boulevard
 Spartanburg, South Carolina 29301

8000904



Photograph

000462

Pupil's Name: Casey William Mark
 LAST FIRST MIDDLE

STANDARDIZED TEST RESULTS

GRADE-SEM.	COMPOSITE		ABILITY	EDUCATED CONSA.		I. ENGL. READING		II. MATH. READING		III. SOC. SCI. READING		IV. WRITING READING		
	PCTL.	S.E.		PCTL.	S.E.	PCTL.	S.E.	PCTL.	S.E.	PCTL.	S.E.	PCTL.	S.E.	
09-1	61	28	30	26-32	65	29	17	23	60	28	50	27	84	33

NATIONAL EDUCATIONAL DEVELOPMENT TESTS

DIFFERENTIAL APITUDE TESTS

Name: CASEY WILLIAM M Year: 75S Term: L Grade: 10 Sex: M

Verbal Reasoning	Quantitative Ability	Abstract Reasoning	Diagrammatic Ability	Clerical Sp. & Acc.	Mechanical Reasoning	Space Relations	Language Usage	Spelling	Grammar
39	28	26	35	45	40	39	78	78	78
Percentile	85-7	65-6	80-7	55-8	65-6	20-3	20-3	75-6	75-6

EXTRA-CURRICULAR ACTIVITIES
 HONORS AND AWARDS

Grade 9 Football team, Baseball team
Student Council member
Student Council member
Student Council member
Student Council member
Student Council member
Student Council member

CASEY WILLIAM M RABE	76084	GPR 1.800	06/08/77
RANK 295 IN CLASS OF 455			
CASEY WILLIAM M PITTS	76034	GPR 1.625	05/31/76
RANK 371 IN CLASS OF 551			
CASEY WILLIAM M HALGH	76084	GPR 1.667	05/31/75
RANK 362 IN CLASS OF 571			

5250

1391 Jp 86 sba

Accreditation: Southern Association of Colleges and Schools, Inc.
S. C. State Dept. of Education

Paul M. Dorman Senior High School
SCHOLASTIC RECORD

Student: *Casey, Williams, Mark*
Last First Middle

NAME OF PARENTS: *Mrs. + Mrs. S. C. Crain* ADDRESS: *Box 244, Rockback* DATE OF BIRTH: *6-2-57* PLACE OF BIRTH: *Rockback*
DIPLOMA EMPHASIS: DATE OF ENTRY: DATE OF WITHDRAWAL: DATE OF GRADUATION: *6-2-87* RANKING IN CLASS: COLLEGE PREP: *GENERAL*

GRADUATION: 18 Units UNIT: 36 weeks; 5 periods per week; 60 minutes periods
MARKS: A - Excellent 94-100; B - Above Average 87-93; C - Average 75-86; D - Below Average 70-78; F - Failing Below 70

GRADE	SESSION	SCHOOL	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
9	73-74	Rockback Sr. High	5		
COURSE TITLE					
English I			C	C	C
General Math I			C	C	C
General Math II					
Algebra I					
Algebra II					
Physical Science			D	E	E
Civics					
World Geography			A-	B	B
Latin II			E	E	E
Agriculture I					
Home Economics I					
Shop I					
Art					
Band					
Chorus					
Music					
Pre-Vocational I					
Personal Typing					
Physical Education					
<i>Latin I 72-73</i>			A	A	A
Total			5		

GRADE	SESSION	SCHOOL	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
11	75-76	Dorman	14		
PHY 1 66 74 72 1.0 6AB CASEY WILLIAM M II WAGNER					
1975-76 AVG 66 74 72 1.0 6					
E G-1 82 86 86 1.0 3AB CASEY WILLIAM M II PITTS					
ALG I 76 56 71 1.0 5					
S S 2 85 81 84 1.0 6					
1975-76 AVG 81 74 80 3.0 14					

GRADE	SESSION	SCHOOL	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
10	74-75	P.M. Dorman High	16		
ENG 2 74 83 81 1.0 5AP CASEY WILLIAM M II FALGHAY					
ATH 2 81 88 86 1.0 1C					
IGL 84 85 85 1.0 9					
HIST 72 74 75 1.0 C					
F 2 81 85 81 1.0 5					
F 0 INC					
74-75 AVG EC 84 84 5.0 33					

GRADE	SESSION	SCHOOL	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
12	76-77	Dorman	18		
ENGL 2 86 77 82 1.0 14AB CASEY WILLIAM M II 76084					
GEOM Y 77 69 75 1.0 19					
PSY 66 67 67 1.0 15					
SPN I 92 77 86 1.0 8					
TYP I 91 88 90 1.0 15					
1976-77 AVG 83 76 80 4.0 71					

GRADE	SESSION	SCHOOL	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
Total					

76084

194000

5251

MANN 026400

9000908170

000460

✓

NAME *Casey, William* (PRINT) SEX *M* (MALE) (FEMALE) BIRTH DATE *11/28* BIRTH STATE *NC* BIRTH CITY *Spartanburg* BIRTH COUNTY *Greenville*

AGE OF *19* YEARS CODE *BC*

Cumulative Record

SUGGESTIONS FOR ADDITIONAL DATA WHICH MAY BE FILED IN THIS FOLDER

1. SCHOOL HEALTH AND PHYSICAL RECORD CARD
 2. COLLEGE RECORDS WITH PARENTS
 3. RECORD OF HOME VISITS, PARENT INTERVIEWS
 4. RECORD OF PUPIL INTERVIEWS OR COUNSELING
 5. HOSPITAL RECORD OR BEHAVIOR JOURNAL
 6. CHARLES, AUTOBIOGRAPHIES, ETC.

7. COPIES OF PUPIL LOW-RANGE COURSE ELECTIONS
 8. PROFILE SHEETS FROM INTEREST INVENTORIES
 9. PERSONALITY RATING SHEETS
 10. VOCATIONAL THEMES, CAREER BOOKLETS, ETC.
 11. NEWSPAPER CLIPPINGS

XVII		TRANSCRIPTS	
Date	To Whom Sent	Date	Reason
6/27/77	7/20/77 to 5/28/78		

XVIII

CASEY MARK A

ADDITIONAL TERMS OF INTEREST	
Year	Score
73-78	77
79	89
80	93
81	77
82	86
83	107
84	121
85	113
86	118
87	121
88	103
89	76
90	87
91	87
92	117
93	117
94	121
95	102
96	102
97	102
98	102
99	102
00	102

9000908120

000459

CASEY WILLIAM MARK
 PD BOX 244
 ROEBUCK SC 29376

DATE SCORED 03/76
 INDICATOR 1416
 RACIAL/ETHNIC BACKGROUND CAUCASIAN/WHITE

SEX MALE
 GRADE JUNIOR

CAREER CLUSTERS

STUDENT REPORT

1. BUSINESS SALES & MANAGEMENT

SAMPLE EDUCATIONAL PROGRAMS
 Agriculture Business
 Business Administration
 Finance & Credit
 Hotel/Restaurant Management
 Sales & Retailing

BUSINESS CONTACT INTERESTS **LCW**
BUS CONTACT EXPERIENCES **SOME**

SOME IMPORTANT ABILITIES*
 LANGUAGE USAGE **HIGH**
 NUMERICAL SKILLS **MED**
 CLERICAL SKILLS **MED**

2. BUSINESS OPERATIONS

SAMPLE EDUCATIONAL PROGRAMS
 Accounting
 Data Processing
 Office Machine Operation
 Office Management
 Secretarial Science

BUSINESS DETAIL INTERESTS **MED**
NOT DETAIL EXPERIENCES **N**

SOME IMPORTANT ABILITIES*
 NUMERICAL SKILLS **MED**
 CLERICAL SKILLS **MED**
 LANGUAGE USAGE **HIGH**

3. TRADES, CRAFTS, & INDUSTRIES

SAMPLE EDUCATIONAL PROGRAMS
 Appliances, Auto, Other Repair
 Carpentry
 Farming
 Food Service
 Welding

TRADES INTERESTS **LCW**
TRADES EXPERIENCES **FEW**

SOME IMPORTANT ABILITIES*
 MECHANICAL REASONING **MED**
 NUMERICAL SKILLS **MED**
 SPACE RELATIONS **MED**

9. YOUR CAREER PLANS

YOUR EDUCATIONAL PROGRAM PREFERENCES

YOUR EDUCATIONAL PROGRAM PREFERENCES	CAREER CLUSTER NUMBER
FOOD MARKETING	1
HOTEL/MTL/REST MNGMT	1
FOOD SERVICE	3

YOUR LONG-TERM CAREER GOAL
 FOOD SERVICE

SOME CAREER SUGGESTIONS
 7

YOUR INTERESTS SUGGEST YOU MAY LIKE TO WORK MOSTLY WITH PEOPLE & IDEAS. JOBS IN REGION 11 (SEE WORLD OF WORK MAP ON BACK) OFTEN INVOLVE THESE KINDS OF WORK ACTIVITIES.

6. HEALTH SERVICES/SCIENCES

SAMPLE EDUCATIONAL PROGRAMS
 Dental Assistant
 Medical Technology (Lab Work)
 Nursing
 Physical/Occupational Therapy
 X-Ray Technology

HEALTH INTERESTS **MED**
HEALTH EXPERIENCES **NOT ASSASD**

SOME IMPORTANT ABILITIES*
 NUMERICAL SKILLS **MED**
 MECHANICAL REASONING **MED**

5. NATURAL & SOCIAL SCIENCES

SAMPLE EDUCATIONAL PROGRAMS
 Biological Sciences
 Law School
 Math
 Physical Sci (Chem, Physics, etc)
 Social Sci (Econ, Work, Psych, Econ)

SCIENCE INTERESTS **MED**
SCHOLAR EXPERIENCES **MANY**

SOME IMPORTANT ABILITIES*
 NUMERICAL SKILLS **MED**
 LANGUAGE USAGE **HIGH**
 MECHANICAL REASONING **MED**

PERSONAL SERVICES

PERSONAL PROGRAMS
 Arts & Recreation

INTERESTS **MED**
EXPERIENCES **SOME**

START ABILITIES*
HIGH
MED

4. APPLIED ARTS

APPLIED PROGRAMS
 Art
 Music

ARTS INTERESTS **LCW**
ARTS EXPERIENCES **SOME**

START ABILITIES*
LCW
SOME

PLANNER ENTRANCE DATE: SEPT 77
 FULL TIME STUDENT? NO
 DATE OF EXPIRE: DAY 11-15
 WHERE PLANT: SPARTANBURG SC 29301
 HIGH SCHOOL ATTENDED: PAUL M DUKMAN H S
 411-042

LONG RANGE EDUCATIONAL PLANS: 2-YR DEGREE

STUDENT ASKED FOR HELP WITH: []

HIGH SCHOOL GRADES: []

ABOUT YOUR INTERESTS, EXPERIENCES, & ABILITIES

Your interests, experiences, and abilities can help you discover which parts of the world of work you may want to explore further. As you explore, be sure to consider all the things you know about yourself, in addition to your test results.

- INTERESTS & EXPERIENCES**—Your interest scores summarize your likes and dislikes for a variety of work-related activities. Your experiences in each area are summarized by the words NONE, FEW, SOME, and MANY. Your interest and experience scores are compared to those of other students of your sex.
- Look at your interest and experience scores in each Career Cluster. Your interests may change as a result of your experiences. Have you tried some work-related activities in areas where your interests are high? Remember high interests do not always mean you have the abilities needed to be successful in that area.**
- ABILITIES**—Your scores give you an estimate of your abilities as compared to those of a nationwide group of beginning students (men and women) in technical and community colleges.
- Look at each Career Cluster to see how you stand on the abilities that are often important for success in jobs in that cluster. Do you have the abilities needed for jobs in the clusters you are considering? Abilities can sometimes be improved with the right kind of study or practice. Talk with your counselor about this.**

Your Planning booklet can help you explore jobs that interest you. It also includes a more complete description of the interests, experiences, and abilities measured by the OPP.

EXPERIENCES RELATED TO INTERESTS	INTERESTS	NAT'L STAN- DARD (1-7)	LOWER QUANTILE					MODE (HALF)	UPPER QUANTILE						
			1	2	3	4	5		6	7	8	9	10		
SOME	BUSINESS CONTACT	3													
N	BUSINESS DETAIL	4													
FEW	TRADES	3													
FEW	TECHNOLOGY	4													
MANY	SCIENCE	5													
NOT ASSESSED	HEALTH	5													
SOME	CREATIVE ARTS	3													
SOME	SOCIAL SERVICE	5													
ADDITIONAL INTERESTS	ABILITIES	NAT'L STAN- DARD	LOWER QUANTILE					MODE (HALF)	UPPER QUANTILE						
1	1	1	1	2	3	4	5		6	7	8	9	10		
5	MECHANICAL REASONING	5													
6	NUMERICAL SKILLS	6													
5	SPACE RELATIONS	5													
5	READING SKILLS	5													
7	LANGUAGE USAGE	7													
6	CLERICAL SKILLS	6													

PLACEMENT INFORMATION

BASIC SKILLS	ASSED HELP?	STANINE OR
STUDY SKILLS		NAT'L NORMS
READING SKILLS		5
ENGLISH COMPOSITE		
MATH COMPOSITE		

ESTIMATED ACT COMPOSITE RANGE: 14-23

PERCENTILE RANK: A percentile rank of 44 means that 44% of students had scores below this point.

STATE INSTITUTIONAL CHOICE

STANINES: Stanines are a special type of scale which is divided into 9 equal parts. Stanine 10 is the highest score and stanine 1 is the lowest score. The average score for a group is stanine 5.

*NOTE: Reading is an important ability in each Career Cluster.

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START HERE: USING YOUR CPP REPORT

FINDING OUT ABOUT JOBS RELATED TO YOUR INTERESTS, EXPERIENCES, AND ABILITIES

Check (✓) each step as you finish it.

1. Look over the 8 Career Clusters to your left. They help to classify most of the occupations people enter. This report shows your scores on the interest, experience, and ability measures related to jobs in each cluster.
2. Find the Career Clusters with your highest interest and experience scores. Circle the scores. Interests are reported as LOW, MED, or HIGH, experiences as NONE, FEW, SOME, or MANY.
3. Next find the Career Clusters with your highest ability scores. Circle the scores. Abilities are reported as LOW, MED, or HIGH.
4. Look over the 8 Career Clusters again. Notice where you have made your circles. Circle the 2 or 3 clusters you want to explore further and list them below.

CAREER CLUSTERS TO EXPLORE

Number	Career Cluster Name

Look at box 9 in the middle of the Career Clusters. Find the cluster numbers for your Educational Program Preferences and Long-Term Career Goal. Add the names and numbers of any new clusters to your list above. Now turn to the Job Family Charts in Section 8 of Planning to find out which jobs are included in the clusters you listed in step 4.

GO TO STEP 5a.

ANOTHER WAY TO EXPLORE CAREERS

LOOKING AT JOB ACTIVITIES IN THE WORLD OF WORK

Check (✓) each step as you finish it.

- 5a. Look over the World-of-Work Map at the right. Groups of jobs have been combined into Job Families and placed on the map to show how much they involve combinations of four basic work activities: working with DATA, IDEAS, PEOPLE, or THINGS. While jobs usually involve some work of each type, most jobs stress only one or two of these work activities.

Working with DATA (facts/records) IDEAS (theories/insights) PEOPLE (care/services) THINGS (machines/materials)	Examples of workers Clerks & accountants Writers & scientists Salespersons & teachers Mechanics & technicians
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- 5b. On the edges of the map, circle the one or two work activities you think you most prefer (working with DATA, IDEAS, PEOPLE, or THINGS). Look at the Job Families near those work activities to see if any of them interest you.
- 7a. Now read over the message in the bottom part of box 9 on the front of your report. From your message, write in the missing words in the statement below. (If your region is 99, go to step 7b.)

YOUR INTERESTS SUGGEST YOU MAY LIKE TO WORK MOSTLY WITH _____ & _____

JOBS IN REGION _____ ON THE WORLD-OF-WORK MAP OFTEN INVOLVE THESE KINDS OF WORK ACTIVITIES.
- 7b. Look over the Job Families in your region and the regions nearby. Circle the Job Families you want to explore further and write their names below.

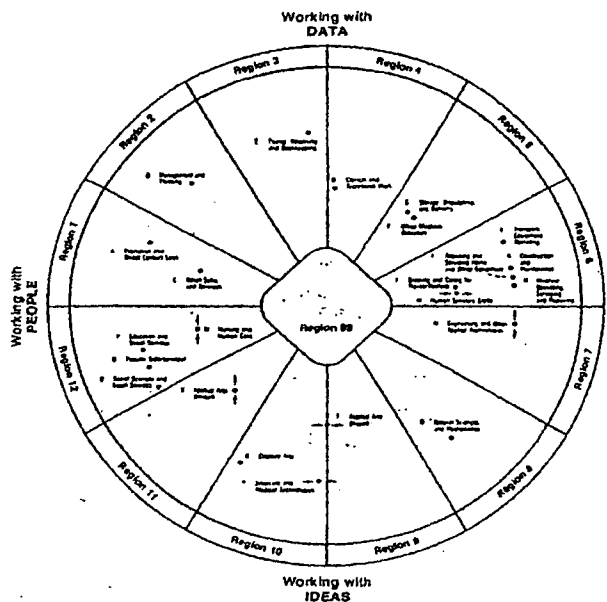
JOB FAMILIES TO EXPLORE

Letter	Job Family Name

8. Now turn to the Job Family Charts in Section 8 of Planning to find out which jobs are included in the Job Families you listed in step 7b. Use the ideas in Planning to find out more about jobs and careers that interest you.

WORLD-OF-WORK MAP

The World-of-Work Map shows how much each of 25 Job Families involves working with DATA, PEOPLE, and THINGS. Although not shown on the map, Job Families X, Personal and Household Service, Law Enforcement and Protective Services tend to fall in the inner sections of regions 2 through 5. You'll find the names of jobs and careers in each of the Job Families in Section 8 of your Planning book.



Most jobs in a family have similar work activities and fall near the Job Family point. However, jobs in some families are more varied in their work activities. Arrows (→) by a Job Family show that work activities in some jobs in that family often involve working with PEOPLE while others involve working more with THINGS. For other Job Families, the arrows (↕) show that some jobs in that family involve working with DATA and others in that family involve working more with IDEAS.

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(843) 881-8878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey
Age: 46 (DOB: [REDACTED]/58)
Sex: Male
Handedness: Right

Dr. L. Randolph Waid

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Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomediastinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomediastinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grace, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

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MANN 026403

Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Onda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogarty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tree with resulting leakage of air into extrapleural, vascular, and mediastinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opined that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus.

With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyphrenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricor, Mobic, Hydrocodone 10/500, Tramador 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued.

Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorrhoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization.

Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

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MANN 026405

Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

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MANN 026406

Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

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MANN 026407

Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q.=100, P I.Q.=104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

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MANN 026408

In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Casey's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as ineffectual and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomforting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

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800 (2)

10/19/2005 15:37 FAX 18438818678

MANN 026409

In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogerty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multiaxial assessment is provided:

- Axis I Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy.
Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy.
- Axis II No diagnosis (V71.09).
- Axis III Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax.
- Axis IV Marital separation/divorce; disability/unemployment; Workers' Compensation litigation.
- Axis V GAF=50 (Current).

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.

L. R. Waid Ph.D.
L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

LRW/emf

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10/19/2005 15:38 FAX 18438818878

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MANN 026410



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 585 - 2102

Fax: (864) 582-3750

WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

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2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026413

WILLIAM CASEY
77168
08-04-05
Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ns

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000445

MANN 026414

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
OC: OPT
t. Type: OPT
UNIT #: 000146220
CI#: 1480551
AN#: S0520101451
DOB: [REDACTED] / 59

Exam
50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

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FINAL

Page 1

CASEY, WILLIAM MRN:000146220 Encounter:0520101451 Page 1 of 2

000444

MANN 026415

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
XC: OPT DOB: [REDACTED]/58
.. Type: OPT

UNIT #: 000146220
CI#: 1480551
AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T JoyceMD
Released By: William T JoyceMD

n

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FINAL

Page 2

000443

MANN 026416

#7765
DOLV
7-21-05
no. Appt.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPT
Pt. Type: OPT
DOB: [REDACTED]/58

UNIT #: 000146220
CI#: 1480525
ANH: S0520101451

Exam
80073 US GALLBLADDER
78705

Date: 07/28/05 0812
Ord Diag: 787.03-VOMITING ALONE

Sonogram of the gallbladder, 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

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INAL

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MANN 026417



PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: CASEY, William Date of Scan: 7/23/10
 Address: 240 Lightwood Farm Rd Woodruff SC 29388
 Telephone: (803) 680-9648 Date of Birth: [REDACTED]

PROCEDURE
MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

TECHNIQUE

MultiSlice Helical 3.2 mm tranaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A computer-generated score is calculated based on the amount of calcification detected.

RESULTS

L MAIN 0-0 LAD 1.4 CIRCUMFLEX 0-0 R. CORONARY 0-0 TOTAL 1.4
CALCIUM SCORE GUIDELINES

Total Score	Plaque Burden	Risk Category	Probability of Significant CAD	Guidelines
0-1	No identifiable atherosclerotic plaque	Very Low	Very Unlikely	Reassurance while stressing adherence to general guidelines on diet and exercise.
<input checked="" type="checkbox"/> 1-10	Minimal identifiable plaque	Low	Unlikely	Follow the general guidelines on cardiovascular risk reduction.
11-100	Mild identifiable plaque	Moderate	Mild or minimal coronary stenosis likely	Risk factor medication is recommended, including daily aspirin and strict adherence to National Cholesterol Education Program or proposed modification.
101-400	Moderate identifiable plaque	Moderately High	Moderate likelihood of significant stenosis	Aggressive risk factor modification is recommended with stress testing preparatory to an exercise program. Daily aspirin is advised. Strict adherence to National Cholesterol Education Program or proposed modification.
Over 400	Extensive plaque burden	High	High likelihood of significant coronary stenosis	Very aggressive risk factor modification is recommended (including aspirin and a statin medication) with stress imaging and possibly angiography.

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Coronary artery calcification is a specific marker for coronary atherosclerosis. The amount of calcification correlates with severity of coronary atherosclerosis and the probability of obstructive disease. A score of 0 indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily. A high score indicates a significant plaque burden and the relative risk for future cardiovascular events. It should be understood that calcification is not site specific for stenosis but rather indicates the extent of atherosclerosis in the coronary arteries overall. The score may be used as a benchmark to measure subsequent disease development or assess preventative programs. Thank you for your confidence in our center.

Sincerely,

 Rauli Ceballos Jr. MD
 Radiologist

684 North Pine St. • Spartanburg, South Carolina 29303
 864-542-0033 • Fax 864-542-0025

000441

MANN 026418

Lung and Chest Medical Associates



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Wilson R. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
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WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation. This can be present without exercise although exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment overlying the chest. This was misinterpreted as being in the chest and the patient underwent bronchoscopy. And when the bronchoscopy did not show definite abnormality, but rather an area of erythema, he was scheduled for a laser bronchoscopy. He had the laser bronchoscopy complicated by pneumomediastinum with a lengthy two hour anesthesia. Since then, although the patient recovered from his pneumomediastinum and bilateral pneumothoraces with chest tubes, intubation and mechanical ventilation, since then he has had continued difficulties concentrating, staying focused and with his general energy.

He is not smoking.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and probably lose his job since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating, staying focused. Although the issue of his chest pain still remains unresolved.

(Continued to next page)

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2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026419

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia.

Review of Systems

He did have a cardiac catheterization several years back but his CT during the May 2004 admission prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.78 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

(Continued to next page)

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MANN 026420

WILLIAM CASEY
77168
07-21-05
Page Tree

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history and previous smoking and he did have coronary calcification incidentally noted on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup.

With reference to the patient's difficulty concentrating, he undoubtedly had air emboli given his lengthy duration of anesthesia and laser perforation of the endotracheal tree with resultant leakage of air into extra pleural and vascular extra pleural mediastinal and vascular spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication may be moot and the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above. Separately, we will review the patient's chart for him since he still has many questions about what happened during the hospital admission for his chest pain. We will review the patient's chart for him and try to put into lay language a summary of the chart with reference to what happened to him during the hospital admission for his chest pain last year.

Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

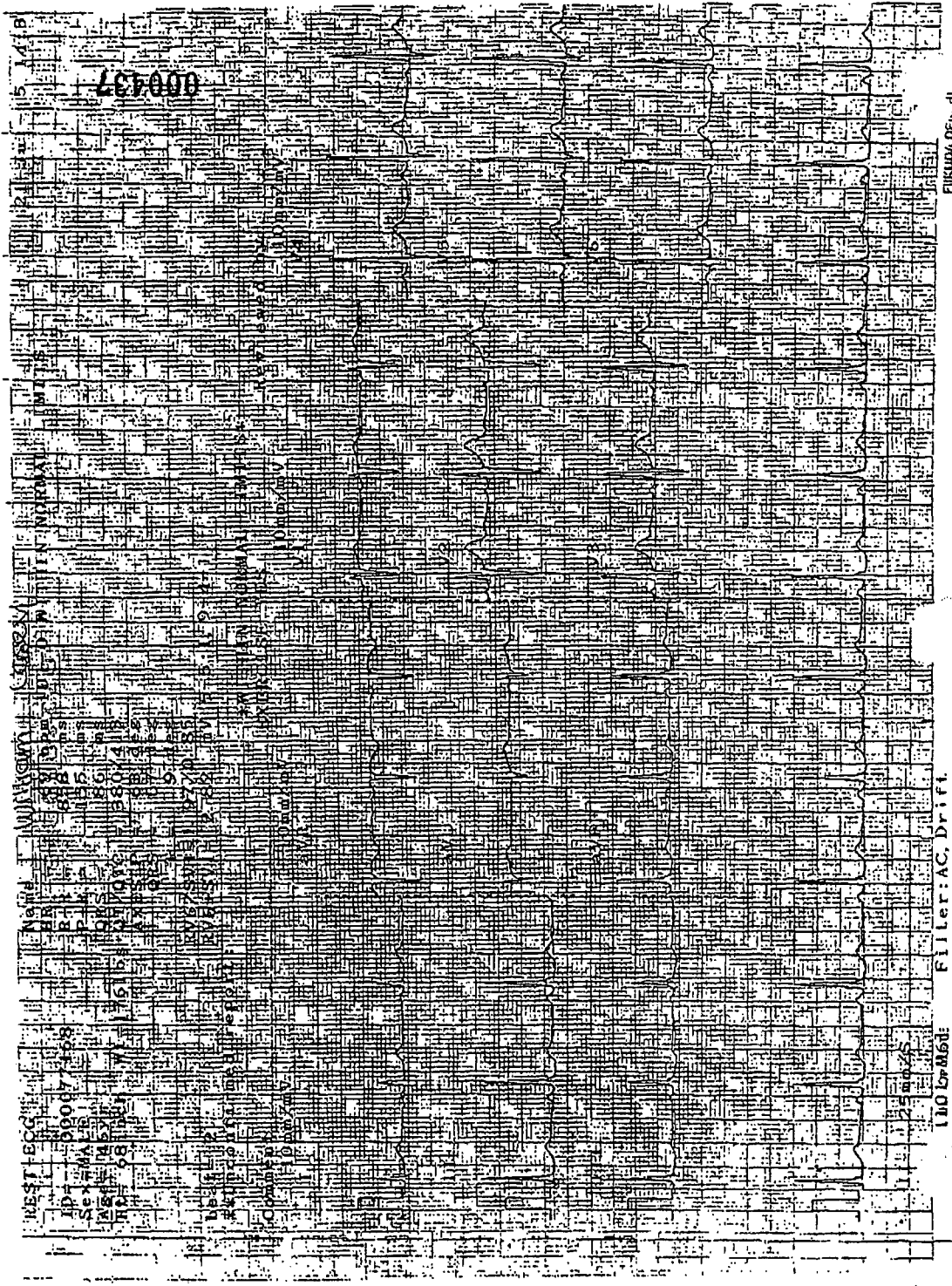
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MANN 026421

MANN 026422



Lung and Chest Medical Associates
Multi Spiro B

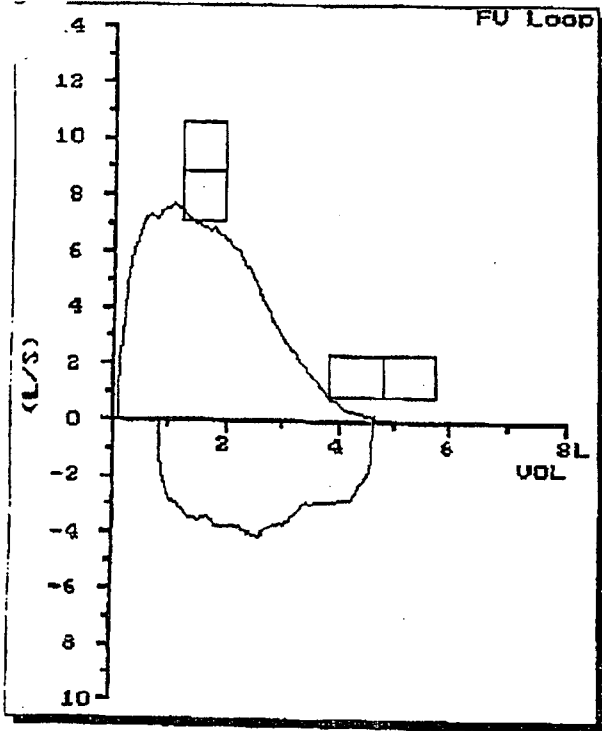
ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21, 2005 7:36:40 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Thu Jul 21, 2005 3:52:12 pm		5.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.65 L	4.75 L	97.88 %	IVC	3.86 L
FEV 0.5	2.96 L	3.05 L	97.12 %	FIV1	2.95 L
FEV 1.0	3.76 L	3.87 L	97.21 %	PIF	4.26 L/S
FEV 3.0	4.40 L	4.51 L	97.51 %	FIF50	3.97 L/S
				FEF50/FIF50	135.01 %
FEV 0.5/FVC	63.77 %	64.27 %	99.22 %	Interpretation:	
FEV 1.0/FVC	80.82 %	81.38 %	99.31 %	NORMAL	
FEV 3.0/FVC	94.58 %	94.94 %	99.62 %	MAX FVC = 4.65L TEST #	
PEF	7.56 L/S	8.67 L/S	87.17 %	MAX FEV-1 = 3.76L TEST #	
FEF 25-75%	3.91 L/S	3.95 L/S	99.06 %		
FEF 75-85%	0.86 L/S	1.06 L/S	81.57 %		
FEF 25	7.45 L/S	7.97 L/S	93.49 %		
FEF 50	5.37 L/S	4.62 L/S	116.05 %		
FEF 75	1.47 L/S	1.83 L/S	79.90 %		
FEF .2-1.2	7.00 L/S	7.31 L/S	95.75 %		

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Legend
Pre-BD Test

Good Effort (NB)

000436

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MANN 026423

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6232
DEB DAVIS, LOWRY, WREN, WELSON, RAIBER, LAPHAM, MIMS, CALDWELL, BURKS & KIM

CASEY WILLIAM MR#: (0002)00014-62-20 Pin.No.: 0520001651 Admitted: 18JUL08
46 YRS MALE DOB: [REDACTED]/1958 Page: 1
Dr. MENDOZA RICO INTERIM Printed: 21JUL08
Location: PRIVATE OUT PT VISIT ABDOMINAL PAIN UNSPEC SITE CS58

CHEMISTRY

HEPATIC PROFILES

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(6.1-8.0)	(3.5-4.9)	(12-33)	(0-35)	(16-106)	(.0-1.5)	(.0-.2)	(.2-1.4)
Units:	GM/DL	G/DL	IU/L	IU/L	IU/L	MG/DL	MG/DL	MG/DL
19JUL08-1400	6.9	4.4	14	18	80	.6	.1	.5

9000908170

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: DR RICO MENDOZA
2030 NORTH CHURCH AVE
SPARTANBURG SC 29303
Fax to: 864-588-2102

000435

Com...

MANN 026424

CMF WPS MLA

EBK JDC RVM Beth

Daria Lab

Lung and Chest Medical Associates

Name: William Casey Chart#: 771108 Date: 7-19-05

Wt 174.9 Ht - B/P 129/85 HR 85 RR 16 Temp 98.1 O2Sat 93 FIO2 -

Present illness + reason for visit:

Cough Smoking Nausea
 Sputum Vomiting
 Dyspnea Diarrhea
 Wheeze Chest Pain
 Edema Pain
 Palpitations ETOH
 Oriented Fever/chills
 New Allergies

When was your last DEXA Bone Densometry Testing done? She got it then

Seeing new doctors? no For: _____

Hospitalizations or major life changes since last visit: yes 6-05 - some

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance _____ dry heaving & with out vomit

*Skin Turgor _____ can't take much longer

*ENT _____ chiral teeth

*Mouth _____ No over/under some expansion

*Sinus _____ Pain

*Neck _____ lymph node

*Chest/Lungs: Breath Sounds _____ lymph node

Wheezes _____ lymph node

Rales _____ lymph node

Effort _____ lymph node

Symmetry _____ lymph node

*Heart: Rhythm _____ lymph node

Murmurs _____ lymph node

Gallop _____ lymph node

Tones _____ lymph node

*Abdomen _____

*Extremities _____

*Mobility: Gut _____

Reflexes _____

Aides _____

LAB ORDER: Spirometry 5.02 EKG Sinus 121 PT INR 9.30 O2Sat Rest 93%

Lung Vol DLCO U/A CXR ABG's Bun 4.0 Cr 1.1 Theo 4.2 O2Sat Exercise 93%

Office Treatment: _____ extra salt

Education: Does pt want to quit smoking? Yes/No Other: PT NO longer a smoker

Materials/counseling given: _____

Diagnosis: Nausea/Usmeds Plan UGLS RW if trouble/dysphagia

? Structural/Constrict UFI

No Hepatic ice in diet can't

Stop Structural/Constrict

Abn CXR (lung fluid), 793.1

Anticoagulant Circulating, 28615

COPD, 496

Cough, 786.2

Dyspnea, 786.09

Fatigue (general), 780.79

Fever, 780.6

ILD, 515

Monitoring drug name, 1 V48.6

Rhinitis, 477.9

Sleep Apnea/Disorders (ncc), 780.53

Prescriptions: _____

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature _____ Staff WJ

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

000434

MANN 026425

Lung and Chest Medical Associates Spiro A

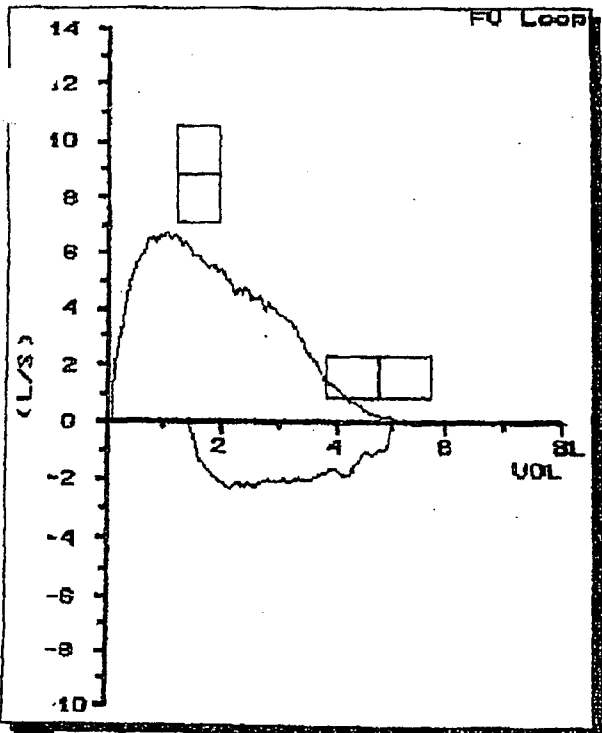
ID: 77168 Casey, William Mark
 Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

COMMENTS:
 Pre-BD COMMENTS:

LAST CALIBRATED: Tue Jul 19, 2005 7:34:36 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Tue Jul 19, 2005 11:57:55 am		6.3 secs	KNUDSON/IMTS	2
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.02 L	4.73 L	106.19 %	IVC	3.61 L
FEV 0.5	2.75 L	3.04 L	90.50 %	FIVI	1.35 L
FEV 1.0	3.90 L	3.84 L	101.52 %	PIF	2.46 L/S
FEV 3.0	4.73 L	4.48 L	105.50 %	FIF50	2.20 L/S
				PEF50/PIF50	193.85 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %	Interpretation:	
FEV 1.0/FVC	77.66 %	81.23 %	95.61 %	NORMAL	
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %	MAX FVC = 5.02L TEST #	
PEF	6.61 L/S	8.64 L/S	76.59 %	MAX FEV-1 = 3.90L TEST #	
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %		
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %		
FEF 25	6.15 L/S	7.95 L/S	77.37 %		
FEF 50	4.26 L/S	4.59 L/S	92.85 %		
FEF 75	1.40 L/S	1.81 L/S	77.15 %		
FEF .2-1.2	5.82 L/S	7.26 L/S	80.13 %		

92009081/0



Legend
 Pre-BD Test

Good effort

000433

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MANN 026426

ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

LUNG AND CHEST MEDICAL ASSOCIATES
 2030 North Church Place, Spartanburg, SC 29315
 CMF WPS EBK MLA JDC **RVM** BE
LAB REQUISITION

PATIENT NAME William Casey CHART # 77168 DATE 7-19-05
 DIAGNOSIS _____ SEX _____ RACE _____
 M F C B A H O

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	21	70-110 Mg/dl		
	BUN	29	5-25 Mg/dl		
	Creatinine	0.7	0.5-1.4 Mg/dl		
	K+	4.2	3.5-5.1 Meq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Coumadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	<7%		
	Arterial Puncture				
	ABG's - FiO2				
	ABG's - PH		7.35-7.45		
	ABG's - PCO2		35-45 mmHg		
	AGG's - PO2		80-100 mmHg		
	AGG's - O2 Sat		95-98%		

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URINALYSIS - MACROSCOPIC			
COLOR	_____	PH	_____
APPEARANCE	_____	PROTEIN	_____
GLUCOSE	_____	UROBILINOGEN	_____
BILIRUBIN	_____	NITRITE	_____
KETONES	_____	LEUKOCYTES	_____
SP. GR.	_____		

Rapid Strep Positive Negative
 Z-Stat Flu Positive Negative

CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff (Signature)

b Requisition, 12-23-03

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MANN 026427

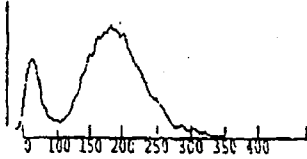
SPARTANBURG SC 29303 JDC (RVM) BE
864-582-6858 CMF WPS EBK MLA

William Casey

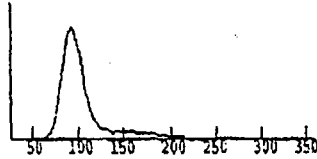
77168 07-19-05
WB 09:58

Patient
Limits 1

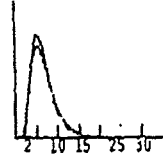
WBC	13.7	H	x10 ³ /uL	4.5	11.0
LY	17.5	*L	%	20.5	51.1
MO	5.9	*	%	1.7	9.3
GR	76.6	*H	%	42.2	75.2
LY#	2.4	*	x10 ³ /uL	1.2	3.4
MO#	0.8	*H	x10 ³ /uL	0.1	0.6
GR#	10.5	*H	x10 ³ /uL	1.4	6.5
RBC	4.68		x10 ⁶ /uL	3.90	5.10
Hgb	14.8		g/dL	12.0	15.6
Hct	43.5		%	36.0	46.0
MCV	93.0		fL	85.0	98.0
MCH	31.7		pg	28.0	33.0
MCHC	34.0		g/dL	32.5	36.0
RDW	12.1		%	11.6	13.7
Plt	677.	H	x10 ³ /uL	130.	400.
MPV	7.1	L	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

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MANN 026428

WILA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 7168 Date: 11/10/04

Wt 170.6 Hi 5'10" B/P 129/77 H/R 92 RR 18 Temp 95 O2Sat 95 P1O2 .21

Cough Smoking Present illness + reason for visit: "4-5 cigs/day"
 Sputum Nausea
 Dyspnea Vomiting
 Wheeze Diarrhea
 Edema Chest Pain only on exertion Not dyspnea
 Palpitations Pain
 Oriented ETOH some
 New Allergies Fever/chills when a yard working or
walking 5 days a week
is believed.

When was your last DEXA Bone Densometry Testing done? _____

Seeing new doctors? For: _____

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: in bottle on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

- *General Appearance
- *Skin Turgor
- *ENT
- *Mouth
- *Sinas
- *Neck
- *Chest/Lungs: Breath Sounds
- Wheezes
- Rales
- Effort
- Symmetry
- *Heart: Rhythm
- Murmurs
- Gallop
- Tones
- *Abdomen
- *Extremities
- *Mobility: Gait
- Reflexes
- Aides
- *Mental Status

Dr Grace does not
feel need to
help to work
normally to relax
probly
does not want to go.
Don't have after
work 2-2 1/2 hr.
find a way to relax

90009008170

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2Sat Rest
Lung Vol DLCO U/A CXR ABG's Bun Cre K+ Theo O2Sat Exercise

Office Treatment:

Education: Does pt want to quit smoking? Yes/No/Other. _____

Materials/counseling given: _____

Diagnosis: asthma Plan Zolof 150 mg
 Abn CXR (lung fluid), 793.1 stress
 Anticoagulant Circulating, 288.15
 COPD, 496 Chronic bronchitis
 Cough, 786.2 as cause of
 Dyspnea, 786.09 clear pr
 Fatigue (general), 780.79
 Fever, 780.6
 I.L.D. 515
 Monitoring (drug name), V48.6
 Rheitis, 477.9
 Sleep Apnea/Disorders (nec), 780.53

Prescriptions:

Next appt: _____ Weeks _____ Months _____ W/ CMF WPS EBK MLA JDC RVM PA NP Signature W.D. [Signature] Staff gf

Next Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK Other

09/29/04

000430

ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026429

CMF (WPS) MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 7168 Date: 8/12/04

115 Hi 120 B/P 82 RR 96% Temp 96.2 O2 Sat 21 FIO2

Present illness + reason for visit:

Cough Smoking Still gets tired

Sputum Nausea

Dyspnea Vomiting

Wheeze Diarrhea

Edema Chest Pain exhaustion

Palpitations Pain back No fluid out pres

Oriented ETOH

New Allergies Fever/chills

When was your last DEXA Bone Densometry Testing done? Times w/ both that

Seeing new doctors? he never For: _____

Hospitalizations or major life changes since last visit: _____

Med. Review based on: _____ in bottle _____ on list 1609/ks from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

- *General Appearance _____
- *Skin Turgor _____
- *ENT _____
- *Mouth _____
- *Sinus _____
- *Neck _____
- *Chest/Lungs: Breath Sounds _____
- Wheezes _____
- Rales _____
- E/Tor _____
- Symmetry _____
- *Heart: Rhythm _____
- Murmurs _____
- Gallop _____
- Tones _____
- abdomen _____
- extremities _____
- *Mobility: Gait _____
- Reflexes _____
- Aides _____
- *Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2 Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2 Sat Exercise _____

Office Treatment: _____

Education: Does pt want to quit smoking? Yes/No Other: _____

Materials/counseling given: clonidine Plan W/ show

Diagnosis: _____

- Abn CXR (lung fluid), 793.1 _____
- Anticoagulant Circulating, 28615 _____
- COPD, 496 _____
- Cough, 786.2 _____
- Dyspnea, 786.05 _____
- Fatigue (general), 780.79 _____
- Fever, 780.6 _____
- ILD, 515 _____
- Monitoring (drug name _____), V48.6 _____
- Rhinitis, 477.9 _____
- Sleep Apnea/Disorders (nec), 780.53 _____

Prescriptions: _____

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature Wm Staff gc

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

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16/04

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MANN 026430

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-660-6313
 DRs. DAVIS, LORRY, WREN, WELSON, RAINIER, LAPPAN, HIMS, CALDWELL & BURNS

CASEY WILLIAM MR#: (0002)00014-82-20 Fin.No.:042110106 Admitted: 29JUL04
 45 YRS MALE DOB: [REDACTED]/1958 INTERIM Page: 1
 DR. SMITH WILSON P Printed: 08AUG04
 Location: PRIVATE OUT PT VISIT ANSWER NOC 0204

 + CHEMISTRY +

-----REFERENCE LAB TESTS-----

Procedure:	TIBC #	IRON #	% SATURATION #	Reference Range:
Units:	ug/dL	ug/dL	%	
29JUL04 1740	634 EI	87 E	20 E	250-400
TIBC.....				Reference Range: 40-150
IRON.....				
				TIBC should be ordered with iron for optimal utility.
% SATURATION				Reference Range: 15-50

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8/10/04
WJ

Symbols:
 E = High, I = Footnote
 @ = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 22608 ORTEGA HIGHWAY, SAN JUAN CAPISTRANO, CA. 92490

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD Fax to: 864-582-3750
 LONG & CREST
 2030 NORTH CHURCH PLACE
 SPARTANBURG SC 293020000

REMOVED BY _____ DATE _____
 (DO NOT FILE IF NOT COMPLETE)

000428

MANN 026431

ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) Having problems Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 486-9131 Work Phone # 680-5929 Other Phone #

Emergency contact name: Carole Casey Phone # 680-9648

Type of Insurance: 1. B/C B/S 2. 3.

E-mail address:

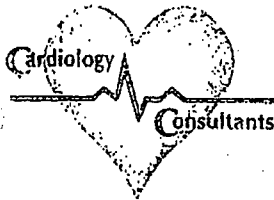
*10-21-04
proctor*

000427

0718060006

5284

MANN 026432



Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.

David G. Ike, M.D., F.A.C.C.
Larry E. Kibler, M.D., F.A.C.C.
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodak, M.D., F.A.C.C.

Alejandro N. Lopez, M.D., F.A.C.C.
Kristen P. Nawabi, M.D.
John J. Gallagher, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P., A.C.N.P.

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED] / 58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.

David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

Date 8/2/04 By AS
DGLV 7/29/04 DGMV 8/12/04

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Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
7-29-04
77168

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiollite stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

WPS

Wilson P. Smith, Jr., M.D.
WPSjr/ns
cc: Dr. Gonda

*AS
8-9-04*

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000425

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026434

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212

DRS. DAVIS, LOWRY, WREN, NELSON, BAINEH, LAPHAM, MIMS, CALDWELL \T\ BURKS

TERRY WILLIAM
45 YRS MALE MR#: (0002)00014-62-20 Fin.No.:0421101061 Admitted: 29JUL04
Jr. SMITH WILSON P DOB: 1958 Office Id: CUMULATIVE Page: 1
Location: PRIVATE OUT PT VISIT ANEMIA NOS Printed: 03ABC04 2027

+ CHEMISTRY +

-----REFERENCE LAB TESTS-----

Procedure:	TIBC #	IRON #	% SATURATION #	
Units:	ug/dL	ug/dL	%	
29JUL04 1340	434 H ^z	87 F	20 F	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-150
% SATURATION..				TIBC should be ordered with iron for optimal utility. Reference Range: 15-50

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als:
High, F = Footnote
= TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690
^END

000424

MANN 026435

ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

CMF **WPS** MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 7/29/04

Wt 175.4 Ht 5'9" B/P 139/86 H/R 93 RR 18 Temp 98.6 O2Sat 95% FIO2 21

- Cough
- Sputum
- Wheeze
- Edema
- Palpitations
- Oriented
- New Allergies
- Smoking
- Nausea/vom
- Vomiting
- Diarrhea
- Chest Pain
- Pain
- ETOH
- Fever/chills

When was your last DEXA Bone Densometry Testing done? _____

Seeing new doctors? _____ For: _____

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM:	WNL/NEG	ABN/POS
*General Appearance		
*Skin Turgor		
*ENT		
*Mouth		
*Sinus		
*Neck		
*Chest/Lungs: Breath Sounds		
Wheezes		
Rales		
Effort		
Symmetry		
*Heart: Rhythm		
Murmurs		
Gallop		
Tones		
*Abdomen		
*Extremities		
*Mobility: Gait		
Reflexes		
Aides		
*Mental Status		

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LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment:

Education: Does pt want to quit smoking? Yes/No/Other: Other: Pt does not smoke quit

Materials/counseling given: Handbook

Diagnosis: _____ Plan _____

- Abn CXR(lung fluid), 793.1
- Anticoagulant Circulating, 28615
- COPD, 496
- Cough, 786.2
- Dyspnea, 786.09
- Fatigue(general), 780.79
- Fever, 780.6
- ILD, 515
- Monitoring(drug name _____), V48.6
- Rhinitis, 477.9
- Sleep Apnea/Disorders (ncc), 780.53

Prescriptions:

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature Wm Casey Staff AP

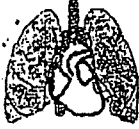
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

03/26/04

000422

MANN 026437

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, R.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.

Wilson P. Smith, Jr., M.D.
WPSjr/ns

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2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Imonary Medicine

Critical Care

Branchoscopy

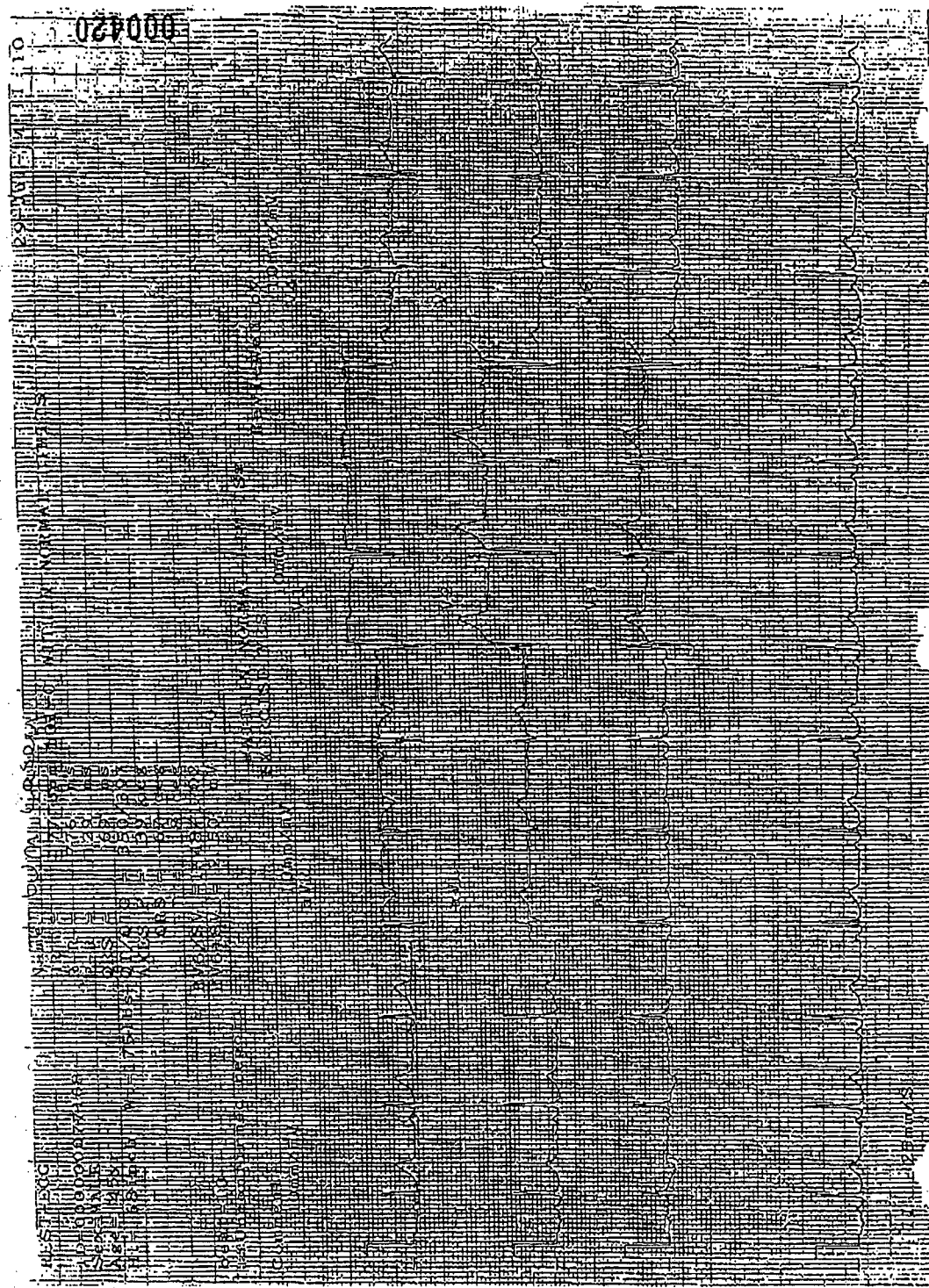
Asthma Therapy

Sleep Disorders

000421

MANN 026438

MANN 026439



000420

Per Ho. OP. 08TE

I-MAN-UNA-DE-SP-1 ter:AC. Drift

(F

(601 JO 06 06e

2000 N. CHURCH, ST CNF WPS ERK RVN LUNGS AND CHEST MEDICAL SPARTANBURG, SC, 29303 MIA ZDC BE 864:562-6858

File ID # 77168 Date: 07-29-04

Patient Name: William Casey Time: 13:45

WPS

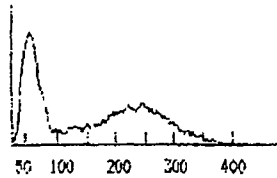
DOB: / / AGE: SEX: OPR ID: 06

	Range #1		Range #1		Range #1
WBC 7.6	x10 ³ /ul 4.5-11.0	RBC 4.54	x10 ⁶ /ul 3.90-5.10	PLT 470. H	x10 ³ /ul 150.-400.
LYK 36.2	% 20.5-51.1	Hgb 14.2	g/dl 12.0-15.6	MPV 5.9 L	fL 7.4-10.4
MD% 4.2	% 1.7-9.3	Hct 43.2	% 36.0-46.0		
GR% 95.6	% 42.2-75.2	MCV 95.2	fL 85.0-98.0		
LV# 2.8	x10 ³ /ul 0.7-4.9	MCH 31.2	pg 28.0-35.0		
MD# 0.3	x10 ³ /ul 0.1-0.9	MCHC 32.8	g/dl 32.5-36.0		
GRA 4.6	x10 ³ /ul 1.5-7.2	RDW 12.2	% 11.5-14.5		

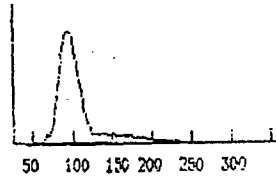
Sample ID # 77168 Analyzed Date & Time: 07-29-04 13:45

7/30/04
WPS

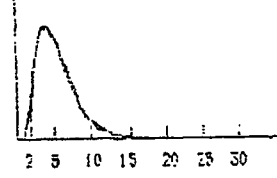
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WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77169 Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

Neutrophil	_____	Metamyelocyte	_____	Anisocytosis	_____	Retics	_____
Eand	_____	Myelocyte	_____	Hypochromia	_____	Sedimentation Rate	_____
Lymphocyte	_____	Promyelocyte	_____	Polychromasia	_____		
Monocyte	_____	Stast	_____	Poikilocytosis	_____		
Eosinophil	_____	Atypical Lymphocyte	_____	Macrocytosis	_____		
Basophil	_____	NRBCs	_____	Microcytosis	_____		

Comments: _____

Requested by: _____
 Reviewed by: _____
 date: _____

000419



MICHELIN TIRE MANUFACTURING
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: July 29, 2004
Employee's Name: William Mark Casey
Address: 240 Lightwood Farm Road
Date original medical leave of absence: May 28, 2004

Expected date of return to work: Aug 14, 2004
Physical findings (diagnosis): chest pain w/d exertion
CT Scan shows coronary artery
calcification

Treatment and/or recommendation:
Stress test
Absence for work until Aug 16, 2004
[Signature] M.D.

Address: _____

Telephone: _____

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DLEXTLV.DOC

000418

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MANN 026441

CHARLES M. FOGARTY, MD 086917 WILSON P. SMITH, MD 10510 E. BERT KNIGHT III, MD 8297
MARY LOU APPLEBAUM, MD 12585 J. DOUGLAS CLARK, MD 19568
BRENDA SPRINKLE, PA-C A744 CHARLES MASON, PA-C A666
CHARLENE McCRAW, A.C.N.P.-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-8253

NAME <i>William Casey</i>		DATE <i>7/29/04</i>		
ADDRESS				
LABEL DRUG NAME, STRENGTH & QUANTITY <input type="checkbox"/> YES <input type="checkbox"/> NO				
1	Rx SIG <i>Please examine this</i>	STRENGTH	QUANTITY	REFILL
2	Rx SIG <i>Casey for [unclear]</i>	STRENGTH	QUANTITY	REFILL
3	Rx SIG <i>Check your [unclear]</i>	STRENGTH	QUANTITY	REFILL
M.D. Dispenses as Written		M.D. Substitution Permitted		
DEA		DEA		

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000417

MANN 026442



PULMONARY REHABILITATION PROGRAM
PHYSICIAN REFERRAL

This patient is referred to the Spartanburg Regional Healthcare System Pulmonary Rehabilitation Program:

Name: William Mark Casey Referral Date: 7-23-04

Address: 240 Lightwood Farm Rd, Woodruff, SC 29388

Home phone: 486-9131 Work phone: 680-5929 Date of Birth: [redacted]-58

Diagnosis: Shortness of breath + chest pain MRN: _____

Cardiac Clearance: (To be completed by physician prior to beginning pulmonary rehab).

- Perform cardiopulmonary exercise stress test. Your patient will be scheduled to begin pulmonary rehab after receiving results of the exercise stress test.
- Do not perform cardiopulmonary exercise stress test. Attach documentation to support cardiac clearance.

Comments: _____

CONSULTS:

Physical Therapy

Reason for referral: Evaluation/Treatment of postural deficits, thoracic mobility deficits, musculoskeletal dysfunction and/or pain, gait deficits.
Evaluation/instruction in: proper body mechanics for ADL's and lifting, postural correction and strengthening techniques, therapeutic exercise, stretching, and osteoporosis education.

Occupational Therapy

Reason for referral: Evaluation of activities of daily living, functional training in self care and home management, training in energy conservation, work simplification, and adaptive techniques for daily living.

Respiratory Therapy

Reason for referral: Evaluation of Home and Exercise Oxygen System Requirements.
Evaluation/instruction in: Breathing retraining, Airway Clearance Techniques, Proper use inhaled medications.

Education/Classes:

Anatomy & Physiology of COPD; Pursed Lip/Diaphragmatic breathing techniques;
Respiratory medications; Infection control techniques; Effective coughing techniques;
Panic control/relaxation techniques; Nutrition assessment.

DURATION/FREQUENCY: 3 Days per week for 6 Weeks

PROGRESS DOCUMENTATION/OUTCOME MEASURES:

- Pre and post program sub-maximal treadmill test, 6 minute walk, Dyspnea Index, Pulmonary Functional Status Scale (PFSS), Tennent's Assessment Tool.
- Monitoring: Pulse oximetry, blood pressure, heart rate, respiratory rate, Borg RPE, Pain scale, weight.
- Discharge summary with report to referring physician

POTENTIAL FOR REHABILITATION? (Please circle): Excellent Good Fair

ATTENDING PHYSICIAN: (print or type): Dr. William Smith

PHYSICIAN'S SIGNATURE [Signature] DATE: 7/23/04

RETURN TO: Jack Robinson, RRT
Jenny Crocker, RRT
299 E. Pearl Street
Spartanburg, SC 29303

PHONE: (864) 560-4250
FAX: (864) 560-4245
email: jrobinson@srhs.com

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ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

000416

101 EAST WOOD STREET • SPARTANBURG, SOUTH CAROLINA 29303 • 864-560-6000 FAX 864-560-6001

MANN 026443

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.R. Elm, F.N.P.

Wilson R. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

WILLIAM CASEY
77168
07-14-04

dob: [REDACTED] 58 Fax: (864) 582-3750
SS#: [REDACTED]

HISTORY AND PHYSICAL

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

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Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Imonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

000415

MANN 026444

WILLIAM CASEY
77168
07-14-04
Page Two

dob: [REDACTED] 58
SS#: [REDACTED]

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination

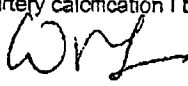
General: Middle-aged white male.
Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO₂ is 95% on room air.
HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.
Chest: Clear to auscultation.
Cardiac: Regular rate and rhythm without murmur or gallop.
Abdomen: Soft and nontender.
Extremities: No clubbing, cyanosis or edema.
Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.



Wilson P. Smith Jr., MD
WPSj/rs

cc: Dr. Joseph Grace

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000414

MANN 026445

NAME ALER

NG & CHEST MEDICAL ASSOCIATION

#77108

PATIENT NAME William M Casey DATE 7/14/09

PHYSICAL EXAM:

TEMP _____ BP 136/87 Pulse 103 RESP _____ HT _____ WT 171 1/2 O2SAT OXIMETER 95 %

HEENT:	<u>E</u>
SKIN:	
NECK:	
LUNGS:	<u>clear</u>
HEART:	<u>M/S</u>
BREASTS:	
ABDOMEN:	<u>soft</u>
EXTREMITIES:	<u>E</u>
NEUROLOGICAL	<u>Motus S/S</u>

LAB DATA:

X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS:

IMPRESSION/DIAGNOSIS:

1.	<u>HSP</u>	<u>post traumatic stress</u>
2.	<u>Depression</u>	<u>comorbid anxiety</u>
3.		
4.		
5.		

PLAN:

1.	<u>Refer to Psychiatrist</u>
2.	<u>stress test</u>
3.	
4.	
5.	

EWPT EXAM 8/19/97

DOCTOR

WVZ

NURSING STAFF

000413

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MANN 026446

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14, 2004 7:53:26 am

Type	Test Date and Time	Exp. Time	Normals	Test#
Pre-BD:	Wed Jul 14, 2004 10:33:01 am	7.7 secs	KNUDSON/IMTS	1
Post-BD:	Wed Jul 14, 2004 10:45:34 am	6.0 secs	KNUDSON/IMTS	5

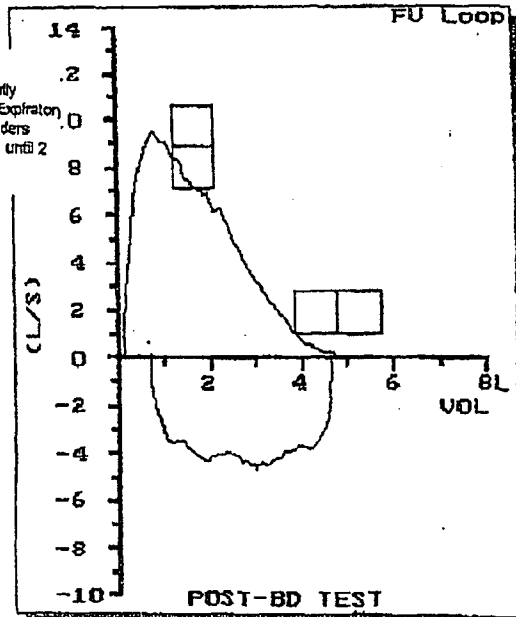
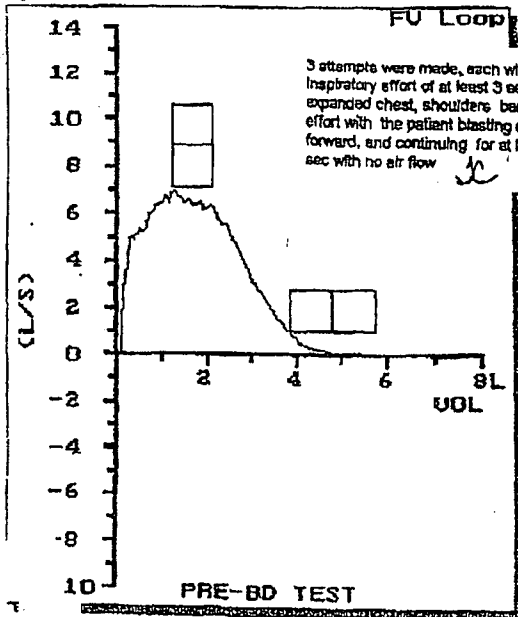
INTERPRETATION Pre: NORMAL

Post: NORMAL

Modifier: Not Clearly Improved

Dilator: albuterol

Expire	Pre-Medication		Post-Medication		Pre-Post Change		Pred Value
	Actual	% Pred	Actual	% Pred	Actual	% Chg	
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48%	4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18%	3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87%	3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73%	4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99%	64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29%	81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26%	94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57%	8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55%	3.95 L/S
FEF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71%	1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08%	7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69%	4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03%	1.83 L/S
FEF 1.2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75%	7.31 L/S



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MANN 026447

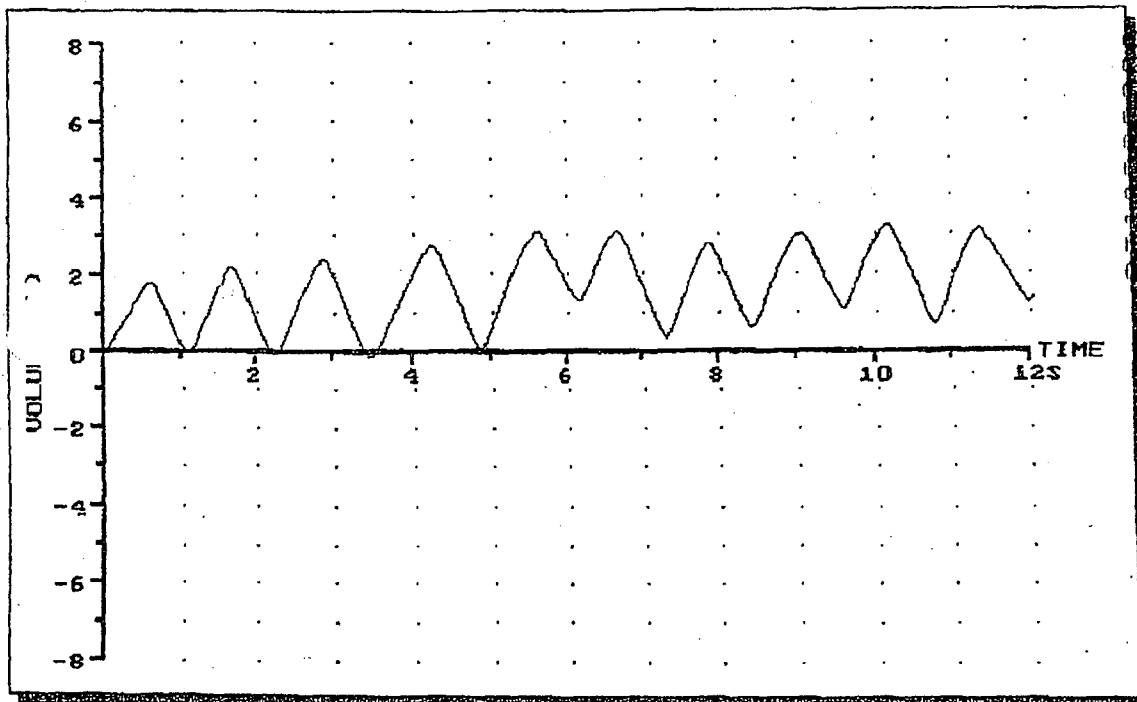
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William Page 1
ic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
45 Maximal Voluntary Ventilation Wed Jul 14, 2004

TYPE Test Date and Time Exp Time Normals
Current: Wed Jul 14, 2004 10:34:08 am 12.0 secs KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



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MANN 026448

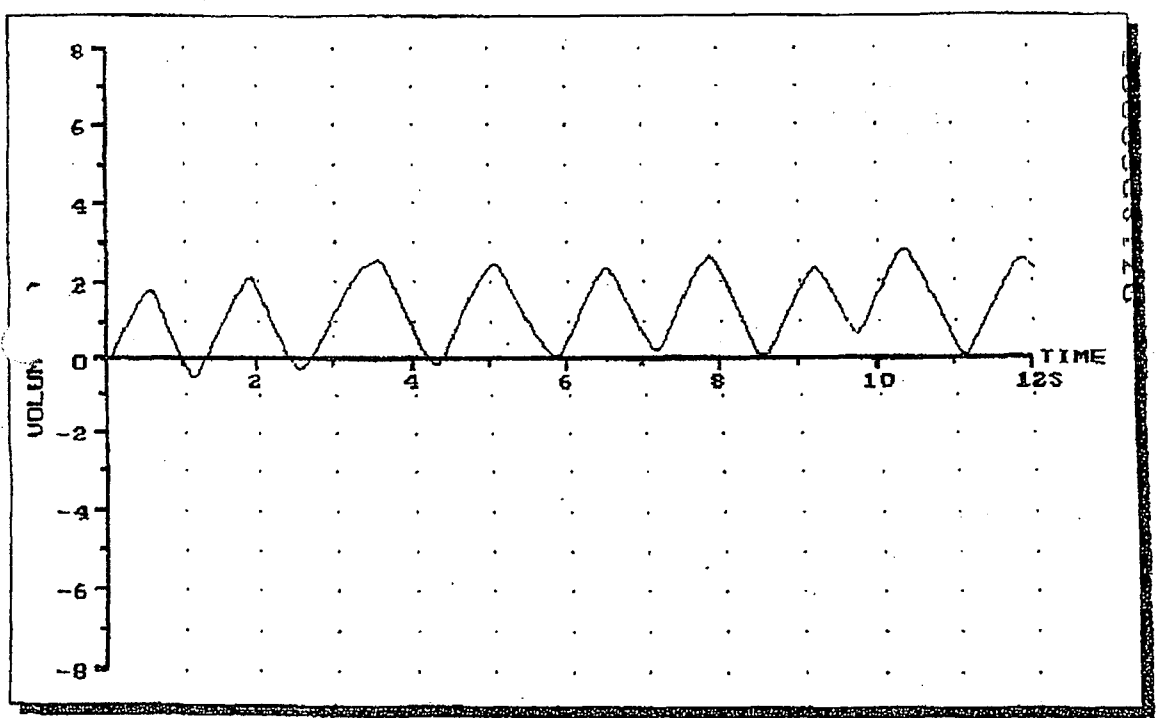
Lung and Chest Medical Associates
Multi Spiro B

IT- 77168 Casey, William Page 1
ic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
45 Maximal Voluntary Ventilation Wed Jul 14, 2004

TYPE Test Date and Time Exp Time Normals
Current: Wed Jul 14, 2004 10:46:34 am 12.0 secs KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



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000410

MANN 026449

5301

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

APPT DATE
7/14
APPT TIME
10

DATE July 7, 2004

PT NAME William M. Carroll
DOB: [REDACTED] 158 SS# 11

REFERRING DOCTOR Self
CONTACT 0 PH#

HOME # (860-913) WK#

MAILING ADDRESS 210 Lightwood farm RD
29389

REASON FOR VISIT Chest pain (not cardiac)
Went to ER - February, 2004 - wanted to see
FAMILY PHYSICIAN

INSURANCE BCBS REFERRAL Y N

MEDICAL RECORDS
CHEST XRAY OR CT SCANS
COMMENTS:

QUESTIONNAIRE MAILED (Signature) BY
FO LOGGED BY

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000402

MANN 026450

Lung and Chest Medical Associates
MEDICAL HISTORY INFORMATION SHEET

CHART# 77168

DATE: July 14, 2004

Patient's Name William Mark Casey

Age 45 Sex m

How did you hear about us? _____

Who referred you to our office? _____

Who is your family doctor? Dr Frank Gonda

I. Present Illness

1. What Health Problem has brought you to our office? not happy with current care provided - post operations for chest pain
2. How long have you had this problem? month Anxious have not
3. Does anything you do make the problem better or worse? exertion bleghual
4. Have you lost weight recently? no How much? _____ Were you trying to lose? _____

II. Medicines and Inhalers (MD See Blue Sheet)

1. Patient, bring all your medicines with you when you come to our office (include any inhalers and over-the-counter medicines)
2. Are you ALLERGIC to any medications or food? no Please list: Fatigue
Michelle
swimsuit
very physical job
3. Check the space and enter date last received: PPD _____ Date _____, Tetanus _____ Date _____
Pneumonia vaccine _____ Date _____, Flu vaccine _____ Date _____
Stimul 1/20

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III. Lung History

1. Are you a smoker? no How many packs per day? _____ How many years _____
2. If you have quit smoking, how many years did you smoke? 12 How many packs per day? _____
How long ago did you quit? 3 weeks
3. Do you have a chronic cough? no How long? _____ Do you cough anything up? _____
If so what color? _____
4. Have you ever coughed up blood? no
5. Do you get short of breath if you walk or climb steps? no
6. Are you short of breath while you are resting? no
7. Do you ever notice yourself wheezing? _____ What seems to make the wheezing worse? _____
8. Do you wake up tired? yes
9. Do you snore? yes
10. Do you have night sweats? some Fevers? _____
11. When was your last chest x-ray? Jan Where? Dr Feldman
12. Potential Exposures:
 - a. Does anyone else in your home smoke? no
 - b. Have you ever had a skin test for TB (tuberculosis)? no When? _____
 - c. What were the results of the skin test, if you know? _____
 - d. Have you ever been exposed to TB? _____ When? _____

2000 had stress test & cath - HR

LC111 - 12-23-03

000409

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- e. If you have been exposed to TB, have you had a skin test since then? _____
- f. Do you have indoor pets? _____ What kind? _____
- g. Have you been, or are you exposed to dust or fumes? _____ What kinds? _____
- h. Have you traveled out of the upstate area? _____

IV. Work History

- 1. What type of work do you do? production - 8 + 12 hr shifts (swing)
- 2. Have you done other types of work? yes Please list: paint shop - restaurant
- 3. Have you ever served in the military? no Where? _____

V. Past Medical History (Hospitalizations)

Have you ever been admitted to a hospital for an operation or illness? (Use Back of Page if necessary)

<u>Name of Hospital</u>	<u>When</u>	<u>Reason</u>
<u>Mary Black</u>	<u>1994?</u>	<u>hemorrhoid surgery</u>
<u>Regional</u>	<u>2000</u>	<u>chest pain</u>

VI. Family History (Use back of page if necessary)

- 1. Mother's Age? _____ Living? _____ Or died of _____
- 2. Father's Age? _____ Living? _____ Or died of Heart attack
- 3. Brother or Sister's Age? 44 Living? _____ Or died of Cancer
- 4. Brother or Sister's Age? 47 Living? Or died of _____
- 5. Brother or Sister's Age? 42 Living? Or died of _____

VII. Social History

- 1. Are you married? No Widowed? _____ Single? _____ Divorced?
- 2. What was the highest grade you finished in school? 1 yr college
- 3. Do you drink alcoholic beverages (beer, wine, liquor)? yes How much? recreational
- 4. Have you ever used cocaine, marijuana or other street drugs? No How long has it been since you last used? _____
- 5. Have you ever received a blood transfusion? _____ When? _____
- 6. Do you have any hobbies (raising pigeons, woodwork shop, etc)? golf

VIII. Review of Systems

- 1. Do you wear glasses? yes
- 2. Do you have trouble hearing? no
- 3. Do you wear dentures? no
- 4. Do you have chest pain if you are just resting? _____ walking? _____ climbing steps? _____
- 5. What area of your chest hurts? _____
- 6. Have you ever been treated for heart trouble? _____
- 7. Have you ever been treated for high blood pressure? no
- 8. Do you have diabetes? no
- 9. Do you have a problem with nausea? _____ Vomiting? _____ Diarrhea? _____
Constipation? _____ Heartburn? _____
- 10. Have you ever vomited bright red blood? no

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11. Have you ever had rectal bleeding? yes When? 10 yrs ago
12. Have you ever has a "stomach x-ray"? When?
13. Have you ever had a change in your appetite? NO More? Less?
14. Have you ever had stomach ulcers? NO
15. Do you have any pain when you urinate? NO
16. Female patients: When was your last menstrual period? Pap smear?
Who is your gynecologist?
18. Male patients: When was your last prostate exam? Never
Do you have trouble starting your stream when you urinate? NO
How many times do you usually get up at night to urinate? 3 or 4
19. Do you have any numbness or tingling in your arms or legs? NO
20. Do you ever have swelling in your feet or legs? yes - feet sometimes

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING PAST OR PRESENT CONDITIONS: Have you ever had or presently have any of the following:

MEDICAL CONDITION	NO	YES	WHEN DID YOU HAVE THIS	WHAT TREATMENT ARE YOU RECEIVING
ATHRITIS		✓	<u>constant</u>	<u>Roxyba</u>
ASTHMA	✓			
BLADDER INFECTION	✓			
BLOOD CLOTS IN LEGS	✓			
BLOOD CLOTS IN LUNGS	✓			
CANCER	✓			
CATARACTS	✓			
CHOLESTEROL (HIGH)		✓	<u>constant</u>	<u>lipitor</u>
CIRRHOSIS OF LIVER	✓			
COLON PROBLEMS	✓			
EMPHYSEMA	✓			
GLAUCOMA	✓			
HAY FEVER	✓			
HEPATITIS (YELLOW JAUNDICE)	✓			
KIDNEY FAILURE	✓			
KIDNEY STONES	✓			
PHLEBITIS	✓			
PNEUMONIA	✓			
PROSTATE PROBLEMS	✓			
RHEUMATIC FEVER	✓			
SEIZURES	✓			
SHINGLES	✓			
SINUS INFECTION	✓			
SKIN DISEASE	✓			
STROKE	✓			

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Is there anything else you feel that the doctor needs to be aware of? (Use back of this page if necessary)

Have disc problems + arthritis in lower back

C111 - 12-23-03

000407

MANN 026453

Lung and Chest Medical Associates

Authorization of Use and Disclosure of Protected Health Information

(Page 1 of 2)

Appointment Reminders: Lung and Chest Medical Associates, Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Dr. Mary Lou Applebaum, Dr. E. Bert Knight, Dr. J. Douglas Clark and/or Dr. Rico V. I. Mendoza may use your information to remind you about upcoming appointments. Typically, appointment reminders are made by a brief phone call, or non-specific message may be left on your answering machine. We may also use "appointment cards" to remind you about upcoming appointments. If you don't approve of these methods and would like alternative reminder methods (i.e. mail or e-mail) please indicate those methods in the space provided (samples of appointment reminders are available upon request):

How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates (Check all that apply)

Regular Mail Home Telephone # 864 486-9131 Work Telephone # 864 680-5929

Appointment Cards Email

Other:

If you have an answering machine, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates? (Check one)

YES NO No Answering Machine Available

If "NO", how else may we contact you regarding this information?

- Are you interested in being made aware of the opportunity to participate in a research study that may apply to your case?
Do you give your permission for your medical chart to be reviewed for consideration in research studies that apply to your case?
Do you give your permission for your chart to be reviewed by staff from Spartanburg Pharmaceutical Research, Dr. Charles M. Fogarty, for consideration in research studies that apply to your case?

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10/03

000406

MANN 026454

5306

Lung and Chest Medical Associates
Authorization of Use and Disclosure of Protected Health Information

(Page 2 of 2)

Persons Authorized to Receive Information:

Health information Lung and Chest Medical Associates collects or receives about you may be disclosed to the following persons:

680-9648 476-5222
Carol Lynne Casey (sister) Gregg Casey (brother)
Name of Relatives
Dr. Frank Grande
Name of Physicians
CVS
Name of Pharmacy Other

Use and Disclosure of Information:

I authorize the person(s) listed above to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at Lung and Chest Medical Associates

I do not authorize the following information to be disclosed to any other parties except to me as the patient (Please specify):

Other Uses and Disclosures. Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and / or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You have the right to request restrictions on use and disclosure of your health information.

I would like the following restrictions regarding the use and disclosure of my health information:

Expiration Date of Authorization

This authorization is effective through unlimited unless revoked or terminated by the patient or patient's personal representative. You should contact the **PRIVACY OFFICER** or other authorized representative to terminate this authorization.

Potential for Re-disclosure

The person or organization to which health information is sent may repeatedly disclose health information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

Signature William Mark Casey July 14 2004 William Mark Casey
Signature of Patient Date Name of Patient (Print or Type)

Signature of Patient Representative Date Relationship to Patient

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10/03

000405

MANN 026455

LUNG AND CHEST MEDICAL ASSOCIATES

Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Jr., Dr. Mary Lou Applebaum, Dr. E. Bert Knight, III, Dr. J. Douglas Clark, Dr. Rico Mendoza

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 864-582-6858, on Lung and Chest's website at lungandchest.com, or by requesting one at the Lung and Chest offices.

July 14, 2004 (Date)

William Mark Casey (Signature*) William Mark Casey (Print or Type Name)

9000908170

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Carole Lynne Casey (Signature)

Sister (Relationship)

July 14, 2004 (Date)

The patient _____ was provided with a Notice and Written Acknowledgment form by _____, who explained that signing the form merely indicates the patient's acknowledgment that he or she received the Notice, but the patient nonetheless refused to sign.

Staff signature

Date

12/11/03

000404

MANN 026456

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

PATIENT INFORMATION

NAME William Mark Casey CHART # 77168/WPS
 Billing Address 240
 Mailing Address 240 Lightwood Farm Road Woodruff SC 29388
 Date of Birth 1958 Age 45 Sex M Race W Marital Status Divorced
 Social Security # [REDACTED] Tel. Home (864) 486-9131 Business (864) 680-5929
 Your Employer/School Michelin Tire Corp Address _____
 E-Mail address: MARKMARKKC@aol.com

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____
 Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth _____
 If yes, spouse's/parent's Social Security # _____

Family Physician Dr Frank Gonda
 Referring Physician (if different) _____
 Emergency Contact Carol Anne Casey (Relationship) Sister (Phone) 864 680 2728




WILLIAM M CASEY 380
 D: MIH251022977 ROUTINE \$20
 OV 20/35

In South Carolina 1-800-327-3238 PREADMISSION REVIEW REQUIRED Outside South Carolina 1-800-334-7267

Provider: This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be paid only unless preadmission review is obtained. See telephone numbers on the back of this card.
 Members and Providers for crisis service 100 visit My Insurance Network at www.SouthCarolinaBlue.com.
 Mental Health/Substance Abuse preauthorization and claims contact: Copypsych at 1-800-537-6221
 Personnel Service Center (PSC) 1-877-455-7768
 800 BSC Customer Service at 1-800-775-2668
 First Advice Nurse Line: 1-888-521-2553 (toll-free)
 Members: For information regarding PPO Network Providers, call 1-800-910-2811 (toll-free).
 Hospital/Physician Services: Submit all claims to your local plan following its procedures.
 Employee submitted claims, including dental, should be filed to BlueCross and BlueShield, Attention: Service Center, P.O. Box 8000 Greenville, SC 29604-9000.
 Plan (or Licensee/Contract Affiliates) provides comprehensive claims services only and does not assume any financial risk or responsibility with respect to claims. Blue Cross and Blue Shield of South Carolina are independent licensees of the Blue Cross and Blue Shield Association. GK

LONG TERM INSURANCE AUTHORIZATION
 I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.
William Mark Casey
 (Patient's Signature)
July 14, 2004

CASEY, WILLIAM MARK DL# [REDACTED]
 240 LIGHTWOOD FARM RD Expires: _____
 WOODRUFF SC 293887600
 Class: D Hgt: 6-08 Wgt: 165
 Sex: M DOB: [REDACTED]
 Issued: 10-15-2003 42079 R 4


000403

MANN 026457

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

Fax: (864) 582-3750

*Jeldman
573-6323*

*560-6013
6270*

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of (name of organization)
Upstate Lung & Critical Care and Spartanburg Regional
to use or disclose the following information about me: _____

For the following purposes:
 At the request of the undersigned individual
____ Other (describe) _____

The health information described above may be used or released to:
Lung & Chest Medical fax to 542-9043

This Authorization expires:
 On the following date: 12/31/2009 unless otherwise revoked by the patient, which is their right.
____ When the following event occurs: _____
____ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

William Mark Casey X 10-22-2004 X [redacted] 1958 X [redacted]
Patient Signature Date Date of Birth Social Security Number
William Mark Casey Mari J. Kimbrell
Patient printed name Witness Signature

The above individual is unable to consent because:
____ Minor
____ Incompetent
____ Other (explain): _____

I therefore consent on behalf of the individual named above.

Signature _____ Relationship _____
Witness Signature _____ Date _____
Upstate Lung Spartanburg Regional
H&P, last office notes, ER, Admission, Discharge,
any diagnostics Diagnostic Info, Bronch Report,
6404 Cytology
2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Imonary Medicine Critical Care Bronchoscopy Asthma Therapy Sleep Disorders
000401

MANN 026458

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LINGCHEST MEDICAL
FAX : 8645823758
TEL : 8645826858
SER. # : BRDJ2N537248

DATE, TIME : 10/22 13:32
FAX NO./NAME : 5736323
DURATION : 00:00:21
PAGE(S) : 01
RESULT : OK
MODE : STANDARD
ECM

*Saved medical record
release to Dr. Feldman's -
re; William Mark Casey

Mara
Kirbull*

9000908170

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000400

MANN 026459

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
srmc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0024c2030022

1.0 2.0

*Saved medical record
release to SRMC
re: Willson Mark Long*

*Manni Kinbree CMA
10/29/04*

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000399

MANN 026460

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FIO2 _____

Cough _____	Smoking _____	Present illness + reason for visit _____
Sputum _____	Nausea _____	<u>NO</u> <u>SHARF</u>
Dyspnea _____	Vomiting _____	_____
Wheezes _____	Diarrhea _____	_____
Edema _____	Chest Pain _____	_____
Palpitations _____	Pain _____	_____
Oriented _____	ETOL _____	_____
New Allergies _____		
Last Chest X-Ray _____		

Physical Exam: WNL/NEG * ABN/POS

- General Appearance _____
- Skin/Turgor _____
- ENT _____
- Sinus _____
- Mouth _____
- Neck _____
- Heart: Rhythm _____
- Murmurs _____
- Gallop _____
- Tones _____
- Abdomen _____
- Chest/Lungs: _____
- Breath Sounds _____
- Wheezes _____
- Rales _____
- Effort _____
- Symmetry _____
- Extremities: _____
- Mobility: Gait _____
- Reflexes _____
- Aides _____
- Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O₂Sat Rest _____
Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG'S _____ BUN _____ Cre _____ K+ _____ Theo _____
O₂Sat Rest _____

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

next Appt _____ Wks _____ Months W/OJF JAB DRE Signature _____ Staff _____
next Visit: Spiro L/V DLCO PA PAL Sinus Dexta BLDWK _____ Other _____

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000397

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MANN 026462

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M Chart# 11686 Date 7-7-04

Wt 171 Ht B/P 144/88 H/R 85 RR Temp FiO2 .21

Cough Some Smoking quit 2 wks Present Illness + reason for visit Feels tightness in chest. Also gets soreness @ chest tube site. Staying in bed to sleep on that side. Feels like heart is racing @ times

Physical Exam: ✓ WNL/NEG ✗ ABN/POS

- General Appearance ✓
• Skin/Turgor ✓
• ENT ✓
• Sinus ✓
• Mouth ✓
• Neck ✓
• Heart: Rhythm ✓
Murmurs ✓
Gallop ✓
Tones ✓
• Abdomen ✓
• Chest/Lungs:
Breath Sounds ✓
Wheezes ✓
Rales ✓
Effort ✓
Symmetry ✓
• Extremities: ✓
• Mobility: Gait ✓
Reflexes ✓
Aides ✓
• Mental Status ✓

Feels better, complant

not strong/brass

PLV near 15 1/2

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2 Sat Rest 98

Office Treatment Referred to Pulm Rehab - Home DR

Diagnosis Asper - Cells Plan Pulm

Prescriptions
Next Appt. Wks Months W/GJF JAB DRE Signature Staff
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK Other

000908120

000396

MANN 026463

SPIROMETRY REPORT
PB100 SW Rev: J-J

UPSTREAM LUNG AND CRITICAL CARE

TEST DATE: 07/07/04
TIME: 15:02

Patient Name: William Casey
 Patient ID: 11686 Age: 46 Height (in): 68 Weight (lbs): 171 PreMed Time: 15:03
 Systolic Pressure (mmHg): 760 Temp (deg F): 70 STPS Correction: 1.110 Sex: Male Race Correction: No Smoker: Yes
 Test Date: 07/07/04 Sensor: FS200 Insp Code: None

FVC TEST DATA - Clinical Format

Measurement	PreMed	Pred	%Pred
FVC (L)	4.47	4.45	100%
FEV1 (L)	3.61	3.66	99%
%FEV1 (%)	80.76	82.42	98%
FEF25%-75% (L/S)	3.57	3.85	93%
PEF (L/S)	9.98	8.67	115%
FEV3 (L)	4.26	4.24	100%
FET (S)	4.95		

Knudson 83 Adult Predicted Normals
 PostMed %Pred %Change

*HAS Consumed / Advon
 Used yesterday, NOT
 TODAY*

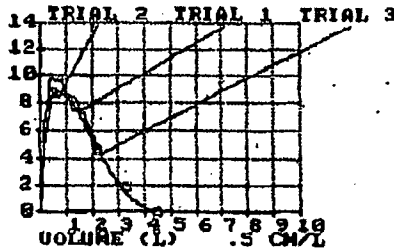
Variability: PreMed: FVC = 0.02(0ml) FEV1 = 0.32(10ml) PEF = 10.7%

PREMED

□ = PRED POINT

FLOW (L/S)

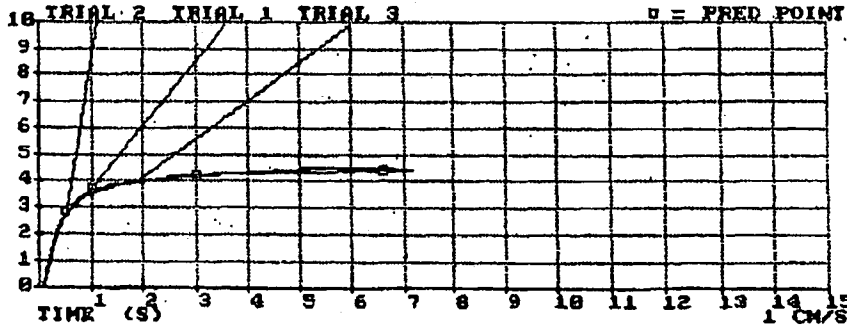
.25 CM/L/S



PREMED

VOLUME (L)

.5 CM/L



Interpretations:

Lung Age: 47 years
 PREMED: Testing indicates normal spirometry.

Comments:

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000395

MANN 026464

1 of 3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: AM/PM CHART# 11686 BY DF
called RE: William Casey
TELEPHONE# PT PHONE#
DATE OF LAST VISIT NEXT APPT DATE DOB 158

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:
Name of Pharmacy: Pharmacy Telephone#
Drug Called in: am/pm BY (Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt came back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (Carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the xray but he was unable to see it in the fibroptic-bronch but something was there.

Nursing Interventions/Advice Pt stated he did not have a psm with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports pain continues. Pt reported that all he wanted was something that

M.D. Signature
Call 911 JUN 28 2004 Go to ER Appointment given in office CALLED
Referral(s) JUN 28 2004 Instructions Accepted Yes No
By: Dr. J. Boscia (Staff) (Doctor)

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000394

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MANN 026465

9

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE / / TIME: AM/PM CHART# BY
called RE:
(caller name/relation)

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:
Name of Pharmacy: Pharmacy Telephone#
Drug Called In: / am/pm BY
(Staff) (Doctor)

#2: PATIENT COMPLAINT

would stop him from pacing all the time and be able to sleep at night. He reported that he has to take the Zanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest sit and watch TV before all Nursing Interventions/Advice this happened & now he just finds himself pacing. Dr. Boscia told patient he was not able to answer all his questions because the procedure he did should not we caused all these prns. Dr. Boscia suggested

9000908170

Call 911 Go to ER Appointment given in office

Referral(s) Instructions Accepted Yes No

 / (Date/Time) (Staff) Boscia (Doctor)

000393

MANN 026466

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____
 _____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / ____ am/pm BY _____
(Staff) (Doctor)

9000908170

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedures. Patient's sister quickly said that she ~~had~~ see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Felton next week. She shook her head "no" that she would have "some" contact.

Nursing Interventions/Advice WS. At ~~no~~ one point during the visit Mr. Casey stated "I don't want no parts of this, I just want to be able to rest & stop pacing". At one point the sister talked about all the expenses of the hospital bill.

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes _____ No _____
(Date/Time) (Staff) (Doctor)

Roscia
(Doctor)

000392

Patient was given an Prescription
for Ambien And was Advised
not to take this medication
in conjunction with Cortab
And Zanaflex

Diann Foster

9000908170

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000391

MANN 026468

6:25:04 William Casey

1. Why such urgency of flexible bronch?

Rosita: "window of opportunity"

-had CT before discharge

-Pt. went to hospital originally for chest pain

Rosita: "Pain predates us. He had the pain before this procedure."

Pt. Sister: "He is having pain from this procedure!"

6:25:04 William Casey

Rosita: "I want to be firm! Don't take iohal, ZaroMex + Ambien together. It will suppress your respirations!"

William Casey: "The only question I have for you is what can you do to help me stop walking in circles?"

M.D. Signature

JUN 28 2004

Handwritten signature
RTR

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000390

Upstate Lung And Critical Care Specialists, P.C.

①

Name: Casey William M. Chart# 11086 Date 6/25/09 B

Wt 172 Ht 68 B/P 130/90 H/R 90 RR Temp F102 Rn

Cough occ Smoking + Present Illness - reason for visit gets tired easily
 Sputum occ Nausea - continues to have same
 Dyspnea 0 Vomiting 0 chest tightness. Reports
 Wheeze occ Diarrhea 0 chronic back pain
 Edema 0 Chest Pain tightness continues to have trouble
 Palpitations occ Pain chronic back resting - sister reports
 Oriented yes ETOL Pain he is spending and he cannot
 New Allergies _____ Pain level 3 sit down because he hurts
 Last Chest X-Ray _____

Physical Exam:

✓ WNL/NEG * ABN/POS

• General Appearance _____
 • Skin/Turgor _____
 • ENT _____
 • Sins _____
 • Mouth _____
 • Neck _____
 • Heart Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 • Abdomen _____
 • Chest/Lungs: clear
 Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 • Extremities: _____
 • Mobility: Gait _____
 Reflexes _____
 Aides _____
 • Mental Status _____

pt. ch pacing flms
could not sleeping
see notes

9000908170

LAB ORDER: Spicimens _____ EKG _____ Sins _____ CBC _____ Gtu _____ PT _____ INR _____
 Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG'S _____ Bun _____ Cre _____ K+ _____
 O₂Sat Rest _____ Theo 96%
 Office Treatment _____

Education _____

Diagnosis Chronic Pain Plan PTU & Feldene
fractures in 2 weeks
ambulation group

Prescriptions _____
 Next Appt. _____ Wks _____ Months W/GIF IAB DRE Signature _____ Staff W. J. ...
 Next Visit: Spiro L/V DLCO PA PAL Sins Data BLDWK _____ Other _____

000389

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MANN 026470

(2)

H. Feld not to take Xanax & Lorazepam
in Ambien

R

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000388

MANN 026471

①

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.22.04 TIME: _____ AM/PM CHART# 11626 BY MEH
called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / _____ am/pm BY _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Call came 6/17/04 @ 4:30

Pt. called after 4th visit @ 4:30 PM. He said he was not feeling well. He said he was not sleeping. He said he was not eating. He said he was not doing well. I could not find anything. I was told he was not doing well. I was told he was not doing well. I was told he was not doing well.

IT WAS TOLD TO CALL 4:30 PM. I WAS TOLD TO CALL 4:30 PM. I WAS TOLD TO CALL 4:30 PM.

CALLER SIGNATURE _____
DATE: JUN 22 2004
ACCEPTED: BY [Signature]
ACCEPTED: Yes No

(Date/Time) _____ (Staff) _____ (Doctor) _____
Dr. Dan Foster

9000908140

000387

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MANN 026472

(u)
Pt. said he was taking Zanaflex
as many as needed to "pass out"
@ night. Pt was warned not to
do that. Zanaflex not given by
this office.

9000908170

000386

MANN 026473

Upstate Lung And Critical Care Specialists, P.C.

(1)

Name: William M. CASEY Chart# 11686 Date 10-11-04

Wt: 165 Hi: 68" B/P: 112/82 H/R: 117 RR: 18 Temp: 100.0 FIO2: RA

Cough + Smoking +
Sputum brown Nausea 0
Dyspnea 0 Vomiting 0
Wheezes 0 Diarrhea 0
Edema 0 Chest Pain 0
Palpitations 0 Pain Chest tube
Oriented + ETOL 10/10

Present illness + reason for visit:
Sweating all night
Coughing up brown phlegm

Last Chest X-Ray 10/8/04 USLCCS

Went to movie last pm. (7:30)
8:45 - felt ill, went to bed
Went to bed "forgot" wake
"some taxing procedure" (2000)

Physical Exam:

General Appearance: WNL/NEG
Skin/Turgor: good
ENT: normal
Sinus: normal
Mouth: normal
Neck: normal
Heart: Rhythm: normal
Murmurs: normal
Gallop: normal
Tones: normal
Abdomen: normal
Chest/Lungs: Breath Sounds: 2/2 clear
Wheezes: none
Rales: none
Effort: normal
Symmetry: normal

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Extremities: normal
Mobility: Gait: normal
Reflexes: normal
Aides: normal

Mental Status: normal
LAB ORDER: Spirometry, EKG, Sinus, CBC, Glu, PT, INR, Theo 900

Office Treatment: nurse note over
Education: seen by Dr. Doran

Diagnosis: COPD
Plan: 2 pack (smoker)
Lorazepam
Spinal Anesthetics

Prescriptions:
Next Appt: 2 Wks
Signature: [Signature]

000385

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MANN 026474

Pt. told me he had talked to
 A person of whom he saw then picture
 while in my office about his condition.
 I told him I wish he had not done
 that because we do not speak of
 any of our Pto with friends & family.
 I would tell me free if he asks that
 - did not know you.

Handwritten signature

9000908170

000384

MANN 026475

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.11.04 TIME: _____ AM/PM CHART# 11686 BY MEH

(caller name/relation) called RE: William Casey

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / _____ am/pm BY _____
(Staff) (Doctor)

9000908170

#2: PATIENT COMPLAINT

Pt's sister called to report her brother
was in severe pain @ chest tube site.
was taking Percocet 5mg 2-3 @ a time every
4 hrs with no relief. He has appt
with Pain Center on 6/17/04 if not
sooner. Dr. Boscia ordered oxycodone 20mg
T BID only amount until Pain Center.

Nursing Interventions/Advice could see (Lx DeHass w/
13 pills) I talked with sister in great of
Diann Foster RN of danger if pt not to
take pain meds he had with oxycodone.
Sister told nurse she would remove

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes _____ No _____

(Date/Time)

(Staff)

(Doctor)

000383

MANN 026476

RZ

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.11.04 TIME: _____ AM/PM CHART# _____ BY MEH
called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ am/pm BY _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

All pain meds from his home & only
leave with him what he could take
~~get~~ have QD. Our office will call
to see if apt with pain center
can be done

Nursing interventions/Advice _____

Rx was picked up by _____ M.D. Signature
JUN 1 2004

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes _____ No _____

(Date/Time) _____ (Staff) _____ (Doctor) _____

9000908170

000382

MANN 026477

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.18.04 TIME: _____ AM/PM CHART# 11686 BY MEH
 _____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / _____ am/pm BY _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, P.C. 1091 BOILING SPRINGS ROAD SPARTANBURG, SC 29303 TELEPHONE (864) 573-6220		1419 N. LIMESTONE ST. GAFFNEY, SC 29340 TELEPHONE (864) 487-9931			
<input checked="" type="checkbox"/>	Gregory J. Felman, MD 15838	<input type="checkbox"/>	Joseph A. Bosch, II, MD 22330		
<input type="checkbox"/>		<input type="checkbox"/>	Orlando R. Erb, MD 553999		
NAME	<u>William Carey</u>		DATE <u>6/8/04</u>		
ADDRESS	_____				
LABEL DRUG NAME, STRENGTH & QUANTITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Nursing Int	Rx 1	<u>As will be out</u>	STRENGTH	QUANTITY	REFILL
	SIG	<u>100 mg bid</u>			
		<u>NO RPT 10 weeks</u>			
Rx 2	<u>infil injection</u>	STRENGTH	QUANTITY	REFILL	
SIG	<u>every 2 weeks</u>				
		<u>next apt. date</u>			
Rx 3	<u>Aug. 17, 04 @ 10:00</u>	STRENGTH	QUANTITY	REFILL	
SIG	<u>100 mg bid</u>				
M.D. Signature		<u>M.D. Signature</u> M.D. _____ DEB _____ UA-103 _____			

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Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes _____ No _____

(Date/Time) _____ (Staff) _____ (Doctor) _____

000381

MANN 026478

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04
Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR Temp F102

Cough + Smoking + Present illness + reason for visit HFLU
Sputum 0 Nausea 0
Dyspnea 0 Vomiting 0
Wheezes little Diarrhea 0
Edema 0 Chest Pain 0
Palpitations 0 Pain back
Oriented + ETOL
New Allergies 0
Last Chest X-Ray

NO PRODUCTIVE Coughing,
little wheezing, SOB, chest
pain + back pain.

patient has been instructed on the
DANGERS of Smoking and the
Importance of Stopping.

Dated: 6/8/04 by: KMS

Physical Exam: ✓ WNL/NEG * ABN/POS

• General Appearance
• Skin/Targor
• ENT
• Sinus
• Mouth
• Neck
• Heart: Rhythm
Murmurs
Gallop
Tones
• Abdomen
• Chest/Lungs:
Breath Sounds
Wheezes
Rales
Effort
Symmetry
• Extremities:
• Mobility: Gait
Reflexes
Aides
• Mental Status
LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O₂Sat Rest
Lung Vol DLCO U/A CXR ABG'S Bup Cre K+ Theo 94%
O₂Sat Rest

ck 0+10
Pneumonia
D - is not normal
Disability
back pain
Coughing
dyspnea
Pain clear to see

Office Treatment

Education must quit smoking for work + school

Diagnosis Referral to Pulmonologist - Next apt. 8/17/04
Pneumonia
back pain
Disability

Prescriptions
Next Appt. ___ Wks ___ Months W/G/F JAB DRE Signature Staff
at Visit: Spiro LV DLCO PA PAL Sinus Dexa BLDWK Other

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000580

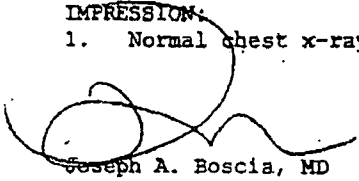
UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today.
The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.



Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

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000379 /

MANN 026480



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

Dr. Feldman wants Appt ASAP (this week)

NEW PATIENT REFERRAL FORM

International Spinal Injection Society

Society for Acute Practice in Pain Management

American Pain Society

Patient Name: William Casey

D.O.B.: [REDACTED] - 1958 SS#: [REDACTED]

Address: 240 Lightwood Farm Road

City: Woodruff State: SC Zip: 29388

Home Phone #: 486-9131 Alt. Phone #: Carol Casey 690-9648
Sister

- Reason for referral:
- Consult Only
 - Consult & TX
 - Injection Only: _____ (type)
 - Others: _____ (type)

Diagnosis: Bulging Disk - Disabling pain
MRI of Back @ MBH

Insurance: BCBS (please send a copy of the card)

IS THIS A WORKMAN'S COMPENSATION INJURY? YES NO

IF YES: Carrier Information: _____

Adjusted/Case Manager: _____ Phone: _____

Referring Physician: Gregory Feldman

Office Address: 1091 Boiling Springs Rd

Office Phone#: 573-6370 Fax: 573-6323

Contact Person/Extension: Natalie Smith

PLEASE FAX MEDICAL RECORDS TO (864) 583-0390 WITH THIS REFERRAL FORM. APPOINTMENTS CANNOT BE MADE UNTIL BOTH ARE RECEIVED!

THE FOLLOWING PATIENT HAS AN APPOINTMENT WITH DR. _____
ON _____ AT _____ . Scheduled by: _____

Carolinas Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28901
828-232-1856

54 Bear Drive
Greenville, SC 29605
864-285-6399

278 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

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MANN 026481

Upstate Lung and Critical Care Specialists
HEALTH HISTORY
(Confidential)

Name Wm Mark Casey Today's Date June 8, 2004
Age 45 Birthdate 58 Sex M Date of last physical examination May 4, 2004
Who is your primary/referring physician? Dr Frank Gonca
What is the reason for the visit? follow up w/ Dr Feldman

SYMPTOMS: Check (✓) symptoms you currently have or have had in the past year.

GENERAL

- Chills
- Depression
- Dizziness
- Fainting
- Fever
- Forgefulness
- Headache
- Loss of sleep
- Loss of weight
- Nervousness
- Numbness
- Sweats

MUSCLE/JOINT/BONE

- Pain, weakness, numbness in:
- Arms Hips
 - Back Legs
 - Feet Neck
 - Hands Shoulders

GENITO-URINARY

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination

RESPIRATORY

- Short of breath Cough
- Cough up blood Wheeze
- Loud snoring Excessive sleepiness

GASTROINTESTINAL

- Appetite poor
- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive burger
- Excessive thirst
- Gas
- Hemorrhoids
- Acid indigestion
- Nausea
- Rectal bleeding
- Stomach pain
- Vomiting

CARDIOVASCULAR

- Chest pain
- High blood pressure
- Irregular heart beat
- Low blood pressure
- Poor circulation
- Rapid heart beat
- Swelling of ankles
- Varicose veins
- Blood clots

EYE, EAR, NOSE, THROAT

- Bleeding gums
- Blurred vision
- Crossed eyes
- Difficulty swallowing
- Double Vision
- Earache
- Eye discharge
- Hay fever
- Hoarseness
- Loss of Hearing
- Nosebleeds
- Ringing in ears
- Sinus problems
- Vision-Flashes
- Vision-Halos

SKIN

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Scars
- Sore that won't heal

MEN ONLY

- Breast lump
- Erection difficulties
- Lump in testicles
- Penis discharge
- Sore on penis
- Prostate difficulties
- Other

WOMEN ONLY

- Abnormal Pap Smear
- Bleeding between periods
- Breast lump
- Extreme menstrual pain
- Hot flashes
- Nipple discharge
- Vaginal discharge
- Other

Date of last menstrual period _____
Date of last Pap smear _____
Have you had a mammogram? _____
Date of mammogram _____
Are you pregnant? _____
Number of children _____

CONDITIONS: Check (✓) symptoms you have or have had in the past.

- AIDS
- Alcoholism
- Anemia
- Anorexia
- Appendicitis
- Arthritis
- Asthma
- Bleeding Disorders
- Breast Lump
- Bronchitis
- Bulimia
- Cancer
- Cataracts

- Chemical Dependency
- Chicken Pox
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Goiter
- Gonorrhea
- Gout
- Heart Disease
- Hepatitis
- Hernia
- Herpes

- High Cholesterol
- HIV Positive
- Kidney Disease
- Liver Disease
- Measles
- Migraine Headaches
- Miscarriage
- Mononucleosis
- Multiple Sclerosis
- Mumps
- Pacemaker
- Pneumonia
- Polio

- Prostate Problem
- Psychiatric Care
- Rheumatic Fever
- Scarlet Fever
- Stroke
- Suicide Attempt
- Thyroid Problems
- Tonsillitis
- Tuberculosis
- Typhoid Fever
- Ulcers
- Vaginal Infections
- Venereal Disease

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MANN 026482

MEDICATIONS: List medications you are currently taking including inhalers and over the counter medicines.

PLEASE BRING WITH YOU

Name	Strength	Times Per Day	Name	Strength	Times Per Day
Baytra	80 mg	1			
Witron	50 mg	2 X 4			
Zenox Flex		1			
Loxub	10	1 X 2			

PHARMACY NAME: CVS Asheville rd PHONE

ALLERGIES
To medications and substances

HOSPITALIZATION

YEAR	HOSPITAL	REASON for HOSPITALIZATION and OUTCOME
2000	Spartanburg Regional	Chest Pain
1996	Thomasboro Surgery	many back

Have you ever had a blood transfusion? Yes No
If yes, please give approximate dates: _____

PHYSICIANS THAT YOU ROUTINELY VISIT:

NAME	ADDRESS	PHONE NUMBER
Dr Frank Granda	Boiling Springs	

PULMONARY HISTORY
Are you a smoker? No Yes If yes, how many packs? less than 1/2 pack How many years? 25 If you have quit, how many years did you smoke? _____ Packs per day? _____ How long did you quit? _____
Does anyone else in your home smoke? No Yes

Do you have a chronic cough? No Yes If yes, how long have you had it? _____ Did you cough anything up?
 No Yes What color are you coughing up? Have you ever coughed up blood? No Yes If yes, when? _____

Do you get short of breath if you walk or climb steps? No Yes At rest? No Yes At other times? No Yes
If yes, when? _____

Do you ever notice yourself wheezing? No Yes If yes, what make the wheezing worse? _____

When was your last Chest X-ray? 6-6-04 Where? Spartanburg Regional

Have you ever had a skin test for TB (Tuberculosis) No Yes If yes, When? _____

Have you ever been exposed to TB No Yes If yes, When? NO Have you had skin test since being exposed? No Yes If yes, what kind? _____

Do you have indoor pets? No Yes If yes, what kind? LOKKA spaniel

Have you been or are you exposed to dust or fumes No Yes If yes, what kinds? Michelin - Hydrox

Have you traveled out of the Upstate area? No Yes If yes, Where? _____

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SYMPTOMS:	SOCIAL HISTORY	OCCUPATIONAL CONCERNS
Check (S) which substances you use and how much you use <input type="checkbox"/> Caffeine <u>1/2 pack</u> <input type="checkbox"/> Street Drugs _____ <input checked="" type="checkbox"/> Tobacco <u>1/2 pack</u> <input checked="" type="checkbox"/> Alcohol <u>social</u> <input type="checkbox"/> Other _____	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Number of Children <u>2</u> <input type="checkbox"/> Hobbies <u>Golf</u>	OCCUPATION: <u>Michelle Tree Building trees</u> Check (S) if your work exposes you to: <input checked="" type="checkbox"/> Stress <input checked="" type="checkbox"/> Heavy Lifting <input checked="" type="checkbox"/> Hazardous Substances <input type="checkbox"/> Other

FAMILY HISTORY

Parent's living? Yes No, Father's Age/Cause of Death 73 - fatal myocardial infarction
 Mother's Age/Cause of Death 72 - prostate procedure in hosp. - kidney to renal + cardiac
 Siblings living? Yes No, Brother's Age/Cause of Death 43 - radiation from to pulmonary artery complications
 Sister's Age/Cause of Death + bronchial tube atrophy resulting in rupture + bleed out
 Any additional Pulmonary family problems? _____

Immunization History

Flu Vaccine _____
 Pneumonia Vaccine _____

Do you have any other medical concerns that you would like to discuss with your doctor? Yes No

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Wm Mark Casey
 Signature

6-8-04
 Date

1. Down well - see rdp
 SIP pneumonia medication
 SIP dryer procedure
 (Unable to find breast)
 body -> very abnormal
 breasts
 (Visual)
 C 2

000375



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

International Spinal Injection Society

Society for Private Practice
Pain Management

American Pain Society

M.D. Signature

June 17, 2004

Gregory J. Feldman, M.D.
1091 Boiling Springs Road
Spartanburg, SC 29303

~~Re: Gregory, William~~

Dear Dr. Feldman:

Thank you referring Mr. Casey to our pain clinic. He was seen about three and one-half years ago, after being referred by his family physician, Dr. Gonda. He was diagnosed with mechanical low back pain. I ordered an MRI scan of his lower back, but the patient never returned.

Today, the patient's clinical features have not really changed except for Mr. Casey appearing to be more depressed. He is also having some epigastric pain but on examination, this looks as if it is coming from his chest wall. I think he may benefit from being seen by a gastroenterologist. As far as his low back pain is concerned, it is purely mechanical, and his MRI is practically normal with two slightly bulging disks that are obviously not his source of pain. He received an epidural steroid injection by a radiologist at Mary Black, which did not help. Firstly, according to the picture that I have seen, they never got the needle into the epidural space and, secondly, the patient did not have pain that can be alleviated with an epidural steroid injection. I discussed treatment options with Mr. Casey, and, again, I think he would benefit from diagnostic and, hopefully, therapeutic lumbosacral joint injections. If this would provide relief for only a short period of time, then we would set him up for specific therapy for his pain.

Also, I believe Mr. Casey would benefit from seeing a psychologist or psychiatrist to treat his anxiety and depression. At this point, however, we will not address this issue.

Again, thank you again for allowing me to participate in the consultation and treatment of this patient.

Sincerely,

Y. Eugene Mironer, M.D.

YEM/ss/mds
cc: Frank E. Gonda, M.D.

(Dictated, not read)

RECEIVED
JUN 28 2004
BY:

9000908170

Carolinas Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28801
864-295-1000

54 Bear Drive
Greenville, SC 29605
864-295-6399

278 East Kennedy Street
Spartanburg, SC 29302
864-683-0063

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MANN 026485

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

M.D. Signature

JUN 08 2004

CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: ██████████ 1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSEK, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the

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MANN 026486

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

cc:
ANDRAS ROSER, M.D., Admitting Physician

***END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:09:48 PM

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000572

MANN 026487

SRHS

6/5. 004 6:17 PAGE 001/002 F. Server

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11/6/06

OP REPORTS

M.D. Signature

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MANN 026488



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

- 1. Patient Instructions** - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASEY WILLIAM MARK 15'8" 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM RD, WOODRUFF, S.C, 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C. (TERMINATED)

(g) Patient Telephone Number (864) 496-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIME LINE ASSEMBLY - TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

0600903070

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
 Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
 Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG, Q.H.S., ADDERALL XR 20 MG 2 Q.A.M., AMBIEN 10 MG, Q.H.S. (PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST)
 Impairment from medication effects None known

(f) Is patient still under your care for this condition? Yes No, date service terminated _____

(g) Treatment summary PSYCHOTHERAPY; COGNITIVE & EMOTIONAL ASSESSMENT SUPPLEMENTED BY PSYCHOTROPIC MEDS;
COGNITIVE, REALITY & SUPPORTIVE (MM/DD/YYYY)

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
 (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING ↓ S.I.T. & L.I.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION; POOR FINE & GROSS MOTOR COORDINATION DEPRESSED MOOD, ANHEDONIA, SLEEP DISTURBANCES, FRUSTRATION (TELEPHONE), AGITATION, LETHARGY, EARLY FATIGUE, CHEST PAINS
 (b) Date symptoms first appeared or accident happened 5-14-06 MM/DD
 (c) Has patient ever had same or similar condition? No Yes, state when and describe. (CHEST PAINS (OPERATION) ON EXERCISE, CHEST PAINS PREVIOUSLY COMA, BRAIN DAMAGE, NEUROLOGICAL DYSFUNCTION AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BRONCHOSCOPY ENG/03/04
 (e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown
 (f) Other Treating Physicians JOB ON 5-28-04
 Name WILSON SMITH, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
 • Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
 • Able to work with others Yes No Other/describe in (d)
 • Able to give supervision Yes No Other/describe in (d)
 • Able to work cooperatively with others in group setting Yes No Other/describe in (d)
 • Able to do? Select one: Place remarks in item (d) below, if applicable.
 Heavy work activity. No limitations of functional capacity.
 Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 Other. Place remarks in item (d) below.
 (b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN PERFORM HOUSE OR YARD WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED, ALSO, INTELLECTUAL PERFORMANCE & SOCIAL STRESS ARE OVERWHELMING, UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY.
 • Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
 • Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week (N/A)
 • Date you prescribed restriction on work activities Month 08 Day 04 Year 04
 • How long are these restrictions/limitations in effect? Permanent Restrictions No Longer
 Days Weeks Months
 • Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
 (MM/DD/YYYY) (MM/DD/YYYY)
 (c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC
 (d) Other/Comments DISORDERS.

0500903070

6. Current Status

NO PSYCHIATRIC AFTER FIRST 6 MONTHS.
 (a) Patient has Improved Stabilized Regressed Not Applicable
 (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.
 (c) In your opinion, is your patient motivated to return to work? MR. CASEY WOULD PREFER MUCH PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

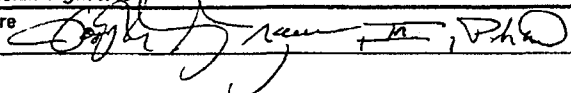
Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

0300903070

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 6-22-06
--	-------------------------------------



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

1. **Patient Instructions** – The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The **Patient** is responsible for completing this section, and for ensuring that their **Attending Physician** completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASEY | WILLIAM | MARK | 15'8" | 170
 Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender Male Female

(d) Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) Check if New
240 LIGHTWOOD FARM RD, WOODRUFF, S.C. 29398

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C. (TERMINATED)

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LING. ASSEMBLY - TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The **Attending Physician** should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NON PSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
 Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
 Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

(c) If Pregnancy related, delivery or expected date N/A MM ____ DD ____ YYYY ____ Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG, Q.H.S., ADDERALL XR 20 MG 2 Q.A.M., AMBLEN 10 MG, Q.H.S. (PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST)
 Impairment from medication effects NONE KNOWN

(f) Is patient still under your care for this condition? Yes No, date service terminated _____
COGNITIVE, REALITY & SUPPORTIVE (MM/DD/YYYY)

(g) Treatment summary PSYCHOTHERAPY; COGNITIVE & EMOTIONAL ASSESSMENT SUPPLEMENTED BY PSYCHOTROPIC MEDS.

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
 (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

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**JOSEPH G. GRACE III, PH.D
SPARTANBURG FAMILY MEDICINE CENTER
853 NORTH CHURCH STREET, SUITE 510
SPARTANBURG, SC 29303**

Telephone: (864) 560-1512
Fax: (864) 560-1510

TO: *Aetna Insurance, Attn.: Karen Van Deventer*
FAX #: *866-888-2308*
FROM: **Joseph G. Grace, III, Ph. D.**
RE: *Mark Casey*
Pages: (incl. cover sheet)
DATE: *6/30/08*

COMMENTS:

*****CONFIDENTIALITY NOTE*****

The document accompanying this facsimile transmission contains information which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this cover sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited.

If you have received this facsimile in error, please notify us by telephone immediately.

THANK YOU!

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MANN 026493

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING V.S.T. & L.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION, POOR FINE & GROSS MOTOR COORDINATION, DEPRESSED MOOD, ANHEDONIA, SLEEP DISTURBANCES, FRUSTRATION, TOLERANCE, HEADACHE, LETHARGY, EARLY FATIGUE, CHEST PAINS
 (b) Date symptoms first appeared or accident happened 5-14-04
 (c) Has patient ever had same or similar condition? No Yes, state when and describe. CHEST PAINS PREVIOUSLY, CARPA, BRAIN DAMAGE, NEUROLOGICAL DYSFUNCTION, AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BRONCHOSCOPY ON 6/23/04
 (e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown
 (f) Other Treating Physicians A CHAIN OF MEDICAL PROBLEMS DEVELOPED AFTER MR. CASEY CHEST PAINS ON 5-29-04
 Name WILSON SMITH, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name JEFFREY SMITH, MD Specialty PSYCHIATRY City SPARTANBURG State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
 • Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
 • Able to work with others Yes No Other/describe in (d)
 • Able to give supervision Yes No Other/describe in (d)
 • Able to work cooperatively with others in group setting Yes No Other/describe in (d)
 • Able to do? Select one: Place remarks in item (d) below, if applicable.
 Heavy work activity. No limitations of functional capacity.
 Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 Other. Place remarks in item (d) below.
 (b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN PERFORM HOUSE OR YARD WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED, ALSO, INTELLECTUAL PERFORMANCE & SOCIAL STRESS ARE OVERWHELMING. UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY.
 • Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
 • Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week (N/A)
 • Date you prescribed restriction on work activities Month 08 Day 04 Year 04
 • How long are these restrictions/limitations in effect? PERMANENT RESTRICTIONS No Longer
 Days Weeks Months
 • Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
 (MM/DD/YYYY) (MM/DD/YYYY)
 (c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC DISORDERS.
 (d) Other/Comments

6. Current Status

NO PSYCHIATRIC AFTER FIRST 6 MONTHS.

(a) Patient has Improved Stabilized Regressed Not Applicable
 (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.
 (c) In your opinion, is your patient motivated to return to work? MR. CASEY WOULD PREFER MUCH PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 6-22-06
---------------	------------------------------



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Karen VanDeventer
Senior Technical Specialist
1-877-465-0424

File Copy

May 17, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter concerns your application for Long Term Disability (LTD) Benefits.

As you were advised at the outset of your claim, the policy under which you are insured for Long Term Disability has a limitation which states that if your disability is due, to any extent, to a mental condition, unless you are hospital confined, coverage is limited to 24 months from the date of your disability.

According to the medical information received to date, this 24-month limitation applies to your claim. This letter is to place you on notice that no further benefits will be paid after May 28, 2006, unless your condition causes you to be hospital confined at that time.

Under separate cover, you will receive your final check for the period of May 1, 2006, through May 28, 2006, in the amount of \$1721.32.

The policy states:

A Period of Total Disability:

A period of total disability starts on the first day you are totally disabled as a direct result of a significant change in your physical or mental condition occurring while you are insured under this Plan. You must be under the care of a physician. (You will not be deemed to be under the care of a physician more than 31 days

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MANN 026496

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May 17, 2006
William Casey

before the date he or she has seen and treated you in person for the disease or injury that caused the total disability.)

Your period of total disability ends on the first to occur of:

- The date you are not totally disabled.
- The date you start work at a reasonable occupation.
- The date you fail to give proof that you are still totally disabled.
- The date you refuse to be examined.
- The date you cease to be under the care of a physician.
- The date you reach the expiration of the Maximum Benefit Duration shown on the Summary of Coverage.
- The date you become eligible for benefits under any other long term disability benefits plan carried or sponsored by your Employer, if such date occurs after the date the group policy terminates.
- The date of your death.
- The day after Aetna determines you are able to participate in an Approved Rehabilitation Program and you refuse to do so.

Also, a period of total disability will end after 24 monthly benefits are payable if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility for treatment of that condition at the end of such 24 months. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period.

The Separate Periods of Total Disability section does not apply beyond 24 months to periods of disability which are subject to the above paragraph.

If you believe your condition prevents you from performing any reasonable occupation, we will review any additional detailed, medical evidence you wish to submit.

However, based on current information, we believe that our decision is appropriate.

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your

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May 17, 2006
William Casey

name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company
P.O. Box 14554
Lexington, KY 40512-4557

Fax #: 866-888-2308

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If you have any questions, please call (877) 465-0424.

Sincerely,

Karen VanDeventer
Aetna Life Insurance Company

cc: Christopher.R.Jackson
Veronica_Smith
Tracy_L_Wall
Elaine.Shirley

Mar 06 06 03:45p

William Mark Casey

(864) 486-9873

p. 1.

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA

September 6, 2005

Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [REDACTED]

*← please let me know if I need to send any other information
Thanks
Mark Casey*

*864-486-9873
864-686-5929*

Dear Ms. Mika:

Please acknowledge the enclosed request for reconsideration by mailing the second page of the request form to our law firm in the enclosed prepaid return envelope as proof that this appeal has been received. We are also enclosing a Simplified Fee Agreement. Please input the appropriate computer code to show use of this fee agreement. Please stamp the extra copy of the fee agreement "Received" and return it to us as an acknowledgment.

There appears to be no vocational or medical support for the decision denying disability payments. The claimant cannot work for 8 hours a day/5 days a week. Advise if additional information is required. Please send us a copy of the reconsideration decision. Any unfavorable decision will be appealed. Our client will cooperate with any exams scheduled by Social Security.

We would like to obtain a PIA determination. We have been advised to obtain this information from the field office.

We have already reviewed the file. Please send this file to the Disability Determination Service.

Very truly yours,

George H. Thomason

ENCLOSURES: Request for reconsideration; 3441; Simplified fee agreement;
Return envelope

cc: William M. Casey

FAX to 866-888-2308

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MANN 026499



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
File Copy

Disability Unit
1-877-465-0424
1-866-688-2308
**

February 22, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is in reference to your claim for LTD benefits.

Thank you for providing us with your proof of filing for your social security disability claim applications. It is important to keep Aetna informed of the status of your claim. Please provide us with copies of all correspondence you receive from the Social Security Administration regarding your claim.

Under your Long Term Disability Plan provisions, you are required to apply for other income for which you may be eligible. This other income does include Social Security Disability Income benefits.

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter. If you fail to appeal this denial, you will be required to file a new claim thus starting the process over. Please provide us with a copy of your denial and the appeal.

Your long-term disability policy defines the following:

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MANN 026500

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February 22, 2006
William Casey

Estimated Payments

The amount of other income benefits for which you appear to be eligible will be estimated, unless you have signed and returned a reimbursement agreement to Aetna. This agreement contains your promise to repay Aetna for any overpayment of benefits made to you.

If other income benefits are estimated, your monthly benefit will be adjusted when we receive proof:

- Of the exact amount awarded
- when benefits have been denied after a review at the highest administrative level.

Aetna will pay you, if an underpayment in your monthly benefits results. You will have to repay Aetna of any overpayment results. When Aetna has to take legal action against you to recover any overpayment, you will also have to pay Aetna's reasonable attorney's fees and court costs, if Aetna prevails.

If this information is not supplied to us, within 30 days from the date of this letter, we reserve the right to estimate and starting offsetting your claim for Social Security Disability benefits.

Thank you for your immediate attention to this request.

Sincerely,

Disability Unit/THX
Aetna Life Insurance Company

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MANN 026501

5353



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASEY, WILLIAM M. I. Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) 58 Height 15'8" Weight (lb) 170

(c) Patient Gender Male Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New
240 LIGHTWOOD FOREM RD, WOODRUFF, S.C. 29388

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-4131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NONPSYCHOTIC MAJOR DEPRESSIVE DISORDER - Primary ICD Code E10.9
 Secondary Diagnosis CURRENT FOLLOWING CRANIAL BONE DAMAGE Secondary ICD Code 276.23
 Other Diagnosis MANIC DEPRESSIVE DISORDER (296.23) (2.0) Other ICD Codes

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 8-9-04

(c) If Pregnancy related, delivery or expected date N/A MM DD YYYY Delivery
 Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures Other CPT Codes

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG. Q.H.S.
ADDERALL XR 40 MG. Q.A.M., AMBIEN 10 MG. Q.H.S.
 Impairment from medication effects

(f) Is patient still under your care for this condition? Yes No, date service terminated (MM/DD/YYYY)

(g) Treatment summary COGNITIVE & SUPPLEMENTARY PSYCHOTHERAPY, COGNITIVE & PERSISTENCY TESTING

(h) Office visit dates: First 8-4-04 Last 1-26-06 Next 2-7-06 Frequency of appointments SUPPLEMENTARY PSYCHOTHERAPY (WEEKS)
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
 (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State N/A

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (V.S.T. & L.T. RECALL, SLOWING, POOR CONCENTRATION), POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGITATION, & FRUSTRATION
TOLERANCE, LETHARGY, EASILY FATIGUED
(b) Date symptoms first appeared or accident happened 5-28-08 MM DD YYYY
(c) Has patient ever had same or similar condition? No Yes, state when and describe.
(e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown
(f) Other Treating Physicians
Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
• Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
• Able to work with others Yes No Other/describe in (d)
• Able to give supervision Yes No Other/describe in (d)
• Able to work cooperatively with others in group setting Yes No Other/describe in (d)
• Able to do? Select one: Place remarks in item (d) below, if applicable.
 Heavy work activity. No limitations of functional capacity.
 Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 Other. Place remarks in item (d) below.
(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED. EMOTIONAL AND PHYSICAL STRESS ARE OBTUNDED. INABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME.
• Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day (N/A)
• Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week (N/A)
• Date you prescribed restriction on work activities: 5 Month 04 Day 04 Year 08
• How long are these restrictions/limitations in effect? APPEAR TO BE PERMANENT RESTRICTIONS
Days Weeks Months No Longer
• Estimated return to work date? UNREALISTIC (modified duty) UNREALISTIC full duty
(MM/DD/YYYY) (MM/DD/YYYY)
(c) Objective findings that substantiate Impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL
(d) Other/Comments: PSYCHIATRIC DISORDERS

6. Current Status

HAS NEITHER IMPROVED SIGNOR REGRESSED.
(a) Patient has Improved Stabilized Regressed Not Applicable
(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain IN CAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES
(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

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Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

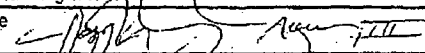
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 516 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 2-3-06
--	-----------------------------

Aetna Life Insurance Company
 Telephone: 877-465-0424
 Fax: 866-888-2308



Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

Employee Name (Last, First, Middle Initial) CASBY, WILLIAM MARCK		Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) [REDACTED] - 57	
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Job Title MICHELIN TIRE ASSEMBLY LINE		Control Number 607472	
Current Diagnosis UNSPECIFIED NEUROPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) MAJOR DEPRESSIVE DISORDER (296.23)		Medications: MIRTAZAPINE 45 MG, Q.H.S. ADDITIONAL XR 40 MG, Q.A.M. AMBIEN 10 MG, Q.H.S.		
Indicate the percent of the day the following activities can be performed: (Occasional 1-33% or 5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)				
Climbing - (DEFERRED)	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> N
Crawling TO FAMILY AND PHYSICIAN AND PULMONOLOGIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Grasping <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm Hand Grasping <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Manipulation <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Motion <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking <u> </u> R <u> </u> L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum weight patient is capable of lifting:		Approved Head and Neck Movements:		
1 - 5 lbs.	<input type="checkbox"/> O	<input type="checkbox"/> F	<input type="checkbox"/> C	<input type="checkbox"/> N
6 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - 35 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 - 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 lbs. +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Static Position <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Frequent Flexing <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Frequent Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Can the Patient operate:		
		A Motor Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Hazardous Machine <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Power Tools <input type="checkbox"/> Yes <input type="checkbox"/> No		
Limitations to: _____ hrs. (DEFERRED)		Exposure Limitations: Yes No Yes No		
Speaking _____		Heat <input type="checkbox"/> <input type="checkbox"/> Dust <input type="checkbox"/> <input type="checkbox"/>		
Vision (explain) _____		Cold <input type="checkbox"/> <input type="checkbox"/> Fumes <input type="checkbox"/> <input type="checkbox"/>		
Depth Perception _____		Dampness <input type="checkbox"/> <input type="checkbox"/> Chemicals <input type="checkbox"/> <input type="checkbox"/>		
Hearing (explain) _____		Noise <input type="checkbox"/> <input type="checkbox"/> Radiation <input type="checkbox"/> <input type="checkbox"/>		
Total # of hours patient capable of working per day: 12 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/>				
Duration of restrictions: TOTAL		Care Complete: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Next Appointment: 2-9-06		
Additional Comments: PT. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MENTAL BLOCKING, ANHEDONIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGITATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO COPE & STRESSORS				
Physician's Signature: [Signature]		Date (MM/DD/YYYY): 2-3-06		

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Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308



Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

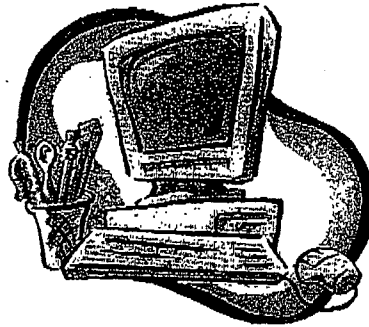
Employee Name (Last, First, Middle Initial) CORSBY, WILLIAM MARVYK		Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) [REDACTED] - 58
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Job Title MICHELIN TIRE ASSEMBLY LINE	Control Number 607472	
Current Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) IN A(SOR) DEPRESSIVE DISORDER (296.23)		Medications: MIRTAZAPINE 45 MG. Q.H.S. ADDERALL XR 40 MG. Q.A.M. AMBIEN 10 MG. Q.H.S.	
Indicate the percent of the day the following activities can be performed: (Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)			
Climbing - (DEFERRED)	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Hand Grasping <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Crawling TO FAMILY AND PHYSICIAN AND PULMONOLOGIST	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Firm Hand Grasping <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Kneeling	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Fine Manipulation <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Lifting	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Gross Manipulation <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Pulling	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Repetitive Motion <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Pushing	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Sitting <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Reaching above shoulder	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Standing <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Forward reaching	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Stooping <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Carrying	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Walking <u> </u> R <u> </u> L	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Bending	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Other _____	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N
Twisting	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N		
Maximum weight patient is capable of lifting:		Approved Head and Neck Movements:	
1 - 5 lbs. (DEFERRED)	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Static Position	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 - 10 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Frequent Flexing	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 - 20 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Frequent Rotation	<input type="checkbox"/> Yes <input type="checkbox"/> No
21 - 35 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Can the Patient operate:	
36 - 50 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	A Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
51 - 75 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Hazardous Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No
75 - 100 lbs.	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N	Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
100 lbs. +	<input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> N		
Limitations to: Speaking _____ hrs. (DEFERRED) Vision (explain) _____ Depth Perception _____ Hearing (explain) _____		Exposure Limitations: Yes No Heat <input type="checkbox"/> <input type="checkbox"/> Dust <input type="checkbox"/> <input type="checkbox"/> Cold <input type="checkbox"/> <input type="checkbox"/> Fumes <input type="checkbox"/> <input type="checkbox"/> Dampness <input type="checkbox"/> <input type="checkbox"/> Chemicals <input type="checkbox"/> <input type="checkbox"/> Noise <input type="checkbox"/> <input type="checkbox"/> Radiation <input type="checkbox"/> <input type="checkbox"/>	
Total # of hours patient capable of working per day: 12 <input type="checkbox"/> 8 <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/>			
Duration of restrictions: <u>TOTAL</u>		Care Complete: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Next Appointment: <u>2-9-06</u>
Additional Comments: PT. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MENTAL BLOCKING, ANHEDONIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGITATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO CAPTIVE STRESS OR LIFE			
Physician's Signature <i>[Signature]</i>		Date (MM/DD/YYYY) <u>2-3-06</u>	

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Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

FAX TRANSMITTAL

No. of Pages incl. Cover Sheet: 5



To: Aetna

Fax: 866 888 2308

RE: Wm. Mark Casey
DoB: [REDACTED] -58

From: J. G. Grace, PM
Date: 2/7/06
Phone: (864) 560-1512
Fax: (864) 560-1510

REMARKS: Urgent For Your Review Reply ASAP Please Comment

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

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MANN 026507



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions – The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASEY, William M. I Social Security Number Birth Date (MM/DD/YYYY) -58 Height 15' 8" Weight (lb) 170

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM RD, WOODRUFF, S.C. 29388
 Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICROLIN IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NEUROPSYCHIC ABILITY Primary ICD Code 310.9
 Secondary Diagnosis ORDER FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
 Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.2) Other ICD Codes (310.9)

(b) Height 5' 8" Weight 170 Date Measured (MM/DD/YYYY) 8-4-04

(c) If Pregnancy related, delivery or expected date N/A MM DD YYYY Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code N/A
 Secondary Procedure N/A Secondary CPT Code N/A
 Other Procedures Other CPT Codes

(e) Medication(s)/Dose/Frequency MILTAPAZINE 45 MG. Q H.S.
ADDERALL XR 40 MG. Q.A.M., AMBIEN 10 MG. Q H.S.
 Impairment from medication effects

(f) Is patient still under your care for this condition? Yes No, date service terminated (MM/DD/YYYY)

(g) Treatment summary COGNITIVE & SUPPORTIVE PSYCHOTHERAPY, COGNITIVE & PERSONALITY TESTING

(h) Office visit dates: First 8-4-04 Last 1-26-06 Next 2-9-06 Frequency of appointments SUPPLEMENTED BY PSYCHOTROPIC MEDS BIWEEKLY
 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit Discharge (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State N/A

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (V.S.T. & LIT. RECALL, SLOWING, POOR CONCENTRATION) POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGGITATION, & FRUSTRATION

(b) Date symptoms first appeared or accidently happened 5-29-04 MM DD YYYY

(c) Has patient ever had same or similar condition? [X] No [] Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? [X] No [] Yes [X] Unknown

(f) Other Treating Physicians POSSIBLY COMPLICATIONS OF SINCE HE INITIALLY PRESENTED WITH CHEST PAINS.

Name WILSON SMITH, M.D., Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof [X] Yes [] No [] Other/describe in (d)
Able to work with others [] Yes [X] No [] Other/describe in (d)
Able to give supervision [] Yes [X] No [] Other/describe in (d)
Able to work cooperatively with others in group setting [] Yes [X] No [] Other/describe in (d)

Able to do? Select one: Place remarks in item (d) below, if applicable.

- Heavy work activity. No limitations of functional capacity.
Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
[X] No ability to work. Severe limitation of functional capacity; incapable of minimal activity
Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED. EMOTIONAL AND PHYSICAL STRESS ARE OBTUNDELLING. UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME.

- Number of Hours patient is capable of working in a day: [] 12 [X] 10 [] 8 [] 6 [] 4 [] 2 [X] 1 Hour/Day (N/A)
Number of Days per week patient is able to work: [] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 Days/Week (N/A)
Date you prescribed restriction on work activities ... Month 5 Day 04 Year '04
How long are these restrictions/limitations in effect? APPEAR TO BE PERMANENT RES. [] No Longer
Estimated return to work date? UNREALISTIC (modified duty) UNREALISTIC full duty

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)

VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL

(d) Other Comments PSYCHIATRIC DISORDERS

6. Current Status

HAS NOTHING IMPROVED SIG. NOR REGRESSED.

(a) Patient has [] Improved [] Stabilized [] Regressed [X] Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs? [] No [X] Yes, please explain. IN CAPABLE OF BENEFITING FROM VOL. REHAB. SERVICES.

(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

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Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

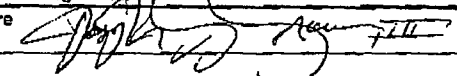
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No, Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, SC, 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 2-3-06
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Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Debi DiFlore
Senior Long Term Disability Analyst

File Copy

January 13, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is to remind you that when your disability is the result of a mental condition as defined by your plan, benefits are limited to 24 months from the date you became disabled (May 29, 2006). Your eligibility to receive Long Term Disability benefits for this condition will end on May 29, 2006; provided we have continued medical information to support your inability to perform the duties of your occupation

If you have a physical condition, your LTD Benefit Plan contains a provision that requires that for benefits to continue beyond 24 months from the date you became disabled (May 29, 2004), you must be unable to perform the material duties of any reasonable occupation and your condition is physical in nature.

If you do have a physical condition that would prevent you from performing the material duties of any reasonable occupation, please complete the enclosed forms and return them to us within 14 days. A return envelope is enclosed for your convenience.

- Work History and Education Questionnaire
- Claim Questionnaire
- Authorization for Aetna to Request Protected Health Information

Please have your current treating provider fully complete the enclosed

- Attending Physician's Statement
- Capabilities and Limitations worksheet

and fax them back to us at 1-866-888-2308. Should you have any additional information to support your inability to perform the material duties of any reasonable occupation, please submit this information to us for review.

Should our investigation conclude that you have a physical condition that would prevent you from performing the material duties of any reasonable occupation, than your LTD benefits would

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MANN 026511



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi DiFiore
Senior Long Term Disability Analyst

File Copy

December 16, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a completed Attending Physician's Statement. To date, we have not received this requested information.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi DiFiore
Aetna Life Insurance Company

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026513



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

09172005002069

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization. (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY	First Name William	Middle Initial W
Member ID, Username / Social Security Number [REDACTED]	Birth Date (MM/DD/YYYY) 1953	Daytime Telephone Number (Area Code) 864 486-9131
Street Address 240 Lightwood Farm Rd	City, State and Zip Woodruff SC 29388	

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):
Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to, treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following person or organizations (or classes of persons or organizations):
Providers, including but not limited to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):
When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

ME
CR-579-6-3 (1-04)

Page 1 of 2 R-000

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MANN 026514

804

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/BILL
←

FACSIMILE TRANSMITTAL SHEET

TO: ~~Dr. Frank Conda~~ FROM: Debi Harrison
 Attention: Medical Records
 Representative

COMPANY: DATE: 04-18-05

FAX NUMBER: 864-578-7098 TOTAL NO. OF PAGES INCLUDING COVER: 5
 PHONE NUMBER: SENDER'S REFERENCE NUMBER:

RE: William Casey YOUR REFERENCE NUMBER:
 DOB: ████████58

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

SDS
4/27/05

DOS 5-4-04 1-12-05
6-29-04 4-5-05

7-27-04
9-10-04
10-19-04

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MANN 026515

08/17/2005 15:03 864-578-7098
04/19/2005 07:18 2077910613

FFM BS
AETNA

PAGE 03/16
PAGE 03

Page 2 of 2)

0317200280281

6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that fact in Aetna has taken before we received your revocation will not be voided and this authorization.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M Casey</i>	Date <i>April 11, 2005</i>
Print Name <i>William M Casey</i>	

If not the Member, describe your relationship to the Member:

- Caregiver
- Legal Representative
- Other: _____

If Member's legal representative is signing, please provide the name and address of the legal representative.

Return this completed form to: Attn: Aetna Life Insurance Company
P.O. Box 14554
Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
Fax Number: 866-888-2308

ME
08-079492 (1-04)

Fig 2 of 2 RPOB

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MANN 026516

5368

04- pt. notified Labo, Lipids terrible, S11, HDL ↓ (24) Start using low fat diet - ~~not mailed to pt~~ ↑ exercise at least 3x week ↓ 15 lbs. Repeat Labo fasting in 3-6 months JH

4/04 pt. in for rx + RF med - states 6 on pain scale - JH

5/5/04 Samples given Lipitor 20mg # 28 samples
Disp Drug Name # Dispensed

Lot Number: 03150927 3/04 Initials: JH

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/5/04 - pt. notified Labo, Lipids terrible, Begin Lipitor 20mg $\frac{1}{2}$ A.M. # 28 samples. Lab in 4 weeks. JH

05/04/04

MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN

This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.

O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.

A: As above. He appears stable.

P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmin

7

DATE 05/04/04	TIME A 09:15	CALLER -	PT. NAME - CHART # Mark Casey	PHONE #	ALL. P.S.C.O.	MD Gonda
AGE	WT.	R	BY JH	MEDS	RE:	
- pt states he called about his mail order + states he should receive Ultram on Tue						
DISPOSITION - needs enough @ local pharm until then from 50mg 2 qid for pain # 60/d						
DRUG STORE CVS-RL			BY:	TIME	A	P

pt notified persons much better call to: receive Ultram

MANN 026517

Mark Casey

2nd Pt. in your hosp. file states they found a piece of metal in it + when they went to remove metal they punctured lung - states this has caused ↑ pain along w/ original pain - sister states pt was ↑ anxiety about going to MD (the reason she's in the room) - states 5 v pain scale - etc

6/29/04 Samples given Lipitor 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0305092 / 8/04 Initials: DMC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft starter kit # 1kit
Date Drug Name # Dispensed

Lot Number: 1119K03A / 7/1/05 Initials: DMC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04 MARK CASEY 17804 Frank E. Gonda, MD

CHEST WALL PAIN
ANXIETY DISORDER
RECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 128/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
DNR: Frank E. Gonda, MD/jmm

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MANN 026518

11: Casey #17804
2 - pt here for med check - problems or pain
2/04 notified pt of labs - cont. med - called Dr. Ry - off

07/27/04 MARK CASEY 17804 Frank E. Gonda, MD

- E: DYSLIPIDEMIA
- D: CHRONIC LOW BACK PAIN
- H: DEPRESSION
- CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured. Diagnosis as above. He appears stable. Of note is that he has not returned to work yet.
- P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra. DNR: Frank E. Gonda, MD/ejb

I

8/17/04 Dismissed w/ Dr. Jay Grace - been seeing mark x 3 wks
better on Zoloft, but wants to ↑. still lots of anxiety.
↑ Zoloft 100mg + p.o. q.d #30/2
CRS Reithville Rd 486-6990
8/17/04 not pt
JFG

11/10/04 Pt. states he was sent here by Dr. Grace - to discuss new med (Cymbalta) + ortho surg so pt can RTW - states 3 on pain scale - off

11/04 - apt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00... DR. SCOTT

09/10/04 MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN

DEPRESSION

CHEST WALL PAIN

- S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level of exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.
 - O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.
 - A: As above.
 - P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.
- DNR: Frank E. Gonda, MD/jmm

F

TIME A 09:30	CALLER W. Mark Casey	PT. NAME - CHART #	PHONE # 481-9131	ALL: P.S.C.O.	MD Gonda
AGE	WT	T	BY Dell	MEDS. Zoloft	RE: 217804
PT calling to see if he can up his dosage to 50 mg					
DISPOSITION Cont Zoloft 100mg qd Flu 4 wks F Add Zoloft 50mg qd					
DRUG STORE CWS-4816			BY:	TIME:	A P

↳ # 28 samples pt notified samples given 6/9/04 - DNR

-we only had 2 boxes of Zoloft 50mg samples. Will call pt when we get more in 10/14/04

9/23/04 Date Samples given Zoloft 50mg # 2bx
 Drug Name # Dispensed
 Lot Number: 0104099 13-1-04 Initials: D.E.M.

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions.

9/22/04

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.
DNR: Frank E. Gonda, MD/jmm

7

10/10/04 Samples given Zoloft 150mg # 1pk
 Date Drug Name # Dispensed
 Lot Number: 0005204A 2406 Initials: JG

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE	TIME A TIME P	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
10/10/04	3:30	Dr. Jay Grace	Mark Casey	516-0-1512		Gonda
		WT	HT	BR	MEDS:	RE:
					du Zoloft 150mg	217804
Dr. has noticed that pt has improved some in certain areas, but feels that it needs to be referred to a psychologist. Want to know if you want to refer him or do you want him to. He suggest Dr. Jeff Smith or Dr. Tony Gomban - Notified Dr. Grace he suggested to wait and discuss w/ Dr. Gonda						
On Monday due to Dr. Gonda being off - A/C						
OK to refer to psychiatrist						
DISPOSITION						
DRUG STORE:						
BY: <u>W. Grace</u> Notified Dr. Grace OK to refer						

10/19/04 77. air for rev - states his out of med - states he on pain scale 2° back pain - etc

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10/19/04

~~VERMONT CASEY~~
mark

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- I: DEPRESSION
- I: HYPERCHOLESTEROLEMIA
- J: ANXIETY DISORDER

S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.

O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
DNR: Frank E. Gonda, MD/jmm

F

1/29/04 - I faxed referral forms as well as records to Dr. Goodbar, I called pt. to let him know what's going on + he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20.

1/12/05 pt. in for re-eval to on pain scale - etc

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- G: ERECTILE DYSFUNCTION

S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.

O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.

A: As above.

P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
DNR: Frank E. Gonda, MD/jmm

F

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MANN 026522

Casey
5/15/05 pt. in for med - ~~status~~ ? on pain scale ID per. - JFC
(2^o chronic pain)

04/05/05 MARK CASEY 17804 Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- E: DYSLIPIDEMIA
- G: ERECTILE DYSFUNCTION
- H: DEPRESSION
- I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.r.n.
DNR: Frank E. Gonda, MD/jmm

5-16-05 Samples given Torison 145mg # 1 Box of 28
 Date Drug Name # Dispensed
 Lot Number: 236662E2L X 2/04 Initials: JN
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5-16-05 pt not doing labs. No improvement in Trig & HDL. Had diet & exercise with lipitor but ↓ to 40 mg 1/2 tablet qd.
 Add Torison 145 mg 1/7 pm. 28 samples
 Lab in 4 weeks

6/28/05 pt. presents for chol. ✓; needs Rx. Lortab: pain score 7. esp. - status met.

6/28/05 Samples given Torison 145mg # 1bx
 Date Drug Name # Dispensed
 Lot Number: 270362E2/17/1/06 Initials: DK/mjt
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

MANN 026523

06/28/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.

O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.

A: Chronic low back pain, stable. Really unchanged.

P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.

A: Hyperlipidemia.

P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.

DNR: Frank E. Gonda, MD/jmm

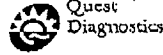
17804

TE	TIME A	CALLER	PT. NAME - CHART #	PHONE #	ALL. P.S.CO	MD
16105	02:15	SELF	MARK CASEY #	680-5929		Gonda
AGE	WT	H	BY	MEDS	RE	
58			HK			
Jaime - pls. call						
8/16/05 pt. stated he has disability form to be						
filled out - stated we have form - told pt we have form -						
pt to get form + told him old had form to see if we could						
fill out - off						
I don't do disability forms -						
DISPOSITION	DRUG STORE	BY	TIME	A	P	

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MANN 026524

07070894 864-578-9735
 N. FRANK
 ELLS FAMILY MEDICINE
 OLD FURNACE RD.
 BOILING SPRINGS SC 29316-0000



LABORATORY REPORT

Patient Name CASEY, WILLIAM	Patient ID/Account ID 437804 UC	Room No.	Age 45	Sex M	Physician GONDA, FRANK
Page 1	Requisition No. 0865716	Accession No. AT228586W	Lab Ref No. 0865716	Collection Date & Time 05/04/2004 09:33	Report Date & Time 05/05/2004 07:00

Remarks
FASTING

SS#: [REDACTED]

Rept Status	Test	Result	Units	Reference Range	Site Code
		In Range Out of Range			
		PATIENT DATE OF BIRTH: [REDACTED] 1958			
	LIPID PANEL				
	TRIGLYCERIDES	408 H	MG/DL	<150	AT
	CHOLESTEROL, TOTAL	238 H	MG/DL	<200	AT
	HDL CHOLESTEROL	29 L	MG/DL	> OR = 40	AT
	LDL-CHOLESTEROL		MG/DL (CALC)	<130	AT
	LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.				
	CHOL/HDL-C RATIO	8.2 H	(CALC)	<5.0	AT
		14	U/L	2-60	AT

'AT' Indicates testing site: QUEST DIAGNOSTICS-ATLANTA
 1777 MONTREAL CIRCLE
 TUCKER GA 30084
 (770) 934-9205
 WILLIAM M MILLER, MD

>> END OF REPORT <<

Handwritten: 5/5/04
 pt not tied up

Handwritten: Lipids horrible
 Begin Lipitor 20mg
 + 5 AM # 28 samples
 Lab in 4 wks
 5/5/04

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

28Jul 2004 10:41 FROM:LABCORP L... F6
To: DR.GONDA ATTN:JANICE/LAE

TO:18645787098

L... CORP
Foothills Family Medicine

PAGE 001

Specimen # 209-536-0398-0	Type R	Primary Lab BN	Report Status Final	Pg 1
Time 0942				
CD- 20236201421				
Patient Name CASEY, WILLIAM				
Sex M				
Age (Yr/Mo) 045/08/24				
Date Collected 07/27/04				
Date Entered 07/27/04				
Date Reported 07/28/04				
0425				
Clinical Information DOB: [REDACTED] /58 Fasting: Y				
Physician ID GONDA				
Patient ID 217804-WC				
Address Foothills Family Medicine 39110130 Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs, SC 29316 864-578-9735 UPIN: D17701				

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lipid Panel With LDL/HDL Ratio					
Cholesterol, Total	238 → 204	H	mg/dL	100 - 199	BN
Triglycerides	110 → 314	H	mg/dL	0 - 149	BN
HDL Cholesterol	29 → 41		mg/dL	40 - 59	BN
VLDL Cholesterol Cal		H	mg/dL	5 - 40	
LDL Cholesterol Calc	3 → 100	H	mg/dL	0 - 99	--
Comment	BN				
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.					
Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL)					
	mg/dL	at which to initiate Therapeutic Changes (TLC)	at which to consider Drug Therapy		
CHD	<100	>100	>or=130		
2+ Risk Factors	<130	>or=130	>or=130		
0-1 Risk Factors	<160	>or=160	>or=190		
LDL/HDL Ratio	2.4	ratio units	0.0 - 3.6	BN	
			LDL/HDL		
			Men	Women	
			1/2 Avg.Risk	1.0	1.5
			Avg.Risk	3.6	3.2
			2X Avg.Risk	6.3	5.0
			3X Avg.Risk	8.0	6.1
ALT (SGPT)	23 ✓	IU/L	0 - 40	BN	

Lab: BN LabCorp Burlington Director: Frank Hancock, MD
1447 York Court Burlington, NC 27215-2230

For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439
Last Page of Report

8/2/04 - notified pt
- called in Lipitor
#2012
Tqd
JAC

Lipids improved.
could Lipitor 20mg
work on diet
Flu 3 months
CNS
R... 7/28/04

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-762-4344

CASEY, WILLIAM

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Report Date: 07/28/04 Report Time: 10:20 ET All Rights Reserved

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MANN 026526

Laboratory Corporation of America

PECIMEN -536-0800-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION FASTING: Y PHONE: 864-486-9131 DUB: [REDACTED] 1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR./MOS.) 45 / 11	
PT. ADD.:				
DATE OF SPECIMEN 10/19/2004	TIME 9:55	DATE RECEIVED 10/19/2004	DATE REPORTED 10/20/2004	TIME 5:45
1276				

CLINICAL INFORMATION CD- 20236202221	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: FOOTHILLS FAMILY MEDICINE DRS DURHAM AND GONDA 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	204 → 189 ✓ mg/dL	100 - 199	BN
Triglycerides	314 → 347 H mg/dL	0 - 149	BN
HDL Cholesterol	29 → 41 → 30 L mg/dL	40 - 59	BN
VLDL Cholesterol Calc	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	100 → 90 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	3.0 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	34 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

*10-23-04
Patient file
JH*

*T.G & LDL good
↑ TG & ↓ HDL
must work on diet +
some exercise
cont Lipitor
10/22/04 F*

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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MANN 026527



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
1-536-0502-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION

17804 Fasting: Y PHONE: 864-486-9131 DOB: [REDACTED] 1958

PATIENT NAME: CASEY, WILLIAM SEX: M AGE(YR./MO.): 46 / 6

FT. ADDR:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	LAB
5/11/2005	8:40	5/11/2005	5/12/2005	5:43	3125

CLINICAL INFORMATION

CD- 20236202829

PHYSICIAN ID: GONDA F PATIENT ID: 217804-WC

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000

ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB
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TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	184 ✓ mg/dL	100 - 199	BN
> Triglycerides	507 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			
LDL/HDL			
Men Women			
1/2 Avg. Risk	1.0	1.5	
Avg. Risk	3.6	3.2	
2X Avg. Risk	6.3	5.0	
3X Avg. Risk	8.0	6.1	
ALT (SGPT)	23 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

*5/13/05
L.M. do Call Back
DW*

*5-16-05
Pt. no test
JH*

*No improvement in
trigs + HDL.
Counsel to diet + exercise
cont Lipitor but ↓ 40mg
1/2 92
Add tricore 145mg q.m.
at 28 samples
Lab in 4 wk's
5/13/05 J*

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 131-536-0502-0	Seq #: 3125
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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MANN 026528



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

PECIMEN -536-0344-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
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ADDITIONAL INFORMATION					
17804		FASTING: Y PHONE: 864-486-9131 DOB: [redacted]/1958			
PATIENT NAME CASEY, WILLIAM			SEX M	AGE(YR./MOS.) 46 / 7	
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
6/28/2005	9:01	6/28/2005	6/29/2005	5:44	3542

CLINICAL INFORMATION CD-20236203231	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

Lipid Panel With LDL/HDL Ratio			
>	Cholesterol, Total	184 → 187 ✓ mg/dL	100 - 199 BN
>	Triglycerides	507 → 245 H mg/dL	0 - 149 BN
>	HDL Cholesterol	29 → 30 L mg/dL	40 - 59 BN
>	VLDL Cholesterol Calc	49 H mg/dL	5 - 40
>	LDL Cholesterol Calc	3 → 108 H mg/dL	0 - 99
	Comment		BN

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
---------------	----------------	--	---

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
LDL/HDL Ratio	3.6	ratio units	0.0 - 3.6
			LDL/HDL
			Men Women
		1/2 Avg. Risk	1.0 1.5
		Avg. Risk	3.6 3.2
		2X Avg. Risk	6.3 5.0
		3X Avg. Risk	8.0 6.1

ALT (SGPT) 18 IU/L
Please note reference interval change

LAB: BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-2230	DIRECTOR: Frank Hancock MD
--	----------------------------

6/29/05
Phone Disc CH
7-505
pt not for

Lipids improved
cont'd Lipid &
FFICore
Flu 3mths
6/29/05

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 179-536-0344-0	Seq #: 3542
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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MANN 026529



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi DiFiore
Long Term Disability Analyst.

File Copy

August 9, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Attending Physician's Statement Behavioral Health and copies of your office visit notes from Dr. Gonda covering the timer period of May 2004 through the present. . To date, we have not received this requested information.

Your monthly benefits will be terminated, if we do not receive documentation within 30 days of the date of this letter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi DiFiore
Aetna Life Insurance Company

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MANN 026530

5382

04/19/2005 07:10 2877910613

AETNA

PAGE 01

9.304

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/BILL
←

FACSIMILE TRANSMITTAL SHEET

TO: ~~Dr. Frank Gonda~~ FROM: Debi Harrison
 Attention: Medical Records Representative

COMPANY: DATE: 04-18-05

FAX NUMBER: 864-578-7098 TOTAL NO. OF PAGES INCLUDING COVER: 5

PHONE NUMBER: SENDER'S REFERENCE NUMBER:

RE: William Casey YOUR REFERENCE NUMBER:
 DOB: [REDACTED]-58

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

SDS
4/27/05

NOS	5-4-04	1-12-05
	6-29-04	4-5-05
	7-27-04	
	9-10-04	
	10-19-04	

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026531

Mr. Casey
4/5/05 Pt. in for re-eval - stated 7 on pain scale - ID rel. - JTC
(2° chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- E: DYSLIPIDEMIA
- G: ERECTILE DYSFUNCTION
- H: DEPRESSION
- I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.i.n.

DNR: Frank E. Gonda, MD/jmm

F

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MANN 026532

02/22/04

MARK CASEY

17804

Frank E. Gonda, MD

DEPRESSION

D: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together
DNR: Frank E. Gonda, MD/jmm

7

10/16/04 Samples given Zoloft started 1pk
 Date Drug Name # Dispensed
 Lot Number: 00057044 206 Initials: JG

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL PSCO	MD
10/16/04	3:30 PM	Dr. Jay Grace	Mark Casey	560-1512		Gonda
		DRUGS	Zoloft 150mg	217804		
Dr. has noticed that pt has improved some in certain areas but feels that it needs to be referred to a psychiatrist. want to know if you want to refer him or do you want him to be suggested Dr. Jeff Smith or Dr. Tony Corbett - North Field. Dr. Grace he suggested to wait and discuss w/ Dr. Gonda						
On Monday due to Dr. Gonda being off - ALLYAN OK to refer to psychiatrist						
DISPOSITION						
DRUG STORE: Notified Dr. Grace's Secretary - OK to refer.						

9/19/04 H. in for ref - states his out of med - states 6 on pain scale 2° back pain - etc

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

10/19/04

VERMONT CASEY
mark

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- H: DEPRESSION
- I: HYPERCHOLESTEROLEMIA
- J: ANXIETY DISORDER

S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.

O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
DNR: Frank E. Gonda, MD/jmm

F

10/29/04 - I faxed referral forms w/ records to Dr. Goodbar, I called pt. to let him know what's going on & he states he already has appt. w/ Dr. Smith on 11/10 @ 4:30

1/12/05 Pt. in for re-eval to on pain scale - etc

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- G: ERECTILE DYSFUNCTION

S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.

O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.

A: As above.

P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
DNR: Frank E. Gonda, MD/jmm

F

William Casey #17804 - pt here for med check - & problems or pain question
2/01 Notified pt of lab-cont. med- called in Rx - etc

07/27/04 MARK CASEY 17804 Frank E. Gonda, MD

- E: DYSLIPIDEMIA
- D: CHRONIC LOW BACK PAIN
- H: DEPRESSION
- CHEST PAIN

S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.

O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.

H: Diagnosis as above. He appears stable. Of note is that he has not returned to work yet. Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra. DNR: Frank E. Gonda, MD/ejb

8/17/04 Discussed w/ Dr. Jay Grace - been seeing mark x 3 wks
 better on Zoloft, still wants to ↑. still lots of anxiety.
 ↑ Zoloft 150mg + po qd #30/2 8/17/04
 CR > Greenville Rd 486-6990 apt - 1104 pt

11/10/04 Pt. states he was sent here by Dr. Grace - to discuss new med
 (Cymbalta) + ortho surg so pt can RTW - states 3 on pain scale - etc

11/10/04 - apt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 — DAnnommio

09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 H: DEPRESSION
CHEST WALL PAIN

S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloff to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level of exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.

O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.

A: As above.

P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloff for three weeks.

DNR: Frank E. Gonda, MD/jmm

F

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
9/23/04	1:30	W. Mark Casey		486-9131		Gonda
AGE	WT	BY	MEDS	RE:		
		DR Zoloff		217804		
Pt calling to see if he can up his dosage to 50 mg						
9/23/04 Ultram R/C 3pm						
DISPOSITION						
Cont Zoloff 100mg qd F/U 4 wks F						
Add Zoloff 50mg qd						
Lot # 28 samples pt notified samples given 9/23/04 -DMM						
DRUG STORE		BY:		TIME:	A P	
CWS-4810-						

-we only had 2 vials of Zoloff 50mg samples will call pt. when we get more in stock

9/23/04 Samples given Zoloff 50mg # 2pk
 Date Drug Name # Dispensed

Lot Number: 0101099 13-1-06 Initials: DMM

Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with

2/10/04 pt. notified labs, Lipids variable, still
 WDL ↓ (ab) Start moving low fat
 diet - Supervised pt, ↑ exercise
 at least 3x week ↓ 15 lbs.
 Repeat labs fasting in 3-6 months gH

1/4/04 Pt. in for w + RF meds - stated 6 on pain scale - JF

5/5/04 Samples given Lipitor 20mg # 28 samples
 Drug Name # Dispensed
 Lot Number: 03650927 3/04 Initials: JFH
 Patient has been instructed to call our office with any questions of procedure.

5/5/04 - pt. notified labs, lipids variable, Begin
 Lipitor 20mg 7 A.M. # 28 samples
 Lab in 4 weeks. gH

05/04/04 MARK CASEY 17804 Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
 This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.
- O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.
- A: As above. He appears stable.
- P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.
- DNR: Frank E. Gonda, MD/jmH

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL P.S.C.O	MD
5/5/04	07:15	-	Mark Casey			Gonda
AGE	WT	BY	RE:			
		JFH				
- pt states he called about his mail order + states she should receive Ultram on Tues						
- needs enough @ local pharm until then						
in 5 days 2 q.d. for pain						
#60/6						
DRUG STORE				BY	TIME	A/P
CV-ll						
pt notified persons much better						
call to. receive items						

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MANN 026537

Mark Casey

1/29/04 Pt. in for hosp. Flu states they found a piece of metal in chest + when they went to remove metal they punctured lung - states this has caused ↑ pain along w original pain - Sister states pt has ↑ anxiety about going to md (the reason she's in the room) - states 5 on pain scale - JTC

6/29/04 Samples given Lipitor 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0345092 / 8/04 Initials: DMC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft starter kit # 1kit
Date Drug Name # Dispensed

Lot Number: 1118K03A / 7/1/05 Initials: DMC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04 MARK CASEY 17804 Frank E. Gonda, MD

CHEST WALL PAIN
ANXIETY DISORDER
RECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 126/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
DNR: Frank E. Gonda, MD/jmm

F

TIME A 17:30	CALLER William Casey	PT. NAME - CHART #	PHONE # 480-9131	ALL. P.S.CO	MO
AGE 58	BY OLL	RE 0217804	has a question about MRI test		
DISPOSITION 17/04 RT Lortab + Viagra - states he goes back for another epidural right now b/c he wants to pay last one 200 gtc How can we be successful, so much pain, going thru divorce + will have sex 2-3x/wk. Lortab keeps up. no pills F					
- states he may see you w/ + make the next 12/04 will call tomorrow for appt next wk					
DISPOSITION			DRUG STORE	BY JGC	TIME A P

1/10/04 RT. in for me ✓ + RT meds - states he on pain scale - gtc (70 BP)

02/10/04 (William) MARK CASEY

13640 17804

Frank E. Gonda, MD

- D: CHRONIC LOW BACK PAIN
- E: DYSLIPIDEMIA
- G: ERECTILE DYSFUNCTION
- H: DEPRESSION

S: This 45-year old white male is in for follow up of the above problems and medicine refill. He tells me he has discontinued his Effexor. He does not feel depressed. He stopped it about a month ago. He was having a problem with delayed ejaculation so he discontinued it. He needs a refill on Viagra. It works well and he has had no problems with it. He has been taking the Bextra twice a day and wants to know if we can increase the dosage. He continues to have chronic low back pain. It is worse after long days at work. He is having some joint pains in his hands also.

O: Patient is in no distress. Blood pressure is 134/96. Pulse is 88. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion and mild tenderness in the lumbosacral area. Straight leg raising is weakly positive bilaterally with full extension. Deep tendon reflexes are 2+. Hands reveal no swelling, no redness and no heat.

A: As above. He appears stable. He has stopped his antidepressant. Review of chart shows that his lipids have been elevated in the past. He was supposed to start on Niacin but he says he never did.

P: Check a lipid profile and an ATL. Treat lipids if needed. Renew Viagra, 100 mg one p.o. one hour prior to relations #10 with five refills. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Increase Bextra, 20 mg one q.-day #90 with one refill. That is for mail order. Follow up in three months or p.r.n.

Frank E. Gonda, MD/dlg

F



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1.
 The Patient should also fill in their name at the top of Pages 2 and 3.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number N/A - LICENSED PSYCHOLOGIST

(b) WILLIAM MARY CASEY

(c) Patient Name (Last, First, Middle Initial) WILLIAM MARY CASEY Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) [REDACTED] Height 5'8" Weight (lb) 160 LBS

(c) Patient Gender Male Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address 240 LIGHTWOODS FARM RD, SPARTANBURG, S.C. 29388

(f) Patient Employer Name/City/State TERMINATED BY MICHAEL IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation TERMINATED

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

SM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an *)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 300.21 ICD-9 codes 296.23, 300.21

AXIS II Primary Diagnosis _____ Secondary Diagnosis: _____ ICD-9 codes _____

AXIS III Primary Diagnosis 294.11 Secondary Diagnosis: _____ ICD-9 codes 294.11

AXIS IV Primary Diagnosis OCCUPATIONAL Secondary Diagnosis: ECONOMIC & SOCIAL

Axis V (GAF) CURRENT 50 High last year 50 Goal for return to work NOT PRESENTLY FEASIBLE

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: LETHARGY, INERTIA, EASILY FATIGUED; DEPRESSIVE AFFECT PANIC EPISODES POOR GROSS MOTOR & FINE MOTOR COORDINATION; ANHEDONIA, MEMORY LAPSES AND FORGETFULNESS, AND NAUSEA & VOMITING X1 WK;

(b) Objective findings (include mental status findings, testing results, rating scales, etc): SAME AS SUBJECTIVE SYMPTOMS + A 10 TO 18 POINT ↓ IN I.Q.

(c) Describe interpersonal stressors that impact ability to function PANIC DISORDER & AGORAPHOBIA & SOCIAL WITHDRAWAL

(d) Describe work stressors that impact ability to function POOR COORDINATION AND POOR MEMORY FUNCTION.

TREATMENT

(a) Medication(s) / Dose / Frequency: LYMBALTA 60MG BID, CONCERTA (? DOSEAGE) PLUS OTHER MEDS PRESCRIBED BY JEREMY SMITH, MD, PSYCHIATRIST, GREENVILLE, SC. AND CHARLES FERGUSON, MD, FULMOUNT, S.C.

(b) Impairment from medication effects: NAUSEA AND VOMITING
 Compliant with meds? (SAME)

(c) Recent hospitalization? (where, when) SEE MED RECORDS OF FRANK GONZA, MD & CHARLES FERGUSON, MD.

(d) Office visit dates: First 8-4-04 Last 7-19-05 Next 7-26-05 Frequency of appointments Bi WEEKLY

(e) Compliant with tx? YES Tx Goals HELP HIM GAIN EMOTIONAL STABILITY WHILE MD. EFFORTS ARE BEING MADE TO HELP HIM OBTAIN MAXIMUM PHYSICAL (ORGANIC) IMPROVEMENT.

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Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

(a) Has patient ever had same or similar condition? No Yes, state when and describe.

(b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists

Name FRANK GONDR, M.D. Specialty FAM. MED. City SPARTANBURG State S.C.

Name DAVE RAY SMITH, M.D. Specialty PSYCHIATRY City GRIFFINVILLE State S.C.

Name CHARLES TOGGETT, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds? POSSIBLY NOT

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Limitations	Limited	Marked	Unable To Perform
Follow work rules	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to give supervision to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Able to work cooperatively with others in group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to maintain persistence to task	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to maintain attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to work alone or in physical isolation from others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to interact with supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with public/customers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to use judgement and make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to attain set standards and limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Able to direct, control or plan activities of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):
SEE "SYMPTOM ASSESSMENT" SECTION OF THIS FORM

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)
UNABLE TO PERFORM IN ANY JOB CAPACITY AT PRESENT TIME

• Number of Hours patient is capable of working in a day: N/A 12 10 8 6 4 2 1 Hour/Day

• Number of Days per week patient is able to work: N/A 1 2 3 4 5 6 7 Days/Week

• Date you prescribed restriction on work activities: Month 8 - 1 - 04 Day _____ Year _____

• How long are these restrictions/limitations in effect? POSSIBLY WILL NEVER RECOVER FUNCTION No Longer

• Estimated return to work date? UNABLE TO DETERMINE modified duty POSSIBLY NEVER full duty _____
(MM/DD/YYYY) (MM/DD/YYYY)

(e) Other Comments

6. Current Status

(a) Patient is/has Improved Unchanged Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
 No Yes, please explain NOT PHYSICALLY NOR EMOTIONALLY CAPABLE OF MEETING

(c) In your opinion, is your patient motivated to return to work? YES BUT REALIZES HE IS INCAPABLE OF SUCH. V.R. EVALUATION DEMANDS AT PRESENT TIME

allent Name (Last, First Middle Initial), Required

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

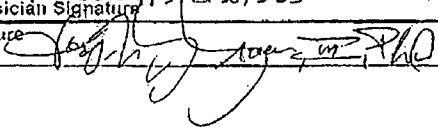
Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE III	Degree P.H.D.	Specialty PSYCHOLOGY
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1525

9. Physician Signature 	Date (MM/DD/YYYY) 7-19-05
---	-------------------------------------

JOSEPH G. GRACE III, PH.D
ASSOCIATE PROFESSOR OF FAMILY MEDICINE
LICENSED COUNSELING PSYCHOLOGIST

Spartanburg Regional Healthcare System
Center for Family Medicine
400 N. Church St., Suite 510
Spartanburg, SC 29302

Phone: (864) 560-1511
Fax: (864) 560-1510
Home: (864) 515-9777
E-Mail: jgrace@srhs.com
www.spartan.com

MANN 026543

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

FACSIMILE TRANSMITTAL SHEET

TO: Dr. Joseph Grace Attention: Medical Records Representative	FROM: Debi Harrison
COMPANY:	DATE: 04-18-05
FAX NUMBER: 864-560-1510	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: William Casey DOB: [REDACTED]-58	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

RECEIVED APR 19 2005

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MANN 026544



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

091720000200

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY		First Name William		Allyou Initial WJ
Member ID Number / Social Security Number [REDACTED]		Birth Date (MM/DD/YYYY) 1953	Daytime Telephone Number 864 486-9131	
Street Address 240 Lightward Farm Rd		City, State and Zip Windsor, PA SC 29388		

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim)

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Member)
Any and all medical information including but not limited to information which relates to psychiatric or mental illness, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care services or treatment (including but not limited to treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following persons or organizations (or classes of persons or organizations):
Providers, including but not limited, to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):
When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

0411 1002002001

6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that actions taken before we received your revocation will not be affected.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative	Date
<i>William M Casey</i>	<i>April 11, 2005</i>
Print Name	
<i>William M Casey</i>	

If not the Member, describe your relationship to the Member:

- Caregiver
- Legal Representative
- Other

Member's last address (we is sign)

Return this completed form to: At:
 Aetna Life Insurance Company
 P.O. Box 14554
 Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
 Fax Number: 366-888-2308



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASLEY, WILLIAM MARK 1-546- [REDACTED] --58 15'8" 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM ROAD, WOODRUFF, S.C. 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term/Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 304.81 ICD-9 codes 300.02

AXIS II Primary Diagnosis (NONE) Secondary Diagnosis: _____ ICD-9 codes _____

AXIS III Primary Diagnosis (DEFERRED) Secondary Diagnosis: _____ ICD-9 codes _____

Axis IV Primary Diagnosis CONSTITUTIONAL PAINS Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT, CATABOLIC CYNICISM, INTOLERABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOPHIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO CONCENTRATE. NORMAL LIGHT STRESSORS.

(b) Objective findings: Include mental status findings, testing results, rating scales, etc.

(c) Describe inter-personal stressors that impact ability to function: DISRUPTIVE MENTAL STATUS EXAM, AND PART I - II INDICATING MODERATE ANX. AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLEWED IN THOUGHT & ACTION, PERSISTENT INTERPERSONAL STRESSORS THAT IMPACT ABILITY TO FUNCTION EPISODICALLY AND COMPULSIVE BEHAVIORS.

(d) Describe work stressors that impact ability to function: STRESS OF MEETING PRODUCTION, PHYSICALLY GROUNDED FOR NUMBER OF HOURS AND LIFTING HEAVY TIRES CONTINUALLY

(a) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD, AND SOMA H.S.

(b) Impairment from medication effects: SEDATION
 Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCHI SYMPTOMS.

(d) Office visit dates: First 8-4-04 Last _____ Next _____ Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? No Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists: (NOT DIRECTLY)
 Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name FRANK GONDA, M.D. Specialty FAM. PRACT. City " State "
 Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

Patient Name (Last, First Middle Initial) Required
WILLIAM CASSEY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds? _____

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to give supervision to others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work cooperatively with others in group settings ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to maintain persistence to task	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to maintain attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to work alone or in physical isolation from others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with public/customers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to use judgement and make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to attain set standards and limits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to direct, control or plan activities of others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):
SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)
LIMITED RESTRICTION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day NONE
- Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week NONE
- Date you prescribed restriction on work activities Month 8 Day 4 Year 04
- How long are these restrictions/limitations in effect? UNTIL ANXIETY AND DEPRESSION SYMPTOMS ARE COMPLETELY TARGETED No Longer
- Estimated return to work date? ROUGH ESTIMATE Days Weeks Months NO LONGER TARGETED
Nov 30, 04 modified duty 1/2 TIME full duty INITIALLY
(MM/DD/YYYY) (MM/DD/YYYY)

(e) Other/ Comments _____

6. Current Status

(a) Patient is/has Improved Unchanged Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
 No Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print) <u>JOSEPH G GRACE, III</u>	Degree <u>PH.D.</u>	Specialty <u>CLINICAL COUNSELING PSYCHOLOGY</u>
Address (No. Street, City, State, Zip Code) <u>853 N CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303</u>	Telephone Number <u>(864) 560-1512</u>	Fax Number <u>(864) 560-1565</u>

9. Physician Signature

Signature: [Signature] Date (MM/DD/YYYY) 10-19-04

PERSONAL INVENTORY

IDENTIFICATION DATA

Today's Date Aug 4, 2004

Name: William Mark Casey M L F

Address 240 Lightwood Farm Road

City Woodruff State SC Zip Code 29388

Telephone (home) 864 486-9131 (work) 864 680-5729 Other Contact # 680-9648 ^{Carole Casey - sister}

Age 45 Date of Birth 11-58 SS# [REDACTED] Height 5'8" Weight 170

Marital Status (Circle One) Married Single Divorced Separated

Education 1yr college Occupation production Employer Michelin Tire

Insurance Company Blue Cross / Blue Shield

Name of Insured William Mark Casey Group# _____

Insured's SS# 251-02-2977 Insured's Date of Birth 11-03-58

Insured's Employer Michelin Tire

Relationship of Insured to Patient self

Referred by Dr. Wilson Smith

HEALTH INFORMATION

Rate your physical health (check one) Very Good ___ Good ___ Average ___ Declining

Weight changes recently Lost ___ Gained

List all present or past illnesses or injuries _____

Date of last medical exam _____ Physician Dr. Granda

His/Her address Boliggs Springs Telephone # _____

Please list any medications you are currently taking Lipitor tramadol

axtra zoloff

Have you ever had a significant emotional crisis? Yes ___ No ___

PERSONAL ASSESSMENT

Circle any of the following that apply to you:

- | | | |
|----------------------------|-----------------------|----------------------------|
| Headaches | Impulsive | Stealing |
| <u>Behavioral problems</u> | Stomach trouble | Dizziness |
| Nightmares | School suspension | <u>Tense feelings</u> |
| Depressed | Hyperactive | Inferiority feelings |
| Inattentive | <u>Fatigue</u> | Tremors |
| Suicidal ideas | Overly ambitious | Shy with people |
| Memory problems | Sexual acting out | Lying |
| Fainting spells | No appetite | Can't made decision |
| Can't make friends | Problems with alcohol | Problems with drugs |
| Home conditions bad | Feel panicky | Unable to have a good time |

Others _____

My reasons for seeking counseling at this time Referral

FEE AGREEMENT

Individuals, couples and families are provided counseling and/or psychological testing by Joseph Grace, III, Ph.D., Licensed Counseling Psychologist. The cost for all services is \$60.00 per hour, including the first (consultation) session.

In the event you must miss a scheduled appointment, please cancel as early as possible to allow us to schedule someone else for that hour. Failure to cancel your appointment at least 24 hours in advance will result in you being billed at the regular rate (except in the case of illness).

Signature of Client William M Casey Date Aug 4, 2004

Inquiries with the Board of Examiners in Psychology may be reached at the following address:

South Carolina Board of Examiners in Psychology
P.O. Box 11329
Columbia, S.C. 29211-1329

MANN 026551

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] /58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

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MANN 026552

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:


<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

MANN 026554

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

MANN 026555

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

MANN 026556

UTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT



Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000, 1-800-368-1950, (864) 282-4473 FAX

June 20, 2005

JOSEPH G GRACE III MD
853 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303
DR GRACE :

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED]/58

FOLLOW-UP REQUEST FOR INFORMATION

On 05/31/05, we requested information from you so that we could make a disability determination for the above-named individual. Because treating source records are vital to the decision, we are following up to make sure you received our original request.

If you did not receive our original request, please contact us so that we can send you another letter detailing the specific information needed.

If you have received our request, we would appreciate your response as soon as possible. If your response is not received within 10 days, we may have to make a decision without benefit of your records. If you have mailed your response, please disregard this letter.

Please include our original letter with your response. Please call if you have questions.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109



RQID: 0035801454D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: a3f0

TIDN: 0035801454

F1 (8/04)
DMA: Y

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MANN 026557

PIEDMONT PSYCHIATRIC SERVICES

Woodruff Road Professional Park ~ 2094 Woodruff Road ~ Greenville, SC 29607

Phone: (864)676-9211 ~ Fax: (864) 676-9432

FACSIMILE TRANSMITTAL SHEET

To: Dr. Grace	From: Shylah Perkins, Medical Records
FAX NUMBER: 864-560-1510	Date: November 15, 2004
ATTN:	RE: William Casey
PHONE NUMBER: 864-560-1512	DATE OF BIRTH: █-58
# OF PAGES INCLUDING COVER: 4	SS #:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS: Please see attached notes from last week's visit with Dr. Smith and Al Bennett.

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MANN 026558

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Date: Wed, Nov 10, 2004 04:38 pm

Provider: Al Bennett, LPC, LPC

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC:

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr. Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopelessness. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Bulging disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month

Substance Abuse History:

Denies.

Mental Health History:

Recent counseling with Jay Grace, Ph.D.

MANN 026559

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm

Current Medications:
Zoloft 150mg qd past 6 weeks.
Ambien prn

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgment for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

296.22 Major depression, single episode, moderate

DDx:

R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis.

AXIS III: See PMH and HPI above.

AXIS IV: Family, employment, health.

AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:

80801*T Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 06:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/10/2004 at 5:44 pm

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs pm insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exam:

Alert and oriented. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensory clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft

Add Dymbalta 60 mg one qam with food # 42 samples.

Cont. Ambien 10 mg one qhs pm insomnia.

Ret. in 3-4 wks

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90962 Pharmacologic management with no more than minimal medical psychotherapy

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MICHELIN TIRE MANUFACTURING
US 3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: _____

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: May 28, 2004

Expected date of return to work: Dec. 6, 04 (ESTIMATE)

Physical findings (diagnosis): PT IS STILL SUFFERING FROM
SERIOUS SIGNIFICANT SYMPTOMS OF MAJOR DEPRESSIVE
DISORDER (296.23). HIS ANXIETY SYMPTOMS HAVE DECREASED
MARKEDLY BUT HE IS EXHIBITING MODERATE TO SEVERE ANhedonia,
LETHARGY, LOSS OF MOTIVATION FOR ALL ACTIVITIES, DECREASED INTEREST IN
SOCIAL WITHDRAWAL, AND DECREASED CONCENTRATION AND MEMORY.

Treatment and/or recommendation:
WEEKLY (COGNITIVE BEHAVIORAL) PSYCHOTHERAPY WITH MED
AND PHARMACOTHERAPY WITH DR JEFFREY SMITH, @ ZELONVILLE

PSYCHIATRIST. PT ALSO BEING FOLLOWED (EVALUATION AND TREATMENT)
BY WILSON SMITH, M.D.,
SPARTANBURG, PULMONOLOGIST, 853 NORTH CILIZCH ST., SUITE 510

SPHIRTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCK/SP/FORMS/DIRKTYL.DOC



MICHELIN TIRE MANUFACTURING

US.3 Facility Personnel

Post Office Box 5049

Spartanburg, SC 29304

864-599-3157, Office

864-599-3222, Fax

~~599-3158~~ 599-3157
~~599-3224~~ 599-3222

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 8-12-04

Employee's Name: WILLIAM MARK CASEY

Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC, 29388

Date original medical leave of absence: ABOUT 6-3-04

Expected date of return to work: 9-7-04 (ESTIMATE)

PSYCHOLOGICAL
Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER (309.81) AND GENERALIZED ANXIETY DISORDER (300.02)

Treatment and/or recommendation: PSYCHOTROPIC MEDICATIONS:

ZOLOFT (AN ANTI-DEPRESSANT) AND SONIA (FOR INITIAL AND TERMINAL SLEEP DISTURBANCES)

Address: JOSEPH G. GRACE, Ph.D.,
LICENSED PSYCHOLOGIST
OUT PATIENT CENTER - SRHS
853 N. CHURCH ST., SUITE 510

SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

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MANN 026563



MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: SEPT. 27, 2004
Sept 7 2004

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCE

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AN INABILITY TO COPE WITH NORMAL LIFE STRESSES, AND DECREASED MOTIVATION.
Treatment and/or recommendation: FOR ALL ACTIVITIES, CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

INCREASE ZOLOFT TO 150MG, QD (OCCURRED 9-23-04), SWITCH TO OR COMBINE CYMBALTA (SEE ACCOMPANYING LETTER TO DR GORDON), CONSIDER ADDING BUSPAR FOR ANXIETY, AND REFER TO PSYCHIATRIST IF NOT SIGNIFICANTLY IMPROVED IN THREE WEEKS.

DXS. MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER - RESOLVING (309.81) GENERALIZED ANXIETY DISORDER (300.02)

JOSEPH G. GRACE, III, M.D. OUT PATIENT CLINIC - SAHS SPARTANBURG, S.C. 29303 (853 N. CHURCH ST., SUITE 570) Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/ES/FORMS/DIRTYLY.DOC



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

File Copy

**

June 16, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

On April 18, 2005, we faxed a request to Dr. Gonda and Dr. Grace asking them to fully complete an Attending Physician's Statement Behavioral Health and to provide us with copies of your office visit notes covering the time period of May 2004 through the present. To date, we have not received this requested information. Please contact your providers to expedite this request.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026565



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Disability Unit
877-465-0424
866-888-2308
Aetna Life Insurance Company
**

File Copy

0917266200631

May 2, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is in reference to your ongoing claim for LTD benefits.

Under the terms of your LTD coverage, your monthly benefit is an amount based on your monthly pre-disability earnings. Certain other income benefits are taken into account when computing your LTD benefit. According to your group policy Other Income includes, but is not limited to, the following:

Benefits under the Federal Social Security Act, the Railroad Retirement Act, the Canada Pension Plan, and the Quebec Pension Plan. Other income benefits include those, due to your disability or retirement, which are payable to: you; your spouse; your children; your dependents.

As discussed, you should immediately file an application for Social Security Disability (SSD) benefits, and provide us with a copy of the Proof of Filing of your application.

Under the terms of your LTD coverage, we reserve the right to estimate and offset the amount of your social security disability if you fail to provide us with documentation of your SSD application. Accordingly, please provide us with this information by no later than 30 days. Enclosed is a self-addressed return envelope for your convenience.

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MANN 026566

2
May 2, 2005
William Casey

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter.

Thank you for your cooperation. If you have any questions, please call 1-877-465-0424.

Sincerely,

Disability Unit/MRR
Aetna Life Insurance Company

0917200200052

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

091720660266



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY		First Name William		Middle Initial W
Member ID Number / Social Security Number [REDACTED]		Birthdate (MM/DD/YYYY) 1958	Daytime Telephone Number (include area code) 864 486-9131	
Street Address 240 Lightwood Farm Rd		City, State, and Zip Woodruff SC 29388		

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim)

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):

Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to, medical records, histories, physical or diagnostic examinations reports and treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following persons or organizations (or classes of persons or organizations):

Providers, including but not limited, to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):

When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

0917 100280261

Important: Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that actions Aetna has taken before we received your revocation will still be valid under this authorization
- You may receive a copy of this form if you request it in writing from the address listed below

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M Casey</i>	Date <i>April 11, 2005</i>
Print Name <i>William M Casey</i>	

If not the Member, describe your relationship to the Member:

- Caregiver
- Legal Representative
- Other: _____

If Member's legal representative is signing this Authorization, you must furnish a copy of the health care power of attorney, or other relevant document designating you as the representative.

Return this completed form to: Attn:
 Aetna Life Insurance Company
 P.O. Box 14554
 Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
 Fax Number: 866-888-2308



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

**

File Copy

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0017260200091

April 7, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Authorization to Obtain Information Necessary to Process a Disability Claim. To date, we have not received this requested information.

Your monthly benefits will be terminated, if we do not receive documentation within 30 days of the date of this letter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026570



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

03/23/2005 15:07

**

File Copy

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March 23, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS:Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Authorization for Aetna to Request Protected Health Information Necessary to Process a Disability Claim. To date, we have not received this requested information.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026571



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

09172002009973

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File Copy

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March 10, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

Please fully complete the enclosed Authorization for Aetna to Request Protected Health Information Necessary to Process a Disability Claim and return it to us no later than March 24, 2005 in the envelope provided.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026572



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

09172002000000

File Copy

February 28, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We have reviewed your request for the extension of your group life insurance coverage under the Permanent and Total Disability feature (Waiver of Premium) of the above referenced group life policy. Under the terms of this provision, a covered employee who becomes permanently and totally disabled may continue, under certain conditions, to be covered under the group life insurance policy without making further contributions towards the coverage. This Permanent and Total Disability feature, which is more specifically described in your booklet-certificate, provides that:

"You are permanently and totally disabled only if disease or injury stops you from working at your own job; or any other job for pay or profit; and it must continue to stop you from working at any reasonable job.

A reasonable job is any job for pay or profit which you are, or may reasonably become, fitted for by education, training, or experience.

You must meet all of the following to be eligible:

- Your Life Insurance must be in force when you become permanent totally disabled
- You must be under age 75 when you are first permanently and totally disabled
- Your permanent and total disability must have lasted for at least 9 months
- You must furnish all proof when requested."

This means that you must be unable to perform with reasonable continuity the substantial and material acts necessary to pursue any occupation in the usual or customary way.

The information we reviewed with respect to your request indicates that you do not satisfy the requirement for permanent and total disability. This determination is based on the following information: Per and Attending Physician's Statement completed by Dr. Gonda, you are capable of light to sedentary work activity. For this reason, we are unable to approve your request.

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MANN 026573

2
February 28, 2005
William Casey

09172002000000

If your group insurance is currently in force, you may be eligible to convert all or a portion of your Group Life Insurance to an Individual Life Insurance Policy. Please contact your employer to determine whether your insurance is currently in force, and refer to your Aetna insurance certificate to determine conversion availability and timing restrictions for submitting written application and premium payment.

If you disagree with this benefit determination, you have a right to a review of the decision, and to bring a civil action under Section 502(a) of ERISA if the denial is upheld by Aetna on appeal.

In order to perfect your claim, you should submit the following:

*Any additional medical information or records which would support a finding that you are permanently and totally disabled. This additional medical information should include all objective findings, such as lab tests, x-rays, as well as findings of specific physical or cognitive restrictions of limitations that are determined as a result of a physician's examination;

*Any other information or documentation you believe would assist us in reviewing your claim.

Aetna Life Insurance Company will review any additional evidence you submit, including information from all providers from whom you have received treatment or services. This review will be conducted by an individual who was not involved in the initial determination of your claim.

To obtain a review, you or your representative should submit a request in writing to this office. Your request should include the group name (e.g., employer), name of the insured, the insured's social security number and the issues and comments and any documents, records or other information that you would like to have considered, whether or not submitted in connection with the initial claim. You may also receive, upon request free of charge, documents, records, and other information relevant to your claim. The written request for review must be mailed or delivered within 180 days following receipt of this explanation. Ordinarily, you will receive notification of the final determination within 45 days following receipt of your request. If special circumstances require an extension of time, you will be notified of such extension during the 45 days following receipt of your request.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

cc: Michelin



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Disability Unit
Phone 1-877-465-0424
Fax 1-866-886-2308
File Copy

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February 16, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is in reference to your ongoing claim for LTD benefits.

Under the terms of your LTD coverage, your monthly benefit is an amount based on your monthly pre-disability earnings. Certain other income benefits are taken into account when computing your LTD benefit. According to your group policy Other Income includes, but is not limited to, the following:

Benefits under the Federal Social Security Act, the Railroad Retirement Act, the Canada Pension Plan, and the Quebec Pension Plan. Other income benefits include those, due to your disability or retirement, which are payable to: you; your spouse; your children; your dependents.

As discussed, you should immediately file an application for Social Security Disability (SSD) benefits, and provide us with a copy of the Proof of Filing of your application.

Under the terms of your LTD coverage, we reserve the right to estimate and offset the amount of your Social Security Disability if you fail to provide us with documentation of your SSD application. Accordingly, please provide us with this information by no later than 60 days. Enclosed is a self-addressed return envelope for your convenience.

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full

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MANN 026575

2
February 16, 2005
William Casey

reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter.

Thank you for your cooperation. If you have any questions, please call 1-877-465-0424.

Sincerely,

Disability Unit
Aetna Life Insurance Company

00172600000100



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

017200200010

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File Copy

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November 15, 2004

William M. Casey
240 Lightwood Farm Road
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

To be eligible for monthly disability benefits you must be unable to perform the material duties of your own occupation solely due to injury or illness. We have reviewed your application for long term disability benefits and have determined that, according to your plan, you are now totally disabled from your own occupation. You are eligible to receive monthly benefits effective November 27, 2004, and continuing for up to 24 months from the date you became disabled (May 29, 2004), as long as you remain disabled from your own occupation.

Criteria for Continuation of Benefits

Aetna has determined that you presently meet the "own occupation" definition of disability. Your plan requires that we periodically re-evaluate your eligibility by requesting updated medical information from your physician or an independent physician of our choice. Also, you may be contacted by an Aetna Vocational Rehabilitation Consultant and asked to participate in a vocational assessment interview. If we determine that you are capable of performing the material duties of your own occupation, your monthly benefits will cease.

If you are still disabled from your own occupation and eligible for disability benefits on May 29, 2006, your plan requires that you meet a more strict "any occupation" definition of disability. To qualify for monthly benefits, you must provide objective medical evidence that you are unable to perform any reasonable occupation for which you are qualified or could become qualified as a result of your education, training or experience. If you do qualify for continuation of benefits, we will periodically review your eligibility by requesting updated medical information from your medical providers, independent physicians of our choice, or vocational specialists.

While you are eligible and are receiving benefits, you may be contacted by an Aetna representative regarding our rehabilitation program. This assistance program is voluntary and is of no cost to you. As this service may be highly beneficial, we encourage you to participate when requested.

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MANN 026577

2
November 15, 2004
William Casey

#91728020050

In accordance with contractual provisions, your maximum period of benefit entitlement will end at the end of the month in which age 65 is attained. Your final monthly benefit eligibility date is November 30, 2023.

If your disability is due, to any extent, to a mental condition, unless you are hospital confined, coverage is limited to 24 months from the date of your disability.

Computation of Monthly Benefit

LTD benefits supplement certain other income described in the enclosed Notice Concerning Benefits. The total amount from all applicable sources will not be less than 50.00% of your Monthly Rate of Basic Earnings (MRBE) of \$3,688.53, at the time your disability began. Your monthly benefit is described below:

November 27, 2004 - November 30, 2004	
Gross Benefit Amount	\$245.90
Minus Other Income	-0.00
Net Benefit Amount	\$245.90
Minus FICA	-18.81
Minus Federal Income Tax	-24.59
Net Payment Amount	\$202.50
December 1, 2004 - November 30, 2023	
Gross Benefit Amount	\$1,844.27
Minus Other Income	-0.00
Net Benefit Amount	\$1,844.27
Minus Federal Income Tax	-184.43
Net Payment Amount	\$1,659.84

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

According to your Tax Form, we are deducting 10% for Federal Income Tax.

Under the terms of your plan there is a minimum monthly benefit equal to 10.00% of your gross benefit amount or \$100.00, whichever is greater.

Please carefully read the instructions on the enclosed Notice Concerning Benefits. Failure to comply with each applicable provision may jeopardize your future eligibility.

On or before November 30, 2004, you will receive your initial payment for \$202.50, representing benefits due at the end of the month in which your eligibility began. All future benefits are due at the end of each month.

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number,

3
November 15, 2004
William Casey

09172002

other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company
P.O. Box 14557
Lexington, KY 40512-4557

Fax #: 866-275-2174

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

cc: Michelin

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MANN 026579



Long Term Disability Claim Application

If you have any questions, please call (800) 726-7777.

EMPLOYEE'S STATEMENT

Employer's Name Michelin Tire Corporation		Contract Number 607472
Name William Mark Casey	Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) Sex 1958 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address (include street, city, state and zip code) 240 Lightwood Farm Road Woodruff SC 29388	Telephone Number 864 486-9131	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed pending If married, Spouse's Name and Date of Birth

Dependent Children's Names and Date of Birth
Kristen Brooke Casey [REDACTED] **1986** **Travis Justin Casey** [REDACTED] **1983**

Nature of illness or injury for which claim is being made - please describe how, when and where
**Post Traumatic Stress ANXIETY
 MAJOR DEPRESSIVE DISORDER**

Date of onset of illness or injury causing present absence
MAY 28, 2004

Date of first treatment
MAY 28, 2004

Is absence work related?
 Yes No

List all Physicians, Surgeons and Practitioner's who have attended you during the past year.

Name and Specialty	Address & Telephone Number	Date of Attendance
Dr Frank Gonda - Family	578-9735	02/16/06
Dr Joseph Grace - Psychologist	560-1512	July 15th - ongoing
Dr Wilson Smith - Pulmonary	573-6854	July 15th - ongoing

What hospitals or other institutions were you confined in since the beginning of this absence?
 Please give name, address and dates of confinement.

Work History List Chronologically all Job Titles for at least the last 15 years.

Job Title/Company	Dates of Work	Description
PAPP - OHS operator	1986 - Present	Production - building tires - machinery
QMP	2001 - 2003	Quality Issues + Training

Educational/Training History

Highest Grade Completed 12th	List degrees earned None	Specialized Training Courses/Seminars QMP TRAINING
--	------------------------------------	--

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's Signature
William M Casey

Date
11-2-2004

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MANN 026580



Disability Claim Application

If you have any questions, please call (800) 726-7777.

0017267777

IMPORTANT INCOME TAX INFORMATION

Before completing any information below, please check with your employer to verify whether disability coverage is provided to you under an Administrative Services Contract or a fully insured plan. This will determine the taxable rate of your benefits.

If Disability Coverage Is Provided Under An Administrative Services Contract: Disability payments are reported to the Federal Government and may be included as taxable income if your employer contributed to the coverage. Federal income tax is mandatory at a flat rate of 28% or a lesser amount based in your W-4 form. If the W-4 form is not furnished with a request for disability benefits, the flat 28% rate will be utilized. If you reside in a state that has a law requiring income tax withholding on disability payments, an additional percentage must also be withheld.

If Disability Coverage Is Provided Under An Insured Plan: Disability payments are reported to the Federal Government and may be included as taxable income if your employer contributes to the coverage. If you would like Aetna to withhold Federal income tax on these payments, please complete the section below and sign your name:

- Indicate a specific percentage for tax withholding (not less than 10%) 10 %

OR

- Indicate a specific whole dollar amount (not less than \$88 per monthly payment or \$20 per weekly payment)

\$ _____

I request voluntary income tax withholding from my sick pay (disability) payments as authorized under Section 3402 (o) of the Internal Revenue code.

If you reside in a state that has a law requiring state income tax withholding on disability payments, an additional percentage must also be withheld.

William M Casey
Employee's Signature

11-02-2007
Date

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MANN 026581



Other Income Questionnaire Disability Benefits

Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308

Please complete this form immediately so that we can accurately determine your benefits. Provide all information relating to your actual or expected entitlement to income from all sources (excluding Aetna Disability Benefits) so that processing delays and/or overpayment of benefits will be avoided. Please check all boxes that apply. Complete and sign the form using BLUE or BLACK ink.

Employee's Name (Last, First, Middle Initial) CASEY WILLIAM M		Social Security Number [REDACTED]
Control Number 607472	Employee Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY) [REDACTED] 1958

This section must be completed:

Marital Status
 Single Married ^{PENDING} Divorced Widowed If married, spouse's date of birth (MM/DD/YYYY) _____

Do you have any dependent children?
 Yes No If yes, youngest child's date of birth (MM/DD/YYYY) - [REDACTED] **1986**

I certify that I am currently receiving no other income.
 I certify I have applied for other income as defined below.
 I certify that I am currently receiving or have received other income as defined below.

- Provide information as to all of the following types and/or sources of other income:
- Salary/Wages from present employer
 - Income from self-employment
 - Rehabilitation Earnings
 - Pension/Retirement (including Canada)
 - Part-time Earnings
 - Veteran's Benefits
 - Unemployment Compensation
 - Jones Act or Maritime Doctrine.
 - Recoveries from Third Party causing disability
 - Social Security Disability - Primary
 - Social Security Disability - Family
 - Social Security Retirement
 - Social Security Widow/Widowers Benefit
 - State Disability Plans.
 - Workers' Compensation - Periodic/Lump Sum
 - No-Fault Automobile Coverage
 - Railroad Retirement
 - Private Group Disability benefits

Source of Income	Effective Date of Benefits (MM/DD/YYYY)	Benefit Amount and Frequency

Signature William M Casey	Date (MM/DD/YYYY) Oct 10-20-2007
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Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Authorization To Obtain Information

Complete and sign the form using BLUE or BLACK ink.

Control Number: 607472

Employee Date of Birth (MM/DD/YYYY): 1958

Employee Gender: Male Female

I, CASEY WILLIAM M, SSN [REDACTED]
(please print full name - Last, First, Middle Initial)

hereby authorize any insurance company, third party administrator, government organization, employer and any of their agents performing services relating to any employee benefits or workers compensation or other organization, institution, or person that has any records or knowledge about me containing the following to release the information to the Aetna and/or its duly authorized representatives or agents:

- Financial information,
- Information pertaining to my credit history,
- Information pertaining to my academic performance, credits earned, or school-related activities,
- Other insurance benefits, or,
- Employment information and history (including job duties and earnings).

I understand that the information obtained by use of this authorization will be used for the purpose of evaluating and administering my claim for disability benefits.

This authorization is valid for the term of the policy or contract under which a claim has been submitted.

I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

I further authorize the Aetna and/or its authorized representatives or agents to request reports and information from the Social Security Administration regarding benefits, earnings and employer information, and any award, disallowance or termination relating to benefits.

Print Name (Last, First, Middle Initial) <u>CASEY WILLIAM M</u>	
Signature of Employee <u>William M Casey</u>	Date Signed (MM/DD/YYYY) <u>10-20-2004</u>

If the person signing this authorization is not the member, describe relationship to the member.

If this authorization is being signed by the member's legal representative, you must furnish a copy of the Power of Attorney or other relevant document authorizing you to act on the member's behalf.

Mail this completed form to: PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

MI DT 48-045 ME
GC:1499-1 (6-03)

R-POD

MANN 026583



Work History and Education Questionnaire

Aetna Life Insurance Company
 Telephone: 877-465-0424
 Fax: 866-888-2308

Instructions: Please print, answer all questions, date and sign the release. Complete and sign the form using BLUE or BLACK ink.

1. Employee Information	Name (Last, First, Middle Initial) <i>CASEY WILLIAM M</i>	Social Security Number [REDACTED]	Control Number <i>607472</i>	
	Date of Birth (MM/DD/YYYY) [REDACTED] <i>1958</i>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
2. Education	Highest Level Achieved Grade <input type="checkbox"/> 1-8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> GED College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
	Post Graduate Work <i>N/A</i>			
	List Degrees, Majors			
	List Any Additional Training			
	List Any Certifications or Licenses			
	Military Services/Training			
3. Work History	Current Job You Are Disabled From <i>Production - Tire Builder</i>	MP1	Date Hired (MM/DD/YYYY) <i>07-09-1984</i>	
	Salary <i>42,000</i>			
	Description of Your Job (e.g., Tasks/Functions Performed; Include: Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level) <i>Continuous Repetitive movement on constant moving machinery performs - concrete floors 8+12 hour rotating shifts - could be pulled into machine or caught in machine if not alert - very high production stress level</i>			
	List Those Duties You Now Cannot Perform <i>HAVEN'T BEEN BACK TO WORK YET, BUT IN TRYING TO SIMULATE SOME OF THESE ACTIVITIES - PULLING WREDS PUSH-CUTTING LAMM BENDING WALKING ALL CAUSE FATIGUE QUICK (2-3 HRS)</i>			
	Supervision of Others <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Hours In Your Workday <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 Other _____		
	Other Job Titles Held: <i>Quality Manufacturing Profession QMP</i>			
	In Your Work Day, How Much Time (Hours) Did You Spend:			
	A. Sitting <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Continuously			
	B. Standing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> Continuously			
	C. Walking <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> Continuously			
	On The Job You:	Occasionally	Frequently	Continually
	1. Bend/Stoop	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Reach Above Shoulders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	6. Lift Up To 10 Pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	11-25 Pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	26-50 Pounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	50 Pounds or More	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Do You Use Your Hands And/Or Feet For Repetitive Movements? (E.G. Operating Foot Controls)			
	Right Hand:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Right Foot:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Left Hand:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Left Foot:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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MANN 026585

Employee Name (Last, First, Middle-Initial) CASEY WILLIAM M	Employee Social Security Number [REDACTED]
---	---

Please provide complete work history information for the past 15 years (list chronologically and use additional paper if necessary).

4. Other Work History	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	
	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	
	Employer	Job Title	Employed From _____ To _____	Salary
	Description of your job			
	Training Received			
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
	Supervision of others as part of your job <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Job Titles Held	

Please list your outside of work activities (e.g. Sports, Activities, Hobbies)

5. Additional Information	Before your Disability: WORKING IN YARD BEING OUTSIDE PLAYING GOLF
	After your Disability: TRIED EACH - NOT ENJOYING ANY - FIRE VERY EASILY

6. Certification	I hereby certify that the foregoing statements and answers are complete and true to the best of my knowledge and belief. Date (MM/DD/YYYY) 10-20-2004 Signed Employee William M Casey
------------------	--

7. Authorization	To my present employer and all previous employers: I hereby authorize my present and past employers to provide Aetna or its representative with a description of all job-related duties and functions I performed while actively employed. I further authorize Aetna or its representative to release this information to vocational or clinical specialists it utilizes during the course of its administration of my disability claim. A copy of this authorization shall be as valid as the original. Date: (MM/DD/YYYY) 10-20-2004 Signed Employee William M Casey
------------------	--



Reimbursement Agreement(LTD)

Complete and sign the form using BLUE or BLACK ink.

Aetna Life Insurance Company (Aetna) has issued to my employer,

MICHELIN TIRE CORPORATION

group insurance policy LTD 607472 Suffix 16 Account 006 (the LTD policy) under which I am a covered employee:

If my application for Long Term Disability benefits is approved, in consideration of the payment of LTD benefits without reduction on account of other benefit payments to which I or my eligible dependents may become entitled under the United States Social Security Act or from any of the other income sources described in the LTD policy, I hereby agree to reimburse Aetna for any and all overpayments made to me under the LTD policy or any short term disability plan provided by employer. I understand that Aetna agrees to make payment in this manner in consideration of my agreement to promptly notify Aetna of the amounts and effective dates of any such benefits. Further, I agree that any benefits due me, my beneficiaries, heirs, executors, administrators or assigns under the LTD policy may be applied to any outstanding overpayment whether resulting from retroactive award of Social Security or any other income benefits as described in the LTD policy.

With respect to any group life insurance coverage provided me by Aetna and in consideration of the foregoing, I hereby assign to Aetna, as creditor beneficiary, an amount of such group life insurance equal to the amount of any overpayment which may be outstanding under the LTD policy at the time of death.

David M. Lydell
Signature of Witness

William M. Carey
Signature of Employee/Authorized Representative

Social Security Number

Employee Gender Male Female

Date of Birth (MM/DD/YYYY):

10-26-2004
Signature Date (MM/DD/YYYY)

Mail this completed form to: PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

MI DT 48-008 Insured ME
GC-1495-1 (6-03)

R-POD

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MANN 026587

11/04/04 THU 15:00 FAX 14:00 FR MICHELIN TIRE

AON CONSULTING 854 599 3340 TO 918003051804

P.04/05

002

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EMPLOYEE REQUEST FOR INFORMATION

Aetna Life Insurance Company Telephone 877-465-0424 Fax 866-888-2303

This notice should be completed and mailed to Aetna Life Insurance Company in order to initiate a disability claim. Complete and sign the request using BLUE or BLACK ink.

EMPLOYER INFORMATION (To be completed by the Employer.)

Employer's Name: Michelin Tire Corporation EIN Number: _____
 Employer's Address: Street 1800 International Drive City Spartanburg State SC Zip 29304
 Work Location (if different from the above) SAME
 Supervisor's Name and Telephone Number Joe Tranchesi 864-599-3256

Does member have both Aetna Disability and Health Insurance? Yes No
 Actna Disability Control Number 1007472 Disability Suffix _____
 Complete all applicable information. Health Plan Control Number _____ Health Plan Suffix _____ Health Plan Account _____ Health Plan Summary Code DA

Employee's Name (Last, First, Middle Initial) William Marc Casey Employee's Gender Male Female Employee's Social Security Number _____
 Date of Hire (MM/DD/YYYY) 7-9-84 STD Coverage Effective Date (MM/DD/YYYY) 7-9-84 LTD Coverage Effective Date (MM/DD/YYYY) 7-9-87 Date Last Worked (MM/DD/YYYY) 28 May 2004 Was more than a half day completed? Yes No
 Employee's Occupation High Performance Team Mbr Occupation is: Sedentary Light Moderate Heavy Date Salary continuation was paid through (MM/DD/YYYY) 24 Nov 2004 Reason employee ceased work Personal Med. Leave of Absence
 Employee's earnings are: \$ _____ Annually Monthly Weekly Hourly Number of hours per week Avg 40 hrs/week

If premium deductions are to be withheld please list the amounts (weekly)
 Amount Pre-tax Post-tax
 Medical \$ NA % %
 Life \$ _____ % %
 Other \$ _____ % %
 The portion of the cost of coverage that is paid by the employee with post-tax dollars is non-taxable. What percentage of the cost of coverage is paid by the employee in this manner?
 STD NA % LTD 0 %

The following is applicable only if the employee also has group life insurance with Aetna:
 Amount of Life Insurance Coverage Basic \$ _____ Supplemental \$ _____ Type of Disability Coverage included with Life insurance DBO-AID PTD Premium Waiver SIB-PW
 Home and phone number on person providing the above information: Monica Stewart Date (MM/DD/YYYY) 9-13-04

EMPLOYEE INFORMATION (To be completed by the Employee.)

Employee's Address: Street _____ City _____ State _____ Zip _____
 Telephone number _____ May we leave messages on your answering machine? Yes No Date of Birth (MM/DD/YYYY) _____
 Date first missed work due to disability (MM/DD/YYYY) _____ Date returned/will return to work (MM/DD/YYYY) _____
 What is the nature of your disability (diagnosis end/or ICD/CPT Code)? _____ Were you hospitalized due to this condition? Yes No If yes, what date were you hospitalized on? _____
 Is this condition work related? Yes No Is this condition the result of an accident? Yes No Is this condition the result of a motor vehicle accident? Yes No
 What is your occupation? _____ Briefly describe your job duties _____
 What is your doctor's name? _____ What is your doctor's address and phone number? _____
 Has your doctor recommended that you stay out of work because you cannot perform your job at this time? Yes No If yes, how long do they expect you to remain out of work? _____
 Briefly describe how your condition prevents you from working _____
 Have you been disabled as a result of this condition before? Yes No If yes, when and how long? _____ Are you receiving any other form of income? Yes No If yes, please describe _____

By furnishing this blank and investigating the claim, Aetna shall not be held to admit the validity of any claim or waive the breach of any condition of the policy or contract. For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison, and substantial civil penalties. Many other states have similar laws. Attention Colorado Residents: Any insurer or agent who knowingly provides false or misleading information must be reported to the Insurance Division.

Employee Signature _____ Date (MM/DD/YYYY) _____

Mail this completed form to: Aetna Life Insurance Company P.O. Box 14554 Lexington, KY 40512-4554

CF DT 21-023 ME CC-1502-1 (8-03)

R-P00

MANN 026588



Fax Transmittal

To: Debi Harrison	From: Michelin Personnel Service Center
Phone:	Phone: 1-877-435-7868 Fax: 1-800-305-1804
Fax: 800-333-8309	Date: 11-4-04
Re: Casey	Pages: 6

● **Comments:**

This transmission is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone.

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MANN 026589

11/04/04 THU 15:00 FAX
SEP 13 '04 14:00 FR MICHELIN TIRE

AON CONSULTING
854 599 3340 TO 918003051804

P.05/05

003

Aetna Physical Demand Analysis

Employer Michelin Tire Corporation	Job Location Spartanburg, S.C.
Employee Name William Mark Casey	Job Title High Performance Team Member

Indicate the percent of the day the following activities can be performed:
(Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)

	O	F	C	N		O	F	C	N
Climbing - Legs and Arms (Ladder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hand Grasping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climbing - Legs Only (Stairs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firm Hand Grasping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine Manipulation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gross Manipulation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching above shoulder level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Forward reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carrying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Indicate the weight the employees must lift:

	O	F	C	N
1 - 5 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - 10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - 35 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 75 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 - 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 lbs. +	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate percent of the day spent in each work environment

100 % of day spent inside
 _____ % of day spent outside
 Total 100%

_____ % of day working alone
100 % of day working around others
 Total 100%

Is the operation of equipment required? (forklift, cutting machinery, hand tools, computer, phone, car, truck, other vehicle, etc.). If so, please specify the equipment/machinery and indicate percent of day operated.

Description of Equipment/Machinery	Percent of day operated
1. <u>Tire Building Machine</u>	<u>95</u> %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %

Occupational Requirements:

Vision - Far	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Depth Perception	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vision - Near	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Speaking	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(Hours Spent _____)		

Environmental Exposures:

Extreme Temperature Changes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Noises	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to DOT regulations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Vibrations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Chemicals	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to FAA regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dust, Fumes, Odors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other specify _____					

Range of accommodated hours available? 2-4 4-6 6-8

Is overtime required? Yes No

Michael M. McCain
(Supervisor's signature)

6 Sep 2004
(Date)

477 (12-02) A-P00

*** TOTAL PAGE.05 ***

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MANN 026590



EMPLOYEE REQUEST FOR INFORMATION

Aetna Life Insurance Company
Telephone 877-465-0424
Fax 866-888-2308

This notice should be completed and mailed to Aetna Life Insurance Company in order to initiate a disability claim. Complete and sign the request using BLUE or BLACK ink.

Form with sections: EMPLOYER INFORMATION (To be completed by the Employer), EMPLOYEE INFORMATION (To be completed by the Employee), and signature area. Includes fields for address, contact info, medical history, and job details.

Mail this completed form to:

PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

RECEIVED

OCT 29 2004

CF DT 21-023 ME
GC-1502-1 (8-03)

R-POD

MANN 026591

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

Welcome to the Benefits Online Enrollment System WILLIAM M CASEY

Your enrollment window has closed. You will not be allowed to submit any life events until your elections have been processed. Your 2004 Benefit Elections are listed below. If you have questions, please contact the Personnel Service Center at 1-877-HELP TO U (1-877-435-7868).

Election Information

Pre-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Family Status	Yourself & Family	Coverage	
	Dependents covered • DONNA CASEY (Spouse) • KRISTEN CASEY (Child)		
Medical	Employee & Children	Network Only Medical Plan	\$20.31
	Dependents covered • KRISTEN CASEY (Child)		
Dental	Employee & Children	Expanded Dental Plan	\$6.92
	Dependents covered • KRISTEN CASEY (Child)		
Accidental Death and Dismemberment	Family \$435,000.00	10 x pay	\$6.22
	Dependents covered • DONNA CASEY (Spouse) • KRISTEN CASEY (Child)		
Health Care PRA	\$199.94	Health Care PRA	\$7.69
Dependent Caregiver PRA	\$0.00	Dependent Caregiver PRA	\$0.00
401(k) Pre-Tax Contribution	6%		
		Total Pre-Tax Benefit Election	\$41.14
Post-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Group Term Life Insurance	Smoker \$87,000.00	2 x pay	\$0.00
Dependent Term Life Insurance	Children Only	20,000 Spouse/10,000 Child	\$0.83
	Dependents covered • KRISTEN CASEY (Child)		
Group Universal Life		No Coverage	\$0.00
401(k) Post-Tax Contribution	0%		
		Total Post-Tax Benefit Election	\$0.83
Taxable Benefit Election	Coverage	Description	Bi-Weekly Cost
Medical Opt Out	Employee & Children	Opt Out Credit	-\$23.08

			Total Taxable Benefit Election	\$-23.08
Pre-Tax Benefit Election				
	Coverage	Description	Bi-Weekly Cost	
Dependent Caregiver PRA Company Match	\$0.00	Dep PRA - Company match 25%	\$0.00	
			Total Pre-Tax Benefit Election	\$0.00
Post-Tax Benefit Election				
	Coverage	Description	Bi-Weekly Cost	
Travelers Insurance		No Coverage	\$0.00	
Pre-Paid Legal		No Coverage	\$0.00	
			Total Post-Tax Benefit Election	\$0.00
			Total	\$18.89
Below is the bi-weekly cost of your elections: <ul style="list-style-type: none"> • Pre-Tax Benefit cost is \$41.14 • Post-Tax Benefit cost is \$0.83 • Taxable Benefit cost is \$-23.08 • Total cost is \$18.89 				

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Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

File Copy

Richard D. Reid
AETNA
Phone: 877-465-0424
Fax: 866-888-2308

0917200200054

October 25, 2004

William M. Casey
240 Lightwood Farm Rd
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America Inc
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We have recently received a request for your Long Term Disability benefits.

At this time we are still waiting for the following required form(s):

- Employer Request for Information--Disability Claim Application
- Employee Request for Information--Disability Claim Application

For your convenience, we have enclosed them and in order to for us to make a complete and timely decision regarding your claim, please complete and mail these forms in the enclosed self addressed envelope.

If we do not receive this information within 30 days of the date of this letter, we will have to close the claim.

If you have any questions, please call (877) 465-0424.

Sincerely,

Richard D. Reid
Aetna Life Insurance Company

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MANN 026594



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions -- The Physician will complete Sections 2 through 9.
 The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASEY, WILLIAM MARK 1-258-██████████ 58 15'8" 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MMDD/YYYY) Height Weight (lb)

(c) Patient Gender Male Female

(d) 240 LIGHTWOOD FARM ROAD, WOODRUFF, S.C. 29388
 Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium
 Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
 Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an *)

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 309.81 ICD-9 codes 300.02

AXIS II Primary Diagnosis (NONE) Secondary Diagnosis: _____ ICD-9 codes _____

AXIS III Primary Diagnosis (DEFERRED) Secondary Diagnosis: _____ ICD-9 codes _____

AXIS IV Primary Diagnosis OCCUPATIONAL PROBS. Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT, ATYPICAL CYNICISM, IRRITABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO RESPOND TO WORKING LIFE STRESSORS.

(b) Objective findings (Include mental status findings, testing results, rating scales, etc): BOUNDARY NEUTRAL STATUS EXAM, AND HAMPTON-II INDICATING MODERATE ANX. AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLOWED IN THOUGHT & ACTION,

(c) Describe interpersonal stressors that impact ability to function: OBSSASSIONAL THOUGHT AND COMPULSIVE BEHAVIORS.

(d) Describe work stressors that impact ability to function: STRESS OF MEETING PRODUCTION, PHYSICALLY TROUBLING FOR NUMBER OF HOURS AND LIFTING HEAVY TIRES CONTINUALLY

TREATMENT

(a) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD, AND SOMA H.S.

(b) Impairment from medication effects SEDATION
 Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH SYMPTOMS.

(d) Office visit dates: First 8-4-04 Last _____ Next _____ Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? No Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? No Yes Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists (NOT DIRECTLY)

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

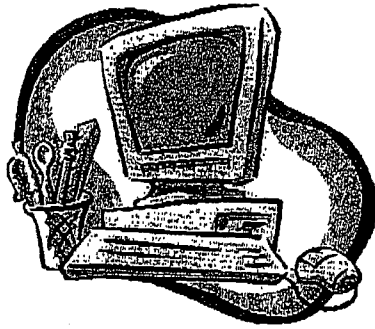
Name FRANK GONDA, M.D. Specialty FAM. PRACT. City " State "

Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

JOSEPH G. GRACE III, PH.D.
Center for Family Medicine
853 N. Church Street, Suite 510
Spartanburg, SC 29303
864-560-1512

FAX TRANSMITTAL

No. of Pages incl. Cover Sheet: 2



To: Aetna

Fax: 866-888-2308

RE: Casey, Wm. Marx
Control No: 607472

From: Dr. Joseph Grace
Date: 10-26-04
Phone: (864) 560-1512
Fax: (864) 560-1510

/s/ [Signature]

REMARKS: Urgent For Your Review Reply ASAP Please Comment

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026596

Patient Name (Last, First Middle Initial) Required

WILLIAM CASKEY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds?

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to give supervision to others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work cooperatively with others in group settings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to maintain persistence to task	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to maintain attention and concentration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work alone or in physical isolation from others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to interact with public/customers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to use judgement and make decisions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to attain set standards and limits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Able to direct, control or plan activities of others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):

SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)

LIMITED RESTRICTION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day NONE
- Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week NONE
- Date you prescribed restriction on work activities Month 8 Day 4 Year 04
- How long are these restrictions/limitations in effect? UNTIL ANXIETY AND DEPRESSION No Longer
- Estimated return to work date? ROUGH ESTIMATE Nov 30, 04, modified duty 1/2 TIME full duty INITIALLY

(e) Other/ Comments

6. Current Status

(a) Patient is/has Improved Unchanged Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?

No Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS.

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print) <u>JOSEPH G GRACE, III</u>	Degree <u>PH.D.</u>	Specialty <u>CLINICAL/COUNSELING PSYCHOLOGY</u>
Address (No. Street, City, State, Zip Code) <u>853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303</u>	Telephone Number <u>(864) 560-1512</u>	Fax Number <u>(864) 560-1565</u>

9. Physician Signature

Signature: [Handwritten Signature] Date (MM/DD/YYYY) 10-19-04



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9. The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2. The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) Cassy William M Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) 1-1958 Height 15'8" Weight (lb) 175

(c) Patient Gender Male Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) Check if New
240 Lightwood Farm Road Woodruff SC 29388

(e) Mailing Address, if different from Home address _____

(f) Patient Employer Name/City/State Michelin Tire Corp Spartanburg SC Check if New

(g) Patient Telephone Number 864 486-9131

(h) Job Title/Occupation PAPP/BUS operator - MP2

(i) Type of Claim: Short Term Disability Long Term Disability Waiver of Premium Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis Chronic LBP Primary ICD Code _____
Secondary Diagnosis Degen. Arthritis Secondary ICD Code _____
Other Diagnoses Depression Other ICD Codes _____

(b) Height _____ Weight 177 LB Date Measured (MM/DD/YYYY) 10/19/04

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery Type: Vaginal Cesarean

(d) Primary Procedure N/A Primary CPT Code _____
Secondary Procedure _____ Secondary CPT Code _____
Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency ultram 50mg 2qid, Zanaflex 4mg 2qhs, Lamictal 10/500 bid, Synthar 20mg qd, Zolof 100mg 1/2 qd

(f) Is patient still under your care for this condition? Yes No, date service terminated _____ (MM/DD/YYYY)

(g) Treatment summary Evam, X-rays, MRI, ortho consult, medication, psych consult

(h) Office visit dates: First 11/1/02 Last 10/19/04 Next 3 Frequency of appointments q 3mths
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____ (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

4. History

(a) Symptoms: Chronic back pain made worse of strenuous activity Depression & Anxiety

(b) Date symptoms first appeared or accident happened _____ MM 11 DD 14 YYYY 1997

(c) Has patient ever had same or similar condition? No Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? No Yes Unknown

(f) Other Treating Physicians
Name Glenn South Specialty ortho City Spartanburg State SC
Name Eugene Malcom Specialty Chronic Pain City Spartanburg State SC

Patient Name (Last, First Middle Initial) Required

Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
- Able to work with others Yes No Other/describe in (d)
- Able to give supervision Yes No Other/describe in (d)
- Able to work cooperatively with others in group setting Yes No Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.
 - Heavy work activity. No limitations of functional capacity.
 - Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 - Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 - Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 - No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 - Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) No pending, squaring, lifting greater than 25 lbs
prolonged standing > 1/2 hrs

- Number of Hours patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day
- Number of Days per week patient is able to work: 1 2 3 4 5 6 7 Days/Week
- Date you prescribed restriction on work activities Month _____ Day _____ Year _____
- How long are these restrictions/limitations in effect? _____ Days _____ Weeks _____ Months No Longer
- Estimated return to work date? 1/20/05 modified duty _____ full duty _____
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
X-rays on RT show degenerative arthritis

(d) Other/Comments _____

6. Current Status

(a) Patient has Improved Stabilized Regressed Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain _____

(c) In your opinion, is your patient motivated to return to work? maybe

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8. Physician Certification

Attending Physician's Name (Print) <u>Frank E. Gordon</u>	Degree <u>MD</u>	Specialty <u>F.P.</u>
Address (No. Street, City, State, Zip Code) <u>2212 Old Furnace Rd Spartanburg SC</u>	Telephone Number <u>864-578-9735</u>	Fax Number <u>864-578-7098</u>

9. Physician Signature

Signature <u>F E Gordon MD</u>	Date (MM/DD/YYYY) <u>10/21/04</u>
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