

ORIGINAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

Appeal from the South Carolina Workers' Compensation Commission

Avery B. Wilkerson, Jr., Commissioner
Derrick L. Williams, Commissioner
G. Bryan Lyndon, Commissioner

W.C.C. File No. 1007031

Kenneth Lawter, Employee/Claimant, ... Respondent,

v.

Kohler Company, Employer/Self-Insured, ... Appellant.

RECEIVED
SEP 03 2012
SC Court of Appeals

RECORD ON APPEAL

Toney J. Lister
Lister Flynn & Kelly, P.A.
P.O. Box 2929
Spartanburg, SC 29304-2929
864.582.3770

Attorney for Respondent

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Attorneys for Appellant

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South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5723

www.wcc.sc.gov



WCC File #: _____

ier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Kenneth L. Lawter SSN: 247-23-0556Employer's Name: Kohler CompanyAddress: 621 Martin Camp Rd.Address: 4000 S. Pine St.City: Chesnee State: SC Zip: 29323City: Spartanburg State: SC Zip: 29302Home Phone: (864) 461 - 9296 Work Phone: () -Insurance Carrier: Self InsuredPreparer's Name: Toney J. Lister Law Firm: Lister, Flynn & Kelly, PA Preparer's Phone #: 864-582-3770**Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.****A claim for workers' compensation benefits is made based on the following grounds: Injury X Date of Injury or Illness: 1/25/2010**

- 1a. The claimant sustained an injury to back and right leg on 1/25/2010 in Spartanburg County, State of SC.
- 1b. Body part(s) affected are: Back and right leg. Briefly describe how the accident occurred. Tripped and fell during power outage.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 1/25/2010 in the following manner: Verbally notified safety officer & supervisor.

X 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____X (b) additional medical examination and treatment for: Back and right leg.

X 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

May 25, 2010 to the present.☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):☐ (1) General Disability:☐ Total☐ (2) Specific Disability:☐ Total☐ (3) Wage Loss☐ Partial☐ Partial☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:10a. At the time of the injury, the Claimant was paid weekly wages of \$to be determined, and demands accounting of days worked and wages earned as provided by law.10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Kohler Company.11a. Further grounds or unusual aspects of claim: Need hearing to get authorized medical benefits and temporary total disability.11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. Mack Poole, 130 Dillon Dr., Sptbg., SC 29307; Dr. David Mitchell, 1330 Boiling Springs Rd., Suite 1600, Sptbg., SC 29303; Vocational Rehabilitation, Spartanburg, SC.11c. To the best of your knowledge, did you have any prior permanent disability? Yes. If yes, describe: Back surgery and fusion 6 years ago.

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

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

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

14. Estimated time needed for hearing: 30 Minutes**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature

Attorney
TitleTlister@lfklaw.com
Email

Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50

Revised 9/07

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

STATE OF SOUTH CAROLINA	)	
	)	BEFORE THE SOUTH CAROLINA
COUNTY OF SPARTANBURG	)	WORKERS' COMPENSATION COMMISSION
Kenneth L. Lawter,	)	
	)	
Claimant,	)	
	)	
-vs-	)	CERTIFICATE OF SERVICE BY MAIL
	)	WCC FILE NO. 1007031
Kohler Company, Employer.	)	

The undersigned hereby certifies that he/she has served the within Amended Form 50 by depositing copies of the same in the United States Mail, with sufficient postage annexed thereto, addressed as follows:

SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Kohler Company
4000 S. Pine St.
Spartanburg, SC 29302

Dated: 28 Sept, 2010

LISTER, FLYNN & KELLY, PA

By: T. J. Lister
Toney J. Lister
Attorney at Law
Post Office Box 2929
Spartanburg, SC 29304
(864) 582-3770

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: **1007031**

ier File #:

Carrier Code #:

Employer FEIN #:

Claimant's Name: Kenneth L. Lawter SSN: 247-23-0556 Employer's Name: Kohler Company
Address: 621 Martin Camp Rd. Address: 4000 S. Pine St.
City: Chesnee State: SC Zip: 29323 City: Spartanburg State: SC Zip: 29302
Home Phone: (864) 461-9296 Work Phone: () - Insurance Carrier: Self Insured
Preparer's Name: Toney J. Lister Law Firm: Lister, Flynn & Kelly, PA Preparer's Phone #: 864-582-3770

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds: Injury X Date of Injury or Illness: 1/25/2010

- 1a. The claimant sustained an injury to back, right leg and psychological problems on 1/25/2010 in Spartanburg County, State of SC.
1b. Body part(s) affected are: Back, right leg and psyche. Briefly describe how the accident occurred. Tripped and fell during power outage.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 1/25/2010 in the following manner: Verbally notified safety officer & supervisor.
- X 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
X (b) additional medical examination and treatment for: Back, right leg and psychological system.
- X 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
May 25, 2010 to the present.
- ☐ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ (2) Specific Disability: ☐ Total
☐ (3) Wage Loss ☐ Partial ☐ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$to be determined, and demands accounting of days worked and wages earned as provided by law.
10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Kohler Company.
- 11a. Further grounds or unusual aspects of claim: Need hearing to get authorized medical benefits and temporary total disability.
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. Mack Poole, 130 Dillon Dr., Sptbg., SC 29307; Dr. David Mitchell, 1330 Boiling Springs Rd., Suite 1600, Sptbg., SC 29303; Vocational Rehabilitation, Spartanburg, SC; Dr. Kenneth W. Wells, 943 N. Church St., Spartanburg, SC 29303.
- 11c. To the best of your knowledge, did you have any prior permanent disability? Yes. If yes, describe: Back surgery and fusion 6 years ago; previously treated for psychological problems.
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
X 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: 30 Minutes

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

Toney J. Lister Attorney Title Tlister@ifklaw.com Email

4 Jan 2010 Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50

Revised 9/07

**SECOND
AMENDED**

50

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

3

STATE OF SOUTH CAROLINA	)	
	)	BEFORE THE SOUTH CAROLINA
COUNTY OF SPARTANBURG	)	WORKERS' COMPENSATION COMMISSION
Kenneth L. Lawter,	)	
	)	
Claimant,	)	
	)	
-vs-	)	CERTIFICATE OF SERVICE BY MAIL
	)	WCC FILE NO. 1007031
Kohler Company, Employer.	)	

The undersigned hereby certifies that he/she has served the within Second Amended Form 50 by depositing copies of the same in the United States Mail, with sufficient postage annexed thereto, addressed as follows:

SC Workers' Compensation Commission
Post Office Box 1715
Columbia, SC 29202-1715

Mr. Russell T. Infinger
Attorney at Law
P.O. Drawer 10648
Greenville, SC 29603-0648

Dated: 4 Jan, 2011

LISTER, FLYNN & KELLY, PA

By: Toney J. Lister
Toney J. Lister
Attorney at Law
Post Office Box 2929
Spartanburg, SC 29304
(864) 582-3770



File #: 1007031
Carrier File #: 2313-30999
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kenneth Lawter SSN: 247-23-0556 Employer's Name: Kohler Company
Address: 183 Arcadia Street Address: 2851 Southport Road
City: Spartanburg State: SC Zip: 29301 City: Spartanburg State: SC Zip: 29302
Home Phone: (864) 461-9296 Work Phone: () - Insurance Carrier: Self-Insured
Date of Injury: 01/25/10
Preparer's Name: Russell T. Infinger Law Firm: Nexsen Pruet, LLC Preparer's Phone #: (864) 282-1122

Date of Injury or Illness: 01/25/10

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **Admitted-in-part** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
It is admitted claimant sustained a medical only incident on 01/25/10. However, the claimant's current condition is unrelated to incident of 1/25/10. Defendants provided medical treatment to claimant. He was released and returned to work.
2. It is **Admitted-in-part** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **Admitted-in-part** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **Admitted-in-part** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **Admitted-in-part** notice of injury was given the employer. The reasons for denial are:
6. It is **Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:
Released to return to regular duty per Dr. Mack Poole following the 1/25/10 incident.
7. It is **Denied** the employee is entitled to temporary total disability for the period(s) of :
See No. 1
8. It is **Denied** the employee is permanently disabled. The reasons for denial are:
See No. 1
9. It is Denied the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ 710.50 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: _____
12. Estimated time needed for hearing: _____

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Tony J. Lister, Esquire

Address: P.O. Box 2929, Spartanburg, SC 29304-2929

on the 2nd day of February, 2011, by ☐ first class mail ☐ personal service ☒ certified mail.

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

Russell T. Infinger Attorney RInfinger@nexsenpruet.com February 2, 2011
Preparer's Signature Title Email Date

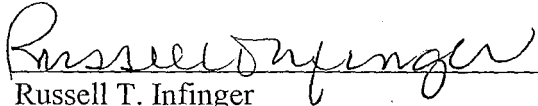
Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 51 has been served upon the following attorney of record by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the below at their offices as shown below this 2nd day of February, 2011.

Toney J. Lister, Esq.
Lister Flynn & Kelly, PA
P.O. Box 2929
Spartanburg, SC 29304-2929

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


Russell T. Infinger
Nexsen Pruet, LLC
55 E. Camperdown Way, Suite 400
P. O. Drawer 10648
Greenville, SC 29603
(864) 282-1122

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. - 1007031

KENNETH LAWTER,	)	
	)	
CLAIMANT,	)	HEARING
	)	
VS.	)	BEFORE COMMISSIONER
	)	ANDREA C. ROCHE
KOHLER COMPANY,	)	
	)	<u>TRANSCRIPT</u>
EMPLOYER,	)	
AND	)	
	)	
SELF INSURED,	)	
	)	
CARRIER,	)	
DEFENDANTS.	)	
_____	)	



COPY

WORKERS' COMPENSATION COMMISSION HEARING TAKEN
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND FOR
THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF
9:35 AM ON FRIDAY, MARCH 4, 2011, COUNTY SQUARE, 301
UNIVERSITY RIDGE, GREENVILLE, SOUTH CAROLINA 29601.

APPEARANCES

FOR THE CLAIMANT

TONEY J. LISTER, ESQUIRE
 LISTER, FLYNN & KELLY, PA
 POST OFFICE BOX 2929
 SPARTANBURG, SOUTH CAROLINA 29304
 864-582-3770

FOR THE DEFENDANTS

RUSSELL T. INFINGER, ESQUIRE
 NEXSEN, PRUET, LLC
 POST OFFICE DRAWER 10648
 GREENVILLE, SOUTH CAROLINA 29603
 864-282-1122

REPORTED BY

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

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(EXHIBITS)

No Exhibits Proffered

1 THE COURT: Today's date is March the 4th, 2011.
2 This is WCC File No. 1007031. This is the case of the
3 Claimant, Kenneth Lawter, represented by Attorney
4 Toney J. Lister, versus the Employer, Kohler Company
5 and they are self insured and the Defendant is
6 represented by Attorney Russell T. Infinger.

7 The issues today are those presented on the Forms
8 50 and 51. We have an average weekly wage of \$710.50
9 with a resulting compensation rate of \$473.69 and a
10 date of injury of January 25th, 2010.

11 Are there any objections to APAs, jurisdiction,
12 venue or any other items?

13 MR. LISTER: No, none, Commissioner.

14 MR. INFINGER: None from the Defendants.

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

19 Before going on the record we did have a
20 pre-hearing conference.

21 It is the position of the Claimant that he
22 sustained an injury by accident arising out of the
23 course and scope of his employment on January the
24 25th, 2010. It is the position of the Claimant that
25 he injured his back. It's the position of the

1 Claimant that he has not reached maximum medical
2 improvement and that he would be entitled to temporary
3 total disability benefits from May 25th, 2010 to the
4 present and continuing. It is the position of the
5 Claimant that he would be entitled to past causally
6 related medical treatment and that he is still in need
7 of future medical treatment and would be entitled to
8 that as well.

9 Before we went on the record the Claimant also
10 made a motion to disallow the Form 51 filed by the
11 Employer based on the doctrine of estoppel and
12 presented a letter from the Employer denying the
13 Claimant's short term disability application based on
14 the fact that it was a work injury. I denied the
15 motion but I'm going to take in the letter as evidence
16 for what it's worth.

17 It is the position of the Claimant and the
18 Defendants, they admit that the Claimant did trip and
19 fall and had an accident.

20 It's the position of the Defendants that he
21 treated for the accident and was released to return
22 back to work.

23 It is the position of the Defendants that the
24 Claimant had a preexisting condition; he did have
25 fusion surgery in '04. That he was continuing to even

1 take some pain medication while he was working. It's
2 the position of the Defendants that this particular
3 accident in January of 2010 was a mild exacerbation,
4 but the Claimant returned to baseline and that any
5 problems that the Claimant currently is having are all
6 related to his preexisting condition or in the
7 alternative are not related to the fall on January the
8 25th, 2010.

9 Is there anything either of you would like to
10 add?

11 MR. LISTER: Commissioner, Claimant's Motion to
12 Dismiss is based on estoppel and judicial estoppel.

13 THE COURT: Okay. Anything in addition?

14 MR. INFINGER: Nothing further.

15 THE COURT: Mr. Lister, it's my understanding the
16 Claimant is your first witness?

17 MR. LISTER: That is correct, Commissioner.

18 THE COURT: Mr. Lawter, please raise your right
19 hand. Do you swear to tell the truth, the whole truth
20 and nothing but the truth?

21 THE WITNESS: Yes, ma'am.

22 THE COURT: Please state your full name for the
23 record.

24 THE WITNESS: Kenneth Leo Lawter.

25 THE COURT: What's your middle name?

1 THE WITNESS: Leo.

2 THE COURT: Spell that for me.

3 THE WITNESS: L-E-O.

4 THE COURT: All right. Mr. Lister, your witness.

5 MR. LISTER: Commissioner, if it so pleases you.

6 Kenneth Leo Lawter,

7 Having first been duly sworn, testified as follows:

8 DIRECT EXAMINATION

9 BY MR. LISTER:

10 Q Kenneth, give us your address, please.

11 A It's 621 Martin Camp Road, Chesnee, South
12 Carolina.

13 Q And that's in Spartanburg County?

14 A Yes.

15 Q And how old are you? What's your date of
16 birth?

17 A I'm 52 and born 12/22/58.

18 Q Are you married?

19 A Divorced.

20 Q Do you have children?

21 THE COURT: Mr. Lawter, you're going to have --

22 A Two.

23 THE COURT: -- we're recording the proceedings so
24 it's going to be real important for you to speak up so
25 everybody in the room can hear you. Okay?

1 THE WITNESS: Okay.

2 BY MR. LISTER:

3 Q Did you say you have two children?

4 A Two, yeah.

5 Q Kenneth, what are their ages?

6 A 27 and 32.

7 Q They're both grown?

8 A Yes, sir.

9 Q Who do you live with?

10 A Myself.

11 Q Okay. What education or formal schooling do
12 you have?

13 A High school graduation.

14 Q You graduated from Chesnee High School?

15 A Yes, sir.

16 Q That's in Spartanburg County?

17 A Yes, sir.

18 Q And what work experience do you have after
19 high school?

20 A I worked at Air Automotive as a welder and
21 then I've worked at Kohler Company.

22 Q When did you first go to work with Kohler
23 Company?

24 A I first went to work in '78. I worked a
25 couple of years then I went to Air Automotive then I

1 came back to Kohler in 1980 and I've been there ever
2 since.

3 Q And have you had other family members work
4 at Kohler?

5 A Yes, my father worked at Kohler.

6 Q How many years did your dad work there?

7 A About 30 years I think.

8 Q When you were hired by Kohler back in 1980
9 what -- what were you doing? What was your job?

10 A Warehouse, loading trucks.

11 Q How about in January of last year what were
12 you doing at Kohler?

13 A I worked in maintenance; maintenance
14 technician.

15 Q How long had you been a maintenance
16 technician or about how long with Kohler?

17 A Since I think 1982.

18 Q So from 1982 until January of last year you
19 were working as a maintenance technician?

20 A Yes, in the maintenance department.

21 Q Okay. And what does a maintenance
22 technician do?

23 A Just repair pumps; all -- any -- anything in
24 the plant but mostly I was the boiler operator. I
25 took care of the boiler and the cooling towers.

1 Q Did that job require physical labor?

2 A Yes. I had to climb steps and repair pumps
3 and stuff.

4 Q Did it require standing?

5 A Yes, I had to stand all the time pretty
6 much.

7 Q Did it require lifting?

8 A Some lifting.

9 Q What kind of things would you have to lift?

10 A Just a pump -- when you had to rebuild a
11 pump you'd have to pick it up and take it out.

12 Q And how much weight are we talking about,
13 approximately?

14 A 70, 80 pounds I guess.

15 Q Would you do that by yourself before January
16 25, 2010?

17 A Yes.

18 Q Kenneth, what unusual or out of the
19 ordinary, if anything, happened to you on January 25,
20 2010?

21 A I tripped and fell.

22 Q Tell -- tell us in detail how that happened.

23 A I was helping Richard Lewis move a generator
24 outside.

25 Q Who's Richard Lewis?

1 A He's the maintenance foreman.

2 Q Did you work for Richard Lewis?

3 A No, sir, I worked -- May -- Wayne Mayfield
4 was my foreman.

5 Q Okay. I was rude to cut you off. Tell us
6 what happened to you that day.

7 A We'd had a power outage and we was trying to
8 get the generators running and the plant back up. He
9 had brought down a small generator to try to have some
10 light and he couldn't get it to work and he was
11 setting it outside and I helped him. And whenever I
12 turned to go back in I tripped and fell over a piece
13 of angle iron.

14 Q Over a piece of angle iron?

15 A Yes, it was laying on a pallet and sticking
16 out.

17 Q Okay. What time of day about did this
18 happen?

19 A It was about 5:00 a.m.

20 Q Five in the morning?

21 A Yes, sir.

22 Q Was that your usual shift?

23 A No, we'd had a power outage and we was
24 called in that day.

25 Q Both -- both you and Richard Lewis were

1 called in that day?

2 A Yes, Richard Lewis, then he called me in and
3 others -- it was others that was -- had to come in to
4 try to get things back up and running.

5 Q Okay. Now you say you fell. What did you
6 fall on; dirt or concrete or a wooden floor, or --

7 A Concrete floor.

8 Q And -- and how far did you fall?

9 A I just stumbled forward, took about two or
10 three steps then fell and hit on my knees and my hand.

11 Q Okay. Did you hurt yourself?

12 A Yeah.

13 Q What part of your body got hurt?

14 A Well, my wrist hurt some and my back.

15 Q Now, you moved your -- your left hand. Did
16 your left wrist get hurt?

17 A Yes. I'd broke it the year before and I
18 thought, you know, I'd hurt it, but after working it a
19 little bit it got feeling better.

20 Q Okay. You'd had some other previous back
21 problems hadn't you?

22 A Yes, sir. I had a fusion done in 2004.

23 Q Who -- who did that fusion for you?

24 A Dr. Harley.

25 Q Dr. Harley, the Orthopaedic in Spartanburg?

1 A Yes, sir.

2 Q Okay. He -- did you continue under Dr.
3 Harley's treatment after the fusion?

4 A Yes, sir.

5 Q For how long?

6 A Maybe six months. I ain't sure.

7 Q Did -- did the fusion result from an
8 on-the-job injury?

9 A No, sir.

10 Q What -- what caused the back problem back in
11 -- I believe it was 2004?

12 A They said I had a intruding disc.

13 Q You didn't have any kind of worker comp
14 claim from that fusion though, did you?

15 A No, sir.

16 Q How about after Dr. Harley released you to
17 go back to work, did you continue under any doctor for
18 your back after that time?

19 A My family doctor gave me the -- my medicine
20 and stuff for my back.

21 Q What kind of medicine were you on in January
22 of 2010 when you fell?

23 A I was on -- I took a Fentanyl Patch.

24 Q Okay. Was that for your back?

25 A Yes.

1 Q And I believe you indicated that you had
2 hurt your wrist the year before --

3 A Yes.

4 Q -- in 2009?

5 A Yes, I believe it was May 2009.

6 Q What did you do for your wrist -- to you
7 wrist?

8 A I fell and broke it.

9 Q And what doctor treated you for that?

10 A Dr. Mitchell; he's with Orthopaedic
11 Associates too.

12 Q Did you miss any time out of work because of
13 your broke wrist?

14 A Yes, I was out ten weeks I think.

15 Q Okay. Were you on any medication for your
16 wrist when you fell in January of 2010?

17 A Yes, I was on a 25 Fentanyl Patch and he
18 raised it to a 50.

19 Q Was that because of your wrist or because of
20 your back?

21 A Because of my wrist for pain.

22 Q Okay. If it hadn't have been for the wrist
23 would you have been on any medication in January of
24 2010 for pain?

25 A I ain't sure. I was trying to get off of

1 the Fentanyl Patch. I had got -- I had been on a 50
2 and I had got down to the 25, then when I broke my
3 wrist they put me back on a 50.

4 Q Okay. How about before the fall in January
5 of 2010, were you having any problems doing your job?

6 A No, sir.

7 Q After your back fusion did you return to
8 your old job in the maintenance department?

9 A Yes, sir.

10 Q Did you have any restrictions on you?

11 A No, sir.

12 Q How about after you broke your wrist in
13 2009, did you return to the maintenance department?

14 A Yes, sir.

15 Q Did you have any restrictions on you?

16 A No, sir.

17 Q Okay. Now, after you fell did you go to the
18 doctor in January of 2010?

19 A Yes, it was like a week after I fell.

20 Q How about any problems you might have had
21 during that week?

22 A I -- just my back was hurting and they
23 wouldn't really -- the nurse would give me some kind
24 of pills, but I told her it wouldn't -- they wouldn't
25 do nothing if that Fentanyl Patch wasn't helping.

1 Q What part of your back was hurting in
2 January after you fell?

3 A My right side.

4 Q Was that the same kind of pain that you'd
5 had prior to falling?

6 A No, sir, that's --

7 Q What was different about it?

8 A I never had hurt on my right side until I
9 fell. That's why I said something about it because it
10 was always my left side before.

11 Q Okay. And tell us again why you waited a
12 week before you went to the doctor?

13 A It was a week before they sent me.

14 Q Did you ask to go during that week?

15 A No, I just went and seen the nurse and she
16 kept wanting to give me the medicine.

17 Q What doctor did they send you to?

18 A Dr. Poole, family --

19 Q Is he the company doctor?

20 A Yeah, family doctor.

21 Q Okay. Any times -- or about how many times
22 did you see Dr. Poole?

23 A I think I seen him five times in three
24 months.

25 Q He released you at some point?

1 A Yes, sir.

2 Q Do you remember when he released you?

3 A I think it was April something -- 25th of
4 2010.

5 Q Some time about the third week in April he
6 released you?

7 A Yes.

8 Q And what -- what treatment did he provide
9 when you would see him?

10 A Nothing, he didn't give me nothing. He gave
11 me a 25 Fentanyl Patch to go with the 50 the first
12 time I went and seen him.

13 Q Did he do any tests on you?

14 A Yes, he did a x-ray and said that --

15 MR. INFINGER: Objection to what he said. His
16 records are in evidence.

17 Q He won't -- he won't let you say what the
18 doctor told you. You can say what anybody at the
19 plant told you but not what the doctor told you. He
20 -- he did an x-ray to what part of your body?

21 A Of my lower back.

22 Q Did he do any other tests?

23 A No.

24 Q Did he take you out of work?

25 A No.

1 Q Did you miss any time out of work while you
2 were seeing Dr. Poole?

3 A Yes, I missed about 12, 13 days; I took
4 vacations when I'd -- you know, I'd be hurting and
5 couldn't -- feel like I could go to work.

6 Q Did you miss any days before you got hurt in
7 January 2010 because of pain?

8 A No, sir.

9 Q You were a regular employee and kept good
10 attendance?

11 A Yes.

12 Q Okay. How about your condition when Dr.
13 Poole released you; what was it like?

14 A It still felt the same as when I started
15 going to him.

16 Q When you say felt the same, what problems
17 were you having?

18 A Lower back pain on my right side. Every
19 time I take a step I can feel a pain. And my left leg
20 was hurting some, but it went away.

21 Q And now you said you hurt your left wrist
22 when you fell; did Dr. Poole treat you for the left
23 wrist?

24 A No.

25 Q Do you have any problem now with the left

1 wrist because of the fall?

2 A No.

3 Q Okay. You're now -- did you talk to anybody
4 at Kohler about going back to the doctor after Dr.
5 Poole released you?

6 A Yes, I asked the nurse could I see a back
7 doctor.

8 Q And the nurse's name is -- do you remember?

9 A Pat Zimmerman.

10 Q And what did Pat tell you about going to see
11 another doctor?

12 A She would have to check and see because Dr.
13 Poole had released me.

14 Q Because Dr. Poole had released you?

15 A Yes.

16 Q Okay. Do you -- how many times did you talk
17 to the plant nurse about seeing another doctor?

18 A Well I went back to her again and she told
19 me that they said I couldn't go see another doctor
20 unless I -- you know, but I could go on my own, so
21 that's what I did.

22 Q Did you talk to anybody else there at Kohler
23 about going to see another doctor?

24 A Yes, I've talked to Richard and -- Lewis and
25 Wayne Mayfield.

1 Q And who are they?

2 A The boss -- the foreman over in maintenance.

3 Q And what did they tell you?

4 A That I ought to go.

5 Q I'm not -- I'm sorry, I didn't understand
6 you. Say that again.

7 A That I ought to go to the doctor.

8 Q That you ought to go?

9 A Yes.

10 Q Did they, at any time, say that it was
11 authorized by workers' compensation or by Kohler?

12 A No, they -- I was going on my own.

13 Q Did they tell you that it was not
14 authorized?

15 A They knowed I was going on my own because
16 the nurse had done said that I couldn't go unless I
17 went on my own.

18 Q Okay. But did they tell you that Kohler
19 wouldn't let you go back to another company doctor?

20 MR. INFINGER: Object to --

21 A No.

22 MR. INFINGER: -- this question has been asked
23 and answered.

24 THE COURT: Sustained.

25 Q Did you go see a doctor on your own?

1 A Yes, sir.

2 Q Who did you go to?

3 A Dr. Mitchell.

4 Q And that's the same Dr. Mitchell that had
5 treated your --

6 A Yeah, he --

7 Q -- left wrist the year before?

8 A -- yes, sir, he done my wrist.

9 Q Okay. And what -- what treatment did Dr.
10 Mitchell provide to you?

11 A He done x-rays and then scheduled a MRI.

12 Q And had you asked Dr. Poole to do an MRI on
13 you?

14 A Yes, I asked him and he said --

15 MR. INFINGER: Objection to what he said.

16 THE COURT: Sustained.

17 BY MR. LISTER:

18 Q Did -- did Dr. Poole allow an MRI if you
19 asked him?

20 A No.

21 Q Okay. And this MRI that Dr. Mitchell had
22 done on you, what part of the body did he do the MRI
23 on?

24 A My lower back.

25 Q Okay. Were you still working at that time?

1 A No, after this until I had the MRI done and
2 whenever I went back to get the results for the MRI he
3 took me out of work.

4 Q Okay. And have you worked since then?

5 A I went -- I worked four days, I ain't sure
6 when it was, but it was after they done the second
7 epidural shot to my back and I went and tried to work.
8 I worked four days and then they took me back out.

9 Q So you've been out of work since May the
10 25th except for four days?

11 A Yes, sir.

12 Q And when was the first time you saw Dr.
13 Mitchell; do you remember?

14 A I ain't real -- I believe it was May the
15 19th or something like that.

16 Q Okay. Did you continue seeing Dr. Mitchell?

17 A Yes, I seen Dr. Mitchell and then he turned
18 me over to Dr. Behr, the pain management doctor and he
19 --

20 Q Dr. -- I cut you off. I'm sorry. I talk
21 way too fast. I apologize to you.

22 A -- and he --

23 Q Tell the Commissioner your answer, please.

24 A Dr. Behr, he's the one who had give me -- he
25 done -- he tried a couple of epidurals to see if that

1 would help.

2 Q Did they work?

3 A No, sir. It helped on my leg. My leg had
4 quit bothering me, but it's still the pain in my back
5 is still the same.

6 Q Is that your left leg that the epidurals
7 worked on or your right leg?

8 A My right leg.

9 Q Okay. What other treatment did Dr. Behr
10 provide for you?

11 A I went to physical therapy and then they've
12 done a spinal stimulator and that's what I've got now.
13 They implanted a spinal stimulator in my back.

14 Q Did you have a temporary stimulator prior to
15 the permanent one?

16 A Yes, they done a trial for a week.

17 Q When did the permanent stimulator get put
18 in?

19 A In I believe it was December the 9th of last
20 year.

21 Q Okay. Now when you went back to work; when
22 Dr. Poole let you go back to work, could you do your
23 old job?

24 A Ever since I fell I was getting help on my
25 job.

1 Q And who was helping you?

2 A Greg Wilson and -- they would go on the roof
3 and get the water samples for me and any -- anytime I
4 had anything tear up either Wayne or Richard would
5 have someone help me so I wouldn't have to do no
6 lifting.

7 Q Can you do any lifting now?

8 A Not really.

9 Q Could you lift a five pound bag of sugar?

10 A Yes.

11 Q Could you do it on a repetitive basis?

12 A No, sir.

13 Q What problems are you having now, Kenneth?

14 A Just lower back pain. Every time I take a
15 step it hurts and then sitting, like it's up -- makes
16 it hurt.

17 Q Have you had these problems since you fell
18 January 25, 2010?

19 A Yes, sir.

20 Q How long can you sit in a chair like you're
21 sitting in now?

22 A About 30 minutes.

23 Q And then -- then what happens to you?

24 A I need to get up and walk around a little
25 bit.

1 Q Okay. The Commissioner's not going to
2 object to your walking around if you have to -- if you
3 have to stand up I don't think.

4 THE COURT: No. No problem.

5 Q Do you have any problems climbing now?

6 A I -- I haven't tried to do no climbing.

7 Q Could you climb a ladder?

8 A No.

9 Q Why not?

10 A I don't -- I'd be scared I might fall off of
11 it.

12 Q Could you bend over now?

13 A It's hard to bend over, but I can bend.

14 Q Can you tie a shoe?

15 A Yeah. I have to -- I can tie it up on my
16 knee. I can't reach down to the floor and tie it.

17 Q Is -- are you in back pain now, all the
18 time?

19 A Yes, sir.

20 Q Is that back pain mild, moderate or severe
21 in just every day terminology?

22 A Probably moderate.

23 Q Is there anything that makes it worse?

24 A Sitting and just standing in one spot; I
25 can't do that. The, you know, best thing is if I lay

1 down, that's the best thing for it --

2 Q And have you --

3 A -- to keep it from hurting.

4 Q Again, I cut you off and I apologize to you.
5 Continue on.

6 A It's just, you know, I lay down most all the
7 time so it don't hurt as bad.

8 Q How do you spend a typical day?

9 A Just laying around watching TV mostly. I
10 walk down to my garage and back and stuff like that
11 sometimes.

12 Q How much of the daylight day do you spend
13 laying down?

14 A Probably about six or seven hours.

15 Q Are you on any medication now?

16 A Yes.

17 Q What medicine are you on now?

18 A I take morphine and Lyrica, and Sulindac. I
19 take a pain -- I mean Allegra 180. I take Prozac and
20 I take -- I take blood pressure medicine and it's -- I
21 don't really know the name of it.

22 Q I believe you were having some problems with
23 depression before you fell weren't you?

24 A Yes.

25 Q And you were on some medication for

1 depression before you fell I think; is that correct?

2 A I had been, yes.

3 Q Okay. And you've been seeing a psychiatrist
4 for depression, in Spartanburg before you fell?

5 A Yes.

6 Q When is the last time you saw him before
7 January of 2010?

8 A I think it was January of 2009.

9 Q Or 2008; do you recall?

10 A 2009 I think.

11 Q You hadn't seen him for approximately a year
12 before you fell?

13 A Yes. My family doctor was giving me my
14 medicine so I -- I wasn't having to go to two doctors.

15 Q Since January 25, 2010 has your back
16 condition stayed about the same, gotten worse or
17 improved?

18 A It's pretty much the same except for the
19 vibration where I've got this stimulator in.

20 Q Does the stimulator help you?

21 A It might help 20 -- I mean about 60 percent,
22 you know, that's about all.

23 Q Have you got any restrictions on you now by
24 the doctor other than not to work?

25 A I don't think so. I don't know. They told

1 me when they put the stimulator in for six weeks I
2 couldn't lift nothing or bend or twist.

3 Q Did you have any restrictions on you before
4 the January of 2010 fall?

5 MR. INFINGER: Object to what the doctor
6 restricted --

7 THE COURT: Do you want to rephrase, Mr. Lister?

8 BY MR. LISTER:

9 Q Did you have any difficulty doing your job
10 before you fell in January of 2010?

11 A No.

12 Q Did anybody have to help you do your job
13 before you fell in January of 2010?

14 A No.

15 Q What doctors were you seeing, again, before
16 January of 2010?

17 A Dr. Ware was my family doctor.

18 Q Is he the only doctor you were seeing before
19 you fell?

20 A Yes.

21 Q And you said you had two epidurals after the
22 fall?

23 A Yes, sir.

24 Q And what physical therapy have you -- have
25 you had?

1 A I went to the South Carolina Rehabilitation
2 Physical Therapy and they tried to strengthen my core;
3 that's what they done. And it didn't really help my
4 pain none.

5 Q And you say you're in pain now and that it's
6 constant?

7 A Yes.

8 Q Are you telling the Commissioner all these
9 problems started with the fall on January 25, 2010?

10 A Yes.

11 Q Okay.

12 MR. LISTER: I don't have anything further,
13 Commissioner.

14 THE COURT: All right. Mr. Infinger.

15 CROSS EXAMINATION

16 BY MR. INFINGER:

17 Q Mr. Lawter, how tall are you?

18 A 5' 9".

19 Q And how much do you weigh?

20 A About 275 now.

21 Q You testified that before tripping over this
22 angle iron on January of 2010 you had had a fusion in
23 your low back with Dr. Harley over at Orthopaedic
24 Associates back in 2004; is that correct?

25 A Yes.

1 Q All right. And you testified that after
2 having that fusion, even though you returned to work,
3 you continued to see your family doctor for any pain
4 and problems you were having with your back, correct?

5 A Yes.

6 Q And, in fact, you testified that during your
7 examination by your lawyer you were taking pain
8 medications for your back prior to or at the time of
9 this January 2010 trip and fall over the angle iron,
10 correct?

11 A Yes.

12 Q All right. And in addition to taking pain
13 medications you were also taking a pain patch that was
14 being submitted -- or given to you by your family
15 doctor, correct?

16 A Yes, that was the pain medicine. I didn't
17 take no pills then, it was just the patch.

18 Q Okay. And you were taking the -- you said
19 you were taking at least you had -- right before
20 January of 2010 you had weaned down to a 25, but you
21 were still at a 25 then, correct?

22 A No, sir, I -- in 2009 I had got down to a 25
23 until May when I broke my wrist then they put me back
24 on a 50.

25 Q Oh, so at the -- so really by the time you

1 had this trip and fall you were already back up to a
2 50 on your pain patch, right?

3 A Yeah, I was, you know, getting -- trying --
4 getting ready to try to get back off.

5 Q Now obviously if you were taking a pain
6 patch and seeing a doctor you were still having pain
7 and problems with your back before this trip with the
8 angle iron occurred in January of 2010, right?

9 A Yeah. Yes.

10 Q Okay. Now when you saw Dr. Poole -- Dr.
11 Poole used to be your doctor didn't he?

12 A Yes, sir.

13 Q And you changed doctors at some point in
14 time, correct?

15 A Yes. Dr. Ware was in with Dr. Poole and
16 when he left I went with him.

17 Q Okay. I notice that ever since back when
18 Dr. -- when you had your -- had some testing done back
19 in -- before this accident Dr. Poole would have been
20 the doctor seeing you way back when -- well I'll say
21 at least five years ago, right? Is that when Dr. Ware
22 changed or do you recall?

23 A I ain't sure how long it's been.

24 Q Okay. Now when you saw Dr. Poole for --
25 when Kohler sent you over there did you tell him what

1 was going on with your back at that time?

2 A Yes.

3 Q All right. And each time you saw him did
4 you tell him how you were feeling and what the
5 problems were?

6 A Yes.

7 Q So there wasn't any question in your mind
8 that Dr. Poole was aware of your condition from your
9 own conversations with him as far as how you felt and
10 what your problems were, correct?

11 A Yes.

12 Q All right. And you were -- and I think you
13 mentioned in your prior testimony, looks like the last
14 time you saw Dr. Poole would have been on April 23rd
15 of 2010 and at that time he released from his care and
16 allowed you to return back to your regular duty job,
17 correct?

18 A Yes.

19 Q All right. Now, when you -- when you were
20 told that workers' comp wasn't going to send you to a
21 doctor since Dr. Poole released you you decided on
22 your own to choose Dr. Mitchell?

23 A Yes.

24 Q Okay. Now Dr. Mitchell didn't do your
25 surgery it was actually Dr. Harley who did your

1 surgery, right?

2 A Right.

3 Q He did your fusion surgery, right?

4 A Yes. I just -- I went to Orthopaedic
5 Associates and they said since Dr. Mitchell was the
6 last doctor I seen that's who they let me see.

7 Q Because he had done your wrist problem?

8 A Yes.

9 Q Okay. And Dr. Mitchell didn't actually do
10 any surgery for you following the 2010 issue did he?

11 A No.

12 Q In fact most of your treatment over there
13 was actually with Dr. Behr who is the --

14 A Pain management.

15 Q -- pain management doctor?

16 A Yes, sir.

17 Q He's the one that continued the pain
18 medicine as opposed to your family doctor giving you
19 pain medicine, right?

20 A Yes.

21 Q And I guess he's the one that sent you for
22 -- was involved in the --

23 A Fusion.

24 Q -- stimulator.

25 A Yeah, I mean stimulator.

1 Q Okay.

2 A And he -- he got me off that patch.

3 Q And so that stimulator is actually in your
4 body and so it's -- it's sending those shock waves you
5 said all the time now?

6 A Yes, except, you know, I got this remote
7 control. I can turn it off and turn it up.

8 Q Oh, you can? Do you keep it on all the
9 time?

10 A Except when I'm trying to go to sleep.

11 Q Okay.

12 A And I ain't supposed to have it on when I'm
13 driving.

14 Q But other than when you're driving and
15 you're sleeping you use the stimulator that Dr. Behr
16 put in your back?

17 A Yes.

18 Q And we talked about -- you talked about the
19 folks at the plant. Your supervisor, is it Wayne or
20 is it Richard?

21 A Wayne's my immediate boss man and Richard
22 Lewis is the maintenance boss man.

23 Q And -- but you --

24 A I work -- my department is called Production
25 Services.

1 Q Oh, okay.

2 A And --

3 Q Now it's your testimony that prior to having
4 this accident that if you needed to lift a pump you
5 did that by yourself and you didn't have any
6 assistance ever?

7 A I'd have some sometimes, not, you know, not
8 -- I can't say never.

9 Q So you did have assistance doing that job
10 even before you had this accident in January of 2010,
11 correct?

12 A Sometimes if somebody was around, you know,
13 it wasn't nothing that they was doing. I know -- I
14 had to put sand -- I mean salt pellets in the water
15 softener and we rigged up a thing, you know, to pick
16 it up so I didn't -- I didn't have to lift that. So
17 really the only lifting I'd have to do would be pumps
18 and stuff.

19 Q Okay. That's the only thing you had to lift
20 by the time the January 25, 2010 incident occurred was
21 just the pumps. You didn't have any other lifting
22 problems -- issues?

23 A Not much, just having to climb steps and go
24 up on the roof and stuff like that.

25 Q When you went back for those four days after

1 you had your epidural did you do your regular job at
2 that time just like you had done prior after the
3 release by Dr. Poole?

4 A Yeah.

5 Q Okay.

6 A Pretty much -- all I did that four days was
7 take down readings and stuff on the boiler.

8 Q And that -- but a part of your job there was
9 to look at readings and --

10 A Yeah. I didn't have no pump or nothing to
11 tear up in them four days, so I didn't have to do
12 nothing.

13 Q In the maintenance department you don't do
14 the exact same -- or in the productions services
15 department y'all don't do the exact same thing all the
16 time; I guess it's what torn up or what's a problem --

17 A Yeah.

18 Q -- as far as how much -- what you have to do
19 sometimes? It's just maintaining the --

20 A The boiler.

21 Q -- items -- by looking at the readings; is
22 that right?

23 A Yes. Boilers and air compressors and
24 cooling towers.

25 MR. INFINGER: I have nothing further.

1 THE COURT: All right. Mr. Lister?

2 MR. LISTER: I have nothing further.

3 THE COURT: Any other witnesses for the Claimant?

4 MR. LISTER: I would like to call Mr. Lewis.

5 THE COURT: Please raise your right hand. Do you
6 swear to tell the truth, the whole truth and nothing
7 but the truth?

8 THE WITNESS: I most certainly do.

9 THE COURT: Please state your full name for the
10 record.

11 THE WITNESS: My name is Richard C. Lewis.

12 THE COURT: Okay. Mr. Lister.

13 Richard C. Lewis,

14 Having first been duly sworn, testified as follows:

15 DIRECT EXAMINATION

16 BY MR. LISTER:

17 Q Richard, where do you work?

18 A At Kohler in Spartanburg.

19 Q And how long have you been at Kohler; about
20 how long?

21 A 12 years.

22 Q And on January 25 of last year you were
23 working there?

24 A Yes, sir.

25 Q What was your job back then?

1 A Maintenance foreman.

2 Q And did you know Kenneth Lawter, sitting to
3 my left back then?

4 A I most certainly do.

5 Q And in what capacity did you know him back
6 then?

7 A Well I've known Ken ever since I've been at
8 Kohler as a -- as an employee and a friend.

9 Q What -- what kind of employee was he before
10 January 25, 2010?

11 A Ken has always been one of our top
12 maintenance technicians. He could basically do
13 anything.

14 Q And you say do anything, what was his job
15 back in January of 2010?

16 A His primary job was taking care of boilers,
17 generators, air compressors basically.

18 Q Did that require a lot of standing?

19 A Standing, walking, moving around from one
20 area to another, yes, sir.

21 Q Lifting?

22 A Some lifting, yes, sir?

23 Q Some climbing?

24 A Climbing, yes, sir.

25 Q Could he do all those things?

1 A At that point in time he could.

2 Q Did he do them well?

3 A Yes, sir.

4 Q Did he need any help with his job?

5 A No.

6 Q Did you note any restrictions on his part as
7 far as --

8 A No.

9 Q What happened to him on January 25, 2010?

10 A The whole story; we had a power outage at
11 the plant. I got called probably 2:00 in the morning
12 and notified that we had a power outage so I came -- I
13 came to work. Probably got there in the neighborhood
14 of 3:00, maybe a little bit after 3:00. The power was
15 out and we was having problems with the -- with the
16 generator, couldn't get it to -- to up and run to get,
17 you know, basic parts of the plant back in -- back in
18 operation. We needed to -- needless to say get the
19 generator repaired. So I went -- I went upstairs, got
20 a portable generator. The generator probably weighed
21 150, 175 pounds. Brought it from upstairs down the
22 steps, took it into the boiler room. Ken and I was
23 going to crank the portable generator, hook us up some
24 lights because we were working in -- you know. At
25 this time it's probably just 4:30 maybe 5:00 in the

1 morning, still total -- total darkness. We were going
2 to start it up and we decided well, we didn't want to
3 start it up inside an enclosed area so we were going
4 to pick it up and move it outside. You've got to
5 understand there's two ten foot roll up doors that
6 always are closed going into the -- into the boiler
7 room where the generator is at. They stay closed
8 winter and summer. So what we -- we didn't want to
9 fire it up inside and you know, have to deal with the
10 gas fumes off of the -- off of the gasoline portable
11 generator. We raised the door and we were going to
12 take it -- take it outside and like I say, these doors
13 are closed all the time and in front of the doors
14 there was some pieces of metal that were -- were
15 stacked in and around. So I got one end of the
16 generator, Ken got the other side, I backed out the
17 door, Ken followed me and we set it down, went to turn
18 around and walk back inside. When we did there was
19 some structural steel laying down on the floor with a
20 piece of -- piece of angle iron probably -- probably
21 laying up kind of like -- maybe like that. And we
22 started back in Ken's leg -- foot caught that piece of
23 metal and he started falling forward and basically
24 fell back into the boiler room. You know, probably a
25 distance of probably from -- from me to you, you know,

1 he, you know, went forward in the process of -- in the
2 process of falling.

3 Q Six or seven feet maybe?

4 A I'd say, well, that distance there, probably
5 eight foot.

6 Q Okay.

7 A Just probably eight foot and he's falling,
8 pretty much -- I really thought he was going to run
9 headlong into a air compressor. There's a air
10 compressor sits here, the generator sits here; you've
11 got a whole line of air compressors here. And he
12 started falling and I -- I thought he was going to
13 fall headlong into -- into the air compressors, but he
14 managed to in his fall forward, you know, he was, you
15 know, quick stepping to try to, you know, try to stop.
16 And then he went, you know, just kind of did a dive
17 back to his -- back to his left and managed to miss
18 the -- miss the air compressors, but consequently he
19 fell on the -- you know, fell on the floor.

20 Q Well what happened then?

21 A Well, after Ken got up he -- you know, it's
22 -- it's -- you know, you fall you kind of look around
23 first thing to see whether anybody saw you and is
24 laughing at you for falling, but you know, it's not a
25 laughing -- laughing matter. He got up and he was --

1 you know -- you know if you fall and twist something
2 you -- you kind of like, you know, wait, I'm just --
3 my arm hurts, my back hurts a little bit, but didn't
4 think a whole lot about it at the time. We proceeded
5 with the -- we proceeded with the job, got the -- you
6 know, got the generator running and then proceeded
7 with what we, you know, what we had to do. But Ken
8 said he felt -- he told me at the time that it
9 happened, said, "I feel a little hurt in", you know,
10 in his back. And -- and we did, you know, basically
11 what we normally do, file out -- you know, fill out a
12 probably at the end of -- end of that day probably
13 filled out a incident report that Ken had fallen and
14 he felt a twinge in his, you know, in his -- in his
15 back and -- and let it go at -- and let it go at that
16 to see how, you know, see how he was going to
17 progress, you know, through that.

18 Q Did he at any time talk to you about going
19 to a doctor?

20 A Yeah, he did -- he did I -- initially you
21 know, he talked, he said well he needed to go -- he
22 needed to go to the doctor and I think he -- I think
23 initially he went to see the company doctor and I
24 think the company doctor's name is named Dr. Poole. I
25 may be -- I may be wrong about that, but I think it's

1 Dr. Poole. He had went to -- he had went to see Dr.
2 -- Dr. Poole and in -- in the process of going
3 through, I think, Dr. Poole worked -- worked with him
4 and ended up releasing him to come back to -- you
5 know, to come back to work. After he -- after he come
6 back to work you could kind of tell that, you know,
7 Ken's really not ready to come back to work. And --
8 and he has asked to go see his back doctor or another
9 doctor and have an MRI done. I don't -- I think they
10 had done maybe an x-ray on him or whatever but I can't
11 -- I can't verify that because I don't -- I'm not
12 privileged to the doctor's record, but I think, you
13 know, just in, you know, what I've heard that he had
14 had, you know, maybe an x-ray -- x-ray done, but he
15 wanted to have an MRI done. Well Ken had -- Ken told
16 me that he, you know, he wanted to -- he wanted to go
17 get -- so Ken and I and Loretta went and met with the
18 personnel director about him going back to the -- you
19 know, get a doctor -- get a doctor and because Ken
20 felt like okay, this is a workman's compensation deal
21 and in the process leading up to that I think he
22 decided well, maybe it was, maybe it wasn't, but at
23 that point in time, you know, he was told, look if you
24 -- that's going to be on your dime basically so if you
25 want to go have an MRI done that's, you know, that's

1 going to be at -- at your expense, and I think at that
2 point in time, you know, then he proceeded to do --
3 you know, to do that.

4 Q Did you notice any changes in his job
5 performance after January 25 of last year?

6 A Sure.

7 Q Tell us what happened as far as his job
8 performance was concerned.

9 A Before -- before Ken fell and hurt his back
10 in -- in January Ken pretty much took care of business
11 as usual. After -- after that it was, you know, it
12 was obvious that, you know, that his back hurt, that
13 he -- that he was hurting and he couldn't -- he
14 couldn't do the lifting and the twisting and the
15 climbing and all that he could before that -- before
16 that time. You know, that -- you know, that -- I
17 think, you know, after -- after the first time he was
18 -- when he first -- first came back, you know, from
19 that -- from that point on, you know, you could -- you
20 could tell that Ken was, you know, Ken was in pain.
21 He missed a lot of time from work. He would take --
22 he'd take vacation days. He'd call in and he'd take
23 vacation days and was basically burning -- had burned
24 all those up and when -- when Ken and I and Loretta
25 had talked with -- talked with Sid that -- that they

1 had told him that he could do a -- and I think an FMLA
2 deal, you know, a day or two -- a day or two at a
3 time, you know, instead of -- instead of burning all
4 his vacation, because he was running out of time and
5 he was at that point, you know, he had -- he couldn't
6 -- he'd be hurting and he didn't feel like he could
7 work and he didn't want to -- he had run out of
8 vacation days and then you've got a point system that
9 you can -- you call in, you know, and you get -- get
10 three points -- after so many points then you -- you
11 get terminated and he didn't want to -- you know, he
12 didn't want to get terminated because the man's
13 wanting to work. So they told him that he could take,
14 you know, a day at a time, two days at a time, you
15 know, if he was hurting and couldn't -- and couldn't
16 work, they had told him that he could do that. And
17 that took place at the same -- same meeting with Sid
18 and Loretta and myself and Ken.

19 Q Well, what was his attendance like before he
20 fell and got hurt?

21 A Pretty much every -- every day. Wasn't --
22 wasn't attendance problem. I don't -- I don't keep
23 Ken's attendance records so I can't say if he was in
24 -- in point trouble at any point in time, but I don't
25 think so.

1 Q Good employee?

2 A Yes.

3 MR. LISTER: Nothing further.

4 THE COURT: All right. Mr. Infinger?

5 CROSS EXAMINATION

6 BY MR. INFINGER:

7 Q Just a couple of questions, Mr. Lewis. Ken
8 mentioned -- excuse me, Mr. Lawter mentioned that he
9 -- his job is in the production services?

10 A Yes, sir.

11 Q And that you're the supervisor of
12 maintenance; is that right?

13 A Correct.

14 Q So it's two different --

15 A Two -- two -- the -- the service department
16 is divided into two separate groups; the maintenance
17 and production services. Maintenance, you know,
18 basically takes care of the plant equipment and
19 production services takes care of, you know,
20 facilities, you know, generators, boilers, waste water
21 and such as that. Which his immediate supervisor is
22 Wayne Mayfield.

23 Q So that's why you don't know about his
24 attendance record --

25 A Correct.

1 Q -- you not being his immediate supervisor?

2 A Correct. I'm not -- I'm not his immediate
3 supervisor, just, you know, I was working -- we all
4 work pretty close as a group. We all work out of the
5 same building, out of the same -- same office.
6 There's times when -- when I, you know, share people
7 with -- with Wayne to do particular jobs if he needs
8 them and vice versa, so we work together as a team.
9 Just divide it up -- people with different
10 supervision, you know.

11 Q You were asked about Mr. Lawter's work
12 performance before this happened in January. Were you
13 aware that he was taking pain medication before and
14 the day of the January 2010 accident?

15 A I -- not really. I know he was taking -- he
16 had patches on after -- after the fact. I know he had
17 had previous surgery on his -- on his back. After he
18 had the -- had the surgery I think, shortly after --
19 thereafter that he had had pain medication that he
20 took, but I don't know for sure what his pain
21 medication regimen was, you know, that's --

22 Q Now, you mentioned that you were -- you were
23 there at the time that he tripped over the angle iron
24 --

25 A Yes, sir.

1 Q -- we talked about earlier?

2 A Yes, sir.

3 Q And I think when you testified you said that
4 there was a generator that y'all picked up and
5 together was taking outside?

6 A Correct.

7 Q Is it the general rule in that -- in that
8 area that when you have something to pick up that it's
9 a two person assist as opposed to one person picking
10 it up by themselves?

11 A It should be and for the most part anything
12 I think we had -- we had came up with a deal if
13 anything over about 70 pounds and Mike could probably
14 correct me on that, that if you pick it up you need a
15 second hand or -- or some sort of mechanical lift to
16 lift and do it. And that's -- that's what Ken and I
17 were doing. I toted it downstairs by myself, but Ken
18 helped me get in -- in place.

19 Q So it's not unusual for folks to help each
20 other with lifting in that area?

21 A Oh, it's common practice.

22 Q And you said when he had his accident he
23 fell forward?

24 A Yes.

25 Q Okay. So he didn't fall backwards and hit

1 his back?

2 A No, he fell straight forward.

3 Q Now, you were asked and you told Mr. Lister
4 that you have known Mr. Lawter for a long time.

5 A 12 years.

6 Q And you mentioned without him asking you;
7 he's a friend of yours?

8 A Yes.

9 Q So y'all are friends outside of work?

10 A Yes. We played golf -- golf together as
11 many other guys in the shop that we're -- we like to
12 think we're all friends to -- to a degree. I played
13 golf with Ken, I've played golf with other guys.
14 We've been fishing together, so it's -- you know, it's
15 not like, you know, we go to work and then the devil
16 with one another.

17 Q Okay. Thank you, sir.

18 MR. INFINGER: Nothing further.

19 THE COURT: All right. Any other witnesses for
20 the Claimant?

21 MR. LISTER: No, Commissioner.

22 THE COURT: Any witnesses for the Defendants?

23 MR. INFINGER: No, ma'am.

24 THE COURT: That concludes the hearing.

25 (The hearing concluded at 10:45 p.m.)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF LEXINGTON) CERTIFICATE

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

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

THAT THE FOREGOING TRANSCRIPT CONSISTING OF 48
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY SKILL
 AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
 ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE
 OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES
 HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 19TH DAY OF APRIL,
 2011.

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

ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION
WCC FILE NO. 1007031

Kenneth Lawter,

EMPLOYEE,

CLAIMANT,

Vs.

Kohler Company,
Broadspire,

EMPLOYER,
CARRIER,

DEFENDANTS

HEARING:

Held in Greenville, SC on March 4, 2011

APPEARANCES:

Claimant represented by Toney J. Lister of Lister, Flynn &
Kelly, PA

Defendants represented by Russell T. Infinger of
Nexsen/Pruett

PURPOSE OF THE
HEARING:

To determine issues as set forth in the Forms 50 and 51 and
any other issues which may have timely come before the
Commissioner

DECISION AND ORDER: By The Honorable Andrea C. Roche

FILED:

May 13, 2011

STIPULATIONS

Counsel for the parties stipulated at the hearing the following issues:

1. The purpose of the hearing is to determine issues as set forth in the hearing notice and issues pled in Forms 50 and 51, and any other issues which may timely come before the Commissioner.
2. Notice of the hearing was timely and properly served upon all parties of interest;
3. The Claimant's average weekly wage and compensation rate are \$710.50 and \$473.69, respectively.
4. Venue, set in Greenville County, is proper as agreed by all parties.
5. The Claimant seeks benefits under the SC Workers' Compensation Act for injuries allegedly occurring on January 25, 2010, while in the employment of the Defendant/Employer, and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction of this case.
6. The Workers' Compensation Commission's file, with the exception of any self serving hearsay or unstipulated medical reports, is made a part of the record.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence:

On Behalf of Claimant:

- | | |
|--------|---|
| APA 1. | Records from Dr. Mack Poole of Family Medical dated February 1, 2010 through April 23, 2010, consisting of Pages 1-5; |
| APA 2. | Records from Dr. Harold Fleming of Carolina Medical Affiliates dated April 5, 2010, consisting of Pages 6-11; |

- APA 3. Records from Drs. David Mitchell and James Behr of Orthopaedic Associates dated May 19, 2010 through November 5, 2010, consisting of Pages 12-53;
- APA 4. Records from Drs. David Mitchell and James Behr of Orthopaedic Associates dated September 17, 2010 through November 30, 2010, consisting of Pages 54-78;
- APA 5. Out of work statement from Drs. David Mitchell and James Behr of Orthopaedic Associates dated November 30, 2010, consisting of Page 79;
- APA 8. Records from Drs. David Mitchell and James Behr of Orthopaedic Associates dated December 18, 2010 through January 25, 2011, consisting of Pages 285-295;
- APA 9. Records from Dr. Kenneth Wells of Psychiatric Associates dated March 12, 2008 through November 3, 2010, consisting of Pages 296-299;
- APA 10. Out of work statement from Dr. James Behr of Orthopaedic Associates, undated, consisting of Page 300.

On Behalf of Defendant:

- APA 6. Records from Dr. Mack Poole of Family Medical dated February 1, 2010 through April 23, 2010, consisting of Pages 79-271; and
- APA 7. Records from Dr. James C. Behr of Orthopaedic Associates dated April 16, 2004 through October 15, 2010, consisting of Pages 272 through 284.

BIOGRAPHICAL INFORMATION

Age: 52 years

Weight: 275 lbs.

Height: 5'9"

Sex: Male

Marital Status: Divorced

Children: Two, ages 27 and 32

Education: Chesnee High School

Work History: Welder at Arrow Automotive for 1 ½ years; Kohler since 1980.

STATEMENT OF CASE

This case was heard by the undersigned Commissioner in Greenville, South Carolina on March 4, 2011. The Claimant was represented by Toney J. Lister, Esquire. The Defendants were represented by Russell T. Infinger, Esquire.

The Claimant contended that he suffered a compensable injury while in the employ of the Defendant/Employer as a result of a fall on January 25, 2010 at his place of employment. Said Claimant contends that he injured his back and right leg while tripping over a piece of angle iron and, further, aggravated a pre-existing condition of depression. He contends that Dr. David Mitchell and Dr. James Behr have found these injuries to be related to his employment. Claimant further contends that he has been out of work since May 25, 2010, with the exception of four days, as a result of these injuries and that he has been written out of work by his physicians since that date. It's the position of the Claimant that he has not reached maximum medical improvement.

Claimant is requesting temporary total benefits from May 25, 2010 forward with the possible exception of the four days which he attempted to work. Claimant requests past and future medical treatment which is necessary to bring him to maximum medical improvement.

Kohler Company contends that although the employee sustained an injury on January 25, 2010, the Claimant's current condition is unrelated to this incident of January 25, 2010. Kohler Company further contends that they provided medical treatment to

Claimant by Dr. Mack Poole and the Claimant was released to return to work and did so after January 25, 2010.

Prior to testimony, the Claimant, through his attorney, made a Motion to strike the Form 51 of the Defendants based on estoppel and judicial estoppel and the same was denied.

EVIDENCE OF THE CASE

The first witness presented was the 52 year old Claimant. Claimant completed the 12th grade at Chesnee High School and then went to work for Kohler Company. He worked at Kohler for about two years in the packing department and then took a job at Arrow Automotive as a welder. He returned to Kohler Company in 1980 due to a better job with better pay and he worked there exclusively until he was injured on January 25, 2010 in the Production Services department working as a maintenance technician.

He testified that Orthopaedic Surgeon Steve Harley performed a back fusion in 2004, which was unrelated to any position of employment, and that he later returned to his same job at Kohler Company with no restrictions. He has been treated from time to time for depression for a number of years as a result of illnesses and/or deaths to other family members by a psychiatrist; his last visit to this psychiatrist prior to this fall was in June of 2009. He further testified that he broke his wrist in 2009 in a non job related incident and was still taking medication for pain (Fentanyl) when he fell on January 25, 2010.

It was the testimony of this Claimant that he never hurt on his right side prior to this fall at Kohler and there were no restrictions before the fall. The pain from the 2004 injury/surgery was always on the left side. He was able to do his job as a maintenance

person without difficulty prior to the fall on January 25, 2010. He was only seeing his family physician before the fall and was doing a job which required lifting, climbing and bending associated with heavy work. Since the fall, he has had two epidurals, physical therapy and temporary and permanent stimulators. He now has difficulty walking, sitting, lifting, etc. as a result of the January 2010 fall.

On January 25, 2010, there was a power outage at Kohler Company during the early morning hours which required Claimant's assistance. He was working with maintenance supervisor, Richard Lewis, carrying a portable generator when he tripped over a piece of angle iron and fell onto a concrete floor. He was allowed to see Dr. Mack Poole, the company doctor, on February 1, 2010; Dr. Poole noted the prior fusion on an x-ray and diagnosed back pain increased secondary to the fall on January 25, 2010 and changed Claimant's Fentanyl patches from 25 mg to 50 mg. Dr. Poole indicated he would see Claimant back in about two months. Dr. Poole saw Claimant approximately four more times prior to his being released in April of 2010 with a diagnosis of lumbar strain with no limitations on his current job. The Claimant requested Dr. Poole send him for an MRI but Dr. Poole never agreed with this request.

Claimant testified that he continued working while under the treatment of Dr. Poole but required assistance from other employees. He took 12 to 13 days of vacation time due to his inability to work due to this back pain. There were no breakdowns to equipment during this time period and his job basically consisted of taking readings and operating the boiler with limited lifting. His back pain and right leg pain continued to such extent that he requested additional medical treatment numerous times from supervisory personnel but was told that the workers' compensation people said no. He

was told by his supervisors that he could see a doctor of his choosing and could either submit the bills to his health carrier or be personally responsible for the same.

About May 19, 2010, the Claimant went to see Dr. David Mitchell, an Orthopaedist, who had treated his injured wrist the year before. Dr. Mitchell ordered a MRI and took Claimant out of work on May 25, 2010 after reviewing the results. Dr. Mitchell stated in his assessment on July 26, 2010 after reviewing the Claimant's history, physical exam and imaging studies that it appears the Claimant's pain complaints are likely related to right L-4, L-5 radiculopathy which likely began as a result of the 2010 fall. He further stated that Claimant's complaints of pain were less likely related to the 2004 back surgery. After Dr. Mitchell determined that the Claimant was not a surgical candidate, Dr. Mitchell referred Claimant to Dr. James Behr in his office, a physical medicine rehabilitation and pain management specialist.

Dr. Behr testified in his deposition that he treated the Claimant for both leg and back pain. When he first came in, the Claimant told Dr. Behr that he was doing well after the 2004 surgery in terms of the low back. As far as having problems with the left lower extremity, he noted only numbness. Claimant reported that he was tolerating this well until the fall of January 25, 2010 after which he noted increased difficulty with his right lower extremity. After the fall in 2010, he experienced not only weakness and pain in his right lower extremity but also increased anxiety and depression. An EMG showed that there was evidence of chronic denervation on the right side with no evidence of active or ongoing denervation. Dr. Behr attempted to return Claimant to his position of employment after an epidural injection. This injection, however, only provided relief for a brief duration and Dr. Behr again took Claimant out of work based on his problem with

pain. Dr. Behr went on to testify in his deposition that the Claimant suffered lumbosacral strain, possibly nerve root irritation, diagnosed as chronic radiculopathy caused by the fall. After having some success with a temporary spinal cord stimulator for problems associated with both the back and right extremity, Dr. Behr scheduled surgery with Dr. Nina (ph) in Greenville for a permanent implantation of a stimulator. This surgery was performed and Dr. Behr testified that he had not seen Claimant since the permanent stimulator was put in place. He stated he could not testify as to whether or not the Claimant had reached maximum medical improvement.

Based on the history received by Dr. Behr from Claimant and the medical records, it was his opinion that these current problems are related to the January 25, 2010 incident and Claimant is experiencing problems now that he was not experiencing prior to the January 2010 fall. It was the testimony of this physician that the Claimant continues out of work because of this 2010 fall.

Maintenance Supervisor Richard Lewis then testified that he saw Claimant when he tripped over a piece of angle iron. The Claimant fell forward approximately eight feet on the morning of January 25, 2010 landing on a concrete floor. Prior to that time, it was Mr. Lewis' testimony that the Claimant was an excellent worker with no noted restrictions and a good attendance record. He needed no assistance with his job prior to that time and complained of no back pain or right side pain. After the fall, it was his testimony that the Claimant was returned to his position of employment by Dr. Poole prior to being well. Claimant asked on several occasions that he be allowed to return to a physician for authorized treatment and was denied the same. Mr. Lewis testified Claimant was obviously in pain and was restricted in his job performance when he tried

to work after the fall. He couldn't do the lifting and the twisting and the climbing that he had done before the fall.

FINDINGS OF FACT

The undersigned has carefully considered and reviewed all the evidence presented by the parties in this claim, including the testimony of the witness presented, the Claimant's testimony and the APA submissions. From the evidence, IT IS FOUND AS A FACT:

1. Both the Claimant and the Defendant/Employer are subject to the South Carolina Workers' Compensation Act, and the Claimant was a covered employee and the Defendant/Employer was a covered employer at the time in question.

2. Claimant's average weekly wage is \$710.50 with a compensation rate of \$473.69. This finding is based on the parties' stipulation.

3. Claimant had previous difficulty with his back and left side which required fusion, but he was returned to work without restrictions and was functioning in his job with little or no difficulty prior to the present injury by accident.

4. Claimant had previous difficulty with depression which required medication and treatment by a psychiatrist but missed no time from work as a result of this depression and had no visits to this psychiatrist after June of 2009 until after the January 25, 2010 fall. This finding is based on the evidence on the record, including, but not limited to Claimant's testimony and the medical records of psychiatrist Wells.

5. The Claimant sustained an injury by accident arising out of and in the course of his employment with the Employer/Defendant on January 25, 2010 causing injury to his back and right lower extremity. This finding is based on all the evidence on the

record, including, but not limited to Claimant's testimony, the testimony of supervisor Richard Lewis, and the medical records of Drs. Mitchell and Behr.

6. As a result of his injury by accident, the depression and anxiety of the Claimant was aggravated requiring additional psychiatric/medical treatment. This finding is based upon evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Behr and Dr. Wells.

7. As a result of his injury by accident, the problems of the Claimant that he is now experiencing were diagnosed as chronic radiculopathy for which he underwent an MRI prior to two epidurals, physical therapy and the use of a temporary spinal cord stimulator prior to a permanent spinal cord stimulator. This is based on all the evidence on the record, including, but not limited to the testimony of the Claimant and the medical records of Drs. Mitchell and Behr.

8. Claimant continues to require multiple pain and other medications and is substantially limited in his ability to function physically and he has difficulty with repetitive lifting and walking, and must constantly change positions between sitting and standing. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Behr.

9. The opinion of Dr. Poole is flawed due to the fact the same was based on incomplete medical testing.

10. That Claimant has not reached maximum medical improvement for his injuries and this finding is based on all the evidence on the record, including, but not limited to, the medical records of Dr. Behr.

11. Claimant is in need of continuing medical and psychological treatment, including continued medication and counseling in order to maintain his current level of functioning to prevent further deterioration of his condition. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony, the medical records of Dr. Behr and Dr. Wells.

12. Claimant has been unable to return to work in any capacity since May 25, 2010 because of pain and his related restriction limitations. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Mitchell and Dr. Behr.

RULINGS OF LAW

1. Under South Carolina Code Ann. Section 42-1-130 to 150, the South Carolina Workers' Compensation Commission has jurisdiction over Claimant's claim for benefits.

2. Under South Carolina Code Ann. Section 42-1-40 and South Carolina Code Reg. 67-1603, Claimant's average weekly wage is \$710.50 with a corresponding compensation rate of \$473.69. The Claimant is entitled to immediate payment of temporary total disability benefits from May 25, 2010 and continuing thereafter until further Order of this Commission.

3. Under South Carolina Code Ann. Section 42-1-160, Claimant sustained a compensable injury by accident as a result of his work activities with the Employer/Defendant for his injury to back and right lower extremity as well as aggravation to his psyche or psychological overlay.

4. Claimant has not reached maximum medical improvement for his injuries, is in need of continuing medical and psychological treatment, including continued medications

and counseling, in order to maintain his current level of functioning to prevent further deterioration of his condition.

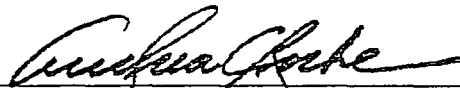
5. Under South Carolina Code Ann. Section 42-15-60, the Claimant is entitled to and Defendants are responsible for all causally related medical treatment and expenses from January 25, 2010 to the present and continuing thereafter until further Order of this Commission.

ORDER

IT IS, THEREFORE, ORDERED that:

1. These Defendants shall pay to the Claimant temporary total benefits from May 25, 2010 ongoing, less four days Claimant was paid while at Kohler Company.

2. Defendants shall pay for all causally related medical treatment and psychiatric treatment since January 25, 2010 and further shall pay for all costs for continued medical and psychiatric treatment with regard to Claimant's injuries to his back and right lower extremity and psyche, so long as such treatment will continue to lessen the period of disability.



Commissioner Andrea C. Roche

May 12, 2011

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
May 13, 2011

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Roche

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

KENNETH LAWTER,

WCC File No. 0823063

Claimant,

vs.

APPELLANTS' MEMORANDUM

KOHLER COMPANY,

Employer/Self-Insured,
Defendants

STATEMENT OF THE CASE

The claimant was injured in an incident and was allowed to return to work by his treating physician. He later went out of work and claimed additional problems with an unauthorized physician. The Single Commissioner awarded additional benefits and the defendants filed this appeal.

QUESTIONS PRESENTED

1. Did the Single Commissioner err in finding that the claimant's current problems are related to a minor incident at work when the reason that the claimant has his current problems are related to a non work related pre existing back condition?
2. Did the Single Commissioner err in finding that the claimant had any depression issues related to this claim when the record indicates that the claimant did not plead or otherwise seek compensation for psychological overlay in this claim?
3. Did the Single Commissioner err in finding that the claimant sustained an injury beyond the minor incident following which the claimant was returned to work for the initial and authorized treating physician?
4. Did the Single Commissioner err in finding that the claimant's depression and anxiety were aggravated by the accident when the same was not plead and the claimant did not see benefits for the same?

5. Did the Single Commissioner err in finding that Dr. Poole's opinion was flawed when there is no medical evidence to support a finding that must be based upon medical testimony?

6. Did the Single Commissioner err in finding that the claimant current condition requiring medical treatment and other modalities is related to any work related condition when the evidence does not support such a finding?

7. Did the Single Commissioner err in finding and ordering the payment of medical treatment and temporary compensation due to the claimant's current difficulties when the claimant's current problems are not related to any accident that he sustained while employed by the employer?

DISCUSSION

The claimant's accident was an admitted claim. The issue at the hearing was if the claimant's current problems were related to the initial accident. The authorized doctor had returned the claimant back to regular work; put him at maximum medical improvement with no rating. The claimant went to unauthorized doctor under his own medical insurance and was written out of work. Benefits were denied based on our doctor's opinion that the claimant could work.

Following the accident he was referred to Kohler's primary care physician. Dr. Poole found that the claimant could return to work and also put him at maximum medical improvement with no rating. The claimant sought an MRI but the doctor did not think one was warranted. The claimant therefore sought treatment on his own at Orthopaedic Associates. Following his visit there he was taken out of work. Since he had returned to work and since he was released by our doctor additional benefits were not given to the claimant.

This claimant has many issues with his back. He has prior back problems including a fusion. The claimant initially sought treatment with Dr. David Mitchell a surgeon at Orthopaedic

Associates. The doctor did not think that the claimant was a surgical candidate. He referred the claimant to pain management with Dr. Behr.

Before the date of the 2010 accident the claimant had a fusion at L4-5. The medical records from the orthopaedic clinic state that the claimant was doing reasonably well until the January 2010 accident. After that incident he complained of radiating symptoms in the right leg. After several visits and treatment, Dr. Behr opined that the claimant could return to work on 8/9/10. His records note that the claimant had an excellent relief after the transforaminal epidural steroid injection. The EMG showed no evidence of an acute radiculopathy on the right. That is, the doctor found no active denervation of any of the muscles on the right side. The claimant advised he attempted to return to work but could not tolerate it. Thereafter, the doctor found the claimant to have poorly controlled pain making him unable to work. The doctor again took him out of work on August 17. No objective evidence between the two dates exists. The EMG and the injection did allow the doctor to confirm that the SI joint was not the problem but L4-5 was the issue.

Dr. Behr recommended a spinal cord stimulator due to chronic radiculopathy. This was to help both the right lower extremity and the back. After the trial the claimant reported he had a 50% improvement so Dr. Mina, a neurosurgeon, did the permanent implant. The claimant was psychologically approved for the implant by his regular psychiatrist Dr. Wells. Dr. Behr was aware the claimant had seen this doctor and had been on psyche medications prior to the January 2010 accident.

Dr. Behr had questions about the relationship between the injury of 2010 and the prior injury and 2004 back surgery if the claimant had on going problems. The medical did show that prior to the January 2010 incident the claimant saw Orthopaedic Associates on 5/29/09. At that

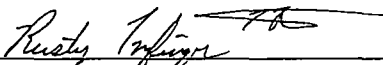
visit it was noted that he was on a Fentanyl patch for back trouble. He was there for a fall when a band on a tool chest broke causing the claimant to fall backwards. He was scheduled for pins in the left wrist. At the visits of July 2009 and August 2009 the claimant complained of his back problems which he dated occurred when he fell walking down stairs in April 2008. The claimant did have a wrist injury that could cause his wrist complaints but when he saw the doctors they continued to document his on going back problems.

Even though the doctor gave a causation opinion that opinion was flawed by a number of factors. He stated his opinion would be different if the claimant was taking medications and having on going problems and indeed he was taking a pain patch even before his wrist injury.

CONCLUSION

Based on the foregoing, the decision of the Single Commissioner should be reversed.

Respectfully submitted,



Russell T. Infinger

NEXSEN PRUET, LLC
55 E. Camperdown Way, Suite 400 (29601)
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(864) 370-2211

Attorneys for Employer/Self-Insured

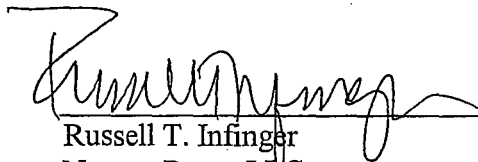
Greenville, South Carolina
August 1, 2011

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Appellants' Memorandum behalf of the Employer/Self-Insured has been served upon the following attorney of record by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the below at their offices as shown below this 1 day of ^{Aug}July, 2011.

Toney J. Lister, Esquire
Lister Flynn & Kelly, PA
P.O. Box 2929
Spartanburg, SC 29304-2929

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


Russell T. Infinger
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Greenville, SC 29603
(864) 282-1122

STATE OF SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
CASE NUMBER - 1007031

KENNETH LAWTER,	)	
	)	
CLAIMANT,	)	FULL COMMISSION HEARING
	)	
VS.	)	BEFORE
	)	
KOHLER COMPANY,	)	PANEL B
	)	
EMPLOYER/	)	COMMISSIONER WILKERSON
CARRIER	)	
	)	COMMISSIONER WILLIAMS
DEFENDANT.	)	
	)	COMMISSIONER LYNDON
	)	
	)	
	)	

COPY

WORKERS' COMPENSATION FULL COMMISSION HEARING
TAKEN BEFORE SARA L. QUATTLEBAUM, A NOTARY PUBLIC IN
AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE
HOUR OF 2:25 PM ON MONDAY, OCTOBER 24, 2011 WORKERS'
COMPENSATION COMMISSION, 1333 MAIN STREET, COLUMBIA,
SOUTH CAROLINA.

SARA L. QUATTLEBAUM
Independent Court Reporter

14

73

E

APPEARANCES**FOR THE APPELLANT/DEFENDANT**

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FOR THE RESPONDENT/CLAIMANT

TONEY J. LISTER, ESQUIRE
LISTER FLYNN KELLY AND TALLEY
421 MARION STREET
SPARTANBURG, SOUTH CAROLINA 29306
(864)582-3770

REPORTED BY

SARA L. QUATTLEBAUM
INDEPENDENT COURT REPORTER
148 LAKE HARBOR DRIVE
LEXINGTON, SOUTH CAROLINA 29072
(803)447-0272

1 COURT REPORTER: Today is October 24, 2011. This
2 is South Carolina Workers' Compensation Case
3 No. 1007031.

4 This is the case of Kenneth Lawter, Claimant
5 versus Kohler Company, Employer. And they are self
6 insured.

7 The Appellant is the Defendant represented by
8 Rusty Infinger. The Respondent is represented by
9 Toney Lister.

10 Each side is allowed ten minutes for oral
11 argument; the Appellant three minutes in reply. You
12 are requested to argue the grounds of exception and
13 stay within the record.

14 COMMISSIONER LYNDON: All right, sir. You are
15 recognized.

16 MR. INFINGER: Thank you. Mr. Chairman, members
17 of the panel.

18 Mr. Lawter was an employee of Kohler Company
19 working as a mechanic, or it was kind of a
20 maintenance-type position. In any event prior - he
21 had an injury where there was a power outage out in
22 the plant, and they had to move a piece of equipment
23 out. And he tripped and fell.

24 Now, he tripped and fell over a piece of iron,
25 and we don't dispute that that occurred. The problem

1 is in this case that prior to this issue happening
2 where he tripped and fell with this particular piece
3 of equipment, Mr. Lawter had significant and ongoing
4 and pretty severe back problems. At the time he was
5 seen, the doctor - before he even had this injury in
6 2010, he was taking a pain patch and some other pain
7 medications for ongoing back problems.

8 The medical records show - I don't really
9 disputed that he had problems with his back and that
10 he was having ongoing medical treatment before any of
11 this happened.

12 Now, once he had this injury, he was sent to the
13 primary care doctor there in Spartanburg. That doctor
14 treated him for several weeks and ended up returning
15 him back to work with a full-duty release. And the
16 Claimant did come back to work.

17 After that time he sought medical treatment on
18 his own and went to a doctor over in Spartanburg, an
19 orthopedic doctor who wrote him out of work. When
20 that doctor wrote him out of work he never came back
21 to work after that specific visit. It was an
22 unauthorized doctor and a doctor that he saw on his
23 own without seeking authorization from - or obtaining
24 authorization from the workers' comp folks.

25 So our position in this case is that while the

1 Claimant had an incident, that incident, according to
2 the doctor who saw him initially, had ended and that
3 he was able to return to work. He then had additional
4 problems that we would contend would be unrelated to
5 this accident or related more to the preexisting
6 problems he had prior to his injury and not related to
7 this accident. So again, it's more of is this subject
8 to this claim or is it subject to something else going
9 on with him.

10 COMMISSIONER LYNDON: All right. Mr. Lister?

11 MR. LISTER: May it please the Commission.

12 Kenneth Lawter had worked at Kohler Company for
13 some 32 years as a maintenance technician. He had a
14 fusion at L4 and L5 in 2004 by an orthopedic surgeon,
15 Dr. Harley. He did have some problems with that;
16 there is no doubt. That was not what he was seeing
17 his doctor for prior to this fall.

18 In 2009 he broke his wrist. And he was only
19 seeing his family doctor prior to the fall. He was
20 having back pain. It did not limit him in any way.
21 He had no restrictions. He did heavy lifting,
22 climbing, maintenance work at Kohler.

23 The only testimony that doesn't relate this
24 out-of-work period and the medical treatment to the
25 January 25, 2010 fall and the injuries at that time is

1 the company doctor, who immediately sent the man back
2 to work, said he had an aggravation of some type of
3 pain incident - you know, his diagnosis was increased
4 pain.

5 The man was on - I think it's - I'm not sure I'm
6 saying it correctly, but Fentanyl. And the only thing
7 that the company doctor did was increase the dosage.

8 He kept complaining. He asked for an MRI, and
9 that's documented all throughout the record. He keeps
10 asking the doctor, Dr. Poole, the company doctor and
11 also the plant personnel including the nurse; send me
12 for an MRI, I know something is wrong. They refused
13 to do it. They said, you can do it on your own
14 expense or you can turn it in on health insurance.

15 He went to Dr. Mitchell, who had repaired the
16 wrist. And again, that was not work related. He had
17 no other work-related injuries that I know of. And
18 Dr. Mitchell did take him out of work at that time for
19 the MRI.

20 And Dr. Mitchell gave a pretty strong statement.
21 And if you look at page - I think it's Page 30 of the
22 brief that was turned in. Dr. Mitchell says, "After
23 careful review of the patient's history, physical exam
24 and imaging studies it appears the patient's pain
25 complaints are likely related to the right L4/L5

1 radiculopathy that likely began as a result of the
2 fall. Less likely possibility is this may be related
3 to failed back surgery syndrome, however that
4 certainly would be less likely based on the fact that
5 he was doing well until the fall."

6 Dr. Mitchell is a well-known orthopedic surgeon.
7 He referred him over to Dr. Behr, a pain management
8 specialist in his office, for treatment. And Dr. Behr
9 has tried two epidurals, sent him to physical therapy
10 and put in a temporary and a permanent stimulator for
11 the spine. The man says - and he has not worked since
12 May 25, 2010 with the exception of four days. And
13 Dr. Behr also says, on Page 23 and 29 of his
14 deposition, that there is no doubt in his mind that
15 this injury caused the ongoing back pain that kept him
16 out of work.

17 The medical testimony, completely relating the
18 out-of-work time and the injury to his fall and not
19 the 2004 fusion, is that the witness that testified
20 very strongly for Kenneth Lawter was a supervisor
21 working with him when he fell. He said he saw him
22 trip, he was out there in the early-morning hours.
23 They were installing a generator because power was out
24 in the plant. He saw him trip over a piece of iron.
25 He said he stumbled forward some eight feet, fell on a

1 concrete floor. He said, I saw the man at work, saw
2 him on a regular basis. He had had no problems prior
3 to this fall in his work, no assistance. After the
4 fall he said, I knew the doctor sent him back too
5 early. He couldn't do his job. He was in pain. It
6 took other people to help him. He had to take some 13
7 or 14 days of vacation time because of pain and
8 because of medical treatment. And I don't think that
9 there is any doubt that there is substantial evidence
10 that relates all of this to this fall and not the 2004
11 fusion.

12 We would ask that the opinion of the Single
13 Commissioner be upheld.

14 COMMISSIONER LYNDON: All right, sir.
15 Mr. Infinger?

16 MR. INFINGER: Only briefly. And that is that
17 Mr. Lister brings up a very good point. It wasn't
18 just back pain he had before this incident occurred,
19 he had surgery that included a fusion with an
20 orthopedic - he didn't go to that same orthopedic; he
21 went to a different one in the same practice. But it
22 was to a different one whenever he was seeking an MRI.
23 The doctor that saw him initially said he didn't need
24 it.

25 And I would go on to say that even though he

1 brought with him a supervisor from work who was
2 somebody that he had known for many, many years, it
3 wasn't his actual supervisor there. It was another
4 supervisor he had on the job.

5 So we think there is evidence to support the fact
6 from the original initial treating physician that his
7 injury had subsided and this was related to something
8 else.

9 COMMISSIONER LYNDON: Thank you, sir. That will
10 conclude this proceeding.

11 (The hearing concluded at 2:35 PM)

STATE OF SOUTH CAROLINA)
) CERTIFICATE
 COUNTY OF LEXINGTON)

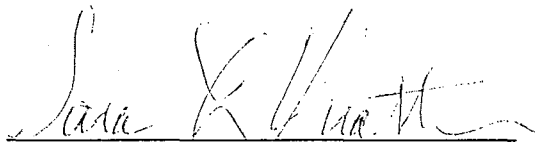
BE IT KNOWN THAT I TOOK THE FOREGOING
 WORKER'S COMPENSATION HEARING;

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

THE FOREGOING TRANSCRIPT REPRESENTS A TRUE,
 ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO
 GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY
 SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF
 ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF
 ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO,
 NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 20TH DAY OF JANUARY
 2012.



SARA L. QUATTLEBAUM
 NOTARY PUBLIC FOR SOUTH CAROLINA
 MY COMMISSION EXPIRES JULY 12, 2012

**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1007031**

KENNETH LAWTER,

EMPLOYEE,
CLAIMANT/RESPONDENT,

VS.

KOHLER COMPANY,

EMPLOYER/SELF INSURED
DEFENDANT/APPELLANT

Appellate Panel Review held in Columbia,
South Carolina, on October 24, 2011
per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed
11/29, 2011

APPEARANCES:

Claimant/Respondent represented by Toney J. Lister
of Spartanburg, South Carolina

Defendant/Appellant represented by Russell T. Infinger
of Greenville, South Carolina

STATEMENT OF CASE

The parties were heard by Commissioner Andrea C. Roche on March 4, 2011 in Greenville, South Carolina. On May 13, 2011, she issued the following Order:

IT IS, THEREFORE, ORDERED THAT:

1. These Defendants shall pay to the Claimant temporary total benefits from May 25, 2010 ongoing, less four (4) days Claimant was paid while at Kohler Company.
2. Defendants shall pay for all causally related medical treatment and psychiatric treatment since January 25, 2010 and further shall pay for all costs for continued medical and psychiatric treatment with regard to Claimant's injuries to his back and right lower extremity and psyche, so long as such treatment will continue to lessen the period of disability.

Within the statutory period, counsel for Kohler Company filed an Application for Review in the case setting forth its reasons, copies of which were furnished to all interested parties prior to oral argument being presented before the Appellate Panel on October 24, 2011. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Commission Panel and has since been under study and consideration.

By appeal, Kohler Company respectfully submits the following:

1. Did the Single Commissioner err in finding that the Claimant's current problems are related to a minor incident at work when the reason that the Claimant has his current problems are related to a non work related pre-existing back condition?
2. Did the Single Commission err in finding that the Claimant had any depression issues related to this claim when the record indicates that the Claimant did not plead or otherwise seek compensation for psychological overlay in this claim?
3. Did the Single Commissioner err in finding that the Claimant sustained an injury beyond the minor incident following which the Claimant was returned to work for the initial and authorized treating physician?

4. Did the Single Commission err in finding that the Claimant's depression and anxiety were aggravated by the accident when the same was not plead and the Claimant did not see benefits for the same?
5. Did the Single Commissioner err in finding that Dr. Poole's opinion was flawed when there is no medical evidence to support a finding that must be based upon medical testimony?
6. Did the Single Commissioner err in finding that the Claimant's current condition requiring medical treatment and other modalities is related to any work related condition when the evidence does not support such a finding?
7. Did the Single Commissioner err in finding and ordering the payment of medical treatment and temporary compensation due to the Claimant's current difficulties when the Claimant's current problems are not related to any accident that he sustained while employed by the employer?

In an Appellate Review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (2008), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with, or inconsistent with, those of the Hearing Commissioner.

Based upon a review of the foregoing, the Panel considered the matter and finds FULL AFFIRMATION of the Single Commissioner's Decision and Order of May 13, 2011 and enters the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. Both the Claimant and the Defendant/Employer are subject to the South Carolina Workers= Compensation Act, and the Claimant was a covered employee and the Defendant/Employer was a covered employer at the time in question.
2. Claimant's average weekly wage is \$710.50 with a compensation rate of \$473.69. This finding is based on the parties' stipulation.

3. Claimant had previous difficulty with his back and left side which required fusion, but he was returned to work without restrictions and was functioning in his job with little or no difficulty prior to the present injury by accident.

4. Claimant had previous difficulty with depression which required medication and treatment by a psychiatrist but missed no time from work as a result of this depression and had no visits to this psychiatrist after June of 2009 until after the January 25, 2010 fall. This finding is based on the evidence on the record, including, but not limited to Claimant's testimony and the medical records of psychiatrist Wells.

5. The Claimant sustained an injury by accident arising out of and in the course of his employment with the Employer/Defendant on January 25, 2010 causing injury to his back and right lower extremity. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony, the testimony of supervisor Richard Lewis, and the medical records of Drs. Mitchell and Behr.

6. As a result of his injury by accident, the depression and anxiety of the Claimant was aggravated requiring additional psychiatric/medical treatment. This finding is based upon evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Behr and Dr. Wells.

7. As a result of his injury by accident, the problems of the Claimant that he is now experiencing were diagnosed as chronic radiculopathy for which he underwent an MRI prior to two epidurals, physical therapy and the use of a temporary spinal cord stimulator prior to a permanent spinal cord stimulator. This is based on all the evidence on the record, including, but not limited to the testimony of the Claimant and the medical records of Drs. Mitchell and Behr.

8. Claimant continues to require multiple pain and other medications and is substantially limited in his ability to function physically and he has difficulty with repetitive lifting and walking, and must constantly change positions between sitting and standing. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Behr.

9. The opinion of Dr. Poole is flawed due to the fact the same was based on incomplete medical testing.

10. That Claimant has not reached maximum medical improvement for his injuries and this finding is based on all the evidence on the record, including, but not limited to, the medical records of Dr. Behr.

11. Claimant is in need of continuing medical and psychological treatment, including continued medication and counseling in order to maintain his current level of functioning to prevent further deterioration of his condition. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony, the medical records of Dr. Behr and Dr. Wells.

12. Claimant has been unable to return to work in any capacity since May 25, 2010 because of pain and his related restriction limitations. This finding is based on all the evidence on the record, including, but not limited to Claimant's testimony and the medical records of Dr. Mitchell and Dr. Behr.

RULINGS OF LAW

1. Under South Carolina Code Ann. §42-1-130 to 150, the South Carolina Workers' Compensation Commission has jurisdiction over Claimant's claim for benefits.

2. Under South Carolina Code Ann. §42-1-40 and South Carolina Code Reg. 67-1603, Claimant's average weekly wage is \$710.50 with a corresponding compensation rate of \$473.69. The Claimant is entitled to immediate payment of temporary total disability benefits from May 25, 2010 and continuing thereafter until further Order of this Commission.

3. Under South Carolina Code Ann. §42-1-160, Claimant sustained a compensable injury by accident as a result of his work activities with the Employer/Defendant for his injury to back and right lower extremity as well as aggravation to his psyche or psychological overlay.

4. Claimant has not reached maximum medical improvement for his injuries, is in need of continuing medical and psychological treatment, including continued medications and counseling, in order to maintain his current level of functioning to prevent further deterioration of his condition.

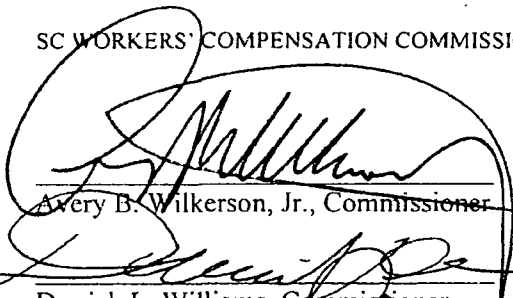
5. Under South Carolina Code Ann. §42-15-60, the Claimant is entitled to and Defendants are responsible for all causally related medical treatment and expenses from January 25, 2010 to the present and continuing thereafter until further Order of this Commission.

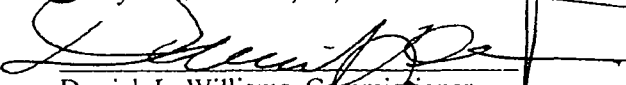
ORDER

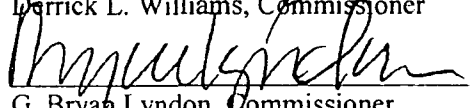
IT IS, THEREFORE, ORDERED that the Decision and Order of the Single Commissioner filed in this matter on May 13, 2011 is hereby affirmed by this Appellate Panel.

AND IT IS SO ORDERED.

SC WORKERS' COMPENSATION COMMISSION


Avery B. Wilkerson, Jr., Commissioner


Derrick L. Williams, Commissioner

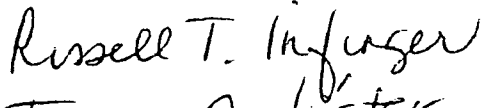
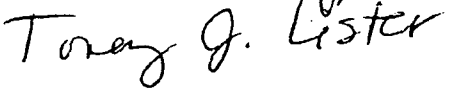

G. Bryan Lyndon, Commissioner

CERTIFICATE OF SERVICE

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

This 29 day of November, 2011
By Valerie D. Geller

 Administrative Assistant to the Commissioner

PROGRESS NOTES

02/01/10

KENNETH LAWTER

DOB: 12/22/58

Dr. Mack C. Poole

******WORKMAN'S COMPENSATION KOHLER COMPANY******

- S: This man fell at Köhler on 01/25/10, he tripped over a piece of angle iron and landed on his hands and knees. He has been using BIOFREEZE prescription on it and it is not really helping him much. Past history: this man has had back trouble in the past. He did have a back fusion in 2004 per Dr. Harley which has helped him out some. Since that time has been able to hold down his regular job at Köhler using FENTANYL PATCHES, 50 mg every three days. He has been seeing Dr. Ware recently in the last few years and is no longer a patient at this office. With all of this he has been able to carry on with his work at Köhler doing this without pain. He tried last summer on his own to wean off of the FENTANYL PATCHES but he just could not do it.
- O: On physical examination, well-developed, well-nourished white male weighing 236-pounds. Blood pressure is 138/78. Pain scale is 8/10. Pulse is 88. He robes and disrobes easily as well as getting boots off and on easily. He points to the right lower spine area as the most sore and painful spot. He says that it hurts to walk. Deep tendon reflexes are within normal limits, bilateral, equal and flexion. He is weak on the dorsiflexion of the great toe however. He can tip toe and heel walks without any problems. Straight leg raising is good. X-ray of the lumbar spine shows him to have a device fusing L4,5 with some osteoarthritic spurs in there. I did discuss this with him.
- A: 1. Back pain increased secondary to fall on 01/25/10.
- P: 1. FENTANYL PATCHES, 25 mg to use one every three days ^{Plus} instead of the 50 mg patches. *#10*
2. We will plan to recheck him in about two months time.
- Dr. Mack C. Poole/jep

2.12.10	Wt. /	BP. 124/80	P. 56
	Follow up		
	Fall 3rd ago - 3rd arm,		
	T-43 - P. last look		
	Exams	sent 12.5	
	Walk	+ 50	10mg

02/12/10

KENNETH LAWTER

DOB: 12/22/58

Dr. Mack C. Poole

- S: Kenneth is here for a followup. He fell three weeks ago and does have some tightness in his chest and has some sore tight paravertebral muscles on the left side. He is actually doing his regular work because he can stand to walk around some but he can't stay still long. This has been present prior to him coming in.
- O: On physical examination, well-developed, well-nourished
- A: 1. Back pain secondary to fall.
- P: 1. Last week I did give him 25 mg of FENTANYL PATCHES and he was on FENTANYL PATCHES, 50 mg before.

Dr. Mack C. Poole/jep

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304

PHONE (864) 573-3861

FAX (864) 573-3160

NAME: LAWTER, KENNETH L.	SSN: 247230556
AGE: 51 DOB: 12/22/58 SEX: M	ACCOUNT: 2108894
ADDRESS: 621 MARTIN CAMP RD	MRN: 247230556
CHESNEE, SC 29323	
PHONE: 8644619296	ROOM: FM-

ORDER: 4859172 LUMBAR SPINE 2 OR 3 VIEWS

ADDITIONAL ORDERS:

EXAM DATE: 02/01/10

ORDERING PHYSICIAN: POOLE, MACK C., MD,

Fax: Mack C Poole, MD

LUMBAR SPINE:

HISTORY: Injury, back pain. History of previous back surgery.

IMPRESSION:

1. PRIOR FUSION L4-5.
2. NO ACUTE INJURY EVIDENT.
3. DEGENERATIVE HYPERTROPHIC SPURRING.

FINDINGS: AP and lateral views with additional cone-down spot lateral film of the lumbosacral junction were obtained. There has been prior fusion at L4 and L5 with bilateral pedicle screws and vertical rods present with interbody fusion as well. I see no evidence of acute fracture or subluxation. There are degenerative spurs at L3, 4, and 5. Vertebral heights are maintained. No other acute changes are seen. The sacroiliac joints are normal.

This document is electronically signed by: Larry K Totten MD on
02/02/2010 at 3:18:25 PM (CST) Verification: 3260314220100202151825

Larry K. Totten, MD

D: 02/01/10 16:49 EST
T: 02/02/10 01:49 EST

DIAGNOSTIC SERVICES

PROGRESS NOTES

NAME	Kenneth Lawter		
PHONE NUMBER			
SHEET NUMBER			
DATE	<u>2/26/10</u>		
WT.	235	BP.	140/78 P. 88
follow up still some back pain Fairly good ROM. Tho cannot flex more beyond 20° nor can he squat. Can't pain - similar to Recluth, no Walk limit bending & squatting			

02/26/10

KENNETH LAWTER

DOB: 12/22/58

Dr. Mack C. Poole

WORKMAN COMPENSATION KOHLER COMPANY

- S: He comes in for a followup.
- O: On physical examination, weight is 235 pounds. Blood pressure is 140/78. Pulse is 88. He still has some back pain. He does have fairly good range of motion however. He can not flex the spine more than 20 degrees. He can not squat at all.
- A: 1. *Back Pain*
- P: 1. We will continue the same medication. I did not give him any additional FENTANYL PATCHES. Not planning on giving him any. We plan to check him again in about three weeks. I told him to walk but to limit bending and squatting.

Dr. Mack C. Poole/dm

PROGRESS NOTES

NAME	Kenneth Lawter			PHONE NUMBER	
				SHEET NUMBER	
DATE	3-24-10				
	wt. 234	BP. 140/90	P. 72		
	~~Examiner~~ follow up States he is not better. No CP now or, drink & alcohol as well as rest of day D.F.T. O.T.R. in 52° to 45° Mild tender spot over (R) sacral spine A. Cont reg job R - no additional analgesics Recheck 1 m. & post u				

03/24/10

KENNETH LAWTER

DOB: 12/22/58

Dr. Mack C. Poole

****WORKMAN'S COMPENSATION FOR KOHLER COMPANY****

- S: Mr. Lawter is in today for a follow-up. He states that he is not much better. He denies any chest pain. He denies any GU problems. He denies having any injury to it now. He does not smoke.
- O: On physical examination, well-developed, well-nourished white male weighing 234-pounds. Blood pressure is 140/90. Pulse is 72. Dorsiflexion of the great toe is good. The DTR's are normal. Straight leg raising is good to 45 degrees. He does have a mild tender spot over the right sacral spine. He tiptoes easily. He gets off and on the table without any problem. He heel walks easily.
- A: 1. Sprain of the back.
- P: 1. Continue his regular job, no additional analgesics are indicated.
 2. Recheck in one month's time and consider dismissal at that time.

Dr. Mack C. Poole/jep

[Signature]

PROGRESS NOTES

NAME	Kenneth Lawter			PHONE NUMBER	
				SHEET NUMBER	
DATE	4.23.10				
	wt. 241	BP 110/72	P. 68		
	follow up				
	Dr. C. Nichols gave Lyrin 100mg which is helping back				
	off on table car				
	ROM R 2 SLR good				
	A - lumbar strain, still				
	essentially resolved				
	P - Release when				
	on my job anyway				

04/23/10

KENNETH LAWTER

DOB: 12/22/58

Dr. Mack C. Poole

S: Mr. Lawter comes in today for followup per the Köhler Company. Dr. Carol Nichols, who he sees neurologically, gave him some LYRICA 100 mg bid which has helped his back out considerably. He is still on his regular job getting off normally and not having to do any pushing or moving around much.

O: On physical examination, well-developed, well-nourished white male weighing 241 pounds. Blood pressure is 110/72. Pulse is 68. He was seen in followup after he fell and tripping over an piece of _____ liner on 12/25/09. The lumbar strain he had at that time is doing much better. He gets off the table easily. Range of motion is basically within normal limitations. Straight leg raises are good.

A: 1. Lumbar strain.

P: 1. Release reference back. No limitations. He may continue his job and he is on his current job anyway.

Dr. Mack C. Poole/csm

DR. HAROLD FLEMING

APA 2

Carolina Medical Affiliates
 1330 Boiling Springs Road Suite 2500 Spartanburg, SC 29303
 864-585-5433 Fax: 864-591-4053

July 7, 2010
 Page 1
 Chart Document

KENNETH LAWTER SSN: 247-23-0548 Home: (864) 680-4225 Office: (864) 481-9288
 Male DOB: 12/22/1938 EMRLine: UNITED H1129 Grp: 711809

04/05/2010 - Office Visit: Office Visit
 Provider: NICHOLAS F FLEMING MD
 Location of Care: Carolina Medical Affiliates

Office Visit

History of Present Illness

Referral source: 203

Reason for visit: new pt

Chief Complaint: back pain; hot flashes, depression, anxiety

History of Present Illness: has had continued trouble with back pain. Dr Harley operated on the back in 2004. still had pain in t back. went to Greenville to see the spine specialist and thought it was neuropathic. has been on the fentanyl patch. tried lyrica the past and this helped a great deal.

Feels he has hot flashes at times. comes and goes. has had some BP problems. has not checked the BP. has some chest pain usually in the middle of the chest. radiates to the back. has been about 5 years since the last heart cath/stress test.

has been more depressed lately and feels weak. takes lexapro regularly. does not feel it is helping. has low testosterone levels tried the gel and it did help. costs a lot.

in January he fell and hurt his back. seeing plant doctor for workman's compensation

Past History

Past Medical History: Patient indicates medical history of depression/anxiety, chronic back pain.

Surgical History: Patient reports surgical history to include: wrist surgery, back surgery, arthroscopic knee surgery-right, tonsillectomy.

Family History: Father is deceased. He died of CAD. Mother is deceased. She died of CAD at the age of 82. The patient indicates family history of colon cancer (mother), stroke (brother), diabetes (father).

Social History: divorced

high school education

current occupation-Maintenance Tech A

denies travel outside of U.S.

Risk Factors

Tobacco use: never

Type: occasional Drug use: None Prior Colonoscopy? 2007-Dr Eldell 5 years

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Sleep History Questionnaire:

Has anyone told you that you snore while you are sleeping 4

Have you ever fallen asleep or nodded off while driving 6

Do you take medication for or ever been diagnosed with high blood pressure 2

Do you have Diabetes ? No

Do you have Cardiovascular Diseases, including Congestive Heart Failure (CHF) or Arrhythmias ? No

Do you have hallucinations or dreams while awake ? No

Total this test: 12 Sleep form Completed by: Susan Brooks, April 5, 2010 11:24 AM

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864-585-5433 Fax: 864-591-4053

July 7, 2010
Page 2
Chart Document

KENNETH LAWTER SSN: 247-23-0868 Home: (864) 820-4225 Office: (864) 481-6288
Male DOB: 12/22/1955 State: 22000 MARRIEM: UNITED H (820) Grp: 711808

Risk of sleep Disorder Scoring Assessment High 12-15

Vital Signs

Height: 69 inches
Weight: 238.8 pounds
Pulse rate: 88
Respirations: 14
Blood Pressure: 130/90 mm Hg

HEALTH MAINTENANCE

Flu Vaccine: 2009
Tetanus Immunization: unknown
Colonoscopy: 2007-Dr Fidell 5 years
Cardiac Cath: 2002-SRMC-Dr Kibler
Ophthalmology Exam: 1 year

Physical Exam

General appearance: well nourished, well hydrated, no acute distress

Eyes

External: conjunctivae and lids normal
Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat

External ears: normal, no lesions or deformities or pain with movement of pinna
External nose: normal, no lesions or deformities
Sinuses: no sinus tenderness
Otoscopy: canals clear, tympanic membranes intact with good movement, no fluid
Hearing: grossly intact
Lips/teeth/gums: good dentition, tongue normal, moist mucous membranes
Pharynx: posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory

Respiratory effort: no signs of respiratory distress
Percussion: no dullness
Palpation: no vocal fremitus
Auscultation: clear to auscultation bilaterally, no wheezes, crackles or rales

Cardiovascular

Palpation: Normal PMI with no palpable thrills or heaves,
Auscultation: S1, S2, no murmur, rub, or gallop
Carotid arteries: Normal carotid arteries with no audible bruits
Pedal pulses: pulses 2+, symmetric

July 7, 2010
Page 3
Chart Document

KENNETH LAWTER SSN:242-23-0606 DOB: 08/18/1958 (864)880-4225 CM: (864)461-8266
MRB: DOB: 08/22/1958 E: 0000000000 MRN: EMR: UNITED H: (829) Gr: 711809

Added new problem of CHEST PAIN (ICD-788.50)

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July 7, 2010

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Chart Document

KENNETH LAWTER SSN: 247-23-0556 Home: (864) 880-4225 Office: (864) 481-8288
Male DOB: 12/22/1958 67783-2297001MRN: EMR: UNITED H (829) Grp: 711809

Added new problem of HYPERTENSION (ICD-401.9)

Added new problem of GERD (ICD-530.81)

Added new problem of ALLERGIC RHINITIS (ICD-477.9)

Added new problem of FATIGUE (ICD-780.70)

Added new problem of Question of HYPERCHOLESTEROLEMIA, PURE (ICD-272.0)

Assessed Question of HYPERCHOLESTEROLEMIA, PURE as comment only

Assessed HYPERTENSION as unchanged

Assessed CHEST PAIN as unchanged

Assessed NEUROPATHY as deteriorated

Assessed GERD as unchanged

Assessed TESTOSTERONE DEFICIENCY as deteriorated

Assessed BACK PAIN as deteriorated

New Prescriptions/Refills:

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one po daily #30 x 5, 04/05/2010, NICHOLAS F FLEMING MD

LISINOPRIL 10 MG TABS (LISINOPRIL) one po hs #30 x 5, 04/05/2010, NICHOLAS F FLEMING MD

ALLEGRA 180 MG TABS (FEXOFENADINE HCL) one po daily #30 x 5, 04/05/2010, NICHOLAS F FLEMING MD

SULINDAC 200 MG TABS (SULINDAC) one po bid #60 x 5, 04/05/2010, NICHOLAS F FLEMING MD

FENTANYL 50 MCG/HR PT72 (FENTANYL) one patch every three days #10 x 0, 04/05/2010, NICHOLAS F FLEMING MD

LEXAPRO 20 MG TABS (ESCITALOPRAM OXALATE) One daily by mouth #30 x 5, 04/05/2010, NICHOLAS F FLEMING MD

Updated Medication List:

FENTANYL 50 MCG/HR PT72 (FENTANYL) one patch every three days

SULINDAC 200 MG TABS (SULINDAC) one po bid

ALLEGRA 180 MG TABS (FEXOFENADINE HCL) one po daily

LEXAPRO 20 MG TABS (ESCITALOPRAM OXALATE) One daily by mouth

LISINOPRIL 10 MG TABS (LISINOPRIL) one po hs

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one po daily

LYRICA 50 MG CAPS (PREGABALIN) one po tid

New Orders:

TESTOSTERONE, TOTAL [873]

Ofc Vst, NEW Level IV [CPT-99204]

Vitamin B12 [827]

CBC with diff [8399]

COMPREHENSIVE METABOLIC PANEL W/EGFR [10231]

TSH, 3RD GENERATION [899]

LIPID PANEL [7600]

EKG [CPT-93000]

Medical Decision-Making**Amount/complexity of data to be reviewed**

* review/order clinical lab tests

Risk of complications: moderate**Prescriptions:**

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) one po daily #30 x 5

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Carolina Medical Affiliates1330 Bolling Springs Road Suite 2500 Spartanburg, SC 29303
864-585-5433 Fax: 864-591-4053July 7, 2010
Page 5
Chart Document**KENNETH LAWTER SSN: 247-23-0556** Home: (864) 680-4225 Office: (864) 481-6288
DOB: 12/22/1958 Birth: 2297001 MRN: EMR: UNITED H (828) Grp: 711809

Method used: Print then Give to Patient

RxID: 1586088129151020

LISINOPRIL 10 MG TABS (LISINOPRIL) one po hs #30 x 5

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Method used: Print then Give to Patient

RxID: 1586088129051020

ALLEGRA 180 MG TABS (FEXOFENADINE HCL) one po daily #30 x 5

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Method used: Print then Give to Patient

RxID: 1586088099501020

SULINDAC 200 MG TABS (SULINDAC) one po bid #60 x 5

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Method used: Print then Give to Patient

RxID: 1586088099401020

FENTANYL 50 MCG/HR PT72 (FENTANYL) one patch every three days #10 x 0

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Method used: Print then Give to Patient

RxID: 1586088099301020

LEXAPRO 20 MG TABS (ESCITALOPRAM OXALATE) One daily by mouth #30 x 5

Entered and Authorized by: NICHOLAS F FLEMING MD

Signed by: NICHOLAS F FLEMING MD on 04/05/2010

Method used: Print then Give to Patient

RxID: 1586088039101020

Process Orders

Not all tests in this order have been sent for requisitioning

Pending tests not yet sent for requisitioning:

04/05/2010: CMA LAB Quest - TESTOSTERONE, TOTAL [873] (signed)

04/05/2010: CMA LAB Quest - Vitamin B12 [927] (signed)

04/05/2010: CMA LAB Quest - CBC with diff [8399] (signed)

04/05/2010: CMA LAB Quest - COMPREHENSIVE METABOLIC PANEL W/EGFR [10231] (signed)

04/05/2010: CMA LAB Quest - TSH, 3RD GENERATION [899] (signed)

04/05/2010: CMA LAB Quest - LIPID PANEL [7600] (signed)

[(Hx-Past Medical)]

Signed by NICHOLAS F FLEMING MD on 04/05/2010 at 2:02 PM

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July 7, 2010
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Chart Document

KENNETH LAWTER, SSN: 245-21-0558, DOB: (654) 880-225 Office: (854) 451-9296
Male DOB: 12/22/1982, SSN: 245-21-0558, DOB: 12/22/1982, EMR: UNITED H (829) Grp: 711809

ORTHOPAEDIC ASSOCIATIONS

APA 3

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

June 1, 2010
Page 1
Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

05/19/2010 - Office Visit: Evaluate pain in low back and right leg**Provider: David Mitchell MD****Location of Care: Orthopaedic Associates PA****History of Present Illness****Family Physician: Dr. Ware**

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: Evaluate pain in low back and right leg**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

Mr. Lawter is here today. He is 51 years old. He is status post a previous fusion at L4-5 by Dr. Stephen Harley about five years ago. He has a good fusion. He has been back to work. He is using Fentanyl patch 50 mcg q3days. The patient reports that approximately three months ago he was called to work at 4 a.m. during a power outage and tripped over some wire and fell down. He had pain in his back that hurts him in his right lower extremity and his back whenever he steps on his right leg.

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

Kenneth L Lawter Home: (864)461-9296 Office: (864)680-4225
Male, DOB: 12/22/1958 40063-TIES1001 Ins: United H (138) Grp: 711809

ALLERGIES

No known allergies

Revised - 05/19/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is single, Non-smoker, and lives alone. Has 2 children. Does not drink alcohol. Exercises. Education completed: College.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 230 lbs. R: 12

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

Deep tendon reflexes are intact. Muscle strength is good. He walks with an antalgic gait.

ASSESSMENT

PLAN

Orthopaedic Associates PA

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June 1, 2010
Page 3
Chart Document

Kenneth L Lawter
Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225
40063-TEST001 Ins: United H (138) Grp: 711809

At this point in time I feel that we need to proceed with an MRI to rule out disc herniation versus nerve root impingement. It looks like he does have a solid fusion. We will plan to do flexion and extension views of his lumbar spine when he comes back.

New Orders:

Est. Level 4 [99214]

Lumbar Spine 2-3 views [72100]

Disposition: Return to office after studies with flexion/extension views
]

Signed by Mary Jo McMeans on 05/19/2010 at 2:00 PM

Orthopaedic Associates, P.A.

Patient Information

First: Kenneth Middle: L Last: Lauter
Address: 621 Martin Cane Rd City: Chesnee State: SC Zip: 29323
Home Phone #: 461-9296 Cell Phone #: 680-4225 EMAIL: _____
Date of Birth: 12-22-58 Age: 52 SS#: 247 23 0556 Gender: M
Marital Status: S Race: W Is the Patient a Student: ☐ Yes ☒ No

Complete ONLY If Patient is a Minor

Parent / Responsible Person: _____
Address: _____ Phone #: _____ Date of Birth: _____ SS#: _____

Emergency Contact Information is REQUIRED:

Emergency Contact Person: Aminda Lauter Relationship: Daughter Phone #: 504-5799

Patient's Employer or School: Kohler Co Work Phone #: 278-5000
Occupation: Maintenance tech A Address: 4000 S Pine St. ☒ Full Time ☐ Part-time

Spouse's Name: _____ Spouse's Date of Birth: _____ Spouse's SS #: _____
Spouse's Employer: _____ Spouse's Work Phone #: _____

Primary Insurance Information

Insurance Company: United Health Care Insured's Name: Kenneth Lauter
Insured's SS#: 247 23 0556 Insured's DOB: 12-22-58 Insured's Group / Policy #: 711809

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____
Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Injured OR Painful Area: Back ☐ Right ☐ Left Date of Injury OR Onset of Pain: _____

If an Accident, was it: ☐ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____

Referred By: (Physician, Hospital, ER, Friend, etc.): _____

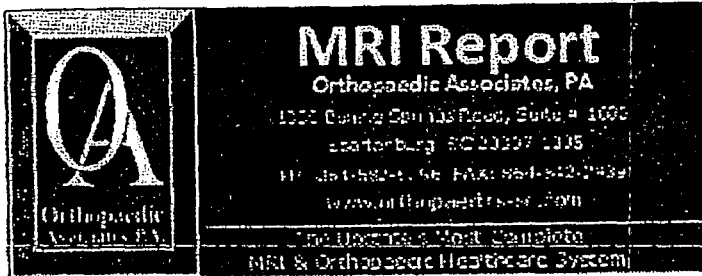
Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Kenneth Lauter Date: 5-19-10

LAWTER, KENNETH

MRN: 59430



Study Arrival Date: May 21, 2010 15:12:43 EDT
Report Approval Date: Fri MAY 21, 2010 17:04:54 EDT

PATIENT

LAWTER,

Name: **KENNETH**

Mrn: **59430**

Gender: **m**

Age: **051Y**

Birthday: **Dec 22, 1958**

STUDY

Date: **May 21, 2010 14:21:33**

Accession No.: **20100521**

Institution Name: **Orthopaedic Associates**

Referring Physician: **MITCHELL**

Modality Type: **MR**

Description: **LUMBAR + CONTRAST**

Body Part(s): **not supplied**

RADIOLOGIST

Dr. David

Name: **Stoppenhagen**

MRI LUMBAR SPINE WITH CONTRAST, 21 May 2010.

History: Low back pain. Status post lumbar fusion.

Comparison: Report of outside study from Piedmont Imaging dated July 2003.

Technique: Axial and sagittal, T1 and T2 and sagittal STIR images. Study was performed on a 1.5 Tesla system. Postgadolinium axial and sagittal images are obtained.

Findings:

The conus is at T12-L1. Spinal alignment demonstrates straightening of the normal lumbar lordosis at the L4-L5 level. Otherwise unremarkable. Bone marrow signal intensity is within normal limits. Included portion of the retroperitoneum unremarkable.

L1-L2: This level is unremarkable without focal disc herniation or stenosis.

L2-L3: Very minimal spondylosis is present at this level. The disc has normal T2 signal. No disc herniation or nerve root impingement.

L3-L4: There is mild hypertrophic facet arthropathy. And small marginal osteophytes are present. There is a small annular bulge. This creates only mild degrees of lateral foraminal stenoses. No focal

LAWTER, KENNETH

MRN: 59430

herniated disc fragment.

L4-L5: This level has been fused. There are interpedicular screws. The disc space is very narrowed. There are mild foraminal stenoses. Annular bulge is present. No abnormal contrast enhancement. No recurrent disc herniation appreciated. Intermediate signal intensity is present just medial to the nerve root in the lateral foramen enhances slightly with contrast. This probably represents some scarring. Patient is status post laminectomy at this level.

L5-S1: The disc is desiccated with decreased T2 signal. Moderate facet arthropathy is present. No focal disc herniation. There are moderate bilateral foraminal stenoses.

IMPRESSION: Status post L4-L5 fusion with mild foraminal stenoses. No evidence of recurrent disc herniation. There is some epidural scar laterally on the left. There is mild facet arthropathy and mild spondylosis throughout the lumbar spine. No focal disc herniations.

Report electronically signed by David Stoppenhagen, MD. 21 May 2010.

Orthopaedic Associates PA

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June 1, 2010
Page 1
Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063 HES 1001

Ins: United H (138) Grp: 711809

05/25/2010 - Office Visit: Recheck after MRI
Provider: Scott Geer PAC
Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: Low back pain**Problem #1**

Type: felt pop walking down stairs
DOI: 04/07/2008
Surgery/Treatment: PLIF
DOS: 12/2004

Problem #2

Type: It wrist
DOI: 05/23/2009
Surgery/Treatment: closed reduction pinning
DOS: 06/02/2009
Global Start: 06/02/2009
Global End: 08/31/2009

Problem #3

Type: It wrist
DOI: 05/23/2009
Surgery/Treatment: Removed pin
DOS: 06/26/2009
Global Start: 06/26/2009
Global End: 09/24/2009

Kenneth is here for follow-up of lumbar MRI. Patient continues with right lower radiculopathy going about halfway down his femur. States his right knee has a tendency to give out. He has not started any formal physical therapy as of yet. He does take Fentanyl patch prescribed by Dr. Fleming. He is status post an injury 01-25-10 where he had a fall at work, where he tripped over some wire and had a fall.

History of Present Illness

Reason for visit: recheck low back pain

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day
LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day
LYRICA 150 MG CAPS (PREGABALIN) take one TID
FENTANYL 50 MCG/HR PT72 (FENTANYL)

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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June 1, 2010
Page 2
Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

SULINDAC 200 MG TABS (SULINDAC) take one q day
ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day
LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain

ALLERGIES

No known allergies

Revised - 05/26/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 16

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

On exam he walks with a slightly antalgic gait. Tenderness to palpation lower lumbar spine. Neurovascularly intact.

X-RAYS:

MRI shows status post L4-5 fusion with mild foraminal stenosis. No evidence of any recurrent disc herniation. Some epidural scar laterally on the left. There is mild facet arthropathy L2/3 with mild spondylosis throughout the lumbar spine. No

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

June 1, 2010
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Chart Document

Kenneth L Lawter Home: (864) 461-9296 Office: (864) 680-4225
Male DOB: 12/22/1958 40063 TEST001 Ins: United H (138) Grp: 711809

focal disc herniations. MRI results were reviewed with Dr. Mitchell and myself and shows a very good fusion taking place. No abnormalities significant at this time or no additional new findings.

ASSESSMENT

Status post 5 1/2 years out from his P-LIF.

PLAN

We will get him started in physical therapy for some core strengthening, moist heat, soft tissue massage and fit him for a back brace today indications to reduce pain by restricting mobility of the trunk and otherwise support weak spinal muscles and/or deformed spine. We will keep him out of work until his next appointment in one month.

Dictated by Scott Geer, PA-C for Michael D. Mitchell, M.D.

New Orders:

Lumbar Spine 2-3 views [72100]
Est. Level 3 [99213]

Prescriptions:

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain #60 x 0

Entered by: Hope Harris
Authorized by: Scott Geer PAC
Signed by: Hope Harris on 05/25/2010
Method used: Print then Give to Patient
RxID: 1590403815700990

]

Signed by Mary Jo McMeans on 05/26/2010 at 8:52 AM

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth L Lawter
Date: May 25, 2010 10:43 AM

Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ No

Diagnosis: low back pain S/P lumbar fusion right lower extremity radiculopathy

PATIENT DISABILITY STATEMENT:

☐ Total Disabled _____ Thru _____ (estimated)

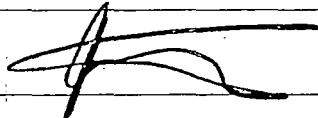
☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: keep out of work until follow up with Dr Mitchell in 1
month _____

PHYSICIAN'S SIGNATURE: Dr Mitchell



O.A. Physical Therapy Orders

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396 - FAX (864) 542-2939

115 Deacon Tiller Court, Ste 1
Duncan SC 29334
(864) 721-0025- FAX (864) 721-0035

THERAPY PRESCRIPTION

Patient: Kenneth L Lawter

Diagnosis: S/P fusion L4/5

Duration: 4 WKS ☐ UNTIL NEXT MD VISIT / /

FREQUENCY: ☐ 1 VISIT ONLY ☐ 2 X WK ☐ 3 X WK ☐ 5 X WK

☐ Evaluate & Treat ☐ TENS Application ☐ Wound Care

☐ FCA (Full) ☐ Edema Therapy ☐ Cybex

PROGRAMS / PROTOCOLS

****Back Rehab Program**

☐ Cervical Program

☐ Elbow Program

☐ Foot/Ankle Program

☐ Hand Program

☐ Hip Program

☐ Knee Program

☐ Shoulder Program

☐ Spinal Stabilization Program ☐

MODALITIES

☐ E STIM

☐ Fluidotherapy

☐ Iontophoresis

****Moist Heat**

☐ Paraffin Bath

****Soft Tissue MASS**

☐ Traction

☐ Ultrasound

THERAPEUTIC EXERCISE

☐ AROM

☐ Eccentric

☐ PROM

☐ AAROM

☐ Isometric

☐ Proprioceptive

COMMENTS: Core strengthening

Dr. Mitchell
Physician's Signature

5/25/2010
Date

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

July 28, 2010

Page 1

Chart Document

Kenneth L. Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-1225

40063-TEST001

Ins: United H. (138) Grp: 7 (1809)

06/23/2010 - Office Visit: Lumbar spine follow up**Provider: Scott Geer PAC****Location of Care: Orthopaedic Associates PA****History of Present Illness****Family Physician: Dr. Ware**

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: Lumbar spine pain**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** lt wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 03/31/2009**Problem #3****Type:** Lumbar spine**DOI:** 01/25/2010**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

Kenneth is a 51 year old male. He is about 5 1/2 years out from his fusion at L4-5 with Dr. Harley. Continues with low back pain approximately at L4-5 right of midline. Takes Lortab with no relief. Has a back brace which just gives him mild relief as well as physical therapy twice a week with mild relief. Sitting and walking aggravates his pain.

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

NEXIUM 40 MG CAPS (ESOMEPRAZOLE MAGNESIUM) take one q day

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG HR PTT (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LORTAB 5 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 6-8 hours prn pain

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

July 28, 2010

Page 2

Chart Document

Kenneth L. Lawler

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063-TEST001 Ins: United H (138) Grp: 711809

ALLERGIES

No known allergies

Revised - 06/25/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is divorced, non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Family History

Patient denies any pertinent family medical history.

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

Ht: 69 in. Wt: 240 lbs. R: 15

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

On exam there is tenderness to palpation of L4-5 right of midline. Neurologically he is intact. He does walk with an antalgic gait favoring his right side.

X-RAYS:

X-rays taken today show no changes from previously.

ASSESSMENT

Orthopaedic Associates PA

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July 28, 2010

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Chart Document

Kenneth L Lawler

Male DOB: 12/22/1940

Home: (864) 461-9296 Office: (864) 680-4225

40063-TEST001

Ins: United H (138) Grp: 711869

Status post 5 1/2 years out from his fusion L4-5. Continued low back pain with some radiculopathy going down the right side, down to his knee, particularly with walking.

PLAN

We will refer to Dr. Behr for possible injections. We will keep him out of work until he sees Dr. Behr. Continue taking pain medication if he gains some relief as well as continue physical therapy and bracing if relief is obtained.

Dictated by Scott C. Lee, PA-C for Michael D. Mitchell, M.D.

New Orders:

Est. Level 3 (99213)

Lumbar Spine 2-3 views (72100)

]

Signed by Mary Jo McMean on 06/25/2010 at 12:09 PM

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth L Lawter

Date: June 23, 2010 10:20 AM

Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: 6/23/2010 Discharged From Care: ☐ Yes ☒ NoDiagnosis: continued low back pain, mild foraminal stenosis
L4/5

PATIENT DISABILITY STATEMENT:

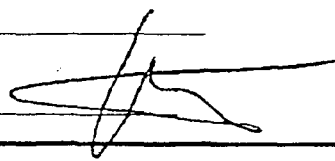
☐ Total Disabled _____ Thru _____ (estimated)☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: _____ will keep out of work until seen by Dr.
Behr _____

PHYSICIAN'S SIGNATURE: _____ Dr. Mitchell



Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

July 28, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864) 461-9296 Office: (864) 688-4225

40063-TEST001

Ins: United H (138) Exp: 7/1/2009

07/15/2010 - Office Visit: NP Back pain**Provider: James Paul Behr MD****Location of Care: Orthopaedic Associates PA****History of Present Illness**

Referral Source: Mitchell

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a first time visit.

History From: Patient

Chief Complaint: back pain**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** lt wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** Lumbar spine**DOI:** 01/25/2010**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

Mr. Lawter is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 P-Lif approximately six years ago with Dr. Harley as well as high blood pressure, who is here today at the request of Dr. Mitchell for initial consultation and evaluation of low back pain. Patient reports that he did quite well after the low back surgery in terms of left lower extremity pain, although he was left with some degree of numbness, however, approximately six months ago he suffered a fall while at work and since that time has been having increased difficulty with his right lower extremity. He describes the pain as beginning in his low back and radiating down the lateral posterior aspect of his right leg and he has a painful numb sensation. He describes the pain as being constant 6-10/10 and he describes it as being sharp, achy and pressure. He states pain is made better with laying down and made worse with standing and walking. Treatments up to this point have included Lortab, Lyrica which has helped. He also has had physical therapy with no benefit as well as strengthening exercises. Heat and ice does help.

Patient does report some loss of control of his bladder. Does report weakness into his right lower extremity. Does report difficulty sleeping as well as severely increased anxiety, depression and irritability and he is currently taking Lexapro.

Past Medical History

Orthopaedic Associates PA

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July 28, 2010

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Chart Document

Kenneth L. Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063-TEST001

Ins: United H (138) Grp: 741809

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINOPRIL 10 MG TABS (LISINOPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid

ALLERGIES

No known allergies

Revised - 07/26/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 14

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2239

July 28, 2010

Page 3

Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063-TEST001

Ins: United H (138) Grp: 716809

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

NCAT, MMM, EQMI

NECK:

Supple with no lymphadenopathy or thyromegaly.

CHEST/RESP:

No respiratory distress.

CV:

PPP. Pulses 2+ in bilateral radial and dorsalis pedis

ABDOMEN:

NT, ND, BS soft

EXTREMITIES:

No CCE.

NEURO/MSK**PALPATION:**

There is tenderness to palpation over the bilateral lumbar paraspinals more prominent on the right.

GAIT:

Tandem, antalgic, unweighting his right lower extremity.

MMT:

Really grossly 5/5 in bilateral lower extremities.

SENSATION:

Decreased in a left L2-3 distribution and in right L4-5 distribution.

DTR:

Equal and symmetric bilateral patella, ankle and toes are downgoing.

SPECIAL TESTS:

Straight leg raise is positive on the right. Facet loading is negative.

IMAGING:

MRI is personally reviewed by me with the patient present from 05-21-10. It demonstrates that he is status post L4-5 fusion with mild foraminal stenosis. No evidence of recurrent disc herniation. There is some epidural scar tissue on the left L4 nerve root. There is some mild facet arthropathy at L3-4.

ASSESSMENT

Mr. Lawter is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 P-Lif who is here today at the request of Dr. Mitchell for initial consultation and evaluation of low back and radiating leg pain that began after a fall of approximately six months ago. After careful review of the patient's history, physical exam and imaging studies, it appears the patient's pain complaints are likely related to right L4, L5 radiculopathy that likely began as a result of the fall. Less likely possibility is this may be related to failed back surgery syndrome, although that certainly would be less likely based on the fact that he was doing well until the fall.

PLAN

1. Patient may remain out of work until one week after the epidural steroid injection.
2. Would recommend a right L4-5, L5 S1 transforaminal epidural steroid injection.
3. Will continue Lyrica.

Orthopaedic Associates PA

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864-582-6396 Fax: 864-542-2939

July 28, 2010

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Chart Document

Kenneth L. Lawler

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063-TEST001

Ins: United H (138) Grp: 211889

4. Will give the patient Percocet 7.5 mg. t.i.d. #90.
5. Will give the patient Diclofenac 75 mg po b.i.d.
6. If the above epidural steroid injection does not provide him substantial benefit would give consideration at the next visit to an EMG for consideration of SI joint arthropathy.
7. Patient will follow up after the epidural steroid injection.

Thank you very much for this consultation. If I can be of any additional service please don't hesitate to contact me at 864-582-6396.

cc: Dr. Ware

New Orders:

Level 4 Office consult [99244]

Prescriptions:**DICLOFENAC SODIUM 75 MG TABS (DICLOFENAC SODIUM) one po bid #60 x 0**

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 07/15/2010

Method used: Print then Give to Patient

RxID: 1594824103150730

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain #90 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 07/15/2010

Method used: Print then Give to Patient

RxID: 1594824073150730

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed #2 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 07/15/2010

Method used: Print then Give to Patient

RxID: 1594824044150730

Signed by Mary Jo McMeary on 07/26/2010 at 3:24 PM

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600 115 Deacon Tiller Court
Spartanburg SC 29303 Duncan SC 29334
(864) 582-6396 (864) 721-0025

Name: Kenneth L Lawter

Date: July 15, 2010 2:40 PM

Accident: () Yes () No Work Related: () Yes () No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: () Yes () No

Diagnosis: _____ back pain _____

PATIENT DISABILITY STATEMENT:

() Total Disabled _____ Thru _____ (estimated)

() Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: ___ out of work until 1 week after procedure Procedure on 7-28-10 MDPHYSICIAN'S SIGNATURE: Dr. Behr

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth L Lawter

Date: August 3, 2010 10:17 AM

Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ NoDiagnosis: Back pain, with degenerative disc
disease

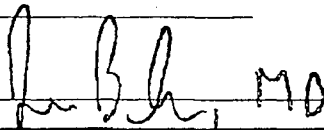
PATIENT DISABILITY STATEMENT:

☐ Total Disabled _____ Thru _____ (estimated)☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty 4 weeksLimitations: Patient to be out of work 4 weeks

PHYSICIAN'S SIGNATURE: _____ Dr. Behr



Orthopaedic Associates, P.A.
1330 Boiling Springs Rd, Ste 1600
Spartanburg, SC 29303

115 Deacon Tiller Ct
Duncan, SC 29334

(864) 582-6396
www.orthopedics-sc.com

OPERATIVE NOTE

NAME: LAWTER, KENNETH L
DOS: 07-28-10

Attending Physician:
James Behr, MD

PRE-PROCEDURE DIAGNOSES:

- 1) Lumbar radiculopathy.
- 2) Lumbar degenerative disc disease.
- 3) Low back pain

POSTOPERATIVE DIAGNOSES:

- 1) Lumbar radiculopathy.
- 2) Lumbar degenerative disc disease.
- 3) Low back pain

PROCEDURES PERFORMED:

- 1) Left L4-5 Transforaminal epidural steroid injection.
- 2) Left L5 S1 Transforaminal epidural steroid injection.
- 3) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia.

INDICATIONS FOR THE PROCEDURE: Back and leg pain

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

LAWTER, KENNETH L.
07-28-10

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

The skin between the appropriate interspaces were identified using anterior posterior fluoroscopic guidance. Then an oblique view was obtained to view the pedicle at each level. The skin and subcutaneous tissue overlying the inferior portion of the each pedicle was anesthetized with a 2cc of 1% lidocaine using a 27 gauge 1.5 inch needle.

Next a 25 gauge 3-1/2 inch spinal needle was placed and advanced towards the epidural space at each successive level using intermittent fluoroscopic guidance. Once the needles had reached the level of the epidural space at each level placement was confirmed with both anterior-posterior and lateral view. At this point there was negative heme aspiration and negative cerebrospinal fluid aspiration at each level. Then 1cc of Omnipaque 240 contrast dye was injected at each level with confirmed uptake into the epidural space. Next a solution containing 120mg of Depo Medrol (40mg/ml) and 1cc of 1% preservative free lidocaine was injected at each level. Each needle was then removed with a lidocaine flush. A bandage was applied and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) Following the procedure the patient will continue all pre-procedure medications.
- 2) The patient will ice the injection site three times a day for ten minutes for the next three days.
- 3) The patient will follow-up in the clinic as directed.
- 4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.
- 5) The patient will not apply heat to the injection site for a minimum of 24 hours.

Signature: _____

James Behr MD

James Behr, MD

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 1

Chart Document

Kenneth L. Lawter

DOB: 01/22/1953

Home: (864) 61-0295 Office: (864) 61-0295

40063-TPS1001

Ins: United H (738) Op: 711805

08/03/2010 - Office Visit: recheck after injection

Provider: James Paul Behr MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: back pain**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** Lumbar spine**DOI:** 01/25/2010**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

Mr. Lawter returns today one week following his injection stating that he has had very minimal relief up to this point. He is particularly most concerned with the possibility of going back to work today. Otherwise denies any new pain. Upon specific questioning he states that the low back pain is still present, however his radiating leg pain is substantially better.

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINAPRIL 10 MG TABS (LISINAPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1-po tid prn pain

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 2

Chart Document

Kenneth L. Lawler

MD, FRCPC, FRCGS

Home: (864) 481-9256 Office: (864) 580-4225

40063-1551001

Ins: United Hlth (380) Grp: 71380

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid
AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs
* KILONOPIN

ALLERGIES

No known allergies

Revised - 08/09/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

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

Ht: 69 in. Wt: 240 lbs. R: 14

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

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 3

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: 864/661-9206 Office: 864/582-4225

30063 TFSJ001

In: United H (138) Gr: 71800

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

NEURO/MSK**PALPATION:**

There is tenderness to palpation bilateral lumbar paraspinals right greater than left. More pronounced over the PSIS today.

GAIT:

Tandem, antalgic, unweighting right lower extremity.

MMT:

5/5.

SENSATION:

Decreased in the left L2-3 distribution as well as right L4-5 distribution.

DTR:

Equal and symmetric.

IMAGING:

MRI is again reviewed by me from 05-21-10. It demonstrates that he is status post L4-5 fusion with mild foraminal stenosis. No evidence of recurrent disc herniation. There is some epidural scar tissue on the left L4 nerve root. There is also mild facet arthropathy at L3-4.

ASSESSMENT

Mr. Lawler is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF who is here currently being followed for low back pain and radiating right lower extremity pain. He is now one week status post right L4-5 and L5 S1 transforaminal epidural steroid injection. At this point I feel the patient's pain is likely related to right L4-5 radiculopathy or less likely SI joint arthropathy.

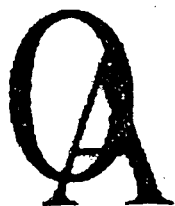
PLAN

1. If the patient's pain does not improve with epidural steroid injection would consider an EMG of his right lower extremity. If that is negative would consider SI joint arthropathy. If it is positive would continue with treating this as a radiculopathy.
2. Patient does not need any refills of his medication.
3. Patient wishes to remain out of work due to this pain, although I did mention to him that if this is SI joint arthropathy that we would recommend returning to work. ✓
4. Patient will follow up at EMG.

New Orders:

Est. Level 4 [99214]

Signed by Mary Jo McMeans on 08/09/2010 at 8:40 AM



Orthopaedic
Associates, P.A.

Orthopaedic Associates, PA

1330 Boiling Springs Rd #1600 Spartanburg, SC 29303

(864) 582-6396

Lawter, Kenneth

Date: 8/9/2010

D.O.B.: 12/22/1958

EMG/NCV REPORT

CHIEF COMPLAINT: RLE

HISTORY OF PRESENT ILLNESS: 54 y/o man with a PMHx significant for an L4-5 PLIF with worsening leg and back pain s/p a fall 6 months ago now with RLE L4-5 radicular symptoms.

PMH/FH/SH/ROS/MEDS/ALL: Please see comprehensive questionnaire in chart regarding past medical history, family history, social history, review of systems, medications and allergies. These were personally reviewed by me.

PHYSICAL EXAMINATION:

GENERAL: The patient is well developed, well nourished, in no apparent distress

PSYCH: Alert and oriented x 4 with appropriate mood and affect.

GAIT: Able to walk without assistive device

HEENT: Normocephalic, atraumatic. Extraocular movement intact.

NECK: Supple, no masses

CARDIOVASCULAR: Breathing non-labored non-dyspneic

ELECTRODIAGNOSTIC IMPRESSION:

1. Abnormal study.
2. The below electrodiagnostic study reveals evidence of a chronic L4 and L5 radiculopathy on the right.
3. There is no electrodiagnostic evidence of any other focal nerve entrapment, radiculopathy or generalized peripheral neuropathy.

PLAN:

1. Pt had significant pain relief following the TFESI. He now reports little to no leg pain, although still reports minor LBP on the right.
2. Will refill Percocet 10mg x 30 bid pm.
3. Pt may return to work as he is now feeling much better. ✓
4. ESI and f/u pm.

Thank you for this consult. If I may be of further assistance, please call my office at 864-582-6396.

James Behr, M.D.

Board Certified, Physical Medicine and Rehabilitation.

Lawter, Kenneth D.O.B.: 12/22/1958

Nerve Conduction Studies**Anti Sensory Summary Table**

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp
Left Sural Anti Sensory (Lat Mall) 31.3°C					
Calf		3.5	<4.4	26.5	>4.0
Right Sural Anti Sensory (Lat Mall) 31.3°C					
Calf		3.6	<4.4	14.7	>4.0

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta 0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev) 31.3°C											
Ankle		4.5	<6.6	4.6	>1.2	Ankle	Ext Dig Brev	4.5	8.0		
B Fib		11.9		3.6		B Fib	Ankle	7.4	34.0	46	>37
Right Peroneal Motor (Ext Dig Brev) 31.3°C											
Ankle		4.6	<6.6	4.8	>1.2	Ankle	Ext Dig Brev	4.6	8.0		
B Fib		11.8		3.7		B Fib	Ankle	7.2	34.0	47	>37
Left Tibial Motor (Abd Hall Brev) 31.3°C											
Ankle		4.2	<6.2	12.5	>4.3	Ankle	Abd Hall Brev	4.2	8.0		
Right Tibial Motor (Abd Hall Brev) 31.3°C											
Ankle		4.8	<6.2	9.7	>4.3	Ankle	Abd Hall Brev	4.8	8.0		

F Wave Studies

NR	F-Lat (ms)	Est F Norm (ms)	L-R F-Lat (ms)	L-R F-Lat Norm
Left Peroneal (Mrkrs) (EDB) 31.3°C				
	55.41	<60	2.63	<5.1
Right Peroneal (Mrkrs) (EDB) 31.3°C				
	52.78	<60	2.63	<5.1
Left Tibial (Mrkrs) (Abd Hallucis) 31.3°C				
	53.84	<62	1.57	<5.7
Right Tibial (Mrkrs) (Abd Hallucis) 31.3°C				
	55.41	<62	1.57	<5.7

H Reflex Studies

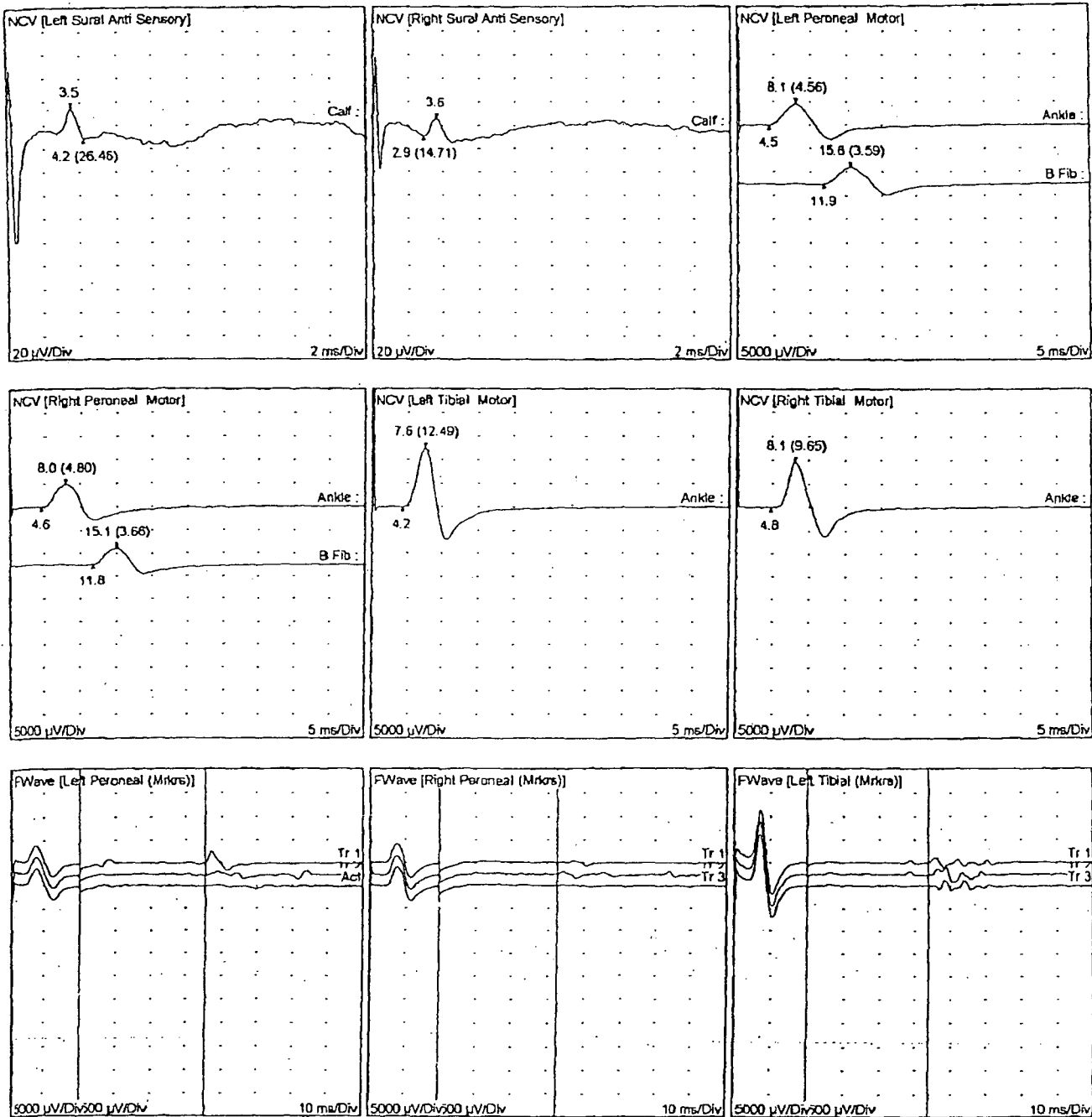
NR	H-Lat (ms)	Lat Norm (ms)	L-R H-Lat (ms)	L-R H-Lat Norm
Left Tibial (Gastroc) 31.3°C				
	30.63	<36	2.97	<3.0
Right Tibial (Gastroc) 31.3°C				
	27.66	<36	2.97	<3.0

EMG

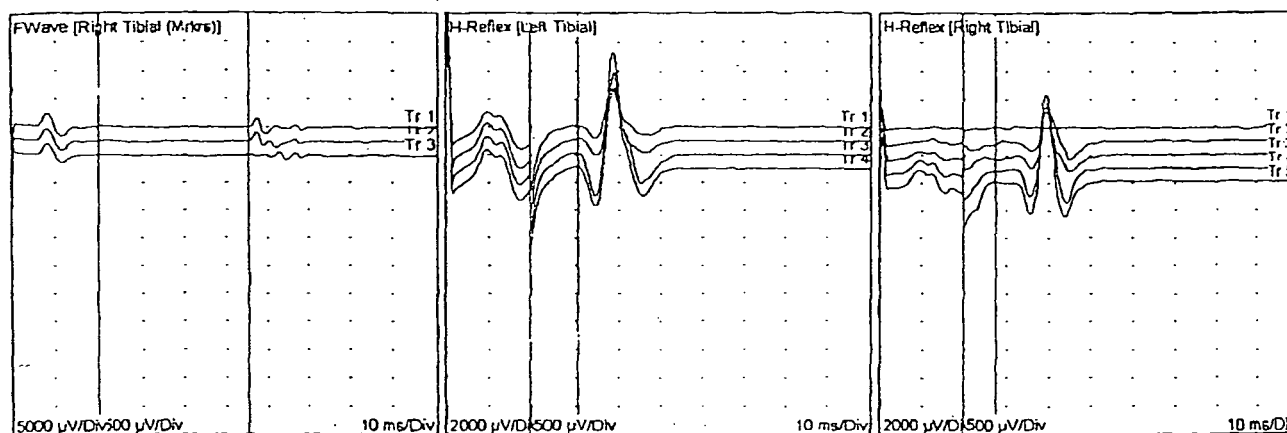
Side	Muscle	Nerve	Roots	Ins Act	Fibs	Prw	Amp	Dur	Poly	Recrt	Comment
Right	TensorFascLat	Sup Gluteal	L4-5, S1	Nml	Nml	Nml	Nml	Long	1+	Nml	
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	Long	1+	Nml	
Right	MedGastroc			Nml	Nml	Nml	Nml	Nml	0	Nml	
Right	Peroneus Long	Sup Br Peron	L5-S1	Nml	Nml	Nml	Nml	Nml	1+	Nml	
Right	BicepsFemS	Sciatic	L5-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	

Waveforms:

Lawter, Kenneth D.O.B.: 12/22/1958



Lawter, Kenneth D.O.B.: 12/22/1958

**EMG & NCV FINDINGS:**

All nerve conduction studies (as indicated in the above tables) were within normal limits. All left vs. right side differences were within normal limits.

All F Wave latencies were within normal limits. All F Wave left vs. right side latency differences were within normal limits.

All H Reflex latencies were within normal limits. All H Reflex left vs. right side latency differences were within normal limits.

Needle evaluation of the Right tensor fascia lata and the Right anterior tibialis muscles showed motor unit duration and slightly increased polyphasic potentials. The Right peroneus longus muscle showed slightly increased polyphasic potentials. All remaining muscles (as indicated in the following table) showed no evidence of electrical instability.

Orthopaedic Associates, PA1330 Boiling Springs Road, Suite 1600
Court

115 Deacon Tiller

Spartanburg SC 29303
(864) 582-6396Duncan SC 29334
(864) 721-0025

Name: Kenneth L. Lawter

Date: August 9, 2010 8:53 AM

Accident: () Yes () No Work Related: () Yes () No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: () Yes () No

Diagnosis: _____lumbar radiculopathy_____

PATIENT DISABILITY STATEMENT:

() Total Disabled _____ Thru _____ (estimated)

() Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty 8/10/2010 _____

Limitations: _____

PHYSICIAN'S SIGNATURE: _____ Dr. Behr _____

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 1

Chart Document

Kenneth L Lawter

Home: (864) 461-0206 Office: (864) 582-4026

DOB: 12/22/1958

46063-LEST001

Ins: United Hlth Grp / LEAD9

08/17/2010 - Office Visit: recheck back pain**Provider: James Paul Behr MD****Location of Care: Orthopaedic Associates PA****History of Present Illness****Family Physician: Dr. Ware**

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: back pain**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** lt wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** Lumbar spine**DOI:** 01/25/2010**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

Mr. Lawter reports he got about a week of excellent relief in terms of the leg pain but continues to report 80% back pain and right posterior buttock as well as 20% leg pain. EMG was obtained. Otherwise denies any new difficulties. He states he has tried to go to work several times but has not been able to tolerate this. He does request today to be taken out of work until his pain can be better controlled. 

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALL EGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINOPRIL 10 MG TABS (LISINOPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 2

Chart Document

Kenneth L. Lawlor

Male DOB 02/22/1968

Home: (864) 461-9296 Office: (864) 461-4373

40063-TE ST001

Ins: United HMO Grp 7/1/00

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain
DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid
AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs
* KILONOPIN
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po bid prn pain
* MSIR 15MG 1 po qid
XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

ALLERGIES

No known allergies

Revised - 08/19/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery.

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

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

Ht: 69 in. Wt: 240 lbs. R: 14

GENERAL EXAM**Appearance:** Healthy**Mental Status:** Alert & Oriented x 3, No Acute Distress**Hand Dominance:** Right

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
 864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 3

Chart Document

Kenneth F. Lawter

Male DOB 12/22/1958

Home (864) 461-8246 Clinic (864) 682-1426

400631E5T001

Ins. United H (032) Cap. 711:00

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

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

NEURO/MSK:**PALPATION**

Tenderness to palpation bilateral lumbar paraspinals, right greater than left, more pronounced over the PSIS today.

GAIT

Tandem and antalgic unweighting his right lower extremity.

MMT

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

SENSATION

Decreased in the left L2-3 distribution as well as right L4-5 distribution.

IMAGING

MRI is again reviewed by me from 05-21-10. It demonstrates that he is status post L4-5 fusion with mild foraminal stenosis. No evidence of recurrent disc herniation. There is some epidural scar tissue on the left L4 nerve root. There is also mild facet arthropathy at L3-4.

EMG from 8/9/10 demonstrates chronic L4 and L5 radiculopathy on the right.

ASSESSMENT

Mr. Lawter is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF six years ago who is here currently being followed for low back pain and radiating right lower extremity pain. He underwent right L4-5 and L5 S1 transforaminal epidural steroid injection with minimal relief. At this point I feel the patient's pain is likely related to a combination of chronic right L4-5 radiculopathy as well as SI joint arthropathy.

Of note, he reports he did well after his PLIF for several years until suffering a fall and since that time has had increasing pain.

PLAN**New Orders:**

Est. Level 4 [99214]

1. As the patient's pain seems to be over his PSIS today, would recommend SI joint injection for diagnostic and therapeutic purposes. If we get excellent success with this, would continue treating this as SI joint pain with a smaller component of being from the chronic radiculopathy. However, if not, would recommend spinal cord stimulator.
2. Will switch from Percocet to MSIR 15 q.i.d.

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

August 31, 2010

Page 4

Chart Document

Kenneth L. Lawler

Male DOB: 12/23/1958

Home: (864) 831-5296 Office: (864) 864-4223

40063-TLST001

Ins: United H (138) Exp: 7/1/2009

3. As the patient reports he is unable to tolerate work, will ask the patient to come out of work.
4. Follow up. The patient will follow up in one month's time.

Dictated by James Paul Behr, MD

Prescriptions:

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed #2 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 08/17/2010

Method used: Print then Give to Patient

RxID: 1597653393400680

MSIR 15MG 1 po qid #120 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 08/17/2010

Method used: Print then Give to Patient

RxID: 1597653363150680

Signed by Myra Million on 08/19/2010 at 2:46 PM

Orthopaedic Associates, PA

1330 Bolling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth L Lawter

Date: August 17, 2010 8:44 AM

Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ No

Diagnosis: back pain

PATIENT DISABILITY STATEMENT:

☐ Total Disabled _____ Thru _____ (estimated)

☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: out of work until 9/17/2010

PHYSICIAN'S SIGNATURE: Dr. Behr

Orthopaedic Associates, P.A.

1330 Boiling Springs Rd, Ste 1600
Spartanburg, SC 29303

115 Deacon Tiller Ct
Duncan, SC 29334

(864) 582-6396

www.orthopedics-sc.com

OPERATIVE NOTE

NAME: LAWTER, KENNETH L
DOS: 08-24-10

Attending Physician:
James Behr, MD

PRE-PROCEDURE DIAGNOSES:

- 1) Sacroiliac joint arthropathy
- 2) Low back pain

POSTOPERATIVE DIAGNOSES:

- 1) Sacroiliac joint arthropathy
- 2) Low back pain

PROCEDURES PERFORMED:

- 1) Right Sacroiliac joint injection
- 2) Fluoroscopic guidance.

TYPE OF ANESTHESIA: Local Anesthesia

INDICATIONS FOR THE PROCEDURE: sacroiliac joint arthropathy.

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

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

The skin over the appropriate distal sacroiliac join was identified using fluoroscopic guidance. This region was then anesthetized with a total of 3cc of preservative free 1% lidocaine using a 25 gauge 1.5 inch needle. Next a 25-gauge 3-1/2 inch spinal needle

LAWTER, KENNETH L
08-24-10

was placed and advanced toward the area of the distal pole of the sacroiliac joint under intermittent fluoroscopic guidance. Once the needle reached the level of the sacroiliac joint there was negative heme aspiration. Then 0.25cc of Omnipaque 240 was injected to confirm the intra-articular placement of the needle in the sacroiliac joint. Next a solution containing 80mg of Depo Medrol (40mg/ml) and 2cc of 0.25% Marcaine was administered into the joint. The needle was then removed with a lidocaine flush. A bandage was applied to the injection site and the patient was brought to the recovery area in stable condition. The patient tolerated the procedure well and there was no evidence of procedural complications.

ESTIMATED BLOOD LOSS: Minimal.

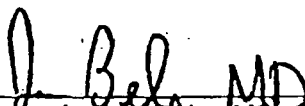
COMPLICATIONS: None.

SPECIMENS: None sent.

INSTRUCTIONS FOLLOWING THE PROCEDURE:

- 1) Following the procedure the patient will continue all pre-procedure medications.
- 2) The patient will ice the injection site three times a day for ten minutes for the next three days.
- 3) The patient will follow-up in the clinic as directed.
- 4) The patient will contact Orthopaedic Associates immediately if they develop any signs of fevers, chills, or headaches following the procedure.
- 5) The patient will not apply heat to the injection site for a minimum of 24 hours.
- 6) The patient was provided a pain diary to record their pain scores following the procedure.

Signature: _____


James Behr, MD

KOHLER CO., 444 HIGHLAND DR., MS-012, KOHLER, WISCONSIN 53044 P: 920-457-4441 F: 920-803-4859

KOHLER

June 16, 2010

Kenneth L. Lawter
621 Martin Camp Road
Chesnee, SC 29323

Dear Kenneth:

RE: Short-Term Disability (STD) Benefit Denial and Appeal Process

Following a review of your STD claim, benefits are denied for the following reason(s):

The Plan will not pay benefits for disabilities due to injury or disease arising out of and in the course of any employment, including self-employment as indicated on Page 4 of the Pay Protection section of your Summary Plan Description.

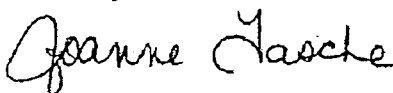
You have the right, at no cost, to receive copies of all relevant documents, records, or other information Kohler Co. STD claims administration used in determining benefit denial.

If you disagree with the STD claim action taken, you may appeal the decision by writing Kohler Co. and submit any comments, supporting documents, records, or any other information relating to your claim. Your initial written appeal must be received for review within 180 days upon receipt of this notification; address the appeal to Supervisor Nursing and Administration at the address noted above. If your STD benefit denial is upheld, you may file a second appeal with Kohler Co.'s Director-Global Benefits.

If both Kohler Co. appeal options are exhausted and your STD claim remains denied, you then have the right to file a civil action under ERISA section 502.

Please contact me at 1-800-456-1675 or (920) 457-4441 ext. 74900 if you have any questions regarding this letter and/or disability benefits.

Sincerely,



Joanne Tasche
Disability Examiner II

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth J. Lawler

Date: September 17, 2010 8:54 AM

Accident: ☐ Yes ☐ No

Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ No

Diagnosis: _____ 724.6, 722.52 _____

PATIENT DISABILITY STATEMENT:

☐ Total Disabled _____ Thru _____ (estimated)

☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: _____ out of work until next scheduled appt 10-15-16

PHYSICIAN'S SIGNATURE: _____ Dr. Behr

Dr. Behr, MD

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600
Spartanburg SC 29303
(864) 582-6396

115 Deacon Tiller Court
Duncan SC 29334
(864) 721-0025

Name: Kenneth L Lawter

Date: October 15, 2010 8:55 AM

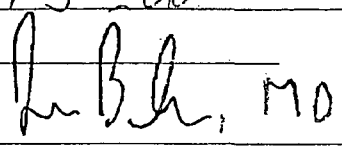
Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ NoDiagnosis: 722.52, 724.6**PATIENT DISABILITY STATEMENT:**☐ Total Disabled _____ Thru _____ (estimated)☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: out of work until next office visit 11-5-2010PHYSICIAN'S SIGNATURE: Dr. Behr 

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 1
Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST061

Ins: United H (138) Grp: 711809

09/17/2010 - Office Visit: recheck after injection

Provider: James Paul Behr MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: back pain

Problem #1

Type: felt pop walking down stairs

DOI: 04/07/2008

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: lt wrist

DOI: 05/23/2009

Surgery/Treatment: closed reduction pinning

DOS: 06/02/2009

Global Start: 06/02/2009

Global End: 08/31/2009

Problem #3

Type: Lumbar spine

DOI: 01/25/2010

Surgery/Treatment: Removed pin

DOS: 06/26/2009

Global Start: 06/26/2009

Global End: 09/24/2009

Mr. Lawter underwent a right SI joint injection on 8/24/10. He reports that he did not get any relief. The patient previously stated the pain was 80% in his back and 20% in his leg but now is having more pain down into his leg. EMG was previously obtained. Otherwise, denies any new difficulties. He continues to take the medications with no problems.

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINOPRIL 10 MG TABS (LISINOPRIL) 1 q day

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

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Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home (864)461-9296 Office (864)660-4225

40063-TEST001

Ins United H (138) Grp 711809

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed
PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain
DICLOFENAC SCDIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid
AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs
* KILONOPIN
PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po bid prn pain
* MSIR 15MG 1 po qid
XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

ALLERGIES

No known allergies

Revised - 09/20/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 14

GENERAL EXAM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

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Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins United H (138) Grp 711809

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

HEENT: NCAT, MMM, EOMI

CHEST/RESP: No respiratory distress

EXTREMITIES: No CCE

NEURO/MSK:**PALPATION**

Tender to palpation bilateral lumbar paraspinals, right greater than left, more pronounced over the PSIS.

GAIT

Tandem, antalgic, unweighting right lower extremity.

MMT

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

SENSATION

Decreased in left L2-3 distribution and right L4-5 distribution.

SPECIAL TESTS

Straight leg raise is positive on the right.

IMAGING

MRI is again reviewed by me from 05-21-10. It demonstrates that he is status post L4-5 fusion with mild foraminal stenosis. No evidence of recurrent disc herniation. There is some epidural scar tissue on the left L4 nerve root. There is also mild facet arthropathy at L3-4.

EMG from 8/9/10 demonstrates chronic L4 and L5 radiculopathy on the right.

ASSESSMENT

Mr. Lawter is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF in 2004. He has been having increased pain following a fall with the pain radiating down the right lower extremity. He underwent a right L4-5 and L5-S1 transforaminal epidural steroid injection and right SI joint injection with no relief.

PLAN

1. At this point, would recommend spinal cord stimulator trial. The patient was given information and we will scheduled a psych evaluation prior to that.
2. Refill of patient's medications given.
3. Follow up. The patient will follow up in one month's time for the spinal cord stimulator trial.

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

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Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (135) Grp: 711809

Dictated by James Paul Behr, MD

New Orders:

Est. Level 4 [992' 4]

Prescriptions:

MSIR 15MG 1 po qid #120 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 09/17/2010

Method used: Print then Give to Patient

RxID: 1600332809550620

Signed by Myra Million on 09/20/2010 at 9:10 AM

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600 115 Deacon Tiller Court
Spartanburg SC 29303 Duncan SC 29334
(864) 582-6396 (864) 721-0025

Name: Kenneth L Lawter

Date: September 17, 2010 8:54 AM

Accident: ☐ Yes ☐ No Work Related: ☐ Yes ☐ No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: ☐ Yes ☐ No

Diagnosis: _____ 724.6, 722.52 _____

PATIENT DISABILITY STATEMENT:

☐ Total Disabled _____ Thru _____ (estimated)

☐ Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: _____ out of work until next scheduled appt _____

PHYSICIAN'S SIGNATURE: _____ Dr. Behr _____

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

10/15/2010 - Office Visit: recheck back pain

Provider: Lisa D Spears APRN

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: back pain

Problem #1

Type: felt pop walking down stairs

DOI: 04/07/2008

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: lt wrist

DOI: 05/23/2009

Surgery/Treatment: closed reduction pinning

DOS: 06/02/2009

Global Start: 06/02/2009

Global End: 08/31/2009

Problem #3

Type: Lumbar spine

DOI: 01/25/2010

Surgery/Treatment: Removed pin

DOS: 06/26/2009

Global Start: 06/26/2009

Global End: 09/24/2009

Mr. Lawter returns to clinic for a follow up office visit. He underwent psychological evaluation by Dr. Harbin and was essentially cleared to undergo spinal cord stimulator trial if it was okay with Mr. Lawter's primary psychologist, Dr. Wells. We spoke with Dr. Wells this week on the phone, who states that from the mental state, Mr. Lawter is stable enough to undergo a spinal cord stimulator trial and placement. Therefore, we would like to make arrangements to pursue the spinal cord stimulator placement. He previously has been under Workmen's Comp. However, there is some litigation going on for the last 3 months and he is currently using his private insurance. He has hired a lawyer to help with establishing Workmen's Comp. The patient has been unable to work since the time of his injury. Two months ago, he was changed from Percocet to Morphine. The Morphine does better with management of his pain but he continues to have radicular pain down the right lower extremity. He has no new complaints and is anxious to pursue the spinal cord stimulator trial. He has viewed the DVD and all of his questions have been addressed. The patient has previously underwent a right SIJ injection on 8/24/10 which he did not get any relief previously. His pain was noted to be 80% in the back and 20% in the leg, but now it has increased in the last several months. EMG was previously obtained as well.

Past Medical History

Patient indicates history of High blood pressure.

Orthopaedic Associates PA

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November 30, 2010

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Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40053-TEST001

Ins United H (138) Grp 711809

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINOPRIL 10 MG TABS (LISINOPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid

AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs

* KILONOPIN

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po bid prn pain

* MSIR 15MG 1 po qid

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

ALLERGIES

No known allergies

Revised - 10/25/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

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Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

HEENT: NCAT, MMM, EOMI

CHEST/RESP: No respiratory distress

EXTREMITIES: No CCE

NEURO/MSK:**PALPATION**

Tenderness to palpation bilaterally in lumbar paraspinals, right greater than left, more pronounced over the PSIS.

GAIT

Tandem, antalgic, unweighting right lower extremity.

MMT

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

SENSATION

Decreased left L2-3 distribution and right L4-5 distribution.

SPECIAL TESTS

Straight leg raise is positive on the right.

IMAGING

MRI is again reviewed by me from 05-21-10. It demonstrates that he is status post L4-5 PLIF in 2004. He has been having increased pain following a fall with the pain radiating down the right lower extremity. He underwent a right L4-5 and L5-S1 transforaminal epidural steroid injection and right SI joint injection with no relief post procedures. He is now awaiting spinal cord stimulator trial as this is his best option for treatment.

EMG from 8/9/10 demonstrates chronic L4 and L5 radiculopathy on the right.

ASSESSMENT

Mr. Lawter is a very pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF in 2004. He has been having increased pain following a fall with the pain radiating down the right lower extremity. He underwent a right L4-5 and L5-S1 transforaminal epidural steroid injection and right SI joint injection with no relief post procedures. He is now awaiting spinal cord stimulator trial as this is his best option for treatment.

Orthopaedic Associates PA

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November 30, 2010

Page 4

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-T-ST001

Ins United H (138) Grp 711809

PLAN**New Orders:**

Est. Level 4 [992' 4]

1. Given the clearance from both Dr. Harbin and Dr. Wells we will pursue the spinal cord stimulator trial. The patient was previously given information and previously and currently has no questions at this time. He is quite anxious to pursue the trial.
2. Will have scheduling clarify coverage as the patient is currently in litigation with Workmen's Comp but has private insurance.
3. Will continue on MSIR 15 mg p.o. q.i.d. X one month at which time we are hopeful we will have spinal cord stimulator trial approval. We anticipate the patient will have improvement in his pain following spinal cord stimulator trial. If he responds to spinal cord stimulator trial, we will plan to taper his MSIR and utilize the spinal cord stimulator trial for control of his pain.

Dictated by Lisa D. Spears, APRN for James P. Behr, MD

Prescriptions:

MSIR 15MG 1 po qid #120 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 10/15/2010

Method used: Print then Give to Patient

RxID: 1602751445050620

Signed by Myra Million on 10/25/2010 at 9:15 AM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

11/01/2010 - Office Visit: scs removal

Provider: Lisa D Spears APRN

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: SCS removal

Problem #1

Type: felt pop walking down stairs

DOI: 04/07/2008

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: It wrist

DOI: 05/23/2009

Surgery/Treatment: closed reduction pinning

DOS: 06/02/2009

Global Start: 06/02/2009

Global End: 08/31/2009

Problem #3

Type: Lumbar spine

DOI: 01/25/2010

Surgery/Treatment: Removed pin

DOS: 06/26/2009

Global Start: 06/26/2009

Global End: 09/24/2009

Mr. Lawter comes to clinic today for follow up visit and removal of the spinal cord stimulator trial leads. He has now completed four days of the spinal cord stimulator and reports approximately having 50% improvement in his overall pain. He would like to proceed with the permanent placement as he is very pleased with the results of the spinal cord stimulator trial.

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINOPRIL 10 MG TABS (LISINOPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 2

Chart Document

Kenneth L. Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TE-ST001

Ins: United H (138) Grp: 711809

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid

AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs

* KILONPIN

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po bid prn pain

* MSIR 15MG 1 po qid

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

KEFLEX 500 MG CAPS (CEPHALEXIN) 1 po tid x 7 days

ALLERGIES

No known allergies

Revised - 10/25/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

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Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in.

GENERAL EXAM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 3
Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

Patient is a healthy appearing white male, in no acute distress. Alert and oriented x 3.

PHYSICAL EXAM

HEENT: NCAT, MMM, EOMI

CHEST/RESP: No respiratory distress

EXTREMITIES: No CCE

NEURO/MSK:**PALPATION**

Tenderness to palpation bilaterally in lumbar paraspinals, right greater than left, more pronounced over the PSIS.

GAIT

Tandem, antalgic, unweighting right lower extremity.

MMT

	HF	HE	KF	KE	DF	PF	EHL
R	5	5	5	5	5	5	5
L	5	5	5	5	5	5	5

SENSATION

Decreased left L2-3 distribution and right L4-5 distribution.

SPECIAL TESTS

Straight leg raise is positive on the right.

IMAGING

MRI is again reviewed by me from 05-21-10. It demonstrates that he is status post L4-5 fusion with mild foraminal stenosis. No evidence of recurrent disc herniation. There is some epidural scar tissue on the left L4 nerve root. There is also mild facet arthropathy at L3-4.

EMG from 8/9/10 demonstrates chronic L4 and L5 radiculopathy on the right.

ASSESSMENT

Mr. Lawter is a pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF in 2004. He has been having increased pain following a fall with the pain radiating down the right lower extremity. He underwent a right L4-5 and L5-S1 transforaminal epidural steroid injection and right SI joint injection with no relief post procedures. He has no completed spinal cord stimulator trial and has had 50% improvement in his overall pain.

PLAN

1. Because Mr. Lawter has had significant improvement in his pain will proceed with the spinal cord placement. The right spinal cord stimulator trial was placed at the top of T8 at midline and the left spinal cord stimulator trial lead was placed at the top of T8 at midline.

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

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Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40053 TEST001

Ins: United H (138) Grp: 711809

2. Patient will be scheduled for a referral with Dr. Mina for permanent placement of the spinal corc stimulator.
3. Patient will follcw up with us in approximately 3-4 weeks after the permanent spinal cord stimulator is placed, at which time we will begin to taper the patient's pain medications.
4. Both the right and left spinal cord stimulator trial leads were removed during the office visit without difficulty. Patient tolerated removal quite well. Bacitracin ointment was placed to the site with bandage in place and instructions for the patient to keep the bandage in place for approximately 24 hours.

Dictated by Lisa D. Spears, APRN for James P. Behr, M.D.

]

Signed by Mary Jo McMeans on 11/18/2010 at 2:12 PM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

864-582-6396 Fax: 864-542-2939

Orthopaedic Associates, PA

1330 Boiling Springs Road, Suite 1600

Spartanburg SC 29303

(864) 582-6396

115 Deacon Tiller Court

Duncan SC 29334

(864) 721-0025

Name: Kenneth L Lawter

Date: November 1, 2010 10:13 AM

Accident: () Yes () No Work Related: () Yes () No

Date of Onset: _____ Date First Seen: _____

Most Recent Visit: _____ Discharged From Care: () Yes () No

Diagnosis: 722.52 and 724.6

PATIENT DISABILITY STATEMENT:

() Total Disabled _____ Thru _____ (estimated)

() Partially Disabled _____ Thru _____ (estimated)

Estimated Return to Light Duty _____

Estimated Return to Regular Duty _____

Limitations: Pt out of work until next OV in 4 weeks 11-30-10

PHYSICIAN'S SIGNATURE: _____

[Handwritten Signature]

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

Page 1

Chart Document

Kenneth L. Lawter

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

11/30/2010 - Office Visit: recheck back pain

Provider: James Paul Behr MD

Location of Care: Orthopaedic Associates PA

Status: ON HOLD DOCUMENT. Contents are preliminary

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 51 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: back pain

Problem #1

Type: felt pop walking down stairs

DOI: 04/07/2008

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: lt wrist

DOI: 05/23/2009

Surgery/Treatment: closed reduction pinning

DOS: 06/02/2009

Global Start: 06/02/2009

Global End: 08/31/2009

Problem #3

Type: Lumbar spine

DOI: 01/25/2010

Surgery/Treatment: Removed pin

DOS: 06/26/2009

Global Start: 06/26/2009

Global End: 09/24/2009

Past Medical History

Patient indicates history of High blood pressure.

MEDICATIONS

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

LISINAPRIL 10 MG TABS (LISINAPRIL) 1 q day

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

PERCOCET 7.5-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po tid prn pain

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) one po bid

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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November 30, 2010

Page 2

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

AMITRIPTYLINE HCL 50 MG TABS (AMITRIPTYLINE HCL) 1/2 to 2 po qhs

* KILONOPIN

PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po bid prn pain

* MSIR 15MG 1 po qid

XANAX 1 MG TABS (ALPRAZOLAM) one p.o. one hour before exam and one at time of exam if needed

KEFLEX 500 MG CAPS (CEPHALEXIN) 1 po tid x 7 days

ALLERGIES

No known allergies

Revised - 11/30/2010

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Kyphoplasty(lumbar) and Low Back Disc Surgery

Social History

Patient is divorced, Non-smoker, and lives alone. Has 2 children. Drinks alcohol 1-3 times per week. Exercises. Education completed: College. Occupation: Kohler.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Complains of blurring.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Complains of shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain, joint pain, stiffness.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 30, 2010

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Chart Document

Kenneth L Lawter

Male DOB: 12/22/1958

Home: (864) 461-9296 Office: (864) 680-4225

40063 TE ST001

Ins: United H (138) Grp: 711809

Hand Dominance: Right

Gait: Normal

Durable Goods: No

ASSESSMENT

Mr. Lawter is a pleasant 51 year old gentleman with a past medical history significant for L4-5 PLIF in 2004. He has been having increased pain following a fall with the pain radiating down the right lower extremity. He underwent a right L4-5 and L5-S1 transforaminal epidural steroid injection and right S1 joint injection with no relief post procedures. He has no completed spinal cord stimulator trial and has had 50% improvement in his overall pain.

PLAN

New Orders:

Est. Level 4 [992~4]

Prescriptions:

MSIR 15MG 1 po qid #120 x 0

Entered by: Sonya Yates

Authorized by: James Paul Behr MD

Signed by: Sonya Yates on 11/30/2010

Method used: Print then Give to Patient

RxID: 1606727516550660

]

45432

9/30/10

- Ken -

NEW PATIENT QUESTIONNAIRE

Name Kenneth Lauter Age 51 Marital Status SEducational Level 12thEmployment Status/Occupation Maintenance fee. AName of Referring Physician or Therapist Dr. Behr

Private

	Yes	No
Cannot Sleep		✓
Sleeping Too Much (not/long)	✓	
Loss of Appetite		✓
Recent Weight Loss		✓
Increased Appetite		✓
Recent Weight Gain		✓
Loss of Energy	✓	
Loss of Motivation	✓	
Loss of Interest in Pleasurable Activities	✓	
Decreased Interest in Sex	✓	
Difficulty Concentrating	✓	
Feelings of Hopelessness	✓	
Suicidal Thoughts / 4T		✓
Frequent Crying Spells		✓
Too Much Energy		✓
Racing Thoughts - when trying to sleep -	✓	
Periods of Quick Anger or Agitation	✓	
Periods of Excessment of Elation		✓
Overspending Money		✓
Anxiety Attacks - H.A. some times feeling upset & nervous	✓	
Recurrent or Repetitive Thoughts or Worries -	✓	
Repetitive Behaviors or Rituals		✓
Hearing Voices		✓
Seeing Things that Others Do Not See		✓
Paranoid Feelings or Suspiciousness		✓

- mood swings - when -

Kenneth Lawter

IF 45432

9/30/10

Areas of StressProblems with Primary Family NOEducational Problems NOOccupational/Work Problems NOFinancial Problems YESHow Much Alcohol do you Drink? NOIs There Anyone in Your Family With a History of Psychiatric Problems or Treatments? YESmotherGeneral InformationHave you previously received psychiatric treatment? YESPlease list all Current Medications Morphine Sulfate IR 15mg, Allegra 180Sulindac 200mg, Lisinopril 10mg, Lyrica 100mg,Lexapro 20mg, Mirtazapine 15mg,Please list any allergic and/or adverse reactions to medications nonePlease list active medical problems back pain depression anxiety

Lawter, Kenneth 12/22/1958

1 of 2

Office/Outpatient Visit

Visit Date: Wed, Sep 29, 2010 11:44 am

Provider: Jim Harbin (Supervisor: Jim Harbin)

Location: Piedmont Psychiatric Services

Electronically signed by Jim Harbin, on 09/30/2010 11:50:50 AM

Printed on 09/30/2010 at 3:42 pm.

SUBJECTIVE:**HPI:**

Pt, Ken, attended initial assessment. He is referred by Dr. James Behr for behavioral assessment for spinal cord stimulator (SCS) trial procedure. He relates having had fusion of "L4 and L5" in 2004. He then resumed work and fell at work in January 2010. He tried to continue work but says the pain continued to worsen until he could not work any more. He has not worked since April 26, 2010. He has an attorney and is pursuing workmen's compensation. He reports having had two surgeries in 2004. He has also tried physical therapy, epidurals, chiropractic work, and a host of medications. He is now considering the SCS procedure to help alleviate some of his pain.

Past Medical History / Family History / Social History:**Family History:**

Pt is a 51yodwm. He has two children, D, 27 and S 32. Lives alone. He denies any childhood abuse.

Social History:

Pt has lived in the Upstate of SC all his life. He has been out of work since April 26, 2010. He reports that spiritual issues are important to him but he is not currently in a church setting regularly. He describes himself as a private person and doesn't talk much to anyone about his problems.

Tobacco/Alcohol/Supplements:

Says he has not had any alcohol for the last three weeks. Prior to this he was consuming 8-8 drinks a night for at least the last three months. His maternal grandfather and one of his brothers are positive for alcohol.

Substance Abuse History:

No history indicated

Mental Health History:

History of depression going back to at least 1984 when he had ECT treatments. He currently sees Dr. Kenneth Wells, his psychiatrist, for medical management.

Current Medications:

Based on the list of medications he indicated he is currently taking Morphine Sulfate IR 15mg, Alleia 180, Sulindac 200mg, Lisinopril 10mg, Lyrica 100mg, Lexapro 20mg, and Mirtazapine 15mg. He did not indicate frequency. His psychiatrist is Dr. Kenneth Wells in Spartanburg.

OBJECTIVE:**Exams:**

Dress casual. Pleasant and cooperative. He shifted positions physically often on my couch and grimaced frequently appearing to be in significant pain. Slightly guarded which he acknowledged. He relates a long history of dealing with depression and anxiety going back to at least 1984 when he had "all the shock treatments I could have". He currently sees Dr. Kenneth Wells, psychiatrist, in Spartanburg, SC. He last saw him about three weeks ago. His current symptoms include sleeping too much "most days". He also indicates loss of energy and motivation. Anhedonia. Decreased interest in sex. Difficulty Concentrating. Feelings of hopelessness. Racing thoughts when he tries to sleep (about all the things he wants to do the next day, but when the next day comes he can't do them). Increased irritability. Recurrent worries, mostly about money. Anxiety in the form of tachycardia, abdominal distress, and tingling in his hands at times. He denies severe mood swings, hallucinations, paranoia, and suicidal or homicidal thoughts. Eye contact OK. Speech rate and volume WNL. Thoughts clear.

ASSESSMENT:

Axis I 296.32 Major Depressive Disorder, Recurrent, Moderate

Axis II Deferred

Lawter, Kenneth 12/22/1959

2 of 2

Office/Outpatient Visit

Visit Date: Wed, Sep 29, 2010 11:44 am

Provider: Jim Harbin (Supervisor: Jim Harbin)

Location: Piedmont Psychiatric Services

Electronically signed by Jim Harbin, on 09/30/2010 11:50:50 AM

Printed on 09/30/2010 at 3:42 pm.

Axis III Chronic pain

Axis IV Chronic pain and financial stress

Axis V GAF 55

295.32 Major depression, recurrent episode, moderate

ORDERS:Procedures Ordered:

Psychiatric diagnostic interview examination - Therapist

PLAN:

Summary

Pt's goal for therapy is to lessen his pain. We talked about his seeing Dr. Wells which I encouraged and possibly seeing a therapist in his office as he has seen someone there before.

He relates that he has seen both the DVD and the SCS device itself. He hopes to get 70% decrease in the pain from this procedure. He does not appear to have any overt physical limitations to operate the device. Scoring 28 of 30 on the Mini Mental Status Exam (MMSE) he appears to have adequate cognition to operate the controls for the SCS. Although he says he has been told he sometimes tells people what they want to hear, he indicated that he would be honest with the clinician about whether the procedure was helping or not. He lives alone but says his daughter, a nurse, is only a few minutes away from him if he needed any support from the procedure. He is able to identify specifically where the pain is in his body and does not appear with vague somatic complaints. He is involved with workman's compensation litigation. He says he has not used alcohol for the last three weeks but prior to this was drinking 6 to 8 drinks a night for at least the last three months. He has a long history of dealing with anxiety and depression, including ECT treatments, prior to his accident. Because of this I think it would be prudent for the clinician to contact Dr. Kenneth Wells, his psychiatrist, to obtain his assessment of pt's readiness for the SCS procedure. It may also need to be clearly informed of the effects that returning to alcohol may have on his procedure if clinician deems this necessary. If he is willing to continue to see Dr. Wells and return to therapy if Dr. Wells suggests this, and if he continues to not abuse alcohol, I think the trial procedure would be a good plan as he appears to be in significant discomfort physically. Thank you for your referral, I hope this information is of help to you.

Major depression, recurrent episode, moderate

Orders:

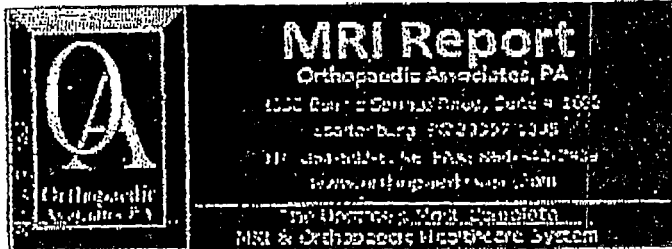
Psychiatric diagnostic interview examination - Therapist

Report: LAWTER, KENNETH

Page 1 of 2

LAWTER, KENNETH

MRN: 59430



Study Arrival Date: May 21, 2010 15:12:43 EDT
Report Approval Date: Fri MAY 21, 2010 17:04:54 EDT

PATIENT

LAWTER,
Name: **KENNETH**
Mrn: 59430
Gender: m
Age: 051Y
Birthday: Dec 22, 1958

STUDY

Date: May 21, 2010 14:21:33
Accession No.: 20100521
Institution Name: Orthopaedic Associates
Referring Physician: MITCHELL
Modality Type: MR
Description: **LUMBAR + CONTRAST**
Body Part(s): not supplied

RADIOLOGIST

Dr. David
Name: Stoppenhagen

MRI LUMBAR SPINE WITH CONTRAST, 21 May 2010.

History: Low back pain. Status post lumbar fusion.

Comparison: Report of outside study from Piedmont Imaging dated July 2003.

Technique: Axial and sagittal, T1 and T2 and sagittal STIR images. Study was performed on a 1.5 Tesla system. Postgadolinium axial and sagittal images are obtained.

Findings:

The conus is at T12-L1. Spinal alignment demonstrates straightening of the normal lumbar lordosis at the L4-L5 level. Otherwise unremarkable. Bone marrow signal intensity is within normal limits. Included portion of the retroperitoneum unremarkable.

L1-L2: This level is unremarkable without focal disc herniation or stenosis.

L2-L3: Very minimal spondylosis is present at this level. The disc has normal T2 signal. No disc herniation or nerve root impingement.

L3-L4: There is mild hypertrophic facet arthropathy. And small marginal osteophytes are present. There is a small annular bulge. This creates only mild degrees of lateral foraminal stenoses. No focal

<https://vm.neurostarsolutions.com/Views/reports/reportView.jsp?reportID=2661099&form...> 5/24/2010

LAWTER, KENNETHMRN: 59430

herniated disc fragment.

L4-L5: This level has been fused. There are interpedicular screws. The disc space is very narrowed. There are mild foraminal stenoses. Annular bulge is present. No abnormal contrast enhancement. No recurrent disc herniation appreciated. Intermediate signal intensity is present just medial to the nerve root in the lateral foramen enhances slightly with contrast. This probably represents some scarring. Patient is status post laminectomy at this level.

L5-S1: The disc is desiccated with decreased T2 signal. Moderate facet arthropathy is present. No focal disc herniation. There are moderate bilateral foraminal stenoses.

IMPRESSION: Status post L4-L5 fusion with mild foraminal stenoses. No evidence of recurrent disc herniation. There is some epidural scar laterally on the left. There is mild facet arthropathy and mild spondylosis throughout the lumbar spine. No focal disc herniations.

Report electronically signed by David Stoppenhagen, MD. 21 May 2010.

Orthopaedic Associates PA

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November 3, 2010

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Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins United H (138) Grp 711809

08/18/2009 - Office Visit: follow-up left wrist fracture**Provider:** David Mitchell MD**Location of Care:** Orthopaedic Associates PA**History of Present Illness****Family Physician:** Dr. Ware

Mr. Kenneth Lawter is a 50 Years Old white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: left wrist fracture**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

He is status post the pinning of his distal radius fracture on the left. Full supination and pronation.

Description of Injury/Problem

pain, fracture

Injury Sustained: yes **Injury Onset Date:** 05/23/2009**Work related?** no**Past Medical History**

Patient indicates history of High blood pressure and GERD.

***** Please Note *****

Patient has Metal in Body.

Orthopaedic Associates PA

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November 3, 2010

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Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

MEDICATIONS

NEURONTIN 300 MG CAPS (GABAPENTIN)
ASPIRIN 81 MG TABS (ASPIRIN)
HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE) take one q day
NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day
LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day
LYRICA 150 MG CAPS (PREGABALIN) take one TID
FENTANYL 50 MCG/HR PT72 (FENTANYL)
SULINDAC 200 MG TABS (SULINDAC) take one q day
ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day
MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 07/28/2009

Past Surgical History

Surgical history includes Spinal Fusion(lumbar) and closed reduction pinning left wrist.

Social History

Patient is single, Non-smoker, and lives alone. Has 2 children. Does not drink alcohol. Exercises. Education completed: College.

Family History

Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems

General: Denies weight loss, weight gain, fatigue, fever.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 240 lbs. R: 12

Orthopaedic Associates PA

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November 3, 2010

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Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

PHYSICAL EXAM

LUNGS: Clear.

HEART: Regular rhythm and rate.

ABDOMEN: Benign.

ASSESSMENT

Left distal radius fracture.

PLAN

New Orders:

Wrist 2 views [73100]

Postop visit [99024]

We plan to see him back on a p.r.n. basis.

Dictated by M. David Mitchell, MD

Transcribed by Gena Bagwell

Signed by Myra Million on 08/24/2009 at 12:38 PM

Orthopaedic Associates PA

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November 3, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40083-TEST001

Ins: United H (138) Grp: 711809

07/22/2009 - Office Visit: Left wrist post op**Provider: Scott Geer PAC****Location of Care: Orthopaedic Associates PA****History of Present Illness****Family Physician: Dr. Ware**

Mr. Kenneth Lawter is a 50 Years Old white male, who is here for a post-op evaluation.

History From: Patient

Chief Complaint: Left wrist post op**Problem #1****Type:** felt pop walking down stairs**DOI:** 04/07/2008**Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** closed reduction pinning**DOS:** 06/02/2009**Global Start:** 06/02/2009**Global End:** 08/31/2009**Problem #3****Type:** It wrist**DOI:** 05/23/2009**Surgery/Treatment:** Removed pin**DOS:** 06/26/2009**Global Start:** 06/26/2009**Global End:** 09/24/2009

50 year-old white male presents just shy of two months status post left distal radius fracture with p.n. He presents today doing well. He does have some mild pains in his left wrist. He does take calcium with vitamin D. He is on a Fentanyl patch. He does continue with Mobic as well.

Description of Injury/Problem

pain

Injury Sustained: yes **Injury Onset Date:** 05/23/2009**Work related?** no**Past Medical History**

Patient indicates history of High blood pressure and GERD.

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
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November 3, 2010

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Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

*** Please Note ***

Patient has Metal in Body.

MEDICATIONS

NEURONTIN 300 MG CAPS (GABAPENTIN)

ASPIRIN 81 MG TABS (ASPIRIN)

HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE) take one q day

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc

ALLERGIES

No known allergies

Revised - 07/28/2009

Past Surgical History

Surgical history includes Spinal Fusion(lumbar) and closed reduction pinning left wrist.

Social History

Patient is single, Non-smoker, and lives alone. Has 2 children. Does not drink alcohol. Exercises. Education completed: College.

Family History

Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems

General: Denies weight loss, weight gain, fatigue, fever.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Orthopaedic Associates PA

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November 3, 2010

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Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins United H (138) Gp 711809

Ht: 69 in. Wt: 240 lbs. R: 16

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

He has full pronation. He lacks about the last 20-30° of left wrist supination. He is neurovascularly intact.

X-RAYS

Fracture in good position. Excellent healing.

ASSESSMENT

Left distal radius fracture.

PLAN

New Orders:

Wrst, 3+ views [73110]

Postop visit [99024]

We gave him a work slip to return to work, commencing on July 27, 2009. Prescribed him a refill of Mobic #30 X 5 refills. The patient will present back to us in approximately 3-4 weeks. We will see him at that point.

Dictated by Scott Geer, PA-C

Prescriptions:

MOBIC 15 MG TABS (MELOXICAM) one p.o. daily pc #30 x 5

Entered by: Kaye Edge

Authorized by: Scott Geer PAC

Signed by: Kaye Edge on 07/22/2009

Method used: Print then Give to Patient

RxID: 1563880247150700

Signed by Myra Million on 07/28/2009 at 1:59 PM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORTS

PATIENT NAME: LAWTER, KENNETH L.
DOB: 12/22/1958
MEDICAL RECORD #: 505376
PROCEDURE DATE:
ACCOUNT NUMBER: 915200938
ROOM:

Mr. Lawter is a 50-year-old gentleman who fell at work and injured his left wrist. He has a distal radius fracture dorsal comminution. It is felt that he would do well with a closed reduction and pinning. He understood the risks and benefits. He was given a general endotracheal anesthesia. Time out was called. He had a closed reduction performed followed by an insertion of a single 0.625 inch K wire from the radial styloid into the opposite cortex of the radius. Good stability was obtained. He was placed in a splint.

ESTIMATED BLOOD LOSS:

1 cubic centimeters.

SURGEON:

Dr. David Mitchell.

ASSISTANT:

Scott Geer, PA.

He will be discharged to home in the care of himself and his family. Elevate hand. Follow up in the office in one week's time.

PROCEDURE PERFORMED:

Distal radius closed reduction and percutaneous pinning.

DICTATED BY: DAVID MITCHELL, M.D.

D:06/02/2009 08:59:12
T:06/03/2009 10:48:11/ara
789899/696906

cc:

OP REPORTS
LAWTER, KENNETH L
505376
PHYSICIAN COPY

Page 1 of 1

DICTATING

Note: Document is draft unless signed

Orthopaedic Associates PA

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November 3, 2010

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Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

05/29/2009 - Office Visit: It wrist**Provider: Scott Geer PAC****Location of Care: Orthopaedic Associates PA****History of Present Illness****Family Physician:** Dr. Ware

Mr. Kenneth Lawter is a 50 Years Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: lumbar spine, It wrist**Problem #1****Surgery/Treatment:** PLIF**DOS:** 12/2004**Problem #2****Type:** felt a pop walking down stairs**DOI:** 04/07/2008**Problem #3****Type:** It wrist**DOI:** 05/23/2009

Kenneth Lawter is a 50 year old white male who presents with a left distal radius fracture. Patient presented to SRMC on 05/23/09 secondary to a fall where he was pulling on a tool chest and the band broke and he consequently fell backwards. He denies any loss of consciousness. Denies hitting his head. Denies any prior surgeries or history of any prior injury to his left wrist. He is on a Fentanyl patch 50 mg for back trouble. He has had a couple of prior surgeries by Dr. Harley with a fusion in December 2004 and a discectomy in April 2004.

Description of Injury/Problem

pain, numbness/tingling, catching, fracture

Injury Sustained: yes **Where did it happen?** at home**Work related?** no**Past Medical History**

Patient indicates history of High blood pressure and GERD.

***** Please Note *****

Patient has Metal in Body.

MEDICATIONS

NEURONTIN 300 MG CAPS (GABAPENTIN)

ASPIRIN 81 MG TABS (ASPIRIN)

HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE) take one q day

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day

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November 3, 2010

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Kenneth L. Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day
LYRICA 150 MG CAPS (PREGABALIN) take one TID
FENTANYL 50 MCG/HR PT72 (FENTANYL)
SULINDAC 200 MG TABS (SULINDAC) take one q day
ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

ALLERGIES

No known allergies

Revised - 05/15/2008

Past Surgical History

Surgical history includes Spinal Fusion(lumbar) and .

Social History

Patient is Non-smoker, and lives with children. Has 2 children. Does not drink alcohol. Does not exercise. Education completed: High School.

Family History

Patient indicates a family history of Arthritis and Heart Disease.

Review of Systems

General: Denies weight loss, weight gain, fatigue, fever.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of back pain.

Skin: Denies rashes, lumps, lesions, itching, sores.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of depression.

Endocrine: Denies heat or cold intolerance, excessive thirst.

Heme/Lymphatic: Complains of sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 235 lbs. R: 16

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 3
Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (135) Grp: 711809

Patient is in a long arm splint. With the long arm splint off he has some limitations with supination and pronation. There is obviously a deformity of the left wrist. Good capillary refill. Neurovascularly intact. Skin is intact with out any evidence of lymphadenopathy.

Well developed, well nourished with appropriate mood 50 year old white male. Alert and oriented x's 3.

HEART: Regular rate and rhythm. No murmurs, rubs, or gallops.
LUNGS: Clear to auscultation bilaterally with no rales, rhonchi, or wheezes.

ASSESSMENT

Left distal radius fracture.

PLAN

We will set the patient up for a closed reduction of the left distal radius with pins vs. external fixator vs. open reduction internal fixation with plate and screws. We will schedule the patient for this.

Dictated by Scott Geer, PA-C for Dr. Mitchell

New Orders:

Wrist 2 views [73100]

Signed by Casey L Blackwell on 06/01/2009 at 9:04 AM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST01

Ins: United H (138) Grp: 711809

05/29/2009 - PatientLink: PatientLink Medical History**Provider: Patient Link****Location of Care: Orthopaedic Associates PA**

Patient: Kenneth Lawter

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Medical History (data entered by patient)

Type of Problem "Result Below..."

RESULT: pain, numbness/tingling, catching, fracture

Where Injury Happened

at home

Injury Work Related?

no

Sustain Injury?

yes

Marital Status

single

Live With

alone

Children

2 children

Education

College

Metal in body

yes

Smoke?

Non-smoker

Drink Alcohol?

"Result Below..."

RESULT: Does not drink alcohol

Exercise?

Exercises

PMH Paragraph

"Result Below..."

RESULT: Patient indicates history of High blood pressure and GERD.

FH Paragraph

"Result Below..."

RESULT: Patient indicates a family history of Arthritis and Heart Disease.

Surgery Paragraph

"Result Below..."

RESULT: Surgical history includes Spinal Fusion(lumbar) and .

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/29/2009 10:53 AM

(1) Order result status: Final

Collection or observation date-time: 05/29/2009 10:53:08

Requested date-time:

Receipt date-time:

Reported date-time: 05/29/2009 10:53:08

Referring Physician:

Ordering Physician: (ptlink)

Specimen Source:

Source: PatientLink

Filler Order Number:

Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

Children, 2 children

Education, College

Exercise?, Exercises

Orthopaedic Associates, P.A.

Patient Information

First: Kenneth Middle: Leo Last: Lawter
Address: 1021 Martin Camp Rd City: Chesnee State: SC Zip: 29323
Home Phone #: _____ Cell Phone #: _____ @EMAIL: _____
Date of Birth: 12/22/58 Age: 50 SS#: 247 23 0556 Gender: M
Marital Status: Single Race: W Is the Patient a Student: ☐ Yes ☒ No

Complete ONLY if Patient is a Minor

Parent / Responsible Person: _____
Address: _____ Phone #: _____ Date of Birth: _____ SS#: _____

Emergency Contact Information is REQUIRED:

Emergency Contact Person: Amarda Lawter Relationship: daughter Phone #: 504 5799
Patient's Employer or School: Hohler Work Phone #: 680 4205
Occupation: Maintenance Address: _____ ☒ Full Time ☐ Part-time

Spouse's Name: _____ Spouse's Date of Birth: _____ Spouse's SS #: _____
Spouse's Employer: _____ Spouse's Work Phone #: _____

Primary Insurance Information

Insurance Company: United Healthcare Insured's Name: Kenneth Lawter
Insured's SS#: 247 23 0556 Insured's DOB: 12/22/58 Insured's Group / Policy #: 711809

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____
Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Injured OR Painful Area: wrist & back ☐ Right ☒ Left Date of Injury OR Onset of Pain: 5/23/09

If an Accident, was it: ☐ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☒ OTHER INJURY: _____

Referred By: (Physician, Hospital, ER, Friend, etc.): El Physician Singletary

Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Kenneth Lawter Date: 5-27-09

Date: 5/29/09

Name: <u>Kenneth Lawter</u>		Address:	
Phone: <u>461-9796</u>			
Birth Date: <u>12/22/58</u>			
Emergency Contact/Phone numbers: <u>Arnold Lawter 604 5799</u>			
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)			
Tetanus:		Flu Vaccine(s): <u>09</u>	
Pneumonia Vaccine:		Hepatitis Vaccine:	
		Other:	
Allergic To:		Allergic To:	
Reaction: <u>DKA</u>		Reaction:	
Allergic To:		Allergic To:	
Reaction:		Reaction:	
Allergic To:		Allergic To:	
Reaction:		Reaction:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

[illegible]

Orthopaedic Associates, PA

1330 Boiling Springs Rd., Suite 1600
Spartanburg, SC 29303
864-582-6396 Fax 864-542-2939

720-B S. Duncan Bypass
Union, SC 29379
864-429-8764 Fax 864-429-8766

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025 Fax 864-721-0035

Authorization and Acknowledgements

I. Authorization to Release Medical and Appointment Information

In the event that you are unable to contact our office and need to have someone other than yourself request medical, financial or appointment information, please list their name below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:

Relationship to You:

Type of Info to Release:

(All, Or Indicate just Medical, Appt or Financial)

Amanda Lawler daughter

all

II. Receipt and Acknowledgement of Notice of Privacy Policies

As a part of your healthcare, OA originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

A basis for planning care and treatment

A means of communication among many health professionals who contribute to patient care

A source of information for applying diagnosis and surgical information to bill

A means by which third party payers can verify that services billed were actually provided

A tool for healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the above summary of the Notice of Privacy Policies and am aware that I can ask for a detailed Notice of Privacy Policy detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law.

I understand the contents of the Notice and I request the following restriction(s) (if any) concerning the use of my PHI.

Write "NONE" if there are no restrictions on who can obtain your PHI:

Patient / Guardian Signature: Kimberly Holt

Date: 5-25-09

Final Report
CR LEFT ER WRIST (MIN 3 VIEWS)

Show Printer-Friendly Version

Patient Name: Lawter, Kenneth L.

DOB: 22-Dec-1958

ID: 000505376(SRMC)

Study Date: 23-May-2009 17:35:26

59430

Left wrist dated 5/23/2009

Indication- Fell

Three views of the left wrist were obtained

There is a transverse fracture through the distal radius. There is no definite involvement of the radiocarpal joint. There is mild apex volar angulation. The distal ulna remains intact.

Conclusion- Distal radius fracture

Transcriptionist- n/a

Reading Radiologist- JAMES B HASWELL MD

Releasing Radiologist- JAMES B HASWELL MD

Released Date Time- 05/23/09 1759

Signed by: Haswell, James B Signed on: 23-May-2009 17:58:00

NOT SCAN

Final Report
CR ER SPINE LUMBAR 2 OR 3 VIEWS

Show Printer-Friendly Version

Patient Name: Lawter, Kenneth L

DOB: 22-Dec-1958

ID: 000505376(SRMC)

Study Date: 23-May-2009 17:35:26

59430

Lumbar spine dated 5/23/2009

Indication- Fell with back pain

AP and lateral views of lumbar spine were obtained

There is no evidence of fracture or subluxation. There are postoperative changes at L4-L5 with bilateral pedicle screws. Alignment is good. There are no acute findings in THE lumbar spine.

Conclusion- Postoperative changes in the lower lumbar spine. No acute findings

Transcriptionist- n/a

Reading Radiologist- JAMES B HASWELL MD

Releasing Radiologist- JAMES B HASWELL MD

Released Date Time- 05/23/09 1755

Signed by: Haswell, James B Signed on: 23-May-2009 17:54:00

NOT SCANNED

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1
Chart Document

Kenneth L. Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

05/12/2008 - Office Visit: 5 wks post rt. knee injury

Provider: Brad Harrison PAC

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 49 Year white male, who is here for a follow-up appointment.
History From: Patient

Chief Complaint: right knee

Problem #1

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: felt a pop walking down stairs

DOI: 04/07/2008

Mr. Lawter comes in today for a recheck of his right knee. He states he is feeling about 30% better. He is working wearing the brace. He states the pain is more medially now than laterally.

Past Medical History

Patient indicates history of High blood pressure and Kidney stones.

***** Please Note *****

Patient has Metal in Body.

MEDICATIONS

NEURONTIN 300 MG CAPS (GABAPENTIN)

ASPIRIN 81 MG TABS (ASPIRIN)

HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE) take one q day

NEXIUM 40 MG CPDR (ESOMEPRAZOLE MAGNESIUM) take one q day

LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE) take one q day

LYRICA 150 MG CAPS (PREGABALIN) take one TID

FENTANYL 50 MCG/HR PT72 (FENTANYL)

SULINDAC 200 MG TABS (SULINDAC) take one q day

ALLEGRA 60 MG TABS (FEXOFENADINE HCL) take one q day

ALLERGIES

No known allergies

Revised - 05/15/2008

Past Surgical History

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 2
Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H(138) Grp: 711809

Surgical history includes Spinal Fusion(lumbar), Spinal Decompression(lumbar) and .

Social History

Patient is Non-smoker, and lives with children. Has 2 children. Does not drink alcohol. Does not exercise. Education completed: High School.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of muscle weakness, back pain, joint pain, stiffness.

Skin: Complains of itching.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in. Wt: 250 lbs. R: 14

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

Full range of motion. He does have some patella crepitus. Mild medial joint line tenderness. No effusion. The knee is stable.

ASSESSMENT

Left knee bone contusion.

185

PLAN

Since he is improving, we will just continue with the current treatment plan. Plan to recheck him in six weeks. The patient denied need for a cortisone injection today.

190

Orthopaedic Associates PA

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November 3, 2010

Page 3

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

Dictated by Brad Harrison, PA-C, for Dr. Mary Joan Black

New Orders:

Est. Level 3 [992'3]

Signed by Gerry Swann on 05/15/2008 at 12:53 PM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1968

Home (864) 461-9296 Office (864) 680-4225

40063 TEST001

Ins United H/1383 Grp 711809

04/28/2008 - Office Visit: new problem

Provider: Mary Joan Black MD

Location of Care: Orthopaedic Associates PA

History of Present Illness

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 49 Year white male, who is here for a new problem.
History From: Patient

Chief Complaint: right knee pain

Problem #1

Surgery/Treatment: PLIF

DOS: 12/2004

Problem #2

Type: felt a pop walking down stairs

DOI: 04/07/2008

Mr. Lawter is a new patient seen at the request of Dr. Ware for right knee pain. He said on 4-7-08 he stepped onto a step and felt a pop that sounded like a 22 gun going off and had pain in his knee. He says it has gotten a little better. It is still painful. He had swelling for a couple of days and the swelling resolved. He continues to have some popping in the knee, but it is not near what it was the first time it popped so loudly. He works at Kohler and is doing his regular job as a maintenance mechanic. He does have to do steps and climbing, and that does create some pain. He has some days that are worse than others. Sometimes it feels like it wants to give out. He is not able to pinpoint where the majority of the pain is, but it seems mostly posterolaterally. He has had an MRI and x-rays and comes in for an evaluation.

Description of Injury/Problem

pain, popping, giving out

Injury Sustained: no **Where did it happen?** at home

Work related? no

Past Medical History

Patient indicates history of High blood pressure and Kidney stones.

*** **Please Note** ***

Patient has Metal in Body.

MEDICATIONS

CELEBREX 200 MG CAPS (CELECOXIB)

PREDNISONE (PAK) 5 MG TABS (PREDNISONE)

SOMA 350 MG TABS (CARISOPRODOL)

LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN)

NEURONTIN 300 MG CAPS (GABAPENTIN)

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 2

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)660-4225

40063 TEST001

Ins United H (138) Grp 711809

ASPIRIN 81 MG TABS (ASPIRIN)

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain

PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain

ALLERGIES

No known allergies

Past Surgical History

Surgical history includes Spinal Fusion(lumbar), Spinal Decompression(lumbar) and .

Social History

Patient is Non-smoker, and lives with children. Has 2 children. Does not drink alcohol. Does not exercise. Education completed: High School.

Family History

Patient denies any pertinent family medical history.

Review of Systems

General: Complains of fatigue.

Eyes: Denies blurring, vision loss.

Ears/Nose/Throat: Denies difficulty breathing, deafness, hoarseness, hearing aid, dentures.

Cardiovascular: Denies swelling in hands or feet, palpitations, chest pain.

Respiratory: Denies wheezing, coughing, shortness of breath.

Gastrointestinal: Denies abdominal pain, nausea, diarrhea, constipation, vomiting.

Genitourinary: Denies urinary frequency, incontinence, painful urination.

Musculoskeletal: Complains of muscle weakness, back pain, joint pain, stiffness.

Skin: Complains of itching.

Neurologic: Complains of numbness/tingling in arms/legs.

Psychiatric: Complains of anxiety, depression.

Heme/Lymphatic: Denies easy or excessive bruising, chills, swelling of lymph nodes, history of blood transfusion, sweats.

Allergic/Immunologic: Denies latex allergy, hives, hay fever.

VITAL SIGNS

Ht: 69 in.

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Gait: Normal

Durable Goods: No

PHYSICAL EXAMINATION

He is awake and alert and appears his stated age. He moves with a mildly antalgic gait, somewhat overweight.

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 3
Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (135) Grp: 711809

His left knee has full active and passive range of motion. No effusion. No evidence of ligamentous instability. No warmth or redness. Skin is intact.

The right knee has full active and passive range of motion. No redness or warmth. Skin is intact. He has no patellofemoral pain. He has no medial tenderness, per se. He has discrete lateral tenderness and posterolateral tenderness. McMurray's is negative except for pain. Ligament exam is stable.

X-RAYS

X-rays are essentially normal, three views.

The MRI shows findings of a ruptured popliteal cyst, partial. An incomplete posterior horn of the lateral meniscal tear as well as bone edema in the posterolateral tibia.

ASSESSMENT

Left knee bone contusion.

KNEE PAIN, RIGHT (ICD-719.46)

PLAN

The radiologist said to rule out osteonecrosis. It is a small area. I think it will resolve on its own even if it is osteonecrotic. We can certainly proceed with surgical intervention of débridement, but I think at three weeks it is not necessary. I also would hold off on a cortisone injection at the present. In case he doesn't improve, we can go ahead and do surgery. He is comfortable with this. We will also give him a brace that gives him a little bit more mediolateral support. He liked this better than the sleeve he has. Continue with work and follow up in three weeks.

Dictated by Dr. Mary Joan Black

New Orders:

Est. Level 4 [992.4]

Knee AP & lateral [73560]

Knees Bil Standing [73565]

Bio-skin Patella Stabilizer [L1815]

Signed by Gerry Swann on 04/30/2008 at 9:15 AM

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home (864) 461-9296 Office (864) 660-4225

40063 TEST001

Ins United H (138) Grp 711809

04/28/2008 - PatientLink: PatientLink Medical History**Provider: Patient Link****Location of Care: Orthopaedic Associates PA**

Patient: Kenneth Lawter

Note: All result statuses are Final unless otherwise noted.

Tests: (1) PatientLink Medical History (data entered by patient)

Type of Problem "Result Below..."

RESULT: pain, popping, giving out

Where Injury Happened

at home

Injury Work Related?

no

Sustain Injury?

no

Live With

children

Children

2 children

Education

High School

Metal in body

yes

Smoke?

Non-smoker

Drink Alcohol?

"Result Below..."

RESULT: Does not drink alcohol

Exercise?

Does not exercise

PMH Paragraph

"Result Below..."

RESULT: Patient indicates history of High blood pressure and Kidney stones.

FH Paragraph

"Result Below..."

RESULT: Patient denies any pertinent family medical history.

Surgery Paragraph

"Result Below..."

RESULT: Surgical history includes Spinal Fusion(lumbar), Spinal Decompression(lumbar) and .

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 04/28/2008 3:03 PM

(1) Order result status: Final

Collection or observation date-time: 04/28/2008 15:03:14

Requested date-time:

Receipt date-time:

Reported date-time: 04/28/2008 15:03:14

Referring Physician:

Ordering Physician: (ptlink)

Specimen Source:

Source: PatientLink

Filler Order Number:

Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

Children, 2 children

Education, High School

Exercise?, Does not exercise

LARRY WARE, M.D.
DEA # 1966592
SC Lic No. 15277

SKYLYN MEDICAL ASSOCIATES
1776 SKYLYN DRIVE
SPARTANBURG, SC 29307
864-577-9970 Fax: 864-577-9952

TAMARA GILLIAM, F.N.P.
DEA # M30256808
SC Lic No. F744

R. STEPHEN HINES, M.D.
DEA # B12563217
SC Lic No. 16452

AMANDA BLANTON, NP-C
DEA # M31310298
SC Lic No. 82621

NAME

ADDRESS

DATE

R (Please Print)

Refer to Dr. *Kenneth Lawler*
Hanley, Black 4-28
+ Funderbark @ 3pm
dx: ⁽²⁾ knee
plateau frx
? osteonegros. ☒ LABEL
+ toen cartilage

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Orthopaedic Associates, P.A.

Patient Information

First: Kenneth Middle: Lee Last: Lawter
Address: 621 Martin Camp Rd City: Chesnee State: SC Zip: 29323
Home Phone #: 864-461-9256 Cell Phone #: 864-680-4225
Date of Birth: 12-22-1958 Age: 49 SS#: 247-23-0556 Gender: M
Marital Status: Single Race: U Is the Patient a Student: ☐ Yes ☒ No

Complete ONLY if Patient Is a Minor

Parent / Responsible Person: _____
Address: _____ Phone #: _____ Date of Birth: _____ SS#: _____

Emergency Contact Information is REQUIRED:

Emergency Contact Person: Amada Lawter Relationship: Daughter Phone #: 864-467-9877

Patient's Employer or School: Kahler Co Work Phone #: 864-582-3401
Occupation: Maintenance Tech Address: 4000 S Pine St. Sportsburg ☒ Full Time ☐ Part-time

Spouse's Name: _____ Spouse's Date of Birth: _____ Spouse's SS #: _____
Spouse's Employer: _____ Spouse's Work Phone #: _____

Primary Insurance Information

Insurance Company: Bluechoice Insured's Name: Kenneth Lawter
Insured's SS#: 247-23-0556 Insured's DOB: 12-22-58 Insured's Group / Policy #: 20074295066

Secondary Insurance / Supplemental Insurance

Insurance Company: _____ Insured's Name: _____
Insured's SS #: _____ Insured's DOB: _____ Insured's Group / Policy #: _____

Injured OR Painful Area: Knee ☒ Right ☐ Left Date of Injury OR Onset of Pain: 4-7-08

If an Accident, was it: ☐ WORK RELATED ☐ AUTOMOBILE ACCIDENT ☐ OTHER INJURY: _____

Referred By: (Physician) Hospital, ER, Friend, etc.): Dr. Larry Ware

Payment Method for co-pay, co-ins, deductible: ☐ Cash ☐ Check ☒ Credit Card (Visa/MasterCard) ☐ Care Credit

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges whether or not covered by insurance. I hereby assign, transfer, and set over to Orthopaedic Associates all of my rights, title, and interest to my medical reimbursement benefits under insurance(s) policy listed above. Thus, if the account balance is not satisfied within 60 days after the first notification, the account may be referred to a collection agency. I authorize the release of information to my referring or family physician and/or that which is necessary to file claims to the insurance carrier and the billing of my account for payment. I understand that you may be transmitting any records electronically, and I absolve all parties of any liability to such of said records.

Signature: Kenneth Lawter Date: 4-28-08

Date: 4-28-08

Name: <u>Kenneth Lawter</u>	Address: <u>621 Martin Camp Rd</u>	
Phone: <u>864-461-5256</u>	<u>Chesnee SC. 29323</u>	
Birth Date: <u>12-22-1958</u>		
Emergency Contact/Phone numbers: <u>Aminda Lawter 864-477-9877</u>		
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)		
Tetanus:	Flu Vaccine(s):	
Pneumonia Vaccine:	Hepatitis Vaccine:	Other:
Allergic To: <u>Gross</u>	Allergic To:	
Reaction:	Reaction:	
Allergic To:	Allergic To:	
Reaction:	Reaction:	
Allergic To:	Allergic To:	
Reaction:	Reaction:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

[illegible]

Orthopaedic Associates, PA

1330 Bolling Springs Rd., Suite 1600
Spartanburg, SC 29303
864-582-6396 Fax 864-542-2939

720-B S. Duncan Bypass
Union, SC 29379
864-429-8764 Fax 864-429-8766

115 Deacon Tiller Court
Duncan, SC 29334
864-721-0025 Fax 864-721-0035

Authorization and Acknowledgements

I. Authorization to Release Medical and Appointment Information

In the event that you are unable to contact our office and need to have someone other than yourself request medical, financial or appointment information, please list their name below. Without this authorization, we will not be able to disclose any information about you, your appointment, your bill(s), or your treatment at Orthopaedic Associates, PA to anyone but you, the patient, your insurance company or referring / treating physician(s).

Name:

Relationship to You:

Type of Info to Release:

(All) Or indicate just Medical, Appt or Financial)

Amanda Lewter

Daughter

II. Receipt and Acknowledgement of Notice of Privacy Policies

As a part of your healthcare, OA originates and maintains health records describing your health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

A basis for planning care and treatment

A means of communication among many health professionals who contribute to patient care

A source of information for applying diagnosis and surgical information to bill

A means by which third party payers can verify that services billed were actually provided

A tool for healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand the above summary of the Notice of Privacy Policies and am aware that I can ask for a detailed Notice of Privacy Policy detailing how my protected health information (PHI) may be used and disclosed as permitted under federal and state law.

I understand the contents of the Notice and I request the following restriction(s) (if any) concerning the use of my PHI.

Write "NONE" if there are no restrictions on who can obtain your PHI:

NONE

Patient / Guardian Signature:

Kenneth L. Lutz

Date:

4-28-08

SPARLANBURG REGIONAL MEDICAL CENTE..
Radiology Report

NAME: LAWTER, KENNETH L

ORDERING PHYSICIAN: WARE, LARRY L

LOC: OPT

Pt. Type: OPT

DOB: 12/22/58

UNIT #: 000505376

CI#: 2173805

AN#: S0810900046

FINAL

Exam

50501 XR KNEE (MIN 3 VIEWS)*R
73562

Date: 04/18/08 0808

Ord Diag: 781.2-ABNORMALITY OF GAIT

Right knee 4/18/2008

Indication: 49-year-old male with medial pain.

Findings: There are hypertrophic osteoarthropathy changes present in the form of juxta-articular eburnation, minor spurring and perhaps mild joint space narrowing (even though these are not weightbearing views). No definite joint effusion. Soft tissues unremarkable.

Impression:

Mild hypertrophic osteoarthropathy changes.

Transcriptionist- EVALYNN HYRA

Reading Radiologist- DAVID A KALLMAN MD

Releasing Radiologist- DAVID A KALLMAN MD

Released Date Time- 04/18/08 1053

Page 1

PRINTED BY: KW26004

DATE 4/22/2008

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH L

UNIT #: 000505376

ORDERING PHYSICIAN: WARE, LARRY L

CI#: 2173769

LOC: OPT

DOB: 12/22/58

AN#: S0810900046

Pt. Type: OPT

FINAL

Exam

04097 MRI EXTREMITY LOWER (JNT) W/O CM Date: 04/18/08 0732

73721

Ord Diag: 781.2-ABNORMALITY OF GAIT

MRI of the right knee dated 4/18/2008

Indication: Chronic pain

Technique: Standard MRI sequences were obtained through the right knee in multiple planes.

Findings:

There is a large area of focal increased signal in the medial tibial plateau. This likely represents edema. There is a focal area of linear decreased signal extending through the medial margin of the medial tibial plateau. This is concerning for nondisplaced fracture. There is irregularity of the overlying cartilage. There is also irregularity of the posterior horn of the medial meniscus. Believe is due to a nondisplaced inferior surface tear.

Lateral meniscus is intact. There are some focal cartilage defects and reactive change in the anterior portion of lateral femoral condyle. The anterior cruciate, posterior cruciate, medial collateral, and lateral collateral ligaments are all intact. There is no significant joint effusion. There is a 3 cm popliteal cyst. There is edema in the surrounding soft tissue suggesting possible partial rupture of the cyst.

Conclusion:

1. Focal edema in the posterior aspect of the medial tibial plateau

Page 1

PRINTED BY: KW26004

DATE 4/22/2008

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH L
ORDERING PHYSICIAN: WARE, LARRY L
LOC: OPT DOB: 12/22/58
Pt. Type: OPT

UNIT #: 000505376
CI#: 2173769
AN#: S0810900046

Checkin-Exam Code Summary
2173769-04097

associated with a nondisplaced fracture of the margin of the medial tibial plateau. Underlying osteonecrosis should be considered.
2. Nondisplaced tear of the posterior horn medial meniscus.
3. Popliteal cyst with partial rupture.
4. Grade 4 chondromalacia along the anterior surface of the lateral femoral condyle

Transcriptionist- n/a
Reading Radiologist- JAMES B HASWELL MD
Releasing Radiologist- JAMES B HASWELL MD
Released Date Time- 04/18/08 1124

Page 2

PRINTED BY: KW26004
DATE: 4/22/2008

UNIVERSAL MEDICATION FORM

Date:

Name: <u>Kenneth Lugo</u>		Address:	
Phone: <u>461-9296</u>			
Birth Date: <u>12-22-55</u>			
Emergency Contact/Phone numbers: <u>Aminda Lugo 309-5788</u>			
IMMUNIZATION RECORD (Record the date/year of last dose taken, if known)			
Tetanus:		Flu Vaccine(s):	
Pneumonia Vaccine:		Hepatitis Vaccine:	
		Other:	
Allergic To:		Allergic To:	
Reaction:		Reaction:	
Allergic To:		Allergic To:	
Reaction:		Reaction:	
Allergic To:		Allergic To:	
Reaction:		Reaction:	

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING: prescription and over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, ginkgo). Include medications taken as needed (example: nitroglycerin).

[illegible]

Confidential

Page 1

7/19/07

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1

Chart Document

Kenneth L Lawler

Male DOB 12/22/1968

Home (864)461-9296 Office (864)680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

10/28/2005 - Office Visit: Recheck back

Provider: Stacey Childers

Location of Care: Orthopaedic Associates PA

Orthopaedic Visit**History of Present Illness**

Family Physician: Dr. Ware

Problem #1

Type: Low back pain

Surgery/Treatment: PLIF

DOS: 12/2004

Mr. Lawler returns with his back doing considerably better.

PAST MEDICAL & SURGICAL HISTORY

HERNIATED DISC (ICD-722.2)

S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)

DISC DISEASE, LUMBAR (ICD-722.52)

DISORDERS, SACRUM (ICD-724.6)

S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)

S/P ARTHRODESIS, POSTERIOR, LUMBAR (CPT-22612)

S/P ARTHRODESIS, POSTERIOR INTERBODY, SINGLE, LUMBAR (CPT-22630)

S/P APPLY SPINAL PROSTHETIC DEVICE (CPT-22851)

S/P POSTERIOR INSTRUMENTATION, 3-6 VERT SEGS (CPT-22842)

S/P MRI, LUMBAR SPINE, W/O CONTRAST (CPT-72148)

* S/P KNEE

* S/P KIDNEY STONE

PRIOR MEDICATIONS:

CELEBREX 200 MG CAPS (CELECOXIB)

PREDNISONE (PAK) 5 MG TABS (PREDNISONE)

SOMA 350 MG TABS (CARISOPRODOL)

LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN)

NEURONTIN 300 MG CAPS (GABAPENTIN)

ASPIRIN 81 MG TABS (ASPIRIN)

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain

PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 2

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (854)461-9296 Office: (854)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

ALLERGIES:

ROS: Reviewed and Unchanged.

VITAL SIGNS

Ht: 69 in.

PHYSICAL EXAM

Physical exam shows less paraspinous spasm. Neurologically intact to the lower extremities.

PLAN

1. We'll continue prednisone 5 mg PO b.i.d.
2. Patient declines analgesics.
3. Return to our office in six months for a maintenance check.

New Orders:

Est. Level 3 [CPT-99213]

Prescriptions:

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID #60 x 0

Entered by: Marsha Gossett

Authorized by: Stephen Harley MD

Signed by: Marsha Gossett on 10/28/2005

Method used: Print then Give to Patient

Signed by Donna Wright on 11/04/2005 at 2:09 PM

Orthopaedic Associates PA

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864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1

Chart Document

Kenneth L Lawter

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

08/26/2005 - Office Visit: here for mri results

Provider: Stephen Harley MD

Location of Care: Orthopaedic Associates PA

Orthopaedic Visit**History of Present Illness**

Family Physician: Dr. Ware

Mr. Kenneth Lawter is a 46 Year Old white male, who is here for a follow-up appointment.

History From: Patient

Chief Complaint: MRI results of the lumbar spine

Problem #1

Type: Low back pain

Surgery/Treatment: PLIF

DOS: 12/2004

Mr. Lawter returns with his back still achy and painful. He has missed some more days of work.

PAST MEDICAL & SURGICAL HISTORY

HERNIATED DISC (ICD-722.2)

S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)

DISC DISEASE, LUMBAR (ICD-722.52)

DISORDERS, SACRUM (ICD-724.6)

S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)

S/P ARTHRODESIS, POSTERIOR, LUMBAR (CPT-22612)

S/P ARTHRODESIS, POSTERIOR INTERBODY, SINGLE, LUMBAR (CPT-22630)

S/P APPLY SPINAL PROSTHETIC DEVICE (CPT-22851)

S/P POSTERIOR INSTRUMENTATION, 3-6 VERT SEGS (CPT-22842)

S/P MRI, LUMBAR SPINE, W/O CONTRAST (CPT-72148)

* S/P KNEE

* S/P KIDNEY STONE

PRIOR MEDICATIONS:

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain

CELEBREX 200 MG CAPS (CELECOXIB)

PREDNISONE (PAK) 5 MG TABS (PREDNISONE)

SOMA 350 MG TABS (CARISOPRODOL)

LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN)

NEURONTIN 300 MG CAPS (GABAPENTIN)

ASPIRIN 81 MG TABS (ASPIRIN)

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain

PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 2

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063 TEST001

Ins: United H (138) Grp: 711809

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain

ALLERGIES:**Review of Systems**

General: Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

Musculoskeletal: Complains of see HPI.

VITAL SIGNS

Ht: 69 in.

PHYSICAL EXAM

Physical exam shows very little paraspinous spasm. Neurologically intact to the lower extremities.

X-RAYS

My review of the MRI shows a lot of inflammatory change within the soft tissue of the patient's back especially on one of the sagittal views, but there is no neural encroachment noted.

PLAN**New Prescriptions/Refills:**

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain #60 x 1 : Marsha Gossett (08/26/2005)

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID #60 x 0 : Marsha Gossett (08/26/2005)

New Orders:

Est. Level 3 [CPT-99213]

1. Reassurance to the patient.
2. Prednisone 5 mg PO b.i.d. dispense #60 and Fiorinal with Codeine dispense #60.
3. Patient to return to our office in two months for a maintenance check.

Prescriptions:

FIORINAL/CODEINE #3 50-325-40-30 MG CAPS (BUTALBITAL-ASA-CAFF-CODEINE) 1 po q 6 hours prn pain #60 x 1

Entered by: Marsha Gossett

Authorized by: Stephen Harley MD

Signed by: Marsha Gossett on 08/26/2005

Method used: Print then Give to Patient

PREDNISONE 5 MG TABS (PREDNISONE) 1 po BID #60 x 0

Entered by: Marsha Gossett

Authorized by: Stephen Harley MD

Signed by: Marsha Gossett on 08/26/2005

Method used: Print then Give to Patient

Electromyography
Evoked Potentials
Autonomic Function Studies
Quantitative Sensory Testing

ROBERT A. RINGEL, M.D.
Spartanburg Neurological Services, P.A.
362 North Pine Street
Spartanburg, South Carolina 29302
(864) 542-2510
Fax: (864) 583-1311

Electroencephalography
Sleep Studies
Carotid Ultrasound
Transcranial Doppler Studies

August 24, 2005

R. Stephen Harley, MD
Orthopaedic Associates, PA
110 Dillon Drive
Spartanburg, SC 29307-1018

PATIENT: Kenneth Lawter
CHART: 38431

12-22-58

Dear Stephen

Kenneth Lawter was seen in followup today. Dr. Peek did a couple of epidural injections, but he has not had significant relief and still complains of back tenderness and pain radiating to the left lateral thigh, roughly in the L5/S1 distribution. Cranial nerves II-XII, cerebellar and motor exams are intact. There was diminished pinprick sensation left lateral posterior thigh and upper foreleg in the L5 distribution. Reflexes are generally plus. Gait is normal.

I would appreciate you taking another look at him. I understand that MRI has been done, but I do not have that to review today. Please keep me informed of those findings. Thank you again for your help.

Sincerely yours,

Robert A. Ringel, M.D.

RAR/kjw
T: 08/30/05

SPARTANBURG RADIOLOGICAL ASSOCIATES, P.A.

101 EAST WOOD STREET

PO BOX 4026

SPARTANBURG, SOUTH CAROLINA 29305

TELEPHONE (864) 560-4312

FAX (864) 560-8757

JOHN A. HARRILL, JR., M.D.
NEIL H. PARNES, M.D.
MARK D. MONSON, M.D.
F. PETER RYAN, JR., M.D.
JOSEPH A. KAVANAGH, M.D.
LAWRENCE R. WARREN, JR., M.D.
WILLIAM T. JOYCK, JR., M.D.

BRIAN H. BACHDAVY, M.D.
ARTHUR N. FRIEDMAN, M.D.
DAVID A. KALLMAN, M.D.
DAVID R. STOPPERSLAGEN, M.D.
JEFFREY M. NEWMAN, M.D.
STEPHEN A. GORDIN, M.D.
MICHAEL J. KNIGHT, M.D.

RICHARD J. HART, M.D.
JENNIFER J. ADAMS, M.D.
B. LEE COTHRAN, JR., M.D.
PAUL B. KOONTZ, JR., M.D.
JAMES W. HATWELL, M.D.
DAVID E. PELINO, M.D.
AMANDA A. FAILE, MSH, RNACNT
GARY TARTER, PRACTICE MANAGER

Patient Name: Lawter, Kenneth

Patient ID: 247230556

Birth Date: 12/22/1958

Study Date: 8/11/2005

Modality: MRI lumbar spine with and without contrast

Referring Physician: Dr. Harley

Institution Name: Orthopedic Associates

History:

Pain in lower back extending down left leg for two months. History of prior lumbar spine surgery most recently in December 2004.

Procedure:

Sagittal pre-and postcontrast T1 images and precontrast T2 weighted images and axial pre-and postcontrast T1 weighted images and precontrast T2 images through the lumbar spine.

Findings:

Lumbar alignment is within normal limits. There has been prior posterior decompression and fusion at L4-5. Marrow signal is within normal limits. The marked increased T2 signal seen around this level on the prior lumbar MRI from June 2004 has resolved. L3-4: There is mild bilateral facet hypertrophy. There is no significant posterior disc bulge, central canal narrowing or foraminal narrowing. L4-5: There is prior posterior decompression and posterior fusion at this level. There is enhancing scar dorsal to the thecal sac at this level and extending along the left lateral aspect of the thecal sac and the left neural foramen. This scar abuts the exiting left L4 nerve root. There is a focus of metallic artifact adjacent to the dorsal aspect of the vertebral body. What likely represents an interbody fusion device is noted toward the leftward aspect of the disk space. There is a mild broad-based disc osteophyte in the right foraminal and far lateral location. This minimally narrows the right neural foramen, but does not appear to abut the exiting nerve root. L5-S1: There is mild broad-based posterior disc bulge without significant central canal narrowing. There is bilateral foraminal narrowing. Disc bulge abuts the exiting left L5 nerve root. There is bilateral facet degenerative change.

Impression:

Interval improvement in appearance at the L4-5 level with resolution of abnormal marrow signal and most of the surrounding abnormal enhancement. There is persistent scar along the left aspect of the thecal sac and in the left neural foramen abutting the exiting left L4 nerve root. It could be a very small amount of residual fluid posterior to the canal at this level, but at least a portion this may be artifact from the adjacent hardware. The remainder of the examination does not appear significantly changed.

RLC

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 1
Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)660-4225

40063-TEST001

Ins: United H (138) Grp: 711809

07/29/2005 - Office Visit: follow up back pain

Provider: Stephen Harley MD

Location of Care: Orthopaedic Associates PA

Orthopaedic Visit**History of Present Illness**

Mr. Kenneth Lawler is a 46 Year Old white male, who is here for a follow-up appointment.
History From: Patient.

Chief Complaint: Lower back pain.

Mr. Lawler returns with gross exacerbation of his pain within the last two days. He feels the pain is radiating down the left lower extremity all the way to the foot.

PAST MEDICAL & SURGICAL HISTORY

HERNIATED DISC (ICD-722.2)
S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)
DISC DISEASE, LUMBAR (ICD-722.52)
DISORDERS, SACRUM (ICD-724.6)
S/P LUMBAR DISK SURGERY/DECOMPRESSION (CPT-63030)
S/P ARTHRODESIS, POSTERIOR, LUMBAR (CPT-22612)
S/P ARTHRODESIS, POSTERIOR INTERBODY, SINGLE, LUMBAR (CPT-22630)
S/P APPLY SPINAL PROSTHETIC DEVICE (CPT-22851)
S/P POSTERIOR INSTRUMENTATION, 3-6 VERT SEGS (CPT-22842)
S/P MRI, LUMBAR SPINE, W/O CONTRAST (CPT-72148)
* S/P KNEE
* S/P KIDNEY STONE

PRIOR MEDICATIONS:

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain
PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed

CELEBREX 200 MG CAPS (CELECOXIB)
PREDNISONE (PAK) 5 MG TABS (PREDNISONE)
SOMA 350 MG TABS (CARISOPRODOL)
LORTAB 7.5 7.5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN)
NEURONTIN 300 MG CAPS (GABAPENTIN)
ASPIRIN 81 MG TABS (ASPIRIN)
LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain
PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed

ALLERGIES:

205

210

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 2

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home: (864)461-9296 Office: (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

Review of Systems

General: Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

Eyes: Denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia, glaucoma, cataracts.

Ears/Nose/Throat: Denies Menier's, earache, ear discharge, tinnitus, decreased hearing, deafness, nasal congestion, sinusitis, nosebleeds, sore throat, hoarseness, dysphagia, dentures.

Cardiovascular: Denies chest pain, murmur, palpitations, syncope, dyspnea on exertion, orthopnea, peripheral vascular disease, peripheral edema, History of MI, HTN, coronary artery disease, congestive heart failure, mitral valve prolapse.

Respiratory: Denies asthma, COPD, emphysema, chronic bronchitis, pneumonia, tuberculosis, SOB, cough, dyspnea, excessive sputum, hemoptysis, wheezing.

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, abdominal pain, melena, hematochezia, jaundice, GERD, hiatal hernia, ulcers, pancreatitis, hepatitis.

Genitourinary: Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, BPH, prostate CA, kidney disease, kidney stones, STD.

Musculoskeletal: Complains of see HPI.

Skin: Complains of rash. Denies infection, rash, itching, suspicious lesions, psoriasis, shingles.

Neurologic: Denies paralysis, transient paralysis, weakness, paresthesias, seizure disorder, syncope, tremors, vertigo, dementia, cerebra palsy, Parkinson's.

Psychiatric: Denies depression, anxiety, memory loss, mental disorder, suicidal ideation, hallucinations, paranoia, alcohol abuse, drug abuse.

Endocrine: Denies diabetes, thyroid disorder, weight change, chronic fatigue.

Heme/Lymphatic: Denies blood clots, CVA, History of PE or DVT, anemia, abnormal bruising, bleeding disorder, leukemia, HIV.

Allergic/Immunologic: Denies MRSA, RA, lupus, fibromyalgia latex allergy.

Cancer

No

VITAL SIGNS

Ht: 69 in. Wt: 255 lbs.

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Gait: Normal

Durable Goods: No

PHYSICAL EXAM

The patient's back is tender about the left sciatic notch. There is some paraspinous spasm. Otherwise, neurologically intact. Please note upon further examination, the knee jerk is only 1+ on the left compared to 2+ on the right. Ankle jerk is 1+ on the left compared to 2+ on the right. Muscle strength would seem to be 5/5 and symmetric throughout.

X-RAYS

X-ray shows the fusion nicely in place at L4-5. Disc height is well maintained at L3-4 and L5-S1.

PLAN

New Prescriptions/Refills:

PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed #40 x 0 : Stacy Childers (07/29/2005)

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain #60 x 0 : Stacy Childers (07/29/2005)

Orthopaedic Associates PA

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
864-582-6396 Fax: 864-542-2939

November 3, 2010

Page 3

Chart Document

Kenneth L Lawler

Male DOB 12/22/1958

Home (864)461-9296 Office (864)680-4225

40063-TEST001

Ins: United H (138) Grp: 711809

New Orders:

Lumbar Spine 2-3 views [CPT-72100]

Disposition: Return to office in 3 weeks .

1. Prednisone 5 mg, dispense #40 in descending dose.
2. The patient is not to work for two weeks and is to rest the back as much as possible.
3. The patient is to return to our office in three weeks and if still having difficulties, I would like to get a repeat MRI scan.

Prescriptions:

PREDNISONE 5 MG TABS (PREDNISONE) descending dose take as directed #40 x 0

Entered by: Stacy Childers

Authorized by: Stephen Harley MD

Signed by: Stacy Childers on 07/29/2005

Method used: Print then Give to Patient

LORTAB 10 10-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 4-6 hrs. prn pain #60 x 0

Entered by: Stacy Childers

Authorized by: Stephen Harley MD

Signed by: Stacy Childers on 07/29/2005

Method used: Print then Give to Patient

Signed by Myra Million on 08/04/2005 at 9:43 AM

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 5-02-05

Mr. Lawter returns with his back doing ever better.

PE: Physical exam shows less paraspinous spasm, otherwise neurologically intact.

PLAN:

1. Patient declines analgesics.
2. Medrol Dosepak for aches and pains.
3. Sorbothane heel pads for heel pain.
4. Return to our office in six months for a maintenance check. Would like a repeat lumbosacral spine x-ray upon return.

R. Stephen Harley, M.D.
RSH/dlw

Patient Medical History

Physician's Initials: _____

Patient's Name: Kenneth Luter		Patient ID	Date of Birth: 12-22-58	Age: 46	Sex: ☒ Male ☐ Female	Date of Service: 2/21/05
Employer: Kohler Co		Job Title: Maintenance Tec.			How long employed: 24 years	
Visit to our Office Requested By:				Family/Medical Doctor: Dr. Larry Wiese		
History of present illness				Mark the diagrams to indicate the location and severity of your discomfort		
Reason for today's visit:				Pain Scale: 0 (Least) 1 2 3 ☒ 4 5 6 7 8 9 10 (Worst)		
Date condition began or <u>Date AND Time of Accident</u> :						
Have you had x-rays for this problem? If yes, where and when?						
If injured, how were you hurt?		On the job? ☐ YES ☒ NO				
When are your symptoms worse—Day? OR Night?						
What makes your symptoms better?		Worse?				
Medical History: At any time have you had problems with the following:						
☐ diabetes		☐ treatment for drug/alcohol abuse		☐ sickle cell trait/disease		
☐ stroke		☐ stomach ulcers		☐ bleeding disorder		
☐ seizures		☐ liver disease/hepatitis		☐ blood clots		
☐ glaucoma		☐ anemia		☐ cancer		
☐ thyroid disease		☐ venereal disease		☐ arthritis		
☐ parathyroid disease		☐ gout		☐ rheumatoid arthritis		
☐ rheumatic fever		☐ pancreatitis		☐ osteoporosis		
☐ pneumonia		☐ bowel/intestinal problems		☐ HIV/AIDS		
☐ asthma		☐ shingles		☐ blood transfusion		
☐ emphysema		☐ kidney disease/stones		☐ psoriasis		
☐ heart problems		☐ hiatal hernia		☐ depression		
☐ high blood pressure		☐ tuberculosis		☐ mental health disorder		
☐ high cholesterol		☐ Prior fractures (WHEN?)		☐ OTHER (EXPLAIN):		
☒ NO KNOWN MEDICAL PROBLEMS						
Physician's Notes:						

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Patient Medical History			
Patient's Name:		Patient ID	Physician's Initials:
List your previous surgeries		Date of Service:	
Knee		Year of surgery	
Kidney stone		1985	
Back		2000	
List current medications (include vitamins & birth control pills)		Dosages	How often?
Neurontin	300 mg	3 times a day	
Aspirin	81 mg	1 a day	
List any drug allergies or problems taking medications		Type of reaction—(ex. itching, hives)	
None			
Review of Systems:	In the past 6 months have you had any of the following problems? If so when?		
☐ repeated fevers	☐ bruise easily	☐ painful or frequent urination	
☒ weight gain	☐ frequent headaches	☐ bladder control problem	
☐ weight loss	☒ tingling/numbness	☐ bowel control problem	
☐ trouble swallowing	☐ blackouts	☐ tick bite	
☐ chest pain	☐ trouble sleeping	☒ joint pain	
☐ shortness of breath	☐ low energy level	☒ back or neck pain	
☐ irregular heart beat/palpitations	☒ depression/anxiety	☐ muscle pain or cramps	
☐ heartburn	☒ fatigue		
☐ skin rash	☐ hot flashes		
Family History: Have any of your blood relatives had? If yes, indicate relationship.			
☒ high blood pressure	mother	☐ rheumatoid arthritis	☒ diabetes
☐ back problems		☐ heart disease	☒ cancer
☐ sickle cell trait/disease		☐ osteoporosis	mother
☐ OTHER (Explain):			
Social History			
Marital Status: Single Married <u>Divorced</u> Widowed	How many children? 2	Ages of persons living at home: 21	
Work Status: ☒ Employed ☐ unemployed ☐ retired ☐ homemaker ☐ Disabled (if yes, why?)	Occupation Maintenance tec.	Are you: ☐ Left-handed ☒ Right-handed	
		Highest level of education? 12 grade	
Current smoker? ☐ Yes ☒ No	How many packs per day? _____ packs	How many years? _____ years	
Former smoker? ☐ Yes ☒ No	If yes, what year did you quit? _____		
Alcohol use? ☒ Yes ☐ No	☐ Never/hardly ☐ daily ☐ once per week ☒ once per month ☐ once per year		
Hobbies or Interests:			
Regular exercise: ☒ rarely ☐ once per month ☐ once per week ☐ two to five times per week ☐ once per day			
Type of exercise:			
Age at menopause:	Are you on a special diet? ☒ No ☐ Yes If so, type: _____		
Caffeine intake: ☐ No ☒ Yes	How many cups/glasses per day? _____ cups of coffee/glasses of tea		
Do you regularly use: ☒ Aspirin ☐ pain relievers ☐ calcium ☐ vitamins ☐ vitamin D			

- ☐ R. Stephen Harley, M.D.
☐ M. David Mitchell, M.D.
☐ Michael R. Henderson, M.D.

Orthopaedic Associates, P.A.

- ☐ Gerald L. Rollins, M.D.
☐ Mary Joan Black, M.D.
☐ Michael W. Funderburk, M.D.
☐ Martin J. Gillespie, M.D.

110 Dillon Drive, Spartanburg SC 29307 (864) 582-6396 • 2995 Reidville Road, Spartanburg SC 29301 (864) 587-6755

Today's Date:

2-21-05

Mr. Mrs. Miss	First Name <i>Kenneth</i>	Middle Name <i>L</i>	Last Name <i>Lowter</i>	Race <i>W</i>
Date of Birth <i>12-22-58</i>	Social Security # <i>247-23-0556</i>	Sex <i>M</i>	Age <i>46</i>	Home Phone # <i>461-9296</i>
Work Phone # <i>680-4225</i>				
Mailing and Street Address <i>621 Martin Camp Rd</i>		City <i>Chesnee</i>	State <i>SC</i>	Zip Code <i>29323</i>
Place of Employment (Indicate if <u>fulltime</u> or part-time student and where) <i>Kohler Co.</i>			Address/City <i>4000 S Pine St. Spartanburg SC. 29302</i>	
Spouse's or Parent's Name		Date of Birth	Social Security #	Work Phone #
Employer		Employer's Address		
Emergency Contact Person (Outside of Household) <i>Danny Lowter</i>			Phone # <i>461-9574</i>	
Name of Insured <i>Kenneth Lowter</i>	Social Security # <i>247-23-0556</i>	Insured's Date of Birth <i>12-22-58</i>	Address	
Reason for today's visit: Please Check ONE: ☐ Work Related ☐ Automobile Accident ☒ Other Injury				
Accident Date AND Time/Symptom Date:				
Name of Person or Physician Who Referred You: <i>Dr. Larry Ware</i>				
COMMENTS:				

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 2-21-05

Mr. Lawter returns doing much better with his back. In fact, he is anxious to return to work tomorrow.

PE: Shows less paraspinous spasms. Neurologically intact to the lower extremities.

X-RAYS: Repeat x-ray now shows excellent early fusion already at the L4-5 level.

PLAN:

1. Return to work.
2. Return to our office in three months for maintenance check. The patient declines further analgesics.

R. Stephen Harley, MD
RSH/mwm

Dos: 12.14.04 - 4 1/2 mth

ORTHOPAEDIC ASSOCIATES, P.A.

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2995 Reidville Road • Suite 140
Spartanburg, SC 29301
(864) 587.1921 FAX (864) 587.9119

PHYSICAL THERAPY PROGRESS NOTE / DISCHARGE SUMMARY

DATE 2.15.05 PATIENT KENNETH LAWTON ACCT# 59430
MD HARLEY DX W/LUMBAR DISC
DOS 12.14.04
IE 1-26-05 VISITS 3 CANCELLATIONS _____ NO SHOWS _____

SUBJECTIVE:

"Doing better - Hope to go back to
work after I see doctor next
wk - I can get help w lifting"

OBJECTIVE:

ROM: Lumbar - ✓ fingertips to 10" from floor
ETT. 0 - 200 +
H/F - fingertips to below knee jt.

pain ↓ from 5/10 to 3/10

COMMENTS:

encourage him to continue to spinal
stab. w. m/walking program @ home

ST GOALS:

LT GOALS:

7 MET

PLAN:

D/C:

✓

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A. F. R. RPT

Next MD appt:

2-21-05

11/18/04jos

3.18.9.15

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 1-24-05

Mr. Lawter returns now being over six weeks after fusion.

PE: Physical exam shows the wound is supple. The patient is moving about better. He still has some dysesthesia in the left lower extremity, but he declares his back is no longer painful.

PLAN:

1. Gradual increase in activity.
2. Begin formal PT.
3. Lortab 10 dispense #60 with two refills.
4. Neurontin 300 mg PO t.i.d.
5. Return to our office in four weeks for a repeat check and would like a repeat lumbosacral spine x-ray upon return.

R. Stephen Harley, M.D.

RSH/dlw

S/p - 2 months - 1 week - post-op DOS: 12/14/05

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 1-3-05

HPI: The patient is seen 20 days from surgery where patient underwent decompression of L4-5 using pedicle screws and interbody fusion with a cage and bone graft. The patient states he has been doing much better. He is able to move around much better. However, he has a burning sensation which is new from his knee down to his foot with no loss of function of his left lower extremity. The patient states this has been evidence since postoperatively. The patient's back is sore but is much better than it was before now that the surgery has been done and he is happy with the result.

EXAM: Lower lumbar spine shows incision healed well. Sutures still in place and are to be removed this afternoon by myself. Otherwise, the patient has minimal tenderness around incision. No signs or symptoms of infection. Non-erythematous. No drainage noted. SI joint negative bilaterally. Straight leg raise negative bilaterally. Neurovascular examination bilateral and symmetrical. Deep tendon reflexes intact. Strength is 5/5. The patient does, however, complain of a burning sensation of the left lower extremity from the knee down to the foot.

X-RAYS: Show hardware to be nicely in place as well as cages. Bone graft appears to be in place as well. No lucency around hardware indicating movement and appears to be holding well.

ASSESSMENT: Status post 20 days decompression and fusion of L4-5 with pedicle screws and cage.

PLAN: The patient will follow up in 2-3 weeks. Prescribed Halcion for sleep deprivation as well as Neurontin for neurological pain.

Chris Prasun, PA-C
CP/mwm
For: R. Stephen Harley, MD

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH

ORDERING PHYSICIAN: HARLEY, R S

LOC: 7T-702-A

DOB: 12/22/58

Pt. Type: IP

UNIT #: 000505378

CIH: 1336398

ANH: 50434100896

Exam

50697 XR SPINE LUMBAR 2 OR 3 VIEWS Date: 12/14/04 1225

72100

Ord Diag: 722.2-DISC DISPLACEMENT NOS

Intraprocedural assessment 12/14/2004:

Indication: 45-year-old male for lumbar surgery.

Findings: Two digital (thermal) images are submitted. They appear to represent a single image in its inverse. They demonstrate placement of transpedicular screws at the L4 and L5 levels. Surgical density is superimposed upon the narrowed intervening disc space.

Recommend a three-view series in the recovery period.

Read By: DAVID A KALLMAN, M.D.

Released By: DAVID A KALLMAN, M.D.

PL

FINAL

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

DISCHARGE SUMMARY

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1958
MEDICAL RECORD #: 505376
ACCOUNT NUMBER: 434100696
ADMISSION DATE: 12/14/2004 DISCHARGE DATE: 12/18/2004
ATTENDING PHYSICIAN: HARLEY, R S

ADMITTING DIAGNOSIS (ES): L4-5 inflammatory changes and vertebral spine instability.

FINAL DIAGNOSES: Vertebral instability L4-5.

OPERATIONS:

1. Wide decompression with facetectomy and discectomy L4-5.
2. Open reduction internal fixation L4-5 with globus pedicle screws and rods.
3. Posterior interbody fusion L4-5.
4. Placement of globus interbody cage.
5. Posterolateral fusion L4-5.
6. Harvesting of local bone.

HISTORY: This 45-year-old male patient has had laminectomy and discectomy on October 14, 2004 at L4-5 on the left. He did well initially, but then developed progressive pain. He was admitted to the hospital and required large doses of intravenous methylprednisolone to overcome his pain. The patient had recurrence of his pain. He has had a failure of conservative management. X-rays have shown bone on bone abutment at L4-5 with inflammatory L4-5 diskitis, without any evidence of infection. The patient is admitted at this time for further treatment and diagnosis.

X-RAY/LABORATORY DATA: Chest x-ray was within normal limits. Electrocardiogram showed left axis deviation. Intraoperative film shows transpedicular screws at L4-5 with fixation. Preoperative CBC was within normal limits. Postoperative CBC was normal. Urinalysis was negative. Basic metabolic panel was within normal limits.

HOSPITAL COURSE: The patient was admitted to the operating room where under general anesthesia wide decompression and facetectomy at L4-5 was accomplished with open reduction internal fixation L4-5 with globus screws and rods, posterior interbody fusion at L4-5 and placement of globus interbody cage, posterior lateral fusion L4-5 and harvesting of local bone was accomplished. The patient tolerated the procedure well and left the operating room in good condition.

DISCHARGE SUMMARY

LAWTER, KENNETH
505376

Page 1 of 2

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ADMITTING

Postoperatively, as would be expected, he had pain and he did have a drain placed at the time of surge and this was removed his second postoperative day. He remained afebrile. He had slow progress in physical therapy but was subsequently able to meet his rehabilitation goals.

DISCHARGE CONDITION: At this time he is discharged in stable/improved condition.

FOLLOW UP: He will follow up with Dr. Harley in seven to ten days for wound check and suture removal.

DISCHARGE MEDICATIONS: Lortab 10 mg #60, one every four hours as needed pain with one refill.

He is given wound precautions. His activity is limited to no bending, stooping or lifting.

DICTATED BY: SEAN IRVIN, PA-C

D:12/18/2004 06:15:16

T:12/25/2004 19:32:21/st

142681/142710

cc: R S HARLEY, M.D., Admitting Physician

DISCHARGE SUMMARY
LAWTER, KENNETH
505376
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Page 2 of 2

ADMITTING

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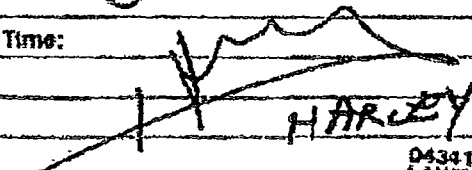
25



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Regional Healthcare System

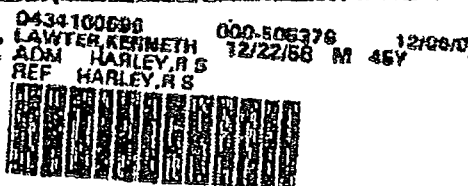
☐ SRMC ☐ SHRC ☐ BJW

PHYSICIAN PROGRESS NOTE

Date:	12/14/07	Immediate Post-Op Note
Surgery Performed:	1) Wide decompression & Facetectomy C4-5	
Pre-op Diagnosis:	2) ORIF L4-L5 & Globus pedicle screws: rods 3) PLIF L4-5 4) Placement Globus interbody cage 5) Post/Lat Fusion L4-5 6) Harvesting local bone	
Post-op Diagnosis:	2) Vertical instability L4-5	
Surgeon/Physician:	Harley	
Assistant:	Prosser, PA	
Anesthesiologist (MDA):	Dr. Antech	
Anesthesia (CRNA):	Mike Murray	
Specimens Removed:	Ø	
EBL:	700cc	
Blood Replaced:	Cell-saver	
Drains:	1 Hemovac	
Complications:	Ø	
Condition at Completion of Procedure:	good	
Date:		Time:
Physician Signature:	 HARLEY	

Patient Label

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

52430
65
1/24

OP REPORTS

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1958
MEDICAL RECORD #: 505376
PROCEDURE DATE: 12/14/2004
ACCOUNT NUMBER: 434100696
ROOM:

PREOPERATIVE DIAGNOSIS: Vertical spine instability L4-L5 with evidence of some recurrent L4-L5 disc herniation.

PROCEDURES:

1. Wide decompression with facetectomy at L4-L5.
2. Open reduction internal fixation of L4-L5 using Globus pedicle screws and rods.
3. Posterior lumbar interbody fusion L4-L5.
4. Placement of Globus interbody fusion cage.
5. Posterolateral fusion from L4 to L5.
6. Harvesting of local bone graft material.

POSTOPERATIVE DIAGNOSIS: Same.

SURGEON ATTENDING: Dr. Harley.

ASSISTANT: Mr. Chris Frasn, PA.

ANESTHESIA: General endotracheal.

INDICATIONS: The patient is a 45-year-old man who had a laminectomy with diskectomy at L4-L5 on the left on 04/28/04 that being approximately 8 months prior to surgery. The patient did well initially and was almost pain-free. Unfortunately, thereafter he developed a severe progressive pain. He required admission to the hospital and required large doses of intravenous methylprednisolone to overcome this pain. Repeat MRI scan showed inflammatory changes on each side of the disc space at L4-L5. Nevertheless, he did not show signs of infection. He continued to be followed in our office and finally began to develop bone on bone eburnation at the L4-L5 level with an inflammatory L4-L5 discitis without beginning evidence of infection. White count and sed rates always looked good. Finally, because of continued pain the decision was made to admit the patient to perform fusion of the segment.

PROCEDURE IN DETAIL: The patient was taken to the operating room and general endotracheal anesthesia was induced. He was then rolled into the knee chest position on the

OP REPORTS

LAWTER, KENNETH
505376

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Page 1 of 2

DICTATING

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Andrews spinal table and care was taken to avoid pressure points. The back was thoroughly scrubbed with Betadine scrubbing solution, painted with Betadine paint and draped in a sterile orthopedic manner. His original surgical incision which was about 4 cm in length was increased to an overall length of about 10 cm and centered over L4. The incision was carried through the subcutaneous tissue and small bleeders were cauterized. The paraspinous fascia was divided in line with the skin incision and a subperiosteal dissection carried out bilaterally. Image intensifying fluoroscope was used to establish operative level. A complete laminectomy was performed of L4 removing the entire arch and facetectomies were performed with foraminotomies at L4-L5 foramen bilaterally. There was some bulging disk material and excessive scar tissue about the left side at L4-L5 and all this was carefully removed. There was no further object compressing the neural structures. An image intensifying fluoroscope was then used to place bilateral pedicle screws at L4 and L5 of the Globus variety. These were titanium screws. A repeat discectomy was performed and a fusion cage polymer material packed with bone graft which had been harvested from the spinous process and facet joints was packed into the cage. Good distraction was achieved at the L4-L5 interspace. Rods were then attached to the globus construction. A high-speed bur was used to decorticate the posterior elements and the remainder of the bone graft material was packed with bone graft substitute and also growth factors into the posterolateral gutters bilaterally. The wound was thoroughly irrigated with Kantrex solution throughout the case. No dural tears were ever encountered. A medium Hemovac drain was placed in the pit of the wound. The fascia lata was closed using 0 Vicryl in a simple running style. Subcutaneous tissue was closed using 2-0 Vicryl in interrupted horizontal mattress fashion and the skin was closed using running subcuticular suture of 3-0 Prolene. A dressing was made up of Xeroform gauze, 4x4s, ABDs, and tape. Total estimated blood loss was 700 ml. Fluids were Cellsaver return, plus intravenous fluids.

DRAINS: Hemovac. Specimens none submitted.

COMPLICATIONS: None.

DICTATED BY: R S HARLEY, M.D.

D:01/17/2005 08:02:48

T:01/18/2005 08:44:54/abi

154254/152776

cc:

OP REPORTS

LAWTER, KENNETH

505376

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DICTATING

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH

ORDERING PHYSICIAN: HARLEY, R S

LOC: POT

Pt. Type: POT

DOB: 12/22/58

UNIT #: 000505376

CI#: 1331743

ANH: 50434100696

Exam

50342 XR CHEST PA AND LATERAL
71020

Date: 12/07/04 1146

Ord Diag: 722.2-DISC DISPLACEMENT NO

PA and lateral chest x-ray 12/7/2004

Indication: 45-year-old male for preoperative assessment (lumbar surgery).

Comparison: 7/15/2003

Findings: Lungs are normally inflated and clear and outlines of the pulmonary vascularity, hila and cardiomeastinum unremarkable. Heart normal in size. Osseous and soft tissue outlines normal.

Impression:

Unremarkable examination.

Read By: DAVID A KALEMAN, M.D.

Released By: DAVID A KALEMAN, M.D.

EH

FINAL



R. Stephen Harley,
M. David Mitchell, M.D.
Michael R. Henderson, M.D.
Mary Joan Black, M.D.
Gerald L. Rollins, M.D.
Michael W. Funderburk, M.D.
Martin J. Gillespie, M.D.
W. Howard Tiller, Jr. M.D. (1952-2003)

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Spartanburg, South Carolina 29301
(864) 587-6755 Fax (864) 595-4080

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 11-29-04

CHIEF COMPLAINT: Relentless severe low back pain. Occasionally the patient feels pain across the posterior aspect of the left buttock down to the knee especially when he lies down, but his back pain is worse than the leg pain. The patient denies any recent fever or chills.

HISTORY OF PRESENT ILLNESS: Mr. Kenneth Lawter is a 45-year-old man who had a laminectomy with discectomy on 4-28-04 at L4-5 from the left. Following the operation, the patient did nicely for a brief period of time but then began to experience an enormous increase in pain. The patient had so much pain he even had to be admitted from the emergency room to deal with it. The patient was given fairly large intravenous doses of methylprednisolone, and slowly he began to feel better and left the hospital and was doing fairly nicely for a time. Unfortunately now the pain has returned, and the patient would rate it as an 8 on a scale from 1-10. The patient has been treated with occasional runs of high tapering doses of prednisone with only transient relief. He has tried analgesics. X-rays at this point in time show virtual bone-on-bone eburnation at the L4-5 level with inflammatory L4-5 discitis without any evidence of infection. To elaborate further, there was a small collection of fluid in the epidural space that one of the radiologists thought could represent the possibility of an infection. A later MRI scan showed resorption of that fluid. Once again, the patient has never had any fever or chills.

Because of the continued pain and the obvious resorption of this L4-5 disc space, the decision is made to move ahead with decompression at L4-5 followed by interbody fusion.

PAST MEDICAL HISTORY: No other known surgeries other than the laminectomy mentioned above.

MEDICAL PROBLEMS: Apparent diabetes mellitus treated orally.

CURRENT MEDICATIONS: At the time of admission, current medications are Paxil and Actos - dosages unknown.

Continued...

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 11-29-04
PAGE 2

ALLERGIES: None known.

PHYSICAL EXAMINATION: Generally speaking, a somewhat overweight, very pleasant 45-year-old man appearing his stated age moving about the office in an essentially normal fashion with normal gait and posture.

HEENT: Pupils are 3 millimeters and equally reactive to light and accommodation. Extraocular movements are intact. The pharynx is benign. The neck is supple without adenopathy.
CHEST: Clear to A&P.
CV: Regular rhythm without murmur or gallop.
ABDOMEN: Benign.

SPINE: Examination of the back shows a well-healed 4 cm midline surgical incision centered over L4 which is itself nontender. The patient is a bit tender about the left sciatic notch. A thick layer of adipose tissue obscures bony details. Range of motion shows the patient can flex forward and bring his fingertips only to the level of the knees. He can extend about 5° with bending 5° right and left. Straight leg raising to 90° actively bilaterally. Lower extremity strength is 5/5 and symmetric throughout with all reflexes 2+ and symmetric and normal sensation.

X-RAYS: X-ray examination shows eburnation of the L4-5 endplates with a proliferation of bone. Disc heights are well maintained cephalad and caudal to the L4-5 level.

ASSESSMENT: L4-5 inflammatory change with bone-on-bone eburnation and vertical spine instability.

PLAN:

1. We'll get preop labs in the usual form including a sed rate to make sure there's no evidence of infection.
2. Plan for decompression at the L4-5 level followed by open reduction internal fixation from L4 to L5 using Globus pedicle screws and an interbody fusion cage.

R. Stephen Harley, M.D.
RSH/diw

DOB: 12-22-58 - 20 days

LAWTER, KENNETH
DATE: 11/19/04
CHART #59430

Kenneth Lawter is a 43-year-old gentleman who is here for a flare up of some low back and left buttocks discomfort and a little bit of numbness and burning in the left anterolateral thigh. He has a significant history of a disc herniation at 4-5 that required surgery earlier this year. This helped significantly for about three weeks and then he developed increasing problems since then. He has been able to go back to work but on two occasions had to be hospitalized after that disc surgery because of flare up of discomfort. Dr. Harley felt that he had a discitis that he developed there and had actually discussed with the patient that at some point he may need to have a fusion of this L4-5 level. Over the past week he has had an increasing amount of discomfort. In the past he has used Lortab for pain.

PAST MEDICAL HISTORY: He is basically healthy. See patient medical history form dated 4/16/04 with no interval change of significance.

PHYSICAL EXAM:

GENERAL:

Appearance:	Normal
Gait:	Regular without limp
Coordination:	Normal
Orientation:	Normal x3
Mood/Affect:	Normal

Exam of the back shows a well healed surgical incision from his previous laminotomy. He has a restricted range of motion in all directions of the lumbar spine but no malalignment. Some flattening of the lumbar lordosis is present.

The lower extremity exam shows good motion of the hips, knees and ankles. Straight leg raise is unremarkable. He may have a little bit subjectively of a little decreased sensation over the anterolateral thigh but nothing major and below the knee neurovascular exam is normal.

X-rays of the LS spine show significant disc space collapse and spurring consistent with a discitis at 4-5. I would be worried that he may have had a postoperative infection in this area even though there is no clinical evidence to support this, never had any problems with drainage after surgery, etc.

-Continued

LAWTER, KENNETH

11/19/04

PAGE 2

ASSESSMENT: L4-5 discitis with recent flare up status post lumbar laminotomy at L4-5 for disc herniation earlier in 2004.

PLAN: At this point we will try him on some Celebrex 200 mg twice a day for three days and then once a day and then use Lortab if needed for pain but try to limit the use of Lortab. It is certainly possible this gentleman will need to have something done with this in the future but right now let's get over the current flare up and only if he had flare ups on a frequent basis causing him to miss work that can't be controlled by conservative management should surgery be considered.

Gerald L. Rollins, M.D.
GLR/ta

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 8-30-04

Mr. Lawter returns with his back feeling ever better. The patient's moving about better. Less paraspinous spasm. Neurologically intact to the lower extremities.

PLAN:

1. Return to work at this point in time.
2. Discontinue prednisone.
3. Lortab 7.5 dispense #60 with two refills.
4. Return to our office in three months for a maintenance check. Would like a repeat lumbosacral spine x-ray upon return.

R. Stephen Harley, M.D.
RSH/dlw

NAME: **LAWTER, KENNETH**
DOB: 12-22-58
ACCT. #: 59430
DATE: 8-9-04

Mr. Lawter returns with his back feeling considerably better but nevertheless, far from perfect. He does not appear strong enough for a return to work in the maintenance business.

PE: Physical exam shows the wound is more supple. The patient is neurologically intact.

PLAN:

1. Continue Prednisone 5 mg po b.i.d. dispense 60.
2. The patient declines analgesics.
3. Return to our office in three weeks and hopefully the patient will be ready to return to work then.

R. Stephen Harley, M.D.
RSH/gs

NAME: **LAWTER, KENNETH**
DOB: 12-22-58
ACCT. #: 59430
DATE: 7-12-04

Mr. Lawter returns with his back still achy and painful. He declares he can only walk about 70 yards before having to sit down. The pain is mainly in the low back and occasionally radiates across the anterior aspect of the left thigh but is nevertheless still acute.

PE: Physical exam shows a moderate paraspinous spasm. Otherwise, neurologically intact in the lower extremities.

PLAN:

1. Since the patient is slowly improving, we will not go ahead with spine fusion at this point in time.
2. We will maintain the patient on Prednisone 5 mg po b.i.d. dispense 60.
3. Lortab 10 dispense 60.
4. Anticipate the patient will be out of work for another four weeks until evaluated at that point in time. That is when his office return will be.

R. Stephen Harley, M.D.
RSH/gs

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 7-02-04

HPI: Patient returns to the clinic status post three-and-a-half weeks from his last office visit where he was given Demerol and prednisone for lower back pain. The patient states today that his pain has been much better since given the medications. He has minimal episodes of severe pain in his back; however, he does still have episodes. The patient states he's feeling much better than he was before and would even like to try going back to work; however, this is not in his best interest from myself and Dr. Harley's standpoint.

PE: Physical examination shows a well-developed, well-nourished male in no acute distress. The patient shows mild general lumbar tenderness. Positive straight leg raise on the right. Reflexes within normal limits. Left ankle jerk 2+, right ankle jerk 2. The patient denies decrease in sensation in the anterior thigh of the left leg different than last office visit. Pedal pulses 2+.

ASSESSMENT:

1. Chronic low back pain.
2. Patient seems to be getting better on pain medications.

PLAN:

1. Continue Demerol and prednisone as prescribed previously.
2. Will see the patient back on July 12th for further evaluation - will hold him out of work until that point for further evaluation by Dr. Harley.

Chris Prasun, PA-C
CP/dlw

For: R. Stephen Harley, M.D.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

AME: LAWTER, KENNETH
ORDERING PHYSICIAN: BLACK, MARY JOAN
OC: 7T-702-A DOB: 12/22/58
t. Type: IP

UNIT #: 000505376
CI#: 1229929
AN#: S0417100079

Exam

04026 MRI LUMBAR SPINE W AND W/O CONTRA Date: 06/21/04 1433
72158 Ord Diag: Lumbago 724.2

MRI Lumbar Spine

June 21, 2004

History: Lumbar surgery 6 weeks ago. Low back and left leg pain.

Technique: The post-op lumbar spine protocol which includes scan with and without intravenous contrast.

Comparison: June 4, 2004

Findings: The previously noted post-op fluid collection extending from the left laminotomy defect into the posterior paraspinal muscles along the left side of the spinous process has decreased in size. Currently this measures 2.6 cm x 1.2 cm on image # 214 and this previously measured 4.3 cm x 1.7 cm. The previously noted fluid collections within the spinal canal adjacent to the tip of the thecal sac are no longer identified.

Marrow space adjacent to the vertebral body end-plates at L4-5 demonstrates slight increase in T2 signal and increased contrast-enhancement relative to the previous examination. There is also increased contrast-enhancement in the paraspinal soft tissues. These findings are nonspecific; however the increase in contrast-enhancement relative to the previous post-op scan performed June 4, 2004 would raise at least some suspicion for infection.

At L5-S1 a small, broad-based left central disk protrusion is noted without obvious nerve root impingement. However, detail on today's examination is limited by motion artifact.

Impression: Previously noted post-op fluid collection adjacent to the

PINAL

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH
ORDERING PHYSICIAN: BLACK, MARY JOAN
LOC: 7T-702-A DOB: 12/22/58
Pt. Type: IP

UNIT #: 000505376
CI#: 1229929
AN#: S0417100079

Checkin-Exam Code Summary
1229929-04026

laminotomy defect on the left at L4-5 is smaller compared with the previous examination of June 4, 2004. Previously noted fluid collections within the spinal canal have resolved. Increased contrast-enhancement in the L4 and L5 vertebral bodies adjacent to the disk space and increased enhancement in the paraspinal soft tissue. This contrast-enhancement is more prominent compared with the previous exam and this change would raise the possibility of infection. Correlation clinical information recommended

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

FINAL

SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA
HISTORY AND PHYSICAL

PATIENT NAME: LAWTER, KENNETH
MEDICAL RECORD #: 505376
DATE OF BIRTH: 12/22/1958
ACCOUNT NUMBER: 417100079
DATE OF ADMISSION: 06/19/2004
ROOM: 702

CHIEF COMPLAINT: Intractable back pain.

HISTORY OF PRESENT ILLNESS: The patient is a 35 year old patient of Dr. Harley now approximately six weeks status post lumbar decompression fusion. The patient has had problems since that time with pain issues. Most recently he was discharged two weeks ago after admission for pain control. MRI at that time showed accumulation of fluid around the surgical area. Since that time of discharge two weeks ago the patient states he has basically been at bedrest, not able to do much, due to pain. It has progressed over time, to the point where he now presents to the emergency department for evaluation. He denies any trauma or mechanism of injury. The patient states he is unable to get up and walk due to extreme pain in his back. He does report some left lower extremity numbness at times which has been present throughout.

The patient denies change in bowel or bladder habits.

PAST MEDICAL HISTORY: Noncontributory.

MEDICATIONS: The patient is currently taking Demerol p.o., as well as prednisone, unknown dosage.

DRUG ALLERGIES: No known drug allergies.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Alert and oriented times three, moderate distress due to pain.

HEART: S1, S2, regular rate and rhythm, no murmurs heard.

LUNGS: Clear to auscultation bilaterally.

BACK: Well healed surgical incision midline. Moderate paraspinal muscle spasms present in the lumbar area.

H & P
LAWTER, KENNETH
505376

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Examination of the lower extremities reveals sensory intact to light touch, motor intact to tibialis anterior, tibialis posterior, extensor hallucis longus. Distal pulses 2+ and symmetric bilaterally, dorsalis pedis and posterior tibial. Straight leg raising negative bilaterally, although it increases back pain at approximately 30 degrees.

ASSESSMENT: Intractable back pain.

PLAN: At this point we will admit the patient to Tower 7 under Dr. Black for pain control. Will place the patient on a PCA morphine pump, as well as Flexeril for muscle spasms. The patient will obtain list of home medications, including prednisone to continue. The patient had a followup visit with Dr. Harley on Monday, and due to change in pain we will probably keep him here through Monday so that Dr. Harley can see him in the hospital.

DICTATED BY: J.R. Miller, PA for MARY J BLACK, M.D.

D:06/19/2004 11:26:47

T:06/20/2004 19:32:58/lb

73407/70307

Cc:

H & P
LAWTER, KENNETH
505376
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Page 2 of 2

DICTATING

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

DISCHARGE SUMMARY

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1938
MEDICAL RECORD #: 505376
ACCOUNT NUMBER: 417100079
ADMISSION DATE: 06/19/2004 DISCHARGE DATE: 06/23/2004
ATTENDING PHYSICIAN: HARLEY, R S

ADMITTING DIAGNOSIS: Intractable back pain

FINAL DIAGNOSIS: Intractable back pain.

HISTORY. This is a 35 year old male patient of Dr. Harley, who has been followed in the office for back pain. He was six weeks status post lumbar decompression fusion. His initial postop course was completely uneventful. He was seen in the office the week prior to admission with recurrent pain. He was given Demerol and prednisone. He had no improvement with this, and contacted the office on the 19th and he was advised to come to the hospital for admission. His positive physical findings include a well healed surgical incision in the midline. He had moderate paraspinous muscle spasms in the lumbar region. He had intact light touch sensation. His distal pulses were 2+ and symmetric bilaterally. Straight leg raising was negative. The patient was admitted for further treatment and diagnosis.

Admission CBC was completely within normal limits. MRI of the lumbar spine showed some previously noted postop fluid collection adjacent to the laminectomy defect on the left at L4-5. There was increased contrast enhancement in the L4-5 vertebral bodies adjacent to the disc space, and increased enhancement in the paraspinous soft tissue. The patient was seen by Dr. Harley and attempt at aspiration failed to produce any fluid. The patient was treated with an PCA pump, and methylprednisolone 100 mg IV q 8 h, times three doses. The patient had subjective improvement. He remained afebrile throughout the entire hospitalization with no sign of any infection. At this point is felt to be improved and is discharged to home in stable/improved condition. He will continue his Demerol and prednisone at home. He will follow up with Dr. Harley in the office in one week, sooner if necessary. His activity is to tolerance.

DICTATED BY: SEAN IRVIN, PA-C

D:06/23/2004 07:32:31

T:06/27/2004 22:52:08/b

74555/73101

cc: R S HARLEY, M.D., Admitting Physician

DISCHARGE SUMMARY

LAWTER, KENNETH
505376

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ADMITTING

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SPARTANBURG
Regional Healthcare System

☐ SRMC

☐ SHRC

☐ BJW

MD ORDER TIME		#1	#2	#3	ICD 9 DX CODE:								
B L O O D	CBC:	auto	man	_____	ETOH	_____	CXR:	pa/lat	port	_____			
	BMP	_____	_____	_____	ASA	_____	Abd:	2view	KUB	_____			
	CMP	_____	_____	_____	Tylenol	_____	Spine:	C	T	L			
	CKMB / Troponin	_____	_____	_____	Digoxin	_____	Shoulder:	L	R	_____			
	Ulipase / Amylase	_____	_____	_____	Lithium	_____	Elbow:	L	R	_____			
	PT/PTT	_____	_____	_____	Theoph	_____	Wrist:	L	R	_____			
	BHCG:	ql	qnt	_____	Dilantin	_____	Hand:	L	R	_____			
	Group RH	_____	_____	_____	Depakote	_____	Pelvis:	_____	_____	_____			
	T & S	_____	_____	_____	Tegretol	_____	Hip	L	R	_____			
	T & C:	1	2	3	4	Phenob	_____	Knee:	L	R	_____		
Culture:	1	2	_____	_____	_____	Ankle:	L	R	_____				
U R I N E	UA:	cc	cath	c&s	_____	GC/Chlamydia	_____	Foot:	L	R	_____		
	UCG	_____	_____	_____	Wet Prep	_____	US:	GB	Abd	Pelvis	_____		
	UDS	_____	_____	_____	EKG	_____	CT:	Head	Face	Abd	Pelvis	_____	
	_____	_____	_____	_____	ABG:	RA 2L 100%	DOP:	vn	art	L	R	UE	LE

ORDERS		CONSULTANT		1st	2nd	3rd
1.	4.	1.				
2.	6.	2.				
3.	6.	3.				

☒ Template		ASSESSMENT	☐ Dictated	MEDS & INTERVENTION	NURSE/TECH	TIME
Low Back Pain Dr. Harvey Jr				STAFF ALERT:		
				Demerol 100mg > 1/4		
				Phenorge 50		
				2/1/02		
				Pain 1020		

Dx:	Admit MD:	Resident / NR / PA:	Consultant / PMD:
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ACCOUNT NO.	ADMISSION DATE / TIME	FO	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT. TYPE	BY	UNIT NUMBER
S 0417100079	06/19/04 1001	MO	12/22/58	45Y	M	1	M	PCS	3	ER	SSC	000-50537
ADMITTING DOCTOR		ATTENDING DOCTOR		ACCIDENT/WORK RELATED		ACCIDENT DATE/TIME		ADM. TYPE / SOURCE				
PHYSICIANS.ED		PHYSICIANS.ED		NO				2 7				
PATIENT INFORMATION		SOC. SEC. NO.		PATIENT EMPLOYER								
LAWTER, KENNETH		247-23-0556		KOHLER CORPORATION								
621 MARTIN CAMP ROAD		TELEPHONE NO.		P O BOX 1887								
CUCNEP SC 28323		(864)461-9296		SPARTANBURG SC 29304								
				TELEPHONE NO. 18641682-340								

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NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 6-14-04

HPI: Patient comes to the clinic today with worsening/continued pain in his low back and left leg. He has had a course of hospitalization recently for pain and is currently taking Tylox.

EXAM: General: Well-developed, well-nourished male in acute distress. The patient is evaluated with Dr. Harley. There's diffuse lumbar tenderness with positive straight leg raise for back pain. His knee jerks are symmetric. The left ankle jerk is 1+. The right ankle jerk is 2+. The patient has decrease in sensation on the anterior thigh of the left leg. Dorsalis pedis pulses are 2+.

X-RAYS: Review of the MRI report taken at the time of his recent hospitalization revealed some Modic changes per Dr. Harley's review.

PLAN: At this point, we feel the patient may have some degree of discitis. He is given a new prescription today for Demerol 50 mg #60 one or two q3-4h p.r.n. pain. He will also increase his dose of prednisone to 5 mg two b.i.d. and return to the clinic in one week for re-evaluation, sooner if necessary. He understands if he continues to have symptoms he may require a re-exploration.

W. Sean Irvin, PA-C

WSI/dlw

For: R. Stephen Harley, M.D.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: LAWTER, KENNETH

ORDERING PHYSICIAN: HARLEY, R S

LOC: 7T-712-A

DOB: 12/22/58

Pt. Type: IP

UNIT #: 000505376

CI#: 1220569

ANH: 50415600064

Exam

04026 MRI LUMBAR SPINE W AND W/O CONTRA Date: 06/04/04 1208
72158 Ord Diag: 724.2-LUMBAGO

MR exam of the lumbar spine done 6/4/04:

Examination is done because of continued lower back pain following disk surgery several weeks ago. Technique: Sagittal T1, T2, and post contrast T1 sequences. Axial T1, T2, and post contrast T1 sequences from L3 to S1.

There are post-surgical findings of a laminotomy at the L4-5 level on the left. An oval fluid collection is present in the posterior soft tissues along the left side of the spinous process of L4. This fluid pocket measures 4.3 x 1.7 cm in cross-sectional diameters. It is fairly homogeneous in signal intensity. Some enhancement of the soft tissues is seen around it, although this enhancement could represent the results of the previous surgery. A mild posterior bulge of the disk contour remains at this level but no recurrent disk herniation is evident. At L5-S1 there is an annular bulge of the disk but no focal protrusion. Immediately inferior to the disk level is an oval pocket of fluid on the left side of the spinal canal. It measures 1.3 x 0.8 cm and results in mass-effect on the distal end of the thecal sac. Slight enhancement is evident around the rim of this fluid collection after contrast.

Impression: Residual pocket of fluid in the soft tissues posterior to the laminotomy site at the L4-5 level. With its homogeneous signal intensity along with its T1 and T2 signal similar to spinal fluid, this most likely represents a collection of CSF. Differential diagnostic considerations would include hemorrhage and infection but these appear less likely. Within the spinal canal, there is mass-effect on the tip of the thecal sac by a small oval pocket of fluid that could represent an additional collection of CSF (possibly located in the epidural space). Infection would also be a possibility at this level. No recurrent disk herniation is evident.

Read By: Mark Monson, M.D.

Released By: Mark Monson, M.D.

FINAL

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

5/17/04
PMB

NAME: LAWTER, KENNETH

ORDERING PHYSICIAN: HARLEY, R S

LOC: DIS

Pt. Type: IP

DOB: 12/22/58

UNIT #: 000505376

CI#: 1197573

ANH: S0411400157

Exam

50698 XR SPINE LUMBAR P** (2 OR 3 VIEWS Date: 04/28/04 1143

72100

Ord Diag: 722.2-DISC DISPLACEMENT NOS** Portable

**

Clinical data: Back pain.

Findings:

Lateral view portable of the lumbar spine at 1140 hours. Surgical probe at the lumbosacral junction.

Impression:

No complicating features.

Read By: BRIAN BAGHDADY, M.D.

Released By: BRIAN BAGHDADY, M.D.

EMB

FINAL

** Portable **



SPARTANBURG REGIONAL MEDICAL CENTER
SPARTANBURG, SOUTH CAROLINA
HISTORY AND PHYSICAL

55430
ES
7/2

PATIENT NAME: LAWTER, KENNETH
MEDICAL RECORD #: 505376
DATE OF BIRTH: 12/22/1958
ACCOUNT NUMBER: 415600064
DATE OF ADMISSION: 06/04/2004
ROOM: 712

CHIEF COMPLAINT: Excruciating lower back pain.

HISTORY OF PRESENT ILLNESS: The patient is a 45-year-old male known to Dr. Harley for previous L5-S1 discectomy and back pain with radiculopathy. The patient states that he is status post 5.5 to 6 weeks out from surgery. He states that until Monday of this past week he was doing great. He had no issues of pain or muscle spasms. He stated that on Monday his pain and muscle spasms began and progressively got worse and worse until today when he could not stand up. He was brought to Spartanburg Regional Medical Center by EMS due to severe pain with radiculopathy. The patient's medical history consists of orally controlled diabetes, negative for hypertension, negative for coronary artery disease, or previous heart catheterization. Complaints of mild acid reflux.

PAST SURGICAL HISTORY:

1. Back surgery.

MEDICATIONS: Currently include:

1. Pain medications only.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

REVIEW OF SYSTEMS: Within normal limits. No headache or blurred vision. No chest pain or shortness of breath. No cough or dyspnea. No nose bleeds. No sore throat. No increase or decrease in bowel or bladder function or musculoskeletal lower lumbar spine with radiculopathy down both right and left lower extremities in the mid thigh.

PHYSICAL EXAMINATION:

This is a 45-year-old male in no acute distress. Pleasant on examination while not moving however, otherwise winches in pain due to his lumbar spine. Focal examination of the lumbar spine shows there to be tenderness bilaterally from midline. Paraspinal muscle spasms noted. The patient's SI joint is nontender to palpation. Straight leg raise is positive bilaterally. However,

H & P
LAWTER, KENNETH
505376

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Page 1 of 2

ATTENDING

unable to get a good examination due to patient's pain level at this time. Neurovascularly intact bilaterally in the lower extremities. Strength is good 5/5. Pedal pulses are good 4+.

PLAN:

1. Admit the patient per Dr. Harley and give appropriate medications. Repeat MRI with physical therapy and watch progression of the patient at that point.

DICTATED BY: CHRIS PRASUN

D:06/04/2004 13:36:31

T:06/04/2004 17:28:32/bgo

67921/64891

Cc: R S HARLEY, M.D., Attending Physician

H & P
LAWTER, KENNETH
505376
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Page 2 of 2

ATTENDING

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303**DISCHARGE SUMMARY**

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1958
MEDICAL RECORD #: 505376
ACCOUNT NUMBER: 415600064
ADMISSION DATE: 06/04/2004 DISCHARGE DATE: 06/07/2004
ATTENDING PHYSICIAN: HARLEY, R S

PRIMARY DIAGNOSIS: Excruciating lower back pain.

HISTORY OF PRESENT ILLNESS: The patient is a 45-year-old male known to Dr. Harley for previous L5-S1 discectomy and back pain with radiculopathy. The patient states that he was status post 5 1/2 to 6 weeks from surgery and states this past Monday that he was doing great with no complaints or issues with pain or muscle spasms. At that point, he began having progressively worse and worse lower back pain with muscle spasms. The patient was seen on Friday of this past week at Spartanburg Regional Medical Center emergency room brought in by EMS due to severe pain with radiculopathy down his legs.

The patient's medical history consist of orally controlled diabetes, negative for hypertension, negative for coronary artery disease or previous heart catheterization. Some complaints of mild acid reflux.

PAST SURGICAL HISTORY: Back surgery.

MEDICATIONS: Pain medications only.

ALLERGIES: Unknown.

The patient was admitted at that point for pain management as well as further evaluation of his lower back pain. MRI was taken and reviewed by Dr. Harley to show only small accumulation of fluid over previous site believed to be a postoperative hematoma. Also, inflammatory changes around L4-L5 disc levels explaining the pain. The patient does feel better, however, on IV pain medications and Methylprednisolone. The patient at this point is up walking around, minimal complaints of pain, stills hurts but very tolerable. At this point, the patient is deemed stable for discharge home to follow-up with Dr. Harley in the office in one week (582-6396).

Prescriptions given to patient for pain medication and muscle relaxers as on chart. The patient is to rest with no excessive bending or lifting until seen in the office of Dr. Harley.

DICTATED BY: R S HARLEY, M.D.

DISCHARGE SUMMARY
LAWTER, KENNETH
505376

Page 1 of 2

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DICTATING

D:06/07/2004 09:11:26
T:06/11/2004 12:33:23/
68513/67843

cc: R.S. HARLEY, M.D.

DISCHARGE SUMMARY
LAWTER, KENNETH
505376
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Page 2 of 2

DICTATING

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SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

MD ORDER TIME		#1	#2	#3	ICD 9 DX CODE:									
B L O O D	CBC:	auto	man	_____	ETOH	_____	CXR:	pa/lat	port	_____				
	BMP	_____	_____	_____	ASA	_____	Abd:	2view	KUB	_____				
	CMP	_____	_____	_____	Tylenol	_____	Spina:	C	T	L				
	CKMB / Troponin	_____	_____	_____	Digoxin	_____	Shoulder:	L	R	_____				
	Lipase / Amylase	_____	_____	_____	Lithium	_____	Elbow:	L	R	_____				
	PT/PTT	_____	_____	_____	Theoph	_____	Wrist:	L	R	_____				
	BHCG: qf qnt	_____	_____	_____	Dilantin	_____	Hand:	L	R	_____				
	Group RH	_____	_____	_____	Depakote	_____	Pelvis:	_____	_____	_____				
	T & S	_____	_____	_____	Tegretol	_____	Hip	L	R	_____				
	T & C: 1 2 3 4	_____	_____	_____	Phanob	_____	Knee:	L	R	_____				
Culture: 1 2	_____	_____	_____		_____	Ankle:	L	R	_____					
U R I N E	UA:	cc	cath	c&s	GC/Chlamydia	_____	Foot:	L	R	_____				
	UCG	_____	_____	_____	Wet Prep	_____	US:	GB	Abd	Pelvis				
	UDS	_____	_____	_____	EKG	_____	CT:	Head	Face	Abd	Pelvis			
		_____	_____	_____	ABG: RA 2L 100%	_____	DOP:	vn	art	L	R	UE	LE	
					HHN: 1 2 cont	_____								
ORDERS						CONSULTANT						1st	2nd	3rd
1. _____						1. _____								
2. _____						2. _____								
3. _____						3. _____								
☐ Template ASSESSMENT ☐ Dictated						MEDS & INTERVENTION						NURSE/TECH		TIME
						STAFF ALERT: <i>Morphine 4mg IV</i> <i>Morphine 4mg Q 10min</i> <i>0935 - 4mg DW</i> <i>1020 - 4mg DW</i>						<i>AW</i> <i>0845</i>		
Dx: _____ Admit MD: _____ Bed: _____														
ED Physician: <i>[Signature]</i>						Resident / NP / PA: _____						Consultant / PMD: _____		
ACCOUNT NO.		ADMISSION DATE / TIME		FC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT. TYPE	BY	LAST NUMBER
S 0415600064		06/04/04 0804		MG	12/22/68	45Y	M	1	M	EME	1	ER	SCT	000-5053
ADMITTING DOCTOR			ATTENDING DOCTOR			ACCIDENT/WORK RELATED			ACCIDENT DATE/TIME			ADM. TYPE / SOURCE		
PHYSICIANS.ED			PHYSICIANS.ED			NO						1 7		
PATIENT INFORMATION			SOC. SEC. NO.			PATIENT EMPLOYER								
LAWTER, KENNETH			247-23-0556			KOHLEK CORPORATION								
621 MARTIN CAMP ROAD			TELEPHONE NO.			P O BOX 1987								
CHESNEE SC 29323			(864)461-8298			SPARTANBURG SC 29304								
						TELEPHONE NO. (864)562-3401								

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NAME: **LAWTER, KENNETH**
DOB: 12-22-58
ACCT. #: 59430
DATE: 5-21-04

Mr. Lawter is now a little over three weeks status post laminectomy with discectomy. He had some increased pain in the left leg recently.

PE: Physical exam shows he is neurologically intact. The wound is supple and healing well.

PLAN:

1. Medrol Dosepak.
2. Lortab 10 dispense 60 with a refill.
3. Physical therapy to begin in formal fashion at this time.
4. Return to our office in four weeks for repeat check.

R. Stephen Harley, M.D.
RSH/gs

Dos: 4-28-04 - 1 mth. 3 wks.

LAWTER, KENNETH

DATE: 5/7/04

CHART #59430

The patient comes to the clinic today for his first postop visit status post L4-L5 laminectomy with diskectomy. He states that he has had improvement in his pain over his preop state and now just has "soreness". He has not taken any pain medication since Saturday. He comes into the clinic today for wound check and re-evaluation. He denies fevers, sweats or chills.

PHYSICAL EXAM: The patient is evaluated with Dr. Harley. The spine is midline with L4-5 tenderness. He has a wound at this level with Steri-Strips in place. There is some minimal ecchymosis. There is no SI joint or sciatic notch tenderness. Straight leg raise is negative. Reflexes are 2+ and symmetric in knee and ankle jerks. Light touch sensation is intact.

ASSESSMENT: Status post lumbar laminectomy L4-5 with diskectomy.

PLAN: The patient will progress his activities. He was cautioned against extended sitting. He was encouraged to maintain a walking program. We will see him back in two weeks for re-evaluation and we will institute physical therapy modalities at that time.

W. Sean Irvin, PA-C

WSI/ta

For: Stephen Harley, M.D.

CC: Dr. Ware



SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORTS

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1958
MEDICAL RECORD #: 505376
PROCEDURE DATE: 04/28/2004
ACCOUNT NUMBER: 411400157
ROOM: 715
PREOPERATIVE DIAGNOSIS: Left L4-L5 disk herniation.

POSTOPERATIVE DIAGNOSIS: Left L4-L5 disk herniation.

OPERATION PERFORMED: Left L4-L5 laminectomy with discectomy.

SURGEON: R. S. Harley, MD.

ASSISTANT: Chris Prasun, PA-C.

ANESTHESIA: General endotracheal.

HISTORY: The above-named patient is a 45-year-old man whose back has been intermittently painful for about the last one and a half years. The patient relates is all to the swinging of a golf club. He was referred to us by Dr. Larry Ware. The patient has been treated in the past by Dr. Sharon Peek who gave the patient an epidural, which unfortunately did not help. The patient also has been treated with oral anti-inflammatory agents and range of motion exercises all to no avail. MRI scan showed a significant left-sided L4-L5 disk herniation. Because of the failure of conservative treatment coupled with a positive MRI results, the decision was made to move ahead with laminectomy with discectomy.

DESCRIPTION OF PROCEDURE: The patient was taken into the operating room where general endotracheal anesthesia was induced. The patient was then rolled into the knee-chest position on the Andrews spinal table with care to avoid pressure points. The back was thoroughly scrubbed with Betadine scrubbing solution, painted with Betadine paint and then draped in a sterile orthopedic manner.

A 5-cm midline surgical incision was centered over L4. This incision was carried through the subcutaneous tissue and small bleeders were cauterized. The paraspinous fascia was divided in line with the skin incision and a subperiosteal dissection carried out on the left-hand portion of the spine. Using the Anspach drill, a small laminotomy keyhole was created. The ligamentum flavum was removed and a laminotomy performed to achieve exposure of the posterior L4-L5 disk space.

OP REPORTS
LAWTER, KENNETH
505376
PHYSICIAN COPY

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DICTATING

The dura was carefully retracted aside and intraoperative x-ray confirmed the position. A small hole was created in the posterior longitudinal ligament using the 15-blade and then a fairly large amount of herniated disk material was removed where a wad of the disk material had been "pouching up" under the left-hand portion of the posterior longitudinal ligament putting obvious pressure on the dura. The wound was thoroughly irrigated with Kantrex solution throughout the case. A piece of Gelfoam saturated with 80 mg of Depo-Medrol was placed over the laminotomy site. The paraspinous fascia was closed using 0 Vicryl in simple interrupted style. The subcutaneous tissue was closed using 2-0 Vicryl in interrupted horizontal mattress fashion. The skin was closed using a running subcuticular suture of 3-0 Prolene. A dressing was made up of Xeroform gauze, 4x4s, ABDs and tape.

TOTAL ESTIMATED BLOOD LOSS: About 50 mL.

FLUIDS: Intravenous fluids only; no blood was given.

DRAINS: None.

SPECIMEN: L4-L5 disk material.

COMPLICATIONS: None.

DICTATED BY: R S HARLEY, M.D.

D:04/28/2004 13:24:10

T:04/29/2004 12:36:12/

53494/51034

CC:

OP REPORTS
LAWTER, KENNETH
505376
PHYSICIAN COPY

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DICTATING

Note: Document is draft unless signed

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

5943
ES

apt. 5/21

DISCHARGE SUMMARY

PATIENT NAME: LAWTER, KENNETH
DOB: 12/22/1958
MEDICAL RECORD #: 505376
ACCOUNT NUMBER: 411400157
ADMISSION DATE: 04/28/2004
ATTENDING PHYSICIAN: HARLEY, R S

DISCHARGE DATE: 04/29/2004

CHIEF COMPLAINT: Low back pain with radiation across the posterior aspect of the left buttock and down to the knee.

HISTORY OF PRESENT ILLNESS: Mr. Kenneth L. Lawter is a 45-year-old man who declares that his back has been intermittently painful for about one and a half years prior to hospital admission. The patient relates it all to swinging a golf club. He was referred to us by Dr. Larry Ware. The patient had been treated in the past by Dr. Sharon Peek having received an epidural injection which was unfortunately not helpful. The patient has also been treated in the past with oral anti-inflammatory agents and range of motion exercises all to no avail. MRI scan showed a large L4-5 disc herniation toward the left. Because of the failure of conservative treatment coupled with the positive MRI results, the decision was made to move ahead with laminectomy with discectomy.

PAST MEDICAL HISTORY: No known previous surgeries. Medical problems include apparent indigenous depression and orally controlled diabetes mellitus.

CURRENT MEDICATIONS AT THE TIME OF ADMISSION:

1. Paxil 20mg p.o. qday
2. Actos 1 p.o. qday

ALLERGIES: None known.

PHYSICAL EXAMINATION: Positive in the exam of the spine where the patient's back was found to be tender about the left sciatic notch. There was no pathologic curvature. Some paraspinous spasm was noted in the lumbar region. Range of motion showed that the patient could flex forward and bring his fingertips to the level of the knees. He could extend about 10 degrees with bending 10 degrees right and left. Straight leg raising to 90 degrees actively bilaterally. Lower extremity strength was 5/5 and symmetric throughout with all reflexes 2+ and symmetric and normal sensation.

LABORATORY DATA: Please see hospital chart.

DISCHARGE SUMMARY
LAWTER, KENNETH
505376

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DICTATING

Note: Document is draft unless signed

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RADIOGRAPHIC DATA: Plane films of the lumbo-sacral spine were unremarkable. MRI scan showed a large L4-5 disc herniation toward the left.

HOSPITAL COURSE: The patient was taken to the operating room on the day of admission where a left-sided L4-5 laminectomy with discectomy was performed and a herniated disc encountered and excised. In the postoperative time, the patient did nicely and was essentially without complication. He was relatively comfortable and ready for discharge to home on postoperative day number one, that being 04/29/2004.

DISCHARGE PLANS:

1. Continue maintenance medications.
2. Tylox 1 p.o. q3 hours PRN pain dispense #60.
3. Patient to be seen in our office in follow-up with his first appointment on Friday, 05/07/2004.

DICTATED BY: R S HARLEY, M.D.

D:04/29/2004 15:14:02

T:05/03/2004 15:02:49/

54074/52396

cc:

DISCHARGE SUMMARY

LAWTER, KENNETH

505376

PHYSICIAN COPY

Page 2 of 2

DICTATING

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Note: Document is draft unless signed

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SPARTANBURG
Regional Healthcare System

☐ SRMC

☐ SHRC

☐ BJW

Use Ball Point Pen and Press Firmly

REQUIRED FOR ADMISSION

Height:

Weight:

Allergies:

CHECK
OFF EACH
ORDER AS
TRANSCRIBED

PHYSICIANS ORDER FORM

TIME _____

DATE _____

Diagnosis:

Ruptured disc L4-L5-Left.

①
②
③

*NPO p.m. tonight
1 gram cefazolin on call to OR
CBC, BMP, U/A*

TIME NOTED

TELEPHONE/VERBAL ORDER RECEIVED BY:



REMINDER: VERIFY & READ BACK

RECORD FINAL DIAGNOSIS ON THE FACE SHEET

PATIENT NAME:

PHYSICIAN
PRINTED NAME

Patient Label

PHYSICIAN
SIGNATURE

[Handwritten Signature]

251



R. Stephen Harley, M.D.
M. David Mitchell, M.D.
Michael R. Henderson, M.D.
Mary Joan Black, M.D.
Gerald L. Rollins, M.D.
Michael W. Funderburk, M.D.

W. Howard Tiller, Jr. M.D. (1952-2003)

110 Dillon Drive
Spartanburg, South Carolina 29307-1095
(864) 582-6396 Fax (864) 542-2939
2995 Reidville Road, Suite 230
Spartanburg, South Carolina 29301
(864) 587-6755 Fax (864) 595-4080

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 4-16-04

CHIEF COMPLAINT: Low back pain with radiation across the posterior aspect of the left buttock and down to the knee.

HISTORY OF PRESENT ILLNESS: Mr. Kenneth L. Lawter is a 45-year-old man who declares that his back has been intermittently painful for about the last one-and-a-half years. The patient relates it all to swinging a golf club. He is referred to us by Dr. Larry Ware. The patient has also been treated by Dr. Sharon Peek who gave the patient one epidural, but he declares that the pain just came back. The patient's been tried on oral anti-inflammatory agents and range of motion exercises all to no avail. MRI scan shows a large left-sided L4-5 disc herniation. Because of the failure of conservative treatment coupled with the positive MRI results, the decision is made to move ahead with laminectomy with discectomy.

PAST MEDICAL HISTORY: No known previous surgeries.

MEDICAL PROBLEMS: Apparent endogenous depression and orally controlled diabetes mellitus.

CURRENT MEDICATIONS: At the time of admission, current medications are Paxil 20 mg PO q.d. and Actos one PO q.d.

ALLERGIES: None known.

PHYSICAL EXAMINATION: Generally speaking, a cheerful and very pleasant 45-year-old man appearing his stated age being somewhat overweight walking about the office with relative ease.

HEENT: Pupils are 3 millimeters and equally reactive to light and accommodation. Extraocular movements are intact. The pharynx is benign. The neck is supple without adenopathy.

CHEST: Clear to A&P.

Continued...

NAME: **LAWTER, KENNETH L.**
DOB: 12-22-58
ACCT. #: 59430
DATE: 4-16-04
PAGE 2

CV: Regular rhythm without murmur or gallop.
ABDOMEN: Benign although a bit protuberant.

SPINE: Examination of the patient's back shows the patient to be tender about the left sciatic notch. No pathologic curvature. Some paraspinous spasm in the lumbar region. Range of motion shows the patient can flex forward and bring his fingertips to the level of the knees. He can extend about 10° with bending 10° right and left. Straight leg raising to 90° actively bilaterally. Lower extremity strength is 5/5 and symmetric throughout with all reflexes 2+ and symmetric and normal sensation.

X-RAYS: X-ray examination in plain film fashion of the lumbosacral spine is unremarkable. MRI scan shows a rather large L4-5 disc herniation toward the left.

ASSESSMENT: Left L4-5 disc herniation.

PLAN: Left L4-5 laminectomy with discectomy as an inpatient.

R. Stephen Harley, M.D.
RSH/dlw
cc: Dr. Larry Ware

3/12/08

Kenneth Lawter

Ken says he is doing okay. He did seem more shy, anxious but he is not depressed, it working and is not really putting time with hobbies but he smiles and shows interest. Along with the Lexapro 10mg qd he is taking hydrochlorothiazide, Lyrica 150mg qd, Allegra 180 and he continues with Phentani patches and the Clinoril. Follow up in the next four months. KWW:lg

cc: Dr. Larry Ware

3/25/08

Sent AS

7/9/08

Kenneth Lawter

Patient reports that he is doing pretty well. He is not reporting any problems with depression or significant anxiety. He does remain shy. Reports that he continues on Lexapro, Lyrica, Hydrochlorothiazide as well as the Phentinel patches. Says he is able to do his job but that he really doesn't have much ability or drive left to do things when he gets home. Again tried to encouraged him to do things for pleasure. Continue Lexapro 20mg ½ to 1 qd and f/u four months. KWW:lg

10/29/08

Kenneth Lawter

Mr. Lawter reports that he is working regularly. Says that is virtually all he does though, that comes home and is pretty inactive. Still not doing anything for fun. Does say that he has found that if he is late or forgets his Phentanyl Patch that he is subject to intense pain so he said he has discovered that they really work. Still shy, obvious anxiety but not depressed, smiles, pleasant. Continue with Lexapro 20mg ½ to 1 qd and needs to f/u in next four months. KWW:lg

2/25/09

Kenneth Lawter

Ken said that he finds himself staying the bed all the time when he is not working. Says he just doing anything at times, sometimes he will come up with something to do and not follow through. Notes that he has had depression during the winter months, checked and this seemed to be true. Continuing his Lexapro 20mg ½ qd, at this point, trial of Lithium Carbonate 300mg 1hs, reviewed plan with patient. Do note that he said his dosage of Phentinel has been reduced and I believe he said he is no longer taking Lyrica. Plan to see him in the next two to three weeks. KWW:lg

3/11/09

Ken Lawter

Ken returns, reports he feels much better. Note that he is starting to do some things. Smiled some during the interview. Still with anxiety. Still with complaints of pain. No side effects with the Lithium though. Is to continue Lexapro 20mg ½ qd, lithium carbonate 300mg 1 hs. Is to check lithium level and creatinine with f/u three to four weeks. KWW:lg

04/08/09

Kenneth Lawter

The patient reports that he is still improved. He is still doing some things. He smiles. He remains anxious, but his mood seems good. He is not reporting any side effects.

I will continue the Lexapro 20 mg one-half daily; Lithium Carbonate 300 mg one at bedtime. Note that his creatinine was 1.1 and lithium level 0.29. He is to follow up in the next couple of months. KWW:jls

Creat 1.1
2.2 0.29

06/03/09

Kenneth Lawter

Kenneth had his left arm in a sling. He said he had fallen and fractured his wrist. He had surgical repair. He has been out of work for a few weeks. His mood seemed good, actually somewhat better. He reports that he had purchased a Harley, but with fracturing of his wrist he is not able ride. He is filled with some anxiety and apparent social discomfort during the interview, but otherwise seemed in good state.

I will renew Lithium Carbonate 300 mg one at bedtime and Lexapro 20 mg one-half to a whole daily. The patient has been taking one-half daily. The patient is to follow up in the next couple of months. KWW:jls

8/26 NS/NC/K

REFILL REQUEST FOR: Kenneth Lawter
#: 461-9296
PHARMACY: CVS
MEDS: Lexapro 20mg 1/2 to 1 qd

DATE: 10-5-09 TIME: 10:35
#: 528-28-69

REASON: out

NEXT APPT: 8

☐ APPROVED, ABOVE WITH ☐ REFILLS

☒ NOT APPROVED

CALLED IN BY: _____

ON: _____

10-5-09
tried to
call pt to let
him know he
came in for
KWW
no
Lorie

9/13/10

Kenneth Lawter

Had not seen patient in over a year. He had been followed by Dr. Nick Fleming. Reports he has been out of work since about April. Says he fell at work with resulting spinal injury and pain and is followed by orthopedist, Dr. Mitchell, who currently has him out of work. Anxiety has been increased and is secondary to lack of income and conflict between his workman's comp as to who is responsible.

Patient during the interview had an anxious smile, spoke in quiet voice, poor eye contact. Reported having significant problems with worry. Is reporting problems with sleep, was given some Klonopin by Dr. Fleming that seemed to help a bit. It ran out and he is not aware of the dose. Does continue on Lexapro, adding Remeron 15mg hs looking for benefit with sleep, and augmentation of antidepressant response. F/U scheduled in three to four weeks. Did caution patient about potential sedation. KWW:lg

10/12/10 NS/NC/KW

10/28 NS/NC/KW

11/3/10

Kenneth Lawter

Kenneth reported when he came in, that he had received his social security disability and that it will start in about a month. He seemed relieved, noted that his mood seemed better, he smiled a bit. Does report that he allowed himself to run out of his Remeron and that he is not been able to sleep. Reports that he continues to have problems with pain. Tried a dorsal stimulator and said this did not help. Continues under the care of Dr. Nick Fleming and orthopedist, Dr. Mitchell. Reports worrying about some family issues. All in all he seems a bit better. He is without medicine side effects. Appears that the Lexapro 10mg and Remeron 15mg hs are effective. Continues same and return in three months with the agreement that if he has issues, he is to return sooner. KWW:lg

DR. JAMES BEHR

APA 10

White - Industrial Care
Yellow - Patient/Employer

ORTHOPAEDIC ASSOCIATES, P.A.
INDUSTRIAL CARE
PATIENT WORK STATUS FORM

Chart # _____

DEMOGRAPHIC INFORMATION

Today's Date: ___/___/___ Previous Visit ___/___/___ Treating Physician _____
Patient's Name Kenneth Lawter Home Phone: _____
Patient's SS# _____ Patient DOB: 12/22/58
Employer: _____ Phone: _____

MEDICAL INFORMATION

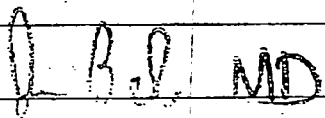
Date of Accident/Injury _____
Diagnosis: (description) _____ (code) _____
(description) _____ (code) _____

STATUS INFORMATION - THIS MUST BE COMPLETED

- ☐ Patient has received MMI
☐ Able to work with no restrictions
☐ May return to Regular work on ___/___/___
☐ Continue Light Duty
☐ Begin Light Duty on ___/___/___
☐ Out of Work until 3/18/11 next OV
☐ Next Office Visit on ___/___/___
☐ Other _____

LIGHT DUTY RESTRICTIONS

- ☐ Full Time ☐ Part Time _____ hrs. Per day
☐ Sedentary Work Only ☐ No Repetitive Motion
☐ No lifting ☐ No lifting more than _____ lbs.
☐ No pushing, pulling or twisting ☐ No bending, stooping, or climbing
☐ Other _____

Signature: 

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA

WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1007031

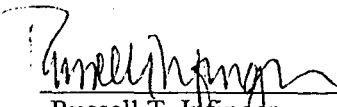
Kenneth Lawter.....Respondent,

v.

Kohler Company, Employer, Self-Insured.....Appellant.

NOTICE OF APPEAL

Kohler Company appeals the Order of The South Carolina Workers' Compensation Commission dated November 29, 2011. Appellant received a copy of this Order on December 3, 2011.



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January 2, 2011

Attorney for Appellant

Other Counsel of Record:

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Lister Flynn & Kelly, PA
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Attorney for Respondent

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC FILE NO. 1007031

Kenneth Lawter.....Respondent,

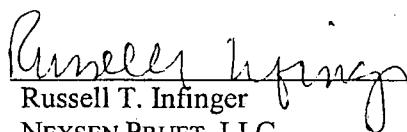
v.

Kohler Company, Employer/Self-Insured, ...Appellant.

PROOF OF SERVICE

I certify that I have served the foregoing Notice of Appeal on Kenneth Lawter by depositing a copy of same in the United States Mail, postage prepaid, on January 2, 2011, addressed to his attorney of record, Toney J. Lister, P.O. Box 2929, Spartanburg, SC 29304.

January 2, 2012



Russell T. Infinger
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Attorney for Appellant

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

Appeal from the South Carolina Workers' Compensation Commission

Avery B. Wilkerson, Jr., Commissioner
Derrick L. Williams, Commissioner
G. Bryan Lyndon, Commissioner

W.C.C. File No. 1007031

Kenneth Lawter, Employee/Claimant, ... Respondent,

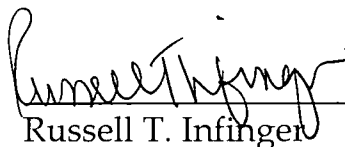
v.

Kohler Company, Employer/Self-Insured, ... Appellant.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

May 23, 2012



Russell T. Infinger

Tracey R. Perlman

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