

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

The Honorable Gene McCaskill, Susan S. Barden and Andrea C. Roche

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Case Number 2014-000085

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Shane Almquist, Employee, .....Appellant,

v.

Meditam, Employer,  
and Guarantee Insurance Company,  
c/o Patriot National Insurance Group, Carrier, .....Respondents,

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**RECORD ON APPEAL**

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**SC Court of Appeals**

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APPELLATE PANEL DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1208767

Shane Almquist

EMPLOYEE,  
CLAIMANT/RESPONDENT

VS.

Meditam

EMPLOYER,

AND

Guarantee Insurance Company c/o Patriot National  
Insurance Group

CARRIER,  
DEFENDANTS/APPELLANTS,

---

Appellate Panel Review held in Columbia, South  
Carolina, on October 15, 2013 per notices timely  
And properly served upon all parties of interest.

Appellate Panel Decision and Order Filed:

12/12/13

APPEARANCES: Claimant/Appellant represented by Daniel L. Draisen, Esquire

Defendants/Respondents represented by Kathleen G. Lyall, Esquire, of  
McAngus, Goudelock and Courie LLC.

### STATEMENT OF THE CASE

A hearing was held before the Single Commissioner on April 9, 2013 in Anderson, South Carolina to determine issues as set forth on Forms 50 and 51. Claimant alleged injury by accident arising out of and in the course and scope of his employment as a van driver with Meditam on July 5, 2012. Specifically, Claimant was employed as a van driver and was struck by a third party vehicle while transporting patients for medical appointments. Claimant alleged an aggravation or exacerbation of a pre-existing back condition and requested a finding by the Commission that he was entitled to causally-related medical treatment until released by a doctor at maximum medical improvement. Claimant further asserted entitlement to temporary total disability from the date of the accident to the present and continuing.

Defendants denied Claimant sustained a compensable injury by accident under S.C. Code Ann. §42-9-35 and §42-1-160. Specifically, Defendants asserted that Claimant did not prove by a preponderance of the evidence that his subsequent injury aggravated his pre-existing condition as required under §42-9-35. Further, Defendants asserted that Claimant is not credible and specifically requested a finding of credibility at the hearing.

The Single Commissioner made the following findings of fact: that when the Single Commissioner reviewed the medical records as a whole, they clearly show Claimant had numerous complaints of severe back pain leading up to the March 12, 2012 and July 5, 2012 accidents; that when Dr. Reing was presented with the pre-injury medical reports, even he had to rescind his opinion as to causal connection between Claimant's complaints of pain, back spasms, MRI results and the March 12, 2012 and July 5, 2012 accidents.; specifically, Dr. Reing testified he could no longer state to a reasonable degree of medical certainty that either the March 12, 2012 or the July 5, 2012 injury aggravated or exacerbated Claimant's pre-existing back

condition; that although Claimant's family physician, Dr. Malvern, testified that she believed the March 12, 2012 and July 5, 2012 injuries aggravated Claimant's pre-existing back injuries, she admitted that as an internal medicine specialist, she would have to defer to the orthopedist who treated Claimant; that Claimant is not credible, he was not only inconsistent in his hearing testimony compared to his deposition testimony, but the medical evidence also contradicts his testimony as well; that though Claimant may be a poor historian, in his testimony, Claimant repeatedly stated that he "never" specifically complained of back pain in the months leading up to the accident; that based on this evidence as a whole, the Single Commissioner did not find that Claimant met his burden of proof in this case under S.C. Code Ann. §42-1-160 or S.C. Code Ann. §42-9-35. This appeal was timely filed thereafter.

#### EVIDENCE OF THE CASE

At the hearing before the Single Commissioner, the Commission's file and the Commissioner's notes were made a part of the record of the hearing without objection. Over the objection of Defendants due to a lack of a duly issued subpoena by Claimant's attorney, Dr. Lori Malvern was called to testify on behalf of Claimant. Dr. Malvern testified that she currently practices medicine at New Horizon Family Health where she has been practicing for over two years. (Hrg. Trs. p. 12, lines 10-12). Based on her testimony regarding her education and experience and without objection by Defendants, Dr. Malvern was qualified as an expert in internal medicine and family medicine. (Hrg. Trs. p. 14, lines 6-15).

Dr. Malvern testified that she began treating Claimant on May 9, 2011. (Hrg. Trs. p. 15, lines 2-3). Claimant was previously treating with other doctors at New Horizon before he began treating with Dr. Malvern. (Hrg. Trs. p. 15, lines 4-5). Dr. Malvern testified that Claimant had

chronic back pain when she first started treating him in 2011. (Hrg. Trs. p. 16, lines 2-6). His back pain was treated with Ultram and it was thought that his back pain was secondary to degenerative disc disease. (Hrg. Trs. p. 16, lines 6-14).

Dr. Malvern also treated Claimant for high blood pressure, high cholesterol and diabetes. (Hrg. Trs. p. 17, lines 7-9). Dr. Malvern testified that from May 2010 through May 2012, the box on Claimant's medical records that lists his chief complaints do not specifically say back pain. (Hrg. Trs. p. 18, lines 1-5).

Dr. Malvern next testified that she was aware of a lifting injury at work. However, Dr. Malvern was unable to remember what Claimant lifted that caused the pain. (Hrg. Trs. p. 19, lines 15-19). Following the lifting injury, Claimant was prescribed Tramadol. (Hrg. Trs. p. 19, lines 23-24). Claimant had been on Tramadol prior to the lifting accident and took it intermittently. (Hrg. Trs. p. 20, lines 1-3). Claimant returned to work following the lifting accident. (Hrg. Trs. p. 20, lines 23-24).

Dr. Malvern first saw Claimant on August 3, 2012 following his car accident. (Hrg. Trs. p. 21, lines 5-8). Claimant complained of tenderness in his low back, difficulty getting in and out of chairs and difficulty getting up onto the exam table. (Hrg. Trs. p. 21, lines 22-25). Dr. Malvern testified that she believes to a reasonable degree of medical certainty that the July 5, 2012 automobile accident aggravated Claimant's pre-existing back condition. She further testified to a reasonable degree of medical certainty that Claimant needs additional treatment for his back. (Hrg. Trs. p. 22, lines 19-22). Dr. Malvern further testified to a reasonable degree of medical certainty that she did not believe Claimant could return to work as a van driver at this time. (Hrg. Trs. p. 23, lines 8-12).

On cross-examination, Dr. Malvern testified that she would defer to an orthopedist for their specialty for a back claim. (Hrg. Trs. p. 25, lines 13-15). Further, she testified that she would defer to the opinion of an orthopedist that has had a chance to review Claimant's symptoms, MRI and their findings. (Hrg. Trs. p. 25, lines 15-17).

Dr. Malvern next clarified that while the chief complaint listed on Claimant's charts prior to the accident were never about back pain; his chief complaints following the accident were never back pain either. Dr. Malvern testified that she relies heavily on a patient's subjective complaints and that she relies on her patients being honest in their reporting of symptoms. (Hrg. Trs. p. 27, lines 16-21). Specifically, she testified that one of her main factors in opining that the Claimant had aggravated his back injury were his subjective complaints. (Hrg. Trs. p. 27, lines 22-24).

Dr. Malvern admitted to treating Claimant on May 9, 2011 when he complained of sharp pains in his back that took his breath away. (Hrg. Trs. p. 28, lines 4-7). Further, Dr. Malvern recalled noting that Claimant had tenderness across his mid-back and shooting pains in his back that were happening more frequently. (Hrg. Trs. p. 28, lines 9-14). Dr. Malvern confirmed that she had a chance to review Claimant's records from New Horizon Clinic from before she began treating him and that she reviewed the notes from October 29, 2010 where it was noted that Claimant had chronic back pain secondary to herniated disc. (Hrg. Trs. p. 28, lines 16-210). Further, she reviewed records from October 1, 2010 where it was noted Claimant had chronic back and pain beginning in the T-spine radiating to the front. (Hrg. Trs. p. 28, lines 23-25). Dr. Malvern also noted that Claimant reported pain in his lower back with spasms on May 26, 2010. (Hrg. Trs. p. 29, lines 2-5). Dr. Malvern was Claimant's primary care physician on February 10, 2012, one month prior to the alleged lifting accident, when Claimant reported having back pain

and muscle spasms. (Hrg. Trs. p. 29, lines 15-19). Dr. Malvern confirmed that she recommended Ibuprofen and muscle relaxers and that she noted he was very stressed secondary to his finances and work. (Hrg. Trs. p. 29, lines 20-25).

Dr. Malvern indicated that tenderness in Claimant's back was an objective complaint that helped her substantiate her opinion of aggravation. (Hrg. Trs. p. 30, lines 1-4). When questioned how she was able to differentiate the tenderness he was experiencing following the accident to that before the accident, she indicated that she relies on his subjective complaints. (Hrg. Trs. p. 30, lines 5-9). Finally, Dr. Malvern again confirmed that she would defer to the opinion of an orthopedist. (Hrg. Trs. p. 30, lines 14-16).

On redirect examination, Dr. Malvern testified that she would defer Claimant's treatment to someone who specializes in backs. (Hrg. Trs. p. 31, lines 8-10). However, she testified that she is qualified to render an opinion on causation. (Hrg. Trs. p. 31, lines 12-17).

Claimant was the next witness to testify. Claimant testified that he was last employed as a medical driver for Meditam. (Hrg. Trs. p. 36, lines 2-4). His responsibilities were to pick up clients, take them to the medical appointments and pick them up following their appointments. He does not require a special license for his position. (Hrg. Trs. p. 36, lines 7-11). Prior to working for Meditam, Claimant worked for LeFleur Transportation as a medical driver. He also worked for Senior Solutions as a medical driver. (Hrg. Trs. p. 37, lines 5-6). Claimant did not graduate from high school, but got a GED. He did not attend any college or additional education beyond his GED. (Hrg. Trs. p. 37, lines 17-19).

Claimant testified that he initially injured himself while working for Meditam in March 2012 while picking up a wheelchair and putting it into a van. (Hrg. Trs. p. 38, lines 6-7). He testified that he reported the accident to Angie and asked her for workers' compensation

treatment. (Hrg. Trs. p. 38, lines 11-13). He did not ever receive any treatment from the employer and missed approximately one week of work. (Hrg. Trs. p. 38, lines 14-18). Claimant testified that he treated with a chiropractor following the March accident and that the chiropractor helped his pain. (Hrg. Trs. p. 38, lines 2-5). He testified that he was not getting any specific medical treatment for his back in July 2012 prior to the car accident. (Hrg. Trs. p. 39, lines 11-13).

Claimant next testified that on July 5, 2012 he was stopped at a red light when another driver slammed into the back of his van. (Hrg. Trs. p. 39, lines 18-19). All of the passengers in the van, including Claimant, were transported to the hospital by ambulance. (Hrg. Trs. p. 40, lines 1-3). The police filled out an accident report which was submitted at APA #6, pgs. 84-85. Claimant testified that the back of the van was pushed in by 8 to 12 inches and that the impact was very severe. (Hrg. Trs. p. 42, lines 2-6).

Claimant testified that he notified Candy and Angie at Meditam of the accident. (Hrg. Trs. p. 42, lines 18-19). Claimant denied ever being sent to a doctor by his employer or workers' compensation. (Hrg. Trs. p. 43, lines 14-19).

Claimant testified that he was written out of work by Drs. Malvern and Reing. (Hrg. Trs. p. 43, lines 22-24). He has not worked since the date of the accident. (Hrg. Trs. p. 43, line 25).

Claimant testified that he feels he needs additional medical treatment, including physical therapy. (Hrg. Trs. p. 44, lines 1-9). He testified that he experiences muscle spasms all day long. (Hrg. Trs. p. 44, lines 11-12).

Claimant admitted to having back problems since 1993, but indicated that he learned to deal with the pain. (Hrg. Trs. p. 44, lines 20-22). Claimant was injured in a car accident in 1993 and had three herniated discs in his back and a strained neck as the result of the same. (Hrg. Trs.

p. 45, lines 1-7). Claimant testified that after the accident in 1993, his back hurt every day and that there has not been a day since 1993 that his back did not hurt. (Hrg. Trs. p. 45, lines 20-25). Claimant testified that after he finished treatment in 1993, his back was livable as long as he did not do things like bending or lifting a tremendous amount of weight. (Hrg. Trs. p. 47, lines 15-20). Claimant testified that since 1993, he had aggravations to his back pain from doing activities like changing a set of spark plugs. (Hrg. Trs. p. 48, lines 2-5). Claimant admitted to being prescribed Ultram, Flexeril, and Lortab for his back pain prior to the accident. (Hrg. Trs. p. 49, line 19).

Claimant next testified that when he was asked in his deposition whether he had complained to a doctor about back pain in the last five years and indicated that he had not, he denied the same because he never specifically went to the doctor to complain about his back. (Hrg. Trs. p. 51, lines 5-15). He would complain to Dr. Malvern about a variety of problems, including his back pain. (Hrg. Trs. p. 51, lines 11-14).

Claimant testified that since the car accident in July 2012, there are days that he can barely walk. He feels like there is a dull knife blade that goes between his shoulders and the pain never stops. (Hrg. Trs. p. 51, lines 21-24). Claimant is currently taking Flexeril and Lortab for his back pain. (Hrg. Trs. p. 52, lines 15-17). Claimant testified that his current back pain level is around 8 out of 10. (Hrg. Trs. p. 53, lines 14-15). He testified that he has problems bending down, walking correctly and getting in and out of chairs. (Hrg. Trs. p. 54, lines 2-7). Finally, Claimant testified that he still thinks he needs additional medical treatment and does not believe he can return to work as a van driver.

On cross-examination, Claimant again testified that there has not been a day that has gone by since 1993 that he has not had any back pain. (Hrg. Trs. p. 55, lines 23-25). At this

time, Claimant's deposition transcript was entered for impeach purposes. (Hrg. Trs. p. 56, lines 2-3). During his deposition, Claimant was asked whether he was still having problems with his back following the car accident in 1993. At the deposition, Claimant responded "actually my back never felt better". (Hrg. Trs. p. 57, lines 1-10). Claimant testified at the hearing that his deposition testimony was correct and that he was exercising his back during that time and that is why he felt as good as he did. (Hrg. Trs. p. 57, lines 12-14). Claimant was next questioned on his deposition testimony that his back pain had completely resolved before March 2012. (Hrg. Trs. p. 58, lines 7-9). Claimant testified at the hearing that he indicated that his back pain had completely resolved at his deposition because he had learned to live with the pain and it was the normal pain for him. (Hrg. Trs. p. 58, lines 10-13). Claimant's deposition testimony was next used to impeach Claimant on his deposition testimony that he had not complained to a doctor about any back pain in the past five years. At his deposition, Claimant was specifically asked "have you complained to a doctor about any back pain in the past five years" and Claimant answered in the negative. (Hrg. Trs. p. 58, lines 19-22). At the hearing, Claimant testified that he denied complaining to a doctor about back pain at his deposition because he thought the question was referring to a specialist. (Hrg. Trs. p. 58, lines 22-23). Claimant's deposition transcript was further used to question Claimant on his denial of problems with his back prior to March 2012 at his deposition. Claimant indicated that he misinterpreted the question on whether he had problems with his back prior to March 2012. (Hrg. Trs. p. 59, lines 12-17). Finally, Claimant's deposition transcript was used to impeach Claimant on his deposition testimony that he had not complained specifically about his back or neck in the past five years. (Hrg. Trs. p. 59, lines 18-23). Claimant testified that he never realized he said anything to Dr. Malvern about his back until it was pointed out to him at the hearing. (Hrg. Trs. p. 60, lines 1-7).

Claimant denied any recollection of treating with Dr. Malvern and complaining of back pain with muscle spasms on February 10, 2012. (Hrg. Trs. p. 60, lines 13-15). Claimant admitted to being prescribed to Flexeril prior to the accident and agreed that he was prescribed Flexeril for back pain one month before his alleged accident. (Hrg. Trs. p. 60, lines 21-23). Claimant next testified that he recalled telling Dr. Malvern that he was stressed about his finances and work. (Hrg. Trs. p. 61, lines 1-9). He stated that he was stressed out because he was not getting paid and that he had to fight to get his money every week. (Hrg. Trs. p. 61, lines 2-9). Claimant confirmed that he reported being stressed in August 2011 because he thought he was going to be laid off from his job. (Hrg. Trs. p. 62, lines 9-13).

When asked whether he recalled treating with Dr. Malvern in May 2011 complaining of sharp pains in his back that took his breath away, Claimant indicated that he does not remember it but that he is sure that he said it because it is written down. (Hrg. Trs. p. 62, lines 18-25).

Claimant testified that he does recall telling Dr. Reing in January 2013 that he was experiencing thoracic pain that took his breath away. (Hrg. Trs. p. 63, lines 7-10). Claimant next testified that he does not have health insurance. (Hrg. Trs. p. 64, lines 3-4). Claimant confirmed that he complained of chronic back pain beginning in the thoracic spine that radiated to the front in October 2010. (Hrg. Trs. p. 64, lines 5-10). Further, he indicated that he was likely experiencing muscle spasms in his back prior to the accident in March 2012. (Hrg. Trs. p. 64, lines 11-12).

Claimant next testified that prior to the accident in March 2012 he only experienced back pain when he overdid something. (Hrg. Trs. p. 65, lines 1-4). He further testified that it was likely he just overdid something in February 2012, August 2011, May 2011, November 2010 and

twice in October 2010 when he had complained about back pain to New Horizon. (Hrg. Trs. p. 65, lines 5-8).

While Claimant testified that he did tell Dr. Reing that he had problems with his back, Dr. Reing testified in his deposition that Claimant did not have any problems with his back for many years until after March. (Hrg. Trs. p. 66, lines 8-11). Further, Dr. Reing's testimony that Claimant had told him about the lifting incident but did not tell him about the other incident was read into the record. (Hrg. Trs. p. 67, lines 17-25).

Claimant admitted that his airbag did not deploy in the car accident. (Hrg. Trs. p. 68, lines 20-22). Claimant again testified that there was significant damage to the rear bumper of the car and that the car accident was a significant hit. (Hrg. Trs. p. 69, lines 4-9). At this time, APA #8 was referenced where it indicates that there was only minor damage to the rear bumper. (Hrg. Trs. p. 69, lines 13-15).

On re-direct examination, Claimant testified that he was stressed at work because he wasn't being paid as he was supposed to be paid. (Hrg. Trs. p. 72, lines 2-7). Claimant indicated that he worked between 50 to 70 hours a week and would write down how many miles he drove in order to get paid. (Hrg. Trs. p. 72, lines 17-21). He further indicated that he had to write on his timesheet many times about not getting paid. (Hrg. Trs. p. 73, lines 7-10). He testified that he was not being paid weekly or every two weeks. (Hrg. Trs. p. 74, lines 3-7).

The medical evidence indicates that Claimant initially received treatment at Greenville Memorial Hospital on July 5, 2012 complaining of lower back pain following a motor vehicle accident where Claimant was rear-ended at low impact. (APA No. 1, p. 1). Claimant reported moderate back pain and neck pain. (APA No. 1, p. 2). CT scans taken of Claimant's lumbar

spine, thoracic spine, pelvis and cervical spine all returned with normal results showing no acute injury. (APA No. 1, pgs. 13-18).

Medical evidence further indicates that Claimant treated with New Horizon Family Health Services on May 26, 2010 complaining of pain in his lower back and spasms. He was prescribed Ultram at this appointment. (APA No. 11, p. 152). Claimant next treated with New Horizon Family Health Services on October 1, 2010 reporting chronic back pain and pain beginning in the thoracic spine radiating to the front. He was again prescribed Ultram and an MRI was recommended. (APA No. 11, p. 150). Claimant again reported chronic back pain secondary to herniated disc to New Horizon Family Health Services on October 29, 2010. (APA No. 11, p. 149). On November 8, 2010, Claimant reported to New Horizon Family Health Services that he had not had the thoracic spine films done. He continued to complain of chronic lower back pain and it was noted that he likely had degenerative disc disease. (APA No. 11, p. 148). On February 8, 2011, Claimant complained of chronic lower back pain and was continued on Ultram. (APA No. 11, p. 147). On May 9, 2011, Claimant reported sharp pains in his back that take his breath away at times. It is noted that he has degenerative disc disease in his back and that he has shooting pains in his back that are happening more frequently. Tenderness was noted across his mid-back and he was prescribed Flexeril. (APA No. 11, p. 146). On August 8, 2011, it was noted Claimant was still experiencing back pain and that he was very stressed as he was going to be laid off later in the month. (APA No. 1, p. 21). On February 10, 2012, Claimant reported back pain and muscle spasms. He was instructed to take Ibuprofen and muscle relaxers.

Following the initial alleged accident in March 2012, Claimant treated at New Horizon Family Health Services on March 14, 2012 reporting acute back pain that requires physical therapy, but reported that he had no insurance. (APA No. 2, p. 24). On July 12, 2012, Claimant

treated with New Horizon Family Health Services reporting neck and back pain as the result of a car accident on July 5<sup>th</sup>. (APA No. 2, p. 27). Claimant continued to treat with New Horizon Family Health Services for his back until he was ultimately referred to an orthopedist.

Claimant initially treated with Dr. Michael Reing of Anderson Bone & Joint on November 1, 2012. He was diagnosed with low back pain and physical therapy was recommended. (APA No. 3, pgs. 39-40). On January 24, 2013, Claimant treated with Dr. Reing reporting that he hurts all over but mostly in the low back and that he is experiencing thoracic pain that takes his breath away. (APA No. 3, p. 55). An MRI of his lumbar spine was reviewed which showed some degenerative changes but no frank disc rupture. (APA No. 3, p. 57). On March 12, 2013, Claimant reported to Reing that he is still experiencing thoracic, lower and mid-back pain. (APA No. 3, p. 59).

Claimant was evaluated by Dr. Daniel Lee of Foothills Orthopedics & Sports Medicine Center on December 26, 2012. Dr. Lee reviewed Claimant's subjective complaints and MRI and noted that his complaints of pain do not anatomically correlate to any of his MRI findings. (APA No. 12, p 155). Dr. Lee opined that the MRI findings were consistent with pre-existing degenerative changes related to normal living activities and aging. Further, he opined that did not believe to a reasonable degree of medical certainty that the objective findings were work related. (APA No. 12, p. 156).

Dr. Reing's deposition transcript was submitted into evidence at the hearing. Dr. Reing is board certified in orthopedic surgery and was qualified as an expert in orthopedic spine surgery by Claimant's attorney at the deposition. Dr. Reing initially opined to a reasonable degree of medical certainty that the car accident in July 2012 aggravated a pre-existing back condition. Specifically, Dr. Reing testified "[i]n review of the MRI and examination and his history, which

he wouldn't say he had any problems, I would say that the accident was the temporal cause of his pain." (Dr. Reing Depo. Tr. P. 15, lines 20-23). However, after being shown medical records from New Horizon indicating Claimant had treated numerous times for chronic back pain over the prior two years, Dr. Reing testified that he could no longer state to a reasonable degree of medical certainty that the back pain was causally related to the accident as Claimant was not credible in his reporting of his history of back pain. (Dr. Reing Depo. Tr. P. 40-41; 47).

### STANDARD OF REVIEW

Under S.C. Code Ann. § 42-17-50, an Appellate Panel is empowered to review the appealed award, weigh the evidence as presented at the initial hearing, and, if good grounds are shown, make its own factual findings and legal conclusions consistent with or inconsistent with the Hearing Commissioner.

Based upon its review of all the evidence on the record in this case, the Panel hereby affirms the Order of the Hearing Commissioner in full. Accordingly, the Panel makes the following Findings of Fact and Rulings of Law:

### FINDINGS OF FACT

1. This case turns mainly on the medical reports. When the panel reviews the medical records as a whole, they clearly show Claimant had numerous complaints of severe back pain leading up to the March 12, 2012 and July 5, 2012 accidents.
2. When Dr. Reing was presented with the pre-injury medical reports, even he had to rescind his opinion as to causal connection between Claimant's complaints of pain, back spasms, MRI results and the March 12, 2012 and July 5, 2012 accidents.

- Specifically, Dr. Reing testified he could no longer state to a reasonable degree of medical certainty that either the March 12, 2012 or the July 5, 2012 injury aggravated or exacerbated Claimant's pre-existing back condition. This finding of fact is based on Dr. Reing's deposition transcript pages 40 to 41 and page 47, lines 15 to 24.
3. Although Claimant's family physician, Dr. Malvern, testified that she believed the March 12, 2012 and July 5, 2012 injuries aggravated Claimant's pre-existing back injuries, she admitted that as an internal medicine specialist, she would have to defer to the orthopedist that treated Claimant.
  4. Claimant is not credible. He was not only inconsistent in his hearing testimony compared to his deposition testimony, but the medical evidence also contradicts his testimony as well. This finding is based on the Single Commissioner's observation of Claimant and his testimony at the hearing. Though Claimant may be a poor historian, in his testimony, Claimant repeatedly stated that he "never" specifically complained of back pain in the months leading up to the accident. Even when presented with medical records taken into the contrary, he was reluctant to acknowledge the same.
  5. Based on this evidence as a whole, the panel does not find that Claimant met his burden of proof in this case under S.C. Code Ann. §42-1-160 or S.C. Code Ann. §42-9-35.

#### RULINGS OF LAW

Accordingly, as provided in S.C. Code Ann. §42-17-50 and pursuant to other applicable law, it is the determination of this Panel that:

1. That under §42-1-160 and other applicable law, the Claimant did not sustain injuries by an accident arising out of and in the course of his employment.

2. That under S.C. Code Ann. §42-9-35, Claimant did not meet his burden of proof that the alleged injury aggravated a pre-existing condition.

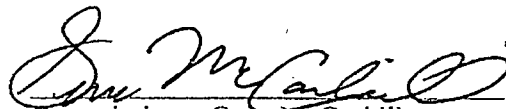
ORDER

IT IS HEREBY ORDERED ADJUDGED AND DECREED that the Order of the Single Commissioner is AFFIRMED IN FULL.

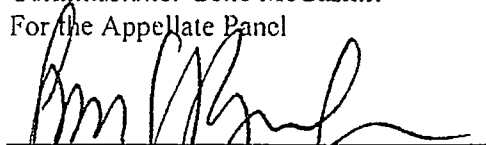
AND IT IS SO ORDERED.

SO ORDERED.

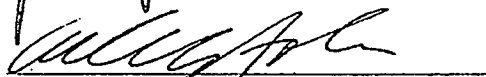
WE CONCUR:



Commissioner Gene McCaskill  
For the Appellate Panel



Commissioner Susan S. Barden



Commissioner Andrea C. Roche

CERTIFICATE OF SERVICE

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

*By Valerie Deller on December 12, 2013*

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 1208767

SHANE ALMQUIST,

Employee,

Claimant,

vs.

MEDITAM,

Employer,

AND

GUARANTEE INSURANCE COMPANY  
c/o PATRIOT NATIONAL INSURANCE  
GROUP,

Carrier,

Defendants.

**DECISION AND ORDER**

**DATE OF HEARING:**

Hearing held in Anderson, South Carolina on April 9, 2013.

**APPEARANCES:**

Claimant appeared and represented by Daniel L. Draisen, Esquire of Law Offices of Krause, Moorhead and Draisen, P.A. of Anderson, South Carolina.

Defendants represented by Kathleen G. Lyall, Esquire of McAngus Goudelock & Courie, L.L.C. of Greenville, South Carolina.

**PURPOSE OF THE HEARING:**

To determine all issues as set forth in Forms 50, 51 and 58.

**COMMISSIONER:**

Commissioner Aisha Taylor

**FILED:**

June 18, 2013

**STIPULATIONS**

The parties stipulated at the hearing to the following:

1. Claimant alleges injury out of accidents on March 12, 2012 (WCC File No.: 1208766) and July 5, 2012 (WCC File No. 1208767). Both cases are combined under the July 5, 2012 date of accident under WCC File No. 1208767.
2. Claimant's average weekly wage at the time of his alleged accidents was \$510.00 with an applicable compensation rate of \$340.00.
3. All parties received timely and proper notice of the scheduled hearing.
4. There is no objection of venue in Anderson County.

**APA SUBMISSIONS**

Without objections, the following medical and documentary evidence was submitted into the record pursuant to the South Carolina Administrative procedures Act and Regulations for the South Carolina Workers' Compensation Commission.

Claimant's APA Submission:

APA#	DOCTOR	PRACTICE	DATES	PAGES
1.		Greenville Hospital System	7/5/12	1-20
2.	Lori Malvern, M.D.	New Horizon Family Health	8/11/11 - 3/7/13	21-38
3.	Michael Reing, M.D.	Anderson Bone & Joint	11/1/12 - 3/12/13	39-61
4.	Wes Phalen, M.D.	SC Diagnostic Imaging	12/13/12	62-63
5.		Advanced Physical Therapy	9/7/12 - 11/7/12	64-83
<b>Exhibits</b>				
6.	Wreck Report		7/5/12	84-85
7.	Employer Letter		9/20/12	86
8.	Claimant's letters to Employer		3/13/12 - 3/14/12	87-88

9.	Claimant's personnel Certifications	8/17/11 - 8/20/11	89-92
10.	Claimant's timesheets	8/21/11 - 7/5/12	93-144

**Defendant's APA Submissions:**

APA#	DOCTOR	PRACTICE	DATES	PAGES
11		New Horizons Family Health Services, Inc.	05/26/10 to 08/08/11	145- 152
12	Daniel E. Lee, M.D.	Foothills Orthopaedic and Sports Medicine	12/26/12	153- 156

**STATEMENT OF THE CASE**

Claimant alleges injury by accident arising out of and in the course and scope of his employment as a van driver with Meditam on July 5, 2012. Specifically, Claimant was employed as a van driver and was struck by a third party vehicle while transporting patients for medical appointments. Claimant alleges an aggravation or exacerbation of a pre-existing back condition and requests a finding by the Commission that he is entitled to causally-related medical treatment until released by a doctor at maximum medical improvement. Claimant further asserts entitlement to temporary total disability from the date of the accident to the present and continuing.

Defendants deny Claimant sustained a compensable injury by accident under S.C. Code Ann. §42-9-35 and §42-1-160. Specifically, Defendants assert that Claimant did not prove by a preponderance of the evidence that his subsequent injury aggravated his pre-existing condition as required under §42-9-35. Further, Defendants asserted that Claimant is not credible and specifically requested a finding of credibility at the hearing.

A hearing was held before the undersigned Commissioner on April 9, 2013 in Anderson, South Carolina.

### EVIDENCE OF THE CASE

Without objection, the Commission's file and the Commissioner's notes were made a part of the record of the hearing. Over the objection of Defendants due to a lack of a duly issued subpoena by Claimant's attorney, Dr. Lori Malvern was called to testify on behalf of Claimant. Dr. Malvern testified that she currently practices medicine at New Horizon Family Health where she has been practicing for over two years. (Hrg. Trs. p. 12, lines 10-12). Based on her testimony regarding her education and experience and without objection by Defendants, Dr. Malvern was qualified as an expert in internal medicine and family medicine. (Hrg. Trs. p. 14, lines 6-15).

Dr. Malvern testified that she began treating Claimant on May 9, 2011. (Hrg. Trs. p. 15, lines 2-3). Claimant was previously treating with other doctors at New Horizon before he began treating with Dr. Malvern. (Hrg. Trs. p. 15, lines 4-5). Dr. Malvern testified that Claimant had chronic back pain when she first started treating him in 2011. (Hrg. Trs. p. 16, lines 2-6). His back pain was treated with Ultram and it was thought that his back pain was secondary to degenerative disc disease. (Hrg. Trs. p. 16, lines 6-14).

Dr. Malvern testified that Claimant was working 40 to 60 hours per week and that his back pain was not interfering with his ability to work. (Hrg. Trs. p. 16, lines 18-20). Dr. Malvern also treated Claimant for high blood pressure, high cholesterol and diabetes. (Hrg. Trs. p. 17, lines 7-9). Dr. Malvern testified that from May 2010 through May 2012, the box on Claimant's medical records that lists his chief complaints do not specifically say back pain. (Hrg. Trs. p. 18, lines 1-5).

Dr. Malvern next testified that she was aware of a lifting injury at work. However, Dr. Malvern was unable to remember what Claimant lifted that caused the pain. (Hrg. Trs. p. 19,

lines 15-19). Following the lifting injury, Claimant was prescribed Tramadol. (Hrg. Trs. p. 19, lines 23-24). Claimant had been on Tramadol prior to the lifting accident and took it intermittently. (Hrg. Trs. p. 20, lines 1-3). Claimant returned to work following the lifting accident. (Hrg. Trs. p. 20, lines 23-24).

Dr. Malvern first saw Claimant on August 3, 2012 following his car accident. (Hrg. Trs. p. 21, lines 5-8). Claimant complained of tenderness in his low back, difficulty getting in and out of chairs and difficulty getting up onto the exam table. (Hrg. Trs. p. 21, lines 22-25). Dr. Malvern testified that she believes to a reasonable degree of medical certainty that the July 5, 2012 automobile accident aggravated Claimant's pre-existing back condition. She further testified to a reasonable degree of medical certainty that Claimant needs additional treatment for his back. (Hrg. Trs. p. 22, lines 19-22). Dr. Malvern further testified to a reasonable degree of medical certainty that she did not believe Claimant could return to work as a van driver at this time. (Hrg. Trs. p. 23, lines 8-12).

On cross-examination, Dr. Malvern testified that she would defer to an orthopedist for their specialty for a back claim. (Hrg. Trs. p. 25, lines 13-15). Further, she testified that she would defer to the opinion of an orthopedist who has had a chance to review Claimant's symptoms, MRI and their findings. (Hrg. Trs. p. 25, lines 15-17).

Dr. Malvern next clarified that while the chief complaint listed on Claimant's charts prior to the accident were never about back pain, his chief complaints following the accident were never back pain either. Dr. Malvern testified that she relies heavily on a patient's subjective complaints and that she relies on her patients being honest in their reporting of symptoms. (Hrg. Trs. p. 27, lines 16-21). Specifically, she testified that one of her main factors in opining that the

Claimant had aggravated his back injury were his subjective complaints. (Hrg. Trs. p. 27, lines 22-24).

Dr. Malvern admitted to treating Claimant on May 9, 2011 when he complained of sharp pains in his back that took his breath away. (Hrg. Trs. p. 28, lines 4-7). Further, Dr. Malvern recalled noting that Claimant had tenderness across his mid-back and shooting pains in his back that were happening more frequently. (Hrg. Trs. p. 28, lines 9-14). Dr. Malvern confirmed that she had a chance to review Claimant's records from New Horizon Clinic from before she began treating him and that she reviewed the notes from October 29, 2010 where it was noted that Claimant had chronic back pain secondary to herniated disc. (Hrg. Trs. p. 28, lines 16-210). Further, she reviewed records from October 1, 2010 where it was noted Claimant had chronic back and pain beginning in the T-spine radiating to the front. (Hrg. Trs. p. 28, lines 23-25). Dr. Malvern also noted that Claimant reported pain in his lower back with spasms on May 26, 2010. (Hrg. Trs. p. 29, lines 2-5). Dr. Malvern was Claimant's primary care physician on February 10, 2012, one month prior to the alleged lifting accident, when Claimant reported having back pain and muscle spasms. (Hrg. Trs. p. 29, lines 15-19). Dr. Malvern confirmed that she recommended Ibuprofen and muscle relaxers and that she noted he was very stressed secondary to his finances and work. (Hrg. Trs. p. 29, lines 20-25).

Dr. Malvern indicated that tenderness in Claimant's back was an objective complaint that helped her substantiate her opinion of aggravation. (Hrg. Trs. p. 30, lines 1-4). When questioned how she was able to differentiate the tenderness he was experiencing following the accident to that before the accident, she indicated that she relies on his subjective complaints. (Hrg. Trs. p. 30, lines 5-9). Finally, Dr. Malvern again confirmed that she would defer to the opinion of an orthopedist. (Hrg. Trs. p. 30, lines 14-16).

On redirect examination, Dr. Malvern testified that she would defer Claimant's treatment to someone who specializes in backs. (Hrg. Trs. p. 31, lines 8-10). However, she testified that she is qualified to render an opinion on causation. (Hrg. Trs. p. 31, lines 12-17).

Claimant was the next witness to testify. Claimant testified that he was last employed as a medical driver for Meditam. (Hrg. Trs. p. 36, lines 2-4). His responsibilities were to pick up clients, take them to the medical appointments and pick them up following their appointments. He does not require a special license for his position. (Hrg. Trs. p. 36, lines 7-11). Prior to working for Meditam, Claimant worked for LeFleur Transportation as a medical driver. He also worked for Senior Solutions as a medical driver. (Hrg. Trs. p. 37, lines 5-6). Claimant did not graduate from high school, but got a GED. He did not attend any college or additional education beyond his GED. (Hrg. Trs. p. 37, lines 17-19).

Claimant testified that he initially injured himself while working for Meditam in March 2012 while picking up a wheelchair and putting it into a van. (Hrg. Trs. p. 38, lines 6-7). He testified that he reported the accident to Angie and asked her for workers' compensation treatment. (Hrg. Trs. p. 38, lines 11-13). He did not ever receive any treatment from the employer and missed approximately one week of work. (Hrg. Trs. p. 38, lines 14-18). Claimant testified that he treated with a chiropractor following the March accident and that the chiropractor helped his pain. (Hrg. Trs. p. 38, lines 2-5). He testified that he was not getting any specific medical treatment for his back in July 2012 prior to the car accident. (Hrg. Trs. p. 39, lines 11-13).

Claimant next testified that on July 5, 2012 he was stopped at a red light when another driver slammed into the back of his van. (Hrg. Trs. p. 39, lines 18-19). All of the passengers in the van, including Claimant, were transported to the hospital by ambulance. (Hrg. Trs. p. 40,

lines 1-3). The police filled out an accident report which was submitted at APA #6, pgs. 84-85. Claimant testified that the back of the van as pushed in by 8 to 12 inches and that the impact was very severe. (Hrg. Trs. p. 42, lines 2-6).

Claimant testified that he notified Candy and Angie at Meditam of the accident. (Hrg. Trs. p. 42, lines 18-19). Claimant denied ever being sent to a doctor by his employer or workers' compensation. (Hrg. Trs. p. 43, lines 14-19).

Claimant testified that he was written out of work by Drs. Malvern and Reing. (Hrg. Trs. p. 43, lines 22-24). He has not worked since the date of the accident. (Hrg. Trs. p. 43, line 25).

Claimant testified that he feels he needs additional medical treatment, including physical therapy. (Hrg. Trs. p. 44, lines 1-9). He testified that he experiences muscle spasms all day long. (Hrg. Trs. p. 44, lines 11-12).

Claimant admitted to having back problems since 1993, but indicated that he learned to deal with the pain. (Hrg. Trs. p. 44, lines 20-22). Claimant was injured in a car accident in 1993 and had three herniated disc in his back and a strained neck as the result of the same. (Hrg. Trs. p. 45, lines 1-7). Claimant testified that after the accident in 1993, his back hurt every day and that there has not been a day since 1993 that his back did not hurt. (Hrg. Trs. p. 45, lines 20-25). Claimant testified that after he finished treatment in 1993, his back was livable as long as he did not do things like bending or lifting a tremendous amount of weight. (Hrg. Trs. p. 47, lines 15-20). Claimant testified that since 1993, he had aggravations to his back pain from doing activities like changing a set of spark plugs. (Hrg. Trs. p. 48, lines 2-5). Claimant admitted to being prescribed Ultram, Flexeril, and Lortab for his back pain prior to the accident. (Hrg. Trs. p. 49, line 19).

Claimant next testified that when he was asked in his deposition whether he had complained to a doctor about back pain in the last five years and indicated that he had not, he denied the same because he never specifically went to the doctor to complain about his back. (Hrg. Trs. p. 51, lines 5-15). He would complain to Dr. Malvern about a variety of problems, including his back pain. (Hrg. Trs. p. 51, lines 11-14).

Claimant testified that since the car accident in July 2012, there are days that he can barely walk. He feels like there is a dull knife blade that goes between his shoulders and the pain never stops. (Hrg. Trs. p. 51, lines 21-24). Claimant is currently taking Flexeril and Lortab for his back pain. (Hrg. Trs. p. 52, lines 15-17). Claimant testified that his current back pain level is around 8 out of 10. (Hrg. Trs. p. 53, lines 14-15). He testified that he has problems bending down, walking correctly and getting in and out of chairs. (Hrg. Trs. p. 54, lines 2-7). Finally, Claimant testified that he still thinks he needs additional medical treatment and does not believe he can return to work as a van driver.

On cross-examination, Claimant again testified that there has not been a day that has gone by since 1993 that he has not had any back pain. (Hrg. Trs. p. 55, lines 23-25). At this time, Claimant's deposition transcript was entered for impeach purposes. (Hrg. Trs. p. 56, lines 2-3). During his deposition, Claimant was asked whether he was still having problems with his back following the car accident in 1993. At the deposition, Claimant responded "actually my back never felt better". (Hrg. Trs. p. 57, lines 1-10). Claimant testified at the hearing that his deposition testimony was correct and that he was exercising his back during that time and that is why he felt as good as he did. (Hrg. Trs. p. 57, lines 12-14). Claimant was next questioned on his deposition testimony that his back pain had completely resolved before March 2012. (Hrg. Trs. p. 58, lines 7-9). Claimant testified at the hearing that he indicated that his back pain had

completely resolved at his deposition because he had learned to live with the pain and it was the normal pain for him. (Hrg. Trs. p. 58, lines 10-13). Claimant's deposition testimony was next used to impeach Claimant on his deposition testimony that he had not complained to a doctor about any back pain in the past five years. At his deposition, Claimant was specifically asked "have you complained to a doctor about any back pain in the past five years" and Claimant answered in the negative. (Hrg. Trs. p. 58, lines 19-22). At the hearing, Claimant testified that he denied complaining to a doctor about back pain at his deposition because he thought the question was referring to a specialist. (Hrg. Trs. p. 58, lines 22-23). Claimant's deposition transcript was further used to question Claimant on his denial of problems with his back prior to March 2012 at his deposition. Claimant indicated that he misinterpreted the question on whether he had problems with his back prior to March 2012. (Hrg. Trs. p. 59, lines 12-17). Finally, Claimant's deposition transcript was used to impeach Claimant on his deposition testimony that he had not complained specifically about his back or neck in the past five years. (Hrg. Trs. p. 59, lines 18-23). Claimant testified that he never realized he said anything to Dr. Malvern about his back until it was pointed out to him at the hearing. (Hrg. Trs. p. 60, lines 1-7).

Claimant denied any recollection of treating with Dr. Malvern and complaining of back pain with muscle spasms on February 10, 2012. (Hrg. Trs. p. 60, lines 13-15). Claimant admitted to being prescribed Flexeril prior to the accident and agreed that he was prescribed Flexeril for back pain one month before his alleged accident. (Hrg. Trs. p. 60, lines 21-23). Claimant next testified that he recalled telling Dr. Malvern that he was stressed about his finances and work. (Hrg. Trs. p. 61, lines 1-9). He stated that he was stressed out because he was not getting paid and that he had to fight to get his money every week. (Hrg. Trs. p. 61, lines

2-9). Claimant confirmed that he reported being stressed in August 2011 because he thought he was going to be laid off from his job. (Hrg. Trs. p. 62, lines 9-13).

When asked whether he recalled treating with Dr. Malvern in May 2011 complaining of sharp pains in his back that took his breath away, Claimant indicated that he does not remember it but that he is sure that he said it because it is written down. (Hrg. Trs. p. 62, lines 18-25).

Claimant testified that he does recall telling Dr. Reing in January 2013 that he was experiencing thoracic pain that took his breath away. (Hrg. Trs. p. 63, lines 7-10). Claimant next testified that he does not have health insurance. (Hrg. Trs. p. 64, lines 3-4). Claimant confirmed that he complained of chronic back pain beginning in the thoracic spine that radiated to the front in October 2010. (Hrg. Trs. p. 64, lines 5-10). Further, he indicated that he was likely experiencing muscle spasms in his back prior to the accident in March 2012. (Hrg. Trs. p. 64, lines 11-12).

Claimant next testified that prior to the accident in March 2012 he only experienced back pain when he overdid something. (Hrg. Trs. p. 65, lines 1-4). He further testified that it was likely he just overdid something in February 2012, August 2011, May 2011, November 2010 and twice in October 2010 when he had complained about back pain to New Horizon. (Hrg. Trs. p. 65, lines 5-8).

While Claimant testified that he did tell Dr. Reing that he had problems with his back, Dr. Reing testified in his deposition that Claimant did not have any problems with his back for many years until after March. (Hrg. Trs. p. 66, lines 8-11). Further, Dr. Reing's testimony that Claimant had told him about the lifting incident but did not tell him about the other incident was read into the record. (Hrg. Trs. p. 67, lines 17-25).

Claimant admitted that his airbag did not deploy in the car accident. (Hrg. Trs. p. 68, lines 20-22). Claimant again testified that there was significant damage to the rear bumper of the car and that the car accident was a significant hit. (Hrg. Trs. p. 69, lines 4-9). At this time, APA #8 was referenced where it indicates that there was only minor damage to the rear bumper. (Hrg. Trs. p. 69, lines 13-15).

On re-direct examination, Claimant testified that he was stressed at work because he wasn't being paid as he was supposed to be paid. (Hrg. Trs. p. 72, lines 2-7). Claimant indicated that he worked between 50 to 70 hours a week and would write down how many miles he drove in order to get paid. (Hrg. Trs. p. 72, lines 17-21). He further indicated that he had to write on his timesheet many times about not getting paid. (Hrg. Trs. p. 73, lines 7-10). He testified that he was not being paid weekly or every two weeks. (Hrg. Trs. p. 74, lines 3-7).

The medical evidence indicates that Claimant initially received treatment at Greenville Memorial Hospital on July 5, 2012 complaining of lower back pain following a motor vehicle accident where Claimant was rear-ended at low impact. (APA No. 1, p. 1). Claimant reported moderate back pain and neck pain. (APA No. 1, p. 2). CT scans taken of Claimant's lumbar spine, thoracic spine, pelvis and cervical spine all returned with normal results showing no acute injury. (APA No. 1, pgs. 13-18).

Medical evidence further indicates that Claimant treated with New Horizon Family Health Services on May 26, 2010 complaining of pain in his lower back and spasms. He was prescribed Ultram at this appointment. (APA No. 11, p. 152). Claimant next treated with New Horizon Family Health Services on October 1, 2010 reporting chronic back pain and pain beginning in the thoracic spine radiating to the front. He was again prescribed Ultram and an MRI was recommended. (APA No. 11, p. 150). Claimant again reported chronic back pain

secondary to herniated disc to New Horizon Family Health Services on October 29, 2010. (APA No. 11, p. 149). On November 8, 2010, Claimant reported to New Horizon Family Health Services that he had not had the thoracic spine films done. He continued to complain of chronic lower back pain and it was noted that he likely had degenerative disc disease. (APA No. 11, p. 148). On February 8, 2011, Claimant complained of chronic lower back pain and was continued on Ultram. (APA No. 11, p. 147). On May 9, 2011, Claimant reported sharp pains in his back that take his breath away at times. It is noted that he has degenerative disc disease in his back and that he has shooting pains in his back that are happening more frequently. Tenderness was noted across his mid-back and he was prescribed Flexeril. (APA No. 11, p. 146). On August 8, 2011, it was noted Claimant was still experiencing back pain and that he was very stressed as he was going to be laid off later in the month. (APA No. 1, p. 21). On February 10, 2012, Claimant reported back pain and muscle spasms. He was instructed to take Ibuprofen and muscle relaxers.

Following the initial alleged accident in March 2012, Claimant treated at New Horizon Family Health Services on March 14, 2012 reporting acute back pain that requires physical therapy, but reported that he had no insurance. (APA No. 2, p. 24). On July 12, 2012, Claimant treated with New Horizon Family Health Services reporting neck and back pain as the result of a car accident on July 5<sup>th</sup>. (APA No. 2, p. 27). Claimant continued to treat with New Horizon Family Health Services for his back until he was ultimately referred to an orthopedist.

Claimant initially treated with Dr. Michael Reing of Anderson Bone & Joint on November 1, 2012. He was diagnosed with low back pain and physical therapy was recommended. (APA No. 3, pgs. 39-40). On January 24, 2013, Claimant treated with Dr. Reing reporting that he hurts all over but mostly in the low back and that he is experiencing thoracic pain that takes his breath away. (APA No. 3, p. 55). An MRI of his lumbar spine was reviewed

which showed some degenerative changes but no frank disc rupture. (APA No. 3, p. 57). On March 12, 2013, Claimant reported to Reing that he is still experiencing thoracic, lower and mid-back pain. (APA No. 3, p. 59).

Claimant was evaluated by Dr. Daniel Lee of Foothills Orthopaedics & Sports Medicine Center on December 26, 2012. Dr. Lee reviewed Claimant's subjective complaints and MRI and noted that his complaints of pain do not anatomically correlate to any of his MRI findings. (APA No. 12, p 155). Dr. Lee opined that the MRI findings were consistent with pre-existing degenerative changes related to normal living activities and aging. Further, he opined that did not believe to a reasonable degree of medical certainty that the objective findings were work related. (APA No. 12, p. 156).

Dr. Reing's deposition transcript was submitted into evidence at the hearing. Dr. Reing is board certified in orthopedic surgery and was qualified as an expert in orthopedic spine surgery by Claimant's attorney at the deposition. Dr. Reing initially opined to a reasonable degree of medical certainty that the car accident in July 2012 aggravated a pre-existing back condition. Specifically, Dr. Reing testified "[i]n review of the MRI and examination and his history, which he wouldn't say he had any problems, I would say that the accident was the temporal cause of his pain." (Dr. Reing Depo. Tr. P. 15, lines 20-23). However, after being shown medical records from New Horizon indicating Claimant had treated numerous times for chronic back pain over the prior two years, Dr. Reing testified that he could no longer state to a reasonable degree of medical certainty that the back pain was causally related to the accident as Claimant was not credible in his reporting of his history of back pain. (Dr. Reing Depo. Tr. P. 40-41; 47).

#### **FINDINGS OF FACT**

Based upon the testimony, the workers' compensation file and medical evidence submitted, the undersigned Commissioner makes the following findings of fact:

1. This case turns mainly on the medical reports. When the undersigned Commissioner reviews the medical records as a whole, they clearly show Claimant had numerous complaints of severe back pain leading up to the March 12, 2012 and July 5, 2012 accidents.
2. When Dr. Reing was presented with the pre-injury medical reports, even he had to rescind his opinion as to causal connection between Claimant's complaints of pain, back spasms, MRI results and the March 12, 2012 and July 5, 2012 accidents. Specifically, Dr. Reing testified he could no longer state to a reasonable degree of medical certainty that either the March 12, 2012 or the July 5, 2012 injury aggravated or exacerbated Claimant's pre-existing back condition. This finding of fact is based on Dr. Reing's deposition transcript pages 40 to 41 and page 47, lines 15 to 24.
3. Although Claimant's family physician, Dr. Malvern, testified that she believed the March 12, 2012 and July 5, 2012 injuries aggravated Claimant's pre-existing back injuries, she admitted that as an internal medicine specialist, she would have to defer to the orthopedist who treated Claimant.
4. Claimant is not credible. He was not only inconsistent in his hearing testimony compared to his deposition testimony, but the medical evidence also contradicts his testimony as well. This finding is based on the undersigned Commissioner's observation of Claimant and his testimony at the hearing. Though Claimant may be a poor historian, in his testimony, Claimant repeatedly stated that he "never" specifically complained of back pain in the months leading up to the accident. Even

when presented with medical records taken into the contrary, he was reluctant to acknowledge the same.

5. Based on this evidence as a whole, the undersigned Commissioner does not find that Claimant met his burden of proof in this case under S.C. Code Ann. §42-1-160 or S.C. Code Ann. §42-9-35.

#### **CONCLUSIONS OF LAW**

Accordingly, as provided in S.C. Code Ann. §42-17-40 and pursuant to other applicable law, it is the determination of this Commissioner:

1. That under §42-1-160 and other applicable law, the Claimant did not sustain injuries by an accident arising out of and in the course of his employment.
2. That under S.C. Code Ann. §42-9-35, Claimant did not meet his burden of proof that the alleged injury aggravated a pre-existing condition.

#### **ORDER**

**IT IS HEREBY ORDERED ADJUDGED AND DECREED** that Claimant's claim for workers' compensation benefits is **DENIED**. The Defendants shall not be responsible for making any payments in any form or fashion to the claim for workers' compensation benefits.

**AND IT IS SO ORDERED.**



\_\_\_\_\_  
Commissioner Aisha Taylor  
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.

June 20, 2013

By: Renee Smith, Administrative Assistant to Commissioner Taylor

South Carolina Workers' Compensation Commission  
P.O. Box 1715 ♦ 1612 Marion Street  
Columbia, South Carolina 29202-1715  
(803) 737-5700

WCC File # 1208766  
Carrier File # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

Shane Almquist  
Claimant's Name  
Anderson SC 29624  
Address City State Zip  
864-  
Home Phone # Work Phone #  
Daniel L. Draisen, Esq., SC Bar No. 13536  
Preparer's Name

Meditam  
Employer's Name  
100 Engineer Street Greenville SC 29605  
Address City State Zip  
Norguard Ins. Co.  
Insurance Carrier  
Krause, Moorhead & Draisen, PA (864) 225-4000  
Law Firm Phone #

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 worker's compensation benefits is made based on the following grounds: Date of Injury or Illness: 3/12/12  
 Injury  Illness  Repetitive Trauma

- 1a. The Claimant sustained an injury to spine on 3/12/12 in Abbeville County, South Carolina.
- 1b. Body part(s) affected are: spine.  
Briefly describe how the accident occurred Claimant was injured while moving a patient.
- 2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
- 3. The relationship of employer and employee existed at the time of the 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 3/12/12 in the following manner:  
Claimant notified supervisor.
- 6. Due to the injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for spine.  
 (b) additional medical examination and treatment for
- 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD
- 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 injury the claimant was paid weekly wages of \$ 480.00; 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. Meditam.
- 11a. Further grounds or unusual aspects of claim: Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant further requests a lump sum payment of any award with a Utica-Mohawk provision in the Order.
- 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. New Horizons Clinic; Gregg Battersby, DC.
- 11c. To the best of your knowledge, did you have any prior permanent disability? Unknown  
If yes, describe:
- 12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers Compensation Commission may direct as just and proper.
- 13a. I am filing a claim. I am not requesting a hearing at this time.
- 13b. I am requesting a hearing.
- 14. Estimated time needed for hearing: 1 hour.

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

Daniel L. Draisen Attorney for Claimant ddraisen@kmdlawyers.com December 13, 2012  
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 Claims Department.

**SC Workers' Compensation Commission**

333 Main Street, suite 500 · Post Office Box 1715  
Columbia, South Carolina 29202-1715  
803)737-5723



WCC File #: 1208766

Carrier File #: 351-112-433

Carrier Code #:

Employer FEIN #:

Shane Almquist

SSN

Anderson, South Carolina 29624

Address City State Zip

(864)

Home Phone #

Kathleen G. Lyall

Preparer's Name

Work Phone #

McAngus Goudelock & Courie

Law Firm

Meditam

Employer's Name

100 Engineer Street  
Greenville, South Carolina 29605

Address City State Zip

Guarantee Insurance Company c/o Patriot National  
Insurance Group

Insurance Carrier

(864) 239-4016

Phone Number

Date of Accident: 3/12/12

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

- It is **denied** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are: Pending further investigation, Defendants deny Claimant sustained compensable injuries to his back or any other body parts or organs.
- It is **denied** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: See No. 1 above.
- It is **denied** that the relationship of employer and employee existed at the time in question. The reasons for denial are: See No. 1 above.
- It is **denied** that at the time in question the employee was performing service growing out of and incidental to his employment. The reasons for denial are: See No. 1 above.
- It is **denied** that notice of injury was given to the employer. The reasons for denial are: See No. 1 above.
- It is **denied** that the employee needs/is entitled to additional medical care as a result of the injury. The reasons for denial are: Pending further investigation Defendants deny Claimant is entitled to additional medical treatment.
- It is **denied** that the employee is entitled to temporary total disability for the period(s) of: Pending further investigation Defendants deny Claimant is entitled to temporary compensation.
- It is **denied** that the employee is permanently disabled. The reasons for denial are: Permanent disability, if any, to be determined by the Commission.
- It is **denied** that the employee has a serious disfigurement.
- It is **contended** that an average weekly wage of \$285.79 applies, according to attached accounting of employee's earnings as provided by law.
- Further contentions or grounds of defense are: See attached Addendum.
- Estimated time needed for hearing: 1 hour.

I certify that I have served this document pursuant to R.67-211 by delivering a copy to:

Daniel L. Draisen  
Law Offices of Krause, Moorhead and Draisen, P.A.  
207 East Calhoun Street  
Anderson, South Carolina 29621

Virginia Crocker, Judicial Director  
S.C. Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

on the 2nd day of January, 2013 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.

*Katie Lyall*  
Preparer's Signature

Attorney for Employer/Carrier  
Title

katie.lyall@mqclaw.com  
Email

January 2, 2013  
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.

Addendum to Form 51

11. Defendants respectfully reserve the right to amend this Form 51 and claim any and all affirmative and specific defenses should facts be discovered during investigation which allow the defenses to be asserted in good faith, (see Reg. 67-603), including but not limited to Section 42-9-60, fraud in the application for employment, fraud in the inducement to sign Form 15, fraud in the initiation of the claim for benefits, pre-existing disability to allegedly injured members, election of remedies, and intervening trauma, no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury needs to be determined; statute of limitations, notice, defendants reserve the right to amend this Answer and plead additional defenses.

South Carolina Workers' Compensation Commission  
P.O. Box 1715 ♦ 1612 Marion Street  
Columbia, South Carolina 29202-1715  
(803) 737-5700

WCC File # 1208767  
Carrier File # \_\_\_\_\_  
Carrier Code # \_\_\_\_\_  
Employer FEIN \_\_\_\_\_

Shane Almquist  
Claimant's Name SSN \_\_\_\_\_  
Anderson SC 29624  
Address City State Zip  
864- \_\_\_\_\_  
Home Phone # Work Phone #  
Daniel L. Draisen, Esq., SC Bar No. 13536  
Preparer's Name

Meditam  
Employer's Name  
100 Engineer St. Greenville SC 29605  
Address City State Zip  
Guarantee Ins. Co.  
Insurance Carrier  
Krause, Moorhead & Draisen, PA (864) 225-4000  
Law Firm Phone #

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 worker's compensation benefits is made based on the following grounds: Date of Injury or Illness: 7/5/12  
 Injury  Illness  Repetitive Trauma

- 1a. The Claimant sustained an injury to back, neck, legs, head on 7/5/12 in Greenville County, South Carolina.
- 1b. Body part(s) affected are: back, neck, legs, head.  
Briefly describe how the accident occurred Claimant was injured in a wreck.
- 2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.
- 3. The relationship of employer and employee existed at the time of the 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 7/5/12 in the following manner:  
Claimant notified supervisor.
- 6. Due to the injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for back, neck, legs, head.  
 (b) additional medical examination and treatment for \_\_\_\_\_
- 7. Due to the injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: 7/5/12 to the present and continuing.
- 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 injury the claimant was paid weekly wages of \$ 480.00; and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident. None.
- 11a. Further grounds or unusual aspects of claim: Claimant makes claim to any and all rights he is entitled to under the Workers' Compensation laws of South Carolina. Claimant further requests a lump sum payment of any award with a Utica-Mohawk provision in the Order.
- 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. New Horizons Clinic; Greenville Memorial Hospital, Anderson Bone & Joint, Anderson Radiology, Advanced PT.
- 11c. To the best of your knowledge, did you have any prior permanent disability? Unknown  
If yes, describe: \_\_\_\_\_
- 12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers Compensation Commission may direct as just and proper.
- 13a. I am filing a claim. I am not requesting a hearing at this time.
- 13b. I am requesting a hearing.
- 14. Estimated time needed for hearing: 1 hour.

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

Trauman & Trauman Attorney for Claimant ddraisen@kmdlawyers.com December 13, 2012  
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 Claims Department.



Addendum to Form 51

11. Defendants respectfully reserve the right to amend this Form 51 and claim any and all affirmative and specific defenses should facts be discovered during investigation which allow the defenses to be asserted in good faith, (see Reg. 67-603), including but not limited to Section 42-9-60, fraud in the application for employment, fraud in the inducement to sign Form 15, fraud in the initiation of the claim for benefits, pre-existing disability to allegedly injured members, election of remedies, and intervening trauma, no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury needs to be determined; statute of limitations, notice, defendants reserve the right to amend this Answer and plead additional defenses.

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675



WCC File #: 1208767  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Shane Almquist SSN: \_\_\_\_\_ Employer's Name: Meditam  
Address: \_\_\_\_\_ Address: 100 Engineer Street  
City: Anderson State: SC Zip: 29624 City: Greenville State: SC Zip: 29605  
Home Phone: 864 296 3553 Work Phone: \_\_\_\_\_ Insurance Carrier: Guarantee Insurance Co. c/o Patriot Nat'l  
Preparer's Name: Daniel L. Draisen Law Firm: Krause, Moorhead & Draisen Preparer's Phone #: 864 225 4000

**REQUEST FOR COMMISSION REVIEW**

Request for Commission Review by  claimant  employer (check one) Date of injury: 03/12/12 and 07/05/12

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attached Grounds

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Kathleen G. Lyall, McAngus, Goudeock & Courie  
Name  
PO Box 2980, Greenville, SC 29602

on the \_\_\_\_\_ day of July, 2013 by  first class mail  personal service  certified mail.

[Signature] Attorney for Claimant 7-2-13  
Preparer's Signature Title Date

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

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

GROUNDS FOR APPEAL  
SHANE ALMQUIST v. MEDITAM  
WCC FILE NO. 1208767

1. **THE HEARING COMMISSIONER ERRED IN HER FINDING OF FACT NO. 1.** ERROR WAS COMMITTED IN THAT THE CASE DOES NOT TURN MAINLY ON THE MEDICAL REPORTS WITH REGARD TO PRIOR COMPLAINTS OF BACK PAIN, BUT RATHER SHOULD HAVE BEEN DECIDED BASED UPON THE MEDICAL RECORDS ALONG WITH THE LIVE TESTIMONY OF THE CLAIMANT'S TREATING PHYSICIAN.
2. **THE HEARING COMMISSIONER ERRED IN HER FINDING OF FACT NO. 2.** ERROR WAS COMMITTED IN THAT THE COMMISSIONER FAILED TO CONSIDER DR. REING'S TESTIMONY AS A WHOLE IN WHICH HE DID NOT ULTIMATELY HAVE AN OPINION AS TO CAUSATION.
3. **THE HEARING COMMISSIONER ERRED IN HER FINDING OF FACT NO. 3.** ERROR WAS COMMITTED IN THAT THE COMMISSIONER MISSTATED THE TESTIMONY OF DR. MALVERN AND FAILED TO GIVE ANY WEIGHT TO HER EXPERT OPINION AS TO CAUSATION.
4. **THE HEARING COMMISSIONER ERRED IN HER FINDING OF FACT NO. 4.** ERROR WAS COMMITTED IN THAT BY FINDING THE CLAIMANT NOT CREDIBLE THE COMMISSIONER NECESSARILY HAD TO FIND DR. MALVERN NOT CREDIBLE.
5. **THE HEARING COMMISSIONER ERRED IN HER FINDING OF FACT NO. 5.** ERROR WAS COMMITTED IN THAT THE GREATER WEIGHT OR PREPONDERANCE OF THE EVIDENCE SHOWS THAT THE CLAIM SHOULD BE COMPENSABLE AND THE CLAIMANT SHOULD BE ENTITLED TO BENEFITS UNDER THE ACT.
6. **THE HEARING COMMISSIONER ERRED IN HER CONCLUSION OF LAW NO. 1.** ERROR WAS COMMITTED IN THAT IT IS UNDISPUTED THAT THE CLAIMANT WAS INJURED IN AN AUTOMOBILE WRECK AND THE CONCLUSION IS CONTRARY TO THE EVIDENCE IN THE RECORD AS A WHOLE.
7. **THE HEARING COMMISSIONER ERRED IN HER CONCLUSION OF LAW NO. 2.** ERROR WAS COMMITTED IN THAT THE GREATER WEIGHT OR PREPONDERANCE OF THE EVIDENCE SHOWS THAT THE CLAIM SHOULD BE COMPENSABLE AND THE CLAIMANT SHOULD BE ENTITLED TO BENEFITS UNDER THE ACT.
8. **THE HEARING COMMISSIONER ERRED IN HER ORDER.** ERROR WAS COMMITTED IN THAT THE GREATER WEIGHT OR PREPONDERANCE OF THE EVIDENCE SHOWS THAT THE CLAIM SHOULD BE COMPENSABLE AND THE CLAIMANT SHOULD BE ENTITLED TO ALL AVAILABLE BENEFITS UNDER THE ACT.

1 A. Occasionally I do, but most of the time I have my  
2 wife do it just because it just hurts too much.

3 Q. But you're actually able to you it? You know how to  
4 do it?

5 A. I do know how to.

6 Q. Do you have any problems reading or writing?

7 A. No.

8 Q. Have you ever been charged with or convicted of a  
9 crime?

10 A. No.

11 Q. Have you ever served in the military?

12 A. No.

13 Q. Have you ever filed a lawsuit before?

14 A. I would -- let me ask you a question.

15 Q. Sure.

16 A. I have been involved in a car wreck once before.

17 Q. Okay.

18 A. That was back in 1993, I believe. And so yeah, I  
19 retained a lawyer. And, I mean, that's probably the  
20 only time.

21 Q. Okay. What body part did you injure?

22 A. I injured my back.

23 Q. Did you receive treatment?

24 A. I got myself some stitches on my forehead. And  
25 yeah, I received lots of treatment.

1 Q. Did you have any surgery?

2 A. No.

3 Q. Do you remember where you received treatment?

4 A. Well, it was through a chiropractor, Todd Singleton.

5 Q. Where is he?

6 A. He would be located in I believe it would be West  
7 Valley City, Utah.

8 Q. Where in your back were you injured?

9 A. I was injured in my lower back, my mid back and my  
10 neck. It wasn't herniated, but my neck was  
11 strained.

12 Q. Had all of those problems resolved?

13 A. All of these problems were -- I mean, I wound up  
14 going back to work when I finally got a job after  
15 rehabbing all this. I wound up doing exactly what I  
16 wasn't supposed to. And I wound up just deciding on  
17 doing physical work. And, I mean, I was a parts  
18 puller, an after market parts puller, for a  
19 warehouse. And I did that for roughly about three  
20 years. And then I also built vending machines for  
21 an additional six years. And so I would load my  
22 van. And, I mean, it was a lot of physical work.

23 Q. Were you still having problems with your back during  
24 that time?

25 A. Actually, my back never felt better.

1 Q. Okay. And your neck?

2 A. My neck was fine.

3 Q. Do you remember if you received a settlement for  
4 that car accident?

5 A. My settlement was -- yeah. I mean, my settlement  
6 was, like, I think it was around \$3,000 or \$4,000,  
7 because I spent a lot of money trying to get myself  
8 better.

9 Q. And that's the only lawsuit you've had?

10 A. Other than bankruptcy.

11 Q. When was that?

12 A. Wow, that would have been probably in I'm going to  
13 think in between '85 and '90. I mean, I had a  
14 furniture store. That's why I wound up filing  
15 bankruptcy was because I actually had a store and I  
16 just couldn't make it work.

17 Q. Okay. Have you ever filed a workers' comp claim  
18 before?

19 A. I would say that -- I mean, I'm going to say that  
20 prior to going to this company, I actually fell and  
21 hurt my knee with LeFleur. And they did send me to  
22 go and see a doctor, but there was nothing else  
23 really done. I mean, it was just like they picked  
24 up that bill. And, I mean, the doctor prescribed me  
25 a few pills and I didn't really worry about it. I

1 Q. Are you currently working anywhere?

2 A. I am not.

3 Q. Where did you last work?

4 A. I worked for Meditam.

5 Q. When did you start working there?

6 A. Roughly, a year ago. I mean, I went from LeFleur  
7 right into working for Meditam without really an  
8 interview or anything. I mean, I just went directly  
9 from LeFleur to there.

10 Q. What was your job title?

11 A. Driver.

12 Q. What were your duties?

13 A. To pick up people and take them to their  
14 appointments.

15 Q. Is that the same position you had the whole time?

16 A. Yes, ma'am.

17 Q. How much did you earn?

18 A. I was earning \$8 an hour.

19 Q. How many hours per week?

20 A. Before I hurt my back in March, I was probably  
21 doing, I don't know, roughly 70 hours a week. I  
22 mean, I was making \$1,100 every two weeks, roughly.  
23 We could probably go from \$1,100 to \$1,000. It was  
24 in between there.

25 Q. Okay. And between the two accidents, did you return

1 A. Ultram was for my joints. It was basically, you  
2 know, to help relieve the arthritis pain.

3 Q. Okay.

4 A. That was it.

5 Q. Have you ever treated for depression?

6 A. I would probably say that I saw somebody when I got  
7 divorced, I went in and saw somebody for probably a  
8 couple of months I'm thinking.

9 Q. Have you ever treated for anxiety?

10 A. No, ma'am.

11 Q. Other than your divorce, had you ever been treated  
12 for depression?

13 A. No.

14 Q. We're going to talk about your prior injuries.  
15 First, your back. We've already discussed the car  
16 accident from around 1993. Had you had any other  
17 injuries to your back?

18 A. No, ma'am.

19 Q. Had your back pain completely resolved before March  
20 of this year?

21 A. Yes, ma'am.

22 Q. Had you complained to a doctor about any back pain  
23 in the past five years?

24 A. No.

25 Q. So you had no problems with your back until March of

1 2012?

2 A. That's correct.

3 Q. And the same with your neck. I know you injured  
4 your back in 1993, around there, with the car  
5 accident?

6 A. Uh-huh.

7 Q. Had you had any other problems?

8 A. No, ma'am.

9 Q. Had you complained in the past five years about any  
10 issues with your neck?

11 A. No. I complained about, you know, my bones hurting  
12 in general.

13 Q. Right. But not about your back or neck?

14 A. But not specifically about my back or my neck.

15 Q. What about your legs?

16 A. Legs.

17 Q. Had you had any prior treatment for any issues with  
18 your legs?

19 A. You know what. I have had some shots of cortisone  
20 in my knees. I'm not really sure when, but I used  
21 to get -- I've got osteoarthritis disease I think is  
22 what it's called. I don't know. They used to give  
23 me a shot of cortisone in my knees every now and  
24 then.

25 Q. Do you remember who you treated with for that?

- 1 MEDICATION AND I PRESCRIBED A MUSCLE RELAXANT.  
2 HE'D HAD SIX (6) WEEKS OF THERAPY PREVIOUSLY, SO  
3 PLANNED TO CONTINUE THE THERAPY AND THEN SEE HIM  
4 BACK.
- 5 Q. OKAY. AND DID YOU, IN FACT, SEE HIM BACK AT ANY  
6 POINT IN TIME?
- 7 A. YES, I DID.
- 8 Q. AND WHEN, WHEN DID YOU SEE HIM NEXT?
- 9 A. THE NEXT ENCOUNTER WAS 12-13-2012.
- 10 Q. AND WHAT WAS THE COMPLAINT AT THAT VISIT?
- 11 A. THORACIC RIB PAIN AND AS A FOLLOW-UP AFTER HIS  
12 PHYSICAL THERAPY.
- 13 Q. OKAY. AND WHAT DID YOU DO? DID YOU TAKE A  
14 HISTORY AGAIN AT THAT TIME?
- 15 A. YES.
- 16 Q. AND WHAT WAS THE HISTORY GIVEN AT THAT TIME?
- 17 A. AT THAT TIME HE HAD SEVERE COUGH AND UPPER  
18 RESPIRATORY SYNDROME FOR ABOUT THREE (3) WEEKS AND  
19 HE HAD BEEN COUGHING A LOT. I FELT THAT MIGHT BE  
20 RESPONSIBLE FOR THE RIB AND SOME OF THE BACK PAIN  
21 PERSISTENCE.
- 22 Q. OKAY. DID YOU PERFORM AN EXAMINATION?
- 23 A. YES, I DID.
- 24 Q. AND WHAT DID YOU FIND AS A RESULT OF THE PHYSICAL  
25 EXAMINATION?

- 1 Q. DID YOU REFER HIM TO A SPECIFIC PAIN MANAGEMENT  
2 DOCTOR?
- 3 A. NO, I DIDN'T.
- 4 Q. HOW DOES THAT WORK? HOW DOES HE GET TO A  
5 SPECIFIC ---
- 6 A. WELL, IN WORKMEN'S COMPENSATION CASES, THE  
7 WORKMEN'S COMPENSATION PEOPLE SEND THEM TO WHO  
8 THEY WISH. IF THEY WERE MY OTHER INSURED PATIENT  
9 I WOULD -- I DO HAVE SOME PREFERENCE IN PAIN  
10 MANAGEMENT.
- 11 Q. SO IF YOU WERE MAKING THE REFERRAL, WHO WOULD YOU  
12 HAVE LIKELY SENT HIM TO?
- 13 A. PIEDMONT IS THE ONE WE USUALLY DO.
- 14 Q. PIEDMONT PAIN? LOUDERMILK?
- 15 A. LOUDERMILK AND THAT GROUP.
- 16 Q. IS THERE ANY WAY TO TELL FROM REVIEW OF THE M.R.I.  
17 OR THE PHYSICAL EXAMINATION OF MR. ALMQUIST AS TO  
18 WHETHER OR NOT THE JULY 5TH ACCIDENT CAUSED OR  
19 AGGRAVATED HIS CONDITION?
- 20 A. IN REVIEW OF THE M.R.I. AND EXAMINATION AND HIS  
21 HISTORY, WHICH HE WOULDN'T SAY HE HADN'T HAD ANY  
22 PROBLEMS, I WOULD SAY THAT THE ACCIDENT WAS THE  
23 TEMPORAL CAUSE OF HIS PAIN. THERE'S NO WAY AT THE  
24 POINT WHERE THE M.R.I. WAS DONE TO DETERMINE IF  
25 THE DISC RUPTURES WERE OLD OR NEW. I ASSUME THAT

1           THEY WERE NEW AND THEN HE WENT TO PAIN MANAGEMENT  
2           WITH THE IDEA OF TRYING TO CONTINUE TO MANAGE HIS  
3           PAIN.

4           Q.    SO CAN YOU OFFER AN OPINION TO A REASONABLE DEGREE  
5           OF MEDICAL CERTAINTY, BASED ON YOUR EDUCATION,  
6           TRAINING AND EXPERIENCE, YOUR EXAMINATION OF MR.  
7           ALMQUIST AND TREATMENT OF MR. ALMQUIST AS TO THE  
8           MOST PROBABLE CAUSE OF HIS BACK COMPLAINTS AFTER  
9           JULY THE 5TH, 2012?

10          A.    YES, I CAN.

11          Q.    AND YOUR OPINION IS WHAT?

12          A.    MY OPINION IS THAT THE MOTOR VEHICLE ACCIDENT  
13                CAUSED HIS PRESENT COMPLAINTS.

14          Q.    AND DO YOU HAVE AN OPINION ABOUT WHETHER OR NOT  
15                MR. ALMQUIST IS GOING TO NEED OR DOES NEED FURTHER  
16                MEDICAL TREATMENT AS A RESULT OF THOSE INJURIES?

17          A.    YES.

18          Q.    WHAT'S YOUR OPINION, PLEASE?

19          A.    I DO THINK IT'S GOING TO BE AN ONGOING PROCESS, I  
20                THINK HE'S GOING TO NEED FURTHER TREATMENT.

21          Q.    AND IN WHAT FORM DO YOU BELIEVE THAT'S GOING TO  
22                TAKE?

23          A.    THE OBJECT IS TO TAKE CARE OF THE SOFT TISSUES AS  
24                WELL AS THE DISCS. ON THE M.R.I., IF YOU'LL SEE  
25                ON THE M.R.I. SOFT TISSUE DAMAGE, SWELLING, ET

1 SOURCES OUTSIDE OR SEEN ANY OTHER MEDICAL RECORDS  
2 OR INFORMATION THAT CAUSE YOU TO BELIEVE THAT MR.  
3 ALMQUIST HAS NOT BEEN HONEST WITH YOU?

4 A. NO, I HAVE NOT.

5 Q. DO YOU HAVE ANY OPINIONS AS TO WHETHER OR NOT YOU  
6 BELIEVE MR. ALMQUIST IS MALINGERING?

7 A. I DO NOT THINK HE'S MALINGERING.

8 Q. DO YOU HAVE AN OPINION TO A REASONABLE DEGREE OF  
9 MEDICAL CERTAINTY BASED ON YOUR EDUCATION,  
10 TRAINING AND EXPERIENCE AND YOUR EXAMINATION OF  
11 MR. ALMQUIST AND THE M.R.I.S AS TO WHETHER OR NOT  
12 THE AUTOMOBILE ACCIDENT OF JULY 5TH, 2012  
13 AGGRAVATED OR EXACERBATED A PRE-EXISTING CONDITION  
14 OR DID IT CAUSE A NEW INJURY?

15 A. THAT'S DIFFICULT TO DETERMINE, BUT HE WAS DOING  
16 BETTER AND I THINK THAT IT WAS PROBABLY A NEW  
17 INJURY, A SOFT TISSUE INJURY. HE MAY HAVE  
18 EXACERBATED SOMETHING GOING ON PREVIOUSLY AS WELL.

19 Q. WELL, WOULD YOU AGREE THAT THE DEGENERATIVE  
20 CHANGES THAT SHOWED UP WERE MOST LIKELY NOT CAUSED  
21 BY THE ACCIDENT?

22 A. THEY WERE DEFINITELY NOT CAUSED BY THE ACCIDENT.

23 Q. AND BASED ON THE HISTORY AND PHYSICAL THAT YOU  
24 HAD, IS THERE ANY INDICATION THAT THE DEGENERATIVE  
25 CHANGES HAD CAUSED CHRONIC BACK PAIN PRIOR TO THE

- 1 ACCIDENT?
- 2 A. NO.
- 3 Q. THOSE DEGENERATIVE CHANGES WERE PRESENT IN THE  
4 DECEMBER M.R.I. THAT MR. ALMQUIST HAD; IS THAT  
5 RIGHT?
- 6 A. THAT'S CORRECT.
- 7 Q. YOU DIDN'T TALK MUCH ABOUT THEM, SO THAT'S WHY I  
8 WAS ASKING THE QUESTIONS. THE FACT THAT HE HAS  
9 DEGENERATIVE CHANGES AND IF THOSE ARE PRESENT ON  
10 THE FILMS. DOES THAT CHANGE THE OPINION THAT  
11 YOU'VE GIVEN IN ANY WAY TODAY?
- 12 A. NO.
- 13 Q. CAN, CAN AN M.R.I. SHOW INJURY ON A MICROSCOPIC  
14 LEVEL?
- 15 A. A MICROSCOPIC LEVEL? NOT THAT I'M AWARE OF.
- 16 Q. MEANING LIKE IF YOU HAD TEARS TO THE TISSUE IN THE  
17 INNER PORTIONS OF THE SPINE, WOULD AN M.R.I.  
18 NECESSARILY SHOW THOSE?
- 19 A. WELL, AGAIN, THE M.R.I. IS REALLY JUST LOOKING AT  
20 WATER CONTENT. OKAY? AND YOU'RE GOING TO SEE  
21 SOME EVIDENCE OF INCREASE WATER CONTENT THAT  
22 YOU'RE NOT GOING TO SEE ON A CELLULAR LEVEL.
- 23 Q. DOES THE. ---
- 24 A. THAT'S WHAT YOU MEAN BY MICROSCOPIC.
- 25 Q. DOES, DOES THE SIZE OF THE PATIENT AFFECT THE

1           SOMEBODY ON FLEXERIL BEING ON THE ROAD WITH ME.

2           Q.    SO GIVEN THE MEDICATIONS THAT HE'S TAKING, WOULD  
3           YOU RECOMMEND A RESTRICTION THAT HE NOT DRIVE AS  
4           LONG AS HE HAS TO TAKE THOSE MEDICATIONS?

5           A.    AS LONG, AS LONG AS HE'S TAKING -- IN SOME PEOPLE,  
6           EVENTUALLY WHEN YOU'RE REHABING, GO BACK AND TAKE  
7           IT ONLY IN THE EVENINGS WHEN THEY ARE NOT HAVING  
8           TO DRIVE.

9           Q.    BUT AS OF TODAY?

10          A.    AS OF TODAY, I WOULD NOT SUGGEST THAT HE DRIVE,  
11          YES.

12                    BY MR. DRAISEN:   ALL RIGHT.  I THINK THAT'S  
13                    ALL THE QUESTIONS THAT I HAVE FOR YOU.  ANSWER ANY  
14                    QUESTIONS THAT MS. LYALL OR COUNSEL HAVE.

15                    EXAMINATION BY MR. BORNEMANN:

16          Q.    THANK YOU, DOCTOR.  MY NAME AGAIN IS DAVID  
17                    BORNEMANN AND I'M HERE ON BEHALF OF MR. ALMQUIST'S  
18                    EMPLOYER AND THEIR INSURANCE CARRIER.  IN REGARD  
19                    TO HIS POLICY THAT WAS IN EFFECT PRIOR TO, SOME  
20                    INTERESTING ISSUES WITH THE POLICY, THE  
21                    CONSIDERATION IS -- MY CARRIER IS THE FIRST ONE ON  
22                    THE LIST.  I WANTED TO GO THROUGH A LITTLE BIT OF  
23                    YOUR TESTIMONY, IF I MAY?  YOU MENTIONED EARLY  
24                    ABOUT DID YOU TAKE ANY HISTORY FROM MR. ALMQUIST  
25                    AND IF YOU COULD JUST REFRESH MY RECOLLECTION ON

1            THAT, THAT IT'S A ---

2            A.    AND THIS IS WHERE (UNINTELLIGIBLE) MEDICAL

3            RECORDS, ELECTRONIC MEDICAL RECORDS BECAUSE IN THE

4            HISTORY I SIT THERE AND TALK TO THE PATIENT, LOOK

5            THEM IN THE EYE, AND THEN I'VE GOT TO GO AND TYPE

6            EVERYTHING. SO UNFORTUNATELY THE HISTORY IS

7            PROBABLY NOT AS LONG OR AS DETAILED AS I HAD

8            ACTUALLY TAKEN. BUT WITH THE HISTORY HE GAVE WAS

9            HE -- LET'S SEE, I WANT TO GET HIS FIRST VISIT --

10           WAS THAT HE WAS IN A MOTOR VEHICLE ACCIDENT ON

11           JULY 5TH OF 2012 AND HE ALSO STATED THAT HE HAD

12           PICKED UP A WHEELCHAIR IN MARCH AND HAD BACK PAIN

13           AND IT GOTTEN, HE SAID HE HAD GOTTEN BETTER UNTIL

14           THE MOTOR VEHICLE ACCIDENT, AND THEN HE ALSO GIVE

15           ME A HISTORY OF A MOTOR VEHICLE ACCIDENT IN 1993,

16           BUT HE HAD BEEN WORKING AND DRIVING FOR MANY YEARS

17           AFTER THAT UNTIL THE MARCH INCIDENT. HE HAD DONE

18           PHYSICAL THERAPY FOR ABOUT SIX (6) WEEKS AND HE

19           STILL HAD PAIN AFTER THE THERAPY.

20           Q.    AND I BELIEVE AS PART OF HIS HISTORY TO YOU OF THE

21           PAIN AND PROBLEMS HE WAS HAVING AT THE TIME AND

22           THAT INCLUDED, YOU KNOW, OBVIOUSLY BACK PAIN,

23           MUSCLE SPASMS, THINGS OF THAT NATURE; IS THAT

24           CORRECT?

25           A.    THAT'S CORRECT.

- 1 Q. NOW, DOCTOR, IN TAKING THESE HISTORIES, IS THAT  
2 SOMETHING YOU RELY ON IN FORMULATING YOUR  
3 DIAGNOSIS AND RECOMMENDATIONS FOR PATIENT CARE?
- 4 A. YES.
- 5 Q. AND DO YOU RELY ON THE TRUTHFULNESS OF THAT  
6 HISTORY IN MAKING THOSE DETERMINATIONS RELATED TO  
7 CAUSATION, DIAGNOSIS, THINGS OF THAT NATURE?
- 8 A. YES. BASICALLY WE TRUST THE PATIENT.
- 9 Q. OKAY. I'D LIKE TO SHOW YOU A FEW PAST MEDICAL  
10 RECORDS. AND PRIOR TO SEEING MR. ALMQUIST, HAVE  
11 YOU RECEIVED ANY OF HIS PREVIOUS MEDICAL RECORDS?
- 12 A. NO.
- 13 Q. I'VE GOT A FEW OF THEM I'D LIKE TO GO THROUGH WITH  
14 YOU. THIS IS FROM NEW HORIZON FAMILY HEALTH  
15 SERVICES. I'D LIKE YOU TO TAKE A QUICK LOOK AT  
16 THAT.
- 17 A. (PAUSE WHILE REVIEWING) WHAT'S THE DATE ON THAT?
- 18 Q. MAY 26TH, 2010, I BELIEVE.
- 19 A. 2010, YEAH.
- 20 Q. DOCTOR, DID YOU SEE ON THIS MEDICAL RECORD ANY  
21 EVIDENCE OF COMPLAINTS OF LOW BACK PAIN AS OF MAY  
22 26TH, 2010?
- 23 A. YES.
- 24 Q. AND I BELIEVE IF YOU'LL LOOK UNDER THE OBJECTIVE  
25 SECTION SORT OF IN THE MIDDLE, DID HE ALSO NOTE

- 1            THAT HE WAS HAVING MUSCLE SPASMS ALONG WITH PAIN  
2            AT THAT TIME?
- 3            A.    YES.    THAT'S ONE OF THE ADVANTAGES OF MEDICAL  
4            RECORDS GOING ELECTRONIC, SO YOU CAN READ THEM  
5            BETTER.
- 6            Q.    YES, THE PENMANSHIP FOR THE RECORD IS NOT GOOD IN  
7            THESE RECORDS. NOW, I BELIEVE IN THE ASSESSMENT  
8            SECTION THAT HE WAS RECOMMENDED ULTRAM I BELIEVE  
9            FOR THAT?
- 10          A.    I THINK THAT'S, YES.
- 11          Q.    OKAY. NOW, IS ULTRAM A PAIN MEDICATION?
- 12          A.    YES, IT IS.
- 13          Q.    IF I MAY HAVE THAT BACK?
- 14          A.    SURE.    (HANDS DOCUMENT BACK TO ATTORNEY)
- 15          Q.    OKAY. FIRST I'D LIKE TO SHOW YOU, THIS IS FROM  
16          OCTOBER 1ST, 2010.    (HANDS DOCUMENT TO WITNESS)
- 17          A.    (PAUSE WHILE REVIEWING DOCUMENT)
- 18          Q.    DOCTOR, DOES THAT MEDICAL RECORD INDICATES THAT HE  
19          WAS COMPLAINING OF BACK PAIN AT THAT TIME?
- 20          A.    YES, IT DOES.
- 21          Q.    OKAY. SO IT MENTIONED LOWER BACK PAIN AS WELL AS  
22          THORACIC BACK PAIN?
- 23          A.    IT SAYS PAIN FOR ALL OVER JOINTS. IT WAS  
24          PREVIOUSLY DIAGNOSED WHAT LOOKS LIKE RHEUMATOID  
25          ARTHRITIS, CHRONIC BACK PAIN SECONDARY TO INJURY,

1 USES ULTRAM. HAS PAIN BEGINNING AT THE T-SPINE  
2 AND RADIATING TO THE FRONT.

3 Q. AND THE THORACIC SPINE IS ONE OF THE AREAS THAT,  
4 IN ADDITION TO THE LUMBAR SPINE, THAT HE WAS  
5 COMPLAINING ABOUT WHEN HE SAW YOU; IS THAT  
6 CORRECT?

7 A. CORRECT.

8 Q. THIS IS THE RECORD FROM OCTOBER 29TH OF 2010. IF  
9 YOU WOULD, PLEASE REVIEW THAT AND ONCE YOU'VE HAD  
10 TIME TO TAKE A LOOK AT IT, TELL ME WHETHER OR NOT  
11 HE REPORTED CHRONIC BACK PAIN SECONDARY TO  
12 HERNIATED DISCS AT THAT TIME? (HANDS DOCUMENT TO  
13 WITNESS)

14 A. (PAUSE WHILE REVIEWING DOCUMENT) IT SAYS ON HERE,  
15 DON'T KNOW WHO WROTE IT, BUT POSITIVE FOR, FOR  
16 CHRONIC BACK PAIN SECONDARY TO HERNIATED DISC,  
17 YES.

18 Q. NOW, EARLIER YOU TESTIFIED ABOUT MR. ALMQUIST'S  
19 M.R.I.S AND I BELIEVE SPECIFICALLY ABOUT EVIDENCE  
20 OF DISC RUPTURES AND SOME OTHER DEGENERATIVE  
21 CHANGES AND THINGS GOING ON IN THE SPINE, WHICH  
22 MR. DRAISEN TOUCHED ON THIS, BUT I BELIEVE YOU  
23 INDICATED THAT IT WAS DIFFICULT TO DETERMINE  
24 WHETHER THE DISC RUPTURES WERE OLD OR NEW; IS THAT  
25 CORRECT?

- 1       A.    CORRECT.
- 2       Q.    NOW, WHAT ARE, WHAT ARE WAYS THAT YOU WOULD  
3       UTILIZE TO COME UP WITH YOUR MEDICAL OPINION TO A  
4       REASONABLE DEGREE OF MEDICAL CERTAINTY, ONE WAY OR  
5       ANOTHER, WHETHER OR NOT THESE DISC RUPTURES WERE  
6       OLD OR NEW?
- 7       A.    WELL, AT THIS POINT I DON'T THINK YOU CAN.  I  
8       THINK THE PATIENT BASICALLY SAYS I HAD THIS INJURY  
9       AND THAT'S WHEN MOST OF MY PAIN STARTED.  LIKE IF  
10      WE HAD GOTTEN THE M.R.I. EARLIER, I THINK WE  
11      PROBABLY WOULD HAVE SEEN, YOU KNOW, MORE SOFT  
12      TISSUE INJURY AND MAYBE THE DISC RUPTURE WOULD  
13      HAVE BEEN UP ON THE M.R.I. AS WELL.  BUT NOW, AND  
14      AT THE TIME OF THE M.R.I. I DON'T THINK YOU CAN  
15      MAKE THAT DETERMINATION.
- 16      Q.    OKAY.  NOW, I GUESS, YOU KNOW, IN COMING UP WITH,  
17      YOU KNOW, CAUSATION AND THOSE TYPES OF ISSUES, YOU  
18      KNOW, ARE PAIN COMPLAINTS SOMETHING YOU RELY ON TO  
19      DELINEATE?
- 20      A.    YEAH.  PAIN COMPLAINTS ARE SOMETHING YOU RELY ON,  
21      BUT EVERY PERSON HAS A DIFFERENT THRESHOLD, IF YOU  
22      WILL, OF PAIN, AND SO I DON'T -- I RELY NOT JUST  
23      ON PAIN COMPLAINTS, BUT ALSO ON POSITIVE OBJECTIVE  
24      FINDINGS.
- 25      Q.    LOOKING AT YOUR RECORD FROM JANUARY 25TH OF 2013,

1 IT LOOKS LIKE HE WAS COMPLAINING, AND ONE OF HIS  
2 THE COMPLAINTS WAS BACK PAIN AND THORACIC PAIN  
3 THAT WHEN IT'S PRESENT, QUOTE, "IT TAKES MY BREATH  
4 AWAY." YOU KNOW, IS THAT FEELING SOMETHING THAT  
5 COULD, COULD BE A RESULT OF, OF THE FINDINGS YOU  
6 SAW ON THESE M.R.I.S?

7 A. WHICH VISIT IS THIS?

8 Q. I'M LOOKING AT THE "HISTORY OF PRESENT ILLNESS" IN  
9 YOUR JANUARY 25TH, 2013 NOTE OR I'M SORRY, JANUARY  
10 24TH, 2013 NOTE.

11 A. HE STATED HE HAS TO -- THE THORACIC PAIN WAS  
12 BETTER, BUT THEN WHEN IT OCCURRED, IT, QUOTE  
13 "TAKES MY BREATH AWAY."

14 Q. OKAY. AND IS THAT CONSISTENT WITH THE -- YOU  
15 MIGHT EXPECT TO HEAR BASED ON THE FINDINGS OF THIS  
16 M.R.I.?

17 A. YES. CAN WE GO OFF RECORD FOR A MINUTE?

18 Q. YEAH, SURE.

19 (OFF RECORD)

20 EXAMINATION BY MR. BORNEMANN RESUMES:

21 Q. OKAY. WE'RE BACK ON. DR. REING, I'D LIKE TO SHOW  
22 YOU ANOTHER NOTE. THIS IS FROM NOVEMBER 8TH,  
23 2010. ONCE YOU'VE HAD A CHANCE TO TAKE A LOOK AT  
24 THAT, PLEASE TELL ME WHAT FINDINGS YOU SEE RELATED  
25 TO THOSE ONGOING IN THE THORACIC SPINE? (HANDS

- 1 DOCUMENT TO WITNESS)
- 2 A. (UPON REVIEW OF DOCUMENT) THE THINGS I SEE ABOUT
- 3 THE THORACIC SPINE, THE T-SPINE AND FILMS WERE NOT
- 4 DONE. JOINT PAINS AND CHRONIC LOW PAIN, DOES NOT
- 5 APPEAR RHEUMATOID.
- 6 Q. WERE ADDITIONAL MEDICATIONS PRESCRIBED FOR THE
- 7 BACK PAIN?
- 8 A. THE ULTRAM WOULD BE FILLED AND THE NAPROYSYN WAS
- 9 PRESCRIBED.
- 10 Q. AND IT LOOKS THERE WAS ALSO A DISCUSSION AT THAT
- 11 TIME OF POSSIBLY DOING A REFERRAL; IS THAT
- 12 CORRECT?
- 13 A. I'M TRYING TO READ THAT. YES, TO RHEUMATOLOGY
- 14 REFERRAL PENDING.
- 15 Q. THE THING I'D LIKE TO SHOW YOU IS FROM MAY 9TH,
- 16 2011. IF YOU WOULD, PLEASE READ FOR THE RECORD
- 17 THE SUBJECTIVE COMPLAINTS? (HANDS DOCUMENT TO
- 18 WITNESS)
- 19 A. (UPON REVIEW OF DOCUMENT)
- 20 BY MR. DRAISEN: HE WANTS YOU TO READ THAT.
- 21 A. SAY WHAT?
- 22 BY MR. DRAISEN: I THINK HE WANTS YOU TO READ
- 23 THAT.
- 24 A. LET ME READ OVER IT FIRST. THE PATIENT COMPLAINS
- 25 OF HAVING SHARP PAINS IN HIS BACK THAT TAKES HIS

- 1 BREATH AWAY AT TIMES. THIS IS NOT SUBJECTIVE, BUT  
2 HE HAS D.D.D. IN HIS BACK, GETTING SHOOTING PAINS  
3 IN THE BACK. HAPPENING MORE FREQUENTLY, STARTED  
4 THREE (3) WEEKS AGO AFTER MOVING TO A NEW HOME.
- 5 Q. OKAY. SO TO CLARIFY IS THAT DEGENERATIVE DISC  
6 DISEASE?
- 7 A. YES.
- 8 Q. OKAY. AND THE DESCRIPTION OF SHARP PAINS  
9 SIGNIFICANT ENOUGH TO TAKE ONES BREATH AWAY, DOES  
10 THAT APPEARS CONSISTENT WITH WHAT HIS COMPLAINTS  
11 WERE IN JANUARY, 2013?
- 12 A. YES.
- 13 Q. AND ALSO ONE (1) OTHER THING. IN THE  
14 INSTRUCTIONS, WAS ANOTHER, ANOTHER MEDICATION  
15 PRESCRIBED AT THAT TIME?
- 16 A. YES, PRESCRIBED FLEXERIL.
- 17 Q. OKAY. NOW, IS THAT A MEDICATION THAT YOU WERE  
18 CONCERNED ABOUT WITH BEING COMBINED WITH DRIVING?
- 19 A. I THINK I STATED THIS BEFORE, THAT FLEXERIL IS  
20 VERY VARIABLE. IT MAKES SOME PEOPLE SLEEPY AND  
21 OTHER PEOPLE IT DOESN'T BOTHER THEM AT ALL. SO,  
22 YOU KNOW, IF HE'S ONE OF THOSE PEOPLE THAT IT  
23 DOESN'T BOTHER HIM, THEN THAT'S OKAY.
- 24 Q. OKAY. ONE (1) QUESTION WE'LL REFER TO THE SAME  
25 SECTION, IT APPEARS THAT HE WAS REPORTING SOME

- 1 IMPROVEMENT WITH THE FLEXERIL AS OF, I BELIEVE  
2 THAT NOTE IS AUGUST OF 2011?
- 3 A. I'M SORRY. CAN YOU REPEAT THE QUESTION?
- 4 Q. DOES IT APPEAR THAT HE WAS STILL HAVING PAIN, BACK  
5 COMPLAINTS WITH SOME BENEFIT FROM FLEXERIL AS OF  
6 THAT NOTE WHICH I BELIEVE WAS AUGUST OF 2011?
- 7 A. (UPON REVIEW OF NOTE) THE REFERENCE FOR FLEXERIL,  
8 YES, BACK PAIN IMPROVED A LITTLE WITH FLEXERIL.
- 9 Q. OKAY. ONE (1), ONE (1) OTHER THING, I BELIEVE THE  
10 HISTORY SECTION ESSENTIALLY AT THE TOP, DOES IT  
11 ALSO INDICATE THAT HE WAS STRESSED AT THAT TIME  
12 ABOUT, ABOUT WORK ISSUES?
- 13 A. YES.
- 14 Q. OKAY. AND, IN FACT, WORRIED THAT THE BE LAID OFF  
15 FROM WORK?
- 16 A. (UPON REVIEW) THAT'S WHAT IT SAYS, YES.
- 17 Q. THIS IS FEBRUARY 10TH, 2012, WHICH IS JUST BARELY  
18 A MONTH, PROBABLY THIRTY (30) DAYS OR SO PRIOR TO  
19 THE MARCH 12TH ALLEGED INJURY. ONCE YOU'VE HAD A  
20 CHANGE TO REVIEW THAT NOTE, PLEASE INDICATE FOR  
21 THE RECORD WHETHER IT APPEARS THAT HE WAS STILL  
22 HAVING COMPLAINTS OF BACK PAIN AND PROBLEMS AT  
23 THAT TIME. (HANDS DOCUMENT TO WITNESS)
- 24 A. (UPON REVIEW OF DOCUMENT) YES, HE WAS STILL  
25 HAVING COMPLAINTS OF BACK PAIN.

- 1 Q. AND SPASMS?
- 2 A. (UPON REVIEW) YES, HE WAS ALSO HAVING MUSCLE  
3 SPASMS.
- 4 Q. I BELIEVE THIS REPORTS TO YOU THAT FOLLOWING THE  
5 MARCH INCIDENT, THE BACK PAIN WAS IMPROVING. DOES  
6 THAT SOUND CORRECT, FROM MR. ALMQUIST'S HISTORY  
7 REVIEW?
- 8 A. (UPON REVIEW OF DOCUMENT) I'M NOT SURE I  
9 UNDERSTAND THE QUESTION.
- 10 Q. I BELIEVE YOU TESTIFIED EARLIER THAT HE REPORTED  
11 TO YOU THAT THE BACK PAIN HAD IMPROVED SOMEWHERE  
12 IN THE NEIGHBORHOOD OF EIGHTY PERCENT (80%) PRIOR  
13 TO THE CAR ACCIDENT; IS THAT CORRECT?
- 14 A. THAT'S CORRECT.
- 15 Q. THE MAY, 2012 NOTE CONSISTENT WITH, WITH THAT  
16 PORTION OF THE HISTORY THAT APPEARS HE WAS  
17 IMPROVING FROM THE MARCH INCIDENT?
- 18 A. IT IS. IT SAYS THE BACK PAIN IS BETTER, CONTINUE  
19 MEDS.
- 20 Q. AND I BELIEVE YOU INDICATED EARLIER THAT YOU  
21 ANTICIPATED THAT WOULD CONTINUE TO IMPROVE -- I'M  
22 SORRY, LET ME REPHRASE. I BELIEVE YOU INDICATED  
23 EARLIER THAT YOU WOULD HAVE ANTICIPATED THAT HIS  
24 PROGRESS WOULD CONTINUE TO IMPROVE  
25 (UNINTELLIGIBLE) ESSENTIALLY; IS THAT CORRECT?

1 A. CORRECT.

2 Q. AND IS IT FAIR TO SAY THAT YOU CANNOT TRACE MR.  
3 ALMQUIST'S CURRENT MEDICAL NEEDS TO THE MARCH  
4 12TH, 2012 ACCIDENT, THE LIFTING THE WHEELCHAIR?

5 A. NO, I CAN'T.

6 BY MR. BORNEMANN: OKAY. THANK YOU FOR YOUR  
7 TIME. THAT'S ALL THE QUESTIONS I HAVE FOR YOU AT  
8 THIS TIME. PLEASE ANSWER ANY QUESTIONS THAT MS.  
9 LYALL HAS FOR YOU. WE RESERVE THE RIGHT REDIRECT  
10 [SIC] AFTER THE OTHER PARTIES HAVE HAD A CHANCE ON  
11 RECORD.

12 EXAMINATION BY MS. LYALL:

13 Q. ALL RIGHT. AGAIN, MY NAME IS KATIE LYALL AND I'M  
14 ON HERE ON BEHALF OF MEDITAM AND THEIR OTHER  
15 WORKERS' COMP INSURANCE CARRIER. I JUST HAVE A  
16 FEW QUESTIONS FOR YOU. EARLIER MR. DRAISEN WAS  
17 ASKING YOU TO STATE TO A REASONABLE DEGREE OF  
18 MEDICAL CERTAINTY WHETHER HIS CURRENT INJURIES  
19 WERE RELATED TO THE ACCIDENT. YOU STATED THAT  
20 BASED ON HIS HISTORY THAT HE WAS NOT HAVING BACK  
21 PAIN BEFORE THE ACCIDENT THAT THAT WAS THE OBVIOUS  
22 ANSWER, THAT, YES, THE ACCIDENT DID CAUSE. NOW,  
23 MR. BORNEMANN JUST WENT OVER ONE (1), TWO (2),  
24 THREE (3), FOUR (4), FIVE (5), SIX (6), SEVEN (7)  
25 VISITS IN THE YEAR AND A HALF LEADING UP TO THE

- 1 ACCIDENT STATING THAT MR. ALMQUIST'S HISTORY  
2 REPORTING TO YOU WAS INCORRECT. IS THAT A FAIR  
3 STATEMENT, THAT MAYBE HE WAS ---
- 4 A. HE ADMITTED THE PREVIOUS BACK INJURY IN '99 AND HE  
5 TOLD ME ABOUT THE LIFTING INCIDENT, BUT DID NOT  
6 TELL ME ABOUT THE OTHER INCIDENTS.
- 7 Q. SO HE ADMITTED THAT HE HAD BEEN HAVING ONGOING  
8 BACK PAIN FOR TWO (2) YEARS PRIOR TO THE MARCH,  
9 2012 ACCIDENT?
- 10 A. NO, I ONLY THINK IT WENT BACK TO '99 AND THEN THE  
11 MARCH ACCIDENT AND THEN -- WHEN WAS IT?
- 12 Q. '93.
- 13 A. '93, YEAH. OKAY, 1993.
- 14 Q. OKAY. MR. ALMQUIST DID NOT REPORT TO YOU THAT A  
15 MONTH BEFORE THE MARCH ACCIDENT HE HAD TREATED FOR  
16 HIS BACK PAIN?
- 17 A. NO, HE DIDN'T.
- 18 Q. OR THAT FOUR (4) MONTHS BEFORE THE ACCIDENT HE HAD  
19 TREATED FOR HIS BACK PAIN?
- 20 A. NO, HE DIDN'T.
- 21 Q. AGAIN, SO HE DID NOT TELL YOU THAT HE HAD TREATED  
22 NUMEROUS TIMES FOR CHRONIC BACK PAIN; HE DID NOT  
23 TELL YOU THAT?
- 24 A. NO.
- 25 Q. DID HE TELL YOU THAT HE WAS HAVING THE SAME OR

1 SIMILAR SYMPTOMS WITHIN EIGHT (8) MONTHS OF THE  
2 MARCH INJURY?

3 A. NO.

4 Q. SO CAN YOU STILL STATE TO A REASONABLE DEGREE OF  
5 MEDICAL CERTAINTY BASED ON HIS LESS THAN TRUTHFUL  
6 REPORTING OF HIS HISTORY THAT HIS CURRENT SYMPTOMS  
7 AND INJURIES WERE CAUSED OR AGGRAVATED BY THE JULY  
8 OR THE MARCH ACCIDENT?

9 A. I WOULD HAVE TO SAY PROBABLY NOT THE CAUSE, BUT  
10 DEFINITELY AGGRAVATED BECAUSE HE DID HAVE SPASM  
11 AND YOU CAN'T FAKE SPASMS, SO I WOULD THINK THERE  
12 WOULD BE CERTAINLY EXACERBATION.

13 Q. OKAY.

14 A. AND THAT WOULD BE BASED ON THE FACT THAT, YOU  
15 KNOW, A MONTH PREVIOUSLY EVEN THE OTHER RECORD  
16 SAID HE WAS GETTING BETTER.

17 Q. OKAY. SO EVEN THOUGH HE WAS HAVING SPASMS A MONTH  
18 BEFORE THE MARCH ACCIDENT, IN FEBRUARY OF 2012 HE  
19 WAS HAVING SPASMS, BUT YOU CAN STILL SAY THAT HIS  
20 CURRENT SPASMS WERE CAUSED BY THE ACCIDENT?

21 BY MR. DRAISEN: OBJECT TO THE FORM

22 Q. TO A REASONABLE DEGREE OF MEDICAL CERTAINTY?

23 BY MR. DRAISEN: OBJECT TO THE FORM OF THE  
24 QUESTION. ASKED AND ANSWERED.

25 A. I DON'T THINK I COULD SAY THEY WERE CAUSED BY, BUT

- 1 I THINK IT EXACERBATED.
- 2 Q. AND WHAT OBJECTIVE EVIDENCE, OTHER THAN THE ACTUAL
- 3 SPASMS, DO YOU HAVE FOR THAT, FOR THEM BEING
- 4 EXACERBATED?
- 5 A. JUST THE SPASMS.
- 6 Q. ARE YOU ALSO RELYING ON HIS REPORTING TO YOU?
- 7 A. YES.
- 8 Q. SO YOU'RE RELYING SOMETHING CREDIBLE IN HIS
- 9 REPORTING?
- 10 A. I JUST STATED BEFORE I BELIEVE THE PATIENTS AND I
- 11 WAS RELYING UPON THAT, YES.
- 12 Q. SO WOULD YOU AGREE THAT HE HAS BEEN LESS THAN
- 13 CREDIBLE IN HIS REPORTING TO YOU?
- 14 BY MR. DRAISEN: OBJECT TO THE FORM OF THE
- 15 QUESTION.
- 16 Q. GO AHEAD.
- 17 A. THE FACT THAT HE HAD MULTIPLE VISITS WITH CHRONIC
- 18 BACK PAIN, YES.
- 19 Q. SO DIAGNOSTICALLY TO BASE YOUR OPINION THAT HE HAS
- 20 AGGRAVATED A PREVIOUS EXISTING CONDITION, YOU WERE
- 21 RELYING SOLELY ON THE SPASMS?
- 22 A. YES.
- 23 Q. AND AGAIN EARLIER, AND I JUST TRIED TO WRITE DOWN
- 24 MY BEST AT WHAT YOU WERE SAYING. PLEASE FORGIVE
- 25 ME IF I'M WRONG, BUT I HAVE WHEN MR. DRAISEN WAS

1 ASKING YOU QUESTIONS YOU SAID -- HE ASKED YOU  
2 AGAIN WHETHER IT WAS AGGRAVATED AND YOUR ANSWER  
3 THEN WAS THAT SINCE HE DID NOT HAVE CHRONIC BACK  
4 PAIN PRIOR TO THE ACCIDENT, IT IS LIKELY THAT HIS  
5 PRE-EXISTING BACK INJURY FROM '93 WAS AGGRAVATED  
6 BY THIS ACCIDENT. DOES THAT STATEMENT CHANGE  
7 BASED ON THE NEW INFORMATION THAT HE HAS BEEN  
8 DIAGNOSED AND TREATED FOR CHRONIC BACK PAIN?

9 A. YES.

10 Q. OKAY. AND THEN JUST TO CLARIFY ONE (1) MORE  
11 POINT. EARLIER YOU SAID THAT -- AND I KNOW WE'RE  
12 GOING TO GO THROUGH A LOT OF THE SAME STUFF AGAIN,  
13 BUT WHEN YOU SAID THAT THERE REALLY WAS NO WAY TO  
14 TELL FROM THE M.R.I. IF IT WAS ACUTE OR  
15 DEGENERATIVE IF IT HAPPENED FROM THIS INJURY,  
16 CORRECT?

17 A. CORRECT.

18 Q. OKAY. AND THEN WHEN ASKED TO STATE TO A  
19 REASONABLE DEGREE OF MEDICAL CERTAINTY WHETHER HIS  
20 CURRENT INJURIES WERE CAUSALLY RELATED OR  
21 AGGRAVATED BY THE JULY ACCIDENT YOU STATED, AND  
22 AGAIN I'M TRYING TO PHRASE IT AS CLOSE AS WHAT YOU  
23 SAID, YOU SAID BASED ON HIS M.R.I., HISTORY AND NO  
24 PRIOR PROBLEMS TO THIS BACK, THIS LEADS ME TO  
25 BELIEVE THAT THE ACCIDENT WAS CAUSED OR THAT THE

- 1 ACCIDENT CAUSED THE CURRENT INJURIES, BUT THERE'S  
2 NO WAY TO DEFINITELY TELL?
- 3 A. CORRECT.
- 4 Q. SO AGAIN, WOULD THAT OPINION CHANGE BASED ON THE  
5 NEW INFORMATION THAT HE TREATED MULTIPLE TIMES  
6 OVER THE PAST YEAR AND A HALF?
- 7 A. YES.
- 8 Q. SO WHAT WOULD YOUR OPINION TO A REASONABLE DEGREE  
9 OF MEDICAL CERTAINTY BE AT THIS TIME?
- 10 A. I DON'T THINK THAT I COULD SAY THAT THIS WAS -- I  
11 STILL THINK THAT HE HAS SPASMING THAT YOU CAN'T  
12 FAKE, BUT IT LEADS ME TO BELIEVE THAT THERE WERE  
13 OTHER ISSUES GOING ON.
- 14 Q. SO OTHER ISSUES NOT RELATED TO THE ACCIDENT?
- 15 A. CORRECT.
- 16 Q. AND THE FACT THAT HE HAD SPASMS BEFORE THE  
17 ACCIDENT COULD MEAN THAT THE SPASMS HE HAD THAT  
18 YOU WITNESSED WERE NOT CAUSED BY THE ACCIDENT, BUT  
19 WERE ALREADY PRESENT BEFORE THE ACCIDENT?
- 20 A. CORRECT.
- 21 Q. SO YOU CAN NO LONGER STATE TO A REASONABLE DEGREE  
22 OF MEDICAL CERTAINTY THAT HIS CURRENT INJURIES ARE  
23 CAUSALLY RELATED TO THE JULY OR THE MARCH, 2012  
24 ACCIDENT?
- 25 A. THAT'S CORRECT.

- 1 A. THAT'S, THAT'S POSSIBLE, YES.
- 2 Q. AND YOU CAN EVEN HAVE THORACIC BACK PAIN THAT'S  
3 LEFT SIDED OR RIGHT SIDED OR CENTRAL; IS THAT  
4 RIGHT?
- 5 A. THAT'S CORRECT.
- 6 Q. AND SO IF YOU HAD A PREVIOUS HISTORY OF LUMBAR  
7 BACK PAIN OR THORACIC BACK PAIN THAT'S LEFT SIDED,  
8 BUT THEN IT BECOMES MORE CENTRAL OR RIGHT SIDED,  
9 THAT'S A DIFFERENT PAIN; IS THAT RIGHT?
- 10 A. IT COULD BE A DIFFERENT PAIN, YES.
- 11 Q. OR IT COULD SHOW SOME AGGRAVATION OF THE PRE-  
12 EXISTING CONDITION?
- 13 A. YES.
- 14 Q. OR A NEW INJURY?
- 15 A. OR A NEW INJURY, YES.
- 16 Q. SO IS THERE ANY WAY TO TELL FROM REVIEWING THE  
17 RECORDS FROM NEW HORIZON THAT THE COMPLAINTS THAT  
18 MR. ALMQUIST HAD AFTER THE WRECK ARE NOT AN  
19 AGGRAVATION OR MORE SEVERE THAN THE COMPLAINTS  
20 THAT HE HAD OR DIFFERENT THAN THE COMPLAINTS THAT  
21 HE HAD IN THESE NEW HORIZON RECORDS?
- 22 A. I DON'T THINK THERE'S ANY WAY TO TELL.
- 23 Q. OKAY. SO BECAUSE BEFORE YOU HAD GIVEN AN OPINION  
24 BASED ON I GUESS A LACK OF KNOWLEDGE OF THE PRIOR  
25 COMPLAINTS ---

- 1 A. THAT'S CORRECT.
- 2 Q. --- AND THEN MS. LYALL ASKED YOU NOW THAT YOU KNOW  
3 ABOUT THESE PAST COMPLAINTS THAT HE HAD, DOES IT  
4 CHANGE YOUR OPINION, AND YOU SAID, YES, IT CHANGES  
5 MY OPINION?
- 6 A. IT DOES.
- 7 Q. AND IS THERE ANY WAY FOR US TO KNOW THEN, OTHER  
8 THAN THE CLIENT TELLING YOU THAT MY PAIN IS WORSE  
9 THAN IT WAS BEFORE? IF YOU HAD OBJECTIVE FINDINGS  
10 AND SPASMS IN BOTH CASES, IS THERE ANY OTHER WAY  
11 FOR YOU TO KNOW WHETHER SOMEBODY'S PAIN IS WORSE?  
12 IS THERE AN OBJECTIVE WAY TO TEST THE LEVEL OF  
13 PAIN?
- 14 A. NO.
- 15 Q. SO DO YOU HAVE AN OPINION TO A REASONABLE DEGREE  
16 OF MEDICAL CERTAINTY AS TO WHETHER OR NOT MR.  
17 ALMQUIST DID OR DID NOT SUFFER ANY INJURY AS A  
18 RESULT OF THE JULY 5TH, 2012 WRECK?
- 19 A. I BASED MY INITIAL OPINION ON THE HISTORY AND  
20 PHYSICAL TO BE TAKEN AND I KNOW THAT ON MY  
21 PHYSICAL EXAMINATION WHEN I FIRST SAW HIM THAT  
22 THERE WAS, THERE WERE OBJECTIVE FINDINGS. BUT I  
23 CAN'T SAY WITH A REASONABLE DEGREE OF MEDICAL  
24 CERTAINTY THAT THEY WERE CAUSED BY THE ACCIDENT.
- 25 Q. AND CAN YOU SAY THEY WEREN'T CAUSED BY THE

- 1 ACCIDENT?
- 2 A. I CAN'T SAY THEY WEREN'T CAUSED EITHER.
- 3 Q. OKAY. SO I GUESS THE CONTRARY QUESTION IS, THE  
4 COUNTER QUESTION, IF YOU WILL, WITH MS. LYALL IS  
5 THAT YOU, YOU CANNOT TESTIFY TO A REASONABLE  
6 DEGREE OF CERTAINTY THAT HE DID NOT SUFFER AN  
7 INJURY; IS THAT FAIR?
- 8 A. I CANNOT SAY THAT HE DID NOT SUFFER AN INJURY?
- 9 Q. RIGHT.
- 10 A. NO, I CAN'T.
- 11 Q. DO YOU KNOW OF ANY PARTICULAR WAY THAT ANYBODY CAN  
12 FIND OUT? IS THERE, IS THERE A METHOD, A TEST,  
13 ANYWAY TO DETERMINE POSITIVELY WHETHER OR NOT  
14 THERE WAS AN INJURY SUSTAINED BY MR. ALMQUIST ON  
15 7-5-12?
- 16 A. NO.
- 17 Q. SO IF YOU CAN'T LOOK AT A FILM OR STUDY THAT WOULD  
18 TELL YOU DEFINITELY IN THIS CASE AND YOU HAVE  
19 THE CLIENT'S HISTORY AND PHYSICAL AND YOU'VE GOT  
20 HIS PAST HISTORY, AND THE BEST YOU CAN SAY IS I  
21 DON'T KNOW WHETHER IT WAS CAUSED AN ACCIDENT OR IT  
22 DIDN'T CAUSE AN ACCIDENT; IS THAT RIGHT?
- 23 A. THAT'S CORRECT.
- 24 Q. CAUSED THE INJURY I SHOULD SAY. BUT IT'S A  
25 CORRECT STATEMENT THAT YOU CAN'T SAY THAT I DIDN'T

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A. YES.

Q. --- AND ACTIVE? HAS IT EVER BEEN SUSPENDED OR  
REVOKED?

A. NO.

Q. ANY DISCIPLINARY ACTIONS?

A. NO.

Q. DO YOU HAVE ANY BOARD CERTIFICATIONS?

A. YES, I'M BOARD CERTIFIED IN INTERNAL MEDICINE.

Q. OKAY. AND HOW LONG HAVE YOU BEEN PRACTICING SINCE  
YOU GRADUATED MEDICAL SCHOOL?

A. EIGHTEEN YEARS.

Q. OKAY. AND CAN YOU DESCRIBE FOR ME THE NATURE OF  
YOUR PRACTICE?

A. I DO GENERAL INTERNAL MEDICINE, WHICH IS PRIMARY  
CARE FOR ADULTS.

Q. ALL RIGHT. AND ARE YOU REQUIRED TO DO CONTINUING  
EDUCATION AS PART OF YOUR LICENSURE?

A. YES.

Q. AND ARE YOU CURRENT ON YOUR QUALIFICATIONS ---

A. YES.

Q. --- OF CONTINUING EDUCATION?

A. (WITNESS NODS HEAD UP AND DOWN)

Q. HOW MANY HOURS; DO YOU KNOW APPROXIMATELY?

A. I KNOW THAT IT'S 40 FOR MY HOSPITAL PRIVILEGES.

Q. AND DO YOU HAVE HOSPITAL PRIVILEGES?

1 ALMQUIST?

2 A. IT WAS THE SPRING OF 2011. THAT WAS THE FIRST TIME  
3 I SAW HIM. I CAN GIVE YOU A DATE, MAY 9TH, 2011.

4 Q. OKAY. AND WAS MR. ALMQUIST A PATIENT AT NEW HORIZON  
5 BEFORE HE STARTED SEEING YOU?

6 A. YES.

7 Q. OKAY. DO YOU KNOW WHAT DOCTOR HE WAS SEEING THEN?

8 A. WELL, HE WAS SEEING DR. BOVASIA, AND THEN WHEN DR.  
9 BOVASIA LEFT, THERE WERE TWO OR THREE TEMPS THAT  
10 WERE THERE. SO, HE SAW DR. WILLOUGHBY AND DR.  
11 SCIPIO AND SOMEBODY WHOSE NAME I CAN'T READ.

12 Q. OKAY. BUT YOU HAD IN YOUR POSSESSION A COPY OF HIS  
13 CHART FROM THE OFFICE?

14 A. YES.

15 Q. IS THAT KEPT IN THE ORDINARY COURSE OF BUSINESS ---

16 A. YES.

17 Q. --- AT NEW HORIZON? AND IT CONTAINS MEDICAL REPORTS  
18 THAT INDICATE THE DATES OF VISIT, CHIEF COMPLAINTS,  
19 THAT SORT OF THING?

20 A. YES.

21 Q. HAVE YOU REVIEWED THOSE RECORDS BEFORE TODAY?

22 A. YES.

23 Q. ALL OF THEM IN THE CHART?

24 A. MM-HMM.

25 Q. IS THAT YES?

1 A. YES, YES.

2 Q. THANK YOU. ALL RIGHT. AND IN REVIEWING -- WELL, IN  
3 TREATING MR. ALMQUIST, WHAT CAN YOU TELL US ABOUT  
4 HIS BACK CONDITION WHEN YOU FIRST STARTED SEEING HIM  
5 IN 2011?

6 A. HE HAD SOME CHRONIC BACK PAIN, AND IT WAS TREATED  
7 WITH ULTRAM, WHICH IS A NON-NARCOTIC PAIN  
8 MEDICATION, ALSO OCCASIONALLY SOME OVER-THE-COUNTER  
9 TYLENOL OR NONSTEROIDAL ANTI-INFLAMMATORY  
10 MEDICATIONS. IT WAS THOUGHT THAT HIS BACK PAIN WAS  
11 SECONDARY TO DEGENERATIVE DISC DISEASE, VERY COMMON  
12 IN ADULTS, BUT TO MY KNOWLEDGE, THERE WAS NO X-RAYS  
13 OR SCANS OR ANYTHING LIKE THAT THAT WAS SOMETHING  
14 THAT WAS PREVIOUSLY IN THE RECORD.

15 Q. OKAY. AND DO YOU KNOW WHETHER OR NOT MR. ALMQUIST  
16 WAS ABLE TO WORK AND DO NORMAL ACTIVITIES OF LIFE  
17 WHEN YOU FIRST STARTED TREATING HIM?

18 A. HE WAS WORKING. HE WAS WORKING ABOUT 60 HOURS A  
19 WEEK, 40 TO 60 HOURS A WEEK, AND HIS BACK PAIN WAS  
20 NOT INTERFERING WITH HIS ABILITY TO WORK.

21 Q. OKAY. AND OTHER THAN PRESCRIBING HIM AN OVER-THE-  
22 COUNTER MEDICATION, WAS HE IN NEED -- IN YOUR  
23 OPINION PRIOR TO THE 2011, WAS HE IN NEED OF A  
24 REFERRAL TO A SPECIALIST FOR BACK TREATMENT?

25 A. NO.

1 A. NO, NOT TO MY KNOWLEDGE, NO.

2 Q. ALL RIGHT. AND YOU HAVE THE CHART WITH THE REST OF  
3 HIS?

4 A. CORRECT.

5 Q. AND YOU'VE REVIEWED THEM BEFORE TODAY?

6 A. YES.

7 Q. DO YOU RECALL SEEING PAIN WHERE THERE WAS A NOTATION  
8 OF HIS CHIEF COMPLAINT BEING BACK PAIN?

9 A. NO.

10 Q. ALL RIGHT. NOW, LET'S FAST FORWARD A LITTLE BIT,  
11 AND I'LL ASK YOU. DID SHANE TELL YOU ABOUT ANY  
12 INCIDENTS THAT HE HAD AT WORK?

13 A. HE DID.

14 Q. AND DO YOU RECALL THE FIRST ONE OF THOSE?

15 A. HE HAD A KNEE INJURY, I BELIEVE, AT ONE POINT, AND  
16 HE HAD DONE SOME LIFTING, I THINK, AND I DON'T  
17 REMEMBER IF IT WAS A PATIENT OR A WHEELCHAIR OR  
18 SOMETHING AND DID HAVE SOME COMPLAINT OF PAIN AFTER  
19 THAT.

20 Q. OKAY. AND WITH REGARD TO HIS BACK IN THAT COMPLAINT  
21 WITH THE WHEELCHAIR THAT YOU MENTIONED, DID HE HAVE  
22 TO HAVE ANY SPECIAL TREATMENT AS A RESULT OF THAT?

23 A. NO, WE GAVE HIM TRAMADOL, WHICH IS A PRESCRIPTION  
24 PAIN MEDICATION.

25 Q. OKAY. AND HOW LONG WAS HE ON THAT MEDICATION?

- 1 A. HE HAD BEEN ON THAT MEDICATION PRIOR AND BEFORE I  
2 CAME AND STARTED SEEING HIM. SO, HE TOOK THAT  
3 INTERMITTENTLY.
- 4 Q. SO, HOW WAS HE DOING UP TO THE POINT OF JULY THE  
5 5TH, 2012?
- 6 A. IN I WANT TO SAY MARCH, HE HAD -- MARCH OF 2012, HE  
7 HAD AN ACUTE INJURY, AN ACUTE BACK INJURY, AND THAT  
8 WAS WITH THE LIFTING, AND IN ADDITION TO THE  
9 MEDICINE HE WAS TAKING, I GAVE HIM SOME LORTAB TO  
10 TAKE AT NIGHT.
- 11 Q. OKAY. AND HOW LONG WAS THAT PRESCRIPTION WAS THAT  
12 FOR, HOW MANY DAYS OR WEEKS?
- 13 A. I THINK IT WAS FOR A MONTH WITH A COUPLE OF REFILLS,  
14 BUT HE WAS TAKING IT AT NIGHT. IT WAS NOT -- HE DID  
15 NOT STAY OUT OF WORK BECAUSE OF THAT.
- 16 Q. OKAY. DID YOU WRITE HIM OUT OF WORK FOR THAT AT  
17 ALL?
- 18 A. I DON'T REMEMBER IF I DID, BUT I DON'T BELIEVE I  
19 DID.
- 20 Q. OKAY. AND DO YOU HAVE ANY NOTATIONS ABOUT HOW HIS  
21 BACK DID AFTER THAT PRIOR TO THE JULY ACCIDENT?
- 22 A. HE GOT SIGNIFICANTLY BETTER.
- 23 Q. OKAY. AND WAS HE ABLE TO RETURN TO WORK?
- 24 A. YES.
- 25 Q. WAS HE WORKING WITH THE SAME SCHEDULE OR SIMILAR

1 SCHEDULE TO WHAT HE HAD BEEN WORKING?

2 A. I BELIEVE SO.

3 Q. OKAY. AND THEN CAN YOU TELL ME, DID YOU SEE SHANE  
4 IN JULY OF 2012?

5 A. I SAW HIM -- I SAW HIM LATER IN THE MONTH. HE WAS  
6 SEEN INITIALLY BY A NURSE PRACTITIONER IN MY  
7 ABSENCE, I BELIEVE WHEN THE ACCIDENT FIRST HAPPENED.  
8 I SAW HIM IN AUGUST, AUGUST THE 3RD.

9 Q. OKAY. AND WHAT COMPLAINTS WAS HE HAVING AT THAT  
10 TIME?

11 A. HE WAS HAVING INCREASED PAIN. THE LORTAB WAS NOT --  
12 AS I SAID, HE WAS NOT TAKING IT VERY FREQUENTLY, AND  
13 HE WAS HAVING INCREASED PAIN, AND THE LORTAB WAS NOT  
14 HELPING. HE WAS TAKING NAPROXEN, WHICH IS A  
15 NONSTEROIDAL ANTI-INFLAMMATORY MEDICATION THAT HE  
16 WAS GETTING BY PRESCRIPTION, AND HE ALSO HAD BEEN  
17 INTERMITTENTLY TAKING SOME FLEXERIL, WHICH IS A  
18 MUSCLE RELAXER, AND HE WAS NOT GETTING SIGNIFICANTLY  
19 BETTER.

20 Q. AND HOW DO YOU KNOW HE WAS NOT GETTING SIGNIFICANTLY  
21 BETTER?

22 A. WELL, HE HAD A LOT OF TENDERNESS IN HIS LOW BACK ON  
23 EXAM. HE HAD DIFFICULTY GETTING IN AND OUT OF THE  
24 CHAIR, GETTING UP ONTO THE EXAM TABLE AND GETTING  
25 OFF THE EXAM TABLE. SO, OBJECTIVELY BUT ALSO

1           SUBJECTIVELY HE TOLD ME THAT HE WASN'T IMPROVING.

2           Q.    OKAY.  BUT YOU DID DO A FULL PHYSICAL EXAMINATION.  
3           THESE ARE THINGS THAT YOU OBSERVED?

4           A.    YES.

5           Q.    SO, THERE ARE OBJECTIVE FINDINGS THAT YOU MADE IN  
6           ADDITION TO THE SUBJECTIVE ---

7           A.    YES.

8           Q.    --- TO DETERMINE THAT HIS BACK IS WHAT?

9           A.    HE WAS HAVING BACK PAIN, YES.

10          Q.    OKAY.  DO YOU HAVE AN OPINION TO A REASONABLE DEGREE  
11          OF MEDICAL CERTAINTY BASED ON YOUR EDUCATION,  
12          TRAINING, EXPERIENCE AND YOUR HISTORY OF TREATING  
13          MR. ALMQUIST AS TO WHETHER OR NOT THE JULY 5TH,  
14          2012, AUTOMOBILE ACCIDENT AGGRAVATED HIS PREEXISTING  
15          BACK CONDITION?

16          A.    I BELIEVE IT DID.

17          Q.    AND IS THAT YOUR OPINION TODAY?

18          A.    YES.

19          Q.    OKAY.  AND DO YOU BELIEVE TO A REASONABLE DEGREE OF  
20          MEDICAL CERTAINTY -- CAN YOU TELL US WHETHER OR NOT  
21          YOU BELIEVE THAT MR. ALMQUIST NEEDS ADDITIONAL  
22          TREATMENT FOR HIS BACK AT THIS TIME?

23          A.    YES.

24          Q.    YOU THINK HE DOES?

25          A.    YES, I THINK HE DOES.

1 Q. IS THAT SOMETHING YOU RECOMMENDED?

2 A. YES.

3 Q. AND IT'S SOMETHING THAT YOU THINK WOULD BE HELPFUL  
4 FOR HIS CONDITION?

5 A. ABSOLUTELY.

6 BY MR. DRAISEN:

7 THANK YOU.. ANSWER ANY QUESTIONS MS. LYALL HAS.

8 CROSS EXAMINATION BY MS. LYALL:

9 Q. ALL RIGHT. DR. MALVERN, MY NAME IS KATIE LYALL.  
10 YOU'VE BEEN ENTERED TODAY AS AN EXPERT IN THE FIELD  
11 OF INTERNAL MEDICINE OR AS A FAMILY DOCTOR, RIGHT?

12 A. YES.

13 Q. WOULD YOU TYPICALLY DEFER TO AN ORTHOPEDIST FOR  
14 THEIR SPECIALTY FOR TODAY FOR THE BACK CLAIM; WOULD  
15 YOU DEFER TO THE OPINION OF AN ORTHOPEDIST THAT HAS  
16 HAD A CHANCE TO REVIEW MR. ALMQUIST'S SYMPTOMS, HIS  
17 M.R.I. AND THEIR FINDINGS?

18 A. YES.

19 Q. OKAY. EARLIER GOING THROUGH YOUR RECORDS, YOU  
20 CONFIRMED WITH MR. DRAISEN THAT MR. ALMQUIST'S CHIEF  
21 COMPLAINT BEFORE THE ACCIDENT WAS NEVER BACK PAIN,  
22 CORRECT?

23 A. THE CHIEF COMPLAINT AS LISTED IN THE CHART.

24 Q. AS LISTED IN THE CHART. IF YOU DON'T MIND TURNING  
25 TO THE RECORD FROM JULY 12TH, 2012. THIS IS APA 27

1 A. YES.

2 Q. WERE YOU ALSO ABLE TO NOTE THAT ON MAY 26TH, 2010,  
3 MR. ALMQUIST REPORTED PAIN IN HIS LOWER BACK WITH  
4 SPASMS?

5 A. YES.

6 Q. AND YOU WERE MR. ALMQUIST'S TREATING PHYSICIAN IN  
7 FEBRUARY 2012, CORRECT?

8 A. CORRECT.

9 Q. AND THAT WAS APPROXIMATELY ONE MONTH BEFORE HIS  
10 INITIAL ALLEGED ACCIDENT?

11 A. YES.

12 **BY MS. LYALL:**

13 I'M REFERRING TO APA PAGE 23.

14 **CROSS EXAMINATION RESUMED BY MS. LYALL:**

15 Q. DID YOU NOTE ON FEBRUARY 10TH, 2012, THAT HE WAS  
16 HAVING BACK PAIN AND HAVING MUSCLE SPASMS?

17 A. THIS WAS FEBRUARY 12TH?

18 Q. I'M SORRY, FEBRUARY 10TH, 2012.

19 A. FEBRUARY 10TH, YES.

20 Q. AND AT THAT TIME, DID YOU RECOMMEND IBUPROFEN AND  
21 MUSCLE RELAXERS?

22 A. YES.

23 Q. DID YOU ALSO NOTE THAT HE WAS VERY STRESSED  
24 SECONDARY TO HIS FINANCES AND WORK?

25 A. YES.

1 Q. AND YOU NOTED EARLIER THAT TENDERNESS IN HIS BACK  
2 WAS AN OBJECTIVE COMPLAINT THAT WAS ABLE TO HELP YOU  
3 SUBSTANTIATE THE AGGRAVATION, CORRECT?

4 A. CORRECT.

5 Q. HOW WERE YOU ABLE TO DIFFERENTIATE THE TENDERNESS HE  
6 WAS EXPERIENCING NOW IN HIS BACK TO THAT WHAT HE WAS  
7 COMPLAINING ABOUT BEFORE THE ACCIDENT?

8 A. BECAUSE THE PAIN WAS WORSE.

9 Q. AND THAT'S BASED ON HIS SUBJECTIVE COMPLAINTS?

10 A. WELL, YES, I PUSH ON HIS BACK, AND HE TELLS ME THAT  
11 IT HURTS, BUT I CAN ALSO SEE AS I SAID WHEN HE GETS  
12 ON THE EXAM TABLE, OFF THE EXAM TABLE, THAT THERE  
13 WAS A BIG CHANGE IN HIS ABILITY TO DO THAT.

14 Q. AND AGAIN, YOU WOULD DEFER TO THE OPINION OF AN  
15 ORTHOPEDIST?

16 A. YES.

17 **BY MS. LYALL:**

18 THAT'S ALL MY QUESTIONS. THANK YOU.

19 **BY COMMISSIONER TAYLOR:**

20 MR. DRAISEN.

21 **RE-DIRECT EXAMINATION BY MR. DRAISEN:**

22 Q. MS. LYALL ASKED YOU TWICE IF YOU WOULD DEFER TO THE  
23 OPINION OF AN ORTHOPEDIST. WHEN YOU SAY THAT, DO  
24 YOU MEAN THAT YOU WOULD DEFER TO THE OPINION OF AN  
25 ORTHOPEDIST FOR TREATMENT OF THE INJURY?

1 A. YES.

2 Q. SO, YOU ARE ABLE AS AN M.D., AN INTERNAL MEDICINE --  
3 A BOARD CERTIFIED INTERNAL MEDICINE DOCTOR TO MAKE A  
4 DETERMINATION OF WHETHER OR NOT SOMEONE HAS AN  
5 INJURY, IS THAT RIGHT?

6 A. YES, AND IT WAS NOT UNTIL THE JULY INJURY THAT I  
7 FELT THAT HE NEEDED FURTHER EVALUATION.

8 Q. AND SO YOU WANTED AT THAT POINT TO DEFER THE  
9 TREATMENT TO SOMEONE WHO SPECIALIZES IN THAT PART OF  
10 THE BODY?

11 A. YES. I WANTED TO REFER HIM TO PHYSICAL THERAPY.

12 Q. BUT YOU'RE NOT SUGGESTING BY ANSWERING MS. LYALL'S  
13 QUESTION THAT YOU ARE NOT QUALIFIED TO RENDER THE  
14 OPINION, AND THAT AN ORTHOPEDIST IS SOMEHOW MORE  
15 QUALIFIED TO RENDER AN OPINION ON CAUSATION, ARE  
16 YOU?

17 A. ON CAUSATION, NO.

18 Q. OKAY. AND SHE ASKED YOU ABOUT THESE VARIOUS RECORDS  
19 WHERE THE CHIEF COMPLAINT ALSO DID NOT MENTION BACK  
20 PAIN, AND I THINK ALMOST ALL OF THOSE SAID "FOLLOW  
21 UP."

22 A. WELL, THE ONE FROM JULY -- JULY 12TH, THE CHIEF  
23 COMPLAINT WAS "IN A CAR WRECK." AND THEN ---

24 Q. IS THAT THE NEXT VISIT -- THAT'S THE JULY 5TH CAR  
25 WRECK WE'RE TALKING ABOUT?

1 A. CORRECT.

2 Q. AND THEN THE CHIEF COMPLAINT FOR AUGUST 3RD, 2012,  
3 ALSO INCLUDED "M.V.A.," WHICH STANDS FOR MOTOR  
4 VEHICLE ACCIDENT, "ONE MONTH AGO" IN THE CHIEF  
5 COMPLAINT.

6 Q. AND THE PRIOR ONES SHE WENT THROUGH, I SEE A LOT OF  
7 THOSE SIMPLY SAY "FOLLOW UP"?

8 A. RIGHT.

9 Q. WHAT DOES THAT MEAN?

10 A. I USUALLY SEE MR. ALMQUIST ABOUT EVERY THREE MONTHS,  
11 AND I THINK HIS PREVIOUS PHYSICIANS DID THE SAME,  
12 AND THOSE ARE CALLED FOLLOW-UP APPOINTMENTS, ROUTINE  
13 MEDICAL CARE VISITS TO EVALUATE HIS BLOOD PRESSURE,  
14 HIS MEDICATIONS, LAB WORK.

15 Q. SO, LET ME BACK UP AND GO OVER THAT. SO, IF HE  
16 FOLLOWS UP WITH YOU AT A GENERAL CARE THREE MONTH  
17 SCENARIO AND HE DOESN'T HAVE A SPECIFIC NEW  
18 COMPLAINT, IT'S A FOLLOW UP; IS THAT RIGHT?

19 A. CORRECT.

20 Q. SO, THAT WOULD INCLUDE HIS BLOOD PRESSURE, SUGAR --  
21 BLOOD SUGAR IF THERE'S ANY ISSUES, HIS CHRONIC BACK  
22 PAIN THAT HAS BEEN TREATED WITH ULTRAM FROM THE  
23 BEGINNING, RIGHT. SO, THE FACT THAT HE CONTINUED TO  
24 GET TREATMENT FOR A CHRONIC BACK PROBLEM, IT'S NOT  
25 INDICATIVE OF THE FACT, IS IT ---

1 BY MS. LYALL:

2 I'M GOING TO OBJECT TO LEADING.

3 BY MR. DRAISEN:

4 WELL, I'M GOING TO ASK A QUESTION.

5 RE-DIRECT EXAMINATION RESUMED BY MR. DRAISEN:

6 Q. IS IT INDICATIVE OF THE FACT THAT HE DID NOT HAVE AN  
7 AGGRAVATION IN JULY OF 2012?

8 A. NO.

9 Q. SO, I MEAN, LET ME BE CLEAR ABOUT THAT. SO, CAN A  
10 PATIENT HAVE CHRONIC BACK PAIN AND AGGRAVATE THAT  
11 CONDITION?

12 A. YES.

13 Q. CAN THE AGGRAVATION BE EVER SO SLIGHT?

14 A. YES.

15 Q. CAN IT BE A SIGNIFICANT AGGRAVATION?

16 A. YES.

17 Q. OKAY. AND IS IT YOUR OPINION THAT HE HAS AGGRAVATED  
18 THAT CONDITION?

19 A. YES.

20 Q. IS IT YOUR OPINION HE NEEDS ADDITIONAL MEDICAL  
21 TREATMENT?

22 A. YES.

23 BY MS. LYALL:

24 I'M GOING TO OBJECT. THIS IS OUTSIDE THE SCOPE  
25 OF CROSS. I DID NOT ASK HER ANYTHING ABOUT

- 1 Q. WHERE WERE YOU LAST EMPLOYED?
- 2 A. MEDITAM.
- 3 Q. OKAY. AND WHAT WAS YOUR JOB WITH MEDITAM?
- 4 A. I WAS A DRIVER, MEDICAL DRIVER.
- 5 Q. WHAT DID THAT MEAN YOUR JOB DUTIES AND
- 6 RESPONSIBILITIES WERE?
- 7 A. MY RESPONSIBILITIES WERE TO PICK UP CLIENTS, TAKE
- 8 THEM TO THEIR MEDICAL APPOINTMENTS AND PICK THEM UP.
- 9 Q. AND DO YOU HAVE TO HAVE A SPECIAL DRIVER'S LICENSE
- 10 FOR THAT?
- 11 A. NO.
- 12 Q. OKAY. AND HOW MANY HOURS WERE YOU WORKING A WEEK?
- 13 A. PROBABLY IN BETWEEN 60 AND 70 HOURS A WEEK.
- 14 Q. OKAY. AND WE'VE STIPULATED TO THE COMP RATE, BUT IS
- 15 THAT JUST WHAT YOU WERE EXPECTED TO DO; YOU DIDN'T
- 16 HAVE SET HOURS?
- 17 A. YEAH, YOU WERE DONE WHEN YOU GOT DONE. THERE WAS
- 18 NEVER A SET HOUR.
- 19 Q. DID IT HAVE TO DO WITH WHEN YOUR PATIENTS COMPLETED
- 20 THEIR APPOINTMENTS AND HOW LONG IT TOOK THEM TO GET
- 21 HOME?
- 22 A. THAT'S CORRECT.
- 23 Q. OKAY, ALL RIGHT. AND LET'S JUST GO BRIEFLY OVER
- 24 YOUR PAST HISTORY. WHERE DID YOU WORK BEFORE
- 25 MEDITAM?

- 1 A. I WORKED FOR LEFLEUR TRANSPORTATION.
- 2 Q. AND WHAT DID YOU DO FOR THEM?
- 3 A. I DID THE SAME THING; I WAS A MEDICAL DRIVER.
- 4 Q. OKAY. AND WHAT DID YOU DO BEFORE LEFLEUR?
- 5 A. I WORKED FOR SENIOR SOLUTIONS, WHICH WAS ANOTHER
- 6 MEDICAL DRIVER.
- 7 Q. OKAY. WHAT DID YOU DO BEFORE THAT?
- 8 A. BEFORE THAT, I WAS UNEMPLOYED. I ACTUALLY MOVED
- 9 FROM UTAH UP TO -- EXCUSE ME, I PROBABLY SHOULD HAVE
- 10 SAID I WORKED -- I FORGOT. I WORKED FOR ABOUT TWO
- 11 WEEKS DOING THE CENSUS. THAT'S PROBABLY WHY I
- 12 FORGOT IT. IT LASTED ROUGHLY TWO WEEKS OR
- 13 SOMETHING.
- 14 Q. OKAY. HOW FAR DID YOU GO IN SCHOOL?
- 15 A. I GOT A G.E.D.
- 16 Q. OKAY. DID YOU GRADUATE HIGH SCHOOL?
- 17 A. I DID NOT GRADUATE HIGH SCHOOL. I GOT A G.E.D.
- 18 Q. ANY COLLEGE OR EDUCATION BEYOND THAT?
- 19 A. NO, SIR.
- 20 Q. ANY CERTIFICATIONS OF ANY KIND?
- 21 A. I HAVE HAD C.P.R. TRAINING, AND THAT'S PROBABLY IT.
- 22 Q. IS THAT SOMETHING THAT IS REQUIRED BY ONE OF THE VAN
- 23 -- MEDICAL VAN COMPANIES?
- 24 A. YES, IT IS.
- 25 Q. OKAY, ALL RIGHT. AND WHILE YOU WERE WORKING FOR

1 MEDITAM, DID YOU HAVE ANY INSTANCES WHERE YOU GOT  
2 HURT AT WORK?

3 A. WELL, I DEFINITELY GOT HURT IN WORK DRIVING THE VAN  
4 ON JULY 5TH.

5 Q. OKAY. DID YOU HAVE AN INCIDENT PRIOR TO THAT?

6 A. I HURT MYSELF AT WORK IN MARCH PICKING A WHEELCHAIR  
7 UP AND PUTTING IT INTO A VAN.

8 Q. DID YOU TELL ANYBODY ABOUT THAT AT WORK?

9 A. I DID.

10 Q. WHO DID YOU TELL?

11 A. I TOLD MY BOSS THAT, ANGIE, AND I ASKED HER AT THAT  
12 TIME FOR SOME KIND OF A WORKERS' COMPENSATION NUMBER  
13 SO I COULD GET TREATMENT, AND IT NEVER CAME TO ME.

14 Q. SO, DID YOU EVER GET ANY TREATMENT PROVIDED BY THE  
15 EMPLOYER FOR THAT?

16 A. I DID NOT.

17 Q. OKAY. AND WERE YOU OUT OF WORK ANY?

18 A. I WAS OUT OF WORK APPROXIMATELY ONE WEEK.

19 Q. OKAY. AND WERE YOU ABLE TO RETURN TO WORK?

20 A. I DID GET TO RETURN TO WORK. MY WORK WAS LIMITED TO  
21 -- IT WAS SUPPOSED TO BE LIMITED TO ROUGHLY 40 HOURS  
22 A WEEK; HOWEVER, I WAS STILL WORKING PROBABLY MORE  
23 LIKE 50 HOURS A WEEK. THEY COULDN'T ACCOMMODATE IT  
24 EXACTLY TO THE 40. BUT I NEEDED A JOB.

25 Q. DID YOU GET ANY MEDICAL TREATMENT AT ALL RELATED TO

1            THAT MARCH INCIDENT?

2            A.    I ACTUALLY PAID OUT OF MY OWN POCKET TO GO SEE A  
3                    CHIROPRACTOR TO TRY THAT TO SEE IF THAT WOULD HELP,  
4                    AND THAT HELPED IMMENSELY. HE POPPED MY BACK INTO  
5                    PLACE.

6            Q.    OKAY. AND AS OF JULY, HOW WAS YOUR BACK DOING FROM  
7                    THE MARCH INCIDENT?

8            A.    I FELT LIKE I WAS AT LEAST 85 TO 90 PERCENT BETTER.

9            Q.    OKAY. AND YOU WERE BACK TO WORK FULL TIME?

10           A.    BACK TO WORK FULL TIME.

11           Q.    WERE YOU GETTING ANY SPECIFIC MEDICAL TREATMENT FOR  
12                    YOUR BACK IN JULY OF 2012 PRIOR TO THE ACCIDENT?

13           A.    PRIOR TO THE ACCIDENT, NO.

14           Q.    ALL RIGHT. LET'S TURN TO JULY 2012, YOU HAD AN  
15                    INCIDENT. DO YOU KNOW WHAT DATE IT WAS?

16           A.    IT WAS JULY 5TH.

17           Q.    OKAY. CAN YOU TELL ME WHAT HAPPENED.

18           A.    I WAS AT A RED LIGHT GOING STRAIGHT. A GAL COMES  
19                    UP. SHE SLAMMED RIGHT INTO THE BACK OF US. I HAD  
20                    FIVE PEOPLE IN THE CAR WITH ME. I TURNED TO THE  
21                    RIGHT TO TRY TO STOP THE AIR -- THE GAL WHO WAS  
22                    SITTING TO THE RIGHT OF ME ACTUALLY HAD AN AIR TANK,  
23                    AND I TURNED TO GRAB IT, TO STOP IT, AND EVERYBODY  
24                    WOUND UP GOING TO THE HOSPITAL IN THE AMBULANCE.

25           Q.    DID YOU GO TO THE HOSPITAL BY AMBULANCE?

1 A. I SURE DID.

2 Q. AND DID THE PASSENGERS IN YOUR VAN GO BY AMBULANCE?

3 A. THEY SURE DID.

4 Q. AND DID THE POLICE COME OUT AND DO AN ACCIDENT  
5 REPORT?

6 A. THEY DID.

7 Q. OKAY. AND AT THE TIME OF THE ACCIDENT, WAS YOUR VAN  
8 MOVING OR STOPPED?

9 A. IT WAS STOPPED.

10 Q. OKAY. DO YOU HAVE ANY IDEA OF THE SPEED OF THE  
11 OTHER VEHICLE?

12 A. I COULDN'T BEGIN TO TELL YOU. ALL I CAN TELL YOU IS  
13 I WOULDN'T EVEN REALLY WANT TO GUESS. I MEAN, I  
14 WOULD PROBABLY SAY PUSH ---

15 **BY MS. LYALL:**

16 I'M GOING TO OBJECT TO SPECULATION. HE JUST  
17 SAID HE DIDN'T KNOW.

18 **BY MR. DRAISEN:**

19 THAT'S FINE.

20 **BY COMMISSIONER TAYLOR:**

21 SUSTAINED.

22 **BY MR. DRAISEN:**

23 COMMISSIONER, WE WILL JUST POINT TO APA NUMBER  
24 SIX AT PAGE 84 -- I'M SORRY, PAGE 135 -- 33 AND 35 -  
25 - 33 AND 34, I'M SORRY -- 133 AND 134, THE ACCIDENT

- 1                   VEHICLES? DID YOU SEE THEM?
- 2           A.    I KIND OF SAW THE BACK OF THE VAN, AND IT WAS PUSHED
- 3                   IN BY, I DON'T KNOW, EIGHT -- MAYBE EVEN TWELVE
- 4                   INCHES.
- 5           Q.    OKAY. WOULD YOU CONSIDER THE IMPACT TO BE MILD,
- 6                   MODERATE OR SEVERE?
- 7           A.    IT WAS VERY SEVERE BECAUSE I WAS STOPPED.
- 8           Q.    ALL RIGHT. AND SO YOU WENT TO THE HOSPITAL?
- 9           A.    YES, SIR.
- 10          Q.    DID YOU NOTIFY YOUR EMPLOYER THAT YOU HAD AN INJURY?
- 11          A.    I CALLED UP AND TOLD THEM THAT I HAD BEEN IN AN
- 12                ACCIDENT.
- 13          Q.    AND WHEN DID YOU DO THAT?
- 14          A.    DIRECTLY AFTER THE ACCIDENT.
- 15          Q.    WERE YOU STILL THERE AT THE SCENE?
- 16          A.    YES, SIR.
- 17          Q.    WHO DID YOU SPEAK WITH?
- 18          A.    I SPOKE WITH TWO PEOPLE, ONE OF THEM WAS ANGIE, AND
- 19                THE OTHER ONE WAS CANDY.
- 20          Q.    OKAY. AND DID YOU REQUEST SOME MEDICAL TREATMENT?
- 21          A.    THEY ASKED IF I WAS ALL RIGHT. THEY DIDN'T ---
- 22          Q.    WHAT DID YOU SAY?
- 23          A.    I TOLD THEM THAT I WAS GOING TO BE GOING TO THE
- 24                HOSPITAL.
- 25          Q.    OKAY. AND AFTER YOU WENT TO THE HOSPITAL, WHAT DID

1. Q. AND HAVE YOU BEEN BACK TO WORK SINCE JULY THE 5TH?

2. A. I HAVE NOT MADE IT BACK SINCE.

3. Q. OKAY, ALL RIGHT. AND DO YOU FEEL LIKE YOU NEED  
4. MEDICAL TREATMENT TODAY?

5. A. I DO.

6. Q. OKAY. DO YOU HAVE ANY IDEA WHAT KIND OF MEDICAL  
7. TREATMENT YOU THINK YOU NEED?

8. A. WELL, I KNOW I NEED PHYSICAL THERAPY -- AND I WOULD  
9. SAY PROBABLY PHYSICAL THERAPY.

10. Q. TO SEE WHERE THAT GOES?

11. A. JUST TO SEE WHERE IT GOES. I MEAN, I -- I HAVE  
12. MUSCLE SPASMS ALL DAY LONG.

13. Q. ALL RIGHT. LET'S TALK ABOUT -- I'M GOING TO ASK YOU  
14. SOME QUESTIONS ABOUT YOUR BACK, OKAY. DO YOU ALLEGE  
15. THAT YOU NEVER HAD A BACK PROBLEM BEFORE THE WRECK  
16. IN JULY?

17. A. I DON'T -- I NEVER KEPT MY BACK PROBLEM A SECRET.

18. Q. SO, YOU'RE SAYING THAT YOU DID HAVE PRIOR BACK  
19. PROBLEMS?

20. A. I'VE HAD A BACK PROBLEM SINCE 1993, ---

21. Q. OKAY.

22. A. --- AND I LEARNED TO DEAL WITH THE PAIN. I WENT TO  
23. PAIN MANAGEMENT FOR SO LONG, AND THEN I HAD TO LEARN  
24. TO LIVE WITH IT. I HAD TO MOVE ON. AND SO I JUST  
25. LEARNED TO JUST TRY TO DEAL WITH THAT PARTICULAR

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PAIN.

Q. OKAY. SO, PRIOR TO 1993 -- WHAT HAPPENED IN 1993 JUST REAL QUICKLY?

A. I GOT IN AN ACCIDENT. I WOUND UP WITH THREE HERNIATED DISCS IN MY BACK AND A STRAINED NECK.

Q. IS THIS A CAR WRECK YOU'RE TALKING ABOUT?

A. A CAR WRECK, YES, SIR.

Q. AND WHERE WAS IT?

A. IN SALT LAKE CITY.

Q. OKAY. AND YOU GOT TREATMENT?

A. I GOT TREATMENT. I TREATED FOR ALMOST A YEAR AND A HALF.

Q. OKAY. AND THAT'S THE PAIN MANAGEMENT YOU'RE TALKING ABOUT?

A. THEY WOUND UP SENDING ME TO PAIN MANAGEMENT AND GAVE ME INJECTIONS IN MY BACK.

Q. OKAY. NOW, PRIOR TO THE ACCIDENT IN 1993, WERE YOU HAVING REGULAR BACK PROBLEMS?

A. NO, SIR.

Q. OKAY. AFTER THE ACCIDENT IN 1993, DID YOU EVER LIVE A DAY WHERE YOUR BACK DID NOT HURT?

A. NO, SIR.

Q. SO, YOUR BACK HURT EVERY DAY?

A. YES, SIR.

Q. SINCE 1993?

- 1                   THEY COULD USE ME FOR.
- 2           Q.    OKAY.  AND NOW, DID YOU TELL MS. LYALL ABOUT THE
- 3                   ACCIDENT FROM 1993?
- 4           A.    I'M SURE I DID.
- 5           Q.    DO YOU REMEMBER BEING ASKED ABOUT IT?
- 6           A.    I DO.
- 7           Q.    I THINK SHE ASKED YOU IF YOU WERE STILL HAVING
- 8                   PROBLEMS WITH YOUR BACK; IS THAT RIGHT?
- 9           A.    YES.
- 10          Q.    AND DO YOU REMEMBER WHAT YOU SAID?
- 11          A.    I DON'T REALLY RECALL EXACTLY WHAT I SAID.
- 12          Q.    WELL, HOW WAS YOUR BACK AFTER THE -- AFTER YOU
- 13                   FINISHED TREATMENT IN 1993?
- 14          A.    IT WAS LIVEABLE.
- 15          Q.    SO, CAN YOU DESCRIBE THAT FOR ME?  I MEAN, WHAT DOES
- 16                   THAT MEAN, LIVEABLE?
- 17          A.    AS LONG AS I DIDN'T DO TOO MUCH.  YOU KNOW, THINGS
- 18                   LIKE -- THINGS LIKE BENDING AND TRYING -- I WOULD
- 19                   PROBABLY HAVE TO SAY IT WAS MORE LIKE I COULDN'T
- 20                   LIFT A TREMENDOUS AMOUNT OF WEIGHT.
- 21          Q.    OKAY.  DID YOU EVER HAVE -- FROM 1995 LET'S SAY TO
- 22                   JULY OF 2012, DID YOU EVER HAVE ANY AGGRAVATIONS OF
- 23                   YOUR BACK?
- 24          A.    I NEVER SAW A DOCTOR FOR IT.
- 25          Q.    BUT MY QUESTION IS DID YOU EVER DO SOMETHING THAT

1 CAUSED YOUR PAIN TO BE MORE THAN IT WAS NORMALLY?

2 A. OCCASIONALLY IF I WERE -- IF I WERE DOING LIKE I  
3 SAID, IF I CHANGED OUT A SET OF SPARK PLUGS OR  
4 SOMETHING, I WOULD PROBABLY SUFFER FOR A COUPLE OF  
5 DAYS FROM IT....

6 Q. AFTER THAT, WHAT WOULD HAPPEN WITH YOUR BACK?

7 A. IT WOULD GO BACK TO FEELING -- LIKE I SAYS, IT WOULD  
8 GO BACK TO FEELING PROBABLY AROUND A FOUR OR FIVE  
9 PAIN THRESHOLD.

10 Q. OKAY. SO, WOULD YOU SAY THAT YOU BASICALLY HAD A  
11 NEW NORMAL?

12 A. I WOULD -- I WOULD PRETTY MUCH SAY THAT I LEARNED  
13 HOW TO LIVE WITH IT.

14 Q. AND WAS THAT YOUR NORMAL THEN?

15 A. THAT WAS MY NORMAL.

16 Q. SO, YOUR NORMAL THEN AFTER 1993 WAS NOT NO BACK  
17 PAIN?

18 A. THAT IS CORRECT.

19 Q. OKAY. BUT IF YOU OVERDID IT, YOU COULD TELL?

20 **BY MS. LYALL:**

21 I'M GOING TO OBJECT TO LEADING.

22 **DIRECT EXAMINATION RESUMED BY MR. DRAISEN:**

23 Q. COULD YOU TELL IF YOU OVERDID IT?

24 A. YEAH, WELL, LIKE I SAID, I WOULD BE IN PAIN FOR A  
25 FEW DAYS AFTER THAT.

1 Q. HOW WOULD YOU TREAT IT IF YOU HAD THAT?

2 A. I USED TO -- I USED TO LAY FLAT ON THE GROUND, AND  
3 THAT'S -- THE DOCTOR WOULD TELL ME TO ROLL UP A  
4 TOWEL AND PUT THE TOWEL ON MY BACK, AND I WOULD LAY  
5 DOWN, AND IT WOULD INVOLUNTARILY RELEASE ALL OF MY  
6 MUSCLES TO RELAX MY MUSCLES, AND I WOULD DO THAT  
7 WHEN I REALLY OVERDID IT.

8 Q. WOULD YOU HAVE TO TAKE ANY MEDICATIONS?

9 A. I WAS TAKING IBUPROFEN.

10 Q. OKAY. AND HAVE YOU HAD TO TAKE PRESCRIPTION  
11 MEDICATIONS FOR YOUR BACK?

12 A. I DIDN'T START TAKING PRESCRIPTION MEDICATIONS THAT  
13 WERE, YOU KNOW, ANYTHING BUT IBUPROFEN UNTIL I GOT  
14 OUT HERE.

15 Q. OKAY. AND THAT WAS WHEN YOU STARTED AT NEW HORIZON?

16 A. YES, SIR.

17 Q. AND WHAT KIND OF MEDICATIONS WERE YOU PRESCRIBED AT  
18 NEW HORIZON?

19 A. I WAS PRESCRIBED ULTRAM, FLEXERIL, LORTAB.

20 Q. WERE YOU TAKING ALL OF THOSE ON A NORMAL SITUATION?

21 A. I WAS TAKING FLEXERIL, YOU KNOW, AT NIGHT. AND I  
22 REALLY DIDN'T TAKE -- I DIDN'T TAKE LORTAB ON A  
23 REGULAR BASIS UNTIL AFTER THE MARCH INCIDENT, AND  
24 THEN I STARTED TAKING THEM AT NIGHT, BECAUSE I  
25 COULDN'T DO IT DURING THE DAY BECAUSE I COULDN'T BE

1 ABLE TO DRIVE AND BE ABLE TO TAKE THOSE PILLS.

2 Q. NOW, AFTER THE 1993 ACCIDENT AND PRIOR TO MARCH  
3 2012, HAVE YOU HAD ANY OTHER ACCIDENTS WHERE YOU  
4 HURT YOUR BACK?

5 A. WELL, I HURT MY BACK IN MARCH ----

6 Q. NO, BEYOND ---

7 A. OH, BEYOND ---

8 Q. OTHER THAN MARCH OF 2012 AND JULY OF 2012, WHICH  
9 WE'RE HERE ABOUT, HAVE YOU HAD ANY OTHER SPECIFIC  
10 ACCIDENTS TO YOUR BACK BETWEEN 1993 AND THEN?

11 A. I WOULDN'T NECESSARILY SAY I HAD ACCIDENTS. I WOULD  
12 SAY OCCASIONALLY I OVERDID SOMETHING. THAT'S THE  
13 BEST WAY I CAN DESCRIBE IT AS I -- I OVER EXERTED MY  
14 BACK, YOU KNOW, BUT NOTHING -- NOTHING MAJOR.

15 Q. WELL, HAD YOUR BACK PAIN EVER COMPLETELY GONE AWAY  
16 AT ANY POINT IN TIME SINCE 1993?

17 A. NO, SIR.

18 Q. SO, IF MS. LYALL ASKED YOU A QUESTION ABOUT WHETHER  
19 OR NOT YOUR BACK PAIN HAD RESOLVED BEFORE MARCH OF  
20 THIS YEAR, AND YOU SAID "YES, MA'AM" INDICATING IT  
21 HAD RESOLVED, WHAT DID YOU MEAN?

22 A. WHAT I THOUGHT WAS THAT SHE WAS ASKING ME IF I WENT  
23 AND SAW A SPECIALIST.

24 Q. OKAY. AND HAD YOU SEEN A SPECIALIST?

25 A. NO, SIR.

1           A.    THAT'S WHEN -- I HAD BACK PAIN WHEN I -- WHEN I  
2                    OVERDO SOMETHING LIKE THAT, THAT'S WHEN I HAVE BACK  
3                    PAIN.  THAT'S WHEN IT GOES FROM PAIN LEVEL FIVE TO  
4                    PAIN LEVEL EIGHT.

5           Q.    OKAY.  SO, IT'S YOUR TESTIMONY TODAY THAT YOU JUST  
6                    OVERDID SOMETHING IN FEBRUARY 2012, AUGUST 2011, MAY  
7                    2011, NOVEMBER 2010, TWICE IN OCTOBER 2010; THOSE  
8                    ARE ALL JUST INCIDENCES WHERE YOU OVERDID IT?

9           A.    I WOULD HAVE TO SAY SO.  I MEAN, LIKE I SAYS, IT'S  
10                   NO -- IT'S NO SECRET THAT I HAD A BACK INJURY IN  
11                   1993, AND THE FACT -- THE FACT OF THE MATTER IS THAT  
12                   I LEARNED TO LIVE WITH IT ABOUT A FIVE PAIN  
13                   THRESHOLD ALL THE TIME, AND WHEN I OVEREXTENDED  
14                   MYSELF, THAT'S WHEN I WOULD WIND UP IN A LITTLE BIT  
15                   MORE PAIN, AND THAT PAIN WOULD SUBSIDE WITHIN MAYBE  
16                   THREE TO FIVE DAYS.  I DON'T KNOW.  I MEAN, I CAN'T  
17                   -- YOU KNOW, I CAN'T BEGIN TO DESCRIBE IT OTHER THAN  
18                   I CAN TELL YOU THAT THE BACK PAIN I HAD THEN  
19                   COMPARED TO THE BACK PAIN I HAVE NOW IS PROBABLY  
20                   ABOUT TWO TIMES WORSE.

21          Q.    OKAY.  WERE YOU HONEST WITH YOUR HISTORY OF BACK  
22                   PAIN WITH YOUR -- WHEN YOU TREATED WITH DR. REING?

23          A.    TO BE HONEST WITH YOU, I ACTUALLY TOLD DR. REING,  
24                   AND I ACTUALLY HAD MY WIFE WITH ME WHEN I SAID THAT  
25                   I WAS -- THAT I HAD SOME PROBLEMS, AND DR. REING

1 **COURT REPORTER:** Today is October 15th, 2013. This  
2 is South Carolina Workers' Compensation Case  
3 Number 1208767. This is the case of Shane  
4 Almquist, Claimant, vs. Meditam, Employer, and  
5 Guarantee Insurance Company, Carrier. The  
6 Appellant is the Claimant represented by Daniel  
7 L. Draisen. The Respondent is represented by  
8 Kathleen Lyall. Each side is allowed ten  
9 minutes for oral argument and the Appellant  
10 three minutes in reply. You are requested to  
11 argue the grounds of exception and stay within  
12 the record.

13 **THE CHAIR:** Mr. Draisen.

14 **MR. DRAISEN:** Thank you. Commissioners, this appeal  
15 arises out of a decision regarding  
16 compensability for a July 5th, 2012, comp  
17 wreck, as we call it. Mr. Almquist was driving  
18 a van for Meditam, which is one of these  
19 companies that picks up people and takes them  
20 to their doctor's appointments. He was  
21 transporting four people at the time. He was  
22 rear-ended at 20 miles an hour, based on the  
23 accident report which is in the APA. All four  
24 of his passengers and he went to the emergency  
25 room via ambulance in the case. The complaints

1 are stated in my brief. When he was at the  
2 emergency room, he complained of back pain,  
3 neck pain, that sort of thing, was treated and  
4 released, and he also noted that he had a  
5 history of back pain. Meditam has not provided  
6 any medical treatment to him other than the IME  
7 evaluation of Dr. Lee in this case. And so he  
8 has been left to treat with Dr. Malvern, who is  
9 his family physician at New Horizons. Now,  
10 he's treated with Dr. Malvern prior to this  
11 accident for a year and four months, and the  
12 practice even longer than that. He went  
13 ultimately and saw Dr. Ring, who is an  
14 orthopedist, because Dr. Malvern felt that he  
15 needed to have some specialist treatment. We  
16 deposed Dr. Malvern -- I mean, Dr. Ring in the  
17 case, and Dr. Ring initially opined in this  
18 case that he felt like his injuries were  
19 causally related. Then he was cross-examined  
20 with Dr. Malvern's record and, essentially,  
21 backed off that and said well, then I don't  
22 have an opinion. So he didn't say -- he said  
23 yes and then he said well, I don't have an  
24 opinion because I don't have the history that  
25 these family records that you've presented me

1 with say about his back pain, so I'm going to  
2 back off and not express an opinion. Because  
3 of that, we called Dr. Malvern to testify live  
4 at the hearing. It's unusual that I would do  
5 that, but she had the history. She knew what  
6 his situation was before the accident and  
7 after. And what we're alleging is an  
8 aggravation of his pre-existing condition. Now  
9 Mr. Almquist had a serious accident in 1993 and  
10 has had continuing back problems since 1993,  
11 but he was working 50 to 60 hours a week for  
12 Meditam driving a van despite his problems up  
13 to this. The concern that we had with the  
14 ruling in this case, Commissioners, is that  
15 Meditam hasn't even offered to pay for the  
16 ambulance ride or the hospital visit at the  
17 emergency room where four passengers were also  
18 treated at the hospital that day, nor have they  
19 agreed to pay for, in this case, treatment  
20 until released by a doctor. Dr. Malvern  
21 testified that both objectively and  
22 subjectively in this case that she believed  
23 that Mr. Almquist had a change in his level of  
24 pain. Objectively and subjectively. And  
25 interestingly, Dr. Ring in APA 12 -- I mean,

1           excuse me, Dr. Lee in APA 12 in his findings at  
2           page 156 says, MRI findings support Mr.  
3           Almquist's subjective complaints of pain.  
4           That's interesting for a guy who was found not  
5           to be credible when the independent defense IME  
6           in this case says the findings are subjectively  
7           consistent with that. But then Dr. Lee goes on  
8           to say that, I do not believe to a reasonable  
9           degree of medical certainty that the objective  
10          findings are work related. Well, what are the  
11          objective findings? His objective findings  
12          based on the tests and x-rays are on page 3,  
13          degenerative changes multiple levels of the  
14          cervical spine with straightening to the slight  
15          reversal of lordosis, degenerative changes for  
16          the mid and lower thoracic spine, small left  
17          paracentral herniation of the T3-4, and subtle  
18          central left paracentral herniation of the T9  
19          to 19 discs. So his opinion is is those  
20          findings there may not have been caused by the  
21          accident, but it doesn't mean that he didn't  
22          have an aggravation of those conditions which  
23          correlates with a subjective finding of an  
24          increased level of pain. We believe that Mr.  
25          Almquist in this case is entitled to be

1 compensated and be provided with medical  
2 treatment until released by a doctor for the  
3 aggravation of his pre-existing conditions.  
4 And quite frankly, what's being required here  
5 apparently is that we do more than carry our  
6 burden. Our burden in this case is only the  
7 preponderance of the evidence. It's not clear  
8 and convincing and it's not beyond a reasonable  
9 doubt. His treating family physician who knew  
10 his condition prior to this injury came and  
11 testified that she believed to a reasonable  
12 degree of medical certainty that he had an  
13 aggravation of his pre-existing condition, both  
14 subjectively and objectively, and the defense  
15 put up no witnesses to contradict that  
16 testimony, none. So when you have the family  
17 doctor come in and testify that, I'm at a loss  
18 as to where in this case we haven't carried our  
19 burden of showing that he had an aggravation  
20 and that he's entitled to treatment. That's  
21 where this case turns. Mr. Almquist is an  
22 interesting individual. He is paranoid. He's  
23 scared. He hasn't worked since this accident.  
24 He's been kept out by his doctors. Dr. Malvern  
25 still keeps him out. He can't drive because of

1 the pain medication that he's on, and his job  
2 was driving a van carrying other people. She  
3 didn't think that's a good idea when he has to  
4 take narcotic pain medication to deal with his  
5 pain. He's not what I would call necessarily  
6 the smartest guy. He tries to anticipate what  
7 you're going to ask him sometimes, and because  
8 of that, he has given answers that one might  
9 say are not entirely consistent because he  
10 tries to anticipate what he's being asked. But  
11 I think that if you look at the entire course  
12 of his discussions in the medical records with  
13 his doctors and if you look at his testimony  
14 that he is not inconsistent. I don't think  
15 there's ever been a time where he has not said  
16 that he has a long-running history of back  
17 problems. And we're not claiming in this case  
18 that this wreck caused his back problems.  
19 We're saying that it aggravated them. It's  
20 changed his level threshold. So, you know, if  
21 his moderate level was here, maybe he was here,  
22 it's now here. And he deserves to be treated.  
23 And so we're asking that you take the record as  
24 a whole, look at the evidence that's presented  
25 in this case and take the doctor's testimony

1 over anybody's in this case because I think  
2 she's the seminal person in this case to  
3 testify about whether he had an aggravation of  
4 his pre-existing condition. Thank you.

5 **THE CHAIR:** Thank you. Ms. Lyall.

6 **MS. LYALL:** Thank you, may it please the Commission.  
7 Mr. Draisen is correct, we're really here today  
8 to determine whether Commissioner, the single  
9 Commissioner was correct in her denial of this  
10 claim under 42-9-35 and 42-1-160. The single  
11 Commissioner denied this claim indicating that  
12 he did not meet his burden of proving a  
13 compensable aggravation of a pre-existing  
14 injury. As Mr. Draisen indicated, the standard  
15 for this burden of proof is a preponderance of  
16 evidence. In this claim, the evidence  
17 presented really boils down to three different  
18 doctor's opinions. Dr. Lee who we sent  
19 claimant to who evaluated him and all the  
20 medical records, including his evidence of pre-  
21 existing issues and opined that all of his  
22 problems were pre-existing. Then Dr. Ring,  
23 claimant was sent by claimant's attorney. Dr.  
24 Ring evaluated and treated claimant for a few  
25 months and provided an opinion of causation of

1 the injuries. At a deposition noticed by  
2 claimant's attorney, we presented a long  
3 history of evidence showing he had pre-existing  
4 back problems because, in providing his  
5 statement of causation, Dr. Ring testified, and  
6 I'm referring to Dr. Ring's deposition, page  
7 15, In review of the MRI and examination and  
8 his history, which he wouldn't say he had any  
9 problems, I would say that the accident was the  
10 temporal cause of his pain; however, after he  
11 was given page after page of pre-existing -- or  
12 evidence showing a pre-existing condition that  
13 claimant had not admitted to him, he stated,  
14 what -- and the question was, and this is Dr.  
15 Ring's deposition page 41, and I questioned  
16 him, "And the fact that he had spasms before  
17 the accident could mean that the spasms he had  
18 that you witnessed were not caused by the  
19 accident but were already present before the  
20 accident?" And Dr. Ring answered, "Correct."  
21 And then I questioned, and this is at line 21,  
22 "So you can no longer state to a reasonable  
23 degree of medical certainty that his current  
24 injuries are causally related to the July or  
25 the March 2012 accident?" And he responded,

1 "That's correct." So while Mr. Draisen is  
2 indicating that his change in deposition  
3 testimony and his change in his opinion on  
4 causation should take away from the credibility  
5 of his opinion, had he had full information at  
6 the time he had created his initial opinion, he  
7 might not have ever stated that it would be  
8 causally connected. Now, the third opinion that  
9 is really key in this claim is that of Dr.  
10 Malvern, who did come to the hearing and  
11 testify. And it's our position that live  
12 testimony at hearings should not be given any  
13 greater weight than deposition testimony. The  
14 testimony should all be given, I guess somewhat  
15 of an equal weight. Dr. Malvern testified at  
16 the hearing that she did believe there is an  
17 aggravation of his pre-existing injuries. Dr.  
18 Malvern was qualified as an expert in internal  
19 medicine, and she did provide this opinion on  
20 causation; however, she admitted at the  
21 hearing, and this is the hearing transcript  
22 page 27,, that she typically relies pretty  
23 heavily on a patient's subjective complaints  
24 and that she indicated that it is her hope that  
25 patients are being honest in the reporting of

1 their symptoms to you. Now, she testified at  
2 the hearing that there were objective and  
3 subjective components to her opinion; however,  
4 she did indicate on page 30 that the objective  
5 test that she believed that led her to opine  
6 that there was an aggravation was tenderness in  
7 his low back, and she indicated that tenderness  
8 is an objective complaint. However, she also  
9 testified that the only way to tell that the  
10 tenderness had gotten worse between prior to  
11 the accident and after the accident was  
12 claimant's subjective complaints of increased  
13 tenderness. She never noted to any objective  
14 findings that specifically prove that there was  
15 an aggravation. All of her opinions were  
16 formed around the basis of claimant's  
17 subjective complaints. Now, claimant has a  
18 history of being less than honest in his  
19 reporting of his history of back problems. In  
20 his deposition testimony he was forthcoming  
21 about having an accident in 1993 that led him  
22 to have back pain; however, he indicated that  
23 he had had no issues whatsoever in the past  
24 five years leading up to this accident. On  
25 page 27 of claimant's deposition transcript, I

1 asked him, and this is line 19, "Had your back  
2 pain completely resolved before March of this  
3 year?" And he answered, "Yes, ma'am." I said,  
4 "Had you complained to a doctor about any back  
5 pain in the past five years?" "No." "So you  
6 had no problems with your back until March of  
7 2012?" "That's correct." And so now we're  
8 back on -- we're on page 28 of his deposition  
9 transcript where he said, "I complained about  
10 my bones hurting in general." And then I  
11 questioned, "Right, but not about your back or  
12 neck?" And he answered, "No, not specifically  
13 about my back or neck." So the medical  
14 evidence indicates, and I'm just going to  
15 briefly go over a little bit of a timeline of  
16 the medical treatment he had received. And on  
17 May of 2010 he went to Dr. Malvern complaining  
18 of lower back pain with spasms, That's APA 11,  
19 page 152. In October 2010, he complained of  
20 thoracic and low back pain with thoracic pain  
21 radiating to the front. And that's APA 11,  
22 page 150. He returned again in December, or  
23 sorry, October 29th, 2010, complaining of  
24 chronic back pain. Again, he returned in  
25 November 8, 2010, complaining of chronic back

1 pain. February 8, 2011, he complained of  
2 chronic back pain. May 9, 2011, he complained  
3 of sharp back pains that take his breath away  
4 with tenderness. And that's APA page 146. On  
5 August 8, 2011, he complained of ongoing back  
6 pain, and that's APA 1, page 21. And then on  
7 February 10, 2012, he complained of back pain  
8 with spasms, and that's one month before his  
9 alleged accident, the alleged initial accident.  
10 So once he starts treating with Dr. Ring, he  
11 complains of low back pain on November 1, 2012,  
12 similar complaints to prior. On January 24,  
13 2013, he actually complains again of thoracic  
14 back pain which takes his breath away, the same  
15 complaints he had had before the accident only  
16 a few months before. And the MRI only showed  
17 degenerative changes. So when taken as a whole  
18 when you look at all the medical evidence,  
19 along with claimant's lack of credibility, they  
20 do not meet their burden of showing by a  
21 preponderance of the evidence that there was an  
22 aggravation. The only evidence indicating that  
23 there was an aggravation was Dr. Malvern's  
24 testimony, and she admittedly relied her  
25 opinion based on his subjective complaints, and

1 you cannot trust his subjective complaints.  
2 Her opinion just should not stand as much  
3 weight. Further, Dr. Lee and Dr. Ring are both  
4 board certified orthopedic doctors. Dr.  
5 Malvern indicated that, in general, she would  
6 defer to an orthopedist for anything related to  
7 a back because she doesn't specialize in the  
8 backs. While did she did state that she would  
9 be able to provide an opinion of causation,  
10 again, her opinion was based on his subjective  
11 complaints. So the single Commissioner did not  
12 err in placing greater weight on different  
13 medical opinions, as they're allowed to place  
14 greater weight on any medical opinions as they  
15 see fit. So when you take the evidence as a  
16 whole, the single Commissioner was correct in  
17 finding that claimant did not meet his burden  
18 of proving an aggravation of a pre-existing  
19 injury under 42-9-35 or an injury by accident  
20 under 42-9-160.

21 **THE CHAIR:** Thank you.

22 **MS. LYALL:** Thank you.

23 **THE CHAIR:** All right. Mr. Draisen, three minutes  
24 in reply.

25 **MR. DRAISEN:** Thank you. Just briefly. As to all

1 these various times that Ms. Lyall raises and  
2 has raised repeatedly about my client and his  
3 prior complaints of pain, we went through this  
4 at length at the hearing with Dr. Malvern, each  
5 time he went to the doctor, he went for a  
6 specific appointment to renew his medications  
7 and that was not the primary -- his back was  
8 not his primary reason for those visits. There  
9 may have been one or two visits the whole time  
10 that he actually went because his back hurt.  
11 We went through that line by line, you can read  
12 the transcript of the hearing. The primary  
13 reason he went was to get his blood pressure  
14 medications refilled, to do a general checkup  
15 and get his other prescriptions refilled. He  
16 didn't go in, as is asserted -- because what  
17 they've done is they've gone through these  
18 family records and picked out every time a  
19 notation was made that he mentioned his back  
20 was hurting. Well, every time ---

21 **THE CHAIR:** He was impeached by his deposition  
22 testimony, you'll concede that?

23 **MR. DRAISEN:** Absolutely. Absolutely, he was  
24 impeached.

25 **THE CHAIR:** He stated unequivocally that he'd never

1 had any problems since that 1993 ---

2 MR. DRAISEN: Well, and I ---

3 THE CHAIR: --- or treatment after that.

4 MR. DRAISEN: And I, again, I think, this is just my  
5 opinion, I think, and I'm not mitigating it,  
6 but I think that he attempted to anticipate  
7 what she was asking him in the question, and I  
8 think he had established in his mind a  
9 baseline, and when you say my back hurts all  
10 the time, and you say well, I haven't gone to  
11 the doctor specifically for back treatment  
12 because I always go for this same thing, then  
13 in his mind he's thinking that, you know, look,  
14 I don't -- I didn't complain of anything new;  
15 I didn't complain of anything I hadn't had  
16 since 1993, and that was his rationalization.  
17 I've talked to the guy many times about this  
18 and he says, look, you know, I could have laid  
19 down and died in 1993 and never gotten back up  
20 from that injury, but I established a baseline  
21 and I went on. He was working 50 to 60 hours  
22 a week for Meditam. Fifty to 60 hours. I  
23 mean, if he had had such a terrible back all  
24 that time, all these months with all these  
25 records, he didn't miss work. The first

1 incident he had in March was the first days  
2 that he even missed from work, was one or two  
3 days, he went back to work. He was back to  
4 work full time from the March lifting the  
5 wheelchair thing and was working full time when  
6 he had the vehicle accident. So I don't  
7 disagree that that's an issue. But Dr. Malvern  
8 did not defer as to causation to any other  
9 doctors. They asked her if she would defer.  
10 She said she would defer treatment to a  
11 specialist, not to causation, okay? And she  
12 says actually a lot more than that. She says  
13 that his spasm, increased spasm, his mannerisms  
14 and ability to get on and off the table were  
15 completely different. That was the objective  
16 findings that she made. So it wasn't just a  
17 combination of subjective. This is a person  
18 that's seen him many times.

19 **THE CHAIR:** All right. Finish your thought.

20 **MR. DRAISEN:** You know, seen him many over the years  
21 and she's saying he's acting and looks  
22 different to me.

23 **THE CHAIR:** Okay. Thank you. That concludes this  
24 proceeding.

25 **MR. DRAISEN:** Thank you.

**GMMC  
PRIMARY**

Almquist, Shane  
DOB: 6/7/1963 M49  
Wt/Ht:  
MedRec: 980078043  
AcctNum: 08015759974

Patient Data

Complaint: Accident — automobile  
Triage Time: Thu Jul 05, 2012 14:27  
Urgency: 4-Non-urgent  
Bed: ED CC  
Initial Vital Signs: 7/5/2012 14:26  
BP:\*/\*/  
P:\*/  
O2 sat:\*/ on \*

ED Attending: Ebel, DO, Lynsey Y.  
Primary RN: Farnham, RN, Matthew

R:\*/  
T:\*/  
Pain:\*

**PRESENTING PROBLEM** (Thu Jul 05, 2012 14:27 ACV)

Presenting problems: MVC — minor.

**TRIAGE** (Thu Jul 05, 2012 14:27 ACV)

**PATIENT NAME:** Almquist, Shane, **AGE:** 49, **GENDER:** male, **DOB:** Fri Jun 07, 1963, **TIME OF GREET:** Thu Jul 05, 2012 14:24, **RACE:** Unknown, **Need Isolation?:** No Isolation, **Poss. Flu Exposure:** Unable to answer — **acute injury/illness, Homicidal/Suicidal:** Unable to answer — **acute illness/injury, Smoking Cessation:** Unable to answer — **acute illness/injury, SSN:** 529218152, **MEDICAL RECORD NUMBER:** 980078043, **ACCOUNT NUMBER:** 08015759974, **PERSON ID:** 980078043. (Thu Jul 05, 2012 14:27 ACV)

**ADMISSION: URGENCY:** Comprehensive Triage Needed, **ADMISSION SOURCE:** Greenville County — scene of accident, **TRANSPORT:** Greenville County EMS — BLS, **DEPT:** Emergency, **BED:** CC H20. (Thu Jul 05, 2012 14:27 ACV)

**VITAL SIGNS:** BP \*/\*, Pulse \*, Resp \*, Temp \*, Pain \*, O2 Sat \*, on \*, Time 7/5/2012 14:26. (14:26 ACV)

**COMPLAINT:** Accident — automobile. (14:43 MSP)

**HISTORY OF PRESENT COMPLAINT:** Patient arrives by GCEMS fully immobilized after being in mvc. patient was rear-ended at low impact. Patient complaining of lower back pain. (14:31 MSP)

**ASSESSMENT:** 6. (14:31 MSP)

**TREATMENTS PRIOR TO ARRIVAL:** Backboard, C-Collar. (14:31 MSP)

**MEDICATIONS PRIOR TO ARRIVAL:** No Aspirin taken. (14:31 MSP)

**TREATMENTS IN TRIAGE:** Cardiac Monitor, NIBP, Pulse Oximetry. (14:31 MSP)

**MEDICATIONS IN TRIAGE:** No Aspirin given in triage. (14:31 MSP)

**TRIAGE VS:** BP: 146, / 78, Pulse: 78, Resp: 18, Temp: 98, Pain: 6, O2 sat: 98, ra, Time: 1415. (14:31 MSP)

**ES LEVEL:** ES level 2. (14:31 MSP)

**SEPSIS ASSESSMENT:** NO. (14:31 MSP)

**ADMIN**

**PATIENT DATA CHANGE:** Attending changed from (none) to Dan B. Kommel, MD. (14:25

DBK)

Primary Nurse changed from (none) to Matthew Farnham, RN. (14:28 MSP)

Complaint: Accident — automobile, Urgency: 4-Non-urgent. (14:43 MSP)

A08 62643\_53265\_RE-33063167 by Interface, Middle Name: (none), Zip code: 29624, Language:

ENG, Race: W, Phone number: (864)296-3553. (15:07)

A08 62643\_106247\_VI-33065787 by Interface, Middle Name: (none). (15:02)

A08 62643\_106762\_GI-33082859 by Interface, Middle Name: (none). (15:04)

A08 62643\_107750\_VI-33113047 by Interface, Middle Name: (none). (15:10)

A08 62643\_108205\_GI-33127801 by Interface, Middle Name: (none). (15:12)

A08 62643\_54511\_RE-33136697 by Interface, Middle Name: (none). (15:14)

A08 62643\_108511\_GI-33137273 by Interface, Middle Name: (none). (15:14)

Attending changed from Dan B. Kommel, MD to Lynsey Y. Ebel, DO. (16:04 LV2)

**KNOWN ALLERGIES**

Nka

**GMMC  
PRIMARY**

Almquist, Shane  
DOB: 6/7/1963 M49  
Wt/Ht:  
MedRec: 980078043  
AcctNum: 08015759974

**VITAL SIGNS**

**VITAL SIGNS:** BP: \*/\*, Pulse: \*, Resp: \*, Temp: \*, Pain: \*, O2 sat: \* on \*, Time: 7/5/2012 14:26.

(14:26 ACV)

BP: 146/78, Pulse: 78, Resp: 18, Temp: 98, Pain: 6, O2 sat: 98 on ra, Time: 7/5/2012 14:31. (14:31

MSP)

BP: 159/88, Pulse: 70, Resp: 18, Pain: 2, O2 sat: 98 on ra, Time: 7/5/2012 18:32. (18:32 MSP)

**PAST MEDICAL HISTORY**

**MEDICAL HISTORY:** History of diabetes, type II, That is currently treated with an oral medication, History of hypertension, which has been treated. (14:31

MSP)

**SURGICAL HISTORY:** Patient has had no previous surgical history. (14:31 MSP)

**PSYCHIATRIC HISTORY:** No previous psychiatric history. (14:31 MSP)

**NOTES:** Nursing records reviewed. (14:44 DBK)

**CURRENT MEDICATIONS** (14:31 MSP)

Ultram

Lortab

Lisinopril

Metformin

**HPI BLANK** (14:43 DBK)

**CHIEF COMPLAINT:** pt here after MVA-- rear-ended approx 25-30 mph. quest LOC, neck pain, upper and lower back pain. hx of back pain. also c/o b/l hip pain. no abd pain or CP/ SOB/ palpitations.

**HISTORIAN:** History obtained from patient.

**TIME COURSE:** Onset of symptoms reported as sudden, Just prior to presentation, Patient currently has symptoms, Complaint is persistent, Complaint is constant.

**SEVERITY:** Maximum severity is moderate, Currently symptoms are moderate.

**CRITICAL CARE:** Time: 30 minutes, Total number of minutes spent in direct and indirect care of this critically ill patient excluding procedure time.

**ROS** (14:44 DBK)

**CONSTITUTIONAL:** Negative constitutional review of systems.

**EYES:** Negative eye review of systems.

**ENT:** Negative ENT review of systems.

**CARDIOVASCULAR:** No chest pain, No palpitations.

**RESPIRATORY:** Negative respiratory review of systems, No SOB.

**GI:** Negative gastrointestinal review of systems.

**MUSCULOSKELETAL:** Historian reports neck pain, Historian reports arthralgias, Historian reports back pain, Historian reports injury, Historian reports myalgias, Historian reports joint stiffness, No joint redness, No deformity, No fall.

**SKIN:** Negative skin review of systems.

**NEUROLOGIC:** Historian reports headache, No dizziness, No recent seizures.

**PHYSICAL EXAM** (14:45 DBK)

**CONSTITUTIONAL:** Patient is afebrile. Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Alert and oriented X 3. Patient appears uncomfortable, Patient appears to be in pain, Patient has moderate pain distress, NAD, nontoxic appearance.

**HEAD:** Atraumatic, Normocephalic.

**EYES:** Pupils equal, round and reactive to light, Left pupil: 5mm, Right pupil: 5mm.

**GMMC  
PRIMARY**

Almquist, Shane  
DOB: [REDACTED] M49  
W/Ht:  
MedRec: 980078043  
AcctNum: 08015759974

Left pupil is reactive, Right pupil is reactive.

**ENT:** Ears normal to inspection, Nose examination normal, Posterior pharynx normal. Mouth normal to inspection.

**NECK:** Limited range of motion, Neck is in C-collar.

**RESPIRATORY CHEST:** Chest is nontender, Breath sounds normal, No respiratory distress.

**CARDIOVASCULAR:** RRR, No murmurs, Normal S1 S2, No rub, No gallop.

**ABDOMEN:** Abdomen is nontender, No masses, Bowel sounds normal, No distension, No peritoneal signs, obese.

**BACK:** There is midline tenderness, in the upper back area, in the middle back area, in the lower back area, There is paraspinal tenderness, in the upper back, There is paraspinal tenderness in the mid-back, There is paraspinal tenderness in the lower back.

**UPPER EXTREMITY:** Inspection normal.

**LOWER EXTREMITY:** No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness, Normal pulses, b/l hip pain on palpation. n/v intact b/l LE's. normal cap refill.

**NEURO:** GCS is 15, No focal motor deficits, No focal sensory deficits, The GCS total is 15.

**SKIN:** Skin is warm, Skin is dry, Skin is normal color.

**PSYCHIATRIC:** Oriented X 3, Normal affect.

**DIAGNOSIS** (18-08 LYE)

**FINAL:** PRIMARY: Cervical strain (whiplash), ADDITIONAL: Back strain [NOS].

**DOCTOR NOTES** (18-11 LYE)

**TEXT:** Pt ambulatory without difficulty, discussed results.

**ORDERS**

Miami-J collar please by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34

Status: Done by Baldwin, Stephen Thu Jul 05, 2012 15:47

LIPASE by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Done by System Thu Jul 05, 2012 16:25

DX THORACIC SPINE by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

COMPREHENSIVE METABOLIC PANEL by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Done by System Thu Jul 05, 2012 16:25

DX CHEST SINGLE VIEW by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

CBC WITHOUT DIFF by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Done by System Thu Jul 05, 2012 16:05

DX PELVIS (ONE OR TWO VWS) by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

CT CERVICAL SPINE W/O CONTRAST by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

URINALYSIS by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

CT HEAD W/O CONTRAST by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

SPINE LUMBAR MIN 4 VWS by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:34 Status: Active

pt may have PO by Kommel, MD, Dan B. for Kommel, MD, Dan B. on Thu Jul 05, 2012 14:59 Status: Done by Baldwin, Stephen Thu Jul 05, 2012 15:47

VENIPUNCTURE by Baldwin, Stephen for Kommel, MD, Dan B. on Thu Jul 05, 2012 15:34 Status: Active

**MEDICATION SERVICE** (17-36 LYE)

**GMMC  
PRIMARY**

Almquist, Shane  
DOB: ~~6/19/68~~ M49  
W/Ht:  
MedRec: 980078043  
AcctNum: 08015759974

bony lesion, no foreign body, Interpretation of the Lumbar spine x-ray shows, L-spine negative, no fracture, no subluxation, no bony lesion, no spondylolisthesis, no spondylolysis. (18.04 LYB)  
**CHEST:** Interpretation of chest X-ray shows, chest x-ray negative, no infiltrates, no pneumothorax, no hemothorax, no masses, no cardiomegaly, no CHF, no effusion, no free air. (18.04 LYB)  
**GU MALE:** Radiological interpretation of pelvis shows, pelvis negative, no fracture, no foreign body, no bony lesion, no diastasis. (18.04 LYB)

**NURSING ASSESSMENT: FOCUSED**

**TIME ASSESSED:** Patient was assessed at on arrival. (14.41 MSP)

**NURSING DIAGNOSIS:** Alteration in comfort. (14.41 MSP)

**CONSTITUTIONAL:** History obtained from patient, Patient is cooperative, Patient is alert and oriented x 3, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Complex assessment performed, Patient is well-groomed, Patient appears in pain distress. (14.41 MSP)

**PAIN SCALE:** 6. (14.42 MSP)

**MENTAL STATUS:** Orientation: Alert, Oriented, Behavior: Cooperative, GCS Eye Opening: Spontaneously (4), GCS Verbal Response: Oriented/conversive (5), GCS Motor Response: Obeys commands (6), The GCS total is 15. (14.41 MSP)

**SPEECH:** Coherent. (14.41 MSP)

**EYES:** Eyes are PERRL. (14.41 MSP)

**NEURO:** Orientation: Alert, Oriented, Behavior: Cooperative, No weakness present, No numbness present, Coherent. (14.42 MSP)

**GCS:** The GCS total is 15. (14.42 MSP)

**RESPIRATORY:** Breath sounds:, Breath sounds are clear, bilaterally. (14.41 MSP)

**ABDOMEN:** Abdomen is nontender, Bowel sounds present. (14.41 MSP)

**GENITO/URIN:** Not applicable. (14.41 MSP)

**MUSCULOSKELETAL:** Good range of motion, Normal pulses. (14.41 MSP)

**SKIN:** Skin is warm, Skin is dry, Skin color is normal. (14.41 MSP)

**LACERATION:** Not applicable. (14.41 MSP)

**DOMESTIC VIOLENCE:** The presence of domestic violence is unknown. (14.42 MSP)

**NURSING ASSESSMENT: NURSES NOTE**

**TIME ASSESSED:** Time: 1708, patient returned from ct scan, alert and oriented x 3. (17.09 MSP)

Time: 1735, Patient ambulatory to bathroom for urine sample. (17.36 MSP)

**NURSING PROCEDURE: DISCHARGE NOTE** (18.31 MSP)

**TIME:** Patient discharged at 1830, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by husband/wife/spouse, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Teaching performed by malt m. Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, Patient left the emergency department at 1830.

**NURSING PROCEDURE: LAB DRAW** (15.34 SGB)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, Initial lab draw, Blood obtained from right hand and labs sent, in 1 attempt, Lab specimens labeled in the presence of the patient and sent to lab, After procedure, dressing applied to site, After procedure, no swelling, After procedure, no active bleeding.

**SAFETY:** Side rails up, Cart in lowest position, Call light within reach.

**NURSING PROCEDURE: SPINE PRECAUTIONS** (17.01 MSP)

PRID:19628685

RPTH:1207050071

Service: Greenville County EMS

Date: July 5, 2012

Base: Simpsonville

Team: ALS

Unit: M-24

Crew 1: Secondary Caregiver \*Mann, Diane EMT-P

Shift: Bravo

Crew 2: Primary Caregiver \*Gowan, Timothy EMT-P

Tail/Reg: 03036

\* ALS Provider

EMD: Yes, With Pre-Arrival Instructions -  
29B04A

Mode to Rec: No Lights/Sirens

Moved From: Stretcher

Dispatched As: Traffic Accident

Pt. Condition: Improved

Mass Casualty: Not Recorded

Type of Svc: Scene Unscheduled

Response Code: Alpha

Mode to Ref: No Lights/Sirens

Moved Via: Stretcher

Position: Supine

Outcome: Treated, Transported

Ref Other Type: Street < 50 MPH

Receiving: Hospital

Location: 349 HARRISON BRIDGE RD  
SIMPSONVILLE, SC 29680-7134

Greenville Memorial Medical Campus

Emergency Department

Requester: SIMPSONVILLE

701 Grove Rd

Ref. GPS: 34.705248, -82.254644

Greenville, SC 29605-4210

864-455-7000

Dest. GPS: 34.821345, -82.413694

Rec. RN: Mark

Hospital Account #: 080015759974

Last Name: almquist First: SHANE

Address: [REDACTED]

City: Anderson ST: SC Zip: [REDACTED]

County: Anderson

Citizenship: United States

DOB: [REDACTED] SSN: [REDACTED]

Age: 49y Sex: M Weight: 300 lb

Subscriber: No

Race: White, non-Hispanic

DNR Orders: None

Barriers to Care: None

Billing Information:

Company

Group

ID

Self-Paid (Other)

Odometer	Times
Ld Miles: 21.1	Received: 13:00:21
	Dispatch: 13:01:38
	EnRoute: 13:02:13
	First Resp: 13:03:29
	At Ref: 13:10:53
	At Patient: 13:11:00
	Lv Ref: 13:27:31
	At Rec: 13:53:51
	Available: 14:31:08

Notice of Privacy Practices Given:

None

Consent Signed: Yes

Medical Necessity Signed: No

Primary Method of Payment: Self Pay

Scene Information

Description: parking lot of shopping center including ross, t j maxx- vehicles were moved from initial accident site off fairview/harrison bridge- minor damage to rear bumper & door of caravan w/5 persons inside. fd is on scene as is medic 14, initial responding unit. Pt. was being placed on LSB by Simpsonville FD on our arrival with PMS in all extremities.

Patient Belongings: Left with pt.

Other EMS: M-14, M-22

Other Agencies: Fire Fire Number: Simpsonville FD

Chief Complaint: (Category: Traumatic Injury)

Neck pain, headache, lower thoracic pain

Duration: 15 Minutes

Anatomic Location: Back, Neck

ALS Assessment: Completed for Suspected Illness

History of Present Illness

Pt. was the restrained driver of a medical transport van that was rear ended 15 mins. prior to our arrival. No compartment intrusion noted or found. Chief complaint of neck and lower thoracic back pain and headache. Pt denies any chest pain, shortness of breath, numbness, tingling, LOC, or blurred vision. Pt. denies any other pain

or injuries and none were noted or found.

Past Medical History	Current Medications	Allergies
Diabetes Mellitus High Cholesterol Hypertension Obtained From: Patient	Lisinopril Metformin Provastatin	None

**Neurological Exam**

Level of Consciousness: Alert      Loss of Consciousness: No

Chemically Paralyzed: No

Neurological: Speech Normal

Mental: Oriented-Person, Oriented-Place, Oriented-Time

Glasgow Coma Scale			
E	V	M	Tot
Int: 4	5	6	= 15

Pupils		
	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Motor Comments: Present

Sensory Comments: Present

**Airway      Respiratory**

Status: Patent      Effort: Normal

Performed By: EMS Provider      Sounds: L: Clear    R: Clear

Outcome: Unchanged

**Cardiovascular**

JVD: Not Appreciated    Cap. Refill: Brisk

Edema: Not Appreciated

Pulses	
Left	Right
Carotid:	
Radial: Normal	Normal
Femoral:	

**MVI      Injury Details**

<p>Involved: 2</p> <p>Airbag: No Airbag Deployed</p> <p>Position: Driver</p> <p>Seat Row: 1</p> <p>Risk Factors: Not Known</p> <p>Vehicle Impact: Center Rear</p> <p>Extrication Required: No</p>	<p>Reason for Encounter: Injury/Trauma</p> <p>Drugs/Alcohol?: None</p> <p>Intentional: No</p> <p>Fall Height: 0 FT</p> <p>Fall Surface: Not Recorded</p> <p>Work Related: Yes</p> <p>Injury Cause: Motor Vehicle Traffic Accident, General, Driver Injured</p> <p>Mechanism: MVC - Public</p> <p>Equipment: Lap Belt, Shoulder Belt</p>
---	---

**Initial Physical Findings**

<p><u>Injuries</u></p> <p>Head: Pain w/o Swelling/Bruising</p> <p><u>Assessment</u></p> <p>Spine: Pain to ROM</p> <p>Skin Findings: Warm, pink, dry</p>	<p>Immobilization: Collar: yes, CID:, LBB:, KED:, MAST:</p> <p>Performed By: Fire Personnel</p> <p>Outcome: Unchanged</p>
---	---

**Impression / Diagnosis**

System: Musculoskeletal

Symptoms: Pain, Headache

GREENVILLE MEMORIAL HOSPITAL  
GMH RADIOLOGY  
GREENVILLE, SC

Patient Name: ALMQUIST, SHANE  
DOB: \_\_\_\_\_  
SEX: Male

Reason for Exam: Back pain Back pain s/p MVA Back pain s/p MVA  
Medical Record#: 980078043  
Pt. NS/Room: 08CC / CCOH  
Corp. Act. No:  
Patient Type: Emergency

Account: 08015759974  
Ordering MD: DANIEL B., KOMMEL, MD  
GHS - EMERGENCY SERVICES  
701 GROVE ROAD  
GREENVILLE, SC 29605

RX496800-SPINE THORACIC 3VWS 07/05/2012 15:47PM EXAM#: 12542032

IMPRESSION:

NORMAL THORACIC SPINE.

RESULT: ALMQUIST, SHANE

THORACIC SPINE - FRONTAL, LATERAL, AND 2 SWIMMER'S VIEWS, 7/5/2012.

This is a 49-year-old patient with back pain following a MVA. The frontal and lateral film demonstrate no fracture or subluxation. No paraspinous soft tissue swelling or abnormality in the swimmer's view.

TRANSCRIPTIONIST: LEE A. WHITTINGTON  
TRANSCRIBE TIME/DATE: 7/5/2012 8:42:00 PM  
READ BY: A. RONALD COWLEY, MD,  
SIGNED BY:

GREENVILLE MEMORIAL HOSPITAL  
GMH CT SCAN  
GREENVILLE, SC

Patient Name: ALMQUIST,  
DOB:  
SEX: male

Reason for Exam: Neck pain Neck pain s/p MVA

Neck pain s/p MVA  
Medical Record#: 980078043  
Pt. NS/Room: 08CC / CCOH  
Corp. Act. No:  
Patient Type: Emergency

Account: 08015759974  
Ordering MD: DANIEL B., KOMMEL, MD  
GHS - EMERGENCY SERVICES  
701 GROVE ROAD  
GREENVILLE, SC 29605

RC180000-CT CERVICAL SPN W/O CONTRAST 07/05/2012 15:18PM EXAM#: 12541950

IMPRESSION:

NO CONVINCING EVIDENCE FOR ACUTE CERVICAL SPINE FRACTURE.

RESULT:

SHANE ALMQUIST

CT SOFT TISSUE NECK WITH CONTRAST, 7/5/2012:

INDICATION: TRAUMA

CT soft tissue neck without contrast:

TECHNIQUE: Thin cut images were obtained from the posterior fossa to the thoracic inlet with coronal, sagittal reconstructions without the administration of contrast.

FINDINGS:

Review of bone windows demonstrates the patient to be asymmetrically positioned in the CT gantry. Given this caveat, the included portions of the paranasal sinuses, mastoid air cells and middle ear cavities appear aerated. The axial images show no obvious depressed calvarial fracture. The included portions of upper mandible appear unremarkable. On the axial projections, pre dental space is grossly normal. I do not see evidence for obvious displaced cervical fracture. There is likely a slight rotation of C1 on C2 due to patient positioning. Several cervical vertebrae show bifid spinous processes. The bony detail at the cervicothoracic junction lower lumbar spine is less than optimal due to patient's large body habitus. Given this caveat, I do not see obvious cervical spine fracture.

On the sagittal images, pre dental space and prevertebral soft tissues are generally unremarkable but there is some straightening of the normal cervical lordosis. There is disk space narrowing at C6-7 with anterior osteophyte compatible with cervical spondylosis. To the best of my

Patient: ALMQUIST, SHANE DOB: \_\_\_\_\_ MRN: 980078043 Acct: 08015759974

ability and judgment, the cervical spine facets appear to be normally aligned without obvious locked facets or perched facets. Given loss of definition in the lower cervical spine, no obvious cervical spine fracture is evident.

Coronal imaging demonstrates again degenerative change lower cervical spine without obvious fracture. The visualized dens and C1-2 interface appear unremarkable.

Soft tissues demonstrate a few scattered lymph nodes in the neck. No other acute process is suggested. Again soft tissue definition particularly with regard to the upper mediastinum and cervicothoracic junction is limited due to patient's very large habitus causing loss of soft tissue detail.

TRANSCRIPTIONIST: J. DAN HIPPS  
TRANSCRIBE TIME/DATE: 7/5/2012 9:43:00 PM  
READ BY: H. STUART SAUNDERS, MD,  
SIGNED BY:

**New Horizon Family Health Services, Inc.  
Adult Medical History Form**

Date: <u>5/26/2010</u>
Name: <u>Shane W Almqvist</u>
Telephone number (H) <u>348 0057</u> (W) <u>285 3370</u> SSN _____ DOB _____

Allergies: \_\_\_\_\_

**Past Medical History:**

Do you have or have you had any of the following: (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures /Epilepsy
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Migraines
<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Depression
<input type="checkbox"/> Heart attack	<input checked="" type="checkbox"/> Arthritis
<input type="checkbox"/> Congestive heart failure	<input checked="" type="checkbox"/> Diabetes
<input type="checkbox"/> Irregular heart rhythm	<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Stroke	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Heartburn/Acid reflux	<input type="checkbox"/> HIV
<input type="checkbox"/> Stomach Ulcers	<input type="checkbox"/> Other:
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Kidney disease	

Past surgical history: tubes in ears when I was 6

Please list any major or minor operations you have had and the year.

**Review of Systems: (Check all that apply)**

Do you have or have you *recently* had in the past months:

<input type="checkbox"/> Fever	<input type="checkbox"/> Pain with urination
<input type="checkbox"/> Weight loss or gain	<input type="checkbox"/> Tremor
<input type="checkbox"/> Vision changes	<input type="checkbox"/> Weakness in an arm or leg
<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Depressed mood
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Memory problems
<input checked="" type="checkbox"/> Cough that doesn't go away	<input type="checkbox"/> Anxiety or nervousness
<input type="checkbox"/> Chest pains	<input checked="" type="checkbox"/> Joint pain/swelling
<input type="checkbox"/> Irregular heart beats	<input checked="" type="checkbox"/> Back pain
<input type="checkbox"/> Heartburn or indigestion	<input type="checkbox"/> Increased urination
<input type="checkbox"/> Changes in bowel habits	<input type="checkbox"/> Increased thirst
<input type="checkbox"/> Nausea/vomiting	

**Family History: (Check all that apply)**

Does anyone in your family (parents, brothers/sisters, or children) have any of the following:

<input type="checkbox"/> Alcoholism	<input checked="" type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke
<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Heart attack
<input checked="" type="checkbox"/> Other diseases that run in your family:	

WORK-UP BY:

(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC. MEDICAL REPORT

CHECK ONE:

- Walk-in
Scheduled Appointment

NAME: Shane Almquist

SSN:

AGE: 46

DATE: 10/20/10

CHIEF COMPLAINT: New Pt. - getting established - labs

ALLERGIES: NKDA

Ht 5'10 Wt 295 BMI 30 Temp 97.5 SE 134/88 R 18 LMP M

Tobacco Use (Circle): Current # Former None Snuff/Chop? Y N Advice to Quit? MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused - At least 1 element; Exp. Problem focused - At least 1 element Detailed - At least 4 elements or 3 events

Mr Shane Almquist is coming from a new job... DM (on controlled)... sinus infection and cough... would like to get established here at WEMA - he doesn't say

ROS:

Problem focused - At least 20% Exp. Prob. Focused - At least 1 element Detailed - At least 2 elements Comprehensive - At least 10 required

- Constitutional
Eyes
ENT/mouth
Respiratory
CV
GI
GU
Neuro
Skin/Breasts
Psych
Muscle/Skel
Endocrine
Allergic/Immune
Heme/Lymph

Table with columns NL and ABNL for ROS items

INHOUSE TESTING:

WBS - 110
A1C - 5.9

PFSH:

Problem focused / Exp. Prob. Focused - No PFSH; Detailed - At least 1 out of 3; Comprehensive - At least 2 out of 3

PFSH table with columns PFSH, NO, SEE, NOTE

OBJECTIVE:

Subjective symptoms except for the above problems. He also reports pain in his lower back and spasms; he denies any other notes. No h/o

PHYSICAL

Problem focused - 1 system; Exp. Prob. Focused - 2-7 systems Detailed - 2-7 systems in depth; Comprehensive - 8+ systems (Extremities - 4 systems)

Physical exam table with columns NL, ABNL, DESCRIBE ABNL

A/P: CAD/CVA/ PAD H/O MI No H/O NID

- 1 DM - A1C - 5.9 10 w pt about diet w/ low carb
2 LBP - RBC w/ hem
3 URTI / us & mri - RAC Reflex 500 P.O.T.D. Corticosteroids
4 psych symptoms - RAC dysfunction
5 All basic labs ordered today

FOLLOW-UP: PRN or

2-3 mths

Physician Signature (if applicable) / Program

Handwritten signature

Hm dental needs ref. eye - ok blood tests - PFSH - also of S. re blood pressure

Handwritten initials

WORK-UP BY:

*[Signature]*  
Nurse

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:

- Walk-In  
 Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 77 DATE: 10-18-2010

CHIEF COMPLAINT: Follow up ALLERGIES NADA

HI 1296 BMI \_\_\_\_\_ Temp 97 BP 151/95 P 68 R 18 LMP ADR Last Pap (approx) None (REGARDLESS OF WHERE)

Tobacco Use (Circle): Current # Former Never Snuff/Dip? Y N Advise to Quit?  MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused = At least 1 element; Exp. Problem focused = At least 1 element  
Detailed = At least 4 elements or 3 chronic

has naproxen  
prn for "all over"  
joint pain diagnosed  
elsewhere as  
"ph arthritis".  
Chronic back pain  
2° to injuries -  
uses ultram. Has  
pain beginning in T-spine  
radiating to the front.

ROS:

Problem focused = No ROS; Exp. Prob. Focused = At least 1 element; Detailed = At least 2 required; Comprehensive = At least 10 required.

- Constitutional
- Eyes
- ENT/mouth
- Respiratory
- CV
- GI
- GU
- Neuro
- Skin/Breasts
- Psych
- Musc/Skel
- Endocrine
- Allergic/Immune
- Heme/Lymph

	NL	ABNL
Constitutional		
Eyes		
ENT/mouth		
Respiratory		
CV		
GI		<input checked="" type="checkbox"/>
GU		
Neuro		
Skin/Breasts		<input checked="" type="checkbox"/>
Psych		
Musc/Skel		<input checked="" type="checkbox"/>
Endocrine		
Allergic/Immune		
Heme/Lymph		

INHOUSE TESTING:

φ

PFSH:

(Problem focused / Exp. Prob. Focused = no PFSH; Detailed = At least 1 out of 3; Comprehensive = At least 2 out of the 3.)

PFSH	NO	SEE
	CHG	NOTE
PAST		L
FAMILY		I
SOCIAL		r

OBJECTIVE:

hematocrit.  
Wants R/F's on meds. Toenail all better. Famotidine  
not working however.

PHYSICAL

Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems;  
Detailed = 7-7 systems in depth; Comprehensive = 8+ systems (Extremities = 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<u>Wt same NAD</u>
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
ENT/MOUTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>RR 2 @ 2</u>
CHEST (BREASTS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Tender x T6-T7</u>
GI (ABDOMEN)	<input type="checkbox"/>	<input type="checkbox"/>	<u>to palp</u>
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>φ edema</u>
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>⊕ toenail fungus</u>
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER			

A/P:

- 1) Chronic back pain  
R/F Ultram.  
1 T-spine  
films  
✓ R/f factor. Referral  
rheumatology
- 2) HTN ↑ dose to 20mg
- 3) home ⊕ stool →  
colonoscopy. ↓ ASC.
- 4) ↑ lipids - start  
pravastatin 10mg  
Doesn't tolerate fish oil
- 5) obesity

FOLLOW-UP:

PRN or 4-6 weeks

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

*[Signature]*

(Use Progress Note sheet for additional space.)

WORK-UP BY:

(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC. MEDICAL REPORT

CHECK ONE:

- Walk-in
Scheduled Appointment

NAME: Shane Almquist SS: AGE: 47 DATE: 10/29/10

CHIEF COMPLAINT: Rectal Bleeding c/ Clots (+) ALLERGIES NKDA

Ht 1 Wt 295 BMI 1 Temp 97.7 BP 138/83 P 71 R 16 LMP N/A Last Pap (approx) male

Tobacco Use (Circle): Current # Former Never Snuff/Dip? Y (N) Advise to Quit? M-MEDICATIONS UPDATED

SUBJECTIVE:

Present for rectal bleeding... Rheumatoid Arthritis... prediabetes... GERD... 10/1/10 exam by PCP

RHS:

Problem focused - No ROS; Exp. Prob. Focused - At least 1 element; Detailed - At least 2 required; Comprehensive - At least 10 required.

- Constitutional
Eyes
ENT/mouth
Respiratory
CV
GU
Neuro
Skin/Breast
Psych
Muscl/Skel
Endocrine
Allergic/Immune
Hemat/Lymph

NL ABNL

INHOUSE TESTING:

PFSH:

(Problem focused / Exp. Prob. Focused and Comprehensive - At least 2 out of the 3.)

Table with columns: PFSH, NO CHG, SEE NOTE

OBJECTIVE:

10/1/10 -> normal RF, CBC, ALT

PHYSICAL Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = >7 systems in depth; Comprehensive = >8 systems (Extremities = 4 systems)

A/P:

Table with columns: NL, ABNL, DESCRIBE ABNL. Rows include GEN. APPEARANCE, EYES, ENT/MOUTH, NECK, RESPIRATORY, CARDIOVASCULAR, CHEST (BREASTS), GI (ABDOMEN), MUSCULOSKELETAL, EXTREMITIES, GU, SKIN, NEURO, PSYCH, OTHER.

Stool.
Colonoscopy.
Referred explained

FOLLOW-UP: PRN or

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

WORK-UP BY:

(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC. MEDICAL REPORT

CHECK ONE:

- Walk-in
Scheduled Appointment

NAME: Shane Almquist SS# AGE: 47 DATE: 11-8-10

CHIEF COMPLAINT: Right Big Toe & Anathitis Pain ALLERGIES NKDA

Ht Wt 216 BMI Temp 100.8 BP 140/81 P 76 R 14 LMP None Last Pap (approx) Male

Tobacco Use (Circle): Current # Former Never Snuff/Dip? Y N Advise to Quit? MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused = At least 1 element; Exp. Problems focused = At least 1 element; Detailed = At least 4 elements or 3 chronic

A. has been seen by GI + Colonoscopy is planned. CBC was ok. Did "home" surgery on his external hemorrhoid, and it is now infected + sore. Continues to have multiple joint aches.

ROS:

Problem focused = No ROS; Exp. Prob. Focused = At least 1 element; Detailed = At least 2 required; Comprehensive = At least 10 required.

- Constitutional
Eyes
ENT/mouth
Respiratory
CV
GI
GU
Neuro
Skin/Breasts
Psych
Musc/Skel
Endocrine
Allergic/Immune
Heme/Lymph

Table with columns NL, ABNL and rows for various body systems.

INHOUSE TESTING:

NFBS = 92 mg/dL

PFSH:

(Problem focused / Exp. Prob. Focused = no PFSH; Detailed = At least 1 out of 3; Comprehensive = At least 2 out of the 3.)

Table for PFSH with columns YES, NO, GEE, CHG, NOTE and rows for PAST, FAMILY, SOCIAL.

OBJECTIVE:

10/110 Rb factor @ glu 108 HDL 30 TSH 4.41 LDL 102

T-spike films -> not done Rheim referral pending

PHYSICAL

Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = 2-7 systems in depth; Comprehensive = 8+ systems (Extremities = 4 systems)

Table for Physical Exam with columns NL, ABNL, DESCRIBE ABNL and rows for GEN. APPEARANCE, EYES, ENT/MOUTH, NECK, RESPIRATORY, CARDIOVASCULAR, CHEST (BREASTS), GI (ABDOMEN), MUSCULOSKELETAL, EXTREMITIES, GU, SKIN, NEURO, PSYCH, OTHER.

A/P:

1) joint pains + Chronic LBP does not appear rheumatoid. ? D.D. ? great Ultram refilled Naproxen BID.
2) paronychia @ toenail - Reflex
3) GERD - cont. Pepid
4) borderline DM - needs w/ loss! LAIC
5) P. lipids - v liver & lipid panel
6) HTN
7) heme @ stool
\* REFUSES FLU SHOT
\* COLONOSCOPY = saw DR. 10-28-10
\* PSA = NEVER
\* Dental Exam = ?
\* Eye Exam = 2007


FOLLOW-UP:

PRN or 3 months

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

WORK-UP BY:  
  
 (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
 MEDICAL REPORT

CHECK ONE:  
 Walk-in  
 Scheduled Appointment

NAME: Shane Almquist SS#                      AGE:            DATE: 02-08-11  
 CHIEF COMPLAINT: F/U ALLERGIES: NKDA  
 Ht:            Wt: 299 BMI:            Temp: 98.3 BP: 124/85 P: 75 R: 18 LMP:            Last Pap (approx): M20  
 Tobacco Use (Circle): Current #            Former            Never            Snuff/Dip? Y N Advise to Quit?             
 MEDICATIONS UPDATED

**SUBJECTIVE:**

Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic  
 \* Pt states his big toe on (R) foot is still bothering him.  
 \* Pt c/o dry skin on face

**ROS:**

Problem focused - No ROS; Exp. Prob. Focused - At least 1 element; Detailed = At least 2 required; Comprehensive - At least 10 required.

Constitutional	
Eyes	
ENT/Mouth	
Respiratory	
CV	
GI	
GU	
Neuro	
Skin/Breasts	
Psych	
Musc/Skel	
Endocrine	
Allergic/Immune	
Heme/Lymph	

**INHOUSE TESTING:**  
 FBS: 170 mg/dl  
 A1C: 6.4

**PFSH:**  
 (Problem focused / Exp. Prob. Focused - no PFSH; Detailed = At least 1 out of 3; Comprehensive = At least 2 out of the 3.)

PFSH	NO	SEE
	CHG	NOTE
PAST		
FAMILY		
SOCIAL		

**OBJECTIVE:**

**PHYSICAL:** Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = 2-7 systems in Acuity; Comprehensive = 8+ systems (Extremities = 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>obese</u>
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
ENT/MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	
NECK	<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>edema</u>
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>normal sensation &amp; neuroflaw</u>
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER			

A/P: (1) Htn - stable.  
(2) degenerative joint disease LBP - cont ultra  
Stable  
(3) DM Type 2 - stable on diet control  
Glucose intolerance - cont diet  
(4) Hyperlipidemia - v Lipids, const med  
(5) Tinea Barbae - Nizoral  
(6) Onychomycosis - resolving well. will d/c  
deglucan. Monitor

Flu: Declined  
 Colonoscopy: Never  
 PSA: unknown  
 Dental: + 7 yrs  
 Eye: + 1 1/2 yr

FOLLOW-UP: PRN or                     

Student Signature (If applicable) / Program                     

PROVIDER SIGNATURE                     

(Use Progress Note sheet for additional space.)

WORKUP BY:

(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC. MEDICAL REPORT

CHECK ONE:

- Walk-in
Scheduled Appointment

NAME: Shane Almquist SS# AGE: 2 DATE: 8-9-11
CHIEF COMPLAINT: Check up ALLERGIES: NKDA
Ht X Wt 299 BMI X Temp 97.4 BP 131/87 P 65 R 18 LMP Last Pap (approx) Male
Tobacco Use (Circle): Current # Former Never Snuff/Dip? Y (N) Advise to Quit? MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic
\* pt c/o having sharp pains in his back, that takes his breath away at times
Has DDD in his back. Getting shooting pains in back - happening more frequently. Started 3 wks ago after moving to a new house
Has rash on arm which breaks out during the summer

ROS:

Problem focused = No ROS; Exp. Prob. Focused = At least 1 element; Detailed = At least 2 required; Comprehensive = At least 10 required.

Table with columns for system (Constitutional, Eyes, ENT/mouth, Respiratory, CV, GI, GU, Neuro, Skin/Breasts, Psych, Musc/Skel, Endocrine, Allergic/Immune, Heme/Lymph) and checkboxes for NL and ABNL.

INHOUSE TESTING:

FBS: 109 mg/dL
A1C: 6.4%
(2.8.11)

PFSH:

(Problem Focused / Exp. Prob. Focused; no PFSH; Detailed = At least 1 out of 3; Comprehensive = At least 2 out of the 3.)

Table with columns for PFSH, NO CHG, SEE NOTE.

OBJECTIVE: + is essentially gone in the winter. New ingrown toenail (2) great toe. Has been told for fungal infection
BP + DM OK. Lipids at goal.

PHYSICAL Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = 2-7 systems in detail; Comprehensive = 8+ systems (Extremities = 4 systems)

Table with columns for system (GEN. APPEARANCE, EYES, ENT/MOUTH, NECK, RESPIRATORY, CARDIOVASCULAR, CHEST (BREASTS), GI (ABDOMEN), MUSCULOSKELETAL, EXTREMITIES, GU, SKIN, NEURO, PSYCH, OTHER) and checkboxes for NL, ABNL, and DESCRIBE ABNL.

A/P:

- 1) Ingrown toenail - evidence of infxn. Refs to podiatry
2) Back pain - likely strain from moving. Will add Flexeril prn.
3) HTN - adequate control
4) T'd lipids - LDL at goal. HDL still low at 33.
5) Hyperchylernia - Don not v BS or take any meds. Will follow
6) Hypothyroidism - v TSH today
7) Rash arm - use sunscreens every am + hydrocortisone cream pm.
\* DISCUSS MONODROPY next visit

FOLLOW-UP: PRN or 3 mos (1) forearm

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

Warts sun exposure

(Use Progress Note sheet for additional space.)

**New Horizon Family Health Services, Inc.  
Adult Medical History Form - Page 3**

Patient Name: Shirley Almquist  
SSN: \_\_\_\_\_

Date: 8/8/11

**Sexuality:**

Are you sexually active?  Yes  No  Not currently

Current sex partner(s) is/are:  Male  Female

Birth control method: \_\_\_\_\_  None needed

If sexually active, do you practice safe sex?  Yes  No  Not Applicable

Have you ever had any STD's?  Yes  No If yes, please list: \_\_\_\_\_

Are you interested in being tested for HIV?  Yes  No Other STDs?  Yes  No

Any other concerns? \_\_\_\_\_

**Review of Systems: (Check all that apply)**

Do you have or have you *recently* had in the past few months:

<input type="checkbox"/> Fever	<input type="checkbox"/> Irregular heart beats	<input type="checkbox"/> Depressed mood
<input type="checkbox"/> Weight loss or gain	<input type="checkbox"/> Heartburn or indigestion	<input type="checkbox"/> Memory problems
<input type="checkbox"/> Vision changes	<input type="checkbox"/> Changes in bowel habits	<input checked="" type="checkbox"/> Anxiety or nervousness
<input type="checkbox"/> Difficulty swallowing	<input checked="" type="checkbox"/> Nausea/vomiting	<input checked="" type="checkbox"/> Joint pain/swelling
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Pain with urination	<input checked="" type="checkbox"/> Back pain
<input type="checkbox"/> Cough that doesn't go away	<input type="checkbox"/> Tremor	<input type="checkbox"/> Increased urination
<input type="checkbox"/> Chest pains	<input checked="" type="checkbox"/> Weakness in an arm or leg	<input type="checkbox"/> Increased thirst

**Other Past Medical History and Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Family Doctor, Pediatrician or Internist: \_\_\_\_\_  
Location: \_\_\_\_\_ Last Visit: \_\_\_\_\_

WORK-UP BY:

*[Signature]*  
(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:  
 Walk-In  
 Scheduled Appointment

NAME: Shane Himguist SS: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: 8/8/11

CHIEF COMPLAINT: \* F/U ALLERGIES NKDA

Ht 5'9" Wt 300 BMI 74.0 Temp 97.8 BP 143/97 P 71 R 18 LMP \_\_\_\_\_ Last Pap (approx) Male  
(REGARDLESS OF WHERE)

Tobacco Use (Circle): Current # 0 Former 0 Never 0 Snuff/Dip? Y N Advise to Quit? ✓  MEDICATIONS UPDATED

**SUBJECTIVE:**

Problem focused = At least 1 element Exp. Problem focused = At least 1 element Detailed = At least 4 elements or 3/chronic

Very stressed - will be laid off later this month.

habs look good

Fell on knee at work + continues to have pain + swelling. Hand takes tylenol but hasn't been taking habs prn

**ROS:**

Problem focused - for ROS: Exp. Prob. Focused - At least 1 element, Detailed - At least 2 required; Comprehensive - At least 10 required.

	SI	ASNL
Constitutional	✓	
Eyes		
ENT/mouth	✓	
Respiratory	✓	
CV	✓	
GI	✓	
GU		
Neuro		
Skin/Breasts		
Psych		
Musc/Skel	✓	swollen
Endocrine		
Allergic/Immune		
Heme/Lymph		

**INHOUSE TESTING:**

FBG: 150mg/dL

A1C: 6.4%

**PFSH:**  
(Problem focused / Exp. Prob. Focused = no PFSH, Detailed = at least 1 out of 2, Comprehensive = at least 2 out of the 3.)

PFSH	NO	SEE
	CHG	NOTE
PAST	✓	
FAMILY	✓	
SOCIAL	✓	

**OBJECTIVE:**

**PHYSICAL** Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = 8-7 systems in 2 sys.; Comprehensive = 8+ systems (includes 4 systems)

	SI	ASNL	DESCRIBE ASNL
GEN. APPEARANCE	✓	□	obese w/ 27" w
EYES	□	□	NAD
ENT/MOUTH	□	□	
NECK	□	□	
RESPIRATORY	□	□	
CARDIOVASCULAR	□	□	
CHEST (BREASTS)	□	□	
GI (ABDOMEN)	□	□	① knee + minimal swelling. ② tenderness medially. Ant + post drawn signs
MUSCULOSKELETAL	□	□	ny. ③ erythema of warmth
EXTREMITIES	□	□	
GU:	□	□	
SKIN	□	□	
NEURO	□	□	
PSYCH	✓	□	
OTHER			

**A/P:**

- ① knee pain - he is to see 2 supervisors + eval through workman's comp
- ② Htn - a little 4'd today continue med
- ③ Hyperglycemia - HbA1c 6.4%. He needs to watch diet
- ④ Hypothyroidism - BH at goal
- ⑤ 4'd lipids - LDL at goal but HDL still 4'd.
- ⑥ Back pain - improved a little + present.

FOLLOW-UP: PRN or 3 mos

Student Signature (if applicable) / Program

*[Signature]*

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

WORK-UP BY:

*[Signature]*  
(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:

- Walk-in
- Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 48 DATE: 11/9/11

CHIEF COMPLAINT: F/U ALLERGIES NKDA

Ht: 6'8" Wt: 320 BMI: 5.8 Temp: 97.4 BP: 135/82 P: 77 R: \_\_\_\_\_ LMP: \_\_\_\_\_ Last Pap (approx): male  
(REGARDLESS OF WHERE)

Tobacco Use (Circle): Current # 0 Former 0 Never 0 Snuff/Dip? Y Advise to Quit? X  MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused = At least 3 elements; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 systems; Data/Diag = At least 4 elements or 3 systems

BP looks good

Having 0 knee pain

Now working but work exacerbates knee injury

Continues to gain wt!

ROS:

Problem focused-No ROS: Exp. Prob. Focused-At least 1 element; Detailed - At least 2 required; Comprehensive-At least 10 required.

NO.	ASNL
<input checked="" type="checkbox"/>	Constitutional
<input type="checkbox"/>	Eyes
<input checked="" type="checkbox"/>	ENT/mouth
<input checked="" type="checkbox"/>	Respiratory
<input checked="" type="checkbox"/>	CV
<input checked="" type="checkbox"/>	GI
<input type="checkbox"/>	GU
<input type="checkbox"/>	Neuro
<input checked="" type="checkbox"/>	Skin/Breasts
<input checked="" type="checkbox"/>	Psych
<input checked="" type="checkbox"/>	Musc/Skel
<input type="checkbox"/>	Endocrine
<input type="checkbox"/>	Allergic/Immune
<input type="checkbox"/>	Heme/Lymph

INHOUSE TESTING:

NFBSS: 250mg/dl  
A1C: 6.6%

PFSH:

(Problem focused / Exp. Prob. Focused = 1 PFSH; Detailed = At least 3 out of 3; Comprehensive = At least 2 out of the 3.)

PFSH	NO	SEE
	CHG	NOTE
PAST	<input checked="" type="checkbox"/>	
FAMILY	<input checked="" type="checkbox"/>	
SOCIAL	<input checked="" type="checkbox"/>	

OBJECTIVE:

PHYSICAL

Problem focused = 1 system; Exp. Prob. Focused = 2-7 systems; Detailed = 2-7 systems in depth; Comprehensive = 8+ systems (Extremities = 4 systems)

GEN. APPEARANCE	NI	ASNL	DESCRIBE ASNL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Obese w/ 0</u>
EYES	<input type="checkbox"/>	<input type="checkbox"/>	<u>NAD</u>
ENT/MOUTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>obese</u>
MUSCULOSKELETAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0 knee &amp; crepitus</u>
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>+ slit. edema</u>
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

A/P:

- ① H/W - adequate verbal. Continue with home!
- ② 4'd lipids - w/1 at goal on Lipitor Pravastatin although HDL a little low.
- ③ Hypothyroidism - TSH at goal
- ④ GOLD - Rec'd
- ⑤ 0 knee pain - Naproxen. He is to contact Human Resources from previous job as they have an ongoing workman's comp case & him.
- ⑥ Diabetes - info given. Discussed 4'd physical activity & changes to diet.
- ⑦ DM - controlled on no medication

FOLLOW-UP: PRN or 3 mos

Student Signature (if applicable) / Program

*[Signature]*

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Chn 32 Rev. 11/09

WORK UP BY  
*[Signature]*  
(NRESO)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:  
 Walk-in  
 Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 48 DATE: 2-10-12  
 CHIEF COMPLAINT: F/U ALLERGIES: None NADA: \_\_\_\_\_  
 Ht: 5'9" Wt: 306 BMI: 40 Temp: 97.3 BP: 133/80 P: 76 H: 18 LMP: Male Last Pap (approx): Male  
 Tobacco Use (Circle): Current # 0 Former Never Snuff/Dip? Y (N) Advise to Quit? X (I) MEDICATIONS UPDATED

**SUBJECTIVE:**  
 Problem focused - At least 1 detail; Exp. Problem focused - At least 1 element; Detailed - At least 4 elements or 3 chronic.  
 BP ↑'d today + has been terrible at heart. Very stressed to finances, work. Has re-injured knee with go to workman's comp. Also having back pain, has no herniated disc. Also having muscle spasms.

**ROS:**  
 Problem focused - No ABN; Exp. Problem focused - At least 1 element; Detailed - At least 2 required; Comprehensive - At least 10 required.

	NL	ABNL
Constitutional	<input checked="" type="checkbox"/>	
Eyes	<input checked="" type="checkbox"/>	
ENT/mouth	<input checked="" type="checkbox"/>	
Respiratory	<input checked="" type="checkbox"/>	
CV	<input checked="" type="checkbox"/>	
GI	<input checked="" type="checkbox"/>	
GU		<input checked="" type="checkbox"/> test: pain
Neuro	<input checked="" type="checkbox"/>	
Skin/Breasts	<input checked="" type="checkbox"/>	
Psych		<input checked="" type="checkbox"/> stressed
Misc/Skel		<input checked="" type="checkbox"/> back, knee pain
Endocrine		
Allergic/Immune		
Heme/Lymph		

**INHOUSE TESTING:**  
 NRESO: 208 etc  
 AIC: \_\_\_\_\_

**PFSH:**  
 (Problem focused / Exp. Prob. focused - no PFSH; Detailed - At least 1 out of 3; Comprehensive - At least 2 out of the 3)  
 PAST:   
 FAMILY:   
 SOCIAL:

**OBJECTIVE:** Has had testicular pain since vasectomy 20 yrs ago. No pain in test or epididymis.

**PHYSICAL:** Problem focused - 1 system; Exp. Problem Focused - 2 systems; Detailed - 2-3 systems or 4 sites; Comprehensive - 4 systems (Extremities - 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	obese w/ob
EYES	<input type="checkbox"/>	<input type="checkbox"/>	NAD
ENT/MOUTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	poor dentition
NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	swelling of joints
EXTREMITIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	swelling of ankles
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER			

- A/P:**
- 1) H/O - BP ↑'d. ↑ Lisinopril 40mg
  - 2) ↑'d lipids - on Pravastatin 40mg at goal but HDL still bad
  - 3) DM - Will start Metformin 500mg bid. Really watch diet
  - 4) Hypothyroidism - TSH at goal on levothy
  - 5) Obesity - not exercising. Really watch portion sizes + sugar
  - 6) Knee pain - return back to work.
  - 7) Back pain - will try Chiropractor + muscle relaxers
  - 8) Testicular pain - refer to urology

FOLLOW-UP:  PRN or 3 mos

Student Signature: (if applicable) / Program  
*[Signature]*  
 PROVIDER SIGNATURE: \_\_\_\_\_

(Use Progress Note sheet for additional space.)

**CHECK ONE:**  
 Walk-in  
 Scheduled Appointment

**WORK-UP BY:**  
 [Signature]  
 (Nurse)

**NEW HORIZON FAMILY HEALTH SERVICES, INC.**  
**MEDICAL REPORT**

**NAME:** Shane Almquist SS# \_\_\_\_\_ **AGE:** 48 **DATE:** 3/14/12  
**CHIEF COMPLAINT:** back pain & Anxiety **ALLERGIES:** NKDA  
**HT:** 210.2 **WT:** 205 **BMI:** 21.0 **Temp:** 97.3 **BP:** 116/74 **P:** 92 **R:** 18 **LMP:** N/A **Last Pap (approx):** male  
 (REGARDLESS OF WHERE)  
**Tobacco Use (Circle):** Current # Former Never Snuff/Dip? Y N Advise to Quit? N/A  **MEDICATIONS UPDATED**

**SUBJECTIVE:**

Problem focused - At least 1 element; Exp. Problem focused - At least 1 element; Detailed - At least 4 elements or 3 drugs

Had back injury & lifting 2 days ago. Having ulcers. Menstrual. Disruption & vertigo/nausea at work. Now more now of pain in neck.

Also very stressed & depressed. Has not been paid at work & working up to let & hrs/wk. He is sick. Head winner at his home.

**ROS:**

Problem focused - No ROS; Exp. Prob. Focused - At least 1 element; Detailed - At least 2 required; Comprehensive - At least 10 required

	NL	ABNL
Constitutional		✓ stressed
Eyes		
ENT/mouth	✓	
Respiratory	✓	
CV	✓	
GI	✓	
GU		
Neuro		
Skin/Breasts		
Psych		✓ depressed, stressed
Musc/Skel		✓ back pain
Endocrine		
Allergic/Immune		
Heme/Lymph		

**INHOUSE TESTING:**


**PFSH:**

Problem focused / Exp. Prob. Focused - no PFSH; Detailed - At least 1 out of 3; Comprehensive - At least 2 out of the 3

PAST	FAMILY	SOCIAL

**OBJECTIVE:**

**PHYSICAL:** Problem focused - 1 system; Exp. Prob. Focused - 2-3 systems; Detailed - 2-3 systems in depth; Comprehensive - 4+ systems (Extremities = 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	✓		Chose
EYES			N/A
ENT/MOUTH			
NECK			
RESPIRATORY			
CARDIOVASCULAR			
CHEST (BREASTS)			
GI (ABDOMEN)			P: tenderness across
MUSCULOSKELETAL		✓	upper and back
EXTREMITIES			↓ d. ROM / flexion / extension of neck
GU:			
SKIN			
NEURO			
PSYCH		✓	appears anxious
OTHER			

**A/P:**

(1) acute back pain - really needs PT but has no insurance. Past employee have insurance's company. Apply it. alt: a heat. vertigo / bal. pin. (dizziness) Menstrual. Should not be lifting. Will excuse from work until Monday & request pt for work no more than 40 hrs/wk.

(2) Depression - will seek help by pt. He is to check with Anderson. Will be see if he can be seen there. He can also see a counselor here if he needs.

(3) Hx - B? 9d despite

**FOLLOW-UP:**  PRN or \_\_\_\_\_

Student Signature (if applicable) / Program  
 [Signature]  
**PROVIDER SIGNATURE**

(Use Progress Note sheet for additional space.)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
WEST END MEDICAL ALLIANCE  
811 PENDLETON STREET, #11  
GREENVILLE, SC 29601  
TELEPHONE: (864) 751-3200  
FAX: (864) 751-3215

MARK D. CALL, MD (23069)  
J. WILLIAM KELLY, MD (17203)  
JOHN H. SCHRANK, MD (19354)  
DOUGLAS P. MCCORMICK, FNP (84)  
JUDY RILEY, FNP (4368)  
TERESA BOWERS, MD (21411)  
KAREN ANN COOPER, NP (3919)  
RHEERT W. SHIRLEY, MD (34200)


LORI MALVERN, MD (16958)  
FREDERICK H. LEFFERT, MD (9899)  
SAMUEL W. SMITH, MD (5856)  
OPAL HIPPS, FNP (601)  
MARIAN MCCRAY, ANP (3209)  
REBEKAHA GIBNEY, FNP (3400)  
KIMBERLY FROMMEL, FNP (3977)

NAME Shane Amquist DATE 3/14/12

**R** To whom + Mary Carleen:  
Please excuse Mr. Amquist  
from work 3/14 - 3/18/12.  
Thank you,  
J. Mar, MD

Refill \_\_\_\_\_ times  
 Label  
DEA # \_\_\_\_\_

DISPENSE AS WRITTEN      SUBSTITUTION PERMITTED

WORK UP BY:  
  
 (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
 MEDICAL REPORT

CHECK ONE:  
 Walk-in  
 Scheduled Appointment

NAME: Shane Amquist SS# \_\_\_\_\_ AGE: 48 DATE: 5-4-12  
 CHIEF COMPLAINT: Med refills ALLERGIES NKDA  
 Ht 2-10-1/2 Wt 308.69 MI 2-10-12 Temp 97.2 BP 138/89 P 77 R 14 LMP \_\_\_\_\_ Last Pap (approx) None  
 (REGARDLESS OF WHERE)  
 Tobacco Use (Circle): Current  Former  Never  Snuff/Dip?  Y  N  Advise to Quit? N/A  MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused - At least 1 system; Exp. Problem focused - At least 1 system, Detailed - At least 2 systems or 4 systems

BP better  
Has seen chiropractor & neck pain is better  
Bis levels are 1d

ROS:

Problem focused - No (N); Exp. Prob. Focused - At least 1 system, Detailed - At least 2 required, Comprehensive - At least 10 required

Breakfast @ 8:00

	NL	ABNL
Constitutional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GU	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neuro	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin/Breasts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Musc/Skel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Allergic/Immune	<input type="checkbox"/>	<input type="checkbox"/>
Heme/Lymph	<input type="checkbox"/>	<input type="checkbox"/>

depression improved  
back, knee pain

INHOUSE TESTING:  
NFB5 268

PFSH:  
 (Problem focused - At least 1 system, Exp. Prob. Focused - At least 1 system, Detailed - At least 2 systems or 4 systems, Comprehensive - At least 2 of 4 of the 11)

PAST	<input checked="" type="checkbox"/>
FAMILY	<input checked="" type="checkbox"/>
SOCIAL	<input checked="" type="checkbox"/>

OBJECTIVE:

PHYSICAL

Problem focused - 1 system, Exp. Prob. Focused - 2 systems, Detailed - 2 systems or 4 systems, Comprehensive - 6 systems (Extremities & systems)


	NL	ADNL	DESCRIBE ABNL
GEN. APPEARANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u> obese w/obese NAD</u>
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
ENT/MOUTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u> poor dentition</u>
NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

A/P:

DM2 continue meds. Better than last visit. May need additional agent  
DM - 1 Metformin to 1000mg bid. Really work on diet!!  
Back pain - a little better. Continue meds  
Depression - better to Zoloft  
obesity - still gaining weight! Physical activity. Diet really needs to watch portion sizes & work on healthy diet.  
Hypertension still at goal on Lasix  
Knee pain - stable

FOLLOW-UP:  PRN or 2-3 mos

Student Signature (if applicable) / Program



PROVIDER SIGNATURE

(Use Progress Note-sheet for additional space.)

WORK-UP BY:  
RC  
 (Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
 MEDICAL REPORT

CHECK ONE:  
 Walk-in  
 Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 49 DATE: 7-22-12  
 CHIEF COMPLAINT: was in car wreck (July 5) having <sup>blood pressure probes</sup> ALLERGIES: NKDA  
 Ht: 170-12 Wt: 312 BMI: 54.0 Temp: 97.8 BP: 153/100 P: 79 R: 16 LMP: male Last Pap (approx): male  
 (REGARDLESS OF WHERE)  
 Tobacco Use (Circle): Current # \_\_\_\_\_ Former  Never  Snuff/Dip? Y (N) Advise to Quit? M/A  MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused = At least 1 element; Exp. Problem focused = At least 1 element; Detailed = At least 4 elements or 3 chronic  
was in MVA July 5th -  
H/A since -> went to  
EMT ER -> CT scan ok  
by accident 1993 (herniated discs)  
no neck pain, back pain (throack,  
low)  
- has not been taking Ibuprofen

ROS:

Problem focused - No ROS, Exp. Prob. focused - At least 1 element; Detailed - At least 2 required, Comprehensive - At least 10 required

	NL	ABNL
Constitutional		
Eyes		
ENT/mouth		
Respiratory		
CV		
GI		
GU		
Neuro.		
Skin/Breasts		
Psych		
Musc/Skel		
Endocrine		
Allergic/Immune		
Heme/Lymph		

INHOUSE TESTING:  
RSBS HESAM 139  
(pt. took this one)

PFSH:  
 (Problem focused / Exp. Prob. focused - no P&H S); Detailed - At least 1 out of 3; Comprehensive - At least 2 out of the 3)

PAST	
FAMILY	
SOCIAL	

OBJECTIVE:

PHYSICAL Problem focused - 1 system, Exp. Prob. Focused - 2 / systems, Detailed - 2 / systems in depth, Comprehensive - 6+ systems (Extremities - 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
ENT/MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	
NECK	<input type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

A/P:

① H/A - analgesia as prescribed (neuro grossly intact - had CT head p. mva)  
 ② HTN - uncontrolled - add Norvasc 5mg qd  
 ③ back pain - Ibuprofen 800mg TID c food x 1 wk, then naproxen  
 Naproxen 500mg BID - may take other prescribed analgesics as w/est; recheck labs  
 ④ neck pain - discuss need to assist to try to watch diet, ↑ exercise

FOLLOW-UP:  PRN or Aug 3rd c Dr. Malvan

Student Signature (if applicable) / Program  
Y Almquist  
 PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

West End 751-3200 Greer 801-2035  
NW Crescent 250-0320 Golden Strip 688-2237

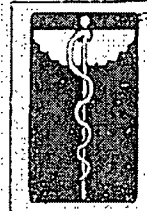
Shane Almquist was seen at our  
health center on 7/12/12

Please excuse his absence from school/work

On/from 7/5/12 to 8/3/12

(Please excuse his/her parent's, \_\_\_\_\_

\_\_\_\_\_ absence from work as well.)



Salmel Peterson M.D./N.P.

RN/LPN

WORK-UP BY:

*[Signature]*  
Nurse

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:

- Walk-in
- Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 49 DATE: 8-3-12

CHIEF COMPLAINT: F/U; pt. clo loose stools; MVA with neck pain

HT 5'9" WT 207 BMI 34.0 Temp 97.8 SA 153/105 P 74 R 18 LMP Male Last Pap (approx) Male  
(REGARDLESS OF WHERE)

Tobacco Use (Circle): Current # Former Never: Snuff/Dip? Y Advise to Quit? N/A  MEDICATIONS UPDATED

SUBJECTIVE:

Problem Focused - At least 1 element; Exp. Prob. Focused - At least 1 element; Detailed - At least 4 elements or 3 systems

14/10

Taking Naproxen tid.  
Had accident 3 wks ago. hospital not helping.  
Ⓟ Headache  
Ⓟ Neck pain much worse & accident  
MVA - did not start Naproxen if cost.

ROS:

Problem Focused - At least 1 system; Exp. Prob. Focused - At least 1 element; Detailed - At least 4 elements or 3 systems

	NL	ABNL
Constitutional		
Eyes		
ENT/mouth		
Respiratory		
CV		
GI		
GU		
Neuro		✓ headache
Skin/Breasts		
Psych		
Musc/Skel		✓ neck/back pain
Endocrine		
Allergic/Immune		
Heme/Lymph		

INHOUSE TESTING:

PBS 135 mg/dL  
A/C 7.5%

PFSH:

(Problem Focused / Exp. Prob. Focused - At least 1 element; Detailed - At least 1 element or 2 systems; Comprehensive - At least 2 out of the 3)

PFSH	IND	SEEK
	CHG	INDEX
PAST		✓
FAMILY		✓
SOCIAL		✓

OBJECTIVE:

PHYSICAL

Problem Focused - 1 system; Exp. Prob. Focused - 1 system; Detailed - 2-7 systems or 1 system; Comprehensive - 2-7 systems (Extremities - 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	✓	□	obese w/ <u>○</u>
EYES	✓	□	no discolor <u>○</u>
ENT/MOUTH	✓	□	no pain
NECK	✓	□	
RESPIRATORY	✓	□	
CARDIOVASCULAR	✓	□	
CHEST (BREASTS)	□	□	
GI (ABDOMEN)	✓	□	Ⓟ tenderness over
MUSCULOSKELETAL	✓	□	cervical & thoracic
EXTREMITIES	✓	□	spine & ROM
GU	□	□	
SKIN	✓	□	
NEURO	□	□	
PSYCH	✓	□	
OTHER			

A/P:

- 1) Back pain - 1 hospital to 10 gpt. Refs for PT. Continue Flexeril
- 2) Headache - still has headache 3 wks after MVA. Refs to Neuro
- 3) HTN - will need to get Naproxen here where he can get it for \$5.00. Continue Lisinopril
- 4) DM - HbA1c improved. Continue Metformin & really watch diet
- 5) Obesity - has lost 5 lbs since last visit. Currently unable to exercise so back neck pain. Watch diet!
- 6) Hypo thyroidism - If at goal on Levothy
- 7) 1st lipids - Continue Pravastatin. LDL at goal

FOLLOW-UP: PRN or 1m.

Student Signature (if applicable) / Program

*[Signature]*  
PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

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NEW HORIZON FAMILY HEALTH SERVICES, INC.  
 WEST END MEDICAL ALLIANCE  
 811 PENDLETON STREET, #11  
 GREENVILLE, SC 29601  
 TELEPHONE: (864) 751-3200  
 FAX: (864) 751-3215

MARK E. EARL, MD (25809)	JOFF MALVERN, MD (16958)
J. WILLIAM KELLY, MD (17203)	FREDERICK H. LEFFERT, MD (8898)
JOHN H. SCHFRANK, MD (19384)	SAMUEL W. RAITT, MD (8898)
DOUGLAS F. MCCORMICK, FNP (84)	OPAL HIPPS (801)
JUDY RILEY, FNP (428)	MERIAN MCCRAY, ANP (3200)
TERESA BOWERS, MD (2141)	REBEKAH A. GIBNEY, FNP (8400)
KARIN ANN COOPER, NP (8810)	KIMBERLY FROMMEL, FNP (977)
RHETT M. SHIRLEY, MD (24200)	

NAME Steve Almquist DATE 8/3/12

**R** To whom it may concern:

Please excuse Mr. Almquist

from work 8/3/12 - 9/4/12

Thank you

*Ma*  Refill  times

I label  
 DEA # \_\_\_\_\_

*Ma*

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

# Advanced Physical Therapy

Jason T. Embler, PT, SCS  
Therapist

Brad Short, PTA  
Therapist

Tony Tomkins, PT  
Therapist

Matthew Sheehan, DPT, SCS  
Therapist

## New Patient Referral

Patient Name: Mr./Mrs./Ms. Shane Almquist Date of Request: 8/8/2012

SS Number: \_\_\_\_\_ DOB: 06/07/1963

Home: 209 3553 Cell: \_\_\_\_\_

Insurance: N/A -> WORKERS COMP.

Diagnosis: BACK PAIN

Evaluate & Treat: \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

Referring MD: Lori Malvern, MD. Physician Signature: [Signature]

**FACILITY**  
(CB)

### Anderson Location

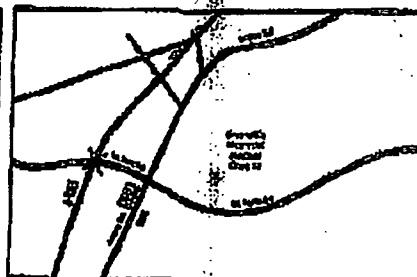
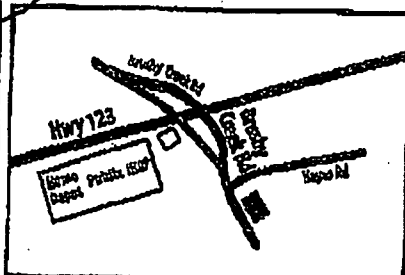
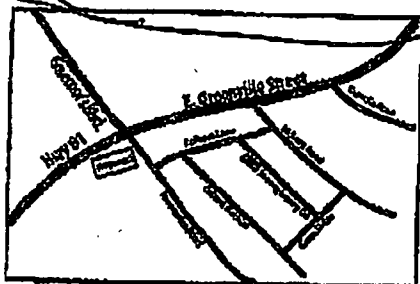
108 Montgomery Drive  
Anderson, SC 29621  
Ph (864) 760-0504 Fax (864) 760-0506

### Fairley Location

115-A Brushy Creek Road  
Easley, SC 29642  
Ph (864) 343-2650 Fax (864) 343-2650

### Greenville Location

1005 Grove Road  
Greenville, SC 29605  
Ph (864) 373-6573 Fax (864) 373-6578



NEW HORIZON FAMILY HEALTH SERVICES



To

Name: *Advanced Phy. Therapy*  
Organization Name/Dept: *Referrals*

CC: —

Phone number: *700-0504*

Fax number: *700-0506*

From

Connie Gale Bonham

Clinical Support Specialist/Referrals

Phone: 864-751-3200 Ext 4031

Fax: 864-751-3216

E-mail: [cbonham@newhorizonfhs.org](mailto:cbonham@newhorizonfhs.org)

Urgent

For Review

Please Comment

Please Reply

Date sent:

Time sent:

Number of pages including cover page:

Message:

*Patient needs physical therapy for  
back pain. Thank you!*

The information in this fax might contain privileged medical information. This fax is confidential. It is for the addressee only. The reader is hereby notified that any discussion, copying, or distribution of the information is prohibited. Please notify this office if you receive this fax in error and return it to us.

West End Medical Alliance  
811 Pendleton Street Suite 11  
Greenville SC 29601

Phone: 864-751-3200 Ext 4031  
Fax: 864-751-3216  
Email: [cbonham@newhorizonfhs.org](mailto:cbonham@newhorizonfhs.org)

NEW HORIZON FAMILY HEALTH SERVICES, INC. - West End  
811 Pendleton Street, Suite 11, Greenville, S.C. 29601  
Phone: 751-3200 Ext: 4031  
Fax: 751-3216

Referral Form

To: Anderson Neuro Assoc  
2016 10/30  
Fax: 251-7743

Appointment Date: PLS schedule  
Time: apt.

Dr. \_\_\_\_\_

PAY SOURCE

From: Jon Melvern, MD.  
(Referring Provider)  
NPI #: 5780023498  
Date: 9/16/2016

Self Pay: \_\_\_\_\_  
Agency / Contract: \_\_\_\_\_  
Insurance: WORKERS COMP.  
ID #: \_\_\_\_\_  
Pre-cert # and Date: \_\_\_\_\_

Referral for eval & treat

Diagnosis: Headaches; unbalanced

SSN: [REDACTED]  
Name: GRANE, BIRMAWIST  
Address: [REDACTED]  
Anderson SC 29624

Home Phone #: 810-1553  
Cell Phone #: \_\_\_\_\_  
Emergency Contact Name and  
Phone #: \_\_\_\_\_

Date of Birth: [REDACTED]

Translation needed: Yes \_\_\_ No   
If yes, Language: \_\_\_\_\_

Patient Instructions: \_\_\_\_\_

**\*\*Please remember to bring your insurance card, picture ID, Social Security Card, and A list of all medications with you to this appointment. Thank You! \*\***

Connie Bonham  
CSS Making Referral - Ext. 4031

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
WEST END MEDICAL ALLIANCE  
811 PENDLETON STREET, #11  
GREENVILLE, SC 29601  
TELEPHONE: (864) 751-3200  
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TERESA BOWERS, MD (21411)  
KAREN ANN COOPER, NP (3919)  
RHETT M. SHIRLEY, MD (64200)

LORI MALVERN, MD (16958)  
FREDERICK H. DEFFERT, MD (9899)  
SAMUEL W. SMITH, MD (5855)  
OPAL HIPPS, (601)  
MIRIAN MCCRAY, ANP (3200)  
REBEKAH A. GIBNEY, FNP (8400)  
KIMBERLY FROMMEL, FNP (3977)

NAME Shane Almquist DATE 9/26/12

**R** To whom it may concern

Please excuse Mr. Almquist  
from work 9/16/12 - 9/30/12

Thank you,

*Shane*

Refill \_\_\_\_\_ times

Label

DEA # \_\_\_\_\_

WORK-UP BY:

CSC  
(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:

- Walk-in
- Scheduled Appointment

NAME: Jhane Almquist SS# \_\_\_\_\_

AGE: 44 DATE: 9-17-12

CHIEF COMPLAINT: Flu

ALLERGIES NKDA

Ht 5'9" Wt 309.2 BMI 74.0 Temp 98.3 BP 159/44 P 84 R 18 LVP male Last Pap (app. dx) male  
(REGARDLESS OF WHERE)

Tobacco Use (Circle): Current  Former  Never  Snuff/Dip?  Y  N Advise to Quit? N/A  MEDICATIONS UPDATED

SUBJECTIVE:

Problem Focused - At least 1 element, Exp. Problem Focused - At least 1 element Detailed - At least 4 elements in 2 charts

BP ↑ d

Having PPT for back pain. Doing stretches but may need other interventions.

Had MRE of wash - Anderson. Headaches getting better.

ROS:

Problem Focused - No ROS, Exp. Prob. Focused - At least 1 system, Detailed - At least 2 systems, Comprehensive - At least 10 systems

- Constitutional  in pain
- Eyes
- ENT/mouth
- Respiratory
- CV
- GI
- GU
- Neuro  see headache
- Skin/Breasts
- Psych
- Muscle/Skel  Back pain
- Endocrine
- Allergic/Immune
- Heme/Lymph

INHOUSE TESTING:

B5 120  
ALC 7.5%

PFSH:

(Problem Focused / Exp. Prob. Focused or PFSH: Detailed - At least 1 out of 3; Comprehensive - At least 2 out of the 3.)

PAST	<input checked="" type="checkbox"/>
FAMILY	<input checked="" type="checkbox"/>
SOCIAL	<input checked="" type="checkbox"/>

OBJECTIVE:

PHYSICAL Problem Focused - 1 system, Exp. Prob. Focused - 2-7 systems, Detailed - 7-7 systems in detail, Comprehensive - 8+ systems (Excludes 4 systems)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>obese w/o - NAD</u>
EYES	<input type="checkbox"/>	<input type="checkbox"/>	
ENT/MOUTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>proliferation</u>
NECK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESPIRATORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEST (BREASTS)	<input type="checkbox"/>	<input type="checkbox"/>	
GI (ABDOMEN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL	<input type="checkbox"/>	<input type="checkbox"/>	
EXTREMITIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
GU:	<input type="checkbox"/>	<input type="checkbox"/>	
SKIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NEURO	<input type="checkbox"/>	<input type="checkbox"/>	
PSYCH	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

FOLLOW-UP: PRN or 2m

Student Signature (if applicable) / Program

[Signature]  
PROVIDER SIGNATURE

A/P:

- 1) HTN - BP ↑ d. Will ↑ Norevac to 15 mg. Continue lisinopril
- 2) DM - HbA1c better! Continue needs + healthy dietary choices.
- 3) Headaches - myofascial. ✓ MRE result
- 4) Back pain - still having significant pain. Continue PT home exercises per PT + Lortab.
- 5) Obesity - Back pain is preventing him from moderate exercise. Healthy watch diet.
- 6) Hypothyroidism - at goal on Levothy
- 7) PD meds - low at goal on Pramipexole

(Use Progress Note sheet for additional space.)

WORK-UP BY:

HK  
(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC.  
MEDICAL REPORT

CHECK ONE:

- Walk-in
- Scheduled Appointment

NAME: Shane Almquist SS# \_\_\_\_\_ AGE: 49 DATE: 11-30-12  
 CHIEF COMPLAINT: follow up discuss medications ALLERGIES: NADA  
 HT: 9/12 WT: 306 BMI \_\_\_\_\_ Temp: 98.1 BP: 148/91 P: 91 R: 20 LMP: mak Last Pap (approx): mak  
 Tobacco Use (Circle): Current # former Never Snuff/Dip? Y N Advise to Quit? ✓ MEDICATIONS UPDATED ✓

SUBJECTIVE:

Problem focused = At least 1 system. Exp. Prob. focused = At least 1 system. Detailed = At least 4 systems or 3 chronic  
Cough, runny nose  
headache & 3 weeks  
was with granddaughters  
who has bronchitis  
going to PT since  
cauliflower 5 months ago  
in King - out of bed  
in Audubon

ROS:

Rev 13/1/92  
Problem focused in ROS. Exp. Prob. focused = At least 1 system. Detailed = At least 2 systems. Comprehensive = At least 10 systems.

	NL	ABNL
Constitutional		
Eyes		
ENT/mouth		
Respiratory		<u>cough, runny nose</u>
CV		
GI		
GU		
Neuro		
Skin/Breasts		
Psych		
Musc/Skel		<u>✓ pain</u>
Endocrine		
Allergic/Immune		
Heme/Lymph		

INHOUSE TESTING:

FBS 135  
per pt.

PFOSH:

(Problem focused / Exp. Prob. focused = 2 out of 3; Detailed = at least 1 out of 3; Comprehensive = at least 2 out of the 3.)

	✓
PAST	
FAMILY	
SOCIAL	

OBJECTIVE:

PHYSICAL

Problem focused = 1 system. Exp. Prob. focused = 2-3 systems. Detailed = 4-7 systems in detail. Comprehensive = 8-10 systems. (Extremities = 4 systems.)

	NL	ABNL	DESCRIBE ABNL
GEN. APPEARANCE	✓		<u>NPO, fese</u>
EYES			
ENT/MOUTH	✓		
NECK			
RESPIRATORY	✓		<u>C/A</u>
CARDIOVASCULAR	✓		<u>RRR</u>
CHEST (BREASTS)			
GI (ABDOMEN)			
MUSCULOSKELETAL			
EXTREMITIES	✓		<u>edema</u>
GU			
SKIN			
NEURO			
PSYCH	✓		
OTHER			

A/P:

① HTN - BP better on recheck  
 continue current regimen, continue efforts at weight loss  
 ② DM - continue current regimen  
 work on good diet choices, continue weight loss efforts. ✓ labs today  
 ③ Hypothyroidism - ✓ TSH today  
 ④ URI w/af - muarex OTC 1 fluid, cool moist humidifier at night  
 w/antibiotic perils for which - call if no improvement or worsening  
 ⑤ back pain - continue PT, follow up  
 & in King  
 ⑥ clarity - continue weight loss effort  
 OK - pt to make appt.  
 pt. seen & examined  
 Agree to assessment & plan of care as documented in today's note.  
 (Use Progress Note sheet for additional space.)

FOLLOW-UP: PRN or 3 months

Sara Keening RN FNP student  
Student Signature (if applicable) / Program USC

PROVIDER SIGNATURE

WORK-UP BY:

(Nurse)

NEW HORIZON FAMILY HEALTH SERVICES, INC. MEDICAL REPORT

CHECK ONE:

- Walk-in
Scheduled Appointment

NAME: Shane Almquist SS#: AGE: 49 DATE: 3-6-12

CHIEF COMPLAINT: F/U ALLERGIES: NKDA

HT: 5'9" WT: 274 BMI: 40 Temp: 98.4 BP: 127/88 P: 90 R: 18 LMP: M200 Last Pap (approx): M200

Tobacco Use (Circle): Current # Former Never Snuff/Dip? Y Advise to Quit? N/A MEDICATIONS UPDATED

SUBJECTIVE:

Problem focused - At least 1 element; Exp. Problem focused - At least 1 element; Detailed - At least 4 elements of 3 items

BP borderline
New loss approx 30 lbs
has made dietary changes
& is walking
continues to PT. Having
t'd pain in legs. Pain
some numbness +
tingling in legs.

ROS:

Problem focused - No ROS; Exp. Prob. Focused - At least 1 element; Detailed - At least 2 required; Comprehensive - At least 10 required

Table with columns for System (Constitutional, Eyes, ENT/mouth, etc.) and checkboxes for NL/ABNL.

INHOUSE TESTING:

WFS: Hgmydx
A/C:

PFSH:

(Problem focused / Exp. Prob. Focused - No PFSH); Detailed - At least 1 of 3; Comprehensive - At least 2 out of the 3)

Table for PFSH with categories: PAST, FAMILY, SOCIAL.

OBJECTIVE: HWT showed degenerative changes, also 2 herniations
Per PT pt should not be doing

PHYSICAL

Problem focused - 1 system; Exp. Prob. Focused - 2-7 systems; Detailed - 2-7 systems of 6 items; Comprehensive - 8+ systems (Extremities = 4 systems)

Table for Physical Exam with columns for System (GEN. APPEARANCE, EYES, ENT/MOUTH, etc.) and checkboxes for NL/ABNL.

A/P:

1) HWT - BP ok. Continue his steps
2) PT - HWT did not run. v next visit
3) Hypothyroidism at goal on levothyroxine
4) T'd legs - will at goal on gabapentin
5) Back pain - will add physical therapy. He would benefit from an electrical stimulator. He has apt today to Dr. Kemp.
6) Anxiety - great job with loss of HWT

FOLLOW-UP: PRN or 3 mos

Student Signature (if applicable) / Program

PROVIDER SIGNATURE

(Use Progress Note sheet for additional space.)

Clin 32 Rev. 11/08

**WEST END MEDICAL ALLIANCE**  
811 Pendleton Street, Suite #11 - Greenville, SC 29601  
A Subsidiary of



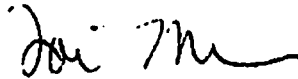
March 7, 2013

To Whom It May Concern:

I am writing on behalf of my patient Shane Almquist. I have been Mr. Almquist's primary care physician for two years. During that time, I have treated him for intermittent back pain thought secondary to degenerative disc disease of his lumbar spine. However, after a motor vehicle accident July 2012, his back pain became significantly worse resulting in decreased functional capacity. He continues to have severe back pain despite physical therapy and medication management. At this time, I do not believe Mr. Almquist can return to his work as a driver. His back pain precludes him from lifting or sitting for prolonged periods and the narcotic medication he takes for pain control makes it unsafe for him to drive.

Thank you for your attention to this matter.

Sincerely,



Lori Malvern, MD

**ANMED HEALTH**  
**Anderson Bone and Joint**

112 Montgomery Drive • Anderson, South Carolina 29621 • 864.276.0056 • Fax 864.231.2872

**PATIENT COPY**

Printed/Faxed: Nov 21 2012  
Encounter Date: 11/01/2012 2:35PM

SHANE ALMQUIST  
206 FRIENDSHIP LANE  
ANDERSON, SC 29624-0000

To: SHANE ALMQUIST, DOB 06/07/1963, MRN 0000211524

From: Michael Reing M.D.

Please find a summary of today's visit below.

**Reason For Visit**

Cervical, thoracic and lumbar spine pain

**History of Present Illness**

49 yo in mva July 5th (rear ended) , had picked up a wheel chair in March and had back pain which according to patient had gotten 80% better until the mva of 5 July. Past history of mva in 1993 but had been working with no problems for many years after until March. Patient has done physical therapy for about 6 weeks. Still has been painful after therapy. Also pmh of broken sternum. Patient is not sure if therapy is helping or not.

**Active Problems**

1. Anxiety (Symptom) 300.00
2. Arthritis 716.90
3. Diabetes Mellitus 250.00
4. Hypertension 401.9
5. Hypothyroidism 244.9
6. Lower Back Pain 724.2

**Past Medical History**

- Anxiety (Symptom) 300.00
  - Arthritis 716.90
  - Diabetes Mellitus 250.00
  - Hypertension 401.9
  - Hypothyroidism 244.9
  - Lower Back Pain 724.2
- Past medical history reviewed with patient.

**Surgical History**

Past surgical history reviewed with patient.

**Family History**

Family medical history reviewed with patient.

**Social History**

Cash     Check # \_\_\_\_\_     Credit Card    Total Amt Paid \$ \_\_\_\_\_    Staff Initials \_\_\_\_\_

Page 1 of 3

Patient: SHANE W. ALMQUIST

DOB:

- Former Smoker V15.82
  - Marital History - Currently Married
  - Stopped Drinking Alcohol
  - Working Full Time
- Social History reviewed with patient.

**Current Meds**

1. Flexeril TABS; Therapy: (Recorded:01Nov2012) to
2. Ibuprofen TABS; Therapy: (Recorded:01Nov2012) to
3. Levothyroxine Sodium TABS; Therapy: (Recorded:01Nov2012) to
4. Lisinopril TABS; Therapy: (Recorded:01Nov2012) to
5. Lortab 10-500 MG Oral Tablet; Therapy: (Recorded:01Nov2012) to
6. MetFORMIN HCl TABS; Therapy: (Recorded:01Nov2012) to
7. Pravastatin Sodium TABS; Therapy: (Recorded:01Nov2012) to

**Allergies**

1. Iodine CRYs
2. Iodine SOLN
3. Iodine TINC

**Vitals**

	01Nov2012 02:50PM
Heart Rate	93
Systolic	152
Diastolic	91
BMI Calculated	44.09
BSA Calculated	2.51
Height	5 ft 10 In
Weight	308 lb
Pain Scale	8.5

**Physical Exam**

Marked spasm in thoracic spine especial in rhomboids, and in lumbar spine at psis. normal DTR's and motor strength, and sensory exam except for numbness complaints in the toes but he does have sensation both on dorsal and plantar surface.

**Assessment**

1. Lower Back Pain 724.2

mechanical back pain will continue therapy and change from ibuprofen to nabumetone.

**Plan**

**Lower Back Pain (724.2)**

- Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 01Nov2012 to (Evaluate:31Dec2012); Last Rx:01Nov2012
- Hydrocodone-Acetaminophen 10-500 MG Oral Tablet; TAKE 1 TABLET EVERY 4 HOURS AS NEEDED FOR PAIN; Last Rx:01Nov2012
- Nabumetone 500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY; Therapy: 01Nov2012 to (Evaluate:30Jan2013) Requested for: 01Nov2012; Last Rx:01Nov2012; Edited
- Follow-up visit in 6 weeks Evaluation and Treatment Follow-up Requested for: 01Nov2012

therapy and pain control

**ANMED HEALTH**  
**Anderson Bone and Joint**

112 Montgomery Drive • Anderson, South Carolina 29621 • 864.276.0056 • Fax 864.231.2872

**PATIENT COPY**

Printed/Faxed: Feb 18 2013  
Encounter Date: 01/24/2013 10:25AM

SHANE ALMQUIST  
206 FRIENDSHIP LANE  
ANDERSON, SC 29624-0000

To: SHANE ALMQUIST, DOB \_\_\_\_\_ MRN \_\_\_\_\_  
From: Michael Reing M.D.

Please find a summary of today's visit below.

**Assessment**

1. Extruded Thoracolumbar Disc 722.2
2. Lower Back Pain 724.2

Mechanical back pain which is not responding well to conservative rx. I will try to refer to pain management

**Plan**

Extruded Thoracolumbar Disc (722.2), Lower Back Pain (724.2)

- Referral - Pain Management Evaluation and Treatment Consultation Requested for: 24Jan2013
- Referral - Physical Therapy Evaluation and Treatment Consultation Requested for: 24Jan2013
- Follow-up after outside consultation Evaluation and Treatment Follow-up Done: 24Jan2013

refer to pain management.

**Chief Complaint**

back pain

**Reason For Visit**

As a follow-up.  
Recheck after physical therapy and MRI

**History of Present Illness**

Patient for follow up of back pain from neck to low back. Today he hurts all over but mostly in the low back but also states that the thoracic pain when it is present "takes my breath away". Is taking loratab but this does not seem to be as effective. He is doing therapy and doing exercises on his own as well. Has been having ultrasound and e-stim at physical therapy

**Allergies**

1. Iodine CRYs
2. Iodine SOLN

Cash     Check # \_\_\_\_\_     Credit Card    Total Amt Paid \$ \_\_\_\_\_    Staff Initials \_\_\_\_\_

Page 1 of 3

Patient: **SHANE W. ALMQUIST**

DOB: \_\_\_\_\_

BSA Calculated	2.51
Height	5 ft 10 in
Weight	308 lb
Pain Scale	8

**Results/Data**

**Lumbar Spine MRI (Brief):** Reviewed with patient and there are some degenerative changes but no frank disc rupture.

**Physical Exam**

Pain on palpation in the mid back and some spasm and point tenderness at the right psis. Neurologic exam is normal

**Signatures**

Electronically signed by : Michael Reing, M.D.; Jan 24 2013 1:18PM EST

(Author)

appt 1/24/13 @ 10:25



SOUTH CAROLINA DIAGNOSTIC IMAGING

Anderson Radiology  
 2110 North Highway 81 Anderson, SC 29621  
 p: (864) 225-6286 f: (864) 231-6738

PATIENT: ARMSTRONG, SHANE  
 DOB:  
 MRN: 864521  
 PHYSICIAN: CORNELIUS REING, MD  
 EXAM DATE: 12/13/2012

EXAM: MR-Thoracic and Lumbar Spine Without Contrast

REASON FOR EXAM: lower back pain  
 THORACIC SPINE:

ADDITIONAL HISTORY: Low back pain which is severe.

TECHNIQUE: Standard sagittal and axial MRI sequences of the thoracic spine were performed without intravenous contrast. Designation of disc space levels is made by counting down from the C2 vertebra.

FINDINGS: Cervical spine is only examined on the scout counting sequence and shows degenerative changes of the C3-4, C4-5, C5-6, C6-7 levels with a predominance at the C6-7 level. There is straightening to slight reversal of cervical lordosis.

There is normal kyphosis of the thoracic spine. There is decreased height of the T6, T7, T8, T9 and T10 vertebral bodies consistent with prior axial compression trauma and old fractures. There is a Schmorls node of the inferior endplate of the T10 vertebral body. There are minor Modic degenerative changes of the T6-7, T7-T8, and T8-T9 levels. No other significant marrow signal is identified. The cord is negative for abnormal signal. What can be seen of the cauda equina is negative.

At the T3-4 level there is desiccation and minimal bulging of the disc and minor hypertrophic degenerative changes of the disc space. There is a finding consistent with a small left paracentral herniation of the disc. There is minimal central canal stenosis. Neural foramina are patent.

At the T9-10 level there is minor desiccation and bulging of the disc and minor hypertrophic degenerative changes of the disc space. There is a finding consistent with a subtle broad-based central/left paracentral herniation of the disc. Asymmetric bulging is also possible. There is minimal central canal stenosis. Neural foramina are patent.

There are minor hypertrophic degenerative changes of the mid-and-lower thoracic spine. No other possible disc herniations are seen.

**IMPRESSION:**

1. Degenerative changes of multiple levels of the cervical spine with straightening to slight reversal of lordosis.
2. Degenerative changes of the mid-and-lower thoracic spine as discussed.
3. Small left paracentral herniation of the T3-4 disc.
4. Subtle central/left paracentral herniation of the T9-10 disc.

LUMBAR SPINE:

PATIENT: ALMQUIST, SHANE  
DOB:  
EXAM: MR-Thoracic and Lumbar Spine Without Contrast  
EXAM DATE: 12/13/2012

ADDITIONAL HISTORY: Severe back pain in the lower back.

TECHNIQUE: Standard sagittal and axial MRI sequences of the lumbar spine were performed without intravenous contrast. Designation of disc space levels is made by counting down from the C2 vertebra.

FINDINGS: There is normal lordosis. There are Modic degenerative changes of the L1-2 level. There is a hemangioma within the left posterior L1 vertebral body. No other significant marrow signal is seen. Cord and cauda equina are negative.

At the L3-4 level there is minor desiccation and minimal bulging of the disc and minor hypertrophic degenerative changes of the disc space. There is no disc herniation. There is minimal central canal stenosis. Neural foramina are patent.

At the L4-5 level there is desiccation and minimal bulging of the disc and minor hypertrophic degenerative changes of the disc space. There is minimal central canal stenosis. There is stenosis of the right neural foramen. There are Modic degenerative changes.

At the L5-S1 level there desiccation and bulging of the disc and minor hypertrophic degenerative changes of disc space. There is an anterior annular tear. Sagittal images suggest a subtle central herniation of the disc which is not confirmed on axial images. There is minimal central canal stenosis. There is stenosis of the right neural foramen.

No other significant degenerative changes are seen. Study is negative for disc herniation.

IMPRESSION:

1. Degenerative changes of the lumbar spine as discussed.
2. Study is negative for definite lumbar disc herniation.

Wes Phelan, MD

WP/cr

DD: 12/14/2012 09:26 A

DT: 12/14/2012 10:38 A

Accession#: 08-1542945 VS#: 11128287 CS#: 116162

cc:

Electronically Signed and Reviewed by Wes Phelan, MD 12/14/2012 11:05 A

Daniel Lee, M.D. 3150 Hwy 153 Piedmont, SC 29673 Note for Shane Almquist on 12/26/2012 - Chart 2359101

**Foothills Orthopaedics and Sports Medicine Center**

**3150 Hwy 153**

**Piedmont, SC 29673**

**864-295-1231 fax 864-295-9927**

**Dr. Daniel E. Lee Dr. John P. Evans Dr. Anne-Claire Edwards**

**Name:** Shane Almquist

**Chief Complaint (1/1):** This 49 year old caucasian male presents today for an Independent Medical Evaluation. He is accompanied by his wife.

The patient's main occupation is a medical transport technician. He was employed in this field for 3 years. Previous work history was in the vending machine business. He is not currently employed. He has not returned to work since his injury. He reports that he has not been terminated but has had no contact with the employer.

**History:** Mr. Almquist reports a work related injury on 7/5/2012. He was involved in an MVA. He reports that he was "hit by a lady driving another vehicle." He reports that the accident was not his fault. He was transported to GHS by EMS on lumbar spine board. Patient denies loss of consciousness. ER reported questionable level of consciousness. He had thoracic spine, lumbar spine and pelvic xrays taken which revealed negative findings. CT of the cervical spine w/o contrast was also performed and was negative. Mr. Almquist admits to having back pain beginning in March of 2012 after lifting a wheel chair. He reports that he saw a Chiropractor in Starr, SC and had an adjustment. He reports that he was feeling better prior to the MVA. He states Worker's compensation has not contacted him. He reports that he has "paid" for his care to this point and that it has not been paid for by Worker's compensation.

Mr. Almquist reports that he has continued low back pain which radiates to the left and right sides at the level of his rib cage. The left is worse than the right. He reports that he is unable to perform his activities of daily living without pain.

**Allergies:** No known medical allergies.

**Medication History:**

Page: 1

**Active:**

Flexeril 10 mg tablet ( one po tid prn spasms) (active)  
loratab 7.5/500 tablets (every 8 hours as prn pain) (active)  
metformin 500 mg tablet (One PO BID) (active)  
levothyroxine 0.025 mg tablet (One PO every day) (active)  
pravastatin 10 mg tablet (One PO every day at hs) (active)  
lisinopril 40 mg tablet (One PO every day) (active)

**Past Medical History:**

**Endocrine Hx:**

(+) diabetes  
(+) obesity  
(+) hypothyroidism

**Cardiovascular Hx:**

(+) hyperlipidemia  
(+) hypertension

**Past Surgical History:**

reports past surgical history of  
ear tubes  
vasectomy

**Family History:**

admits a family history of  
diabetes associated with grandparent  
hypertension associated with father

**Social History:**

reports:

Marital status-married  
Employment status-out of work, worker's compensation

denies:

tobacco use  
alcohol use

**Review of Systems:** Musculoskeletal: (+) joint or musculoskeletal symptoms, Allergic / Immunologic: (-) allergic or immunologic symptoms, Cardiovascular: (-) cardiovascular problems or chest symptoms, Constitutional Symptoms: (-) constitutional symptoms such as fever, headache, nausea, dizziness, Ears, Nose, Mouth, Throat: (-) any symptoms relating to Ears, Nose, Mouth, Throat, Endocrine: (-) endocrine-related

symptoms, Eyes: (-) visual disturbance or change, **Gastrointestinal:** (-) GI symptoms, **Genitourinary:** (-) GU symptoms, **Integumentary:** (-) skin related problems, **Neurological:** (-) neurological symptoms or problems, **Psychiatric:** (-) emotional or mental health problems/issues, **Respiratory:** (-) respiratory problems.

**Physical Exam:** BP Sitting: 136/90 Resp: 18 HR: 88 Temp: 97.3 Height: 5 ft. 9 in. Weight: 292 lbs. BMI: 43 SPO2: 95%

Patient is a 49 year old male who appears pickwickian, morbidly obese. Poor attention to hygiene noted. Alert and oriented x3.

Gait stable and station mid position and normal.

**Musculoskeletal:**

**Low Back Examination:**

**Inspection:** The lumbar region is unremarkable, there are no signs of external injury. **Palpation** of the lumbar of the lumbar spine is positive for mild left sided muscle spasm. He indicates that his pain is to the left and right sides of his spine under his ribs. This does not anatomical correlate to any of his MRI findings.

**Range of Motion:** Lumbar ROM is within normal functional limits. He is able to on and off the exam table with moderate difficulty due to obesity.

**Straight-leg raise testing** is negative in both the sitting and supine positions. Able to walk on heels and toes difficulty related to obesity, mycotic toe nails noted.

Lying supine reveals a large rotund abdomen.

**Vascular:** Peripheral pulses normal 2/2 lower extremities.

Muscle strength is 5/5 for all groups tested. Muscle tone is normal.

**Test & X-Ray Results:**

**MRI Thoracic Spine** films and report 12/13/2012 Impression: 1. Degenerative changes of multiple levels of cervical spine with straightening to slight reversal of lordosis. 2. Degenerative changes fo the mid and lower thoracic spine as discussed. 3. Small left paracentral herniation of the T3-4 disc. 4. Subtle central/left paracentral herniation of the T9-19 disc.

**MRI Lumbar spine Impression:** 1. Degenerative changes of the lumbar spine as discussed. 2. Study is negative for definite lumbar disc herniation.

**Pain Disability score:** not performed

**DASH:** NA

**Impression:**

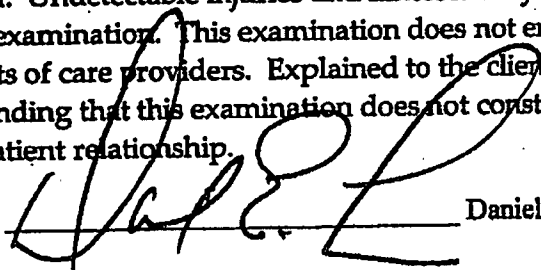
Low Back Pain/Backache/unspec (724.5) and Lumbar DJD (722.52). Thoracic DJD and thoracic back pain. Cervical DJD (722.4).

**Evaluation/rating/questions:** MRI findings support Mr. Almquist's subjective complaint of pain, however, the findings are consistent with preexisting degenerative changes related to normal living activities and aging. Mr. Almquist's obesity is most likely a contributing factor in his preexisting degenerative changes. I do not believe, to a reasonable degree of medical certainty, that the objective findings are work related.

Mr. Almquist is given a 0% impairment to the cervical spine, the thoracic spine and lumbar spine. According to the Guides to the Evaluation of Permanent Impairment, 6th Edition, page 570, Table 17-4, Class 0. He is given no restrictions and may return to work.

The opinions rendered in this independent medical evaluation are the opinions of the examining physician. This evaluation was based on the medical records available with the assumption that this material is true and correct as well as a physical examination performed today. If more information becomes available an additional report may be requested. Undetectable injuries and illnesses may be present at the time of this physical examination. This examination does not endorse or criticize the medical treatments of care providers. Explained to the client and the client acknowledges understanding that this examination does not constitute the establishment of a doctor/patient relationship.

Signed by



Daniel Lee, M.D.

ORIGINAL

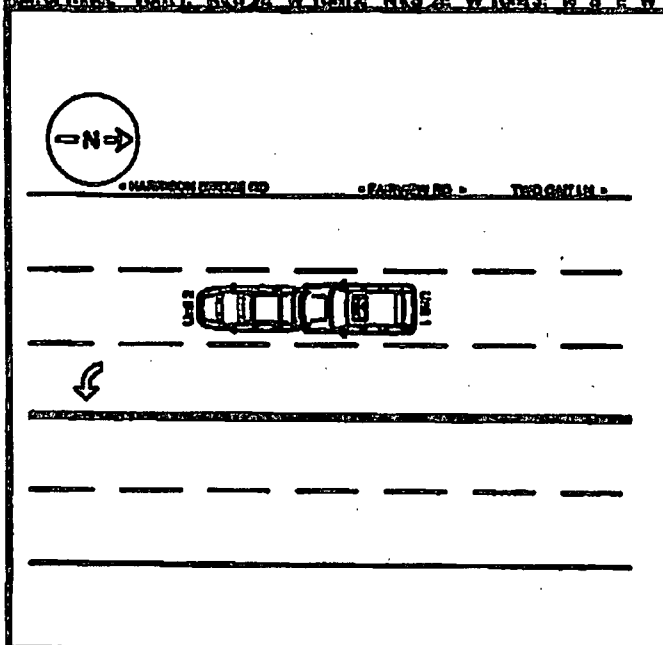
SIMPSONVILLE POLICE DEPARTMENT

JUL 26 2012

D.P.S. USE ONLY		12054195		Page # 1	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM		# Of Units 2	Amended - Attach Copy of Original Report	Noticed 1240	Armed 1245
Date 07/05/2012	Time 1240	County 21	1-Interstate 2-US Primary 3-SC Primary	4-Secondary 5-County 6-Other	Collision Location (Rt. # / Name) On 8-23-53 / FAIRVIEW ROAD		0-Main 1-Alternate 2-Spur	3-Connect 4-Other 5-Other 6-Other 7-Business 8-Other 9-Other	Miles: 8.50	In / Near City or Town of: SIMPSONVILLE
Lat: 34° 42' 03"	Long: 82° 15' 07"	Basic Intersection (Rt. # / Name) From 8-23-453 / HARRISON BRIDGE		Second Intersection (Rt. # / Name) Toward F-163 / TWO GAIT LN		ASRU Code		MPRaid		

<b>B - 596023</b>				<b>B - 596024</b>			
Driver/Pedestrian's Full Name GREGORY - MARY L.				Driver/Pedestrian's Full Name ALMQUIST - SHANE WARRNER			
Unit # 1	Sex F	Race W	Street/P.O. 306 ASHINGTON DR	Unit # 2	Sex M	Race W	Street/P.O. 206 206 FRIENDSHIP LN
City, State, & Zip SIMPSONVILLE, SC 29689				City, State, & Zip ANDERSON, SC 29624			
State SC	Driver's License # 004768322 (D)	Insurance Company USAA		State SC	Driver's License # 102072508	Insurance Company RLJ INSURANCE	
Year 2008	Body BU	Vehicle Make CHRY	VIN # 2A40N4846R705913	Year 1929	Body VM	Vehicle Make CHRY	VIN # 1C40P541XB803559
State SC	Year 2013	License Plate # 43075W	Owner's D.L. # 004768322 (D)	State SC	Year 2013	License Plate # HMK682	Owner's D.L. # N/A
Home Telephone (854) 933-3910				Home Telephone			
Owner's Full Name MARY L GREGORY				Owner's Full Name MEDITAN LLC			
Street/P.O. 306 ASHINGTON DR				Street/P.O. 206 206 FRIENDSHIP LN			
City, State, & Zip SIMPSONVILLE, SC 29689				City, State, & Zip ANDERSON, SC 29624			
Contributed To Collision Yes No				Contributed To Collision Yes No			
Speed Limit 20				Speed Limit 60			
Code Towed By NA NONE				Code Towed By NA NONE			

Home Telephone				Home Telephone			
Owner's Full Name				Owner's Full Name			
Street/P.O.				Street/P.O.			
City, State, & Zip				City, State, & Zip			
Contributed To Collision				Contributed To Collision			
Speed Limit				Speed Limit			
Code Towed By				Code Towed By			



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ 2000.00	\$ 2000.00			
Property Owner/Witness - 1		Property Owner/Witness - 2		
Address		Address		
State Zip	Phone	State Zip	Phone	
Photo Y (N) Describe What Happened (Refer to Units by Number)				
UNIT 02 WAS STOPPED BEFORE THE INTERSECTION. UNIT #1 FAILED TO SEE THAT UNIT 02 WAS STOPPED AND MADE CONTACT WITH THE REAR OF THE VEHICLE.				

NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION, BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.

Investigating Officer's Name: DAVID BALDRYN Rank: PTL Badge #: 27 Code: 8230500 Date: 07/05/2012 Reviewer's Name: JEFFREY A ROBERTSON Rank: SGT Internal Agency Code: SC0223560 03-12-00228

### SIMPSONVILLE POLICE DEPARTMENT

Unit	Date of Birth	Sex	Race	Hgt.	Build	R/S/D	A/B/D	Expt.	LAI	Tran	Name	Street Address	Zip Code
1	03/09/1953	F	W	5	01	13	4:3	1	1	2	GREGORY - MARY L	306 ASHINGTON DR, SIMPSONVILLE SC	29680
2	06/07/1963	M	W	1	01	13	4:3	1	1	1	ALMQUIST - SHANE WARNER	206 206 FRIENDSHIP LN, ANDERSON SC	29624
2	10/16/1954	M	W	1	09	13	7	1	1	1	WHITE - RONNY	206 FRIENDSHIP LN, ANDERSON SC	29624
2	08/13/1953	F	W	1	03	13	7	1	1	1	PRICE - MARTHA	206 FRIENDSHIP LN, ANDERSON SC	29624
2	09/16/1959	F	W	1	06	13	7	1	1	1	FANT - HEATHER	206 FRIENDSHIP LN, ANDERSON SC	29624
2	08/29/1950	F	W	1	07	13	7	1	1	1	WHITE - LINDA	206 FRIENDSHIP LN, ANDERSON SC	29624

Race: A - Asian/Pacific Islander, B - African American, H - Hispanic, U - Unknown, (-) - Aborigin Native or American Indian		W - Caucasian, O - Other, U - Unknown		Injury Status: 0 - Not Injured, 1 - Possible, 2 - Head Injury, 3 - Non-exacerbating, 4 - Exacerbating		Seating Loc.: 01, 02, 03, 04, 05, 06, 07, 08, 09		35 - Pedestrian, 36 - Sleeper of Cab, 37 - Trailing Unit, 38 - Riding on Unit Exterior, 39 - Bus or Van (4th row or Higher), 40 - Lap, 41 - Other Enclosed Area (nonstrapping), 42 - Unknown		Restraints/Safety Device: 00 - None Used, 01 - Child Safety Seat, 02 - Lap Belt Only, 03 - Shoulder & Lap Belt, 04 - Unknown, 05 - Pedestrian, Motor/Pedals Only, 06 - Helmet, 07 - Reflective Clothing, 08 - Protection Party, 09 - Luggage	
Air Bag Deployment / Br/Brch: 1 - Deployed Front, 2 - Deployed Side, 3 - Deployed Both, 4 - Not Deployed, 5 - Not Applicable, 6 - Switch in Off Position		Ejection: 1 - Not Ejected, 2 - Part Ejected, 3 - Tot. Ejected, 4 - Not App.		Head Injury: 1 - Yes, 2 - No		3 - Freed (non-mech.), 4 - Not Applicable		a) - Transported to Medical Facility, b) - EMS, Police, Other, R/L			

Non-Collision: 01 - Cargo/Load Loss or Shift, 02 - Cross Member/Cross Line, 03 - Overhaul/Rollover, 04 - Puncture, 05 - Inward, 06 - Run off Road Left, 07 - Run off Road Right, 08 - Ejected, 09 - Ejected, 10 - Ejected, 11 - Ejected, 12 - Ejected, 13 - Ejected, 14 - Ejected, 15 - Ejected, 16 - Ejected, 17 - Ejected, 18 - Ejected, 19 - Ejected, 20 - Ejected, 21 - Ejected, 22 - Ejected, 23 - Ejected, 24 - Ejected, 25 - Ejected, 26 - Ejected, 27 - Ejected, 28 - Ejected, 29 - Ejected, 30 - Ejected, 31 - Ejected, 32 - Ejected, 33 - Ejected, 34 - Ejected, 35 - Ejected, 36 - Ejected, 37 - Ejected, 38 - Ejected, 39 - Ejected, 40 - Ejected, 41 - Ejected, 42 - Ejected, 43 - Ejected, 44 - Ejected, 45 - Ejected, 46 - Ejected, 47 - Ejected, 48 - Ejected, 49 - Ejected, 50 - Ejected, 51 - Ejected, 52 - Ejected, 53 - Ejected, 54 - Ejected, 55 - Ejected, 56 - Ejected, 57 - Ejected, 58 - Ejected, 59 - Ejected, 60 - Ejected, 61 - Ejected, 62 - Ejected, 63 - Ejected, 64 - Ejected, 65 - Ejected, 66 - Ejected, 67 - 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Manner of Collision (Struck Veh.): 01 - Front End, 02 - Rear End, 03 - Side Impact, 04 - Rear Quarter, 05 - Front Quarter, 06 - Rear Quarter, 07 - Front Quarter, 08 - Rear Quarter, 09 - Front Quarter, 10 - Rear Quarter, 11 - Front Quarter, 12 - Rear Quarter, 13 - Front Quarter, 14 - Rear Quarter, 15 - Front Quarter, 16 - Rear Quarter, 17 - Front Quarter, 18 - Rear Quarter, 19 - Front Quarter, 20 - Rear Quarter, 21 - Front Quarter, 22 - Rear Quarter, 23 - Front Quarter, 24 - Rear Quarter, 25 - Front Quarter, 26 - Rear Quarter, 27 - Front Quarter, 28 - Rear Quarter, 29 - Front Quarter, 30 - Rear Quarter, 31 - Front Quarter, 32 - Rear Quarter, 33 - Front Quarter, 34 - Rear Quarter, 35 - Front Quarter, 36 - Rear Quarter, 37 - Front Quarter, 38 - Rear Quarter, 39 - Front Quarter, 40 - Rear Quarter, 41 - Front Quarter, 42 - Rear Quarter, 43 - Front Quarter, 44 - Rear Quarter, 45 - Front Quarter, 46 - Rear Quarter, 47 - Front Quarter, 48 - Rear Quarter, 49 - Front Quarter, 50 - Rear Quarter, 51 - Front Quarter, 52 - Rear Quarter, 53 - Front Quarter, 54 - Rear Quarter, 55 - Front Quarter, 56 - Rear Quarter, 57 - Front Quarter, 58 - Rear Quarter, 59 - Front Quarter, 60 - Rear Quarter, 61 - Front Quarter, 62 - Rear Quarter, 63 - Front Quarter, 64 - Rear Quarter, 65 - Front Quarter, 66 - Rear Quarter, 67 - Front Quarter, 68 - Rear Quarter, 69 - Front Quarter, 70 - Rear Quarter, 71 - Front Quarter, 72 - Rear Quarter, 73 - Front Quarter, 74 - Rear Quarter, 75 - Front Quarter, 76 - Rear Quarter, 77 - Front Quarter, 78 - Rear Quarter, 79 - Front Quarter, 80 - Rear Quarter, 81 - Front Quarter, 82 - Rear Quarter, 83 - Front Quarter, 84 - Rear Quarter, 85 - Front Quarter, 86 - Rear Quarter, 87 - Front Quarter, 88 - Rear Quarter, 89 - Front Quarter, 90 - Rear Quarter, 91 - Front Quarter, 92 - Rear Quarter, 93 - Front Quarter, 94 - Rear Quarter, 95 - Front Quarter, 96 - Rear Quarter, 97 - Front Quarter, 98 - Rear Quarter, 99 - Front Quarter, 100 - Rear Quarter		1st / Most Deformed Area: [Diagram showing vehicle deformation]	
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Vehicle Type: 01 - Automobile, 02 - Truck, 03 - Van, 04 - Motorcycle, 05 - Trailer, 06 - Other		Vehicle Use Code: 01 - Personal, 02 - Business, 03 - Rental, 04 - Other		Vehicle Assignment: 01 - Driver, 02 - Passenger, 03 - Other	
Action Prior to Impact (Vehicle): 01 - Braking, 02 - Accelerating, 03 - Steering, 04 - Other		Action Prior to Impact (Non-motorist): 01 - Running, 02 - Stopping, 03 - Other		Weather Condition: 01 - Clear, 02 - Rain, 03 - Snow, 04 - Fog, 05 - Other	

Light Condition: 01 - Daylight, 02 - Dusk, 03 - Night		Junction Type: 01 - Intersection, 02 - Merge, 03 - Other		Primary Cause: 01 - Driver, 02 - Roadway, 03 - Non-Motorist, 04 - Environmental, 05 - Other	
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Weather Condition: 01 - Clear, 02 - Rain, 03 - Snow, 04 - Fog, 05 - Other		Light Condition: 01 - Daylight, 02 - Dusk, 03 - Night		Junction Type: 01 - Intersection, 02 - Merge, 03 - Other		Primary Cause: 01 - Driver, 02 - Roadway, 03 - Non-Motorist, 04 - Environmental, 05 - Other	
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1385

# MEDITAM LLC

100 ENGINEER STREET

GREENVILLE, SC 29605

OFFICE: 864 236 0095 FAX: 864 236 0775

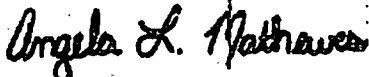
**GREENVILLE - MYRTLE BEACH - GEORGETOWN - CHARLESTON**

9-20-2012

To Whom IT May Concern,

Shane Amquist was involved in an accident on 7-5-12 and has been on unpaid medical leave since 7-6-12 until further notice from his physician.

Sincerely,

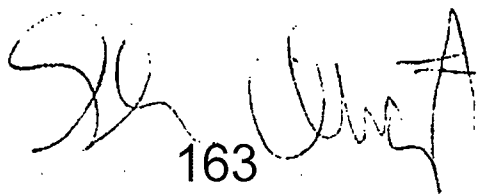


Angela Mathawes

Office Manager

OFFICE,

Yesterday I hurt my back  
lifting Mrs Davis's wheelchair. The  
pain wasn't too bad at first but  
has gotten worse through the night.  
I have a msg into the nurse to try  
& get an appt. asap. Also, my blood  
sugar & Pressure have gone sky high.  
I need my money to pay for  
Dr. visit & any nerve medication she  
may give me to calm my nerves.  
Please let me know when I can  
receive my last \$500.00 from the  
1st.



3/14/12

OFFICE,

Just got through with my doctor visit and she has recommended physical therapy & told me to get a workman's comp policy number. to get physical therapy for my back due to lifting the wheelchair. Also, I haven't heard about the rest of my money. I need this information no later than 3/15/12. I am expecting the rest of my pay from the 15<sup>th</sup>, my full pay on the 15<sup>th</sup>. Hopefully I will be able to return to work on Monday. IF any problems with more health issues I will get another doctors note for additional days needing OFF.

164 Sharré Hlunguis

88

MEDITAM TIME SHEET

DRIVER NAME Shane Alnequist

DATE	8/21	8/22	8/23	8/24	8/25	8/26	
STARTING MILEAGE		191801	192088	192412	192618	192930	
START TIME		0642	0715	1020	1110	0720	
BREAK		1346					
BREAK		1642					
BREAK							
BREAK							
END TIME		1837	1857	1600	1955	1700	
ENDING MILEAGE		192088	192412	192618	192930	193245	
TOTAL HOURS	\$100. BONUS	8 hrs 1 m	11 hrs 42 m	5 hrs 40 m	8 hrs 45 m	9 hrs 40 m	

43.8

MEDITAN TIME SHEET

DRIVER NAME Shane Almquist

PAGE. 1/

8643482645

CURTIS KELLY

Aug. 29. 2011 06:46

DATE	9/12	9/13	9/14	9/15	9/16		
STARTING MILEAGE			195655	195941			
START TIME	1840	0645	740	0545	0420		
BREAK				0700			
BREAK				0900			
BREAK				1045			
BREAK							
END TIME	1840	1715	1730	1745	1845		
ENDING MILEAGE			195941	196161	196602		
TOTAL HOURS	6 hrs.	10 hrs 30	9 hrs 50	8 hrs 15	14 hrs 20		

48.91

MEDITAM TIME SHEET

DRIVER NAME Shane Almqvist

PAGE. 1/ 1

8643482618

AUG. 29. 2011 06:46 CURTIS KELLY

DATE	9/19/11	9/20/11	9/21/11	9/22/11	9/23/11	9/24/11	
STARTING MILEAGE	196715	197121	197403	197775	197805	198115	
START TIME	0640	0500	0400	0745	0710	500	
BREAK			0600	1305	1230		
BREAK			0700	1325	1245		
BREAK				1420			
BREAK				1500			
END TIME	1730	1920	1815	1845	645	453	
ENDING MILEAGE	197121	197403	197775	197805	198115	198285	
TOTAL HOURS	10hrs 50min	14hr 20min	13hr 15min	10hrs 45min	10hrs 20min	11hrs 53min	

71.38

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	9/26	9/27	9/28	9/29	9/30		
STARTING MILEAGE							
START TIME	0730	0700	0700	0715	0715		
BREAK				1315			
BREAK				1415			
BREAK							
BREAK							
END TIME	1730	2130	1752	1800	1815		
ENDING MILEAGE							
TOTAL HOURS	10 hrs	13 <sup>hrs</sup> 30 <sup>m</sup>	10 <sup>hrs</sup> 52 <sup>m</sup>	9 <sup>hrs</sup> 45 <sup>m</sup>	11 hrs		

55 hrs 07 Min.

168

**MEDITAM TIME SHEET**

DRIVER NAME Shane Amquist

DATE	10/3/11	10/4/11	10/5/11	10/6/11	10/7/11	10/8/11	
STARTING MILEAGE	OFF	OFF					
START TIME			0710	0550	0630	545	
BREAK				0820		1330	
BREAK				0850		1430	
BREAK							
BREAK							
END TIME			1800	1808	<del>0830</del> <sup>1415</sup>	1600	
ENDING MILEAGE							
TOTAL HOURS			10 hrs 50	11 hrs 48 min	12 45	9 hrs 15	

43 hrs 58 min

169

97

### MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	10/17	10/18	10/19	10/20	10/21		
STARTING MILEAGE							
START TIME	0630	0540	0630	0540	0615		
BREAK							
BREAK							
BREAK							
BREAK							
END TIME	1745	1700	1800	1730	1800		
ENDING MILEAGE							
TOTAL HOURS	9 hrs 15m	11 hrs 20m	11 hrs 30m	12 hrs 40m	11 hrs 45m		

56 hrs 30 mm.

170

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

1771

DATE	10/24	10/25	10/26	10/27	10/28	10/29	
STARTING MILEAGE							
START TIME	6:30	5:30	6:00	5:30	6:00	6:15	
BREAK						8:15	
BREAK							
BREAK							
BREAK						10:45 ← END BREAK	
END TIME	1800	1800	1730	1800	1800	12:00	
ENDING MILEAGE							
TOTAL HOURS	11h 30m	12h 30m	11h 30m	12h 30m	12h	3h 15m	

63 hours 15 minutes

### MEDITAM TIME SHEET

DRIVER NAME Shane Almqvist

DATE	10/31	11/1	11/2	11/3	11/4		
STARTING MILEAGE							
START TIME	0700	0450	0515	0450	0800		
BREAK							
BREAK							
BREAK							
BREAK							
END TIME	1730	1745	1715	1730	1730		
ENDING MILEAGE							
TOTAL HOURS	10h 30m	12h 45m	12h	12h 30m	9h 30m		

**57 hours 15 mins**

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	11/7	11/8	11/9	11/10	11/11	11/12	
STARTING MILEAGE							
START TIME	0730	0500	OFF	0500	0600	0500	
BREAK			}			1200	
BREAK END						1300	
BREAK							
BREAK							
END TIME	1730	1900		1800	1800	1800	
ENDING MILEAGE							
TOTAL HOURS	10h	14h		13h	12h	12h	

61 hours

173

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	11/14	11/15	11/16	11/17	11/18		
STARTING MILEAGE							
START TIME	0900	0500	0530	0500	0530		
BREAK							
BREAK							
BREAK							
BREAK							
END TIME	1800	1800	1830	1800	1500		
ENDING MILEAGE							
TOTAL HOURS	9h	13h	13h	13h	9h 30m		

~~57~~ hours 30 minutes

174

# MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	11/21	11/22	11/23	11/24	11/25	11/26	
STARTING MILEAGE							
START TIME	0630	0500	0530	OFF	0700	0530	
BREAK Start		0900		{	1330	0630	
BREAK							
BREAK							
BREAK End		0930			1530	1100	
END TIME	1800	1930	1600		1800	1245	
ENDING MILEAGE							
TOTAL HOURS	11h 30m	14h	11h 30m		9h	2h 45m	

48 hours      45 mins

175

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almgvist

DATE	11/28/11	11/29/11	11/30/11	12/1/11	12/14/11	12/15/11	
STARTING MILEAGE			211571	211748			
START TIME	700	500	500	500	800	500	
BREAK							
BREAK					CPR	1 hr lunch	
BREAK					Training		
BREAK							
END TIME	1230	1730	1300	1730	1630	2100	
ENDING MILEAGE	<del>211571</del>	211571	211748	212009			
TOTAL HOURS	11.5	12	12.5	12.5	8.5	15.00	

~~36~~ h

36 hours

176

104

**MEDITAM TIME SHEET**

DRIVER NAME Shane August

DATE	12/5/11	12/6/11	12/7/11	12/8/11	12/9/11	12/10/11	12/12/11
STARTING MILEAGE	212099	212327	212575	212783	213088	213278	213340
START TIME	0630	0500	0530	0500	0600	0540	0600
BREAK						0700	
BREAK						1045	
BREAK							
BREAK							
END TIME	1830	1800	1800	1830	1820	1720	1815
ENDING MILEAGE	212327	212575	212783	213088	213278	213340	213593
TOTAL HOURS	12 hrs	13 hrs	12 1/2 hrs	13 1/2 hrs	12 hrs 20 min	2 hrs 55 min	12 hrs 15

98 hour 30 minutes

177

## MEDITAM TIME SHEET

DRIVER NAME \_\_\_\_\_

DATE	12/16	12/19	12/20	12/21	12/22	12/23	
STARTING MILEAGE	213973	214270	214489	OFF	214739	232002	
START TIME	0530	0800	0510		0510	0630	
BREAK		0900	1400				
BREAK		1000	1430				
BREAK							
BREAK							
END TIME	1800	1815	1800		1800	2000	
ENDING MILEAGE	214270	214489	214739		232002	232245	
TOTAL HOURS	13h 30m	9h 15m	12h 20m		11h 20m	13h 30m	

58 hours 55 minutes.

178

MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	12/24	12/26	12/27	12/28	12/29		
STARTING MILEAGE	232245	232351	232551	232764	233019		
START TIME	0430	0930	0500	0715	0500		
BREAK							
BREAK							
BREAK							
BREAK							
END TIME	1200	1800	1815	1815	1800		
ENDING MILEAGE	232351	232551	232764	233019	233289		
TOTAL HOURS	7h 30m	8h 30m	13h 15m	11h <del>15m</del>	13h		

53 hours 15 minutes

179

107

**MEDITAM TIME SHEET**

DRIVER NAME Shane Alquist

DATE	1/3/12	1/4/12	1/5/12	1/6/12			
STARTING MILEAGE							
START TIME	0645	0630	0510	0315			
BREAK							
BREAK							
BREAK							
BREAK							
END TIME	1630	1815	1810	1615			
ENDING MILEAGE							
TOTAL HOURS	9h 45m	12h 15m	13h	13h			

48 hours

180

108

**MEDITAM TIME SHEET**

DRIVER NAME Shane August

DATE	1/9/2012	1/10/2012	1/11/2012	1/12/2012	1/13/2012	1/14/12
STARTING MILEAGE						
START TIME	0715	0500	0615	0500	0645	0500
BREAK						
BREAK		<del>Sub Alternator</del> in taxi		1800		1 hr lunch
BREAK		Put Alternator in TAXI				
BREAK				2020		
END TIME	1815	1730	1830	2120	1830	1730
ENDING MILEAGE						
TOTAL HOURS	10 hrs	12 30	11 hrs 15	14 hrs	10 hrs 45	11 hrs 30

181

\* Sign On 100.00  
\* BONUS per Bob

109

70 hrs

FIXED 1/16  
3:45 PM

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

182

DATE	1/23	1/24	1/25	1/26	1/27	1/28	
STARTING MILEAGE							
START TIME	0600	0500	0530	0500	0500	0545	
BREAK	1 hour Lunch	1 hour Lunch		1 hour Lunch		0715	
BREAK					Bought Tires	1045	
BREAK					FOR VAN	1145	
BREAK						1515	
END TIME	1830	1815	1715	1830	1545	1615	
ENDING MILEAGE							
TOTAL HOURS	11h 30m	12h 15m	12h 45m	12h 30m	10h 45m	4h 30m	

157.75 63 hours. 15 minutes

# MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	2/20	2/21	2/22	2/23	2/24		
STARTING MILEAGE							
START TIME	0600	0500	0600	0500	0600		
BREAK							
BREAK	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch		
BREAK							
BREAK							
END TIME	1730	1730	1730	1630	1545		
ENDING MILEAGE							
TOTAL HOURS	10h 30m	11h 30m	10h 30m	10h 30m	8h 45m		

51 hours 45 minutes

183

111

## MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	2/27	2/28	2/29	3/1	3/2		
STARTING MILEAGE							
START TIME	0600	0500	0700	0500	0730		
BREAK							
BREAK	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch		
BREAK							
BREAK							
END TIME	1745	1745	1730	1745	1645		
ENDING MILEAGE							
TOTAL HOURS	10h 45m	11h 45m	9h 30m	11h 45m	8h 15m		

52 hours

184

## MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	3/5	3/6	3/7	3/8	3/9	3/10	3/12
STARTING MILEAGE							
START TIME	0600	0500	0600	0500	0600	0600	0600
BREAK							
BREAK	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch	2 hour break	No Lunch
BREAK						2 hour break	went to Meekas
BREAK							1845
END TIME	1730	1745	1745	1730	1730	1700	2015 2115
ENDING MILEAGE							
TOTAL HOURS	16h 30m	11h 45m	16h 45m	11h 30m	10h 30m	7 hours	13h 45m

185



60 hours  
+  
13 hours 45 minutes

43h 45m  
\$ 747.60

# MEDITAM TIME SHEET

DRIVER NAME Shane Almqvist

DATE	3/19	3/20	3/21	3/22	3/23		
STARTING MILEAGE							
START TIME	off	No VAN	0700	0500	0700		
BREAK							
BREAK		<del>1h</del>	No Lunch	No Lunch	No Lunch		
BREAK							
BREAK							
END TIME	off	No VAN	1730	1715	1600		
ENDING MILEAGE							
TOTAL HOURS	off	8 hours	10h 30m	12h 15m	9 hours		

39 hours 45 minutes

# MEDITAM TIME SHEET

DRIVER NAME SHANE ALMQUIST

DATE	3/26	3/27	3/28	3/29	3/30	3/31	
STARTING MILEAGE							
START TIME	0600	off	off	off	off	1800	
BREAK							
BREAK	1 hour Lunch						
BREAK							
BREAK							
END TIME	1700					2030	
ENDING MILEAGE							
TOTAL HOURS	10 hours					2h 30m	

12 hours 30 minutes

4/17/20

# MEDITAM TIME SHEET

DRIVER NAME Shane Almqvist

DATE	4/2	4/3	4/4	4/5	4/9	4/10	4/11	4/12
STARTING MILEAGE								
START TIME	0615	0550	0615	0510	0630	0510	0700	0500
BREAK								
BREAK	1/2 hour Lunch	15 min Lunch	15 min Lunch	1 hour Lunch	1 hour Lunch	1 hour Lunch	30 min	30 min Lunch
BREAK				1 hour Break	1/2 hour Break	1/2 hour Break		
BREAK								
END TIME	1815	1830	1845	1740	1750	1815	1800	1845
ENDING MILEAGE								
TOTAL HOURS	11h 30 <sub>17</sub>	12h 5m	12h 15m	10h 40m	9h 50m	11h 35m	11h 30 <sub>mt</sub>	13h 15m

92.35

**DRIVER'S DAILY REPORT**

4/12/12

Sharon  
August

START MILES 200201

END MILES 200522

TOTAL MILE 321

START TIME 05 00

END TIME 18 45

13 hrs 15 min

LUNCH 30min TO \_\_\_\_\_

BREAK none TO \_\_\_\_\_

VEHICLE VIN 880569

OIL added 2 qts oil + gallon premix anti freeze

TIRES ✓ needs RH Headlight

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 59.00

**DRIVER'S DAILY REPORT**

START MILES 200754

END MILES 200965

TOTAL MILE 211

START TIME 0500

END TIME 1730

Shane Almqvist  
4/17/12  
1 hours 30 mins

LUNCH 1/2 hour TO \_\_\_\_\_

BREAK 1/2 hour TO \_\_\_\_\_

VEHICLE VIN 880569

OIL needs oil change

TIRES needs RF needs right headlight

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 59.00

4/18/2012

Shane Almquist

**DRIVER'S DAILY REPORT**

START MILES 200965

END MILES 201209

TOTAL MILE 244

START TIME 0615

END TIME 0815

11 hours  
NEED

MONEY

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

\$420.00 for last check

VEHICLE VIN 200059

OIL needs change

TIRES RF Tire Right H Light

CLEAN yes

Plus  
need pay checks  
for this pay  
period.

GAS

GALLONS \_\_\_\_\_

DOLLARS 51.00

**DRIVER'S DAILY REPORT**

START MILES 201209

END MILES 201495

TOTAL MILE 286

START TIME ~~0530~~ 0515

END TIME ~~1815~~ 1815

LUNCH 30 TO \_\_\_\_\_

BREAK 30 TO \_\_\_\_\_

VEHICLE VIN 880659

OIL needs change

TIRES RF

CLEAN Yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 55

4/19/2012

12 hrs.

NEED  
MONEY  
DESPERATELY

**DRIVER'S DAILY REPORT**

4/20/2012

START MILES 201495

END MILES 201736

TOTAL MILE 241

Shane Almquist

START TIME 0615

END TIME 1745

12 hours 30 mins

LUNCH 30 TO \_\_\_\_\_

BREAK 30 TO \_\_\_\_\_

VEHICLE VIN 880659

OIL needs change

TIRES RF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 48.00

**DRIVER'S DAILY REPORT**

START MILES 202008

END MILES 202231

TOTAL MILE 223

START TIME 0500

END TIME 1800

LUNCH 30 TO \_\_\_\_\_

BREAK 30 TO \_\_\_\_\_

VEHICLE VIN 880569

OIL needs change

TIRES Right Front

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 38.<sup>00</sup>

Shane August

4/24/2012

12 hrs.

got 680.<sup>00</sup>

towards 4/16/2012

**DRIVER'S DAILY REPORT**

4/25/2012  
Shane August

START MILES 202331  
END MILES 202414  
TOTAL MILE 201

START TIME 0700  
END TIME 1800

10 hrs

LUNCH 30 min TO \_\_\_\_\_  
BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL needs oil change  
TIRES needs Rf tire  
CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 51.2

**DRIVER'S DAILY REPORT**

Shane Amquist  
4/26/12

START MILES 202414

END MILES 202725

TOTAL MILE 311

START TIME 0500

END TIME 1700

11hrs 30min

LUNCH 30 TO \_\_\_\_\_

BREAK — TO \_\_\_\_\_

VEHICLE VIN 880 569

OIL needs Change

TIRES RF

CLEAN YE

GAS

GALLONS \_\_\_\_\_

DOLLARS 53.<sup>50</sup>

Need 400.00  
For Mortgage  
Please

Shane Almquist  
5/2/12

**DRIVER'S DAILY REPORT**

START MILES 207902

END MILES 207300

TOTAL MILE 308

START TIME 0630

END TIME 0630

11 hrs

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

NEW FAX

VEHICLE VIN 88054<sup>69</sup>~~46~~

IT 2963743

OIL Needs Change

TIRES Needs LF

CLEAN Yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 60.00

**DRIVER'S DAILY REPORT**

START MILES 202300

END MILES 202556

TOTAL MILE 256

START TIME 0500

END TIME 0700

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880586

OIL Needs Change

TIRES LF

CLEAN Yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 60.00

Shane August

5/3/12

11 hrs

NEW FAX

# 296 3743

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/5/12

START MILES 202556

END MILES \_\_\_\_\_

TOTAL MILE \_\_\_\_\_

START TIME 0500

END TIME 1700 11 hours

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs Change

TIRES LF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 100.00

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/7/12

START MILES 204168

END MILES 204377

TOTAL MILE 209

START TIME 0600

END TIME 1815

11 hours 15 min

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs change

TIRES RF almost bald

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 31.00

**DRIVER'S DAILY REPORT**

Shane August

5/8/2012

START MILES 204377  
END MILES 204694  
TOTAL MILE 317

START TIME 0510  
END TIME 0540

LUNCH 15 min TO \_\_\_\_\_  
BREAK No break TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs change\*  
TIRES BF when cord shows will park it!!!  
CLEAN Yes

GAS \_\_\_\_\_  
GALLONS \_\_\_\_\_  
DOLLARS (62.00)

need to get  
4/15/2012 pay \$280.00  
check  
along with 5/1/2012  
pay check  
asap have lots of bills  
past due.

DRIVER'S DAILY REPORT

Shane Almquist  
5/9/12

START MILES 204699

END MILES 204922

TOTAL MILE 221

START TIME 0600

END TIME 1745

10 hours  
45 minutes

80  
8  
640

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs change

TIRES RF About to show cord

CLEAN yes

146 160  
280280  
420 40  
300 200

Need a large  
sum of mone

GAS

GALLONS \_\_\_\_\_

DOLLARS 56.00

Bitls are 1  
past due .:

Owed \$260.02  
From 4/15 pay  
And all of  
may 1st <sup>130</sup> pay

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/10/12

START MILES \_\_\_\_\_

END MILES \_\_\_\_\_

TOTAL MILE \_\_\_\_\_

START TIME 0500

END TIME 1700

11 hours 30 mins

LUNCH 30 min TO \_\_\_\_\_

BREAK \_\_\_\_\_ TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs Change

TIRES RF About to show cord

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 32.00 ??

**DRIVER'S DAILY REPORT**

5/14/12  
Shane Amqvist

START MILES \_\_\_\_\_

END MILES 205697

TOTAL MILE \_\_\_\_\_

START TIME 0615

END TIME 1800

45 min.  
10 3/4 hrs.

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL need change

TIRES Needs RF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 40.00

**DRIVER'S DAILY REPORT**

Shane August  
dlw3

START MILES 205947  
END MILES 206175  
TOTAL MILE ~~206175~~ 228

5/16/2012

START TIME 6:15  
END TIME 17:45

LUNCH 30 TO \_\_\_\_\_  
BREAK 30 TO \_\_\_\_\_

VEHICLE VIN 880569

OIL needs change  
TIRES KF  
CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 51.00

Received \$400.00  
towards  
5/16/2012 pay

1st payment

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/17/12

START MILES 206175

END MILES 206448

TOTAL MILE 273

START TIME 0500

END TIME 1715 11 hours 45mins

LUNCH 30 min TO \_\_\_\_\_

BREAK \_\_\_\_\_ TO \_\_\_\_\_

VEHICLE VIN 880569

OE needs change

TIRES RF bad

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 60.00

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/21/12

START MILES 206448

END MILES 206742

TOTAL MILE 294

START TIME 0600

END TIME 1800

12 Hours

LUNCH        TO       

BREAK        TO       

VEHICLE VIN 880569

OIL Needs Change

TIRES RF

CLEAN yes

GAS

GALLONS       

DOLLARS 42.00

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/22/12

START MILES 206742

END MILES 207003

TOTAL MILE 261

START TIME 0500

END TIME 1715

11 hours 15 mins

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs Change

TIRES RF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 62.00

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/23/12

START MILES 207003

END MILES 207244

TOTAL MILE 241

START TIME 0600

END TIME 1800

11 hours

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs Change

TIRES RF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 40.00

**DRIVER'S DAILY REPORT**

Shane Almquist  
5/24/12

START MILES 207244

END MILES 207511

TOTAL MILE 267

START TIME 0500

END TIME 1715 11 hours 15 mins

LUNCH 30 min TO \_\_\_\_\_

BREAK 30 min TO \_\_\_\_\_

VEHICLE VIN 880569

OIL Needs change

TIRES RF

CLEAN yes

GAS

GALLONS \_\_\_\_\_

DOLLARS 55.00

### MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	5/26	5/28	5/29	5/30	5/31	6/1	
STARTING MILEAGE	207511	OFF	207685	207923	208171	OFF	
START TIME	0600	OFF	0500	0600	0500	OFF	
BREAK							
BREAK	30 min		30 min	30 min	30 min		
BREAK	30 min		30 min	30 min	30 min		
BREAK							
END TIME	1645	OFF	1730	1745	1715	OFF	
ENDING MILEAGE	207685		207923	208171	208450		
TOTAL HOURS	9h 45m	OFF	11h 30m	10h 45m	11h 15m	OFF	

43 hours 15 mins

211

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	6/4	6/5	6/6	6/7	6/8		
STARTING MILEAGE	208450	208641	208850	209096			
START TIME	0900	0500	0630	0500	OFF		
BREAK							
BREAK	30min	30min	30min	30min			
BREAK	30min	30min	30min	30min			
BREAK							
END TIME	1800	1600	1830	1730	OFF		
ENDING MILEAGE	208641	208850	209096	209399			
TOTAL HOURS	8 hours	10 hours	11 hours	11h 30m			

40 hours 30 mins

212

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	6/11	6/12	6/13	6/14	6/15		
STARTING MILEAGE	209399	209603	209864	210174			
START TIME	0800	0500	0600	0500	OFF		
BREAK							
BREAK	30 min	30 min	30 min	30 min			
BREAK	30 min	30 min	30 min	30 min			
BREAK							
END TIME	1800	1800	1800	1715	OFF		
ENDING MILEAGE	209603	209864	210174	210440			
TOTAL HOURS	9 hours	12 hours	11 hours	11 h 15m			

43 hours 15 minutes

213

**MEDITAM TIME SHEET**

DRIVER NAME Shane Almquist

DATE	6/18	6/19	6/20	6/21	6/22		
STARTING MILEAGE	210565	210775			211026		
START TIME	0900	0500	OFF	OFF	0630		
BREAK							
BREAK	30min	30min			30min		
BREAK	30min	30min			30min		
BREAK							
END TIME	1745	1745			1730		
ENDING MILEAGE	210775	211026			211205		
TOTAL HOURS	7h 45m	11h 45m			10 hours		

29 hours 30 minutes

214

142

### MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	6/25	6/26	6/27	6/28	6/29		
STARTING MILEAGE	211205	211581		211700	<del>212022</del>		
START TIME	0300	0530	OFF	0500	0600		
BREAK							
BREAK	30 min	30 min		30 min	30 min		
BREAK	30 min	30 min		30 min	30 min		
BREAK							
END TIME	1615	1345	OFF	1715	1830		
ENDING MILEAGE	211581	211700		212022	212361		
TOTAL HOURS	12h 15m	7h 15m	—	11h 15m	11h 30m		

42 hours 15 minutes

215

143

MEDITAM TIME SHEET

DRIVER NAME Shane Almquist

DATE	7/2	7/3	7/4	7/5			
STARTING MILEAGE	212361	212441		212731			
START TIME	0800	0715	OFF	0630			
BREAK							
BREAK	30 min	30 min					
BREAK	30 min	30 min					
BREAK							
END TIME	1630	1715	OFF	1900			
ENDING MILEAGE	212441	212731					
TOTAL HOURS	7h 30m	9 hours		12h 30m			

29 hours

**CERTIFICATE OF COUNSEL**

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

**KRAUSE, MOORHEAD & DRAISEN, P.A.**



DANIEL L. DRAISEN SC BAR NO. 13536  
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Attorney for the Appellant

June 5, 2014

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA  
WORKERS COMPENSATION COMMISSION

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Case No. 2014-000085

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SHANE ALMQUIST, ..... Appellant,

v.

MEDITAM AND GUARANTEE INSURANCE COMPANY,  
C/O PATRIOT NATIONAL INSURANCE GROUP, ..... Respondents


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PROOF OF SERVICE

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I certify that I have served the Record on Appeal on Meditam and Guarantee Insurance Company, c/o Patriot National Insurance Group by depositing a copy of it in the United States Mail, postage prepaid, on April 10, 2014, addressed to their attorney of record, Weston Adams, III, Esq., McANGUS, GOUDELOCK & COURIE, LLC, PO Box 12519, Columbia, SC 29211-2519.

June 10, 2014

  
Daniel L. Draisen SC Bar No. 13536  
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**SC Court of Appeals**