

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1115485
Appellate Case No. 2018-001197

Lamar Clark, ... Appellant,

v.

Philips Electronics/Shakespeare, Employer,
and Gallagher Bassett Services, Carrier, ... Respondents.

RECORD ON APPEAL - Volume 2

William B. Salley, Jr. # 15253
SALLEY LAW FIRM, P.A.
129 E. Main St.
Lexington, SC 29072
(803) 356-5000
bsalley@salleylawfirm.com

Brooke Ann Payne # 81085
PAYNE LAW GROUP, LLC
P.O. Box 2449
Mt. Pleasant, SC 29465
(843) 810-8955
bpayne@paynelg.com

Blake A. Hewitt # 7367
BLUESTEIN THOMPSON SULLIVAN, LLC
P.O. Box 7965
Columbia, SC 29202
(803) 779-7599
(803) 779-8995 (facsimile)
blake@bluesteinattorneys.com

Attorney for Respondents

Attorneys for Appellant

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COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Steven B. Storick, MD
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29189
(803) 794-3700 - (F) 794-0322

OFFICE CONSULTATION

Patient: Lamar Clark
Chart: 132439 WC
Date: 2/22/12

HISTORY OF PRESENT ILLNESS: Mr. Clark is referred by Workman's Comp for a low back injury which he sustained in July of 2011 when he was lifting a heavy object with his coworker. The coworker's end slipped from his hands and Mr. Clark also dropped his end but caught it to prevent it from striking his foot and further injury. At that time he experienced low back pain which within a few days went down the left leg. He is now complaining of significant low back pain in the left buttock and left lower back with some tingling in his left foot. He has had two lumbar epidural steroid injections without any significant lasting relief. He has had more than 20 sessions of physical therapy with no significant lasting benefit.

He denies bowel or bladder dysfunction. He denies any weakness in the leg, although occasionally "it will go out". He has no right-sided symptoms.

PAST MEDICAL HISTORY: Remarkable for diabetes. Surgeries: Meniscus repair and right index finger injury repair.

ALLERGIES: NKDA

CURRENT MEDICATIONS: Hydrocodone, gabapentin, Metformin.

SOCIAL HISTORY: He smokes 1/2 pack of cigarettes per day. He uses alcohol on a weekly basis.

FAMILY HISTORY: Positive for diabetes, hypertension.

REVIEW OF SYSTEMS: Well documented in the intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

PHYSICAL EXAMINATION: VITALS: HT 6'5", WT 250

GENERAL: The patient is healthy appearing and in no acute distress. **HEENT:** Normocephalic, atraumatic. **PERRLA:** EOMI. Oropharynx is clear. **NECK:** No lymphadenopathy, JVD or thyromegaly is noted. **LUNGS:** Clear to auscultation bilaterally with no rales, rhonchi or rub. **HEART:** RRR. **ABDOMEN:** Soft, nontender, nondistended, with positive bowel sounds present. **EXTREMITIES:** No clubbing, cyanosis, or edema is noted. **SKIN:** Warm and dry. **NEUROLOGICAL/MUSCULOSKELETAL:** Alert and oriented x3. Cranial nerves II-XII are intact. His lumbar spine is nontender to firm palpation. Lumbar ROM is good with some complaints of pain. He demonstrates 5/5 strength in bilateral lower extremities with the exception of the left gastrocnemius which is 4/5. He cannot toe walk on the left side. Sensation is diminished in the left S1 dermatome but he still can distinguish pinprick and light touch. He has negative SLR. Achilles reflex on the left is absent. He has 1+ reflexes elsewhere. I do not detect any muscle atrophy in the left lower extremity. The lumbar spine is nontender. There are no paraspinal masses or spasms noted.

RADIOGRAPHIC STUDIES: See below.

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.
Page 2
Re: Lamar Clark
2/22/12

IMPRESSION/PLAN: Lamar Clark has a chief complaint of low back pain radiating down the left leg to the toes. This began in July 2011 when he was lifting at work. He denies any previous such problems with his low back other than some occasional strain which resolved with time and symptomatic treatment. Overall he says that his current problem and pain are no better. He has tried physical therapy and two epidural steroid injections. He has been taking hydrocodone for the pain as well as Neurontin.

MRI scanning of the lumbar spine from 10/11/11 shows a herniated disc on the left at L5-S1. EMG/nerve conduction study is consistent with a left L5 radiculopathy.

This gentleman has lumbar radiculopathy on the left secondary to a herniated disc on the left at L5-S1. He has failed to respond satisfactorily to conservative measures and would be a good candidate for surgery. I have discussed with him the surgical procedure for a lumbar microdiscectomy on the left at L5-S1 as well as the indications and risks for surgery. I believe that the patient understands and would like to go ahead and schedule this to be done.

The patient was seen and examined by me as well as Jay Altemus, PA.



Thomas J. Holbrook, Jr., MD, FACS
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED
TJH/MAH CNAWT: 4051



132439
2720 Sunset Boulevard
West Columbia, SC 29169
803.791.2000

OPERATIVE REPORT

PATIENT: Clark, Lamar	LOCATION: HIAA
ACCOUNT #: H00057448003	MR #: M000484191
ADMITTED: 04/04/2012	D: 04/04/2012 08:55 A
DISCHARGED:	T: 04/04/2012 09:07 A
PROVIDER: Thomas J. Holbrook, MD	DATE OF BIRTH: [REDACTED]

DATE OF OPERATION: 04/04/2012

PREOPERATIVE DIAGNOSIS(ES): Left L5-S1 herniated nucleus pulposus.

POSTOPERATIVE DIAGNOSIS(ES): Same.

PROCEDURE(S) PERFORMED: Left L5-S1 microdiscectomy.

SURGEON: Thomas J. Holbrook, MD

ASSISTANT: Coleman S. Fravel, PA

DETAILS OF PROCEDURE: The patient was brought to the Operating Room. After induction of satisfactory general endotracheal anesthesia, the back was prepared and draped in the usual sterile manner. Fluoroscopy was used to localize the level. Incision was made just to the left of the midline at L5-S1 and carried down to the posterior fascia. A K-wire was placed under fluoroscopic guidance down to the L5-S1 level. Serial dilating tubes were used to create a working channel. A 6-cm X tube was placed as a working channel. Microscope was brought in for microdissection. Laminotomy was performed with the Midas Rex. Additional bone and ligamentum flavum were removed with a small Kerrison rongeur. The S1 nerve root was identified. Herniated disk material was demonstrated beneath it still contained within a thin and attenuated posterior annulus. This was incised with a 15 knife blade, which allowed fragments of degenerative disk material to express themselves. These were removed with a pituitary rongeur. Posterior osteophyte formation and partial calcification of the posterior annulus was noted as well. Additional fragments of degenerative disk material were removed within the epidural space also. The epidural space was then inspected with the Woodson resector and demonstrated to be free. The L5 and S1 nerve roots were now free. The wound was irrigated. Careful attention was paid to hemostasis. A small amount of Depo-Medrol was placed over the nerve root. The posterior fascia was closed with interrupted 2-0 Vicryl, subcutaneous tissue was closed with interrupted 2-0 Vicryl, and the skin with 4-0 Vicryl subcuticular stitch. The wound was dressed.

Electronically signed by
Thomas J. Holbrook, MD 04/19/2012 11:49 A

Thomas J. Holbrook, MD

cc: Thomas J. Holbrook, MD

T: 04/04/2012 09:07 A/cir

OPERATIVE REPORT
PAGE 1 OF 1



Thomas J. Holbrook, MD

COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Ribon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Steven B. Storck, MD
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
Date: 5/2/12

Lamar Clark returns to the office for follow-up after having undergone a lumbar microdiscectomy on the left at L5-S1. He states that he has had complete relief from his left leg radicular pain but is still having some soreness in the low back.

On examination, his back wound is well healed and nontender. His gait is still a little bit guarded complaining of some low back discomfort. He still has about 4/5 strength in the left gastroc when compared to the right. Sensation is intact to pinprick in the lower extremities. Deep tendon reflexes are hypoactive at the knees and ankles.

Mr. Clark is making progress at this time. I have given him a prescription for Lortab and Soma to use. We will also start some outpatient physical therapy. He could do light-duty work at this time. We will plan to see him back for follow up after he has completed his therapy.



Thomas J. Holbrook, Jr., MD, FACS
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED
TJH/MAH CNAWT: 4050

Faxed To: John Hibbitts, MD

132439

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
WWW.WCC.SC.GOV



Physician's Statement

Claimant's Name: Lamar Clark
Physician's Name: Dr. Holbrook
Practice/Clinic: Columbia Neurosurgical Associates
Preparer's Name: Sylvia Miller
Phone: 803 462-8423

Employer's Name: Philips Electronics
Insurance Carrier: Gallagher Bassett Services
SCWCC File No: 1115485

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7-20-2011

Date of first office visit: 2-22-12 Date of last visit: 1-2-13

Diagnosis or nature of Injury or Illness: 722.10

Body part(s) Injured: Lumbar spine Body part(s) affected: _____

Date of Maximum Medical Improvement: 1-2-13

Based on the AMA Guidelines, the claimant has sustained a 10 whole person % loss of use to lumbar spine injured body part(s) and a _____ % loss of use to _____ other affected body part(s).

☐ The claimant is able to return to work without restriction.

☒ The claimant is able to return to work with the following restrictions:

light-duty work

☐ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

One-time evaluation by pain management to recommend a regimen of medicine to best help ongoing back pain

Dr. Holbrook

Treating Physician

1-3-13
Date

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www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

CHART NOTE

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 2/25/13

Mr. Clark has undergone evaluation by Dr. Storick in pain management and has recommended that he continue Neurontin up to a dose of 600-900 mg, three to four times a day as tolerated. This may be prescribed by his primary care physician. He will most probably continue to need to use this on an ongoing basis for his pain.



Thomas J. Holbrook, Jr., MD, FACS
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED
TJH/MAH CNAWT: 4053

MEDICAL QUESTIONNAIRE

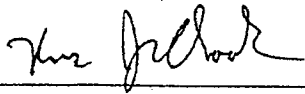
RE: Lamar Clark

DOI: 07/20/11

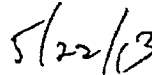
1. Do you believe most probably to a reasonable degree of medical certainty that Mr. Lamar Clark's work-related back injury affects any other body parts such as his left leg in standing, walking, strength, balance, stamina, numbness, weakness, pain, coping with uneven surfaces, squatting, crawling, negotiating stairs, stooping, bending, kneeling, mobility, range of motion, flexibility, running, jogging, functionality or in any other way?

Yes ☒ No ☐

I, Thomas J. Holbrook, Jr., M.D., hereby certify that my responses to the above-listed question represent my opinions, most probably to a reasonable degree of medical certainty, as to each of these points.



Thomas J. Holbrook, Jr., M.D.



Date

MEDICAL QUESTIONNAIRE

RE: Mr. Lamar Clark

DOI: 07/20/11

1. Do you believe most probably to a reasonable degree of medical certainty that Mr. Lamar Clark's back and left leg most probably result from his performance of his job activities and/or work-related aggravation of a pre-existing condition?

Yes ☒ No ☐

2. Do you believe most probably to a reasonable degree of medical certainty that the medical care, medical treatment (conservative or otherwise) and/or medications heretofore provided to Mr. Lamar Clark were reasonable, necessary and geared toward tending to lessen the period of disability stemming from his work-related injuries?

Yes ☒ No ☐

3. Do you believe to a reasonable degree of medical certainty that Mr. Lamar Clark continues to require medical care, medical treatment (conservative or otherwise) and/or medications prior to maximum medical improvement, which are reasonable, necessary, and geared toward tending to lessen the period of disability for his work-related injuries?

Yes ☒ No ☐

If so, please explain your treatment plan: re-evaluate new radicular symptoms

4. Do you believe most probably to a reasonable degree of medical certainty that Mr. Lamar Clark has reached maximum medical improvement as to his work-related injuries?

Yes ☐ No ☒ not if new symptoms

5. If Mr. Lamar Clark is not at maximum medical improvement, most probably to a reasonable degree of medical certainty, what is his work status, including, but not limited to, unable to work, lifting, balance related restrictions, positional lifting, repetitive lifting, weight limits, pushing, pulling, overhead lifting, overhead reaching, standing, walking, coping with uneven surfaces, sitting, climbing, crawling, stooping, squatting, kneeling, bending, repetitive bending, repetitive activities, twisting restrictions, the need to change positions, frequency of changing positions, dexterity, fine motor skills, or in any other way?

will re-evaluate

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD
William M. Rambo, Jr., MD
Randall G. Drye, MD

Scott B. Boyd, MD
Brett C. Gunter, MD
Karl A. Lozanne, MD

720 Rabon Road 132 Sunset Court
Columbia, SC 29203 W. Columbia, SC 29169
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD

(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 06/17/2013
CNAWT: 4050

Lamar Clark returns to the office for follow up. He had previously undergone a lumbar microdiscectomy on the left at L5-S1. His pain was improved postoperatively but not completely relieved. He says that this pain has gotten much worse in the past 3-4 months without any additional trauma. He states the pain is now back as bad as it ever was preoperatively. She has had some intermittent tingling in the left leg but denies any weakness. Physical therapy has not helped. Medications, including Neurontin, have not helped as well.

MRI scanning of the lumbar spine from 5/21/13 shows postoperative changes on the left at L5-S1 which appear satisfactory. There is now an evident far lateral disc herniation on the left at L4-5 with nerve root compression. I believe that this is the cause of his current symptoms.

On examination, there is tenderness to palpation over the lower lumbar paraspinal muscles with a decreased range of motion of the lumbar spine due to exacerbation of his back pain. His gait is slow and antalgic favoring the left leg due to pain. On motor testing he tends to give some decreased effort diffusely on testing muscle groups in the left leg due to exacerbation of his pain with some focal weakness of the left extensor hallucis longus. There is some decrease in sensation to pinprick over the left medial foot and medial lower calf, and to a lesser degree over the left lateral ankle area. DTRs are hypoactive at the knees and ankles.

This gentleman has far lateral disc herniation on the left at L4-5 which is symptomatic. He has failed to respond satisfactorily to conservative measures and I believe would be a good candidate for surgery. I have discussed with him the surgical procedure for a lumbar microdiscectomy on the left at L4-5 as well as the indications and risks for surgery. I believe that the patient understands and would like to go ahead and schedule this to be done.

Electronically signed by Thomas J. Holbrook, Jr., MD, FACS at 06/19/2013 13:34

Thomas J. Holbrook, Jr., MD, FACS

TJH/meh

DOC#: 00002219/JOB#: 02386



2720 Sunset Boulevard
West Columbia, SC 29169
803.791.2000

OPERATIVE REPORT

PATIENT: Clark, Lamar	LOCATION: HPERPERI-
ACCOUNT #: 100004919957	MR #: M000464191
ADMITTED: 09/25/2013	D: 09/25/2013 09:12 A
DISCHARGED:	T: 09/25/2013 09:25 A
PROVIDER: Thomas J. Holbrook, MD	DATE OF BIRTH: 1974

DATE OF OPERATION: September 25, 2013.

PREOPERATIVE DIAGNOSIS(ES): Left L4-5 herniated nucleus pulposus.

POSTOPERATIVE DIAGNOSIS(ES): Same.

PROCEDURE(S): Left L4-5 microdisectomy.

SURGEON: Thomas J. Holbrook.

ASSISTANT: Bryce C. Stallings, PA-C.

DESCRIPTION OF PROCEDURE: The patient was brought to the Operating Room. After the induction of satisfactory general endotracheal anesthesia, the back was prepared and draped in the usual sterile manner. Fluoroscopy was used to localize the level. An incision was made over the L4-5 level and carried sharply through the layer of the posterior fascia. Paraspinous muscles were taken down on the left in a subperiosteal manner. Microscope was brought in for microdissection. Laminectomy was performed with the Midas Rex. Additional bone and ligamentum flavum was removed with a small Kerrison rongeur. The L4 and L5 nerve roots were identified. Herniated disk material was demonstrated laterally still contained within a thin and attenuated posterior annulus. Some material had herniated above the disk space. The annulus was incised with a #15 knife blade. Fragments of degenerative disk material were removed with the pituitary rongeur. Additional fragments of degenerative disk material were removed from within the interspace as well. The epidural space was then inspected with the Woodson dissector and demonstrated to be free. The L4 and L5 nerve roots were now free. The wound was irrigated. Careful attention was paid to hemostasis. A small amount of Depo Medrol was placed over the nerve roots. Soft tissues were infiltrated with Marcaine and Exparel. The posterior fascia was closed with interrupted 2-0 Vicryl as was the subcutaneous tissue in layers. The skin was closed with a 4-0 Vicryl subcuticular stitch. The wound was dressed.

cc: Thomas J. Holbrook, MD

T: 09/25/2013 09:25 A/jmp

OPERATIVE REPORT

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD
William M. Rambo, Jr., MD
Randall G. Drye, MD

Scott B. Boyd, MD
Brett C. Gunter, MD
Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 482-0432

Pain Medicine
Eva J. Rawl, MD, Steven B. Storick, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 07/23/2014
CNAWT: 4050

Lamar Clark returns for follow-up. He is still complaining of low back pain radiating down the left posterior thigh at times. Overall he says this is about the same. He has been using a combination of Neurontin, Flexeril and Norco. He says the 5 mg Norco does not seem to be effective as the 7.5. He is still doing physical therapy which he says helps some temporarily. He said he was evaluated by Dr. Hutchinson in pain management and talked to him about optimizing his medicine and a possible spinal cord stimulator. He does not have a follow-up appointment with him.

On examination, there is some diffuse tenderness to palpation over the lower lumbar paraspinal muscles with a decreased range of motion of the lumbar spine due to exacerbation of his back pain. His gait is a little bit guarded due to the back pain. He still has about 4/5 strength in left ankle dorsiflexion. Sensation is intact to pinprick in the lower extremities.

At this time I renewed his prescription for Neurontin and Flexeril and given a prescription for Norco 7.5 mg. He will finish out his current course of physical therapy. We will have him evaluated by Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator.

Electronically signed by Thomas J. Holbrook, Jr., MD, FACS at 07/28/2014 10:14

Thomas J. Holbrook, Jr., MD, FACS

TJH/meh

DOC#: 00016629/JOB#: 16790

011207030001864

Palmetto Bone and Joint - Newberry



2605 Kinard Street
Newberry, SC 29108
Phone: (803) 321-6254
Fax: (803) 321-6259

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (36 years)

Date of Encounter: 10/19/2011 12:00 AM

History of Present Illness

Lamar Clark returns with the results of his MRI which confirms L5-S1 left parasagittal disc herniation, as well as angular disc protrusion with associated facet arthrosis. Given his left sided pain and MRI findings combined with new onset radicular pain down to the buttock where it was not there originally, I would advise getting him started with ESI at L5-S1, as well as get him on an organized rehab program. Start him on Neurontin stepped dosing, as well as Zipsor 25 mg 1-2 every 6 hours. Keep him on sedentary duty in the interim. I will see him back in 4 weeks to assess his response to treatment.

John M. Hibbitts, M.D.
JMH/mm

Michelle Moore

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (36 years)

Monday, October 24, 2011

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011207090001864



Palmetto
Bone & Joint P.A.

Palmetto Bone and Joint - Newberry

2605 Kinard Street
Newberry, SC 29108
Phone: (803) 321-6254
Fax: (803) 321-6259

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (37 years)

Date of Encounter: 01/25/2012 12:00 AM

History of Present Illness

FOLLOW UP VISIT AND ELECTRODIAGNOSTIC TESTING

Mr. Clark is seen today regarding low back pain with radiation to the left lower extremity. He complains of numbness, paresthesias, and pain in the left lower extremity.

He has been able to obtain temporary improvement of symptoms after 2 prior lumbar epidural steroid injections.

Now he is taking Neurontin 300 mg tid which he states is beneficial.

Lamar Clark has been allowed to perform modified duty work which is sedentary and with frequent breaks.

Physical Examination: Straight leg raise is negative bilaterally.

He has tenderness of the left lumbar paraspinal muscles. Deep tendon reflexes are decreased at the left knee yet 2+ at the right knee. Deep tendon reflexes are 2+ at the bilateral ankles.

Electrodiagnostic Testing: See needle EMG and nerve conduction study report.

ASSESSMENT:

(1) ELECTRODIAGNOSTIC FINDINGS AND CLINICAL ASSESSMENT ARE CONSISTENT WITH LUMBAR RADICULOPATHY PRIMARILY AFFECTING THE LEFT L5 NERVE ROOT DISTRIBUTION.

RECOMMENDATIONS:

- (1) Agree with continuation of Neurontin for neuropathic pain.
- (2) Lamar Clark will continue physical therapy.
- (3) Regarding work status, he will continue sedentary work with frequent breaks.
- (4) Lamar Clark is scheduled to follow up with Dr. Hibbitts next week.

Daniel Sheehan, M.D.
DS/mm

CC: Corey Hunt, M.D.
CC: Jorge Garcia, M.D.
CC: Workers Comp Case Manager

Michelle Moore

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (37 years)

Thursday, January 26, 2012

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011207090001864

Palmetto Bone and Joint - Newberry



2605 Kinard Street
Newberry, SC 29108
Phone: (803) 321-6254
Fax: (803) 321-6259

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (37 years)

Date of Encounter: 02/01/2012 12:00 AM

History of Present Illness

Lamar returns with persistent radicular complaints down his left lower extremity. He notes primarily almost a constant burning pain in his left gluteal region, but once he is up ambulating he begins to note a burning radicular component down the posterior thigh and into the calf and occasionally into the foot. He also notes the same issue with prolonged sitting. He has good days and bad days, but the pain never resolved. Onset of his symptoms began in July of 2011. He has undergone an epidural steroid injection series with very brief improvement, but subsequent return of similar symptoms thereafter. His MRI obtained on 10/11/11 demonstrates an L5/S1 left lateral recess disc herniation. His EMG obtained on 01/25/12 confirms L5 left lumbar radiculopathy.

Given the constellation of objective findings and failure of conservative treatment, I'd like to refer him to Dr. Rambo for further treatment options.

John M. Hibblits, M.D.
JMH/mfs

Michelle Sprouse

LAMAR CLARK

Patient #: 42666-LC

DOB: [REDACTED] (37 years)

Thursday, February 2, 2012

Page 1/1

Lamar Clark

2/11/13

Page 7

Family History: A review of symptoms reviewed in document of chart. Pertinent review of symptoms noted in HPI.

Physical Exam: Stated Height is 6'5"; Weight is 258 lbs.; Blood Pressure 146/102; Pulse 82; Respiration 18.

General: Is a pleasant, tall male in no acute distress.

Extremities: No cyanosis, discoloration, edema, or muscle atrophy. Full range of motion of the upper and lower extremities without impingement or crepitus. Deep compression of the hip bursae non-tender. Internal and external rotation of the hips non-painful.

Musculoskeletal: Spine is normally aligned. Pelvis is level. He stands upright. He has a well-healed lumbar surgical incision and an ACD scar. Non-tender along the cervical, thoracic and lumbar sacral spine. Mild tenderness along the left sciatic notch compared to the right. Active range of motion to the waist notes his fingertips to about the knees and he can hyperextend without difficulty.

Neurologic: Sensation is slightly decreased to light touch along the left great toe and the left thumb compared to the right. Motor function is 5/5 without any specific deficits. DTRs are hyporeflexic and equal. No clonus. Plantar reflex is down going. Negative Hoffmann. No history of Lhermitte. SLRs negative to 90° sitting. Negative Patrick's. Gait is non-antalgic. No foot drop. No sympathetic changes or allodynia.

Psychological: Alert and oriented times three. He followed simple commands. Normal thought processes. No clinical evidence of depression or anxiety.

Assessment:

1. Chronic left back and leg pain.
2. Left L5 radiculitis.
3. Status post left L5-S1 microdiscectomy.
4. Chronic postoperative pain syndrome.

Plan:

Mr. Clark describes a fairly accurate left L5 radiculopathy. This was documented preoperatively based on his MRI and nerve studies. Since his surgery, Dr. Holbrook does not feel any further surgical intervention would be beneficial. My suggestion is to continue titrating Neurontin which Mr. Clark finds beneficial to a degree now. He may gradually titrate the Neurontin up to 600-900mg TID-QID if tolerated. Sometimes the addition of Cymbalta may help potentiate the effects of the Neurontin. If he is unable to tolerate higher doses of Neurontin or they are not effective, then switching that medication to Lyrica would be another option. Selective nerve

August 20, 2014

Thomas J. Holbrook, Jr., MD, FACS

Re: Lamar Clark
Chart: 132439
DOB: [REDACTED]

CHIEF COMPLAINT: "This part of my back."

Dear Dr. Holbrook:

Thank you for the referral of Lamar Clark. He is a 39-year-old male with a work-related injury to his back initially on 12/06/2010. Mr. Clark has had a complicated history over the last few years with persistent left back pain extending down his left leg. He initially was diagnosed with a left L5-S1 HNP a few years ago. He underwent conservative treatments, including an epidural steroid injection and physical therapy, without improvement. EMG was consistent with a left L5 radiculitis. He had a left L5-S1 microdiscectomy by you in 2012. Mr. Clark seemed to do well initially, then had some recurrent back and left leg pain. A repeat MRI noted a left-sided disc protrusion at L4-5. He required a second surgery at the L4-5 level. Unfortunately, the patient has continued to remain symptomatic with fairly constant left-sided back pain that extends down his buttocks to the back of his thigh. Infrequently, the pain may extend below the knee. He has numbness in the inner aspect of his left foot and great toe. There is some subjective weakness, but no frank motor loss or sphincter dysfunction. The right leg is asymptomatic. Occasionally, he will have some right-sided back pain. Mr. Clark's symptoms seem to be present the majority of the time, although they can vary in intensity from activity and rest. He has attended physical therapy for a few months with some mild improvement. He has an active home exercise program on a daily basis, again, with mild benefit. There are no chiropractic treatments. A left sacroiliac joint injection by me earlier this year offered some temporary benefit for maybe two weeks. He saw similar results from a preoperative epidural steroid injection. Current medications include Neurontin 300 mg q.i.d., which seems to help to some degree. He was switched from Soma to Flexeril with less benefit. He will only occasionally take a Lortab maybe twice a day if he is having severe pain. The most recent MRI was reviewed from 05/21/2013 noting postsurgical changes to the left at L5-S1 and a left-sided disc protrusion at L4-5. He has not repeated his scan since his second lumbar surgery. Mr. Clark's Oswestry is 56%, SOAPP-R 28 and VAS is 7-9/10.

ALLERGIES: NKDA.

MEDICATIONS: Exforge, metformin, Glucophage, Neurontin, Flexeril and hydrocodone.

PAST MEDICAL HISTORY: Diabetes mellitus with average fasting blood sugars around 160-200 and hypertension. ACD/F at C5-6 in 2012, left L5-S1 discectomy in 2012, left L4-5 discectomy in 2013, left knee arthroscopy, pinning of right index finger.

SOCIAL HISTORY: The patient is divorced. He has one 9-year-old child. He smokes less than a half a pack of cigarettes a day. He was previously employed with Phillips Electronics, but has not been able to return to work since the last surgery.

FH/ROS: Reviewed and documented in the chart. He completed a 12-point review of systems.

PHYSICAL EXAM: VITALS: Stated HT 6'5", WT 248 pounds, BP 127/89, P 114, R 18.

In general, this is a pleasant, tall middle-aged male in no acute distress. EXTREMITIES: Warm to touch. Palpable distal pulses. No cyanosis, edema, discoloration or muscle atrophy. FROM without limitation, crepitus or pain with provocative movements. No spasticity or rigidity. No ulcerations. Deep compression of hip bursa nontender. MUSCULOSKELETAL: The patient was able to stand upright independently. His spine is normally aligned and pelvis is level. Well-healed lumbar surgical incisions. He has some diffuse tenderness along the left lumbosacral junction and sciatic notch. Piriformis is nontender. Cervical, thoracic and upper lumbar spine are nontender. AROM of the waist notes his fingertips to about the knees and he can hyperextend without difficulty. NEUROLOGIC: Sensation is decreased to light touch along the lateral aspect of the left lower leg and the medial aspect of the left foot. Motor function intact without any specific deficits. No sympathetic changes or allodynia. SLRs are negative at 90° for any tension signs. DTRs are trace and symmetrical. No clonus. Plantar reflexes downgoing. Negative Hoffmann's. No history of Lhermitte's. Gait is normal. No footdrop. PSYCHOLOGICAL: Alert and oriented x3. Normal thought processes. No clinical evidence of depression or anxiety.

ASSESSMENT:

1. Chronic left back and leg pain.
2. Left L5 radiculitis.
3. Chronic postoperative pain syndrome.

PLAN: Mr. Clark continues to remain symptomatic after a second lumbar discectomy. The pain is mostly confined to the left back in a continuous fashion down his left leg to the back of the thigh and, to a lesser degree, the lower leg. There is persistent numbness in the left foot and great toe consistent with an L5 dermatome. Several treatment options were discussed with the patient. The Neurontin may be further titrated up to 600 mg t.i.d. and possibly even 900-1200 mg if necessary. The Flexeril is not providing a substantial amount of benefit and he can just use it if he finds it helpful on a p.r.n. basis. Long-term use of opioids are typically not helpful and should be gradually tapered and discontinued. Mr. Clark has done this on his own accord and is only using this a few times a day sparingly at this point. It would be reasonable to repeat an epidural, but more from a left L5 approach since he has not had any of these type injections since his first surgery. The goal is to cut his pain in half for three to six months, or possibly longer. The epidurals may be repeated if beneficial. If he fails to improve, it would be reasonable to repeat his MRI since he has not had an updated scan since his surgery. He previously had seen Dr. Hutcheson about a spinal cord stimulator trial after being referred by his attorney. Initially, Mr. Clark has been apprehensive about a device. He has talked to several people with good and bad results reported. I have reviewed this type of treatment in detail with him. Information was provided. Mr. Clark should only pursue this type of therapy if he is motivated to do so. Another treatment option would be a full pain program at Palmetto Health. This would be a more conservative approach, but trying to help him get back on his feet, resume normal activities and lessen his pain. At this point, Mr. Clark is agreeable to increase the Neurontin, continue with his low dose of hydrocodone and try the nerve block. The risks, benefits and side effects of the above treatments were reviewed with the patient. I have not changed his work status as issued by Dr. Holbrook. Should there be any further questions or concerns, please feel free to contact me at your convenience. All of my opinions are based on a reasonable degree of medical certainty.

Electronically signed by Steven B. Storick, MD at 08/26/2014 04:49

Steven B. Storick, MD

SS/YK

DOC#: 00017773/JOB#: 18104

CAROLINA SPINE CENTER

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Dye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD; Steven B. Storick, MD

132 Sunset Court
W. Columbia, SC 29189
(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 01/08/2015
CNAWT: 4072

HISTORY OF PRESENT ILLNESS: Mr. Lamar Clark is in for follow up after ongoing left lumbar facet blocks (L3, L4 and L5 medial branch nerves). Overall, he reported at least a 50-60% temporary benefit from the injections. He reports after the injections, both the back and left leg pain seemed to be about equal in intensity for a day or two. He denies any side effects from the procedure. Mr. Clark is not reporting any significant leg pain at this time as long as he is taking the Neurontin 600 mg b.i.d and sometimes t.i.d. Occasionally he will have some tingling in the foot. The right leg is asymptomatic. Mr. Clark has had prior left L4-5 and L5-S1 discectomies. He denies any new neurological changes.

PHYSICAL EXAMINATION: VITALS: WT 240 pounds, BP 132/100, P 100, R 18. **GENERAL:** This is a pleasant tall male in no acute distress. **NEUROLOGIC:** Gait is normal. Motor function is intact. SLRs negative to 90 degrees. **PSYCHOLOGICAL:** He is in no acute distress. Normal thought processes.

ASSESSMENT:

1. Chronic left back and leg pain.
2. Left lumbosacral radiculitis.
3. Status post left L4-5 and L5-S1 discectomy.
4. Chronic postoperative pain syndrome.

PLAN: Mr. Clark's leg pain seems to be controlled with the current dose of Neurontin 600 mg b.i.d. - t.i.d. His major complaint continues to be back pain more on the left than the right. I tend to believe some of his pain is probably discogenic in origin. The facet blocks seemed to help lessen his back pain at least 50% temporarily. The injections need to be repeated to see if he has similar results. Should both injections be positive, then potentially he is a candidate for radiofrequency rhizotomy with the goal of cutting his back in half for six months to a year. The treatment plan was reviewed with the patient at this point. He is agreeable to repeat the injection. In addition, I suggested to Mr. Clark he go to the Free Medical Clinic to obtain treatment for his hypertension.

Electronically signed by Steven B. Storick, MD at 01/13/2015 04:56

Steven B. Storick, MD

SS/sb

DOC#: 00023427/JOB#: 23810

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD Scott B. Boyd, MD
William M. Rambo, Jr., MD Brett C. Gunter, MD
Randall G. Drye, MD Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD, Steven B. Storick, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 07/23/2015
CNAWT: 4072

HISTORY OF PRESENT ILLNESS: Mr. Clark is in for a follow up due to his work-related back pain. Today, he is complaining mostly of right-sided back pain although the left bothers him minimally. He reports significant improvement over the last few days in the left back. Mr. Clark underwent radiofrequency rhizotomy to the left L3, L4, and L5 medial branch nerves in the beginning of July. He denies any complications from the procedure. He still has some intermittent leg pain for which he takes the Neurontin 600 mg twice a day and sometimes three times a day. He can tell a difference if he does not take the third dose. He will occasionally use a Flexeril in the evenings for sleep and back pain. The patient has a history of lumbar spondylosis with DDD. He has had a prior left L4-5 discectomy in 2013 and a left L5-S1 discectomy in 2012.

PHYSICAL EXAMINATION: VITALS: WT 235, BP 149/102, P 104, R 18. **NEUROLOGIC:** He ambulates normally. There is no footdrop. **MUSCULOSKELETAL:** He stands independently. **PSYCHOLOGICAL:** No acute distress. Normal thought processes.

ASSESSMENT:

1. Chronic back and leg pain.
2. Lumbar spondylosis/radiculitis.
3. Chronic postoperative pain syndrome.

PLAN: Mr. Clark is reporting a fair amount of improvement in his left back pain. In fact, he is mostly complaining of his right-sided back pain today. No complications are noted from the procedure. I have discussed with him about repeating the radiofrequency on the right side although he is a little apprehensive. I have suggested bringing him back in about 3 or 4 weeks and seeing how he feels and then deciding if he wants to pursue the procedure. He is to continue with the Neurontin and Flexeril as above. Potential side effects were reviewed. The treatment plan was discussed with the patient.

Electronically signed by Steven B. Storick, MD at 07/28/2015 04:20

Steven B. Storick, MD
SS/lh
DOC#: 00031957/JOB#: 32370

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Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD
William M. Rambo, Jr., MD
Randall G. Drye, MD

Scott B. Boyd, MD
Brett C. Gunter, MD
Karl A. Lozanne, MD

720 Rabon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

Pain Medicine
Eva J. Rawl, MD, Steven B. Storick, MD

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

OFFICE VISIT

Patient: Lamar Clark
Chart: 132439
DOB: [REDACTED]
Date: 08/27/2015
CNAWT: 4072

Mr. Clark continues to have issues with his right more than his left back bothering him. He has had prior work-related injuries including a left L5-S1 discectomy and subsequent L4-5 discectomy. His left leg pain seems to be controlled with Neurontin 600 mg t.i.d. He had radiofrequency rhizotomy to the left lower lumbar facet joints several months ago. Overall, his left side of his back pain seems to be "okay" compared to what it was before the treatment. In fact, he primarily complains of more of the right back pain. At this point, he is hesitant about pursuing any further injections right now since he is tired of "getting stuck". No new neurological changes are noted. Mr. Clark reports he has been accepted for Social Security Disability.

PHYSICAL EXAMINATION: VITALS: WT 225, BP 148/106, P 99, R 18. This is a pleasant, tall, thin male in no acute distress. **MUSCULOSKELETAL:** He stands independently. His spine is normally aligned. **NEUROLOGIC:** He ambulates in a normal fashion. No footdrop. **EXTREMITIES:** Calves are symmetrical. No obvious muscle atrophy. **PSYCHOLOGICAL:** Alert and oriented x3. Normal thought processes.

ASSESSMENT:

1. Chronic back and leg pain.
2. Chronic postoperative pain syndrome.

PLAN: Mr. Clark has reached maximum medical improvement from a pain management perspective. He finds the Neurontin helpful and he can continue that medication indefinitely. I have suggested he cut back on the Flexeril just to use periodically at night since he finds the Flexeril is not consistently beneficial. Repeating the radiofrequency rhizotomy would be reasonable if he obtains at least a 50% improvement for 6 months or longer. I have discussed with him about pursuing injections for the right in a similar fashion although right now he is hesitant due to frequent injections. I believe it reasonable to consider in the future if he continues to have issues with back pain. The patient is to follow up with me in 6 months or sooner if needed. I believe his work status of light duty is appropriate. Also, the patient's hypertension and compliance with blood pressure medicine were discussed.

Electronically signed by Steven B. Storick, MD at 09/01/2015 04:31

Steven B. Storick, MD
SS/lh
DOC#: 00033502/JOB#: 33962

REHABILITATION and GERIATRIC SERVICES
COLUMBIA, SC
INDEPENDENT MEDICAL EXAMINATION

f: 356.1439
FAXED
5122113

PATIENT NAME: LAMAR CLARK
MR#: [REDACTED]

DATE: 05/09/2013

DATE OF BIRTH: [REDACTED]

WORKERS COMP FILE NUMBER: 1115485

EMPLOYER: Phillips Electronics/Shakespeare

DATE OF INJURY: 07/20/2011

REFERRAL SOURCE: Salley Law Firm, P.A., 129 East Main Street, Lexington, SC 29072

HISTORY OF PRESENT ILLNESS: Mr. Clark is a 38-year-old gentleman that sustained a work-related injury on 07/20/2011. He states that he was lifting a 27-foot cross-arm that weighed at least 100 pounds. He states he and a coworker were moving a cross-arm when his coworker slipped. He had to catch the crossarm as it was falling, and this caused a low back injury. The patient complained of pain in the back radiating down into the left leg. The patient was referred to Dr. Hibbitts. The plain x-ray films showed disc space narrowing. He was initially treated conservatively. The patient did not respond, and therefore an MRI scan was done which demonstrated an L5-S1 left parasagittal disc herniation. The patient therefore was referred to Dr. Sheehan who performed an epidural steroid injection. The epidural steroid injection did provide some pain relief, but the pain returned. The patient therefore underwent EMG/nerve conduction study which demonstrated a left L5 radiculopathy. Subsequently, the patient was referred to Dr. Holbrook. Given the fact that the patient did not respond to conservative care and the MRI and EMG were consistent with an L5 radiculopathy, Dr. Holbrook decided to perform a left L5-S1 microdiscectomy on 04/04/2012. Patient states that surgery did provide some mild relief, but he continued to have pain in his back radiating down the left side. Subsequently, the patient was referred to Dr. Storick for further evaluation and treatment. Dr. Storick recommended further injections of Neurontin and potentially the addition of Cymbalta to help with the patient's pain. The patient states that Neurontin did help to some degree, but he never started on Cymbalta and continues to have back pain radiating to the left leg, especially with prolonged sitting or standing. The patient states he has had difficulty with his daily activities and with some of his hobbies as well. He used to be an avid basketball and football player as well as coach. He states that he can do neither of these activities at this time because of persistent pain. Patient states that this has caused some depression, but he denies any suicidal or homicidal ideations.

PAST MEDICAL HISTORY: The patient's past medical history is significant for hypertension and diabetes.

ALLERGIES: No known drug allergies.

MEDICATIONS: Glyburide, metformin, Exforge, Neurontin, and Soma.

SOCIAL HISTORY: The patient denies any tobacco, alcohol, or drug use.

REVIEW OF SYSTEMS: He denies fevers, chills, night sweats, chest pain, shortness of breath, nausea and vomiting, bowel and bladder difficulty. In addition to the low back pain radiating to the left leg and numbness in the left big toe, he has pain in his neck and numbness and tingling in the left thumb. He has also undergone a cervical surgery as well.

REHABILITATION and GERIATRIC SERVICES
COLUMBIA, SC
INDEPENDENT MEDICAL EXAMINATION

PATIENT NAME: LAMAR CLARK
MR#:

DATE: 07/21/2014
RM#:

WORKMAN'S COMP FILE NUMBER: 1115485
EMPLOYER: Phillip's Electronics/Shakespeare.
DATE OF INJURY: 07/20/2011

REFERRING SOURCE: Sally Law Firm

HISTORY OF PRESENT ILLNESS: Mr. Clark is a 39-year-old gentleman who sustained a work-related injury on 07/20/2011. I did an initial IME on him on 05/09/2013. He was lifting a 27-foot cross arm that weight approximately 100 pounds. His fellow coworker slipped, the cross arm fell, causing a low back injury with pain radiating to the left leg.

The patient had an MRI which showed a left parasagittal disk herniation at L5-S1. He received epidural steroid injections. He had an EMG which revealed a left L5 radiculopathy. Dr. Holbrook eventually performed a microdiscectomy on 04/04/2014, which unfortunately did not relieve his symptoms. He was seen by Dr. Storick and received pain management. He became depressed. We gave him an impairment rating of 13% whole spine impairment which yielded a 17% lumbar spine impairment. He had an FCE which showed limited sedentary light work. Subsequently the patient saw Dr. Johnson who did not think that the patient was at MMI and made recommendations that a more detailed MRI scan be done. The patient was seen at post trauma services and was found to have some depression. Mental health treatment was recommended. The patient then was referred to Dr. Hutcheson who also recommended further pain management, including epidural steroid SI joint injections.

The patient did end up getting the MRI scan, and Dr. Holbrook reevaluated the patient. The patient was still having difficulty with pain radiating down the left leg and weakness in the left ankle. He therefore performed a microdiscectomy September 25, 2013. The patient states that this second surgery was not effective, and in fact his back pain is the same as it always has been, if not worse. The leg pain is slightly better. He still has numbness in the leg and still has weakness in the foot. The patient has been managed conservatively. He did have an SI joint injection by Dr. Stoick, which he states did help temporarily.

He did have another functional capacity evaluation done by Tracy Hill July 10, 2014. He showed limited range of motion of the spine. He appeared to be able to work in limited sedentary to limited light work category with no kneeling, squatting, bending or reaching. He was able to stand and walk up to 38 minutes.

The patient states he is still depressed and has difficulty sleeping. He has not been placed on any antidepressants and has not received any significant psychological counseling. His main complaint is in the low back area to the left.

PAST MEDICAL HISTORY: Unremarkable.

PATIENT NAME: LAMAR CLARK
MR#:

INDEPENDENT MEDICAL EXAMINATION

Page 2

SOCIAL HISTORY: The patient denies any tobacco, alcohol or drug use. He completed one year of college. He has not done any vocational rehabilitation.

MEDICATIONS: Flexeril, Neurontin and Norco.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

REVIEW OF SYSTEMS: He does have numbness in the left foot. He denies any bowel or bladder difficulty. He denies any suicidal or homicidal ideations. He does have difficulty sleeping at night.

PHYSICAL EXAMINATION: The patient is 6 feet 5 inches, weights 245 pounds. In general, this is a sad-appearing but well-developed, well-nourished African-American male in no apparent distress. HEENT: Pupils are equally round and reactive to light. Extraocular movements are intact. Neck is supple. Chest is clear to auscultation. Cardiac exam is regular rate and rhythm. Abdomen: Soft, nontender, nondistended. Positive bowel sounds. Extremities reveal no significant edema, no erythema, no clubbing and no cyanosis. Peripheral pulses are 1+. Back exam reveals well healed scars from back surgeries. Neurologically, sensation is decreased over the left great toe. Reflexes at the knees and ankles are 1+. The left hamstring is absent. The right hamstring reflex is 1+. Manual muscle testing reveals 5/5 strength except for the left extensor hallucis longus has 4/5 strength. The patient is able to heel walk and toe walk. He does have a slightly antalgic gait with slight limp.

IMPRESSION: This is a 39-year-old gentleman that sustained a back injury on 07/20/2011. He has now undergone 2 back surgeries and has limited range of motion of the lumbar spine. He continues to have numbness and tingling in the left foot with weakness and persistent low back pain. He does appear to be at maximum medical improvement as defined by the American Medical Association's Guide to the Evaluation of Permanent Impairment, 5th Edition. Using this guide, I think he qualifies for the diagnostic related estimate category V found on page 384. This would give him a 25% spine impairment, which is equivalent to a 28% lumbar spine impairment. I agree with the most recent functional capacity evaluation done on July 10, 2014 by Tracy Hill. The patient appears to be able to work in the limited sedentary to limited light work category. He can occasionally walk, stair climb and twist, but he cannot kneel, squat, bend or reach. He can carry up to 15 pounds. Maximum standing or walking is 38 minutes.

The patient has not received treatment for the psychological issues that have resulted from his pain. I therefore do not think he qualifies for an impairment rating. I would recommend to lessen his period of disability that he receive 6 cognitive behavioral training sessions and start on an

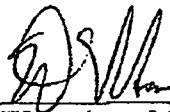
PATIENT NAME: LAMAR CLARK
MR#:

INDEPENDENT MEDICAL EXAMINATION

Page 3

antidepressant such as Cymbalta, which has some pain relieving qualities as well.

These opinions were rendered to a reasonable degree of medical certainty.



W. Daniel Westerkam, MD
Physical Medicine and Rehabilitation

7/23/14 *aw*
Date/Time

WW/am1805

dd: 07/21/2014 09:52 PM

dt: 07/22/2014 9:41 AM

JobID: 8034120



Bruce G. Filler, M.Ed., P.T.
July 10, 2014
Director

www.crcrehab.com

Mr. William B. Salley, Jr.
Salley Law Firm
129 East Main Street
Lexington, S.C. 29072

Re: Lamar Clark

Mr. Clark was seen on July 10, 2014 for an impairment rating of his lumbar spine. Mr. Clark sustained a work injury to his lumbar spine on July 20, 2011. Medical records dated February 22, 2012 indicated a herniated disc on the left at L5-S1 and a left L5 radiculopathy per EMG/nerve conduction study. He had a lumbar microdiscectomy on the left at L5-S1 April 4, 2012. A MRI of the lumbar spine dated May 21, 2013 indicated facet arthropathy at L3-4, disc bulge with left frontal protrusion and facet arthropathy with stenosis at L4-5, left laminotomy with enhancing granulation tissue at L5-S1. Mr. Clark had a left L4-5 microdiscectomy on September 25, 2013.

Mr. Clark reports constant lumbar pain. He reports difficulty with lifting, bending, prolonged walking/standing/sitting, and squatting since his injury. He reports inability to participate in sports or perform yardwork since his injury.

The American Medical Association's Guides to the Evaluation of Permanent Impairment, fifth edition was utilized to determine his impairment. According to Table 15-3 on page 384, Mr. Clark qualifies for a DRE (Diagnosis Related Estimates) Lumbar Category III. This whole person impairment rating is 13%. In order to convert a whole person impairment into a regional spine impairment, one must divide the whole person impairment by 0.75. Please refer to page 427 of the Guides. Therefore, 13% divided by 0.75 results in a 17% impairment of the lumbar spine.

The Range of Motion (ROM) method may also be utilized when there is a new (recurrent) disc herniation in the same spinal region. Please refer to page 380 of the Guides. According to Table 15-7 on page 404, he is classified in category IIFG which is a 13% whole person impairment rating. According to Table 15-8 on page 407, he qualifies for a whole person impairment rating of 5% for loss of lumbar flexion range of motion and for a whole person impairment rating of 5% for loss of lumbar extension range of motion. According to Table 15-9 on page 409, he qualifies for a whole person impairment rating of 2% for loss of left lumbar lateral bending range of motion and for a whole person impairment rating of 2% for loss of right lumbar lateral bending range of motion. This results in a whole person impairment rating of 14% for loss of lumbar range of motion. Using the Combined Values Chart on page 604 (combining 13% with 14%), results in a whole person impairment rating of 25%. In order to convert a whole person impairment into a regional spine impairment, one must divide the whole person impairment by 0.90. Please refer to page 427 of the Guides. Dividing 25% by 0.90 results in a 27.7% impairment of the lumbar spine which rounds up to 28%.

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845



BLYTHEWOOD
PHYSICAL THERAPY

428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421



Bruce D. Filler, M.Ed., P.T.
July 10, 2014

www.crcrehab.com

Mr. William B. Salley, Jr.
Salley Law Firm
129 East Main Street
Lexington, S.C. 29072

Re: Lamar Clark

Mr. Clark was seen on July 10, 2014 for a Functional Capacity Evaluation.

Mr. Clark is a 39 year old male who sustained a work injury to his lumbar spine on July 20, 2011. The patient reported an initial pain level of "6" on a "0-10" pain scale in which "0" represents no pain and "10" represents maximal emergency level pain. The highest reported pain level during today's evaluation was "8" and this occurred with the floor level lift.

The results of the Functional Capacity Evaluation performed on this date indicate that he can meet the demands of limited sedentary to limited light work. He tolerates occasional walking, stairclimbing, and twisting. He does not tolerate occasional kneeling, squatting, bending, or reaching. He can lift from 5 to 12 pounds at various heights on an occasional basis. He can carry 15 pounds with 2 hands. He can carry 9 pounds in the right hand and 9 pounds in the left hand. He can push 15.6 foot pounds loaded in a sled and can pull 14.2 foot pounds loaded in a sled. He has a self-reported sitting and standing/walking tolerance of 20 and 30 minutes respectively. He was observed to sit for a maximal time of 32 minutes and stand for a maximal time of 17 minutes. He was observed to stand/walk for a maximal time of 38 minutes.

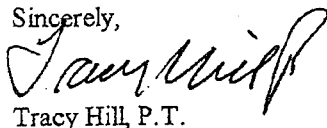
The patient's lumbar range of motion is limited. Please refer to the enclosed forms for range of motion measurements.

Treadmill testing was attempted but not completed. Testing was terminated at the request of the patient due to complaints of increased lumbar pain. Therefore, an estimate of his cardiorespiratory fitness level could not be determined.

Mr. Clark put forth a consistent effort during the evaluation. He qualifies for limited sedentary to limited light work. Please refer to page 2 of the enclosed forms for specific lifting ability. He does not tolerate occasional bending, squatting, kneeling, or reaching. He does not meet the full physical requirements necessary for sedentary or light work.

Thank you for this referral. If you have any questions, please call me at (803) 799-7007.

Sincerely,


Tracy Hill, P.T.

2362 Two Notch Road, Columbia, SC 29204, 799-7007
1 Wellness Blvd., Suite 204, Irmo, SC 29063, 749-0808
1177 Sunset Boulevard, West Columbia, SC 29169, 794-3440
115 Blarney Drive, Suite 202 Columbia, SC 29223, 736-4845



BLYTHEWOOD
PHYSICAL THERAPY

428-3 McNulty Road, PO Box 219, Blythewood, SC 29016, 728-0421

SOUTHEASTERN SPINE INSTITUTE

CLARK, LAMAR

Patient: # 601030

DOB: [REDACTED]

May 15, 2013

This patient is a 38-year old referred by his attorney for an independent medical evaluation. He is S/P a work injury of 7/20/11. He has complaints of low back pain with radiation particularly through the left buttock and down the left leg. He relates that his pain is all left sided with no radiation to the right side. He relates his pain as in the left low back, buttock and radiating into the left upper leg. The patient was "lifting a heavy cross arm, it slipped out of my hands and I caught it". The patient has been under the care of Dr. Holbrook. This has included both neck and back surgery. I have operative notes from a cervical spine fusion C5-C6 by Dr. Holbrook 9/5/12, additionally operative note from a left sided microdiscectomy L5-S1 surgery done on 4/4/12 by Dr. Holbrook.

The patient feels that while his neck is somewhat better the back is not. His primary complaint is low back symptoms at this time.

The patient is accompanied by postoperative lumbar MRI from 11/27/12. I have personally reviewed this with the radiologist's report. The pictures are of very poor quality. I agree with the radiologist's report that he states that the pictures were "limited by suboptimal resolution and the patient may benefit from repeat imaging performed on a high field strength magnet". I have again spent some time looking through this MRI personally; it is a very poor quality MRI scan. I agree that it needs to be repeated with a high quality MRI done with and without IV contrast.

The patient relates that he has been released at this time. He is in severe pain and does not have any pain medication that he could rely on to help him. Currently his pain is 8/10. He finds that nothing really helps; it is made worse by bending and standing. Past back history prior to the accident is negative.

PAST MEDICAL HISTORY: Other past medical history is significant for diabetes and hypertension.

ALLERGIES: NKDA.

SOCIAL HISTORY: He drinks occasionally. He does not smoke. He previously worked as a materials packager for Phillips Electronics.

Other preoperative medical records include an EMG and nerve conduction study done on 1/25/12 of the lumbar spine which showed an acute L-5 radiculopathy on the left. This was a preoperative study.

The patient is accompanied by an independent medical examination 2/11/13 that I have reviewed from Dr. Steve Storick.

He notes that the patient described a left L-5 radiculopathy. He noted that he should be on Gabapentin, which was titrated and recommended and further he may be a candidate for facet joint blocks or possible spinal cord stimulator trial.

(continued)

MEDICAL QUESTIONNAIRE

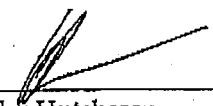
RE: Lamar Clark

DOI: 07/20/11

1. Do you recommend that Mr. Lamar Clark received further psychological and psychiatric care with Dr. Lind and Dr. Deal for his psychological/psychiatric injury emanating from his work-related physical injuries?

Yes ☒ No ☐

I, Dr. J. Kelby Hutcheson, hereby certify that my response to the above-listed question represents my opinion, most probably to a reasonable degree of medical certainty, as to this point.


J. Kelby Hutcheson

5/24/13
Date

MR LAMAR CLARK

Male DOB: [REDACTED]

49899

Home: (803) 271-5860
Ins: SALLEY LAW FIRM

07/23/2014 - Office Visit: Independent Medical Evaluation

Provider: Justin K Hutcheson MD

Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office

Independent Medical Evaluation

Chief Complaint: 39 yo male referred for independent medical examination related to work injury to his cervical and lumbar spine. Please see my IME 5/17/13. Since that time, patient underwent left L4/5 microdiscectomy from Dr. Holbrook on 9/25/13 for a left lateral L4/5 hnp. Since this surgery patient notes back and left hip/leg pain to postero-lateral knee with numbness in left medial big toe and foot. He notes occasional weakness in left foot. He was seen today to assess his condition following his second lumbar surgery. He notes temporary relief from an SI injection from Dr. Storick after surgery, then pain returned. This helped his left hip pain.

The patient notes back pain in L3-s1 region of his back. It is worse with standing, lifting, twisting, bending. Pain radiates to left knee. He feels pain is the same or worse since his second surgery. He notes ongoing depression from being in pain and decreased physical abilities.

New information provided for this IME include an Impairment rating and FCE from CRC, an unupdate IME from Dr. Don Johnson recommending SCS (did not think a L4-s1 fusion would help the patient), L mri 5/13- showing L5/s1 granulation tissue, retrolisthesis, L4/5 left foraminal protrusion with severe left foraminal stenosis, notes from Dr. Holbrook detailing surgery and postop care, and a recent IME from Dr. Westerkam recommending psychological care.

Age: 39 Years Old

Sex: Male

Race: African American

History of Present Illness

Location of Pain: back, left leg

Description of Pain: Sharp, Dull/Aching

Previous Pain Rating (Good Day): 8

Current Pain Rating (Good Day): 7

Previous Pain Rating (Bad Day): 8

Current Pain Rating (Bad Day): 8

Is The Pain Always The Same: No

Duration of Pain: Constant

Aggravating Factors: Activity, Bending, Standing, Walking, Lifting, Twisting

Alleviating Factors: Rest

Additional History

Previous Treatments: Nerve Blocks/Injections

Comments: si injection Dr. Storick

Previous Diagnostic Studies: MRI

Data Reviewed: Old Charts, MRI

Under my supervision this patient will be monitored by my nurse practitioner throughout the course of their treatment.

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860
Ins: SALLEY LAW FIRM

Past Treatment

Has patient been treated in another pain management center? No

Has patient ever had previous psychiatric or psychological treatment? No

Has patient ever required treatment for substance abuse or alcohol abuse? No

Past, Family, and Social History

Past History (Reviewed - No Changes Since Last Visit): pmh:htn, dm

all:nkda

sxhx:acdf c5/6, L5/s1 discectomy, L4/5 mcd

Family History (Reviewed - No Changes Since Last Visit): dm, htn

Social History (Reviewed - No Changes Since Last Visit): 1/8ppd x14 yr, no etoh, lydu, divorced 1 kid, college courses, disabled utility worker, attny: Brett Salley

Allergies:

Review of Systems

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

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: Denies dysuria, hematuria, discharge, frequency, hesitancy, nocturia, incontinence, genital sores, impotence or decreased libido

Musculoskeletal: neck, back, lle

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: weakness, numbness

Psychiatric: depression

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

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Vital Signs

Ht: 77 in. Wt: 248 lbs. BMI: 29.51 P: 102 BP: 154/101

Physical Exam

General

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

Communication ability: communicates by voice, normal quality

Gait and station: antalgic

Psychiatric

Mental Status: AAO x3

Carolinas Center for Advanced Mgmt of Pain-Columbia office
109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176

December 14, 2015

Page 3

Office Visit

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860

Ins: SALLEY LAW FIRM

Judgement/Insight: Intact

Mood/Affect: Appropriate

Thoracolumbar

ROM: Decreased in all directions

Comments: flexion 30 degrees and extension 10 degrees- L3-s1 back pain

Patrick's Test: Positive

SI Joint: Right, Left

Straight Leg Raise: Negative

Palpation: Tender

Facets, SI

Comments: bilateral L3-s1 facet
bilateral SI

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

RLE: 0

LLE: 0

Exceptions:

Right Achilles: 1+

Left Achilles: 1+

Sensory: Decreased sensation to light touch

Comments: medial left big toe

Comments: no clonus

Assessment

New Problems:

LUMBAR RADICULOPATHY (ICD-724.4)

LUMBO-SACRAL SPONDYLOSIS (ICD-721.3)

DEGENERATIVE DISC DISEASE - LUMBAR SPINE (ICD-722.52)

LOW BACK PAIN (ICD-724.2)

LEFT LOWER EXTREMITY PAIN (ICD-729.5)

SACROILITIS (ICD-720.2)

Comments: 39 yo male with back pain on both sides of his back from L3-s1 that radiates to his left SI joint and postero-lateral knee with numbness in his left foot and big toe with occasional weakness in his left foot and loss of reflex bilaterally at L4 and diminished reflex bilaterally at L5/s1. He underwent left L4/5 microdiscectomy since my last ime. Dr. Johnson does not feel further surgery would help and recommended a spinal cord stimulator trial. In general this patient will have ongoing back pain into his left hip and leg most likely for the rest of his life. He needs pain management care that includes medications, injections targeting his pain and a spinal cord stimulator trial. He will likely need further back surgery in the future given his retrolisthesis @ L5/s1 with ongoing pain. He will need DME to help his back pain and left leg weakness. He is @ MMI from his lumbar spine from a pain management perspective given the above plan. I recommend a repeat lumbar mri to guide further treatment as he has not had a postop mri to evaluate for scar tissue, stenosis, etc. Given his ongoing depression- he will need psychological care. This

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109 Midlands Court Suite B West Columbia, SC 29169
(803) 791-7175 Fax: (803) 791-7176

December 14, 2015

Page 4
Office Visit

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860

Ins: SALLEY LAW FIRM

can be provided by Dr. Tollison. I agree with FCE demonstrating limited sedentary restrictions.

Impairment - 25% WPI or 28% lumbar spine.

Body parts affected include psychological, lumbar spine, sacroiliac joint/hip, left leg, left foot, right leg (loss of reflex from stenosis/surgery @ L4/5 5/s1).

He can pursue pain management at this office in the future.

These statement are made to a reasonable degree of medical certainty and are designed to lessen the period of disability.

1

Electronically signed by Justin K Hutcheson MD on 07/23/2014 at 4:04 PM

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860
Ins: SALLEY LAW FIRM

12/04/2015 - Office Visit: Independent Medical Evaluation

Provider: Justin K Hutcheson MD

Location of Care: Carolinas Center for Advanced Mgmt of Pain-Columbia office

Independent Medical Evaluation

Chief Complaint: 40 yo male referred for independent medical examination related to a work injury to his cervical and lumbar spine. Please see my IME 5/17/13 and 7/23/14.

Since my last ime- he has been released from Dr. Holbrook and been under the care of Dr. Storick. Dr. Storick's injections have helped to some degree- including a facet radiofrequency.

The patient notes back pain in L3-s1 region of his back. It is worse with standing, lifting, twisting, bending. Pain radiates to left > right knee. He notes 60% of his pain is back and 40% is leg pain.

Pain limits his ad'l's and hep.

Pain medications have helped in the past but recently he was only on neurontin and flexeril with minimal relief.

Age: 40 Years Old

Sex: Male

Race: Black or African American

History of Present Illness

Location of Pain: back, left > right leg

Description of Pain: Sharp, Dull/Aching, Numbness, Cramping

Previous Pain Rating (Good Day): 7

Current Pain Rating (Good Day): 8

Previous Pain Rating (Bad Day): 8

Current Pain Rating (Bad Day): 8

Is The Pain Always The Same: Yes

Duration of Pain: Frequent

Aggravating Factors: Activity, Sitting, Standing

Alleviating Factors: Medication

Additional History

Previous Treatments: Nerve Blocks/Injections, Epidural Steroids, Narcotic Pain Medication, Physical Therapy, TENS

Previous Diagnostic Studies: MRI

Data Reviewed: Old Charts

Past Treatment

Has patient been treated in another pain management center? No

Has patient ever had previous psychiatric or psychological treatment? No

Has patient ever required treatment for substance abuse or alcohol abuse? No

Allergies:

Review of Systems

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860

Ins: SALLEY LAW FIRM

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

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ear/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: Denies chest pain, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: Denies dysuria, hematuria, discharge, frequency, hesitancy, nocturia, incontinence, genital sores, impotence or decreased libido

Musculoskeletal: neck, back, l/e

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: weakness, numbness

Psychiatric: depression

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

Hematologic/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General

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

Communication ability: communicates by voice, normal quality

Gait and station: Normal

Psychiatric

Mental Status: AAO x3

Judgement/Insight: Intact

Mood/Affect: Appropriate

Thoracolumbar

ROM: Decreased in all directions

Patrick's Test: Positive

SI Joint: Right, Left

Straight Leg Raise: Positive

Radiculopathy: Left

Palpation: Tender

Facets

Manual Muscle Testing

RLE: 5/5

LLE: 5/5

Muscle Stretch Reflex

RLE: 2+

LLE: 2+

Exceptions:

MR LAMAR CLARK

Male DOB: [REDACTED]

49699

Home: (803) 271-5860
Ins: SALLEY LAW FIRM

Right Achilles: 0

Left Achilles: 0

Sensory Intact to light touch/pin prick, Negative allodynia/hyperpathia

Neuro No Atrophy or Clonus

Sympathetic Function: Normal

Assessment

New Problems:

Post-Laminectomy Pain Syndrome - Lumbar (ICD-722.83) (ICD10-M96.1)

Comments: Patient with post-laminectomy pain syndrome with back and bilateral leg pain (left > right) that has failed surgical options (released from Dr. Holbrook), failed injections with Dr. Storick, has mild relief with current pain medications and has yet to be considered for spinal cord stimulation. Last mri showed L5/s1 granulation tissue, retrolisthesis and left L4/5 stenosis. Given his chronic pain that has failed the above treatments, it is reasonable to believe he will have this pain for the remainder of his life. He is still at MMI. Impairment, body parts and treatment plan are unchanged from my last ime 7/23/14. Given failed back surgery with ongoing back and leg pain, spinal cord stimulation is the standard of care. If the trial is successful, he should be implanted. Even if the patient reaches a point where he just has axial back pain, the recent Senza study on spinal cord stimulation clearly shows significant pain reduction, functional improvement and improved quality of life at 12 and 18 months for patients with just back pain who receive spinal cord stimulation. Therefore it would be reasonable and medically necessary to consider spinal cord stimulation even if he just noted axial back pain. All of this care will be needed for his lifetime. These statements are made to a reasonable degree of medical certainty and are designed to lessen the period of disability from his work-related injuries.

]

Electronically signed by Justin K Hutcheson MD on 12/04/2015 at 1:40 PM

MEDICAL QUESTIONNAIRE

RE: Lamar Clark

DOI: July 20, 2011

1. Does the whole person impairment rating you rendered for Mr. Lamar Clark's work-related back injury include within that impairment rating a portion of impairment to his affected left leg due to lumbar radiculopathy?

Yes ☒ No ☐

If so, please explain: loss of L4/5/5/1 reflex demonstrate
neurologic deficit affecting leg

I, Dr. Justin Hutcheson, hereby certify that my responses to the above-listed questions represent my opinions, most probably to a reasonable degree of medical certainty, as to the above points.


Justin Hutcheson, M.D.

12/15/15
Date



Physician's Statement

Claimant's Name: Lamar Clark
Physician's Name: Justin Hutcheson, M.D.
Practice/Clinic: Carolinas Center for Advanced Mgmt of Pain
Preparer's Name: Justin Hutcheson, M.D.
Phone: 791-7175

Employer's Name: Phillips Electronics/Shakespeare
Insurance Carrier: Gallagher Bassett Services
SCWCC File No: 1115485

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7/20/11

Date of first office visit: 5/17/13 Date of last visit: 12/4/15

Diagnosis or nature of injury or illness: lumbar

Body part(s) injured: lumbar spine Body part(s) affected: back, left hip, left leg, left foot, nervous system, psychol

Date of Maximum Medical Improvement: 12/4/15

Based on the **AMA Guidelines**, the claimant has sustained a 25 % medical impairment to WAI = 28% lumbar spine injured body part(s) and a 25 % medical impairment to other affected body part(s).

☐ The claimant is **able to return to work** without restriction.

☒ The claimant is **able to return to work with the following restrictions:**

per FCE 7/10/14

☒ The claimant is **unable to return to work** at his or her current employment.

☐ Claimant **possesses retained hardware** casually related to this injury.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

☐ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

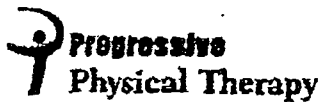
☒ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

meds, injections, PT, imaging, A ME, spinal cord stimulation, urine drug testing 12-18 visit/year for pain control, psych per Dr Lind, Neurosurgery care per Dr Holbrook. All care needed for lifetime.

Justin Hutcheson, M.D.
Attending Physician

12/15/15
Date

13.2439



The Leader In Innovative Therapies

SPINAL PROGRESS SUMMARY

1410 Wilton Road
Newberry, SC 29108
o-803-276-2966
f-803-276-3331

To M.D.:

- ☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Lamar Clark

Dx/ICD-9: 722.83 S12.401

DOB: [REDACTED]

Date of Onset: 12/10/10

Physician: Dr. Thomas Holbrook

Claim #: 003380-209341 WCO1

Date of Surgery: 9/25/13

Therapist: Darrell Austin, PT

Date of initial evaluation: 11/4/13

Date of last treatment: 11/20/13

Total visits attended? 8

Missed?: 0

Benefit of treatment perceived by the patient?

☐ Good☐ Fair☐ Poor

Compliance to PT HEP perceived by therapist?

☒ Good☐ Fair☐ Poor

Current Work status:

☐ N/A☐ on regular duty☐ on light duty☐ off duty: Reason _____

SUMMARY OF TREATMENTS

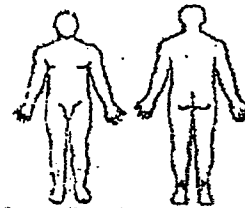
- ☐ Cervicothoracic Rehab-ROM/stabilization
☒ Lumbosacral Rehab-ROM/core stabilization
☐ Work Rehab/Conditioning

- ☐ Back School
☐ Postural Education
☐ Home Exercise Program

- ☐ Manual Treatments
☐ Functional Training
☐ Physical Agents/Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 10 @ present, 10 @ best, 9/10 @ worst	Location: low back
Quality: sharp, dull, aching, throbbing, shooting, sore, other:	
Neuro/Radicular Complaints: R hip + LE	
Functional Limitations / Aggravating Factors:	
Oswestry Score: EVAL =	P.N. =



SUMMARY OF OBJECTIVE FINDINGS:

ROM: Lumbar flex 55°, ext 10°, SB (R) 20°/20°, Rot (R) 25°/25°
Strength: RLE 5/5, LLE 4/5
Functional Abilities Demonstrated:
Other Objective Findings: Flexion: Pt. cont. to have severe tightness in R hip + LE muscles. (R) > (L)

REVIEW OF ESTABLISHED GOALS

Patient has met 1 out of 4 initial PT goals established at the initial evaluation.

☐ Independent with HEP [partially met/fully met/not met]☒ Decrease symptoms [partially met/fully met/not met]☒ Increase range of motion [partially met/fully met/not met]☒ Increase strength [partially met/fully met/not met]☐ Increase / Decrease joint mobility [partially met/fully met/not met]☐ Improve quality of movement [partially met/fully met/not met]☐ Increase functional capacity [partially met/fully met/not met]

RECOMMENDATIONS REQUESTED BY PT

☒ Continue Physical Therapy for 23 x per week for 4 weeks

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

☐ Continue Physical Therapy _____ x per week for _____ weeks☐ Hold Physical Therapy☐ Discharge Physical Therapy☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

X Physician / Nurse Practitioner / Physician's Asst. Date 12/14/13

Physical Therapist Date 11/25/13

Time In: 2:15 / Time Out: 3:45
 (CE)

ACCOUNT NUMBER	DATE	TIME	TICKET NO.
50224		04/09/2014 PT NEWBERRY,	3071314

NAME & ADDRESS

CLARK, LAMAR

NEWBERRY, SC 29108

WRK: 803-276-5504
 SHAKESPEARE COMPOSITES

DOB: [REDACTED]
 AGE: 39 years
 SS#: [REDACTED]
 FOL: 6

RELATION: OTHER
 GRP: 002380-209341

INSURED: CLARK, LAMAR
 INSURANCE: WC/ALIGN NETWORKS

REASON: FOLLOW UP

INSURANCE			
BALANCE	\$ 4,794.00		
ACCOUNT: M			
BALANCE	\$ 4,794.00		
CURRENT CHARGES	248 ⁰⁰		
AMOUNT PAID			
NEW BALANCE			
CASH	CHECK	M.O.	C.C.

PROCEDURES	CPT	FEE	
Evaluation	97001		S: No new complaints
Re-Evaluation	97002		O: Cont. c - this - ext. per floor
OT Evaluation	97003		shut flr. ESX15
Functional Capacity Evaluation	97750		A: Tolerated well, no problems
Work Hardening, 2 hours	97545		P. Cont.
Work Hardening, add'l. 1 hour	97546		
Therapeutic Exercise, 15 mins	97110	184 ⁰⁰	
Functional Activities, 15 mins	97530		
Electrical Stim., Unattended, 15 mins	97014	25 ⁰⁰	
Electrical Stim., Unattended, 15 mins, Medicare	G0283		
Electrical Stim., Manual, 15 mins	97032		
Ultrasound, 15 mins	97035		
Paraffin Bath	97018		
Massage, 15 mins	97124		
Manual Therapy	97140	39 ⁰⁰	
Mechanical Traction	97012		
Neuromuscular Re-Educ., 15 mins	97112		
Self Care Training, 15 mins	97535		
ROM Measure and Report	95851		
Other / Supplies	99070		
			Visit Number: <u>58</u> of <u>62</u>
			Staff: _____
			Therapist's Signature: <u>[Signature]</u>
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			_____ Patient or Authorized Person's Signature
			_____ Date

Personality. Mr. Clark appeared to approach the MMPI-2-RF in an open and honest manner; the resulting profile was determined to be valid (F-r=120, Fp-r=51). Individuals with similar profiles present in emotional distress with resulting difficulties in thinking. They report feeling demoralized and preoccupied with physical ailments. They are worry prone, lack interest in previously enjoyed activities, and feel physically weak much of the time. Individuals with profiles similar to Mr. Clark's perceive others to be out to get them.

Mood/Emotional Symptoms. Mr. Clark was administered the Beck Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing depressive symptoms in the time frame of the "past two weeks including today." Scores range from Minimal, Mild, Moderate to Severe levels of depressive symptoms. There is no validity measure. Compared to the normal population, he reported experiencing Severe levels of depression (BDI-II=33).

The examinee was administered the Beck Anxiety Inventory, a 21-item scale which measures the severity of anxiety in the time frame of the "past two weeks including today." Scores range from Minimal, Mild, Moderate to Severe levels of anxiety symptoms. There is no validity measure. Compared to the outpatient population, he reported experiencing Moderate levels of anxiety (BAI=23).

The P3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their physical symptoms and their response to treatment. Mr. Clark appeared to approach the items in an open and honest manner; the resulting profile was determined to be valid. He endorsed as much somatization as the typical pain patient. He presents as being more anxious and much more depressed than the typical pain patient, however, and this distress may interfere with his progress in treatment for his pain.

DSM-IV-TR Diagnoses

Axis I	293.83	Mood Disorder Due to Chronic Pain
Axis II	V71.09	No Diagnosis or Condition on Axis II
Axis III'		Back pain; see medical record
Axis IV		Reported pain, physical limitations
Axis V	GAF=59	

Responses to Specific Questions

Does Mr. Clark have emotional impairment and, if so, is it within a degree of certainty related to his 20 July 2011 work-related injury? Yes. In my opinion his emotional symptoms are more likely than not, with as much certainty reasonable in the field of psychology, caused by his 20 July 2011 physical work-related injuries.

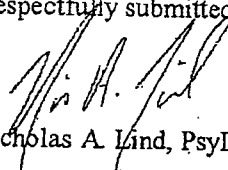
If so, has he met maximum medical improvement for these injuries? No. In our opinion, Mr. Clark has not yet met maximum medical improvement for the psychological consequences associated with his 20 July 2011 injury.

What treatment and/or duty restrictions, if any, would be appropriate? I recommend that Mr. Clark receive psychological and psychiatric treatment. Individuals with similar injuries and resulting symptoms have benefited from routine psychiatric visits for as long as the pain associated with the work-related injuries persists. This treatment plan is, in my opinion, reasonable, necessary and geared toward lessening the period of disability for his work-related injuries as stated most probably to a reasonable degree of certainty. There are no current mental health contraindications to his working in any capacity.

All of the above findings and opinions concerning Mr. Clark are stated most probably to a reasonable degree of certainty.

Thank you for allowing me to examine Mr. Clark. Please let me know if you have any questions or concerns.

Respectfully submitted,



Nicholas A. Lind, PsyD

Rx Date/Time
2013-05-23 15:52

MAY-23-2013(THU) 14:23
Dr. Brabham

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PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210

bobnorabraham@bellsouth.net

PH: 803-731-0588 FAX: 803-731-0589

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST
MASTER'S IN REHABILITATION COUNSELING
CERTIFIED LIFE CARE PLANNER

ROB BRABHAM, JR., MRC, CRC

NORA HEAPE, RN, BA

BETH BURNETT, BA, ED.

DENISE YARBOROUGH, ADMIN. ASST.

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Lamar (NMI) Clark

ID Number: xxx-xx-████

Date of Birth: █████

Age at Evaluation: 38

Date of Evaluation: 05-21-2013

Date of Report: 05-23-2013

Referral and Background Information: Mr. Clark is a 38-year-old former general "Utility Worker" performing a variety tasks as needed. At the time of his injuries he was working in the paint department of Shakespeare. He had begun his work about 10-months earlier through a temporary agency and, sadly, had just become a full-time employee at Shakespeare. He was referred for an independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries he sustained on 07-20-2011. This evaluation took place in my office located in Columbia, SC.

Mr. Clark sustained on-the-job injuries while lifting an approximately 27-foot fiberglass cross arm with a co-worker when it slipped out of their hands. Mr. Clark "caught" the cross arm around his knee level, wrenching his spine area resulting in radicular type symptoms. He was subsequently diagnosed with post traumatic low back pain and prescribed medication. His back symptoms continued, and he also developed left buttock, left leg, and left foot pain thereafter.

Following diagnostic testing, Mr. Clark was diagnosed as suffering from a L5-S1 disc herniation, as well as lumbar radiculopathy secondary to the herniated disc. On 04-04-12, Mr. Clark underwent a left L5-S1 microdiscectomy. However, despite that procedure, he continued to experience ongoing back pain symptoms.

He also developed neck pain symptoms and following diagnostic testing on the neck was diagnosed as having a left sided disc protrusion at C5-6 and cervical radiculopathy resulting in numbness in the left thumb. On 09-05-12, Mr. Clark underwent an anterior cervical discectomy with fusion and instrumentation at C5-6.

Despite having undergone two surgical procedures, as well as ongoing extensive conservative treatment including prescription medications, epidural steroid injections and multiple rounds of physical therapy, Mr. Clark's back, left hip, left leg, left foot, and neck symptoms continue to date.

To his credit, he continued to try and perform his job duties for several months after his injury, even though he was not given any special consideration. However, in about February 2012, however, he was "sent home" and technically remains on the payroll at this time, but without pay since he is receiving worker's compensation benefits instead. However, he indicated that he is still experiencing a substantial loss of income, resulting in considerable financial hardship. He has been unable to return to any other gainful employment since February 2012 as a result of his on-the-job injuries in July 2011.

He was previously married for approximately 6 months, but was then divorced. He indicated that he has an 8-year-old son from that marriage who lives with his cousin in Florida. Mr. Clark indicated that he is engaged at present, and his fiancé is a Fast Food Worker.

Mr. Clark arrived promptly for this evaluation. Since he does not have a valid driver's license at this time due to delinquent child support payments as a result of his ongoing financial difficulties since the date of his on-the-job injuries he requires the use of a taxi for all of his appointments, albeit at a considerable expense. He noted, however, that even while riding as a passenger he experiences considerable left hip, left leg, left foot and neck pain symptoms.

His general appearance, hygiene and personal grooming were good. He had dreadlocks, a moustache, and a goatee. He is 6' 5" in height, and weighs about 245 pounds, his usual weight. He does not wear glasses and does not require the use of a hearing aid. He does not require the use of any assistive device for mobility or stability. However, he indicated that he occasionally experiences "near-falls" due to ongoing left leg/knee weakness. He wriggled and changed positions throughout the evaluation, citing low back, left hip, and left lower extremity pain.

At the time of this evaluation he was receiving \$241 per week in Worker's Compensation benefits, his only income. Mr. Clark indicated that he is still required to pay \$278 per month in child support payments. He indicated that he continues to experience significant financial hardship as a result of his on-the-job injuries and inability to continue any work due to his ongoing medical conditions and physical limitations. For example, he indicated that he experiences difficulty maintaining his phone and electricity, and has also lost several vehicles due to his ongoing financial situation.

Sources of Information:

Medical Records from:

Columbia Neurosurgical Associates, P.A.
Lexington Medical Center
Palmetto Bone and Joint - Newberry

Columbia Rehabilitation Clinic (FCE)
Palmetto Health Pain Management and Rehabilitation Center

Newberry County Memorial Hospital

Thomas Holbrook, Jr., M.D.
Thomas Holbrook, Jr., M.D.
John Hibbitts, M.D.
Daniel Sheehan, M.D.
Tracy Hill, PT
Steve Storick, M.D.
John Garrick, M.D.

South Carolina Diagnostic Imaging

Jason Rexroad, M.D.
Robin Kowalski, M.D.

Newberry Physical Therapy and Sports Medicine Clinic, Inc.

Jennifer Amick, PT, MSRS
Trina Shealy, PTA
Jennifer Frick, PT, MSRS
Trina Price, PTA
Lindsay Wicker, PTA
W. Daniel Westerkam, M.D.
Justin Hutcheson, M.D.
Nicholas Lind, Psy.D.

Rehabilitation and Geriatric Services
Carolinas Center for Advanced Mgmt of Pain
Post Trauma Resources

Psychological Testing and Evaluation Results:

Wechsler Adult Intelligence Scale – Fourth Edition
Wide Range Achievement Test – Revision 4
Beck Depression Inventory – II
Diagnostic Screening for Anxiety
Clinical Interview and Behavioral Observations
Mental Status Examination

Activities of Daily Living: He is presently living with his fiancé. He indicated that her two daughters, ages 16 and 19 reside in the home with their mother. They live in a mobile home.

On most days, he gets up at about 10 AM and requires over-the-counter pain medication upon awakening. He is able to handle his basic personal grooming and toilet needs without assistance, but must move slowly. He indicated that any bending activity significantly increases his pain symptoms and, thus, he now takes showers only due to his inability to get in and out of the bathtub safely without worsening symptoms. He also now requires the use of a "grabber" to reach items located up high or down low in the home.

He continues to perform a few light chores around the home, but requires frequent breaks when doing so. He noted again, however, that he attempts to avoid any activity that requires him to bend as much as possible. He also indicated that he is continuing to experience left hand pain and numbness, resulting in difficulties gripping and grasping objects with that hand.

He is unable to shop alone, as he cannot drive himself to the store. However, when accompanying his fiancé on a shopping trip, he indicated that he must hold onto the grocery cart for stability. Mr. Clark indicated that he can walk for no more than about 20 minutes and then requires a significant period of recovery due to increasing back and leg pain symptoms and fatigue, out of proportion to the actual activity performed. He indicated that he was previously enrolled in a physical therapy program. He is not able to sustain much activity, despite efforts to initiate activity due to pain.

In a typical 8-hour day he indicates he must spend about 5-6 hours per day reclining/ resting back in bed with his neck, left knee, and back supported with pillows as a result of his physical limitations and pain. He watches television to pass the time, although he admits that he often has the television on for "background" noise only. Mr. Clark indicated that there is a computer located in the home, although he has only minimal keyboard skills and is unable to remain in a seated position for more than 45 minutes. The inability to remain in an upright position for a full 8-hour day even with sit/stand options clearly prevents his ability to sustain gainful employment at this time.

In a 5-day work week he indicated that he would be unable to remain at any job for a full 8-hour workday and/or would be unable to even report to work all 5 days per week at any potential job due to pain problems associated with medical conditions that resulted from his on-the-job injuries. This would of course greatly exceed the number of days available for personal/sick leave in an average job in South Carolina, about 1-day per month.

As a result of ongoing difficulties with pain, Mr. Clark has developed a poor sleep routine. He returns to bed at about 3-4 AM but gets only about 3-4 hours of non-restorative sleep, often interrupted by pain. He noted, "...I know I'm not going to be able to sleep anyway, so I stay up as long as I can..." He noted no prior history of sleep problems.

As a direct result of his on-the-job injuries he is now able to participate in far fewer social or leisure activities than was the case prior to his injuries. He also admits that he has inadequate patience and is easily irritated. He indicated that his relationships with friends, family and others have also changed as a result of his medical conditions. He noted, "...now I mostly stay at home in bed because of the pain...for hours each day..." He noted he could no longer fish, work out at the gym (he indicated he could previously bench press about 300 pounds), participate in and coach sports, attend sporting events, perform volunteer work, participate in amusement park activities, or perform mechanic/maintenance of automobiles, all activities he enjoyed prior to his on-the-job injuries.

He noted he has difficulty concentrating and sustaining attention to complete nearly any tasks. His sexual activity has also changed as a result of his medical conditions, which adds to the depression he is experiencing. He indicated that his engagement is at risk of failure due to his ongoing medical conditions and inability to return to gainful employment, resulting in significant financial stress on his relationship with his fiancé. The overall quality of his life has clearly been greatly diminished by his injuries.

Educational Background: He graduated from Daytona High School, Florida, in 1992. He indicated that he participated on various sports teams and in clubs/organizations while attending high school, confirmation of his good health at that time. Following high school, Mr. Clark noted that he attended approximately 1-year of classes at The Georgia Military College. However, he indicated that he did not like the military mindset and subsequently returned home. He learned to operate a forklift through on-the-job training. He has received no further formal training and has no military experience.

Work History: Mr. Clark has a stable work history. At the time of his on-the-job injuries, he was working at Shakespeare for whom he had worked for approximately 10 months. He earned \$10.00 per hour in that position. Mr. Clark indicated that he began his employment with Shakespeare through a temporary agency, Gallman Personnel Services, but had become a full-time employee of Shakespeare only days prior to his injuries.

Work as a Utility Worker is defined by The Dictionary of Occupational Titles as semi-skilled and Medium in physical demands. In his job duties, he was required to lift up to 50 pounds, bend, stoop, and reach on a regular basis as part of his essential job duties.

Prior work experience included work for Hardee's in Newberry for approximately 4 months. He also previously worked in Route Sales for S.R. Perrott in Florida, a Miller Beer distributor, for approximately 6 years. Prior work experience also included work as a Machine Operator in a textile mill in Florida for approximately 2 years. Mr. Clark has never held an office/sedentary position, and has no office skills. As noted previously, he has only minimal keyboard/computer skills. He insisted that in his employment he had no personnel or performance problems. He enjoyed his co-workers, his colleagues and got along well with his supervisors.

When asked about any prior work injuries or pre-existing conditions, Mr. Clark noted a prior left knee injury while attending college. However, he worked on a full-time basis without undue difficulty following that injury. He also noted a preexisting diabetic condition. However, he indicated that that condition was well-controlled and never interfered with his ability to work on a full-time basis. Clearly it is the on-the-job injury in 2011, which began his medical problems which have been the primary basis for his inability to maintain gainful employment.

Medical Problems: The medical aspects of his injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references have vocational significance and are noted accordingly.

On 09-21-11, Dr. John Hibbitts indicated, "...works at Shakespeare...injured his back on July 20 when he was carrying a cross-arm with another employee and he lost grip of it and bent forward to try to catch it...felt sudden onset of low back pain...has had pain since that time...has begun to notice a very tender nodule along the superior posterior border of the iliac crest...makes his left leg go numb...did not notice prior to injury...persistent low back pain with activity...likely painful neuroma of lumbar spine with associated post traumatic low back pain..."

On 10-19-11, Dr. Hibbitts noted, "...MRI confirms L5-S1 left parasagittal disc herniation, as well as angular disc protrusion with associated facet arthrosis...given his left sided pain and MRI findings combined with new onset radicular pain down to the buttock where it was not there originally, I advise getting him started with ESI at L5-S1, as well as get him on an organized rehab program...start on Neurontin, as well as Zipsor...keep on *sedentary duty*..."

On 11-07-11, Dr. Daniel Sheehan performed a left transforaminal epidural steroid injection at L4-5 and L5-S1.

On 11-30-11, Dr. Hibbitts indicated, "...returns following ESI...has had 2 therapy sessions...lumbar traction has been helpful...ESI did help his pain, but recently his pain returned where he has left radicular problems that have continued...had to drive for an extended duration and felt this exacerbated his problem...symptomatic lumbar disc...finish out ESI series...refill Neurontin..."

On 12-12-11, Dr. Sheehan performed another left transforaminal epidural steroid injection at L4-5 and L5-S1.

On 01-04-12, Dr. Hibbitts noted, "...persistent complaints of numbness with radicular component from his L4-5 and L5-S1 disc...continues to have worsening complaints with prolonged sitting and standing...employer has not been entirely compliant with allowing him to maintain a sedentary activity level...he has been compliant with his therapy program...however, despite improving his flexibility and core muscle strengthening, he continues to have ongoing pain primarily down the leg from the L4-5 and L5-S1 left parasagittal lumbar disc herniation..."

An EMG/NCS conducted by Dr. Sheehan on 01-25-12 concluded, "...findings and clinical assessment are consistent with lumbar radiculopathy primarily affecting the left L5 nerve root distribution...agree with continuation of Neurontin for neuropathic pain...continue physical therapy...continue *sedentary work with frequent breaks*..."

On 02-01-12, Dr. Hibbitts indicated, "...persistent radicular complaints down his left lower extremity...primarily almost a constant burning pain in his left gluteal region, but once up ambulating he begins to note a burning radicular component down the posterior thigh and into the calf and occasionally into the foot...also notes the same issue with prolonged sitting...has good days and bad days, but the pain never resolved...given the constellation of objective findings and failure of conservative treatment, refer to Dr. Rambo for further treatment options..."

On 02-17-12, Trina Shealy, PTA noted, "...current level of pain is 9/10...after his last treatment he began experiencing increased levels of pain and increased radiculopathy into his left leg...the radicular symptoms had become less and only had numbness into his glutes...has been *out of work on medical leave for past 4 weeks*...discharged at this time..."

On 02-22-12, Dr. Thomas Holbrook, Jr. noted, "...referred by Workman's Comp for low back injury sustained in July of 2011...was lifting a heavy object with his coworker...coworker's end slipped from his hand and Mr. Clark dropped his end, but caught it to prevent it from striking his foot and further injury...he experiencing low back pain which within a few days went down the left leg...now complaining of significant low back pain in the left buttock and left lower back with some tingling in his left foot...has had two lumbar epidural steroid injections without any significant lasting relief...has had more than 20 sessions of physical therapy with no significant lasting benefit..."

Dr. Holbrook concluded, "...low back pain radiating down the left leg to the toes...current problem and pain are no better...has been taking Hydrocodone for the pain, as well as Neurontin...MRI scanning of the lumbar spine from 10/11/11 shows a herniated disk on the left at L5-S1...EMG/nerve conduction study consistent with a left L5 radiculopathy...has lumbar radiculopathy on the left secondary to a herniated disc on the left at L5-S1...has failed to respond satisfactorily to conservative measures and would be a good candidate for surgery...lumbar microdiscectomy on the left at L5-S1..."

On 03-30-12, Jennifer Frick, PT, MSRS indicated, "...current level of low back pain is 4/10 and worst is 6/10...over the last several weeks he has come complaining of left shoulder/upper thoracic pain...did go to the ER secondary to pain...today he comes in and the pain level is 9/10...will be having surgery 4-4-12...discharged..."

On 04-04-12, Dr. Holbrook performed a left L5-S1 microdiscectomy. As of 05-02-12, he indicated, "...has had complete relief from his left leg radicular pain, but still having some soreness in the low back...gait is still a little bit guarded complaining of some low back discomfort...making progress...continue Lortab and Soma...start outpatient physical therapy...light duty work at this time..."

On 05-14-12, Trina Price, PTA noted, "...comes to PT status post lumbar laminectomy for discectomy left L5-S1...to be seen 2-3 times a week for 4-6 weeks...continues to have back tightness and occasional pain to the left leg...unable to single leg stance on the left at this time...current and worst level of pain is 5/10...decreased sensation noted along the L4-L5 dermatome on the left compared to the right...had some back pain with seated and supine SLR...today did present increase lumbar tightness and weakness...will focus on increasing his core strength, hamstring flexibility, and improving overall functional ability...reports 40% improvement since coming to PT...has made little progress with decrease in pain and improved function...I feel further PT may benefit Lamar..."

An MRI of the cervical spine by Dr. John Garrick on 06-01-12 concluded, "...prominent left sided disc protrusion at C5-6 impressing on the exiting nerve root and cord...slightly increased signal noted in the cord at this level related to some edematous change...degenerative changes with end plate osteophytic spurring causing some impression on the nerve roots..."

On 07-02-12, Dr. Holbrook noted, "...still having soreness in the low back intermittently...currently undergoing physical therapy and believes this is helping...could do light duty work...given prescription for anti-inflammatory, Mobic, and muscle relaxer, Soma...also states that two weeks before his back surgery he woke up with neck pain...he is continuing to complain of neck pain...initially had some left arm radicular type pain which has resolved, but now has residual numbness in the left thumb...has a mild decrease in ROM of the cervical spine complaining of some discomfort in the neck...persistent neck pain..."

On 07-09-12, Jennifer Amick, PT, MSRS indicated, "...diagnosis of cervical radiculopathy ...In March he woke up having pain in his back and numbness into his left thumb...has progressively gotten worse...cannot find anything to help ease the pain...MRI of the neck showed a pinched nerve...has been trying to sleep with a neck brace, but it hasn't eased the pain...current level of pain is a 9/10...has decreased sensation along the left C6 dermatome compared to the right...does have a slight forward head posture...tender to palpation along the left upper traps...did get some relief with traction today...PT will focus on increasing cervical spine ROM, decreasing upper trap tightness, and decreasing the radiculopathy..."

On 08-01-12, Jennifer Amick, PT, MSRS noted, "...current level of neck pain has decreased from a 9/10 to a 4-5/10...worst level of neck pain has decreased from a 10/10 to a 5/10...has noticed a 60% improvement in his neck since starting PT...does continue to have numbness into his left thumb...was making gains in rehab...the last couple of weeks he has had increased LBP...his back feels stronger, but continues to have pain..."

On 08-01-12, Dr. Holbrook indicated, "...still complaining of some discomfort in the left low back...has been using Soma and Mobic which helped some...physical therapy also helped, as well as helping the strength in his left gastroc...still having some neck discomfort, although this is improved...still has numbness in the left thumb...MRI scanning of the cervical spine from 6/1/12 shows a disc herniation on the left at C5-6 with nerve root and spinal cord impingement with some increased signal intensity within the cord...will have him complete another course of physical therapy for his low back and left leg strength...as he has evidence for a disc herniation on the left at C5-6, I have recommended surgery for this...anterior cervical discectomy with fusion and instrumentation at C5-6...continue Mobic and Soma for low back...could do *light duty* work at this time..."

On 08-24-12, Lindsay Wicker, PTA noted, "...current level of pain is 8/10...has made little progress since coming to PT...has made little progress with decrease in pain and improved function..."

On 08-29-12, Dr. Holbrook noted, "...still having some low back pain which markedly limits his normal activities...has been using Mobic and Soma which help...physical therapy has helped as well...continue medications...add Lortab to use intermittently as needed...will try one more course of physical therapy for his low back...also continues to have neck and left arm radicular pain with decreased motor effort on testing proximal muscles in the left arm due to exacerbation of his pain with some decreased sensation...MRI scan has demonstrated a disc herniation on the left at C5-6 with nerve root and spinal cord compression...I have recommended surgery..."

On 09-05-12, Dr. Holbrook performed an anterior cervical discectomy with fusion and instrumentation at C5-6. As of 10-03-12, he indicated, "...low back pain is better, but he still has good days and bad days...no radicular leg pain...still has some intermittent tingling of the great toe on the left...status post anterior cervical discectomy and fusion at C5-6...has no radicular arm pain, but still has some soreness in the neck...still has some decreased sensation in the left thumb...has been taking Lortab once a day and, at

times, three times a day on a bad day...Intermittently uses Soma as well...there is still some decreased range of motion of the cervical and lumbar spine...start outpatient physical therapy for his neck and back...given prescription for Mobic and Neurontin...can do *sedentary work* at this time..."

On 10-10-12, Jennifer Amick, PT, MSRS noted, "...comes to PT status post anterior cervical discectomy and fusion of C5 and 6...had surgery on 9-5-12...continues to have numbness into the left thumb region and neck pain...has been treated on several occasions at NPT for his back and neck...current pain level is 7/10...light touch sensation has decreased on the left UE throughout, compared to the right...presented today with decreased cervical spine ROM and overall strength...will focus on increasing cervical spine ROM and neck strength...prognosis in PT is good...continue 2-3 x's per week for 4-6 weeks...increase neck strengthening exercises and ROM exercises as tolerated..."

On 11-14-12, Jennifer Amick, PT, MSRS indicated, "...has been seen in PT for additional 16 visits for back rehab...has continued to consist of core strengthening exercises, bilateral LE stretching and strengthening, and treadmill walking...does continue to come in on occasion complaining of increase LBP...also struggles with some of the core strengthening exercises...does continue to experience pain in his back, especially with activities...discharging back into care and to HEP..."

On 11-14-12, Dr. Holbrook indicated, "...main complaint today is of left low back pain...still has some minimal soreness in the cervical paraspinal muscles...still complains of some decreased sensation to pinprick over the left thumb and left medial foot...decreased sensation to pinprick over the distal left thumb and left medial foot...subjective decreased strength in the left gastroc when compared to the right...Mobic, Ultram and Neurontin did not help...physical therapy has not helped and the exercises for his low back tend to exacerbate his pain...given a prescription for Naprosyn to try for pain...renewed prescription for Soma...return to *light duty work with restrictions, exerting up to 20 pounds of force occasionally*..."

An MRI of the lumbar spine by Dr. Jason Rexroad on 11-27-12 concluded, "...L4-L5 and L5-S1 predominant lumbar spondyloarthropathy, favoring the left side...clinically significant relationship may be present given the clinical history...T12 vertebral body height loss..."

On 11-30-12, Dr. Holbrook noted, "...follow-up MRI of the lumbar spine on 11-27-12 showed some degenerative changes more so at the L4-5 and L5-S1 levels with some lateral recess stenosis noted mainly on the left at these two levels...I do not believe he would benefit from any further surgery on his lumbar spine..."

On 01-02-13, Dr. Holbrook indicated, "...continues to complain of left low back pain which overall he says is no better...Soma has been helping...Ultram did not help...does still take Neurontin, although he says it does not help...there is tenderness to palpation over the left lower lumbar paraspinal muscles with decreased ROM in the lumbar spine due to exacerbation of his back pain...gait is guarded due to back pain...has generally reached MMI as far as his low back...renewed prescription for Soma...will also continue Neurontin...could do *light-duty work*...has 10% impairment to the whole person for his

lumbar spine...will also schedule him an appointment to have his medicines evaluated by pain management to recommend a regimen of medicine to best help him with his ongoing back pain which could then be prescribed by his primary care physician..."

A Physician's Statement (14B) completed by Dr. Holbrook on 01-08-13 noted, "...lumbar spine...MMI as of 1/2/13...10% whole person loss of use to lumbar spine...light-duty work...will need one time evaluation by pain management to recommend a regimen of medicine to best help ongoing back pain..."

On 02-11-13, Dr. Steve Storick noted, "...chronic left back and leg pain...left L5 radiculitis...status-post left L5-S1 microdiscectomy...chronic postoperative pain syndrome...describes a fairly accurate left L5 radiculopathy...continue titrating Neurontin which Mr. Clark finds beneficial to a degree now...Cymbalta may help potentiate the effects of the Neurontin...Lyrica would be another option...selective nerve blocks along the L5 or even possibly L4 or S1 would be reasonable...diagnostic facet joint blocks may be helpful in determining further treatment options for the back pain...if all reasonable conservative treatments fail and Mr. Clark continues to have persistent radicular pain, then a spinal cord stimulator trial would be a potential option..."

An FCE with Impairment rating by Tracy Hill, PT on 05-06-13 concluded, "...qualifies for limited sedentary to limited light work avoiding sitting and standing/walking for over 60 minutes at a given time...does not tolerate occasional twisting, squatting, or kneeling...reports constant left thumb and constant left great toe numbness...intermittent left cervical pain and constant left lumbar pain...difficulty with lifting, bending, and squatting since injury...AMA Guides...fifth edition...DRE Lumbar Category III...whole person impairment rating 13%, results in a 17% impairment of the lumbar spine...reports left cervical pain and constant left thumb numbness...Cervical Category IV...whole person impairment 28%, results in a 80% cervical spine impairment..." (Obviously, these limitations and restrictions do not permit Mr. Clark to perform any of his previous work or to sustain any other employment on a full-time basis due to his difficulties with any combination of lifting or bending.)

On 05-09-13, Dr. W. Daniel Westerkam noted, "...sustained a low back injury at work on 7/20/11 with subsequent left L5 radiculopathy confirmed by MRI scan and EMG and nerve conduction studies...has undergone a lumbar laminectomy but has persistent pain and symptoms...has received appropriate conservative care, as well with epidural steroids and physical therapy...does appear to have reached maximum medical improvement...American Medical Association Guides to Evaluation for Permanent Impairment-Fifth Edition...13% spine impairment or, if converted to the lumbar spine, will be 17% lumbar spine impairment...symptoms do affect his back and his left leg as a result of the left L5 radiculopathy...does qualify for work restrictions...able to work in a limited sedentary light work setting...can stand and walk for 60 minutes at a time...can sit up to 60 minutes at a time, but must be allowed to alternate his position...to lessen the period of disability, I think the patient will need long-term pain management with Neurontin...would benefit from Cymbalta...does appear to have some depression as a result of this injury...medications would lessen his period of disability...defer to spine surgeon concerning surgery...defer to pain management physician regarding spinal cord stimulator...all recommendations most probably to be needed for his lifetime...all

recommended care and treatment most probably tends to lessen the period of disability for his work related injuries...will need to follow with a pain specialist twice a year, indefinitely, to lessen his period of disability..."

On 05-16-13, Dr. Nicholas Lind indicated, "...Beck Depression Inventory, Second Edition...33, Severe levels...Beck Anxiety Inventory, 23, Moderate level...Mood Disorder due to chronic pain...does have emotional impairment and emotional symptoms are more likely than not caused by his 20 July 2011 physical work-related injuries...has not met maximum medical improvement for the psychological consequences associated with his 20 July 2011 injury...recommend psychological and psychiatric treatment...routine psychiatric visits for as long as the pain associated with the work-related injuries persists...treatment plan is reasonable, necessary and geared toward tending to lessening the period of disability for his work-related injuries...no current mental health contraindications to his working in any capacity..."

On 05-17-13, Dr. Justin Hutcheson noted, "...work injury led to cervical spine problems, notably cord compression at C5/6 that was addressed by C5/6 ACDF...has mild residual symptoms from this with axial neck pain, left thumb numbness, and some mild myelopathic reflexes...should be treated with PT/TENS unit...if that does not resolve neck pain, consideration should be given for cervical ESI and/or cervical facet injections, bilateral C3/4, 4/5, 5/6 if needed...low back appears to still be being worked up to see if he has a recurrent HNP...will need ongoing pain management going forward, likely for life...given his current back pain, I recommend epidural steroids targeted at the left L5/S1 epidural space...has some facet and SI pain that may need to be injected in the future as well...ultimately he might need spinal cord stimulation if these measures fail...will need ongoing medications including opioids, muscle relaxants, SNRI antidepressants to treat pain, and seizure medications to treat pain...will likely need ongoing PT, imaging and EMG testing over time..."

An MRI of the lumbar spine by Dr. Robin Kowalski on 05-21-13 concluded, "...facet arthropathy L3-4...eccentric disc bulge versus disc bulge with left frontal protrusion and facet arthropathy with stenosis at L4-5...left laminotomy with enhancing granulation tissue L5-S1..."

A questionnaire completed by Dr. Holbrook on 05-22-13 noted, "...work-related back injury affects his left leg in standing, walking, strength, balance, stamina, numbness, weakness, pain, coping with uneven surfaces, squatting, crawling, negotiating stairs, stooping, bending, kneeling, mobility, range of motion, flexibility, running, jogging, functionality..."

Another questionnaire by Dr. Holbrook on this same date indicated, "...back and left leg pain most probably result from his performance of his job activities and/or work-related aggravation of a pre-existing condition...medical care, treatment and/or medications provided were reasonable, necessary and geared toward tending to lessen the period of disability stemming from his work-related injuries...continues to require medical care, medical treatment and/or medications...reevaluate new radicular symptoms...not at maximum medical improvement if new symptoms...will reevaluate work status..."

At the time of this evaluation, Mr. Clark is still prescribed Neurontin for his medical conditions resulting from his on-the-job injuries. He also continues to be prescribed Metformin related to his preexisting diabetic condition.

References to pain in records exist over an extended period of time. He indicated treatment has included prescription medications, physical therapy, and epidural steroid injections. As noted previously, his physical therapy was ceased by the worker's compensation carrier, for reasons unknown to Mr. Clark. Also, although there was mention of a spinal cord stimulator trial by Mr. Clark's treating physicians on several occasions, Mr. Clark indicates that the worker's compensation carrier chose to "ignore" those recommendations.

When asked to describe his pain, he indicated that since his on-the-job injuries he experiences pain at a level 8 on a 10-point scale, 7-days per week. He noted movement and daily activities exacerbate the pain. His pain is best relieved by resting/reclining, heating pads, and rubs/ointments, albeit only temporarily. His pain would result in unexpected absences and/or an inability to work, all 5 days per week. His pain would be distracting and cause abandonment to adequately perform daily activities or work. His pain would prevent his ability to sit and/or stand for an 8-hour day.

Mental Status Evaluation: He was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. He noted no prior mental health history. I agree with Dr. Lind that Mr. Clark might reasonably benefit from psychiatric treatment related to his symptoms of anxiety and depression at this time related to his inability to return to gainful employment and his ongoing medical conditions. Mr. Clark indicated that he would gladly participate in such treatment if it was offered by the worker's compensation carrier.

He described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. His depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate; easily distracted with memory difficulties. These symptoms have clearly resulted in significant distress/impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. Mr. Clark acknowledged a suicide attempt when he "almost" cut his wrists with a knife. However, he indicated that he is not experiencing any suicidal thoughts at this time.

In addition to his depression, he is also experiencing considerable anxiety, related to his awareness that in spite of his full cooperation with any and all medical procedures suggested, he continues to experience debilitating pain now more than 1 1/2 years following his injuries. He noted, "...I worry a lot...I wonder if I will be able to ever work again..."

He does not use illegal drugs. He occasionally drinks alcohol socially and smokes cigarettes.

Psychological Test Results: He appeared to cooperate and to give optimal effort during this evaluation. Thus these results are believed to be valid indicators of his current levels of functioning.

On the Wechsler Adult Intelligence Test – Fourth Edition, he obtained a Full Scale IQ score of 109. Relative to examinees of comparable age, he is currently functioning within the "Average" range of intelligence on this standardized measure of intellectual ability. This score is consistent with his educational history.

On the Wide Range Achievement Test – Revision 4, his Reading Standard Score of 59 is an 11.9 grade level score, his Arithmetic Standard Score of 46 is a 12.9 grade level score, and his Spelling Standard Score of 42 is a 12.2 grade level score.

On the Beck Depression Inventory-II, he obtained a Raw Score of 45, defined as a "Severe" level of depression. As noted previously, he should be considered for treatment for his severe level of depression related to his on-the-job injuries. It should be noted that with the passage of additional time the severity of his depression also appears to be worsening as this score is higher than it was when administered by Dr. Lind earlier.

He also described credible, but diagnostically significant symptoms sufficient to conclude that he is in fact experiencing a level of anxiety. His anxiety is worsened by the fact that he has cooperated fully with all suggested medical treatment and allied care, but has continued to worsen over a period of years.

Diagnoses: After observing him during this evaluation, and from careful review of records of past behavior and levels of functioning, he is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. He is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. He is also anxious about his future, especially since he realizes that his past work is no longer an option for him, an anxiety-provoking thought for someone at the age of 38. Finally, his multiple losses, personal, financial, social and leisure, all have led to a level of depression. Depression and anxiety are the two most common psychiatric symptoms experienced by adults following major lifestyle changes. Therefore the following diagnoses apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder

311 Depressive Disorder NOS

300.02 Generalized Anxiety Disorder

These medical/mental conditions are in addition to his other physical medical problems that are well documented in his files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include his age of 38, still defined as a "younger worker", a positive factor; his post high school graduate educational background is positive; his stable work history would be positive but is offset by his inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that he experiences on a daily basis which requires that he spend 5-6 hours per day "resting or reclining"; and his depression and anxiety also interfere with his ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on more than fifty years of vocational rehabilitation and psychology experience, that in his present medical condition and without the necessary pain management services, he is unable to engage in full-time gainful, competitive employment as a result of his medical conditions resulting from his on-the-job injuries in July 2011.

The rationale for my opinion is essentially based on the following observations:

Credibility: He appeared credible in his description of his limitations and remaining functional capacities. As a result of the limitations on his back, left hip, left leg, left foot, and neck, he cannot complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

Medications: He is prescribed Neurontin, and is carefully compliant with dosages and times as prescribed, and has been so since his injuries. However, he experiences the usual and predicted side-effects of that medication, including feelings of fatigue and an inability to function at optimal levels while taking his medication.

Pain Factors and Attendance Implications: Even with pain medication he continues to experience significant pain at such levels as to interfere with his ability to sustain physical activity. His cognitive deficits would also cause difficulty in his ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Sitting and Standing: His limitations on sitting and standing are such that vocationally even any sedentary work, which might otherwise have been suggested, is precluded. Vocationally, any work requires some combination of sitting, standing and/or walking for a full 8-hour workday, without the need to rest for prolonged periods of time, something he is unable to do in his present condition.

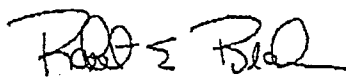
Limitations on Use of Left Upper Extremity: Persons who have severely limited use of even one arm experience a significant reduction in the occupational base which otherwise have been considered. The inability to use both upper extremities results in functional capacity somewhere between sedentary and light work. Such individuals are unable to perform the usual full range of even sedentary work because the vast majority of even unskilled sedentary jobs require the good use of both hands. This is a finding noted in Social Security Regulations (SSR 83-12) and is often cited. Additionally, gainful employment by definition requires that one be able to use the upper extremities for a full 8-hour workday, without the need to rest for prolonged periods of time, something he is unable to do in his present condition.

Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in his file, in his present medical condition he is as yet unable to effectively perform the essential duties in any gainful work activity. It is also clear that the unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working.

It is unreasonable to suggest that Mr. Clark, who has no useful ability to maintain any position for more than a brief period of time, less than thirty minutes in any one position, and has to frequently change position, would be able to perform any physically strenuous activity in his present medical condition. Further, Mr. Clark is also unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. As a result, he is presently clearly incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of his on-the-job injuries the only services he could perform at present are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

It seems reasonable to conclude that in the absence of treatments and procedures recommended by his physicians well-familiar with his case, there will continue to be the absence of sufficient improvement to permit him to return to any gainful employment.

The opinions noted in this report are offered within a reasonable degree of professional certainty, based on more than 50 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.



Robert E. Brabham, Ph.D.
Licensed Psychologist (SC #77)
Master's in Rehabilitation Counseling

PSYCHOLOGICAL AND TRAINING SERVICES, P.A.

920 St. Andrews Rd., Columbia, SC 29210

bobnorabraham@att.net

PH: 803-731-0588 Fax: 803-731-0589

ROBERT E. BRABHAM, PH.D

LICENSED PSYCHOLOGIST

MASTER'S IN REHABILITATION COUNSELING

CERTIFIED LIFE CARE PLANNER

ROB BRABHAM JR., MRC

NORA HEAPE, RN, BA

AMYE HAWKINS, ADM. ASST.

BETH BURNETT, BA, ED

PSYCHOLOGICAL and VOCATIONAL EVALUATION

Name: Lamar (NMI) Clark

ID Number: xxx-xx-████

Date of Birth: █████

Age at Evaluation: 41

Date of Evaluation: 12-18-15

Date of Report: 12-22-15

This is an updated evaluation regarding changes, if any, to Mr. Clark's conditions, since the date of my original evaluation, 05-21-13.

Referral and Background Information: Mr. Clark is a 41-year-old former general "Utility Worker" performing a variety tasks as needed. At the time of his injuries he was working in the paint department of Shakespeare. He had begun his work about 10-months earlier through a temporary agency and, sadly, had just become a full-time employee at Shakespeare. He was referred for an updated independent psychological and vocational evaluation to determine vocational implications, and earnings issues, if any, related to limitations resulting from on-the-job injuries he sustained on 07-20-11. This evaluation took place in my office located in Columbia, SC.

Mr. Clark sustained on-the-job injuries while lifting an approximately 27-foot fiberglass cross arm with a co-worker when it slipped out of their hands. Mr. Clark "caught" the cross arm around his knee level, wrenching his spine area resulting in radicular type symptoms. He was subsequently diagnosed with post traumatic low back pain and prescribed medication. His back symptoms continued, and he also developed left buttock, left leg, and left foot pain thereafter.

Following diagnostic testing, Mr. Clark was diagnosed as suffering from a L5-S1 disc herniation, as well as lumbar radiculopathy secondary to the herniated disc. On 04-04-12, Mr. Clark underwent a left L5-S1 microdiscectomy. However, despite that procedure, he continued to experience ongoing back pain symptoms.

He also developed neck pain symptoms and following diagnostic testing on the neck was diagnosed as having a left sided disc protrusion at C5-6 and cervical radiculopathy resulting in numbness in the left thumb. On 09-05-12, Mr. Clark underwent an anterior cervical discectomy with fusion and instrumentation at C5-6.

Despite having undergone two surgical procedures, as well as ongoing extensive conservative treatment including prescription medications, epidural steroid injections and multiple rounds of physical therapy, Mr. Clark's back, left hip, left leg, left foot, and neck symptoms continue to date.

To his credit, he continued to try and perform his job duties for several months after his injury, even though he was not given any special work conditions or consideration, and was, instead, expected to return to full duty. However, in about February 2012, he was "sent home" when he was still unable to perform the full range of duties. As a result, he indicated that he is still experiencing a substantial loss of income, resulting in considerable financial hardship. He has also been unable to return to any other gainful employment since February 2012 as a result of his on-the-job injuries in July 2011.

Generally speaking, as will be noted throughout this report, Mr. Clark is no better than he was at the time of my original report, in May 2013. In fact, his conditions are actually worse in terms of pain and in terms of his restrictions on his activities of daily living. It is my opinion that he is still in need of psychological treatment. He also indicated that physical therapy had previously been helpful, and believes that if it had been continued, or could now be reinstated, it could be beneficial. Both services are, therefore, recommended for consideration.

He was previously married for approximately 6 months, but was then divorced. He indicated that he has a son from that marriage, who lives with his cousin in Florida. Mr. Clark indicated that he is engaged at present, and his fiancé is a Machine Operator at a Caterpillar manufacturing facility.

Mr. Clark arrived promptly for this evaluation. He still does not have a valid driver's license, due to delinquent child support payments. He indicated that as a result of his ongoing financial difficulties since the date of his on-the-job injuries, he could not maintain those payments, as expected, which led to the suspension of his license. In the absence of a driver's license or a vehicle, he requires the use of a taxi for all of his appointments, albeit at a considerable expense. (It is noted that he actually required a paid driver to bring him to this appointment.) He noted, however, that even while riding as a passenger he experiences considerable left and right sided leg pain, low back pain, and neck pain.

His general appearance, hygiene and personal grooming were good. He had dreadlocks, a moustache, and a goatee. He is 6' 5" in height, and weighs about 245 pounds, his usual weight. He does not wear glasses and does not require the use of a hearing aid. He does not require the use of any assistive device for mobility or stability. However, he indicated that he has actually fallen at times, due to ongoing leg/knee weakness. He wriggled and changed positions throughout the evaluation, citing low back, left hip, and left lower extremity pain.

At the time of this evaluation he was receiving \$733 per month in Social Security disability benefits. It should be noted that approval for SSA disability benefits required a

determination that he was unable to engage in any employment that existed in any significant numbers in the national economy. Mr. Clark indicated that he is still paying \$278 per month in child support, including his back payments. He indicated that he continues to experience significant financial hardship as a result of his on-the-job injuries and inability to continue any work due to his ongoing medical conditions and physical limitations.

Sources of Information:

Medical Records from:

Dr. Holbrook

Dr. Patel

Dr. Storick

Dr. Hutcheson

Dr. Gabr

Columbia Rehabilitation Clinic

Dr. Johnson

Dr. Caldwell

Dr. Westerkam

Dr. Holt

Psychological Testing and Evaluation Results:

Wechsler Adult Intelligence Scale – Fourth Edition

Wide Range Achievement Test – Revision 4

Beck Depression Inventory – II

Diagnostic Screening for Anxiety

Clinical Interview and Behavioral Observations

Mental Status Examination

Activities of Daily Living: He is presently living with his fiancé. He indicated that her two daughters, ages 16 and 19 reside in the home with their mother. They live in a mobile home.

On most days, he gets up at about 9 AM and takes over-the-counter pain medication upon awakening. He indicated that he does not even get dressed about 3-4 days a week, due to pain. On the days that he does get dressed, he is able to handle his basic personal grooming and toilet needs without assistance, but must move slowly throughout his "routine". He indicated that any bending activity significantly increases his pain symptoms and, he still only takes showers, due to his inability to get in and out of the bathtub safely without worsening symptoms. He requires the use of a "grabber" to reach items located up high or down low in the home.

He performs fewer light chores than in my previous report. He still requires frequent breaks, even with fewer and lighter chores. He noted again, however, that he attempts to avoid any activity that requires him to bend as much as possible. He also indicated that he is continuing to experience left hand pain and numbness, resulting in difficulties gripping and grasping objects with that hand.

He is unable to shop alone, as he cannot drive himself to the store. However, when accompanying his fiancé on a shopping trip, he indicated that he must hold onto the grocery cart for stability. Mr. Clark indicated that he can walk for no more than about 20

minutes and then requires a significant period of recovery due to increasing back and leg pain symptoms and fatigue, out of proportion to the actual activity performed. He sits at the mall while his fiancé shops. He is not able to sustain much activity, despite efforts to initiate activity due to pain.

In a typical 8-hour day he indicates he must spend about six hours per day reclining/ resting back in bed with his neck, left knee, and back supported with pillows as a result of his physical limitations and pain. He watches television to pass the time, although he admits that he often has the television on for "background" noise only. Mr. Clark indicated that there is a computer located in the home. However, he essentially uses the computer only to check his Facebook account, and he can only sit at the computer for about 20 minutes maximum at a time, due to pain. The inability to remain in an upright position for a full 8-hour day even with sit/stand options clearly prevents his ability to sustain gainful employment at this time.

In a 5-day work week he indicated that he would be unable to remain at any job for a full 8-hour workday and/or would be unable to even report to work all 5 days per week at any potential job due to pain problems associated with medical conditions that resulted from his on-the-job injuries. This would of course greatly exceed the number of days available for personal/sick leave in an average job in South Carolina, about 1-day per month.

As a result of ongoing difficulties with pain, Mr. Clark continues to have a poor sleep routine. He often "stays up all night" and does not go to sleep about 5-6 AM. He indicated that he has to be "exhausted" to "finally" get to sleep. He noted no prior history of sleep problems.

As a direct result of his on-the-job injuries he is now able to participate in far fewer social or leisure activities than was the case prior to his injuries. He also admits that he has inadequate patience and is easily irritated. He indicated that his relationships with friends, family and others have also changed as a result of his medical conditions. He noted, "...now I mostly stay at home in bed because of the pain...for hours each day..."

He noted he could no longer fish, work out at the gym (he indicated he could previously bench press about 300 pounds), participate in and coach sports, attend sporting events, perform volunteer work, participate in amusement park activities, or perform mechanic/maintenance of automobiles, all activities he enjoyed prior to his on-the-job injuries. He also sold all of his vehicles, in order to pay for routine living expenses.

He noted his difficulty concentrating and sustaining attention to complete nearly any tasks has worsened with the passage of time. His sexual activity has also changed as a result of his medical conditions, which adds to the depression he is experiencing. The overall quality of his life has clearly been greatly diminished by his injuries.

Educational Background: He graduated from Daytona High School, Florida, in 1992. He indicated that he participated on various sports teams and in clubs/organizations while attending high school, confirmation of his good health at that time. Following high school, Mr. Clark noted that he attended approximately 1-year of classes at The Georgia

Military College. However, he indicated that he did not like the military mindset and subsequently returned home. He learned to operate a forklift through on-the-job training. He has received no further formal training and has no military experience.

Work History: Mr. Clark has a stable, although diverse, work history. At the time of his on-the-job injuries, he was working at Shakespeare, where he had worked for only approximately 10 months. He earned \$10.00 per hour in that position. Mr. Clark indicated that he began his employment with Shakespeare through a temporary agency, Gallman Personnel Services, but had become a full-time employee of Shakespeare only days prior to his injuries.

Work as a Utility Worker is defined by The Dictionary of Occupational Titles as semi-skilled and Medium in physical demands. In his job duties, he was required to lift up to 50 pounds, bend, stoop, and reach on a regular basis as part of his essential job duties.

Prior work experience included work for Hardee's in Newberry for approximately 4 months. He also previously worked in Route Sales for S.R. Perrott in Florida, a Miller Beer distributor, for approximately 6 years. Prior work experience also included work as a Machine Operator in a textile mill in Florida for approximately 2 years. Mr. Clark has never held an office/sedentary position, and has no office skills. As noted previously, he has only minimal keyboard/computer skills. He insisted that in his employment he had no personnel or performance problems. He enjoyed his co-workers, his colleagues and got along well with his supervisors.

When asked about any prior work injuries or pre-existing conditions, Mr. Clark noted a prior left knee injury while attending college. However, he worked on a full-time basis without undue difficulty following that injury. He also noted a pre-existing diabetic condition. However, he indicated that that condition was well-controlled and never interfered with his ability to work on a full-time basis. Clearly it is the on-the-job injury in 2011, which began his medical problems which have been the primary basis for his inability to maintain gainful employment.

Medical Problems: The medical aspects of his injury are documented in other reports, and will not be addressed in great detail herein. However, several more recent medical references, since my initial evaluation, have vocational significance and are noted accordingly.

On 06-17-13, Dr. Holbrook noted, "...far lateral disc herniation on the left at L4-L5... symptomatic...*failed to respond satisfactorily to conservative measures...*good candidate for surgery..."

On 07-01-13, Dr. Johnson noted, "...L4-L5 foraminal disc protrusion with foraminal stenosis...L5-S1 combination of recurrent disc and scar from his previous surgery causing left sided narrowing through the neuroforamen...consider a spinal cord trial stimulator...not at MMI..."

On 07-19-13, Dr. Narendra Patel indicated, "...twisting injury to the left foot yesterday... Sprained left foot; arthritis of left ankle...Motrin 800...Ultram..."

On 9-25-13, Dr. Holbrook performed a left L4-5 microdiscectomy.

On 10-23-13, Dr. Holbrook indicated, "...continuing to have some low back pain radiating down left leg to knee...decreased range of motion of the lumbar spine due to exacerbation of his back pain...gait is still guarded due to the back pain... Norco... Neurontin...Soma...physical therapy..."

On 12-18-13, Dr. Holbrook indicated, "...increase Neurontin...continue Norco and Soma..."

On 03-16-14, Dr. James Caldwell indicated, "...acute neck pain...Robaxin..."

On 05-08-14, Dr. Steven Storick performed a sacroiliac joint injection.

On 05-28-14, Dr. Holbrook completed a questionnaire as follows: "...not at MMI..."

Also on 05-28-14, Dr. Holbrook indicated, "...continue physical therapy..."

On 07-10-14, an FCE was performed at Columbia Rehabilitation Clinic. Records indicated, "...whole person impairment rating of 25% which converts to a lumbar spine impairment rating of 28%...*occasional walking, stairclimbing, and twisting...does not tolerate occasional kneeling, squatting, bending or reaching...can lift from 5 to 12 pounds at various heights on an occasional basis...does not meet the full physical requirements necessary for sedentary or light work...*"

On 07-21-14, Dr. Westerkam indicated, "...has now undergone 2 back surgeries and has limited range of motion of the lumbar spine...continues to have numbness and tingling in the left foot with weakness and persistent low back pain...at MMI...25% spine impairment, which is equivalent to a 28% lumbar spine impairment...agree with the most recent FCE on 7-10-14... *has not received treatment for the psychological issues that have resulted from his pain... recommend cognitive behavioral training sessions and Cymbalta*, which has some pain relieving qualities as well..."

On 07-23-14, Dr. Holbrook noted, "...low back pain radiating down the left posterior thigh at times... Neurontin...Flexeril...Norco...refer to Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator..."

Also on 7-23-14, Dr. Justin Hutcheson, Carolinas Center for Advanced Mgmt of Pain, noted, "...IME...*will have ongoing back pain into left hip and leg most likely for the rest of his life...needs pain management care including medications, injections, spinal cord stimulator trial...will likely need further back surgery...will need DME...at MMI... recommend repeat lumbar MRI...will need psychological care give ongoing depression*

...agree with FCE demonstrating limited sedentary restrictions...25% whole person impairment...28% lumbar spine impairment..."

On 08-20-14, Dr. Storick indicated, "...chronic left back and leg pain...left L5 radiculitis... chronic postoperative pain syndrome...continues to remain symptomatic after a second lumbar discectomy... reasonable to repeat an epidural, but more from a left L5 approach since he has not had any of these type injections since his first surgery...spinal cord stimulator trial or full pain program..."

On 08-21-14, Mr. Clark was evaluated by Dr. David Holt for the purposes of Social Security Disability. Records noted, "...depression and anxiety...sleep disturbance...sleeps 4-5 hours in a 24-hour period...mild antalgic gait...walking stick to walk 100 yards to mailbox once a week...continually shifted weight while sitting...*obviously depressed*... functional ability seemed consistent with history and findings...pain worse than pre-op...left leg radiculopathy...motor and sensory changes in left lower extremity..."

On 09-30-14, Dr. Storick administered a lumbar transforaminal epidural steroid injection on the left at L5.

On 10-16-14, Dr. Storick noted, "...*no improvement* in back pain from injection... spinal cord stimulator is unlikely to provide substantial benefit when the patient's primary complaint is back pain compared to the leg...possible diagnostic facet joint blocks may help determine if the joints are the source of his pain...may be a candidate for radiofrequency rhizotomy...continue on Neurontin..."

On 12-23-14, Dr. Storick administered lumbar facet joint blocks at L3, L4 and L5 medial branch nerves.

On 01-08-15, Dr. Storick indicated, "...some of his pain is probably discogenic in origin...facet blocks seemed to help lessen his back pain at least 50% temporarily...repeat injections to see if he has similar results..."

On 12-4-15, Dr. Usama Gabr, Columbia Clinic, noted, "...*chronic pain syndrome*... persistent lumbar pain difficulties with activities involving lower limbs secondary to limited range of motion...including dressing and ADLs...directly suffered work-related injury to lumbar spine and associated radiculopathy neurologically affecting left lower extremity function...related psychological injury...at MMI...23% whole person impairment...*permanent restrictions*...*sit continuously limited to 15 minutes at a time and no longer than 4 hours per day*...frequent change of position for comfort...stand limited to 10 minutes at a time...ability to walk less than one block at a time and no longer than one hour per day...difficulty reaching at desk level secondary to cervical radiculopathy and shoulder symptoms...*lifting limited to 10 pounds*... inability to consistently kneel, crawl, bend secondary to limited spine range of motion...will require future medical care...medication management...injections...ongoing comprehensive pain management...lumbar orthosis...spinal cord stimulator trial...psychological and psychiatric care...physical therapy...concur with Dr. Lind...*unable to return to work*..."

Also on 12-4-15, Dr. Hutcheson noted, "...post-laminectomy pain syndrome with back and bilateral leg pain...has failed surgical options...has failed injections...has yet to be considered for spinal cord stimulation...*reasonable to believe he will have this pain for remainder of life...still at MMI...pain 7-8/10...*"

On 12-15-15, Dr. Hutcheson indicated, "...back, left hip, left foot, psychological injuries most probably result from performance of job activities and/or work-aggravation of pre-existing condition...at MMI...28% impairment to lumbar spine...*permanent work restrictions per 7-10-14 FCE...will need pain management...psychological care...neurosurgery care...back brace.. spinal cord stimulator...prosthetic devices during the remainder of his lifetime...loss of L4-5 and L5-S1 reflex demonstrates neurologic deficit affecting leg...concur with recommendations of Dr. Lind...recommend further care by Dr. Lind...recommend ongoing comprehensive pain management care and treatment...*"

At the time of this evaluation, Mr. Clark is still prescribed Neurontin for his medical conditions resulting from his on-the-job injuries. Worker's Compensation pays for his Neurontin. He also continues to be prescribed Metformin related to his pre-existing diabetic condition.

References to pain in records exist over an extended period of time. He indicated treatment has included prescription medications, physical therapy, and epidural steroid injections. As noted previously, his physical therapy was ceased by the worker's compensation carrier, for reasons unknown to Mr. Clark. Also, although there was mention of a spinal cord stimulator trial by Mr. Clark's treating physicians on several occasions, Mr. Clark indicates that the worker's compensation carrier chose to "ignore" those recommendations.

When asked to describe his pain, he indicated that since his on-the-job injuries he experiences pain at a level 8 on a 10-point scale, 7-days per week. He noted that nearly any daily activities exacerbate the pain. His pain is best relieved by resting, and avoiding activity.

Mental Status Evaluation: He was well oriented to all spheres, and neither demonstrated nor reported any hallucinations or delusional thought processes. He noted no prior mental health history.

He described clinically significant symptoms sufficient to confirm the continued presence of a level of depression. Mr. Clark has had only one evaluation from Dr. Lind, but has not had any psychological treatment. I recommend that mental health services be made available to him at this time.

His depressive symptoms include a considerable loss of interest or pleasure which is nearly always present. This includes social withdrawal even from family activities; significant reduction in previous levels of sexual interest or desire; decreased energy, tiredness and fatigue out of proportion to actual activity; impaired ability to concentrate, or make decisions; and easily distracted with memory difficulties.

These symptoms have clearly resulted in significant distress/ impairment in social, occupational, and other important areas of functioning. These symptoms are not better described by any other general medical condition and there is no evidence of any substance abuse which would cause these same symptoms. In spite of his depression, he denies any suicidal attempts or plans at this time.

It is worthy to note that considerable recent research evidence, as published in various pain management journals, indicates that the vast majority of individuals who experience pain for more than a year can be expected to develop significant clinical depression. Mr. Clark continues to experience pain, now over 4 1/2 years following his on-the-job injuries.

In assessing Mr. Clark's symptoms of pain, there are medically determinable impairments that provide a reasonable basis for his reports of severe pain. Records confirm the intensity, persistence, and/or functionally limiting effects of the pain and/or other symptoms. Based on determinable medical evidence, all of these aspects are well established, and support a diagnosis of a pain disorder.

He also described considerable anxiety that he is continuing to experience as a direct result of the on-the-job injuries received in July 2011. This includes awareness as to his future medical prognosis. His anxiety is worsened by the realization that in spite of full and careful compliance with all recommended medical treatments and allied services, the hoped-for significant improvement simply has not occurred.

None of his prior work can reasonably be expected to remain even a possibility, due to what have been designated as "permanent" limitations and restrictions. In the absence of other readily transferrable skills, this must reasonably be expected to result in long-term earning losses, and a loss of earnings capacity.

He does not use illegal drugs, is a social drinker without problem, and does not use tobacco products.

Psychological Test Results: It was not necessary to repeat the full range of psychological testing. Those tests were administered previously, and there is no reason to believe that those scores had changed. However, I was interested in obtaining an updated measure of his depression.

His responses to the items on the Beck Depression Inventory-II confirm that he is still experiencing a severe level of depression. As noted previously, I continue to recommend that he be considered for treatment for his depression related to his on-the-job injuries.

Diagnoses: After observing him during this evaluation, and from careful review of records of past behavior and levels of functioning, he is clearly manifesting signs and symptoms consistent with the requirements to establish and/or maintain several diagnoses. He is continuing to experience major pain episodes and references to pain exist in several medical records over an extended period of time. He is also anxious about his future, especially since he realizes that his past work is no longer an option for

him, an anxiety-provoking thought for someone at the age of 41. Finally, his multiple losses, personal, financial, social and leisure, all have led to a level of depression.

Therefore the following diagnoses still apply, in keeping with all diagnostic requirements for each:

307.89 Pain Disorder

311 Depressive Disorder NOS

300.02 Generalized Anxiety Disorder

These medical/mental conditions are in addition to his other physical medical problems that are well documented in his files.

Vocational Opinion and Rationale: Several factors must be considered in reaching a vocational opinion. They include his age of 41, still defined as a "younger worker", a positive factor; his high school graduate educational background is positive but is offset by his inability to remain in an upright position to use his academic skills; his stable work history would be positive but is offset by his inability to perform any work on a sustained basis; due consideration must also be afforded to the pain that he experiences on a daily basis which requires that he spend six hours per day "resting or reclining"; and his depression and anxiety also interfere with his ability to maintain sufficient attention and concentration, which becomes a negative factor.

Taking all of these factors into consideration, it is my opinion, to a high degree of professional certainty, based on more than fifty years of vocational rehabilitation and psychology experience, that he must be expected to permanently remain, unable to engage in full-time gainful, competitive employment as a result of his medical conditions resulting from his on-the-job injuries in July 2011. The permanency of his inability to return to work is unfortunately further strengthened by the fact that there has been a continued deterioration of his levels of functioning over the last 2 ½ years.

The rationale for my opinion is essentially based on the following observations:

Credibility: He appeared credible in his description of his limitations and remaining functional capacities. As a result of the limitations on his back and his bilateral lower extremities, he cannot complete significant tasks or activities on a regular, sustained basis.

It is noted that the information provided during this interview was highly consistent with information reported in other reports. This provided additional confirmation that the responses and description of events and circumstances were candid, were not feigned or exaggerated, and do not appear to represent any symptom magnification.

It is not reasonable to suggest that someone with a stable work history would suddenly feign or fake an inability to work, and by doing so, subject his family to the financial hardship they are currently experiencing.

In determining the credibility of the individual's statements, I consider the entire case record, including the subjective medical evidence, the individual's own statements about

symptoms, statements and other information provided by treating or examining physicians and allied medical personnel about the symptoms and how they affect the individual. I also take into consideration the individual's statements about the intensity and persistence of pain and other symptoms regarding the effect the symptoms have on their ability to work. I do not believe such statements should be disregarded even if they are not always substantiated by objective medical evidence. This is the position and rationale used in several disability adjudication processes, and is one that I follow as well.

Medications: He is prescribed medication, and is carefully compliant with dosages and times as prescribed, and has been so since his injuries. However, he experiences the usual and predicted side-effects of medication, including feelings of fatigue and an inability to function at optimal levels while taking his medications.

Pain Factors and Attendance Implications: Even with pain medication he continues to experience significant pain at such levels as to interfere with his ability to sustain physical activity. His cognitive deficits would also cause difficulty in his ability to pay attention to job tasks and job duties for hours each week, on average. The inability to maintain concentration and persistence interferes with the ability to meet production expectation for even unskilled jobs.

Limitations on Sitting and Standing: His limitations on sitting and standing are such that vocationally even any sedentary work, which might otherwise have been suggested, is precluded. Vocationally, any work requires some combination of sitting, standing and/or walking for a full 8-hour workday, without the need to rest for prolonged periods of time, something he is unable to do in his present condition.

Social Security Considerations: Based on the evidence in his files, and following the guidelines as noted in the Psychiatric Review Technique, SSA Form 2506-BK, he clearly meets the requirements of a 12.04 Affective Disorder.

As to the Affective Disorder, his depressive syndrome is characterized by (1) loss of interest in almost all activities, as noted by his withdrawal from social and recreational activities; (2) sleep disturbance; (3) decreased energy, as evidenced by the need to "rest" for hours of typical days; (4) and difficulty concentrating.

He also clearly meets the "B" Criteria of the Listings as evidenced by his current "Marked" restriction in activities of daily living; his "Marked" difficulties in maintaining social functioning as evidenced by his withdrawal from nearly all such activities; and his "Marked" difficulties in maintaining concentration and persistence to even simple chores.

The combination of his multiple physical and psychiatric conditions clearly results in an inability to sustain gainful employment. As a result of this combination of factors, he may well meet Social Security requirements for approval of disability benefits.

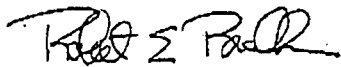
Summary and Conclusions: Based on all the evidence as described above, consistent with observations during this evaluation and various reports in his file, he would be unable to effectively perform the essential duties in any gainful work activity.

It is also clear that the unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working.

As noted in multiple records, Mr. Clark is unable to maintain any position for more than a brief period of time, less than thirty minutes, and has to frequently change positions. He also is unable to perform any physically strenuous activity. Further, Mr. Clark is also unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. As a result, he would clearly be incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of his on-the-job injuries the only services he could perform are so limited in quality, dependability, or quantity that no reasonably stable market for them exists.

No employer could reasonably be expected to tolerate and accommodate his need for extended breaks, need to lie down throughout the day, and general lack of productivity. Clearly, his limitations eliminate his ability to return to gainful employment on a full time basis.

The opinions noted in this report are offered within a reasonable degree of professional certainty, based on more than 50 years of vocational rehabilitation and psychology experience. Thank you for the opportunity to work with you in this matter. If you have any questions, or if I could address additional issues, please do not hesitate to contact me.



Robert E. Brabham, Ph.D.
Licensed Psychologist (SC #77)
Master's in Rehabilitation Counseling

While seated he continually shifted his weight. He was slow and pushed up on the chair arms to arise. He was also slow in undressing and dressing and getting onto and off the examining table.

Hearing was normal. Speech was with low volume and 100% understood.

Skin was clear.

HEENT: Normocephalic. Snellen without correction was 20/25 OD and 20/25 OS. He does not wear glasses. Funduscopic exam did not note abnormalities. PERRLA. Sclerae clear. EOMI.

The ear canals were clear and TMs normal. Nose and mouth were normal. Dentition noted good repair.

Neck: Was supple without adenopathy, JVD or carotid bruit. The thyroid was questionably enlarged. (He is to check with his PCP.)

Chest: AP diameter was normal. Lung fields were clear with vesicular sounds and limited excursions.

Heart: Pulse remained in a low tachycardia range. The rhythm was regular. Abnormalities of heart sounds could not be determined.

Abdomen: Was slightly rounded and firm without organomegaly, masses or tenderness.

Back: Posture was normal. There was 2+/4 tenderness at C4, 3+ at T4-5, 1+ at L1-2, 2+ at L3, and 3+ at L4-S2. There was 4+ at the left S-I area which was not felt until the medial foot and the great toe on the left. There was no tenderness at the right S-I area. There was a well healed 6 cm surgical scar in the midline of the lumbar area.

Extremities: Were normal in appearance.

DTRs were a trace at the elbows, a trace and the right knee and could not be elicited at the left.

Pulses were 2+ at the wrists and at each dorsalis pedis.

There was no clubbing, cyanosis or edema.

Straight leg raising elicited right back pain at 90 degrees on the right. It was positive at 70 degrees on the left with pain from the back and halfway down the posterior thigh. It was not felt in the big toe.

He did lie straight back on the examining table and returned straight to the upright position normally.

Please refer to the faxed orthopedic sheets for the remainder of the orthopedic examination.

OVERALL PRESENTATION:

Mr. Clark presented as a tall somewhat pleasant individual with depressed facies. He was an intelligent man who seemed to give an exact and honest description of what he has been through with his cervical and lumbar problems. He also presented some polydipsia, requesting bottles of water on 2 occasions during history.

His manner of dress appeared comfortable, casual, neat, and clean. He wore a do-rag which covered dreadlocks. There was no difficulty whatsoever in understanding directions.

Motor exam was entirely normal. Sensory exam noted a decreased response to light touch on the palmar aspect of the left thumb and on the lower left leg on its distal medial aspect as well as medially and anteriorly on the left great toe.

Cerebellar exam was normal and Cranial Nerves II-XII seemed intact.

IMPRESSIONS

1. S/p 2 lumbar surgeries for DDD since its onset in 2011, with ongoing pain and the most recent MRI showing DDD also at the level above those repaired.
2. S/p C4-5 discectomy and fusion with better result until return of pain this year.
3. Diabetes mellitus, type 2, without major complications but not well controlled and demonstrating polydipsia today.
4. Depression and anxiety, mild to moderate, not yet treated but recommended.
5. Persistent mild tachycardia throughout office visit.

SUMMARY/CONCLUSIONS:

Mr. Clark cooperated completely and gave best effort. He was obviously depressed but remained pleasant and gave a very good history, sticking to only pertinent details. Physical exam was quite compatible with history, without suggestion of overstatement.

He remains able to provide basic self care. His functional ability seemed consistent with history and findings. ROM findings were of mild loss at the neck, mild- at the lumbar spine, mild at the right shoulder and mild- at the left, as well as mild at both hips and mild- at both knees. His SLR was positive on the left. Grip was normal.

Gross manipulation was disrupted more on the left than the right by neck and shoulder pain. The only disruption of fine manipulation was in difficulty buttoning with the left hand. There was also a suggestion of wrist pain with Tinel's on the left. Squatting and toe walk were downgraded to 4 of 5. DTR could not be elicited at the left knee. Proximal and distal muscle group strengths remained normal, along with other motor exam. Sensory exam noted loss in the left thumb, left medial foot and its great toe.

David N. Holt, M.D.

DNH/blh



INDEPENDENT MEDICAL EVALUATION

Claimant: Lamar Clark
DOB: [REDACTED]
Chart: 00201677
Date: 12/04/2015

Reason for IME requested: Assessment of impairment rating related to work related injury and future medical care.

Re: SSN#: [REDACTED]

Reported Date of Injury: 07/20/2011

Requesting party: Sally Law Firm, Lexington, SC

1- Primary Diagnosis for claim:

Chronic Pain Syndrome associated with persistent lumbar pain and left lumbar radiculopathy following lumbar surgery after work related injury.

Objective data for Primary Diagnosis:

Based on review of all provided and available medical documentations presented for review, objective diagnostic and clinical data to support primary diagnosis were identified.

Secondary Diagnoses:

Associated cervical pain with cervical stenosis disc disease and cervical fusion.

Clinical Narrative and pertinent History:

By history, Claimant is a 43-year-old right-handed African American male who worked in assembly work on or about July 20th, 2011. He was apparently carrying a 27ft cross arm with a co-worker when it was dropped from the other side. He tried to protect his foot and "snapped reflex" to try to carry it again, resulting in immediate pain in the lower back. The pain worsened over the following several hours, with radiation to the left lower limb. He attempted to return to work, but has been unable to perform his work since the date of the injury. Subsequently he was found to have left lateral lumbar disc herniation and required initial surgery microsurgical discectomy of the L5-S1, followed by another surgery about a year later. He then continued to have post-laminectomy syndrome and chronic pain and was seen by a pain specialist, receiving multiple spinal interventions with limited response. He continues to require ongoing pain management and was suggested to consider spinal cord stimulation, but has not received as of now. He has also had an unrelated cervical fusion surgery previously.

Currently he is experiencing difficulties with activities involving lower limbs secondary to limited range of motion, including dressing and other activities of daily living. He has been unable to return to work due to continued pain.

Available Vocational Information:

- Claimant's vocational history was reviewed in details as described earlier.



- Medical and functional status resulting from the injury is directly affecting ADLs and job performance as described earlier.
- During the course of his employment, he states general job satisfaction.

Chronological Medical records reviewed; Imaging/Studies/Providers Reports/Operative report/Treatment reports:

- X-ray imaging and MRI scans were reviewed.
- Reviewed operative reports per Dr. Holbrook and other office notes.
- DR. THOMAS HOLBROOK COLUMBIA NUROSURGICAL
- NEWBERRY PHYSICAL THERAPY
- EMMANUEL FAMILY PRACTICE
- PALMETT BONE & JOINT
- DR. STEVE STORICK (PAIN MANAGEMENT)
- DR. DANIEL WESTERKAM, IME
- DR. DONALD JOHNSON, IME
- DR. JUSTIN HUTCHESON, IME
- PALMETTO IMAGING
- PROGRESSIVE PHYSICAL THERAPY
- POST-TRAUMA RESOURCES, DR. NICHOLAS LIND
- DR. ROBERT BRABHAM, VOCATIONAL REHABILITATION.
- NEWBERRY COUNTY MEMORIAL HOSPITAL
- DR. DVID N. HOLT, SSDI EXAMINATION

I did not have access to actual imaging for review but reports were summarized.

PHYSICAL EXAM:

CONSTITUTIONAL:

VITAL SIGNS:

VS-PULSE: 68 Right Radial, Regular

VS-BLOOD PRESSURE: 140/78 Right Arm Sitting

VS-RESPIRATION: 16

GENERAL APPEARANCE: AA male average body habitus

OBSERVED FUNCTIONAL IMPAIRMENTS: There are difficulties with gait as he has pelvic tilt to the right as well as low shoulder on the ride compared to the left

POSTURE: slightly tilted to the right

GENERAL EXAM:

ORIENTATION/MOOD/AFFECT: Oriented to person, place, time and general circumstances. Mood and affect can be described as depressed with poor eye contact, efforts were consistent during the entire exam.

HEAD/FACE: Normal facial appearance. CN II through XII grossly intact, PERRLA

RESPIRATORY: Normal respiratory effort with symmetrical lung expansion. Lungs clear to auscultation. No adventitious sounds noted.

CARDIOVASCULAR:

PALPATION & AUSCULTATION:

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

ARTERIAL & EDEMA/VARICOSITIES: Pulses are full and symmetrical. Normal brisk capillary refill. No edema.



CHEST/BREAST/ABDOMEN: Normal gross exam with normal respiratory efforts and no abdominal tenderness

MUSCULOSKELETAL EXAM:

CERVICAL EXAM: There are restricted range of motion of the cervical spine.

No erythema, ecchymosis or edema, there is diffuse tenderness in the paraspinals and upper trapezius on the right, no appreciated crepitation or deformity to palpation.

Well healed anterior cervical fusion surgical scar.

Head and neck in neutral position. Limited range of motion of the neck to the right and slight restrictions turning to the left. Normal strength and tone.

SPINE, RIBS, PELVIS: No erythema, ecchymosis, or edema. There is focal right gluteal tenderness and diffuse lumbar tenderness with surgical scar well healed but no sign of dehiscence.

Moderately impaired lumbar flexion and extension with asymmetric lumbar

rotation range of motion of the lumbar spine limited to the right. Normal stability.

Normal strength and increase paraspinal muscle tone.

EXTREMITIES:

LEFT UPPER EXTREMITY:

PALPATION: Mild posterior left shoulder tenderness

MUSCLE STRENGTH, TONE, ATROPHY: Muscle strength of the major groups is 5/5. Tone of the major groups is normal.

Normal muscle bulk (no atrophy). No fasciculations.

RIGHT UPPER EXTREMITY:

Within normal limits

Bilateral LOWER EXTREMITY/PELVIC:

INSPECTION: No erythema. No ecchymosis. No edema.

PALPATION: there is tenderness anterior pelvic and ASIS on the left, some crepitus noted with lateral pressure

JOINT STABILITY: No instability of the hip. No evidence of medial instability of the knee.

STRENGTH, TONE, ATROPHY: Muscle strength of the major groups is 5/5. However, unable to plantar flex independently on the left.

Tone is normal. Normal muscle bulk (no atrophy). No fasciculations. He had clear difficulties raising from squatting position

RANGE OF MOTION: Normal in the major joints, mild restriction of left hip, some guarding in the right hip internal rotation during rotational testing of the hip range of motion.

NEURO-EXAM:

SENSATION:

NERVE ROOTS: Sensation to pinprick (pinwheel) intact over the cervical nerve roots bilaterally, Sensation to touch and pressure intact over the cervical nerve roots bilaterally, intact over the lumbo-sacral nerve roots bilaterally except for patchy deficit on the left S1 distribution.

COORDINATION: Finger to nose and heel to shin normal bilaterally.

REFLEXES: Deep tendon reflexes are symmetrical except diminished left Achilles compared to the right.



SPECIAL TESTS: Negative FABER on the right and positive in the left, negative straight leg raise and cross straight leg raise bilaterally

No appreciated Lehmitt's sign observed during repeated exam today.

Questions specific comments on case:

- Regarding question number 1: Whether or not Mr. Lamar Clark has suffered work related injury directly or as aggravation of a pre-existing condition?
 - Answer: It is my opinion to reasonable degree of medical certainty that claimant, Mr. Lamar Clark has directly suffered a work related injury to the lumbar spine and associated radiculopathy neurologically affecting claimant's left lower extremity function, as well as having sustained a related psychological injury.
- Regarding question number 2: Whether or not Mr. Lamar Clark has reached maximum medical improvement status to his work related injuries?
 - Answer: It is my opinion to a reasonable degree of medical certainty that claimant Mr. Lamar Clark has reached maximum medical improvement for his work injuries.
- Regarding question number 3: In pursuant to the AMA Guides to the Evaluation of Permanent Impairment what degree of permanent impairment Mr. Lamar Clark has suffered related to his work related injury?
 - Answer: In pursuant to the AMA Guides to the Evaluation of Permanent Impairment edition 6th, the claimant Lumbar Spine: documented chronic radiculopathy following lumbar surgery at clinically appropriate level L 4-5 and L5-S1, following work related injury class II impairment using table on page 570, WPI percentage 23%.
- Regarding question number 4: Whether or not Mr. Lamar Clark has suffered permanent restrictions as it relates to the work injury?
 - Answer: It is my opinion to a reasonable degree of medical certainty that claimant has suffered permanent injury and require permanent restrictions as follows;

Functional capabilities of the claimant is impaired for his age; it is my assessment that his abilities to sit continuously are limited to 15 min. at a time and no longer than four hours per day with allowance of frequent change of position for comfort.

MEDICAL QUESTIONNAIRE

RE: Lamar Clark

DOI: July 20, 2011

1. Does the whole person impairment rating you rendered for Mr. Lamar Clark's work-related back injury include within that impairment rating a portion of impairment to his affected left leg due to lumbar radiculopathy?

Yes ☒ No ☐

If so, please explain: Based on MRI findings & operative reports

from Dr. Halbrook there are evidence of Granulomas
a chronic nerve damage of root L5, evidence to be suggestive
in addition to objective clinical findings corresponding to Left L5 radiculopathy

I, Dr. Usama Gabr, hereby certify that my responses to the above-listed questions represent my opinion, most probably to a reasonable degree of medical certainty, as to each of the above-listed points.

Usama Gabr, M.D.

Date

12 / 4 / 15



Physician's Statement

Claimant's Name: Lamar Clark
Physician's Name: Usama Gabr, M.D.
Practice/Clinic: Columbia Clinic
Preparer's Name: Usama Gabr, M.D.
Phone: 788-2225

Employer's Name: Phillips Electronics/Shakespeare
Insurance Carrier: Gallagher Bassett Services
SCWCC File No: 1115485

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 7/20/11

Date of first office visit: 12/4/15 Date of last visit: 12/4/15

Diagnosis or nature of injury or illness: Lumbar disc herniation & radiculopathy

Body part(s) injured: Low back Body part(s) affected: Left leg & Nervous system

Date of Maximum Medical Improvement: 12/4/15

Based on the AMA Guidelines, the claimant has sustained a 23% medical impairment to lumbar injury & nerves injured body part(s) and a 0% medical impairment to lumbar radiculopathy combined to other affected body part(s). (modifier grade 2 modifier for -) + WPT for (23% WPT)

☐ The claimant is able to return to work without restriction.

☐ The claimant is able to return to work with the following restrictions:

☒ The claimant is unable to return to work at his or her current employment.

☐ Claimant possesses retained hardware casually related to this injury.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

☐ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

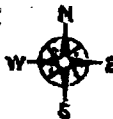
☒ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Medical management, spine interventions, lumbar surgery.
2-3 periodic physical therapy between 12-18 visit. Per year.
I would recommend Spinal Cord Stimulation trial if successful will lead
with implant, life time medical care.

Attending Physician

Date

12/4/15



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 20, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED] Newberry SC 29108

Chief Complaint:

Patient is here for Workers Compensation.

Back pain: Patient complains of back pain.

Pt states that he was bending over at work to pick up something and felt something pull in his left lower back. He states that there is a knot that he can feel in back. This happened 7-19-11 on first shift.

Current Medication:

Pt takes Metformin for DM and Lisinopril for HTN

Medical History:

Hypertension.

Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.

He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

Musculoskeletal: (+) Lower back pain, (+) muscle cramps, (+) muscle pain.

Allergy:

No Known Drug Allergies.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/20/2011 **Page:** 1

Respiratory: Lungs are clear to auscultation. No wheezes, rales, rubs or rhonchi are noted.

Cardiovascular: PMI is nondisplaced and normal in character, no heave or abnormal pulsation. Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Gastrointestinal: The abdomen is soft, non-tender without rebound or guarding. Normoactive bowel sounds are heard without rush. No palpable masses or hepatosplenomegaly is appreciated. No visible scars, hernias or sinuses are seen.

Musculoskeletal: SPINE: Lumbar spine: No limitation in range of motion is noted. No pain is noted in all ranges of motion. Heel and toe walk are normal. Straight leg raising test is negative. **HIP: Hip:** Examination of both the hip joints reveals no limitation in flexion, extension, internal and external rotation. No pain or tightness of the joint is appreciated. The subtrochanteric bursa on both the sides is non tender on palpation. FABER test and Trendelenburg's test are negative. 4cm by 3cm by 2cm tender nodule in left paraspinous area. This triggers his pain.

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Procedures:

3cc lido caine and 0.5cc depomedrol injected.

Prescription:

1 Ibuprofen 200 Mg Tablet SIG: 2 po tid QTY: 60.00

Plan:

FOLLOW-UP: 1 week(s). OTHER: light duty.

This visit note has been electronically signed off by following providers.

This visit note has been electronically signed off by Corey Hunt, MD.



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4880
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 22, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Mr. Clark, 36 year 7 month old patient is here for a regular follow-up visit of.

Back pain: Patient complains of back pain. Pain is located in the Lower Left side.

Other: WC RECHECK.

pt states the back pain feels worse now

Current Medication:

1 Ibuprofen 200 Mg Tablet SIG: 2 po tid

Vital Signs:

Weight:	249 lbs
Height:	78"
BMI:	28.77
Temperature:	98.10 F
BP:	128/78
Pulse:	103
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.

Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking **socially**.

He admits alcohol use. Currently drinks. He has been drinking **socially**.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/22/2011 **Page:** 1

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.

Musculoskeletal: (+) Lower back pain.

Neurological: Denies weakness, loss of sensation, memory loss, headache.

Surgical History:

Prior surgeries: Right hand and right index finger, and left knee.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Musculoskeletal: SPINE: Lumbar spine: Neck movements are painful with flexion beyond 60 degrees, lateral rotation to the left and lateral rotation to the right. Spinous process tenderness is noted on left side at L4 and L5. Heel and toe walk are normal. Straight leg raising test is negative.

Prescription:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS QTY: 30.00

2 Naprosyn 500 Mg Tablet SIG: one po bid QTY: 30.00

Changed/Discontinued Medication(s):

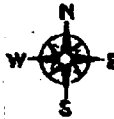
Discontinued: IBUPROFEN 200 MG TABLET

Plan:

FOLLOW-UP: 1 week(s). OTHER: light duty.

This visit note has been electronically signed off by following providers.

This visit note has been electronically signed off by Corey Hunt, MD.



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 26, 2011

Patient: Clark, Lamar (18543032)
Gender: Male DOB: [REDACTED] Age: 36 year 7 month
Race: african american
Address: [REDACTED] Newberry SC 29108

Chief Complaint:

Patient is here for WC followup for lower back pain. pt states it isnt getting any better. pts work made him come back today even thou he was here on friday because he isnt getting better.

Other: He did not work this weekend and did not do any yard work or heavy household work.

Current Medication:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS
2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:

Weight:	252 lbs
Height:	6' 6"
BMI:	29.12
Temperature:	98.30 F
BP:	110/76
Pulse:	99
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.
Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.
He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.
Neck: no Neck pain or swelling.
Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Patient: Clark, Lamar DOB: [REDACTED] Visit: 07/26/2011 Page: 1

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.
Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.
Musculoskeletal: (+) back pain.
Neurological: Denies weakness, loss of sensation. memory loss, headache.

Surgical History:

The patient has had no prior surgeries.

Examination:

General Appearance: The patient is normal in weight, asleep on the exam table when I enter room., is well groomed, is in mild pain.

Musculoskeletal: SPINE: Lumbar spine: Spinous process tenderness is noted on left side at L3 and L4. tender sub cutaneous knot in area of LS tenderness.

Neurologic: Reflexes: Achilles tendon reflex 1+ (decreased, hyporeflexic). Patellar tendon reflex 2+ (normal).

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Diagnostic/Lab:

Compass Family Medicine
XRAY LUMBAR SPINE

Plan:

FOLLOW-UP: Will continue limits and get x ray today.

This visit note has been electronically signed off by following providers.
This visit note has been electronically signed off by Corey Hunt, MD.

NEWBERRY COUNTY MEMORIAL HOSPITAL
2669 Kinard Street
Newberry, South Carolina 29108

DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	CLARK, LAMAR	MR#:	MCD1634195
Address:	[REDACTED]	Acct#:	VCC000431C36
City/State/Zip:	NEWBERRY, SC 29108	Patient Type:	REG CLI
DOB:	[REDACTED]	Room#:	
Age/Sex:	36/ M	Ordering Physician:	HUNT, COREY MD
		Admitting Physician:	
Technologist(s):	MB	Family Physician:	PHYSICIAN, UNKNOWN FAMILY MD

Procedure Date: 07/26/11
Requisition Number(s): 11-0017156
Procedure(s): LUMBAR SPINE 2 OR 3 VWS
CPT Code(s): 72100

Reason for Exam: LOW BACK PAIN
Report Released: 07/27/11 1646

Alt. Rpt. Distrib: NONE

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

Read By: TAFFONI, MATTHEW J MD

Electronically Signed By: BULL DOUGLAS, M MD

07/26/11 1839
PS

Report #: 0726-0053
CC:

Account Number: V00000431036

Medical Record Number: M001634195

Patient Birthdate: [REDACTED] Reason for Exam: LOW BACK PAIN

Patient SSN : [REDACTED]

Patient Name: CLARK, LAMAR

Facility: NCMH

Dictated By	Exam Date	Procedure	Mnemonic	Status	Ordered By
TAFFONI, MATTHEW J MD	07/26/11	LUMBAR SPINE 2 OR 3 VWS	1058	C	HUNT, COREY MD

TRANSCRIPTION:

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

MTDD

NEWBERRY COUNTY MEMORIAL HOSPITAL
2668 Kizard Street
Newberry, South Carolina 29108
DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	CLARK, JAMES	MRN:	MS01634195
Address:	[REDACTED]	Acct#:	WCC000432036
		Patient Type:	REG CLI
City/State/Zip:	NEWBERRY, SC 29108	Room#:	
DOB:	[REDACTED]	Ordering Physician:	HUNT, COREY AL
Age/Sex:	36/ M	Admitting Physician:	
		Family Physician:	PHYSICIAN, UNKNOWN FAMILY DR.
Technologist(s):	NR		
Procedure Date:	07/26/11		
Acquisition Number(s):	11-0317158		
Procedure(s):	LUMBAR SPINE 2 OR 3 VWS		
CPT Code(s):	72100		
Reason for Exam:	LOW BACK PAIN		
Report Released:	07/27/11 1645	Alt. Rpt. District:	NONE

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

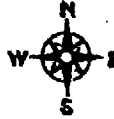
Read By: TARTOMI, MATTHEW J MD

Electronically Signed By: BILL DOUGLAS, MD

07/26/11 1639
22

Report #: 0726-0033
CC:

07-26-2011



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider:
Supervising: Corey Hunt, MD
Performing: Pamela Cromer, FNP

Encounter Date: Jul 28, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED] Newberry SC 29108

Chief Complaint:
Patient is here for Workers Compensation re-check.
Back pain: Patient complains of back pain.

Current Medication:
1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS
2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:
Weight: 254 lbs
Height: 6' 6"
BMI: 29.35
Temperature: 98.20 F
BP: 130/84
Pulse: 105
Oxygen: 97

Medical History:
Hypertension.
Type 2 diabetes mellitus.

HPI:
Reports is working in packaging at his job since his back injury sev wks ago. Taking muscle relaxer and Naprosyn and states he is somewhat better. Still with little pain to left lower back. Reports if he sits or stands too long he gets shooting pains through is lower back. Describes a knot on lat aspect of lower lumbar spine. LS Spine XRay done. Seeking report.

Social History:

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/28/2011 **Page:** 1

Currently smokes. He has been smoking **socially**.
He admits alcohol use. Currently drinks. He has been drinking **socially**.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Musculoskeletal: (+) back pain, (+) muscle pain.

Surgical History:

The patient has had no prior surgeries.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Respiratory: Lungs are clear to auscultation. No wheezes, rales, rubs or rhonchi are noted.

Cardiovascular: PMI is nondisplaced and normal in character, no heave or abnormal pulsation. Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Gastrointestinal: The abdomen is soft, non-tender without rebound or guarding. Normoactive bowel sounds are heard without rush. No palpable masses or hepatosplenomegaly is appreciated. No visible scars, hernias or sinuses are seen.

Musculoskeletal: No spinal point tenderness. Pain to left of lower LS spine (paraspinal area) with 1cm mass palpable. States tender to touch. DTR 1+ left and 2+ on right. Pushes legs against resistance with ? sl diminished strength on left. Knee stable. Grip upper ext 5/5 bilat. No peripheral edema.

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Plan:

OTHER: Will get u/s of mass of back.

RF: Cyclobenzaprine 10mg one or two tabs po hs #60

Naprosyn 500mg BID

Hot or Cold compresses prn tid

Work Restrictions as in place.

Advised avoid pressure to area of pain, no continuous palpation of pain site.

FU: 2 weeks.

This visit note has been electronically signed off by Pamela Cromer, FNP.

Account Number: V0000431414

Medical Record Number: M001634195

Patient Birthdate: [REDACTED] Reason for Exam:

Patient SSN : [REDACTED]

Patient Name: CLARK, LAMAR

Facility: NCMH

Dictated By	Exam Date	Procedure	Mnemonic	Status	Ordered By
KILPATRICK, ZACHARY MD	08/03/11	US UNLISTED PROCEDURE		4056	R HUNT, COREY MD

TRANSCRIPTION:

LIMITED ULTRASOUND OF THE BACK:

INDICATION: Painful palpable mass.

TECHNIQUE: Ultrasound examination is performed with a linear transducer on the left side of the low back at or about the lumbosacral junction.

FINDINGS: There is an area of skin discoloration. Deep to this, there is a palpable cord-like lesion that may present as a fusiform area of decreased heterogeneous attenuation on images 4 and 5. The etiology of this lesion is indeterminate. The lesion is palpated by the attending physician and a mild degree of pain is elicited. This is not in keeping with an abscess. This could represent a hematoma. If clinically feasible, the next step in the imaging algorithm is a localized MRI of this region which should be performed pre- and post contrast. MRI is preferred over CT given superior contrast resolution.

IMPRESSION: Somewhat cord-like area of decreased heterogeneous echotexture which correlates to a palpable abnormality that is focally tender. Follow-up with MRI is recommended, if clinically feasible.

MTDD

NEWBERRY COUNTY MEMORIAL HOSPITAL
2862 Kinard Street
Newberry, South Carolina 29108
DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name: CLARK, LAMAR
Address: [REDACTED]
City/State/Zip: NEWBERRY, SC 29108
DOB: [REDACTED]
Age/Sex: 36/ M
Technologist(s): NG
MR#: M001634195
Acct#: V00000412414
Patient Type: REG CLI
Room#: [REDACTED]
Ordering Physician: HUNT, COREY MD
Admitting Physician: [REDACTED]
Referring Physician: PHYSICIAN, UNKNOWN FAMILY MD

Procedure Date: 08/03/11
Requisition Number(s): 11-00127441
Procedure(s): US UNLISTED PROCEDORE
CPT Code(s): 76995

Reason for Exam: [REDACTED]
Report Released: 08/03/11 1444
ALL Rpt. Distrib: NONE

LIMITED ULTRASOUND OF THE BACK:

INDICATION: Painful palpable mass.

TECHNIQUE: Ultrasound examination is performed with a linear transducer on the left side of the low back at or about the lumbosacral junction.

FINDINGS: There is an area of skin diastasis. Deep to this, there is a palpable cord-like lesion that may present as a fusiform area of decreased heterogeneous attenuation on images 4 and 5. The etiology of this lesion is indeterminate. The lesion is palpated by the attending physician and a mild degree of pain is elicited. This is not in keeping with an abscess. This could represent a hematoma. If clinically feasible, the next step in the imaging algorithm is a localized MRI of this region which should be performed pre- and post contrast. MRI is preferred over CT given superior contrast resolution.

IMPRESSION: Somewhat cord-like area of decreased heterogeneous echotexture which correlates to a palpable abnormality that is focally tender. Follow-up with MRI is recommended, if clinically feasible.

Read By: KILPATRICK, ZACHARY MD

Electronically Signed By: KILPATRICK, ZACHARY MD

08/03/11 L232
PS

Report #: 0803-0036
CC:

SEP 21 2011

112517871099

**Compass Family Medicine, PA**

2605 Kinard Street Ste 208

Newberry, South Carolina 29108

Phone (803) 276-4860

Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Aug 11, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 8 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Mr. Clark, 36 year 8 month old patient is here for a regular follow-up visit of.

Back pain: Patient complains of back pain. WC recheck of injury to Lower Right Back. pt states it got better for 2 days and came back.

Other: pt states the pain will shoot all the way down his leg.

Current Medication:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS

2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:

Weight:	254 lbs
Height:	6' 6"
BMI:	29.35
Temperature:	95.60 F
BP:	120/80
Pulse:	88
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.

Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.

He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

112512510071800

Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.

Musculoskeletal: (+) Lower and Right back pain.

Neurological: Denies weakness, loss of sensation, memory loss, headache.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Musculoskeletal: SPINE: Lumbar spine: Spinous process tenderness is noted on left side at L5. nodule in area of spinous tenderness. **HIP: Hip:** Examination of both the hip joints reveals no limitation in flexion, extension, internal and external rotation. No pain or tightness of the joint is appreciated. The subtrochanteric bursa on both the sides is non tender on palpation. FABER test and Trendelenburg's test are negative.

Diagnosis:

~~724.9~~ Back Disorder Not Otherwise Specified

Plan:

OTHER: ultrasound shows an "area of decreased heretogenous echotexture" dorrelateing to this tender area. This is not due to his job and he is referred to his primary physician. I am releasing him to work and if he needs a work excuse he needs to get it from a physician.

This visit note has been electronically signed off by following providers.
This visit note has been electronically signed off by Corey Hunt, MD.

(F)

**Newberry Physical Therapy and Sports Medicine Clinic, Inc**

Phone# (803) 276-7370

Fax # (803) 276-7369

Evaluation**Patient:** Lamar Clark**DOB:** [REDACTED]**Physician:** Dr. John Hibblits**Date:** 11-10-11**Subjective:**

Patient is a 36 y/o male who comes to PT today with a diagnosis of a L5-S1 disc herniation. Patient states that on July 20 2011, while at work, he was lifting a heavy object with a co-worker when the co-worker dropped it and fell out of the co-workers hands and he dropped it as well, but had a jarring sensation in his back. He had an MRI and X-ray which revealed the disc herniation. This past Monday he did receive 2 ESI's in his low back. He reports since then he has not noticed any significant decrease in the amount of pain.

Patient reports that he was feeling numbness and tingling into the left LE up until this past week. He reports that the numbness and tingling does come and go. He reports that he is supposed to be on sedentary duty at work, however he is lifting some weight and performing some bending and twisting activities.

.. Patient reports that prolonged sitting and prolonged standing aggravate his back the most.

As concerns PMH, patient does have hypertension and diabetes. He had a left knee scope in 1994. He denies any bowel or bladder changes.

Medications: please refer to patient's chart.

Objective:

Current level of pain is a 6/10 and worst level of pain is an 8/10.

Bilateral LE DTRs at L4 and S1 are a 2/4 and symmetrical.

Patient does have decreased sensation on the left LE at the L4-5 myotomes.

Maximum calf girth on the left is 40.5 cm and on the right is 40 cm.

Gross MMT in bilateral LE's revealed the following: left hamstring is a 4/5, right is a 4+/5; left quadriceps is a 3+/5, and right is a 4+/5.

Tenderness to palpation noted along the lumbar vertebral segments as well as paraspinals. He also has tenderness to palpation along the left PSIS region.

Special tests are as follows: negative seated and supine SLR, however it did reproduce back pain. Negative FABERS test however reproducing back pain.

Lumbar forward flexion fingertips to floor is WNL and extension is limited by 50%.

111774086035



Clark, Lamar
Page 2

In supine lying with slight distraction to bilateral LE's patient had increased pain. He also had increased pain with up on elbows.

Treatment:

Therapeutic exercises as charted. Brief manual hamstring stretching. ESTIM with ice to the lumbar spine with patient in hook lying position. Patient was issued a HEP to be done BID.

Assessment:

Mr. Clark comes to PT today with a diagnosis of L5-S1 disc herniation. Today he did not present with any positive neural tension signs or symptoms. He did present with weakness in the left LE compared to the right LE. Today he mainly complains of LBP and no radicular pain. PT will focus on increasing his core strength, improving his endurance, and helping him return to work without pain. His prognosis in PT is good.

Goals-Short Term (1 week)

1. Independent with HEP.

Long Term (4 weeks)

1. Decrease worst level of pain to a 4/10.
2. Decrease current level of pain to a 0/10.
3. Patient will deny having any numbness or tingling into the left LE.
4. Increase left quad strength to a 4+/5.
5. Patient will be able to return to full duty at work.

Plan:

Continue 2-3 x a week for 4-6 weeks. Increase core strengthening exercises per patient tolerance. He may benefit from lumbar pelvic traction.

Jennifer Frick
Jennifer Frick, PT, MSRS

Dictated and Proofed Not Proofed
JF/nw

Please have M.D. sign below and return to our office by fax (803) 276-7369. Thank you.

Newberry Physical Therapy and Sports Medicine Clinic, Inc.

PROGRESS NOTES

Date

Name

Lamar Clark

11-10-11	Evaluation	92
11-13-11	S: Reports feeling better, but still pain in @ leg. D: Ther Ex on chucks x 25 mins. Added prone plank. @ pelvis to 85% norm & neutral pull. also to LS & Pt in hooklying. A: Pt had some back discomfort on tx, but not radicular pain. P: cont	Jennifer Jick, PT
11-18-11	S: Reports being sore & just a little better. D: Ther Ex on chucks x 23 mins. @ pelvis to 85% norm & neutral pull. also to LS & Pt in hooklying. A: Pt needs encouragement for planks. P: cont	Jennifer Jick, PT
11-22-11	S: Pt reports that he is hurting today. D: Ther Ex on chucks x 20 mins. @ Pelvis to 85% norm & neutral pull. also to LS & Pt in hooklying. A: Pt was unable to perform exercise, had difficulty. P: cont	Jennifer Jick, PT
11-29-11	CX	AW



Newberry Physical Therapy and Sports Medicine Clinic, Inc.

Phone# (803) 276-7370

Fax # (803) 276-7369

Progress Report

Patient: Lamar Clark

DOB: [REDACTED]

Physician: Dr. John Hibbitts

Date: 1-3-12

Dr. Hibbitts:

Lamar has been seen in PT for a total of 14 visits for L5-S1 disc herniation. His rehab has consisted of electrical stimulation, lumbar traction, gentle core stabilization exercises, and lower extremity stretching.

Lamar reports that his average pain is a 6/10. He reports he has increased pain with sitting and standing especially on concrete floors. He states that he does still have some numbness which extends from his left buttock into his mid lateral thigh.

Lamar has been doing well with improving his flexibility and increasing his core strength. If you would like for Lamar to continue with therapy please advise.

Thank you for the opportunity to work with your patients and for your referrals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew M. Whitaker".

Matthew M. Whitaker, DPT

Dictated and Proofed Not Proofed
MMW/nw

***Please direct the therapist below:**

I have read the above progress report and request that:

____ The patient be discharged at this time.

____ The present treatment is continued for ____ times a week for ____ weeks.

____ Therapist calls me concerning this patient.

(Physician signature)

(Date)

Re: Lamar Clark v. Philips Electronics and Fidelity & Guaranty Ins. Co c/o Gallagher Bassett Services, Inc.

SCWCC Claim No. : 1115485
DOI : 7/20/2011
GBS Clm No. : 002380-009431-WC-01
Our File No. : WC-109-0002

I first treated Mr. Clark on November 11, 2013, as an Independent Medical Exam. Since that time, I have become Mr. Clark's authorized treating physician in relation to his 7/20/2011 work related back injury. I have had an opportunity to review the May 2014 and November 2014 MSA cost-projection analyses prepared by Medinsight detailing Mr. Clark's future medical treatment associated with his work injury. As his authorized treating physician, here is a summary of his future medical treatment:

MEDICATIONS

Mr. Clark has been prescribed the muscle relaxant Cyclobenzaparine, a generic form of Flexeril. Mr. Clark has indicated that his medication provides some relief, but does not provide a substantial amount of benefit. As such, Mr. Clark can take it on an as-needed basis if he finds it helpful. At this time, Mr. Clark is not being prescribed Zanaflex, or any generic form thereof, nor do I believe that he will require Zanaflex in the future.

I have not prescribed any narcotics/opioids to Mr. Clark. The use of narcotic prescriptions, such as Hydrocodone, does not provide significant relief when compared to the negative effects of the medication. Mr. Clark will not require Hydrocodone, or any other narcotic/opioid prescription in the future.

Mr. Clark has been prescribed Gabapentin, the generic counterpart of Neurontin, for neuropathy pain. I recently increased Mr. Clark's dosage of Gabapentin to 600mg 3x/day from 300mg 3x/day. However, for cost-related concerns, it is acceptable for Mr. Clark to take two (2) 300mg capsules 3x/day.

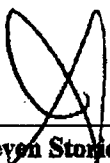
OFFICE VISITS

Ongoing pain management appointments are necessary at this time, however, Mr. Clark will not require more than two (2) appointments per year.

two (2) to three (3)

There is no need for Mr. Clark to continue to visit a neurosurgeon for evaluation/screening.

All of the above opinions are stated to a reasonable degree of medical certainty.


Dr. Steven Storick
2/4/15
Date

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Lamar Clark
(Claimant)

(Wage Earner)

CLAIM FOR

Supplemental Security Income

[REDACTED]
(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before me on a request for hearing dated January 4, 2013 (20 CFR 416.1429 *et seq.*). The claimant appeared and testified at a hearing held on June 25, 2014, in Greenwood, SC. Carey A. Washington, Ph.D., an impartial vocational expert, also appeared at the hearing. The claimant is represented by Samuel Jefcoat, an attorney.

I do not find a basis for reopening the claimant's prior Title II application or Title XVI application (20 CFR 404.988 and 416.1488). Social Security Ruling 91-5p was also considered and does not apply in this case.

ISSUES

The issue is whether the claimant is disabled under section 1614(a)(3)(A) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

After careful review of the entire record, I find that the claimant was disabled as of June 30, 2012, the date the application for supplemental security income was filed, and that the claimant's disability has continued through the date of this decision.

Although the claimant has alleged an earlier disability onset date of January 1, 2012, supplemental security income does not become payable until the month after the month in which the application is filed, assuming all eligibility requirements are met (20 CFR 416.335). Thus, the established onset date will not reduce the amount of benefits the claimant may be eligible to receive and this decision is, therefore, fully favorable to the claimant.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 416.920(a)). The steps are followed in order. If it is determined that the

claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, I must determine whether the claimant is engaging in substantial gainful activity (20 CFR 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, I must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, I must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 416.920(d), 416.925, and 416.926). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, I must first determine the claimant's residual functional capacity (20 CFR 416.920(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, I must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 416.920(e) and 416.945; SSR 96-8p).

Next, I must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 416.960(b) and 416.965). If the claimant has the residual functional capacity to do his past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 416.920(g)), I must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a

limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 416.912(g) and 416.960(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, I make the following findings:

- 1. The claimant has not engaged in substantial gainful activity since June 30, 2012, the date the application for supplemental security income was filed (20 CFR 416.920(b) and 416.971 *et seq.*).**
- 2. The claimant has the following severe impairments: lumbar and cervical degenerative disc disease (20 CFR 416.920(c)).**

The claimant has mild depression (Exhibit 7F). The claimant has the following degree of limitation in the broad areas of functioning set out in the disability regulations for evaluating mental disorders and in the mental disorders listings in 20 CFR, Part 404, Subpart P, Appendix 1: mild restriction in activities of daily living, mild difficulties in maintaining social functioning, mild difficulties in maintaining concentration, persistence or pace, and no episodes of decompensation, each of extended duration.

- 3. The severity of the claimant's impairments meets the criteria of section 1.04(A) of 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 416.920(d) and 416.925).**

In making this finding, I considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 416.929 and SSRs 96-4p and 96-7p. I have also considered opinion evidence in accordance with the requirements of 20 CFR 416.927 and SSRs 96-2p, 96-6p and 06-3p.

The severity of the claimant's impairments meet listing 1.04(A). To satisfy this listing, there must be evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting or supine). If finding that the claimant has met the criteria of this listing section since the established onset date, I have relied on the medical and opinion evidence set forth in this decision below.

The claimant is a younger individual with one year of college level education. He lives in a home with his fiancé and 17-year-old son. The claimant is able to drive but he does not have a driver's license.

The claimant testified that he has held several jobs. He has loaded trucks and stacked pallets with a forklift. He has built commercial displays in stores for companies such as Anheuser Busch. The claimant stated that he injured his spine while lifting products for the Shakespeare Company. He received worker's compensation for the occupational injury and he still needs two more surgeries. The claimant testified that he had a first surgery in April of 2012 and a second surgery in 2013. He has had cervical spine fusion surgery. The claimant asserted that his pain is worse than it was before. His neck still hurts from time to time, and he gets headaches two to three times a month that last for one to three days at a time. The claimant testified that most of his pain radiates from his lower left side and down into the leg.

The claimant testified that he could sit for up to 20 minutes, walk for about 20 minutes, and stand for 10 minutes. He is only able to lift five to 10 pounds at one time, and his doctor has told him not to lift anything. The claimant stated he attends physical therapy three times a week. Pain affects his ability to sleep through the night. The claimant asserted that his muscles are weaker than they used to be. He used to work as a club security bouncer and he coached football for 10 years. He used to weigh 265 pounds and he now weighs 245 pounds.

The claimant asserted that his pain medications make him feel drowsy. He has become depressed about his life situation and unable to focus and concentrate.

The claimant's testified that his daily activities are fairly limited. He spends time watching television. He does no household cleaning because of back pain and physical limitation. His fiancé does the housework, cooking, cleaning, and grocery shopping.

After considering the evidence of record, I find that the claimant's medically determinable impairments could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible.

The claimant testified that chronic neck and back pain and associated physical limitation affect his ability to attend to daily activities and keeps him from working. The objective evidence substantiates the claimant's allegations and supports a finding that his impairment has met listing 1.04 since the supplemental security income application date, which the claimant, through his representative, has amended to become the alleged onset date (Exhibit 14E).

In terms of the objective evidence, medical records from Palmetto Bone and Joint shows that Dr. John M. Hibbitts, M.D. began treating the claimant subsequent to his developing lumbar spine disc herniation due to an occupational injury. The claimant complained of having severe pain on the left side of the back with radiculopathy. Clinical findings included muscle tone/spasms of the left lumbar paraspinal muscles from the lumbosacral junction to the mid-level lumbar spine. There was also positive straight leg raising on the left side. A lumbar spine MRI confirmed L5-S1 left parasagittal disc herniation, as well as angular disc protrusion with associated facet arthrosis. Dr. Hibbitts initially managed the claimant's lumbar spine pain with medications, physical therapy, and epidural spinal injection. Dr. Hibbitts recommended that the claimant have reduced work activity to the sedentary level, but the claimant's employer did not adhere to this work recommendation (Exhibit 1F).

On January 25, 2012, Dr. Daniel Sheehan, M.D. wrote that electrodiagnostic findings and clinical assessment were consistent with lumbar radiculopathy primarily affecting the left L5 nerve root distribution. The claimant was to continue taking Neurontin for nerve pain and physical therapy. He was to remain on sedentary work with frequent breaks. On February 1, 2012, Dr. Hibbitts reported that conservative management had failed, and he referred the claimant to a neurosurgeon for further treatment (Exhibit 1F, pp. 1, 2).

Medical records from Dr. Thomas J. Holbrook, M.D. show the claimant had a lumbar microdiscectomy in April of 2012. Post-operative therapies consisted of Mobic, Soma, and a prescription for additional physical therapy. The claimant also had persistent neck pain prior to the surgery, and an MRI of the cervical spine showed disc herniation on the left at C6-6 with nerve root and spinal cord impingement with increased signal intensity within the cord at that level. Clinical findings included decreased cervical spine range of movement and paraspinal muscle tenderness. There was decreased sensation to pinprick at the left thumb. Dr. Holbrook recommended that the claimant have cervical spine fusion surgery. The claimant had anterior cervical discectomy and fusion surgery in September of 2012 (Exhibit 3F). At follow up in October 2012, the claimant was to perform sedentary work. He continued to experience decreased sensation at the thumb and foot.

The claimant continued to receive treatment for neck and back pain. A November 27, 2012 MRI of the lumbar spine detected L4-L5 and L5-S1 predominant lumbar spondyloarthropathy favoring the left side. There was vertebral body height loss at T12. Disc bulges and nerve root contact could be detected. The diagnostic impression of a May 21, 2013 MRI included facet arthropathy at L3-4; eccentric disc bulge versus disc bulge with left frontal protrusion and facet arthropathy with stenosis at L4-5; and left laminotomy with enhancing granulation tissue at L5-S1. Dr. Holbrook admitted the claimant for left L4-5 microdiscectomy on September 25, 2013 (Exhibit 4F, pp. 19-23).

The claimant continued to experience low back pain at follow up on February 24, 2014. He continued to take Neurontin, Norco, and Soma for pain. Clinical findings included limited range of motion of the lumbar spine, decreased motor strength in the left ankle, and tenderness with palpation of the left lower lumbar paraspinal muscles (Exhibit 4F, p. 9). The claimant's gait remained guarded during a May 28, 2014 medical examination, but he could ambulate independently (Exhibit 4F, p. 6).

I have given the medical assessments and opinions of the claimant's treating neurologists and neurosurgeon substantial weight.

The claimant had a functional capacity evaluation for his worker's compensation claim on July 10, 2014. The examiner found that the claimant did not meet the full physical requirements necessary for sedentary or light work (Exhibit 6F). I have given this opinion evidence some weight.

Dr. David N. Holt, M.D. conducted a consultative orthopedic medical examination on August 21, 2014. Dr. Holt reported the claimant had a mild antalgic gait placing more weight on the

right side. He had slow and stiff movements. He observed that the claimant continuously shifted his weight when seated, and that he was slow and pushed up on the chair arms to rise. He dressed and undressed and got on and off the examination table slowly. Dr. Holt detected tenderness at the cervical, thoracic, and lumbar spine. Deep tendon reflexes were at trace at the elbows, at trace at the right knee, and could not be elicited at the left. Straight leg raising was to 90 degrees at the right side and positive at 70 degrees on the left with pain from the back and halfway down the posterior thigh. Sensory was decreased in response to light touch on the palmar aspect of the left thumb and on the lower left leg on its distal medial aspect as well as medially and anteriorly on the left great toe. Dr. Holt opined that the claimant would be limited to lifting/carrying up to 10 pounds occasionally due to continuing symptoms and physical examination findings. The claimant would be limited for sitting, standing, and walking in the eight-hour day. Dr. Holt noted the claimant would only have occasional use of the hands and that he could never reach due to the cervical degenerative disc disease. Positive straight leg raising, pain, and physical limitation would be limiting for only occasional postural movements. I have given this evidence great weight for it is supported by the findings of the examination and consistent with the claimant's longitudinal history of medical treatment (Exhibit 7F).

A non-examining State agency medical consultant at the initial determination level concluded the claimant had no severe medically determinable impairment. This opinion merits no weight for it is unsupported in the record (Exhibit 1A). The non-examining State agency medical consultant at the reconsideration level concluded the claimant would be limited to less than a full range of light level work. I have given this opinion some weight, but evidence received at the hearing level demonstrates that claimant's spinal impairments are listing level (Exhibit 4A).

The record does not contain an assessment of the claimant's mental limitations from a state agency psychological consultant.

In sum, the claimant's allegations and testimony about the severe and limiting effects of his medically determinable impairments is generally credible. Medical records show that conservative treatment failed and the claimant subsequently had two lumbar spine surgeries and one cervical spine surgery for nerve root encroachment. The claimant continues to experience radiculopathy of the upper and lower extremities due to degenerative disc disease. He takes narcotic pain medications that render him sleepy and his daily activities have become severely limited. Dr. Holt detected decreased sensation at the left thumb and lower left leg. The claimant walks with an antalgic gait and he has positive straight leg raising bilaterally. The claimant's physicians have limited him to lifting no more than 10 pounds and a functional capacity evaluation indicated the claimant was unable to perform a full range of either sedentary or light level work. Based on the treating and examining source evidence, diagnostic imaging studies, the opinion evidence granted the most weight, and the claimant's subjective complaints, the evidence of record fully supports a decision that the claimant's lumbar degenerative disc disease causes him to meet listing 1.04(A). I anticipate that with appropriate treatment the claimant will be capable of returning to work at a level of substantial gainful activity within 36 months of the date of this decision.

4. The claimant has been under a disability as defined in the Social Security Act since June 30, 2012, the date the application was filed (20 CFR 416.920(d)).

DECISION

The claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since June 30, 2012, the date the application for supplemental security income was filed.

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

Medical improvement is expected with appropriate treatment. Consequently, a continuing disability review is recommended in 36 months.

The workers' compensation offset provisions at 20 CFR 404.408 may be applicable.

/s/ Ann G. Paschall

Ann G. Paschall
Administrative Law Judge

November 7, 2014

Date

The Pain Center North East Columbia



115 Blarney Drive Suite 111
Columbia, SC 29223
Phone: 803-419-9091
Fax: 803-419-9199
Contact Phone: 803-419-9091

Lamar Clark

07/13/2016 03:56 PM

Location: The Pain Center North East Columbia

Patient #: 422670

DOB: [REDACTED]

Marital status: Single / Language: English / Race: Black or African American / Ethnicity: Not Hispanic or Latino

Gender: Male

History of Present Illness (Lucinda Hemingway 07/13/2016 03:56 PM)

The patient is a 41 year old male who presents with a complaint of IME ONLY.

Allergies (Marshay Spencer; 07/18/2016 08:33 AM)

No Known Drug Allergies 07/13/2016

Past Medical History (Marshay Spencer; 07/18/2016 08:33 AM)

Diabetes Mellitus

Family History (Marshay Spencer; 07/18/2016 08:33 AM)

The father is deceased; Massive Heart Attack

The mother is living

Social History (Marshay Spencer; 07/18/2016 08:33 AM)

Marital status: Divorced

Most recent primary occupation; LABORER

Highest Education Level Attained: Some college

Tobacco Use: Former smoker

Alcohol Use: Drinks hard liquor, Drinks beer

No Drug Use

Medication History (Marshay Spencer; 07/18/2016 08:33 AM)

Neurontin (600MG Tablet, Oral) Active.

Flexeril (10MG Tablet, Oral) Active.

Past Surgical (Marshay Spencer; 07/18/2016 08:33 AM)

Back Surgery; L-4 / L-5 S-1

Review of Systems (Lucinda Hemingway; 07/13/2016 04:06 PM)

General: Not Present- Chills, Fatigue, Fever, Night Sweats and Weight Loss.

Skin: Not Present- Rash.

HEENT: Not Present- Visual Disturbances, Hearing Loss, Ear Pain, Sore Throat and Facial Numbness/Tingling.

Neck: Not Present- Neck Pain and Neck Stiffness.

Respiratory: Not Present- Cough, Wheezing and Dyspnea.

Cardiovascular: Not Present- Chest Pain, Palpitations and Difficulty Breathing On Exertion.

Gastrointestinal: Not Present- Abdominal Pain, Change in Bowel Habits, Constipation, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.

Male Genitourinary: Not Present- Urgency and Painful Urination.

Musculoskeletal: Present- See HPI, **Back Pain, Joint Pain** and **Muscle Weakness**.

Neurological: Not Present- Confusion, Dizziness, Fainting, Personality Changes, Seizures, Vertigo and Weakness.

Psychiatric: Present- **Easily Irritated** and **Mood changes**. Not Present- Hallucinations, Memory Loss and Panic Attacks.

Endocrine: Not Present- Cold Intolerance, Excessive Sweating and Excessive Thirst.

Hematology: Not Present- Abnormal Bleeding and Easy Bruising.

Physical Exam (Marshall Spencer, 07/18/2016 08:25 AM)

The physical exam findings are as follows:

General

General Appearance - no acute distress and Well groomed. **Mental Status** - Alert. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions. **Color** - normal coloration of skin. **Skin Moisture** - normal skin moisture.

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Cardiovascular

Cardiovascular examination reveals - (see Vital Signs section for blood pressure measurements) and no digital clubbing, cyanosis, edema, increased warmth or tenderness. Note: Upper extremity pulses are 2+ bilaterally symmetrical LE pulses are 2+ and bilaterally symmetrical

RRR no murmurs

Abdomen

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender.

Neurologic

Sensory:

Light Touch: Intact - Globally.

Overall Assessment of Muscle Strength and Tone reveals:

Upper Extremities: Right Deltoid - 5/5. Left Deltoid - 5/5. Right Bicep - 5/5. Left Bicep - 5/5. Right Tricep - 5/5. Left Tricep - 5/5. Right Wrist Extensors - 5/5. Left Wrist Extensors - 5/5. Right Intrinsic - 5/5. Left Intrinsic - 5/5.

Lower Extremities: Right Quadriceps - 5/5. Left Quadriceps - 5/5. Right Tibialis Anterior - 5/5. Left Tibialis Anterior - 5/5. Right Gastroc-Soleus - 5/5. Left Gastroc-Soleus - 5/5. Right EHL - 5/5. Left EHL - 5/5.

Reflexes (Dermatomes): 2/2 Normal - All.

CN II-XII grossly intact

Neuropsychiatric

The Screener and Opioid Assessment for Patients with Pain-Revised was administered to the patient - The patient scored greater than 36 on the SOAP-R. The patient's mood and affect are described as - normal.

Musculoskeletal

Spinal Exam:

Lumbosacral Spine:

Inspection: Erythema - Bilateral - No erythema present. **Edema** - Bilateral - No edema present. **Scars** - There are no scars present.

Palpation:

Tenderness: Paraspinal - Right - mild tenderness in the paraspinal muscles.

Facet Joints: No Tenderness - Bilateral - no tenderness over the lumbar facet joints.

SI Joint - Left - mild tenderness over the SI Joint. Right - severe tenderness over the SI Joint.

Muscle: Lumbar Paraspinal - Right - muscle tightness and mild paraspinal muscle spasm. Gluteus Maximus - Right - Gluteus Maximus muscle tightness and mild Gluteus Maximus muscle spasm.

ROM: ROM - The range of motion for the lumbar spine is moderately restricted in all planes of movement and motion for the lumbar spine is limited with pain exacerbated (due to pain in the right lower back and SI joint).

Provocative Testing - Right - SI provocation test is positive for pain, Yeoman's Test positive for SI joint pain, Hibb's Test is positive for SI joint pain and Sacral Apex Test is positive for SI joint pain. Straight Leg Raising test is negative (for radicular pain).

Assessment & Plan (Marshay Spencer, 07/18/2016 08:33 AM)

Back pain (M54.9)

Problem Story: Patient is a 41 year old black male who comes into the office today for an Independent Medical Evaluation with c/o back pain. The pain began in 2011 in a work related accident. The pain radiates to bilateral hips, legs, and toe. He states that the pain is worse in his left leg and big toe. Patient has had surgery twice in his back (2012 and 2013) and states that neck pain began after the first surgery. Patient has had injections and physical therapy which did not provide any relief at all for him. He has taken Neurontin 600mg TID in which he states is very helpful for the pain in his toe and the Lortab, Ibuprofen, and Flexeril has been very beneficial for his pain. Patient also states that he has trouble sleeping and he is not taking anything to help with the insomnia. He states to not have ever had any issues or treatment pertaining to his neck or back before the accident in 2011. The last day of employment was in Jan 2012. Dr. Stewart is currently treating his pain management. He states that he continues to have pain in his SI joints and upon examination, I noticed weakness when lifting his legs and he described pain in bilateral hips when pressed down. He is willing to go back to work but would not be able to do any lifting or bending and he would not be able to sit down for longer than 20 minutes due to stiffness in joints and muscles.

Transcribed By: Marshay Spencer

I, Gisele Girault have reviewed the note as scribed and agree with its content.

Today's Impression: PLAN:

*Continue medications as prescribed

*Encouraged Home Exercises to assist with strengthen and stretching muscles and joints

*Pt is interested in the spinal cord stimulator trial

Transcribed By: Marshay Spencer

I, Gisele Girault have reviewed the note as scribed and agree with its content.

Current Plans:

Chronic pain syndrome (G89.4)

Current Plans:

- Goal: Maintain functional ability.
- Goal: Maintain current activities of daily living.
- Goal: Maintain safe/appropriate use of medications
- Goal: Improve functional mobility.
- Goal: Improve patient's ability to function at optimal level with pain.
- Goal: Improve quality of life.

Bilateral hip pain (M25.551)

Current Plans:

Sacroiliitis (M46.1)

Current Plans:



Electronically Signed by : Gisele Girault, MD (07/22/2016)

Co-signed Electronically signed by

JWC

ORMOND MEDICAL ARTS - FAMILY PRACTICE

77 W. GRANADA BLVD. ORMOND BEACH, FL 32174

PH: (386) 677-0453 FAX: (386) 677-0463

James R. Shoemaker, D.O.
David W. Carpenter, M.D.
Carlos M. Sanchez, M.D.

Cynthia A. Dean, PA-C
Joel Ledford, PA-C
Jan Watson, ARNP
Cheryl Kimmel, PA-C

October 10, 2008

Office of Disability Determinations
P. O. Box 10375
Jacksonville, FL 32247

Re: Iamar Clark
SS#: [REDACTED]

HISTORY OF PRESENT ILLNESS: Mr. Clark is a 33-year-old African American male presenting for disability evaluation. The claimant reports a 2 year history of worsening mid back and low back pain that he attributes to a lifting injury in 2006. He has no surgical history with regard to his neck or back. He denies any additional injury to his neck or back.

The claimant reports that he injured his left knee while playing football in 1993. He subsequently underwent left knee arthroscopy. Since his initial injury he has experienced intermittent left knee pain and swelling. He feels that his symptoms have worsened over the past few years.

Currently the claimant reports intermittent pain at both his low back and left knee. He reports intermittent numbness and tingling affecting his left lower extremity. No bowel or bladder incontinence. Despite his symptoms, he is capable of performing his activities of daily living without difficulty or assistance. The claimant reports that his symptoms are made worse with strenuous activity.

PRESENT OCCUPATION: Unemployed.

DRUG ALLERGIES: NKDA.

PRESENT MEDICATIONS: Metformin.

PAST MEDICAL HISTORY:

Injuries: Left knee. Right knee. Back injury. Hand injury.
Operations: Right index finger. Right hand. Left knee.
Illnesses: Diabetes.

FAMILY HISTORY: Father died age 70. Mother living age 68. Two brothers ages 27 and 35.
Continued ...

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 2

SOCIAL HISTORY: Divorced. Nonsmoker. Drinker of alcohol, occasionally.

PHYSICAL EXAMINATION

VITAL SIGNS: Height 78" without shoes. Weight 254 lb. BP 160/90. Pulse 80. Resp 14. Temp 98.6.

GENERAL: In general, alert and oriented, in no apparent distress. He answers questions appropriately. He follows directions without difficulty. He gets on and off the exam table without difficulty or assistance.

SKIN: Warm, dry, good turgor without ecchymosis, ulcerations, petechiae or eruptions.

HEAD: Normocephalic with normal hair distribution.

NECK: Supple without masses or adenopathy. The trachea is located in the midline and freely moveable. Carotid pulses are 2+ and equal bilaterally without evidence of bruits. Thyroid is felt to be within normal limits.

EYES: Pupils are equally reactive to light and accommodation. The extraocular muscles are full. No scleral icterus is noted. Pupils are approximately 2 mm in diameter bilaterally.

EARS: Canals are clear. Tympanic membranes are intact without fluid, inflammation or discharge.

NOSE: Nares are patent bilaterally without septal deviation, mucosal hypertrophy or sinus tenderness.

MOUTH AND THROAT: There are no lesions of the lips, gums, tongue, pharynx or buccal mucosa.

CHEST: Symmetrical with no increase in AP diameter and no accessory muscles of respiration in use.

HEART: Heart tones are within normal limits. No murmurs, gallops or friction rubs noted. S1-S2 normal. There is no S3 or S4 auscultated.

LUNGS: Clear to percussion and auscultation with normal breath sounds throughout.

BACK AND SPINE: Examination of the spine shows no particular cervical, thoracic, lumbar or sacral spine point tenderness. There is a mild left to right curvature of the mid thoracic spine with significant spasming of the right thoracic paravertebral musculature throughout. No L/S paraspinous tenderness or spasming. Straight leg raising is negative bilaterally.

ABDOMEN: Negative for masses or organomegaly. No hepatosplenomegaly is noted. Bowel sounds are within normal limits. Hepatojugular reflux was negative.
continued ...

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 3

UPPER EXTREMITIES: The upper extremities reveal full ROM of all upper extremity joints including the wrists, elbows and shoulders, except those abnormalities if noted on range of motion sheet. No evidence of cyanosis or clubbing. Examination of upper extremities shows no motor or sensory deficits. No joint deformities. No evidence of joint inflammation. No point tenderness at the shoulders, elbows, wrists or hands. Grip strength is 5/5 bilaterally. Fine manipulation skills are within normal limits at both upper extremities. No difficulty manipulating buttons or opening doors.

LOWER EXTREMITIES: Lower extremities reveal full ROM of the hips, knees, ankles and feet, except those abnormalities if noted on range of motion sheet. No evidence of pretibial or ankle edema, ulcerations or varicosities. Examination of lower extremities shows no motor or sensory deficits. There are mild degenerative changes present at the left knee with trace crepitus and a slight anterior effusion. He has medial joint line tenderness at the left knee. No joint line tenderness at the right knee. Lachman's maneuver produces pain in the medial compartment on the left and is negative on the right. No significant laxity is appreciated. He ambulates in a normal heel to toe fashion. He is steady without assistance. His balance is good. He does not limp.

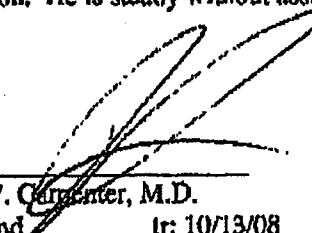
PULSES:	R	L
Femoral	+2/4	+2/4
Popliteal	+2/4	+2/4
Posterior tibial	+2/4	+2/4
Dorsalis pedis	+2/4	+2/4

NEUROLOGICAL EXAM: Neurological exam shows cranial nerves II through XII to be grossly intact. Deep tendon reflexes are 2+ throughout his upper and lower extremities and are symmetrical.

FINAL IMPRESSIONS:

1. Chronic left knee pain status post failed arthroscopy, 1993.
2. Scoliosis with chronic mid and low back pain.

DISCUSSION: The claimant has no motor or sensory deficits by physical exam. Grip strength and fine manipulation skills are within normal limits at both upper extremities. He ambulates in normal heel to toe fashion. He is steady without assistance. His balance is good.


David W. Carpenter, M.D.

DWC/amd Ir: 10/13/08

CHS

ORMOND MEDICAL ARTS - FAMILY PRACTICE

77 W. GRANADA BLVD. ORMOND BEACH, FL 32174

PH: (386) 677-0453 FAX: (386) 677-0463

James R. Shoemaker, D.O.
David W. Carpenter, M.D.
Carlos M. Sanchez, M.D.

Jan Watson, ARNP
Cheryl Kimmel, PA-C
Anna Iv, PA-C
Janet M. Bradstreet, ARNP

July 1, 2009

Office of Disability Determinations
P. O. Box 10375
Jacksonville, FL 32247

Re: Lamar Clark
SS#: [REDACTED]

HISTORY OF PRESENT ILLNESS: Lamar is a 34-year-old African American male here today for disability evaluation. The patient reports the main reason he is unable to work is that he has left knee pain and low back pain which radiates up his back sometimes on his left side to his thoracic area. The patient states his knee grinds when he walks for long periods of time. He says his back bothers him whenever he does any type of bending. He has done mostly physical labor his entire life. The patient injured his knee while playing football in college. He says it has been many years since he has had any x-rays. He hurt his back while working about 2 years, but he has never had any x-rays or any follow-up by a doctor. The patient also states that he has had diabetes for the last 2 years.

PRESENT OCCUPATION: Unemployed.

DRUG ALLERGIES: NKDA.

PRESENT MEDICATIONS: Metformin.

PAST MEDICAL HISTORY:

Injuries: Left knee. Low back problems. Mid back problems.
Operations: Left knee surgery, Right hand surgery.
Illnesses: Diabetes.

FAMILY HISTORY: Father died age 69, MI. Mother living age 67, diabetes. One brother age 28 in good health.

SOCIAL HISTORY: Divorced. Smoker, smoking 1/2 - 1 pack of cigarettes per day times 15+ years. Drinker of alcohol, socially.

Continued ..
Page 1 of 3

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 2 of 3

PHYSICAL EXAMINATION

VITAL SIGNS: Height 77" without shoes. Weight 250 lb. BP 148/110. Pulse 76. Resp 16. Temp 98.4.

GENERAL: In general, he is a well-developed male in no apparent distress. He answers questions appropriately and follows directions without difficulty. He voices pain with many ROM movements that I had him do today.

SKIN: Warm, dry, good turgor without ecchymosis, ulcerations, petechiae or eruptions.

HEAD: Normocephalic with normal hair distribution.

NECK: Supple without masses or adenopathy. The trachea is located in the midline and freely moveable. Carotid pulses are 2+ and equal bilaterally without evidence of bruits. Thyroid is felt to be within normal limits.

EYES: Pupils are equally reactive to light and accommodation. The extraocular muscles are full. No scleral icterus is noted. Pupils are approximately 2 mm in diameter bilaterally.

EARS: Canals are clear. Tympanic membranes are intact without fluid, inflammation or discharge.

NOSE: Nares are patent bilaterally without septal deviation, mucosal hypertrophy or sinus tenderness.

MOUTH AND THROAT: There are no lesions of the lips, gums, tongue, pharynx or buccal mucosa.

CHEST: Symmetrical with no increase in AP diameter and no accessory muscles of respiration in use.

HEART: Heart tones are within normal limits. No murmurs, gallops or friction rubs noted. S1-S2 normal. There is no S3 or S4 auscultated.

LUNGS: Clear to percussion and auscultation with normal breath sounds throughout.

BACK AND SPINE: Examination of the spine shows mild loss of ROM of his lumbar spine. No cervical, thoracic, lumbar or sacral spine point tenderness. No paravertebral muscle spasms. Straight leg testing is negative.

ABDOMEN: Negative for masses or organomegaly. No hepatosplenomegaly is noted. Bowel sounds are within normal limits. Hepatojugular reflux was negative.

Continued..

Page 2 of 3

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 3 of 3

UPPER EXTREMITIES: The upper extremities reveal full ROM of all upper extremity joints including the wrists, elbows and shoulders, except those abnormalities if noted on range of motion sheet. No evidence of cyanosis or clubbing. Grip strengths are 5/5 bilaterally. Fine manipulation is within normal limits.

LOWER EXTREMITIES: Lower extremities reveal full ROM of the hips, knees, ankles and feet, except those abnormalities if noted on range of motion sheet. No evidence of pretibial or ankle edema, ulcerations or varicosities. He is tender to palpation in his left knee joint, medially and laterally. He has some crepitus and slightly decreased ROM. Gait: No obvious limp. He can do heel and toe walk, but toe walk causes pain in his left knee.

PULSES:

	<u>R</u>	<u>L</u>
Femoral	+2/4	+2/4
Popliteal	+2/4	+2/4
Posterior tibial	+2/4	+2/4
Dorsalis pedis	+2/4	+2/4

NEUROLOGICAL EXAM: Neurological exam shows cranial nerves II through XII to be grossly intact.

X-RAYS, LUMBAR SPINE: Mild decreased disc space between L5-S1; otherwise within normal limits.

FINAL IMPRESSIONS:

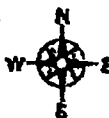
1. Low back pain.
2. Left knee pain.

DISCUSSION: Patient would benefit from x-ray of his left knee.


Carlos M. Sanchez, M.D.

CMS/and

tr: 07/02/09



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 20, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Patient is here for Workers Compensation.

Back pain: Patient complains of back pain.

Pt states that he was bending over at work to pick up something and felt something pull in his left lower back. He states that there is a knot that he can feel in back. This happened 7-19-11 on first shift.

Current Medication:

Pt takes Metformin for DM and Lisinopril for HTN

Medical History:

Hypertension.

Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.

He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

Musculoskeletal: (+) Lower back pain, (+) muscle cramps, (+) muscle pain.

Allergy:

No Known Drug Allergies.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Patient: Clark, Lamar DOB: [REDACTED] Visit: 07/20/2011 Page: 1

Respiratory: Lungs are clear to auscultation. No wheezes, rales, rubs or rhonchi are noted.

Cardiovascular: PMI is nondisplaced and normal in character, no heave or abnormal pulsation. Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Gastrointestinal: The abdomen is soft, non-tender without rebound or guarding. Normoactive bowel sounds are heard without rush. No palpable masses or hepatosplenomegaly is appreciated. No visible scars, hernias or sinuses are seen.

Musculoskeletal: **SPINE: Lumbar spine:** No limitation in range of motion is noted. No pain is noted in all ranges of motion. Heel and toe walk are normal. Straight leg raising test is negative. **HIP: Hip:** Examination of both the hip joints reveals no limitation in flexion, extension, internal and external rotation. No pain or tightness of the joint is appreciated. The subtrochanteric bursa on both the sides is non tender on palpation. FABER test and Trendelenburg's test are negative. 4cm by 3cm by 2cm tender nodule in left paraspinous area. This triggers his pain.

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Procedures:

3cc lido clane and 0.5cc depomedrol injected.

Prescription:

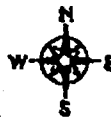
1 Ibuprofen 200 Mg Tablet SIG: 2 po tid QTY: 60.00

Plan:

FOLLOW-UP: 1 week(s). OTHER: light duty.

This visit note has been electronically signed off by following providers.

This visit note has been electronically signed off by Corey Hunt, MD.



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 22, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Mr. Clark, 36 year 7 month old patient is here for a regular follow-up visit of.
Back pain: Patient complains of back pain. Pain is located in the Lower Left side.
Other: WC RECHECK.
pt states the back pain feels worse now

Current Medication:

1 Ibuprofen 200 Mg Tablet SIG: 2 po tid

Vital Signs:

Weight:	249 lbs
Height:	78"
BMI:	28.77
Temperature:	98.10 F
BP:	128/78
Pulse:	103
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.
Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking **socially**.
He admits alcohol use. Currently drinks. He has been drinking **socially**.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.
Respiratory: Denies shortness of breath, cough, wheezing, or sputum.

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/22/2011 **Page:** 1

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.

Musculoskeletal: (+) Lower back pain.

Neurological: Denies weakness, loss of sensation, memory loss, headache.

Surgical History:

Prior surgeries: Right hand and right index finger, and left knee.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Musculoskeletal: SPINE: Lumbar spine: Neck movements are painful with flexion beyond 60 degrees, lateral rotation to the left and lateral rotation to the right. Spinous process tenderness is noted on left side at L4 and L5. Heel and toe walk are normal. Straight leg raising test is negative.

Prescription:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS QTY: 30.00

2 Naprosyn 500 Mg Tablet SIG: one po bid QTY: 30.00

Changed/Discontinued Medication(s):

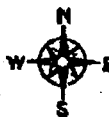
Discontinued: IBUPROFEN 200 MG TABLET

Plan:

FOLLOW-UP: 1 week(s). **OTHER:** light duty.

This visit note has been electronically signed off by following providers.

This visit note has been electronically signed off by Corey Hunt, MD.



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Jul 26, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Patient is here for WC followup for lower back pain. pt states it isnt getting any better. pts work made him come back today even thou he was here on friday because he isnt getting better.

Other: He did not work this weekend and did not do any yard work or heavy household work.

Current Medication:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS
2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:

Weight:	252 lbs
Height:	6' 6"
BMI:	29.12
Temperature:	98.30 F
BP:	110/76
Pulse:	99
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.
Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.
He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Neck: no Neck pain or swelling.

Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/26/2011 **Page:** 1

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.

Musculoskeletal: (+) back pain.

Neurological: Denies weakness, loss of sensation, memory loss, headache.

Surgical History:

The patient has had no prior surgeries.

Examination:

General Appearance: The patient is normal in weight, asleep on the exam table when I enter room., is well groomed, is in mild pain.

Musculoskeletal: SPINE: Lumbar spine: Spinous process tenderness is noted on left side at L3 and L4. tender sub cutaneous knot in area of LS tenderness.

Neurologic: Reflexes: Achilles tendon reflex 1+ (decreased, hyporeflexic). Patellar tendon reflex 2+ (normal).

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Diagnostic/Lab:

Compass Family Medicine

XRAY LUMBAR SPINE

Plan:

FOLLOW-UP: Will continue limits and get x ray today.

This visit note has been electronically signed off by following providers.

This visit note has been electronically signed off by Corey Hunt, MD.

NEWBERRY COUNTY MEMORIAL HOSPITAL
2669 Kinard Street
Newberry, South Carolina 29108

DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	CLARK, LAMAR	MR#:	MC01634195
Address:	[REDACTED]	Acct#:	VCC000431036
City/State/Zip:	NEWBERRY, SC 29108	Patient Type:	REG CLI
DOB:	[REDACTED]	Room#:	
Age/Sex:	36/ M	Ordering Physician:	HUNT, COREY MD
		Admitting Physician:	
Technologist(s):	MB	Family Physician:	PHYSICIAN, UNKNOWN FAMILY MD

Procedure Date: 07/26/11
Requisition Number(s): 11-0017156
Procedure(s): LUMBAR SPINE 2 OR 3 VWS
CPT Code(s): 72100

Reason for Exam: LOW BACK PAIN
Report Released: 07/27/11 1646

Alt. Rpt. Distrib: NONE

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

Read By: TAFFONI, MATTHEW J MD

Electronically Signed By: BULL DOUGLAS, M MD

07/26/11 1839
PS

Report #: 0726-0053
CC:

Account Number: V00000431036

Medical Record Number: M001634195

Patient Birthdate: [REDACTED] Reason for Exam: LOW BACK PAIN

Patient SSN: [REDACTED]

Patient Name: CLARK, LAMAR

Facility: NCMH

Dictated By	Exam Date	Procedure	Mnemonic	Status	Ordered By
TAFFONI, MATTHEW J MD	07/26/11	LUMBAR SPINE 2 OR 3 VWS	1058	C	HUNT, COREY MD

TRANSCRIPTION:

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

MTDD

NEWBERRY COUNTY MEMORIAL HOSPITAL
2659 Kinard Street
Newberry, South Carolina 29108
DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name:	CLARK, LEMAR	MRN:	M501834195
Address:	██████████	Acct#:	W00000433036
City/State/Zip:	NEWBERRY, SC 29108	Patient Type:	RES CLI
DOB:	██████████	Room#:	
Age/Sex:	36/ M	Ordering Physician:	WUNT, COREY ML
Technologist(s):	MB	Admitting Physician:	
		Family Physician:	ENTWISTAN, UNKNOWN FAMILY MD.

Procedure Date:	07/26/11
Requisition Number(s):	11-0017158
Procedure(s):	LUMBAR SPINE 2 OR 3 VWS
CPT Code(s):	72100

Reason for Exam:	LOW BACK PAIN	Alt. Rpt. District:	NONE
Report Released:	07/27/11 1645		

TWO VIEWS LUMBAR SPINE - 7/26/11:

INDICATION: Back pain.

COMPARISON: No prior.

TECHNIQUE: Frontal and lateral views of the lumbar spine were performed.

FINDINGS: There is minimal levo-convex curve to the lumbar spine. There is no fracture or bony destruction. There is mild loss of disk space height at L4-L5 with small anterior osteophytes at this level. I see no end plate destruction. There is no spondylolisthesis. There is mild loss of disk space height at L5-S1.

IMPRESSION: Mild loss of disk space height at L4-L5 and L5-S1 felt most likely to represent at least mild degenerative disk disease at these levels. I see no definite acute process. There is no fracture.

Read By: TAPPORI, MATTHEW J MD

Electronically Signed By: BULK DOUGLAS, M MD

07/26/11 1839
22

Report #: 0726-0053
CC:

2011 07 26



Compass Family Medicine, PA
2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 278-4860
Fax (803) 276-2812

Visit Note

Provider:
Supervising: Corey Hunt, MD
Performing: Pamela Cromer, FNP

Encounter Date: Jul 28, 2011

Patient: Clark, Lamar (18543032)
Gender: Male **DOB:** [REDACTED] **Age:** 36 year 7 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:
Patient is here for Workers Compensation re-check.
Back pain: Patient complains of back pain.

Current Medication:
1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS
2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:
Weight: 254 lbs
Height: 6' 6"
BMI: 29.35
Temperature: 98.20 F
BP: 130/84
Pulse: 105
Oxygen: 97

Medical History:
Hypertension.
Type 2 diabetes mellitus.

HPI:
Reports is working in packaging at his job since his back injury sev wks ago. Taking muscle relaxer and Naprosyn and states he is somewhat better. Still with little pain to left lower back. Reports if he sits or stands too long he gets shooting pains through is lower back. Describes a knot on lat aspect of lower lumbar spine. LS Spine XRay done. Seeking report.

Social History:

Patient: Clark, Lamar **DOB:** [REDACTED] **Visit:** 07/28/2011 **Page:** 1

Currently smokes. He has been smoking **socially**.
He admits alcohol use. Currently drinks. He has been drinking **socially**.

ROS:

Constitutional: patient denies fever, fatigue, sleep disturbance.

Respiratory: Denies shortness of breath, cough, wheezing, or sputum.

Musculoskeletal: (+) back pain, (+) muscle pain.

Surgical History:

The patient has had no prior surgeries.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Respiratory: Lungs are clear to auscultation. No wheezes, rales, rubs or rhonchi are noted.

Cardiovascular: PMI is nondisplaced and normal in character, no heave or abnormal pulsation. Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.

Gastrointestinal: The abdomen is soft, non-tender without rebound or guarding. Normoactive bowel sounds are heard without rush. No palpable masses or hepatosplenomegaly is appreciated. No visible scars, hernias or sinuses are seen.

Musculoskeletal: No spinal point tenderness. Pain to left of lower LS spine (paraspinal area) with 1cm mass palpable. States tender to touch. DTR 1+ left and 2+ on right. Pushes legs against resistance with ? sl diminished strength on left. Knee stable. Grip upper ext 5/5 bilat. No peripheral edema.

Diagnosis:

724.9 Back Disorder Not Otherwise Specified

Plan:

OTHER: Will get u/s of mass of back.

RF: Cyclobenzaprine 10mg one or two tabs po hs #60

Naprosyn 500mg BID

Hot or Cold compresses prn tid

Work Restrictions as in place.

Advised avoid pressure to area of pain, no continuous palpation of pain site.

FU: 2 weeks.

This visit note has been electronically signed off by Pamela Cromer, FNP.

Account Number: V00000431414

Medical Record Number: M001634195

Patient Birthdate: [REDACTED]

Reason for Exam:

Patient SSN: [REDACTED]

Patient Name: CLARK, LAMAR

Facility: NCMH

Dictated By

Exam Date

Procedure

Mnemonic

Status

Ordered By

KILPATRICK, ZACHARY MD

08/03/11

US UNLISTED PROCEDURE

4056

R

HUNT, COREY

MD

TRANSCRIPTION:

LIMITED ULTRASOUND OF THE BACK:

INDICATION: Painful palpable mass.

TECHNIQUE: Ultrasound examination is performed with a linear transducer on the left side of the low back at or about the lumbosacral junction.

FINDINGS: There is an area of skin discoloration. Deep to this, there is a palpable cord-like lesion that may present as a fusiform area of decreased heterogeneous attenuation on images 4 and 5. The etiology of this lesion is indeterminate. The lesion is palpated by the attending physician and a mild degree of pain is elicited. This is not in keeping with an abscess. This could represent a hematoma. If clinically feasible, the next step in the imaging algorithm is a localized MRI of this region which should be performed pre- and post contrast. MRI is preferred over CT given superior contrast resolution.

IMPRESSION: Somewhat cord-like area of decreased heterogeneous echotexture which correlates to a palpable abnormality that is focally tender. Follow-up with MRI is recommended, if clinically feasible.

MTDD

NEWBERRY COUNTY MEMORIAL HOSPITAL
2662 Kinard Street
Newberry, South Carolina 29108
DIAGNOSTIC IMAGING DEPARTMENT
(803) 405-7407

Patient's Name: CLARK, LAMAR
Address: [REDACTED]
City/State/Zip: NEWBERRY, SC 29108
DOB: [REDACTED]
Age/Sex: 16/M
Technologist(s): NG
MR#: 003163-1195
Acct#: V00000432414
Patient Type: REG CLI
Room#: [REDACTED]
Ordering Physician: HUNT, COREY MD
Admitting Physician: [REDACTED]
Family Physician: PHYSICIAN, UNKNOWN FAMILY MD

Procedure Date: 08/02/11
Registration Number(s): 11-0017941
Procedure(s): US UNLISTED PROCEDURE
CPT Code(s): 76995

Reason for Exam: [REDACTED]
Report Released: 08/03/11 1444 ALL Rep. Distrib: NONE

LIMITED ULTRASOUND OF THE BACK:

INDICATION: Painful palpable mass.

TECHNIQUE: Ultrasound examination is performed with a linear transducer on the left side of the low back at or about the lumbosacral junction.

FINDINGS: There is an area of skin discoloration. Deep to this, there is a palpable cord-like lesion that may present as a fusiform area of decreased heterogeneous attenuation on images 4 and 5. The etiology of this lesion is indeterminate. The lesion is palpated by the attending physician and a mild degree of pain is elicited. This is not in keeping with an abscess. This could represent a dermatoma. If clinically feasible, the next step in the imaging algorithm is a localized MRI of this region which should be performed pre- and post contrast. MRI is preferred over CT given superior contrast resolution.

IMPRESSION: Somewhat cord-like area of decreased heterogeneous echotexture which correlates to a palpable abnormality that is focally tender. Follow-up with MRI is recommended, if clinically feasible.

Read By: KILPATRICK, ZACHARY MD

Electronically Signed By: KILPATRICK, ZACHARY MD

08/03/11 LRS
PS

Report #: 0803-0036
CC:

VIP 21 2011

1125117871099



Compass Family Medicine, PA

2605 Kinard Street Ste 208
Newberry, South Carolina 29108
Phone (803) 276-4860
Fax (803) 276-2812

Visit Note

Provider: Corey Hunt, MD
Encounter Date: Aug 11, 2011

Patient: Clark, Lamar (18543032)
Gender: Male DOB: [REDACTED] Age: 36 year 8 month
Race: african american
Address: [REDACTED], Newberry SC 29108

Chief Complaint:

Mr. Clark, 36 year 8 month old patient is here for a regular follow-up visit of.

Back pain: Patient complains of back pain. WC recheck of injury to Lower Right Back. pt states it got better for 2 days and came back.

Other: pt states the pain will shoot all the way down his leg.

Current Medication:

1 Cyclobenzaprine 10 Mg Tablet SIG: 1-2 po daily HS
2 Naprosyn 500 Mg Tablet SIG: one po bid

Vital Signs:

Weight:	254 lbs
Height:	6' 6"
BMI:	29.35
Temperature:	95.60 F
BP:	120/80
Pulse:	88
Respiration:	20
Oxygen:	98

Medical History:

Hypertension.
Type 2 diabetes mellitus.

Social History:

Currently smokes. He has been smoking socially.
He admits alcohol use. Currently drinks. He has been drinking socially.

ROS:

Respiratory: Denies sortness of breath, cough, wheezing, or sputum.

Cardiovascular: Denies chest pain, shortness of breath, dyspnea with exertion, edema.

112510071306

Abdomen: Denies abdominal pain, change in bowels, diarrhea or constipation.

Musculoskeletal: (+) Lower and Right back pain.

Neurological: Denies weakness, loss of sensation, memory loss, headache.

Examination:

General Appearance: The patient is well-developed, well-nourished, and in no distress. He is awake, alert and oriented to time, place, and person. The patient ambulates to the examination room without assistance. He is able to sit comfortably on the examination table without difficulty or evidence of pain.

Musculoskeletal: **SPINE:** Lumbar spine: Spinous process tenderness is noted on left side at L5. nodule in area of spinous tenderness. **HIP:** Hip: Examination of both the hip joints reveals no limitation in flexion, extension, internal and external rotation. No pain or tightness of the joint is appreciated. The subtrochanteric bursa on both the sides is non tender on palpation. FABER test and Trendelenburg's test are negative.

Diagnosis:

~~724.9~~ Back Disorder Not Otherwise Specified

Plan:

OTHER: ultrasound shows an "area of decreased heretogenous echotexture" domelateing to this tender area. This is not due to his job and he is referred to his primary physician. I am releasing him to work and if he needs a work excuse he needs to get it from a physician.

This visit note has been electronically signed off by following providers.
This visit note has been electronically signed off by Corey Hunt, MD.

(F)

**Newberry Physical Therapy and Sports Medicine Clinic, Inc**

Phone# (803) 276-7370

Fax # (803) 276-7369

Evaluation**Patient:** Lamar Clark**DOB:** [REDACTED]**Physician:** Dr. John Hibbitts**Date:** 11-10-11**Subjective:**

Patient is a 36 y/o male who comes to PT today with a diagnosis of a L5-S1 disc herniation. Patient states that on July 20 2011, while at work, he was lifting a heavy object with a co-worker when the co-worker dropped it and fell out of the co-workers hands and he dropped it as well, but had a jarring sensation in his back. He had an MRI and X-ray which revealed the disc herniation. This past Monday he did receive 2 ESI's in his low back. He reports since then he has not noticed any significant decrease in the amount of pain.

Patient reports that he was feeling numbness and tingling into the left LE up until this past week. He reports that the numbness and tingling does come and go. He reports that he is supposed to be on sedentary duty at work, however he is lifting some weight and performing some bending and twisting activities.

...Patient reports that prolonged sitting and prolonged standing aggravate his back the most.

As concerns PMH, patient does have hypertension and diabetes. He had a left knee scope in 1994. He denies any bowel or bladder changes.

Medications: please refer to patient's chart.

Objective:

Current level of pain is a 6/10 and worst level of pain is an 8/10.

Bilateral LE DTRs at L4 and S1 are a 2/4 and symmetrical.

Patient does have decreased sensation on the left LE at the L4-5 myotomes.

Maximum calf girth on the left is 40.5 cm and on the right is 40 cm.

Gross MMT in bilateral LE's revealed the following: left hamstring is a 4/5, right is a 4+/5; left quadriceps is a 3+/5, and right is a 4+/5.

Tenderness to palpation noted along the lumbar vertebral segments as well as paraspinals. He also has tenderness to palpation along the left PSIS region.

Special tests are as follows: negative seated and supine SLR, however it did reproduce back pain. Negative FABERS test however reproducing back pain.

Lumbar forward flexion fingertips to floor is WNL and extension is limited by 50%.

117774096005



Clark, Lamar
Page 2

In supine lying with slight distraction to bilateral LE's patient had increased pain. He also had increased pain with up on elbows.

Treatment:

Therapeutic exercises as charted. Brief manual hamstring stretching. ESTIM with ice to the lumbar spine with patient in hook lying position. Patient was issued a HEP to be done BID.

Assessment:

Mr. Clark comes to PT today with a diagnosis of L5-S1 disc herniation. Today he did not present with any positive neural tension signs or symptoms. He did present with weakness in the left LE compared to the right LE. Today he mainly complains of LBP and no radicular pain. PT will focus on increasing his core strength, improving his endurance, and helping him return to work without pain. His prognosis in PT is good.

Goals-Short Term (1 week)

1. Independent with HEP.

Long Term (4 weeks)

1. Decrease worst level of pain to a 4/10.

2. Decrease current level of pain to a 0/10.

3. Patient will deny having any numbness or tingling into the left LE.

4. Increase left quad strength to a 4+/5.

5. Patient will be able to return to full duty at work.

Plan:

Continue 2-3 x a week for 4-6 weeks. Increase core strengthening exercises per patient tolerance. He may benefit from lumbar pelvic traction.

Jennifer Frick, PT, MSRS
Jennifer Frick, PT, MSRS

Dictated and Proofed Not Proofed
JF/nw

Please have M.D. sign below and return to our office by fax (803) 276-7369. Thank you.

Newberry Physical Therapy and Sports Medicine Clinic, Inc.

PROGRESS NOTES

Date	Name	Lamar	Clark
11-10-11	Evaluation		92
11-15-11	S: Reports feeling better, but still pain in @ leg. D: Ther ex on chucks x 25 mins. Added prone plank. @ pelvis to 85% mins @ neutral pull. else to LS @ Pt in hooking. A: Pt had some back discomfort on tx, but not radicular pain. P: cont		Jennifer Dick, PT
11-18-11	S: Reports being sore & just a little better. D: Ther ex on chucks x 23 mins. @ pelvis to 85% mins @ neutral pull. else to LS @ Pt in hooking. A: Pt needs encouragement for plank. P: cont		Jennifer Dick, PT
11-22-11	S: Pt reports that he is hurting today. D: Ther ex on chucks x 20 mins. @ Pelvis to 85% x 15 mins, Estom DFC TERO @ Ice x 15 mins Pt pain. A: Pt was unable to perform exercise, had difficulty. P: Cont		Jennifer Dick, PT
11-29-11	CX		



Newberry Physical Therapy and Sports Medicine Clinic, Inc.

Phone# (803) 276-7370

Fax # (803) 276-7369

Progress Report

Patient: Lamar Clark

DOB: [REDACTED]

Physician: Dr. John Hibbitts

Date: 1-3-12

Dr. Hibbitts:

Lamar has been seen in PT for a total of 14 visits for L5-S1 disc herniation. His rehab has consisted of electrical stimulation, lumbar traction, gentle core stabilization exercises, and lower extremity stretching.

Lamar reports that his average pain is a 6/10. He reports he has increased pain with sitting and standing especially on concrete floors. He states that he does still have some numbness which extends from his left buttock into his mid lateral thigh.

Lamar has been doing well with improving his flexibility and increasing his core strength. If you would like for Lamar to continue with therapy please advise.

Thank you for the opportunity to work with your patients and for your referrals.

Sincerely,

A handwritten signature in dark ink, appearing to read "Matthew M. Whitaker".

Matthew M. Whitaker, DPT

Dictated and Proofed Not Proofed
MMW/nw

***Please direct the therapist below:**

I have read the above progress report and request that:

___ The patient be discharged at this time.

___ The present treatment is continued for ___ times a week for ___ weeks.

___ Therapist calls me concerning this patient.

(Physician signature)

(Date)

Re: Lamar Clark v. Philips Electronics and Fidelity & Guaranty Ins. Co c/o Gallagher Bassett Services, Inc.
SCWCC Claim No. : 1115485
DOI : 7/20/2011
GBS Clm No. : 002380-009431-WC-01
Our File No. : WC-109-0002

I first treated Mr. Clark on November 11, 2013, as an Independent Medical Exam. Since that time, I have become Mr. Clark's authorized treating physician in relation to his 7/20/2011 work related back injury. I have had an opportunity to review the May 2014 and November 2014 MSA cost-projection analyses prepared by Medinsight detailing Mr. Clark's future medical treatment associated with his work injury. As his authorized treating physician, here is a summary of his future medical treatment:

MEDICATIONS

Mr. Clark has been prescribed the muscle relaxant Cyclobenzaparine, a generic form of Flexeril. Mr. Clark has indicated that his medication provides some relief, but does not provide a substantial amount of benefit. As such, Mr. Clark can take it on an as-needed basis if he finds it helpful. At this time, Mr. Clark is not being prescribed Zanaflex, or any generic form thereof, nor do I believe that he will require Zanaflex in the future.

I have not prescribed any narcotics/opioids to Mr. Clark. The use of narcotic prescriptions, such as Hydrocodone, does not provide significant relief when compared to the negative effects of the medication. Mr. Clark will not require Hydrocodone, or any other narcotic/opioid prescription in the future.

Mr. Clark has been prescribed Gabapentin, the generic counterpart of Neurontin, for neuropathy pain. I recently increased Mr. Clark's dosage of Gabapentin to 600mg 3x/day from 300mg 3x/day. However, for cost-related concerns, it is acceptable for Mr. Clark to take two (2) 300mg capsules 3x/day.

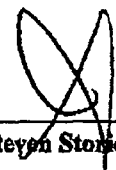
OFFICE VISITS

Ongoing pain management appointments are necessary at this time, however, Mr. Clark will not require more than two (2) appointments per year.

two (2) to three (3)

There is no need for Mr. Clark to continue to visit a neurosurgeon for evaluation/screening.

All of the above opinions are stated to a reasonable degree of medical certainty.


Dr. Steven Storck

2/4/15
Date

Midlands Orthopaedics a Member of Arcis Healthcare • 1013 Lake Murray Blvd, IRMO SC 29063-2824

CLARK, LAMAR (id #2162933, dob: [REDACTED])**Encounter Summary****Patient**

Name	CLARK, LAMAR (41yo, M) ID# 2162933	Appt. Date/Time	06/13/2016 10:15AM
DOB	[REDACTED]	Service Dept.	MOPA_Irmo
Provider	STEVEN B. STORICK, MD		
Insurance	Med Worker's Comp: GALLAGHER BASSETT Employer Name : SHAKESPEARE Case # : 002380009431WC01 Case Injury Date : 12/06/2010 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

Lower Back/L-spine problem

HPI

Mr. Clark is in for a followup due to his chronic back pain which was work-related. He has had prior left L5-S1 diskectomy and L4-5 diskectomy. The patient has had persistent low back pain which typically extends to the left leg. He does have occasional numbness in his right leg. His back pain seems to be greater on the left than the right and sometimes associated with activities as well as rest. Mr. Clark underwent conservative treatments postoperatively including physical therapy and numerous injections. He subsequently had radiofrequency rhizotomy on the left without any sustained benefit other than a few weeks, according to the patient. He has also been on Neurontin 600 mg t.i.d. for his leg pain which in the past had been helpful. He ran out of that medicine the other week. Infrequently he was taking Flexeril. It has been well over a year since Mr. Clark has been back to physical therapy. His other medications include metformin, and he is unaware of being on a blood pressure medicine at this time.

VitalsHt: 6 ft 5 in 06/13/2016
10:45 amWt: 240 lbs 06/13/2016
10:45 amBMI: 28.5 06/13/2016
10:45 amBP: 145/100 sitting
06/13/2016 10:50 amPulse: 96 bpm 06/13/2016
10:50 amPain Scale: 8 06/13/2016 10:50
am**Medications****Reviewed Medications**

gabapentin 600 mg tablet Take 1 tablet(s) every 8 hours by oral route.	06/13/16 prescribed

naproxen 500 mg tablet TAKE 1 TABLET BY MOUTH EVERY 12 HOURS AS NEEDED FOR PAIN	01/30/16 filled

tizanidine 4 mg tablet Take 1 tablet(s) twice a day by oral route as needed.	06/13/16 prescribed

tramadol 50 mg tablet TAKE 1 TO 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	01/30/16 filled

Allergies**Reviewed Allergies**

NKDA

Midlands Orthopaedics a Member of Arcis Healthcare • 1013 Lake Murray Blvd, IRMO SC 29063-2824

CLARK, LAMAR (id #2162933, dob: [REDACTED])**Problems**

Reviewed Problems

- Chronic postoperative pain
- Lumbosacral radiculitis
- Chronic back pain

Past Medical History

Reviewed Past Medical History

Depression: Y

Diabetes: Y

High Blood Pressure: Y

Family History

Reviewed Family History

Mother

- Diabetes mellitus
- Hypertensive disorder

Father

- Diabetes mellitus
- Heart disease
- Hypertensive disorder
- Kidney disease

Surgical History

Reviewed Surgical History

- Neurosurgery - 2013 - Lower Back
- Neurosurgery - 2012 - Lower Back
- Neurosurgery - 2012 - Neck
- Orthopedic Surgery - 2002 - Right Hand
- Orthopedic Surgery - 1994 - Left Knee
- Orthopedic Surgery - 1992 - Index Finger

Social History

Reviewed Social History

Smoking Status: Former smoker

Tobacco-years of use: 20

Cigar/Pipe Use: N

Chewing tobacco: none

Alcohol intake: Occasional

Marital status: Divorced

Diet: Regular

Are you currently employed?: Y

Employer: Phillips

Type of Work: Packaging

Patient's Pharmacies

CVS/PHARMACY #3542 (ERX): 1210 WILSON ROAD, NEWBERRY SC 29108, Ph (803) 276-7550, Fax (803) 276-4064

Patient's Care Team

Insurance Adjuster (Worker's Comp): SABRINA MARTIN: Ph (704) 405-6733, Fax (866) 654-4646

ROS

Patient reports weakness and numbness but reports no loss of consciousness, no seizures, no dizziness, and no headaches. He reports depression but reports no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports increased thirst but reports no fatigue. He reports sinus pressure but reports no runny nose, no itching, no hives, and no frequent sneezing. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no

APA 24.1895

CLARK, LAMAR (id #2162933, dob: [REDACTED])

chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no swollen glands and no bruising.

Additionally reports:**Physical Exam**

Patient is a 41-year-old male.

A&Ox3; No Acute Distress. Follows simple commands. Gait normal without footdrop. Motor 5/5. SLRs negative. Healed lumbar incisions. Stands upright independently. Flexes at waist with fingertips to knees. Nontender.

Assessment / Plan**1. Chronic postoperative pain**

G89.28: Other chronic postprocedural pain

2. Chronic back pain

M54.5: Low back pain

• MANUAL THERAPY REFERRAL - Schedule Within: provider's discretion Note to Provider: Evaluate and Treat with Core Body Strengthening, Therapeutic Exercise, Functional activities/body mechanics for education, Instructions in proper lifting techniques, Local measures involving heat/cold, ultrasound, etc.. 3x per week for 4 weeks

3. Lumbosacral radiculitis

M54.17: Radiculopathy, lumbosacral region

• gabapentin 600 mg tablet - Take 1 tablet(s) every 8 hours by oral route. Qty: 90 tablet(s) Refills: 5

Pharmacy: CVS/PHARMACY #3542

• tizanidine 4 mg tablet - Take 1 tablet(s) twice a day by oral route as needed. Qty: 60 tablet(s) Refills: 2

Pharmacy: CVS/PHARMACY #3542

Discussion**Discussion Notes**

Mr. Clark presents with chronic low back pain which is most likely due to degenerative changes of the lumbar spine. He has distal left leg symptoms that may be radicular in origin. Typically the leg pain has been managed with the Neurontin which I have restarted at 600 mg t.i.d. He is aware to gradually start it once a day and titrate up to t.i.d. over the next week or 2. I would also like to get him back into physical therapy for his back pain. I have provided him a prescription for Zanaflex that he can take periodically if needed. I have left him at light duty. If he fails to improve, then Mr. Clark may be a candidate for high-frequency spinal cord stimulator trial provided he has failed all conservative treatments and is interested in this device. I will see the patient back once he completes the physical therapy.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Steven B. Storick, MD, 06/14/2016.

Encounter performed and documented by Steven B. Storick, MD

Encounter reviewed & signed by Steven B. Storick, MD on 06/14/2016 at 9:40pm



SPINAL EVALUATION

Progressive Physical Therapy
1415 Wilson Road
Newberry, SC 29108
office 803-276-2966 fax 803-276-3331

To M.D.
☒ Filed
☒ Indexed
 Given to Patient
☒ Filed in DC card

Patient Name: Lamar Clark Dx/ ICD-10: M54.5 Date: 6/7/2016
 DOB: [REDACTED] Date of Onset: 12/06/2010 Physician: Steven Stanek, MD
 Claim #: 002380200341WCO1 Date of Surgery: 9/25/2013 Therapist: Darrell Austin, PT
 History: Pt. states that he has had a long hx. of back pain + surg. + that recently his pain has gotten worse. Pt. states that the most relief he has had was a phys. therapy thera. inj. himself at work on 7/20/11.
 Diagnostic findings: _____ Meds: _____

Past Medical History: Back surg

Occupation: Farmer

Physical Demands: Heavy Lifting

Work Status: ☒ full duty ☐ light duty ☐ off duty ☐ N/A

Vitals: HR =

 $\therefore BF^2 =$

When Worse: left side landing stands straining

When Better: *At 10:00*

Pain: 7/10 @ present, 6/10 @ best, 9 /10 @ worst

Quality:  FEAR, BLIND, LACING, SHOOTING, THE CREEPING, SOME

Summary of Objective Findings: * → denotes pain below with movements; T → denotes increased tone palpated

ACTION	CERVICAL	THORACIC	LUMBAR		MYOTOMES	R	L	MYOTOMES	R	L
	ROM	ROM	ROM							
FLXION (120°) 0-45° 77.0-30	✓	—	50°		L2-L3 Hip Flex	45°	45°	C1 Cerv Rotation		
EXTENSION (120°) 0-45° 77.0-30	—	—	15°		L3-4 Knee Ext	45°	45°	C4 Shldr. Shrug		
SIDEBEND RIGHT (120°) 0-45° 77.0-30	✓	—	20°		L4-5 Ankle DF	45°	45°	C5 Shldr. Abd		
SIDEBEND LEFT (120°) 0-45° 77.0-30	—	—	25°		L5 Gl. Toe Ext	45°	45°	C6 Wrist Ext/Elb. Flex		
ROTATE RIGHT (120°) 0-60° 77.0-30	—	—	30°		L5-S2 Toe Walk/ Ev.	—	—	C7 Wrist Flex/Elb. Ext		
ROTATE LEFT (120°) 0-60° 77.0-30	—	—	35°		OSWESTRY SCORE	60%		C8 Finger Flex		
POSTURE	Cervical Lordosis Lumbar Lordosis Kyphosis Scapulothoracic Asymmetry Leg length discrepancy	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐		REFLEXES	☐ Intact ☐ Hypertonic ☐ Hypotonic ☒ NT				
SPECIAL TESTS/ NEURAL TENSION TESTING	☐ SLR R ☐ L ☐ SI gap ☐ Slump ☐ SI compress ☒ (B) ☒ (S) ☒				DERMATOMES	☐ Intact bilaterally ☒ Pair paired — see below				
					RADICULAR SYMPTOMS	☐ Tingling/pain numbness in Site: <u>@ L4, 5 foot</u>				
					SEGMENTAL MOVEMENT & SOFT TISSUE PALPATION	Segmental mobility ☒ range hyper ☒ WNL pain with palpation to <u>L5/S1</u> <u>lumbar paraspinal (B) hyper</u> <u>lateral</u> <u>at L5/S1 lumbar paraspinal +</u> <u>hyper lateral</u>				
					WADDELLS SIGNS (number plus sign)					
					OTHER FINDINGS	slight, severe tightness on hip abduction + hip rotation				

Assessment: This patient presents with the above functional limitations, affecting ADL and work capacity. Signs and symptoms are consistent with a differential diagnosis of low back + leg pain. Problem: 1) leg pain + guarding
 2) ROM + flexibility 3) strength + endurance 4) ADLs

■ Rehab Potential: ☒ good ☐ fair ☐ poor

■ Vocational readjustment services required? ☒ yes ☐ no

Goals: to be met in 4 weeks

1. Patient will report decreased pain to /10 at present and /10 at worst to allow greater functional mobility.
2. Patient will increase Spinal ROM and strength to improve bending, stooping, driving, and dressing ability.
3. Patient will be independent with a home exercise program to allow return to his/her previous functional status.
4. Patient will demonstrate proper body mechanics with the following activities to allow return to work at full duty or to allow return to previous functional capacity: reaching, lifting, pushing, pulling, stooping, walking, driving, sitting _____.
- 5.

Plan of Care: Physical Therapy 2-3 x per week for 7 weeks with treatment including the following:

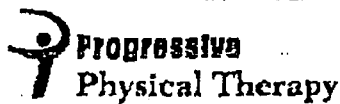
- ☒ **Therapeutic exercise**- Spinal rehab- ROM/ stabilization/ endurance/MCU/ HEP
- ☒ **Manual therapy**- myofascial release, dry needling, joint mobilization, STM
- ☐ **Patient education**- postural awareness/ body mechanics/ injury prevention
- ☐ **Functional activities**- lift, push, pull, stoop, walk
- ☒ **Modalities**- MENS/FC/TENS, moist heat, ice, ultrasound, laser therapy, shockwave therapy, iontophoresis

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral.

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Daniel W.
Physical Therapist

6/20/71
DATE



The Leader in Innovative Therapies

SPINAL PROGRESS SUMMARY
Progressive Physical Therapy
1410 Wilson Road,
Newberry, SC 29108
office 803-276-2566 fax 803-276-3331

To V.O.
by faxed 7/1/16
by mailed
by Open to Patient
by filed in DC chart

Patient Name: Lamar Clark Dx/ICD-10: M81.5 Date: 07/01/16
DOB: [REDACTED] Date of Onset: 12/16/10 Physician: Steven Storck, MD
Claim #: 002380209341WCO1 Date of Surgery: 01/25/13 Therapist: Darrell Austin, PT

Date of initial evaluation: 6/20/16 Date of last treatment: 07/01/16 Total visits attended? 6 Missed?: 0

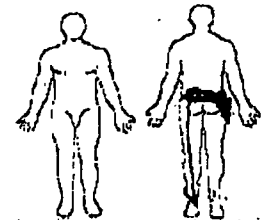
Benefit of treatment: perceived by the patient? ☒ Good ☐ Fair ☐ Poor
Compliance to PT HEP perceived by therapist? ☒ Good ☐ Fair ☐ Poor
Current Work status: ☐ N/A ☒ on regular duty ☐ off duty: Reason _____
☐ on light duty

SUMMARY OF TREATMENTS

☐ Cervicothoracic Rehab-ROM/ stabilization ☐ Back School ☒ Manual Treatments ☐ _____
☒ Lumbosacral Rehab-ROM/ core stabilization ☒ Postural Education ☐ Functional Training ☐ _____
☐ Work Rehab / Conditioning ☒ Home Exercise Program ☒ Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 8/10 @ present, 6/10 @ best, 8/10 @ worst Location: L5 area
Quality: sharp dull aching throbbing shooting sore other:
Neuro/ Radicular Complaints: leg radiating down to groin for
Functional Limitations / Aggravating Factors: lifting, sweeping, cutting grass
Oswestry Score: EVAL = _____ P.N. = _____



SUMMARY OF OBJECTIVE FINDINGS:

ROM: thoracic lumbar flexion: 50°, extension: 20°, 1 side bending: 27°,
2 side bending: 35°
Strength: 1 hip flexion: 4/5, 2 hip flexion: 4/5, 3 knee extension: 4/5
4 knee extension: 4/5
Functional Abilities Demonstrated:
Other Objective Findings:

REVIEW OF ESTABLISHED GOALS

Patient has met _____ out of _____ initial PT goals established at the initial evaluation.

☐ Independent with HEP (partially met/ fully met/ not met) ☐ Increase / Decrease joint mobility (partially met/ fully met/ not met)
☐ Decrease symptoms (partially met/ fully met/ not met) ☐ Improve quality of movement (partially met/ fully met/ not met)
☐ Increase range of motion (partially met/ fully met/ not met) ☐ Increase functional capacity (partially met/ fully met/ not met)
☐ Increase strength (partially met/ fully met/ not met) ☐ _____

RECOMMENDATIONS REQUESTED BY PT

☒ Continue Physical Therapy for 3 x per week for 2 weeks
☐ To meet all goals & maximize function
☐ _____
☐ _____

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

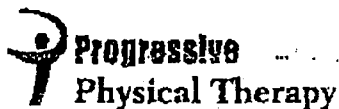
☐ Continue Physical Therapy _____ x per week for _____ weeks
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral!

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Darrell Austin, PTA 07/01/2016
Physical Therapist: Date



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SPINAL PROGRESS SUMMARY

Progressive Physical Therapy
410 Wilson Road
Newberry, SC 29108
Office 803-276-2956 fax 803-276-3331

To M.D.:
☐ Faxed
☒ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Amor Clark

dx/ICD-10: m54.5

Date: 7/19/16

DOR: [redacted]

Date of Onset: 2/10/10

Physician: Steven Stoner MD

Claim #: 002380209341WCO1

Date of Surgery: 9/25/13

Therapist: Dannell Austin, PT

Date of Initial evaluation: 6/20/16

Date of last treatment: 7/19/16

Total visits attended? 11

Missed?: 0

Benefit of treatment perceived by the patient?

☒ Good

☐ Fair

☐ Poor

Compliance to PT HEP perceived by therapist?

☒ Good

☐ Fair

☐ Poor

Current Work status:

☐ N/A

☐ on regular duty

☐ on light duty

☒ off duty: Reason

SUMMARY OF TREATMENTS

☐ Cervicothoracic Rehab-ROM/ stabilization

☐ Back School

☒ Manual Treatments

☒ Lumbosacral Rehab-ROM/ core stabilization

☒ Postural Education

☐ Functional Training

☐ Work Rehab / Conditioning

☒ Home Exercise Program

☐ Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 7/10 @ present, 6/10 @ best, 8/10 @ worst

Location: ① Hip & gluteal area; L5 area

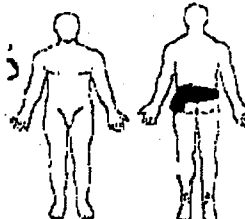
Quality: sharp, dull, aching, throbbing, shooting, sore, other:

Neuro/ Radicular Complaints:

Functional Limitations / Aggravating Factors:

Oswestry Score: EVAL =

P.N. =



SUMMARY OF OBJECTIVE FINDINGS:

ROM: Thoraco Lumbar Flexion: 80°, extension: 14°, ② side bending: 30°

① Side bending: 30°

Strength: ③ hip flexion: 4+/5, ① hip flexion: 4-4+/5, ① knee extension: 4+/5

② knee extension: 5/5, ② knee flexion: 5/5, ① knee flexion: 5/5

Functional Abilities Demonstrated: standing tolerance, lifting

Other Objective Findings:

REVIEW OF ESTABLISHED GOALS

Patient has met 1 out of 4 initial PT goals established at the initial evaluation.

☐ Independent with HEP (partially met/ fully met/ not met)

☐ Increase / Decrease joint mobility (partially met/ fully met/ not met)

☐ Decrease symptoms (partially met/ fully met/ not met)

☐ Improve quality of movement (partially met/ fully met/ not met)

☐ Increase range of motion (partially met/ fully met/ not met)

☐ Increase functional capacity (partially met/ fully met/ not met)

☐ Increase strength (partially met/ fully met/ not met)

RECOMMENDATIONS

REQUESTED BY PT

☒ Continue Physical Therapy for 2-3 x per week for 3-4 weeks

☐ To meet all goals & maximize function

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

☐ Continue Physical Therapy _____ x per week for _____ weeks

☐ Hold Physical Therapy

☐ Discharge Physical Therapy

☐ Call physician concerning this patient

Follow up visit scheduled with MD:

Please sign and date the PT plan of care. Return to the therapist as soon as possible. (Thank you for this referral.)

X

X

Physician / Nurse Practitioner / Physician's Asst. Date

Physical Therapist

Dean Smith, PTA

Date

8/19/16

Time In: 8:30

Time Out: 9:33

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/19/2016	8058980	Follow Up (C)

PATIENT NAME: Lamar Clark		DOB: [REDACTED]	INSURANCE BALANCE
ADDRESS: [REDACTED]			ACCOUNT BALANCE
CITY: NEWBERRY	STATE: SC	ZIP: 29108	CURRENT CHARGES 16100
PATIENT PHONE: [REDACTED]			AMOUNT PAID
			NEW BALANCE
			CASH CHECK N.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt. states his pain is 7/10 at present O: Ther Ex per flow sheet X 45 mins; Thoracolumbar flexion 80° Extension - 140° (R) Sidebending 30° (L) Sidebending 30°; manual therapy massage 15 mins A: Pt has shown improvement over last 2 visits in mobility; able to complete all activities today P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:38 / End: 9:15 (3)	97110	12100	
☐ Functional Activities, 15 mins Start: / End:	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		Visit Number: 11 or 12 Staff: Dean Smith, PTA Therapist's Signature: _____ RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☒ Manual Therapy Start: 9:15 / End: 9:33 (1)	97140	3500	
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	99070		

Time In: 8:40
Time Out: 9:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/14/2016	8053801	Follow up (Gey)

PATIENT NAME: Lamar Clark	DOB: [REDACTED]	INSURANCE BALANCE
ADDRESS: [REDACTED]		ACCOUNT BALANCE
CITY: NEWBERRY	STATE: SC ZIP: 29108	CURRENT CHARGES 188.00
PATIENT PHONE: [REDACTED]		AMOUNT PAID
INSURANCE:		NEW BALANCE
		CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt stated he felt the best he's felt since the start of therapy. Ther Ex per flow sheet x 55 mins, IFC to L/S area x 15 mins A: Pt. did well today, completing all activities with less stiffness than previous treatments. P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:40 / End: 9:55 (4)	97110	1100.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 16 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 10 of 12
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Deana Smith, PTA
☐ Self Care Training, 15 mins	97535		Therapist's Signature: _____
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 8:35
Time Out: 10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/12/2016	8053738	Follow up (ey)
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE:		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 18800 AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: "I'm having a very hard time getting loosened up this morning." O: Ther Ex per flow sheet x 60 mins; IFC + HP to L/S area x 15 mins - pt. prone. A: pt seems to get relief from traction with jump strap P: Cont. per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins Start: 8:35 / End: 9:35 (4)	97110	116800	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		V.sil Number: 9 of 12 Staff: <u>Deann Smith, PTA</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 8:40
Time Out: 9:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/07/2018	8052308	Follow up (EJ)

PATIENT NAME: Lamar Clark	DOB: [REDACTED]	INSURANCE BALANCE	
ADDRESS: [REDACTED]		ACCOUNT BALANCE	
CITY: NEWBERRY	STATE: SC ZIP: 29108	CURRENT CHARGES	18800
PATIENT PHONE: [REDACTED]		AMOUNT PAID	
INSURANCE:		NEW BALANCE	
		CASH	CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S5: "I think the pain isn't taking as long to go away, so that's a good sign". O: Ther Ex per flow sheet X 55 mins; IFC + HP to L15 area. + hip x 15 mins A: pt showing improvement with strengthening / stretches P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:40 End: 9:35 (4)	97110	110800	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 8 of 12 Staff: Dawn Smith, PTA Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	98070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Time In: 8:40
Time Out: 9:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/05/2015	8052299	Follow up (9/10)
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE:			DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 188.00 AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: "I'll be okay once I get loosened up". O: Ther Ex per flow sheet x 55 mins; TFC 4 HP to L/S area x 15 mins A: Pt showed some improvement today in movements P: Cont per POC
☐ Re-Evaluation	97002		
☐ CT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:40, End: 9:35 (4)	97113	168.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	20.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95851		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date
☐ Other / Supplies	99070		

Time In:

8:35

Time Out:

10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
03587	07/01/2016	8050824	Follow up E1
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29109 PATIENT PHONE: [REDACTED] INSURANCE:		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 188 ⁰⁰ AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt. groaning upon arrival, stating he was still very stiff in his S/I joint O: Ther Ex per flow sheet X 65 mins, IFC + HP to L/S area & 15 mins - pt prone A: Pt antalgic with most exercises & still seemed to be in pain following session P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	9775C		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l 1 hour	97545		
☒ Therapeutic Exercise, 15 mins Start: 8:35 / End: 9:40 4	97110	168 ⁰⁰	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins 1	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: 10 or 12 Staff: <u>Dean Smith, PTA</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 18 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date

Time In: 8:40
 Time Out: 10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	05/29/2016	8050818	Follow up <u>(CNS)</u>

PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE:	DOB: [REDACTED]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>INSURANCE BALANCE</td><td></td></tr> <tr><td>ACCOUNT BALANCE</td><td></td></tr> <tr><td>CURRENT CHARGES</td><td>14600</td></tr> <tr><td>AMOUNT PAID</td><td></td></tr> <tr><td>NEW BALANCE</td><td></td></tr> <tr> <td>CASH</td> <td>CHECK</td> <td>M.O.</td> <td>C.C.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	INSURANCE BALANCE		ACCOUNT BALANCE		CURRENT CHARGES	14600	AMOUNT PAID		NEW BALANCE		CASH	CHECK	M.O.	C.C.				
INSURANCE BALANCE																				
ACCOUNT BALANCE																				
CURRENT CHARGES	14600																			
AMOUNT PAID																				
NEW BALANCE																				
CASH	CHECK	M.O.	C.C.																	

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: "Riding in that truck messed me up man!" O: Ther Ex per flow sheet X 47 mins; IFC + H.P. to L/S area X 15 mins A: pt unable to complete several activities today secondary to complaints of low back & hip pain/stiffness P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: <u>9:55</u> / End: <u>9:42</u> (3)	97110	12000	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: <u>5</u> of <u>12</u> Staff: <u>Deann Smith, P</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Time In: 8:40
Time Out: 10:10

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	06/27/2016	8350814	Follow up
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE: MEDRISK		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 230.00 AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: PT. stated he was sore from the previous week's sessions O: Ther Ex per flow sheet X 70 mins; IFC to L/S area X 15 mins A: Pt in a lot of pain today and had difficulty with several activities pi cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97545		
☐ Therapeutic Exercise, 15 mins Start: 8:40 / End: 9:50 (5)	97110	21000	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 4 of 12
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Dean Smith, PTA
☐ Self Care Training, 15 mins	97535		Therapist's Signature: _____
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 1:45
Time Out: 3:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	06/23/2016	8050437	Follow up (EJ)

PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: INSURANCE:		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES <u>188⁰⁰</u> AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	87001		ICD-10 CODE: S: <u>Stiff today</u> D: <u>Cont. & thur. exs. per flow sheet</u> <u>Dr. HHP & ES</u> A: <u>CP of musc. tightness. Ad estimated</u> <u>+ cont. to improve & heart's then</u> R: <u>Cont. % progress</u>
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97548		
☒ Therapeutic Exercise, 15 mins Start: <u>1:45</u> / End: <u>2:15</u>	97110	<u>168⁰⁰</u>	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	<u>20⁰⁰</u>	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: <u>3</u> of <u>12</u> Staff: _____ Therapist's Signature: <u>D. G. [Signature]</u>
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date

Time In:

1:45

Time Out:

3:10

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	06/22/2018	8050115	Follow up (C)

PATIENT NAME: Lamar Clark	DOB: [REDACTED]	INSURANCE BALANCE
ADDRESS: [REDACTED]		ACCOUNT BALANCE
CITY: NEWBERRY	STATE: SC ZIP: 29108	CURRENT CHARGES 188.00
PATIENT PHONE:		AMOUNT PAID
INSURANCE:		NEW BALANCE
		CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Not pretty sure after 1 st visit but he was expecting it. O: Cont. & they exp. per flow sheet pt. MHA & ES A: Good session & no significant problems. P: Cont.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97545		
☒ Therapeutic Exercise, 15 mins Start: 1:45 / End: 2:50	97110	118.00	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	200.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: 2 of 12
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: _____
☐ Self Care Training, 15 mins	97535		Therapist's Signature: [Signature]
☐ ROM Measure and Report Start: _____ / End: _____	95951		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time Out:

3:10

PATIENT ACCOUNT NUMBER		VISIT DATE		VISIT ID		VISIT REASON	
33587		06/20/2016		BC48803		New Patient (4)	
PATIENT NAME: Lamar Clark				JOB: [REDACTED]		INSURANCE BALANCE	
ADDRESS: [REDACTED]						ACCOUNT BALANCE	
CITY: NEWBERRY		STATE: SC		ZIP: 29108		CURRENT CHARGES 289.00	
PATIENT PHONE: [REDACTED]						AMOUNT PAID	
						NEW BALANCE	
						CASH CHECK M.O. C.C.	
INSURANCE: ALIGN							
PROCEDURES		CPT	FEE	NOTES			
☒	Evaluation	97001	10.00	ICD-10 CODE: S1. PT. % TO LBP & hip pain D. Rec'd this exp. per flow sheet for MHP & ES A. Pt. had some lb pain & stretch but was able to complete all exp. given. P. Progress as tolerated.			
☐	Re-Evaluation	97002					
☐	OT Evaluation	97003					
☐	Functional Capacity Evaluation	97750					
☐	Work Hardening, 2 hours	97545					
☐	Work Hardening, add'l. 1 hour	97546					
☒	Therapeutic Exercise, 15 mins Start: 1:50 / End: 2:50	97110	108.00				
☐	Functional Activities, 15 mins Start: _____ / End: _____	97530					
☒	Electrical Stim., Unattended, 15 mins	97014	20.00				
☐	Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0253					
☐	Electrical Stim., Manual, 15 mins	97032		Visit Number: 1 of 12 Staff: [Signature] Therapist's Signature: [Signature] RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date			
☐	Ultrasound, 15 mins	97035					
☐	Paraffin Bath	97018					
☐	Massage, 15 mins	97124					
☐	Manual Therapy Start: _____ / End: _____	97140					
☐	Mechanical Traction	97012					
☐	Neuromuscular Re-Educ., 15 mins	97112					
☐	Self Care Training, 15 mins	97535					
☐	ROM Measure and Report Start: _____ / End: _____	95851					
☐	Other / Supplies	99070					



The Pain Center
of
FirstChoice Healthcare, P.C.

Gisele Girault, MD
Board Certified / Fellowship Trained Pain Management

Independent Medical Evaluation

Examinee: Lamar Clark
Employee: Philips Electronics/Shakespeare
Date of Injury: July 20, 2011
Date of Birth: [REDACTED]
Date of IME: July 13, 2016
Party Requesting IME: Salley Law Firm, P.A.
William B. Salley Jr.

Reason for IME: To assess current status with regards to pain management and maximum medical improvement and the need for further therapies and treatment which may lessen the degree of disability for the examinee and evaluation of impairment.

Basis of Report:

1) DR. THOMAS HOLBROOK, JR.	02/22/12-01/15/16
2) NEWBERRY PHYSICAL THERAPY	02/17/12-11/16/12
3) EMMANUEL FAMILY PRACTICE	05/06/11-10/01/12
4) DR. JOHN HIBBITTS	09/21/11-02/01/12
5) DR. STEVEN STORICK	02/11/13-06/28/16
6) DR. W. DANIEL WESTERKAM	05/09/13-07/21/14
7) COLUMBIA REHABILITATION CLINIC	05/06/13 & 07/10/14
8) DR. DONALD JOHNSON, II	05/15/13-07/01/13
9) PALMETTO IMAGING	10/11/11-05/21/13
10) DR. JUSTIN HUTCHESON	05/17/13-12/15/15
11) PROGRESSIVE PT	11/21/13- 08/11/14
12) DR. NICHOLAS LIND	05/16/13
13) DR. ROBERT BRABHAM	05/23/13-12/18/15
14) NEWBERRY COUNTY MEMORIAL HOSPITAL	03/17/12-04/24/14
15) DR. DAVID N. HOLT	08/21/14
16) DR. USAMA GABR	12/04/15

115 Blarney Drive, Suite 111 • Columbia, SC 29223
Phone: (803) 419-9091 • Fax: (803) 419-9199 • www.ThePainCenterFCHC.com

HISTORY OF PRESENT ILLNESS:

The examinee had a work-related injury on July 20, 2011. He and a co-worker were lifting a 27-foot cross arm and apparently the cross arm slipped out of their hands and in an attempt to catch it, the claimant caught it around knee level but apparently wrenched his back and felt radicular type symptoms radiating down the left side. He has been evaluated in the past for an injury to his back, left leg, left foot, and cervical spine. Since that injury, he had a MRI of the Lumbar Spine on October 11, 2011. At that point, it was determined that he had a left parasagittal herniation at L5-S1 with degenerative facet changes. He had a series of epidural steroid injections and was started on a neuropathic pain medication, Neurontin, an anti-inflammatory and was put on sedentary duty at the time. He also had some physical exam findings that were consistent with nerve irritation on the left side. He subsequently had an EMG Nerve Conduction Study and the study showed that he had a L5 left radiculopathy.

Mr. Clark continued with physical therapy and medications and in spite of receiving epidural steroid injections and being put back to sedentary work, his symptoms continued. He was evaluated by Dr. Holbrook on December 22, 2012 and due to his failure of improvement with conservative therapy such as physical therapy, medications, and epidural steroid injections, Dr. Holbrook determined Mr. Clark would be a good candidate for a left L5-S1 microdiscectomy. On April 4, 2012 Dr. Holbrook performed this L5-S1 microdiscectomy and after the surgery, the patient continued with physical therapy. For a short period of time he had complete resolution of his symptoms as documented by Dr. Holbrook on July 2, 2012 with some mild lumbar spine pain. Mr. Lamar continued with physical therapy at that point and on medications, but unfortunately his symptoms persisted in spite of what appeared to be a successful microdiscectomy.

On July 12, 2012 Mr. Clark not only complained of his lower back but also complained of some cervical spine pain and some left arm numbness, and specifically numbness in the left thumb with decreased range of motion. He subsequently had a MRI of the cervical spine that was done on June 1, 2012. He had a disc herniation on the left at cervical spine level 5 and 6 with nerve root and spinal cord impingement and increased signal intensity. At that point Dr. Holbrook advised surgical discectomy at C5-6 level for this pain and symptomology. The claimant

continued to have physical therapy for the lower spine as well as the upper spine.

In spite of physical therapy, the pain in his cervical spine and left arm continued, therefore Dr. Holbrook performed an anterior cervical discectomy infusion with instrumentation at C5 and C6 on September 5, 2012. Mr. Clark continued to complain of low back pain and left leg pain, and left great toe numbness in spite of the physical therapy, microdiscectomy, epidural steroid injections and medication trials and he showed a left disc protrusion and stenosis at L4 and L5 on a MRI dated May 21, 2013. He was furthered evaluated by Dr. Holbrook and he felt that another surgery to remove the current disc on the left at L4 and 5 would be indicated. Dr. Holbrook performed this surgery on September 25, 2013 and Mr. Clark was put back in physical therapy and continued on his medications. Mr. Clark had good recovery from his second lumbar spine surgery but continued to have low back pain consistent with sacral iliac joint dysfunction and he subsequently received SI joint injections from Dr. Storick who continued his physical therapy and medications. He was put back to work at a sedentary level secondary to light work category. Mr. Clark has continued to have lumbar spine pain with pain radiating down the left leg, he has continued with physical therapy and medications and had epidural steroid injections post-operatively. His last contact with Dr. Storick also included a medication refill and a discussion about the spinal cord stimulator trial.

CURRENT COMPLAINTS:

- 1) Lumbar Radiculopathy
- 2) Post Laminectomy Pain Syndrome-Lumbar
- 3) Lumbar Facet Arthritis
- 4) Sacroilitis

PHYSICAL EXAM FINDINGS:

Patient is a well-developed, well-nourished male in no acute distress. He has some mild tenderness in the paraspinous muscles in the lumbar spine. He has well-healed surgical scars, very mild weakness in left lower extremity 4 out of 5, DTR's are decreased but bilateral points are symmetrical at the patella and at the ankle. His decreased ankle flexion on the left is 4 out of 5 and there are some mild spasms in the lumbar spine. His gait is angelic, his negative straight leg raising test bilaterally and decrease range of

motion to flexion and extension in the lumbar spine but otherwise a normal physical exam.

DISCUSSION:

- 1) Has Mr. Lamar Clark suffered work-related injury directly or as an aggravation of a pre-existing condition?

Yes. Mr. Lamar Clark suffered a work-related injury directly related to the performance of his job duties on July 20, 2011.

- 2) What is your opinion to a reasonable degree of medical certainty as to whether or not Mr. Lamar Clark has reached maximum medical improvement as to his work related injuries?

Mr. Clark has reached maximum medical improvement for his work-related injury.

- 3) If not at maximum medical improvement, what course of medical treatment is reasonable necessary and geared toward tending to lessen the period of disability for his work-related injuries?

Mr. Clark is at maximum medical improvement.

- 4) If not at maximum medical improvement, please opine as to his work status/ restrictions, if any.

Mr. Clark is at maximum medical improvement. I would agree with previous assessments that he is capable of doing sedentary to limited light duty work, but he does have restrictions of no standing for longer than 30 minutes, if he does sit, he must have frequent breaks to stand, he should not be doing any heavy lifting greater than 5lbs, no pushing or pulling greater than 20lbs, no repetitive lifting, no squatting, kneeling, or crawling, no climbing up and down stairs.

- 5) If at maximum medical improvement, what degree of permanent impairment(s) pursuant to the AMA Guide to the Evaluation of Permanent Impairment 5th Edition will Mr. Clark have, if any?

The claimant is at maximum medical improvement and I am assigning him an impairment rating for the lumbar spine of

28% of the whole person, this is based on the AMA guides 5th Edition page number 384, table number #15 .3 claimant falls into category #5. He has radiculopathy and alteration of motion segment integrity, significant and lower extremity impairment as indicated by pain and sensory changes in an anatomic distribution, he also has loss of motion segment integrity due to successful surgical arthrodesis.

6) Will he have permanent restrictions?

Yes. His permanent restrictions include; limited lifting to 5lbs, no pushing or pulling greater than 10-15lbs, no repetitive overhead lifting above 5lbs, no standing for longer than 30 minutes, he can walk on uneven surfaces, he can sit for 30 minutes at a time but needs to stand for frequent breaks, no repetitive climbing of stairs, no crawling, stooping, squatting, kneeling, bending, and twisting of any kind.

7) What recommendations do you have for future medication, pain management, and future treatment all of which are geared toward tending to lessen his period of disability for his work-related injury?

The claimant states that the medication he is currently taking the Neurontin 600mg TID, and Flexeril 10mg TID, along with an anti-inflammatory, are of benefit to him and that the previous injections he had in the past have not been of any long term benefit to him. My recommendations would be;

- 1) Continuation of Neurontin 600mg TID or like medications such as Lyrica or Topamax
- 2) Continuation of muscle relaxer such as Flexeril 10mg TID on an PRN basis
- 3) Continuation of an anti-inflammatory PRN such as Ibuprofen 800mg TID (Diclofenac or Mobic)
- 4) I would not recommend any further injection therapy as the claimant states they were of any long term benefit.
- 5) At this point, I would not recommend consideration of a Spinal Cord Stimulator Trial. I do not feel that a Spinal Cord Stimulator Trial would lessen the degree of disability for the examinee.

- 8) What other work-related injury affect and/or loss of use, if any, on other body parts?

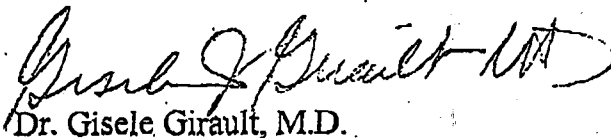
The claimant had a cervical spine injury and subsequent anterior discectomy and fusion, but at the time of the Independent Medical Evaluation, he denies having any other radicular symptoms related to this cervical injury. He does have some cervical spine stiffness and tenderness but no radicular signs or symptoms, on exam.

- 9) Please kindly also state whether your future medical care recommendations, if any, will most probably to a reasonable degree of medical certainty tend to lessen the period of disability for Mr. Lamar Clark's work related injuries?

My future medical care recommendations will most probably to a reasonable degree of medical certainty tend to lessen the period of disability for Mr. Lamar Clark's work-related injury in accordance with the worker's compensation medical statutes. All of my findings and opinions regarding Mr. Lamar Clark are stated most probably to a reasonable degree of medical certainty. All restrictions placed on Mr. Lamar Clark will be permanent restrictions.

I trust that this Independent Medical Examination has addressed the questions adequately that you have in regards to Mr. Lamar Clark. If you have any questions or need any further information, please do not hesitate to contact me.

Sincerely,



Dr. Gisele Girault, M.D.

Pain Management by the American Board of Anesthesiology

Certified by the American Board of Board Certified by the American board of Anesthesiology

Board Certified in Independent Medical Examiners



INJURED EMPLOYEE
STATUS REPORT

EMPLOYED
888-947-4502

EMPLOYEE Clark K Lamar
(LAST) (FIRST)
EMPLOYER Tile Depot
ACCIDENT DESCRIPTION Lifting Tile

TREATMENT DATE 7/27/06 TIME IN 10:00 TIME OUT 12:00

INITIAL TREATMENT NO FOLLOW-UP OR RECHECK NO

TREATMENT SITE Tile Depot PHYSICIAN Dr. Clark

DATE OF ACCIDENT 7/27/06 CHARGES NO

DIAGNOSIS NO

TREATMENT NO

RETURN TO WORK STATUS

☒ RETURN TO REGULAR WORK 7/27/06 PRESCRIBED DAYS OFF 0

☐ UNABLE TO RETURN TO WORK UNTIL 7/27/06

☒ RETURN TO WORK WITH RESTRICTIONS AS FOLLOWS:

NO NO EXCESSIVE
Strenuous Work

Use of upper L R Extremity
Use of L R Hand L R Foot
Pushing L R Pulling L R Lifting L R Climbing L R
Prolonged Standing L R
Repetitive Lifting L R Bending L R
Lifting Over L R pounds
Weight Bearing on L R Foot

☐ Patient has no usable vision L R Eye

WORK RESTRICTIONS EFFECTIVE UNTIL 7/27/06

PHYSICIAN'S SIGNATURE Dr. Clark DATE 7/27/06

PATIENT'S SIGNATURE Lamar Clark DATE 7/27/06

ADMITTED (OR) REFERRED TO: 7/27/06 APT. DATE 7/27/06

UWC-236-REVISED 3/00

WHITE - EMPLOYED REP; YELLOW - EMPLOYER; PINK - PHYSICIAN; GOLDENROD - PATIENT

HALIFAX MEDICAL CENTER

DAYTONA BEACH FLORIDA 32114

RM 12

14-00000

[illegible]

NAME - WM. ED. STRESS CAPT		REV ID		07/13/86 1550	
INVEST AGENT	DATE OF BIRTH	AGE	PLACE OF BIRTH	FILE NO	FILED NO
CLARK, LAMAR	11	41	MOBILE		MO00754143
STREET ADDRESS	CITY			STATE	ZIP
515 TRID GAMBLE WAY	ONONDAGA			NY	13025
CONTACT NO	TELEPHONE	FEDERAL BUREAU OF INVESTIGATION		FBI	
661 3174	155-1573-0187	NEW YORK		NEW YORK	
DATE OF BIRTH	PLACE OF BIRTH	FILE NO		FILED NO	
11-11-41	MOBILE	MO00754143		MO00754143	
FILE NO	FILED NO	FILE NO		FILED NO	
MO00754143	MO00754143	MO00754143		MO00754143	

[illegible][illegible]

**HALIFAX MEDICAL CENTER
HEALTH INFORMATION MANAGEMENT**

303 N. Clyde Morris Boulevard
Daytona Beach, FL 32114

EMERGENCY-EXPRESS CARE

Pt Name: LAMAR CLARK	MR#: H000354343 Loc: HEDX
Attended By:	Acct #: V20017343045 DOS: 07/29/08
Referred By:	

** Signed **

Authenticated reports reside in the EMR

CHIEF COMPLAINT: Back pain.

HISTORY OF PRESENT ILLNESS: The patient is complaining of pain in his low back, diffuse low back pain, No localized bony pain. He does have some radiation in the legs more on the left than the right. The patient states the he attributes it to lifting. He denies any falls or trauma. It started on Tuesday. He has a history of scoliosis, and he has had some back problems in the past.

PAST SURGICAL HISTORY: He has had orthopaedic surgery to his knee and wrist in the past.

SOCIAL HISTORY: He is working for a tile company. He is physically active. Does lifting.

REVIEW OF SYSTEMS: Denies any fever, cough, cold or respiratory symptoms. Denies any bowel or bladder symptoms. Denies any recent illnesses. Denies any night sweats.

PHYSICAL EXAMINATION: General appearance: The patient is able to stand and ambulate about.

HEENT: Examination negative.

CHEST: The patient's chest is clear.

CARDIOVASCULAR: Negative.

ABDOMEN: The abdomen is soft.

MUSCULOSKELETAL: He has tenderness diffusely across his mid to lower lumbar spine. He has some straight leg raise discomfort on the left, less though on the right. DTRs are symmetrical. He has normal sensation to motor function in lower extremities. He is able to go from the supine sitting to standing position without evidence of any impairment or limitation.

ASSESSMENT:

Muscular back strain.

PLAN:

1. We will put the patient on Voltaren and Flexeril.
2. Heat.
3. Rest.

Patient: LAMAR CLARK
Report #: 0729-0114

Electronically Signed: JOHN PENINGTON M.D.

EMERGENCY-EXPRESS CARE

Pt Name: LAMAR CLARK
Attended By:

MR#: H000354343 Loc: HEDX
Accl #: V20017343045

4. Work _____ his note.
5. Refer to ortho for followup.

DISPOSITION: Discharged.

John Penington, MD

Visit #: V20017343045
DOD: 7/28/2006 1339 3217/912:9717565
DOT: 7/29/2008 1515

Patient: LAMAR CLARK
Report #: 0729-0114

Electronically Signed: JOHN PENINGTON M.D.

HALIFAX MEDICAL CENTER					
MED REC#: H000354343		NAME: CLARK, LAMAR		ACCT: V20017491323	
ADM DATE: 08/14/06		SYG/LDC: HEDX		PT STATUS: ER	
REG TIME: 0930		ADM SRC: EMR		ADM PRIORITY: ER	
DIS DAT: 08/14/06		DIS DISP: DHOM		FIN CLASS: SP	
*****PATIENT INFORMATION*****					
PATIENT: CLARK, LAMAR		DOB: [REDACTED]		AGE: 31	
ADDRESS: [REDACTED]		MARITAL ST: D		SOC SEC: [REDACTED]	
ORMOND BEACH FL 32174		HON NAME:		RACE: AA	
PHONE HMR: [REDACTED] HOME		SEX: M LAST VISIT:		RELIGION: NOT	
*****ADVANCE DIRECTIVES*****					
ADV DIR: N		COPY ON FILE:		CONSENT SIGNED?	
*****CONTACT INFORMATION*****					
NEXT OF KIN INFO		EMERGENCY INFO		ALTERNATE INFO	
NAME: CLARK, QUEENIE		NAME: CLARK, QUEENIE		REASON:	
ADDRESS: [REDACTED]		ADDRESS: [REDACTED]		ADD:	
ORMOND BEACH FL 32174		ORMOND BEACH FL 32174		PHONE #:	
PHONE #: [REDACTED]		PHONE #: [REDACTED]		WORK #:	
REL: MO		REL: MO		REL: MO	
*****PHYSICIAN INFORMATION*****					
ADMITTING: THOMAS J. EISENBERG		PRIMARY CARE:		FAMILY:	
ATTENDING:		FAMILY:		FAMILY:	
*****EMPLOYMENT INFORMATION*****					
EMPLOYER: TITLE DEPOT		OCCUPATION:			
ADDRESS: 136 WEST GRANADA BLVD		EMP PHONE: (386)673-1757			
ORMOND BEACH		FL 32174			
*****GUARANTOR INFORMATION*****					
GUARANTOR NAME: LAMAR CLARK		GUAR EMPLOYER: TITLE DEPOT			
GUAR ADDRESS: [REDACTED]		ADDRESS: 136 WEST GRANADA BLVD			
ORMOND BEACH FL 32174		ORMOND BEACH		FL 32174	
GUAR PHONE NO: [REDACTED]		GUAR EMP PH #: (386)673-1757			
GUARANTOR SSN: [REDACTED]					
RELATIONSHIP: SP					
INSURANCE					
ADDRESS:		POLICY #		GROUP #	
1 SP		INSURED NAME		AUTH/PRE CERT	
2 SP				TWS PHONE #	
				REL TO PT	
				DOB	
PRIMARY DX: 724.2					
ABS ST: FINAL					
ADMIT COMMENT: RECHECK INJURY RETURN TO WORK					



INJURED EMPLOYEE
STATUS REPORT

CLARK LANAR
117401323 ADM: 08/14/06
DOB: 12/06/74 AGE: 31 SEX: M
H099521043

EMPLOYMED
886-947-4502

EMPLOYEE Clark (LAST) Clark (FIRST)

EMPLOYER Halifax

ACCIDENT DESCRIPTION _____

TREATMENT DATE _____ TIME IN _____ TIME OUT _____

INITIAL TREATMENT FOLLOW-UP OR RECHECK

TREATMENT SITE _____ PHYSICIAN _____

DATE OF ACCIDENT _____ CHARGES \$ _____

DIAGNOSIS LBP

TREATMENT _____

RETURN TO WORK STATUS

RETURN TO REGULAR WORK _____ PRESCRIBED DAYS OFF _____

UNABLE TO RETURN TO WORK UNTIL DR. Shepherd's 12/14/06

RETURN TO WORK WITH RESTRICTIONS AS FOLLOWS:

NO	NO EXCESSIVE
_____	_____
_____	Use of upper L _____ R _____ Extremity
_____	Use of L _____ R _____ Hand _____ L _____ R _____ Foot
_____	Pushing _____ Pulling _____ Lifting _____ Climbing _____
_____	Prolonged Standing _____
_____	Repetitive Lifting _____ Bending _____
_____	Lifting Over _____ pounds
_____	Weight Bearing on L _____ R _____ Foot

_____ Patient has no usable vision L _____ R _____ Eye

WORK RESTRICTIONS EFFECTIVE UNTIL _____

PHYSICIAN'S SIGNATURE DR. Shepherd DATE 08/14/06

PATIENT'S SIGNATURE _____ DATE _____

ADMITTED (OR) REFERRED TO: DR. Shepherd APPT. DATE _____

1040 - 238 - REVISED 3/00 WHITE - EMPLOYED REP; YELLOW - EMPLOYER; PINK - PHYSICIAN; GOLDENROD - PATIENT



APA 27 2145

HALIFAX MEDICAL CENTER
HEALTH INFORMATION MANAGEMENT

303 N. Clyde Morris Boulevard
Daytona Beach, FL 32114

EMERGENCY-EXPRESS CARE

Pt Name: LAMAR CLARK
Attended By:
Referred By:

MR#: H000354343 Loc: HEDX
Acct #: V20017491323 DOS: 08/14/06

**** Signed ****
****Authenticated reports reside in the EMR****

CHIEF COMPLAINT: Back pain.

HISTORY OF PRESENT ILLNESS: The patient states that he was recently evaluated at this facility, approximately 2 weeks ago. At that time, he was given medications and a followup doctor to see. He relates his current illness to a lifting event, which occurred while at work. He has not been working since this occurred. He is here today requesting a return to work notice to enable him to return to work. There has been no interval injury. He continues to complain of minimal pain, which has persisted. He has had some relief. He is now here for evaluation. There is no motor weakness or paresthesias.

PAST MEDICAL HISTORY: No diabetes.

SOCIAL HISTORY: The patient smokes cigarettes, drinks alcohol.

ALLERGIES: NONE.

MEDICATIONS: He is on no medications. He has finished his recent course of meds.

PHYSICAL EXAMINATION: Vital Signs: Temperature 98.3, pulse 100, respirations 20 and unlabored, blood pressure 152/96, O2 saturation 100% on room air. General appearance: The patient does not appear acutely ill or toxic.

SKIN: Dry.

HEENT: Head is atraumatic.

ABDOMEN: Soft, nontender. No guarding or rebound. The bowel sounds are active.

BACK: Diffuse tenderness in the paravertebral musculature right and left of the lumbar spine. He has some pain on straight leg raise on the left. The patient moves about on the gurney without any difficulty.

NEUROLOGIC: No motor or sensory deficit is noted.

IMPRESSION:

Low back pain.

PLAN:

1. The patient will be given a short course of Naprosyn.
2. He is advised to follow up with an orthopedist, as well as patient

Patient: LAMAR CLARK
Report #: 0816-0858

Electronically Signed: THOMAS J. EISENBERG M.D.

EMERGENCY-EXPRESS CARE

Pt Name: LAMAR CLARK
Attended By:

MR#: H000354343 Loc: HEDX
Acct #: V20017491323

assistance.

DISPOSITION: Discharged.

Thomas Eisenberg, MD

Visit #: V20017491323
DOD: 8/14/2006 1000 3205/901:9777961
DOT: 8/15/2006 2158

Patient: LAMAR CLARK
Report #: 0815-0868

Electronically Signed: THOMAS J. EISENBERG M.D.

Midlands Orthopaedics and Neurosurgery • 1910 Blanding Street, COLUMBIA SC 29201-3520

CLARK, LAMAR (id #2162933, dob: [REDACTED])



Brooke A. Payne
Attorney at Law
Lueder, Larkin & Hunter, LLC
503 Wando Park Blvd, Suite 205
Mt. Pleasant, South Carolina 29464
Fax: (843) 353-0796

Date: 09/14/2016
RE: Lamar Clark, DOB: [REDACTED], PT ID #2162933

Dear Ms. Payne,

I am in receipt of your recent letter and questionnaire regarding Lamar Clark. At this time I am not answering your questions due to his symptoms and the recent lumbar MRI. Mr. Clark is scheduled to see Dr. Holbrook today. At this point I will defer any treatment to Dr. Holbrook if he deems appropriate. Should Mr. Clark not require any further surgical intervention by Dr. Holbrook, I believe he potentially would be a more appropriate candidate for a comprehensive pain program. Based on the recent psychological evaluation provided by Dr. Lind, Mr. Clark is not a candidate at this time for spinal cord stimulator trial due to severe anxiety and depression as noted on the testing. The comprehensive pain program may incorporate some psychological counseling, pain coping skills, relaxation techniques, OT/PT and vocational training. I believe this type of treatment will be in the best interest of Mr. Clark versus more aggressive treatments. Should you have any further questions or concerns please contact me your convenience. All my opinions are based upon a reasonable degree of medical certainty.

Sincerely,

Electronically Signed by: STEVEN B. STORICK, MD

Midlands Orthopaedics and Neurosurgery

Clark, Lamar (ID: 2162933), DOB: [REDACTED]

TIME RECEIVED November 28, 2016 10:51:04 AM CST	REMOTE CSID athena	DURATION 126	PAGES 3	STATUS Received
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(803) 266-4107 or (803) 794-3700

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1940 Blending St.
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Occupational Therapy Ext.
7140

114 Gateway Corp., Blvd., Suite
110
Columbia, SC 29201

2909 Sunset Blvd.
West Columbia, SC 29169

109 Park Place Court,
Lexington, SC 29072

Surgery Center
(803) 481-4740
1030 Blending Street
Columbia, SC 29201

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11/28/2016

RE: Lamar Clark

DOB: [REDACTED]

Dear Dr.:

Our mutual patient, Lamar Clark, was evaluated in the office on 11/28/2016. I have copied my assessment and plan below.

Assessment/Plan

1. Chronic postoperative pain

G89.28; Other chronic postprocedural pain

- PAIN MANAGEMENT REFERRAL - Schedule Within: provider's discretion

Note to Provider:

Referral to The Rehab Center for Evaluation / Treatment

THE REHAB CENTER, INCORPORATED
2610 EAST SEVENTH STREET
CHARLOTTE, NC 28204
www.therehabcenter.com
704-375-8900 (TEL)
800-968-6738 (TOLL FREE)
704-335-7178 (FAX)

2. Chronic back pain

M54.5; Low back pain

- Ultram 50 mg tablet - Take 1 to 2 tablets twice a day as needed for pain Qty: 60 tablet(s) Refills: 5 Pharmacy: CVS/PHARMACY #3542

3. Lumbosacral radiculitis

M54.17; Radiculopathy, lumbosacral region

Discussion Notes

Again I have recommended a comprehensive pain program for Mr. Clark. Based on psychological testing, I do not feel he is a candidate for a high-frequency spinal cord stimulator at this time. He is to

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3

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11/28/2016 11:49:04 AM PAGE 3/003

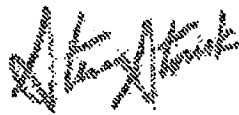
continue with Neurontin 600 mg 3 times a day and Mobic 15 mg a day as needed. A prescription for Ultram 50-100 mg twice a day as needed was provided in lieu of the muscle relaxant (Zanaflex). Scripts website was reviewed. Patient sided opioid contract and understands stimulation of that document. Potential side effects and drug interactions of the medications were discussed. Follow-up visit was provided in a month. His work status remains unchanged. The treatment plan was reviewed with the patient.

Return to Office

- Steven B. Storick, MD for PM-OV at MOPA_lrmc on 01/09/2017 at 09:15 AM

Thank you very much for allowing us to participate in the care of your patient. Please do not hesitate to contact us if further questions arise.

Sincerely,



Electronically Signed by: STEVEN B. STORICK, MD

CLARK, LAMAR (Id #2162933, dob: [REDACTED])

This gentleman continues to have low back and left leg radicular pain following lumbar discectomies on the left at L4-5 and L5-S1. I do not believe that it is likely that he would benefit from any further surgery on his lumbar spine. I would agree with a trial of a spinal cord stimulator once his depressive issues have been addressed.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Thomas J. Holbrook, Jr., MD, 09/15/2016.

Encounter performed and documented by Thomas J. Holbrook, Jr., MD

Encounter reviewed & signed by Thomas J. Holbrook, Jr., MD on 09/15/2016 at 4:08pm

Encounter Date: 09/14/2016

Patient

Name CLARK, LAMAR (41yo, M) ID# 2162933 **Appt. Date/Time** 09/14/2016 11:30AM
DOB [REDACTED] **Service Dept.** MQPA_Lexington
Provider THOMAS J. HOLBROOK, JR., MD
Insurance Med Worker's Comp: GALLAGHER, BASSETT
Employer Name : SHAKESPEARE
Case # : 002380009431W001
Case Injury Date : 12/06/2010
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Lower Back/L-spine problem

HPI

This gentleman has chief complaint of low back pain rating down the left leg to the foot. He has had 2 previous surgeries on his low back for rock herniated disc on the left at L4-5 and at L5-S1. MRI scanning of the lumbar spine from 9-16 shows postoperative changes on the left at L4-5 and L5-S1 there is some persistent foraminal stenosis on the left at L4-5 and L5-S1 from a combination of a posterior disc protrusion and lateral recess stenosis.

Vitals

09/14/2016 11:16 am

Ht: 6 ft 5 in

Wt: 239 lbs

BMI: 28.3

BP:

Pain Scale: 8

Medications

Reviewed Medications

gabapentin 600 mg tablet

Take 1 tablet(s) every 8 hours by oral route.

08/24/16 prescribed

Mobic 15 mg tablet

Take 1 tablet(s) every day by oral route as needed.

09/14/16 prescribed

tizanidine 4 mg tablet

Take 1 tablet(s) twice a day by oral route as needed.

08/24/16 prescribed

Allergies

Reviewed Allergies

NKDA

Problems

Reviewed Problems

- Chronic postoperative pain
- Lumbosacral radiculitis
- Chronic back pain

Past Medical History

Reviewed Past Medical History

Depression: Y

Diabetes: Y

High Blood Pressure: Y

Family History

Reviewed Family History

Mother - Diabetes mellitus
- Hypertensive disorder
Father - Diabetes mellitus
- Heart disease
- Hypertensive disorder
- Kidney disease

Surgical History

Reviewed Surgical History

✧ Neurosurgery - 2013 - Lower Back
✧ Neurosurgery - 2012 - Lower Back
✧ Neurosurgery - 2012 - Neck
✧ Orthopedic Surgery - 2002 - Right Hand
✧ Orthopedic Surgery - 1994 - Left Knee
✧ Orthopedic Surgery - 1992 - Index Finger

Social History

Reviewed Social History

Neuro - New Patient

Smoking Status: Former smoker

Tobacco-years of use: 20

Back, leg, neck, arm - PT in last 6 months: Y

Back, leg, neck, arm - Motrin, Aleve, muscle relaxants or pain meds: Y

Back, leg, neck, arm - Steroid injections in back or neck: Y

Severity of pain: 8

Pain - Numbness: Y

Pain - Sharp: Y

Pain - Shooting: Y

Pain - Stiffness: Y

Pain interferes - Grooming: Y

Pain interferes - Housework: Y

Pain interferes - Sleep: Y

Pain interferes - Work: Y

Pain frequency: Constant

Painful activities - Bending: Y

Painful activities - Walking: Y

Claustrophobic: Y

Metal in body: N

Cigar/Pipe Use: N

Chewing tobacco: none

Alcohol intake: Occasional

Marital status: Divorced

Diet: Regular

Are you currently employed?: Y

Employer: Phillips

Type of Work: Packaging

Patient's Pharmacies

CVS/PHARMACY #3542 (ERX): 1210 WILSON ROAD, NEWBERRY SC 29108, Ph (803) 276-7550, Fax (803) 276-4064

Patient's Care Team

Insurance Adjuster (Worker's Comp): ODALYS MEDINA: Ph (704) 405-6733, Fax (866) 654-4646

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

CLARK, LAMAR (id #2162933, dob: [REDACTED])

Physical Exam

Patient is a 41-year-old male.

On examination there is tenderness to palpation diffusely over the lower lumbar paraspinous muscles with a decreased range of motion of lumbar spine due to exacerbation of his back pain. His gait is somewhat slow and guarded due to the back pain. Reflexes are hypoactive at the knees and ankles. There is no gross focal motor deficits in the lower extremities although he tends to give some decreased effort on testing muscle groups in the left leg due to exacerbation of his pain. There is some decrease in sensation to pinprick over the left medial foot.

Assessment / Plan

This gentleman continues to have low back and left leg radicular pain following lumbar discectomies on the left at L4-5 and L5-S1. I do not believe that it is likely that he would benefit from any further surgery on his lumbar spine. I would agree with a trial of a spinal cord stimulator once his depressive issues have been addressed.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Thomas J. Holbrook, Jr., MD, 09/15/2016.

Encounter performed and documented by Thomas J. Holbrook, Jr., MD

Encounter reviewed & signed by Thomas J. Holbrook, Jr., MD on 09/15/2016 at 4:08pm

Consult Orders

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Referral Order

09/15/2016

To Provider	From Provider
Phone: Fax:	STEVEN B. STORICK, MD MOPA Lexington 109 Park Place Court LEXINGTON, SC 29072-6690 Phone: (803) 256-4107 Fax: (803) 933-6100

Referral Order Information

Diagnosis	- Chronic postoperative pain ICD-10: G89.28; Other chronic postprocedural pain - Lumbosacral radiculitis ICD-10: M54.17; Radiculopathy, lumbosacral region
Primary Diagnosis	PAIN MANAGEMENT REFERRAL
Notes	Referral to The Rehab Center for Evaluation / Treatment THE REHAB CENTER, INCORPORATED 2610 EAST SEVENTH STREET CHARLOTTE, NC 28204 www.athenahealth.com 704 335 0000 (TEL) 800 800 0700 (TOLL FREE) 704-335-7178 (FAX)

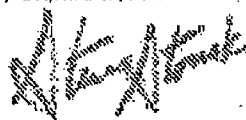
Patient Information

Patient Name	CLARK, LAMAR
Sex - DOB - Age	M [REDACTED] 41yo
Address	[REDACTED] NEWBERRY, SC 29108
Phone	[REDACTED] W: (803) 276-5504

CLARK, LAMAR (Id #2162933, dob: [REDACTED])

	M: (803) 537-7188
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: STEVEN B. STORICK, MD



STEVEN B. STORICK, MD



Physician's Statement

Claimant's Name: Lamar Clark

Employer's Name: shakspear

Physician's Name: Dr. Thomas J Holbrook Jr.

Insurance Carrier: Gallagher Bassett

Practice/Clinic: Columbia Neurosurgical Assoc.

SCWCC File No: _____

Preparer's Name: Charlene Clayton

Phone: 803-462-3602

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 12/6/10

Date of first office visit: 2/22/12

Date of last visit: 7/23/14

Diagnosis or nature of injury or illness: M51.26, M51.16

Body part(s) injured: lumbar Body part(s) affected: _____

Date of Maximum Medical Improvement: 7/23/14

Based on the **AMA Guidelines**, the claimant has sustained a 20% medical impairment to whole person injured body part(s) and a 20% medical impairment to other affected body part(s). ** 20% includes 10% previous given 1-2-13*

_____ The claimant is **able to return to work** without restriction.

☒ The claimant is **able to return to work with the following restrictions:**

Light duty

_____ The claimant is **unable to return to work** at his or her current employment.

_____ Claimant **possesses retained hardware** casually related to this injury.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

_____ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☒ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

We will have him evaluated by Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator.

Treating Physician *Thomas J Holbrook Jr.*

1/15/16

Date

EMPLOYABILITY ANALYSIS
AND
LABOR MARKET SURVEY

DATE: April 12, 2016

RE: LAMAR CLARK
ADDRESS: [REDACTED]
Newberry, SC 29108

DOB: [REDACTED]
DOI: 7/20/2011

REFERRAL INFORMATION: This file was referred to complete an employability analysis to determine Mr. Clark's current access to employment and anticipated earnings with respect to his physical capabilities, education, geographic location, deposition and available records.

INJURY: The following information was obtained from a review of available records, interview and testing of Mr. Clark at the an attorney's office in Newberry, SC.

Mr. Clark is a 41-year-old male who was employed as a packer/painter with Philips Electronics in Newberry, SC. On the day of his reported injury, he, along with a co-worker, was carrying a 27 foot cross arm. His co-worker lost his grip and then was able to catch the arm of what he was carrying. Mr. Clark's end slipped and he was able to catch it before it hit the ground. While doing this, he reported experiencing "immediate excruciating pain". He reported the incident to the safety person. He told the safety guy he would wait to see how he felt. He continued working.

The next day, he requested medical attention. He was sent to Dr. Cory Hunt. Mr. Clark reported being told he had pulled muscles. He saw Dr. Hunt 3 times. At one point, he was told, according to him, Dr. Hunt said he probably had a herniated disc and he (Dr. Hunt) would not mess with this. He was referred to Dr. Hibbitts.

Dr. Hibbitts ran tests, did x-rays and a MRI. Mr. Clark was told he had herniated discs at L4, L5 and S1. He had a nerve conduction study performed but did not recall the results. He participated in physical therapy but reported no benefit. Surgery was recommended. He was referred to Dr. Holbrook.

Dr. Holbrook had a MRI completed. A NCS was completed and showed "some kind of blockage". He had back surgery in 2012 and 2013. He participated in physical therapy after each surgery. After the second back surgery, he felt he was worse and then the pain started on the other side of his body. He had cervical surgery in between these two surgeries. Issues with the cervical spine are not related to his work injury.

Mr. Clark feels as if he has progressively gotten worse since therapy. He reported muscle tightness in the back at the beltline area, hips and hamstrings. The muscle tightness feels like "a tight rubber band and it feels like it is just about to pop any minute". When he was in physical therapy at Progressive Therapy, he reported being told his muscles were as tight as ever seen. Mr. Clark feels the muscles are even tighter than before.

He had a FCE but did not recall the results but thought it was for sedentary work. He has problems with sitting/standing and is only able to sit for 20 minutes and stand for 15 minutes at a time.

RECORDS REVIEWED:

- Emanuel Family Clinic
- Palmetto Imaging
- Palmetto Bone and Joint-Newberry-John M. Hibbitts, MD; Daniel J. Sheehan, MD
- Newberry Physical Therapy
- Columbia Neurosurgical Associates-Thomas J. Holbrook, Jr., MD, FACS; Jay Altemus, PA
- Newberry County Memorial Hospital
- Lexington Medical Center
- Progressive Physical Therapy
- Columbia Neurosurgical Associates-Steven B. Storick, MD
- Carolina Spine Center-Steven B. Storick, MD
- Palmetto Health Pain Management and Rehabilitation Center-Save Storick, MD
- Post Trauma Resources-Nicholas Lind, MD
- Rehabilitation and Geriatric Services-W. Daniel Westerkam, MD
- Columbia Rehabilitation Clinic, Inc (CRC)
- Columbia Rehabilitation Clinic, Inc (CRC)-FCE
- Southeastern Spine Institute-Donald R. Johnson, II, MD
- Carolina Center for Advanced Management of Pain-Justin K. Hutcheson, MD
- Psychological and Training Services-Robert E. Brabham, PhD
- David N. Holt, MD; ACOG, DDS CE
- Physiatry & Rehabilitation Associates-Usama A. Gabr, MD. FAAPMR, CIME
- Social Security Disability Examination

MEDICAL RECORDS SUMMARY:

- **Emanuel Family Clinic:** 9/19/11-Assessment: Benign essential hypertension. Diabetes mellitus without mention of complication type II or unspecified type not stated as uncontrolled. 5/23/12-Benign essential hypertension. Diabetes mellitus without mention of complication Type II or unspecified type not stated as uncontrolled. Cervicalgia. 6/07/12-Diabetes out of control. MRI cervical spine shows a bulging disc in between C5 and C6 which is causing some compression on the nerve root and possibly some swelling around the spinal cord. Must be seen by neurosurgery for evaluation and treatment. Assessment: Diabetes mellitus without mention of complication type II or unspecified type not stated, as uncontrolled. Unspecified vitamin D deficiency. Other and unspecified disc disorder of cervical region. Abdominal pain unspecified site. 9/19/12-Assessment: Diabetes mellitus without mention of complication type II or unspecified type not stated, as uncontrolled. Unspecified vitamin D deficiency. Other and unspecified disc disorder of cervical region. 10/01/12-Diabetes mellitus without mention of complication type II or unspecified type not stated, as uncontrolled. Unspecified vitamin D deficiency. Other and unspecified disc disorder of cervical region.
- **Palmetto Imaging:** 10/11/11-MR lumbar spine. Impression: Degenerative disc face changes at L4-5 and L5-S1 including left parasagittal herniation at the lumbosacral junction.
- **Palmetto Bone and Joint-Newberry-John M. Hibbitts, MD; Daniel J. Sheehan, MD:** 9/21/11-X-rays on 7/25/11 lumbar spine showed L4-5 and L5-S1 disc space narrowing. Had an ultrasound of tendon lesion; it is more of a cord-like abnormality above the fascial layer of the lumbar paraspinal musculature. Assessment: Likely painful neuroma of lumbar spine with associated post traumatic low back pain. Will get MRI to evaluate the neuroma and the lumbar spine. 10/19/11-MRI results: L5-S1 left parasagittal disc herniation, as well as angular disc protrusion with associated facet arthrosis. Given his left sided pain and MRI findings combined with new onset radicular pain down to the buttock, where

it was not there originally, would advise starting with ESI at L5-S1 as well as an organized rehab program. Keep on sedentary duty. 11/07/11-Injection foramen epidural at L4-L5 and L5-S1. 11/30/11-Lumbar traction has been helpful. ESI did help his pain as well but has recently returned. 12/12/11-Assessment: Lumbar radiculopathy. Injection foramen epidural. 1/04/12-Has worsening complaints of pain with prolonged sitting and standing. Obtain EMG to more objectively assess the extent of neurological involvement. 1/25/12-Assessment: Electrodiagnostic findings and clinical assessment are consistent with lumbar radiculopathy primarily affecting the left L5 nerve root distribution. 2/01/12-Has persistent radicular complaints down his left lower extremity. Will refer to Dr. Rambo for further treatment options.

- **Palmetto Bone and Joint-Daniel Sheehan, MD:** 1/25/12-EMG is consistent with lumbar radiculopathy primarily affecting the left L5 nerve root distribution. Results: Lumbar radiculopathy primarily affecting the L5 myotomal distribution on the left. Continue physical therapy. Continue sedentary work with frequent breaks.
- **Newberry Physical Therapy:** 2/17/12-PT prescription has expired, if want to continue; send a new prescription. 3/30/12-8/06/14-Physical therapy documentation.
- **Columbia Neurosurgical Associates-Thomas J. Holbrook, Jr., MD, FACS; Jay Altemus, PA:** 2/22/12-Impression: Chief complaint of low back pain radiating down the left leg to the toes. Began in July 2011 while lifting at work. MRI, lumbar spine from 10/11/11 showed a herniated disc on the left at L5-S1. EMG/nerve conduction study is consistent with a left L5 radiculopathy. Has lumbar radiculopathy on the left secondary to a herniated disc on the left at L5-S1. Has failed to respond satisfactorily to conservative measures and would be a good candidate for surgery. Discussed the surgical procedure for a lumbar microdiscectomy on the left at L5-S1, as well as indications and risks for surgery. 4/09/12-Has undergone a lumbar microdiscectomy on the left at L5-S1. 5/02/12-Follow-up after surgery. Had complete relief from his left leg radicular pain but is still having some soreness in the low back. Will start outpatient physical therapy. Could do light duty work at this time. 7/02/12-Believe he can do light duty work. Reported two weeks after surgery, he woke up with neck pain. Has some persistent neck pain. He is to obtain MRI of the cervical spine. 8/01/12-The MRI of the cervical spine from 6/01/12 showed a disc herniation on the left C5-C6 with nerve root and spinal cord impingement with some increased signal intensity within the cord at this level. Is to complete another course of physical therapy for his low back and left leg strength after which will plan for a FCE. Has evidence for a disc herniation on the left at C5-6 with cord compression with some increased signal intensity within the cord and have recommended surgery for this. Discussed the procedure for anterior cervical discectomy with fusion and instrumentation at C5-6 as well as the indicators and risks for surgery. 8/29/12-Continues to have neck and left arm radicular pain with decreased motor effort on testing proximal muscles in the left arm due to exacerbation of his pain with some decreased herniation on the left at C5-6 with nerve root and spinal cord compression. Recommend surgery for this. 9/10/12-Has undergone an anterior cervical discectomy and fusion at C5-6. 10/03/12-Follow up after lumbar discectomy on the left at L5-S1. X-rays of cervical spine showed a satisfactory appearance of the construct at C5-6. Will start on some outpatient physical therapy for his neck and back. Can do sedentary work at this time. 11/14/12-Follow-up for lumbar and cervical radiculopathy. Impression: Will evaluate further with a MRI of the lumbar spine. If this appears satisfactory, may look into Voc rehab to help him with finding a less physically demanding job as he was doing before. Work status: Return to light work with restrictions on 11/15/13. Note: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible. 11/30/12-Follow-up after MRI lumbar spine on 11/27/12. This showed some degenerative changes more so at the L4-5 and L5-S1 levels with some

lateral recess stenosis noted mainly on the left at these two levels. Had previously undergone a laminectomy on the left at L5-S1 in April of this year for a disc herniation. Do not believe he would benefit from any further surgery on his lumbar spine. Plan to set him up for an evaluation at voc rehab as he would like to find a less physically demanding job. 1/02/13-Has generally reached MMI as far as his low back is concerned. Could do light duty work. Has a 10% impairment to the whole person for his lumbar spine. Will schedule him an appointment to have his medicines evaluated by pain management to recommend a regimen of medicine to best help him with his ongoing back pain which could then be prescribed by his primary care physician. Work status: return to light work with restrictions on 1/03/13. 1/08/13-14B. MMI as of 1/02/13. Has sustained a 10% whole person loss of use of lumbar spine. Is able to return to work with the following restrictions: Light-duty work. Will need future medical care and treatment: one time evaluation by pain management to recommend a regiment of medicine to best help ongoing back pain. 2/25/13-Has undergone evaluation by Dr. Storick, pain management, and he has recommended he continue Neurontin. This may be prescribed by his primary care physician. Will most probably continue to need to use this on an ongoing basis for his pain. 5/22/13-Questionnaire. Believe his work related back injury affects any other body parts such as his left leg in standing, squatting, crawling, negotiating stairs, stooping, bending, kneeling, mobility, range of motion, flexibility, running, jobbing, and functionality or in any other way-yes. His back and left leg most probably resulted from his performance of his job activities and/or work related aggravation of a pre-existing condition-yes. Medical treatment was reasonable, necessary and geared toward tending to lessen the period of disability stemming from his work related injuries-yes. Continues to require medical care, medical treatment and/or medications prior to maximum medical improvement-yes. Re-evaluate new radicular symptoms. Has reached MMI as to his work-related injuries-no, not if new symptoms. Is not at MMI, what is his work status including but not limited to unable to work, lifting, balance, related restrictions positional lifting, repetitive lifting, weight limits, pushing, pulling, overhead lifting, overhead reaching, standing, walking, coping with uneven surfaces, sitting, climbing, crawling, stooping, squatting, kneeling, bending, repetitive bending, repetitive activities, twisting restrictions, the need to change positions, frequency of changing positions, dexterity, fine motor skills or any other way-will re-evaluate. 6/17/13-Has far lateral disc herniation on the left at L4-5 which is symptomatic. Has failed to respond satisfactorily to conservative measures and believe would be a good candidate for surgery. Discussed surgical procedure for a lumbar microdiscectomy on the left at L4-5 as well as the indications and risks for surgery. 10/23/13-Follow-up after removal of herniated disc on the left at L4-5. Is making some progress at this time. 12/16/13-Follow up of a herniated lumbar disc at L4-5 and having undergone discectomy. Is to do two more weeks of physical therapy. After this, will determine his long-term work restrictions. 2/24/14-Will finish physical therapy. Continue medications. May perform sedentary work. 3/26/14-Still complains of left low back pain. Has no radicular leg pain. In physical therapy. 5/25/14-40% better after injection. Is to continue working with physical therapy as it is helping. 5/28/14-Medical questionnaire. How long will he need to treat before he reaches MMI-office appointment after injection by pain management. Letter to Mr. Abramson: Doing much better after sacroiliac joint injection. Will be undergoing one further course of physical therapy. 7/23/14-Finish physical therapy. Is to be evaluated by Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator. 8/20/14-Assessment: Chronic left back and leg pain. Left L5 radiculitis. Chronic postoperative pain syndrome. Continues to remain symptomatic after a second lumbar discectomy. Long term use of opioids is typically not helpful and should be gradually tapered and discontinued. Reasonable to repeat epidural but more on left L5 approach. 1/15/16-MMI as of 7/23/14. Has sustained a 20% medical impairment to whole person. 20% includes 10% previous given 1/02/13. Is able to return to work with the following restrictions-light duty. Will need future medical

care and treatment: Will have him evaluated by Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator.

- **Newberry County Memorial Hospital:** 3/17/12-Emergency room. Lab results. Impression: Chronic back pain. Uncontrolled type II diabetes. Hypertension. 3/22/12-Continued pain. Impression: Back pain. Diabetes. Possible cervical radiculopathy. 6/05/12-Recent headaches. Impression: Headache. Dehydration. Diabetes. Urinary tract infection. 10/02/12-Abnormal glucose. Impression: Hyperglycemia. 7/19/13-Injury to left foot. Impression: Sprained left foot. Diabetes. Arthritis of left ankle, no fracture. 3/16/14-Neck pain. Impression: Acute neck pain. 4/24/14-Elevated BP and heartrate. Impression: Uncontrolled, chronic type II diabetes. Hypertension.
- **Lexington Medical Center:** 4/04/12-Procedure: Left L5-S1 microdiscectomy. 4/09/12-Has undergone lumbar microdiscectomy on the left at L5-S1. Had herniated disc material compressing the S1 nerve root. 9/05/12-Operative report for anterior cervical discectomy with fusion and instrumentation, C5-6. 10/03/12-Radiology report for cervical spine. There is an anterior and intervertebral fusion at C5-6. Cervical spine otherwise unremarkable. 9/25/13-Operative report-Left L4-5 microdiscectomy. Pathology report: L4-5 lumbar disc material-benign disc material. 10/03/12-Cervical x-ray. Here is an anterior and intervertebral fusion at C5-6. Cervical spine otherwise unremarkable. 9/25/13-Operative report for Left L4-5 microdiscectomy. 10/16/14-Assessment: Chronic low back and left leg pain. Left lumbosacral radiculitis. Status post left L4-5 and L5-S1 discectomy. Chronic postoperative pain syndrome. 1/08/15-Follow up after ongoing left lumbar facet blocks (L3, L4 and L5).
- **Progressive Physical Therapy:** 11/04/13-Initial evaluation. 11/04/13-11/20/13-Physical Therapy documentation.
- **Columbia Neurosurgical Associates-Steven B. Storick, MD:** 5/08/14-Sacroiliac joint injection.
- **Carolina Spine Center-Steven B. Storick, MD:** 9/30/14-Lumbar transforaminal epidural steroid injection. 12/23/14-Lumbar facet joint injection. 1/08/15-Assessment: Chronic left back and leg pain.
- **Palmetto Health Pain Management and Rehabilitation Center-Save Storick, MD:** 2/11/13-IME. Assessment: Chronic left back and leg pain. Left L5 radiculitis. Status post L5-S1 microdiscectomy. Chronic postoperative pain syndrome. Has fairly accurate left L5 radiculopathy. Dr. Holbrook does not feel any further surgical intervention would be beneficial. Suggestion: is to continue titrating Neurontin. If all reasonable conservative treatment fails and he continues to have persistent radicular pain, then a spinal cord stimulator trial would be a potential option. 9/30/14-Lumbar transforaminal epidural steroid injection. 10/16/14-Assessment: Chronic low back and left leg pain. Left lumbosacral radiculitis. Status post left L4-5 and L5-S1 discectomy. Chronic postoperative pain syndrome. Potentially may be a candidate for radiofrequency rhizotomy to those joints with hope of cutting his pain in half for 6-12 months. 12/23/14-Lumbar facet joint. Diagnostic medical branch block. 1/08/15-Assessment: Chronic left back and leg pain. Left lumbosacral radiculitis. Status post left L4-5 and L5-S1 discectomy. Chronic postoperative pain syndrome. Believe his pain is probably discogenic in origin. 2/04/15-Prescribed muscle relaxant, Cyclobenzaprine. Can take it on an as-needed basis. Have not prescribed any narcotics/opioids. Will not require Hydrocodone. Ongoing pain management appointments are necessary at this time. Will not require more than two (2) appointments per year. No need to continue to visit a neurosurgeon for evaluation/screening. 3/17/15-Diagnostic medical branch block. 4/16/15-Pain typically extends across his waist. Imagine he has some discogenic pain. 7/07/15-Thermal radiofrequency of lumbar/cervical facet joints. 7/23/15-Assessment: Chronic back and leg pain. Lumbar spondylosis/radiculitis. Chronic postoperative pain syndrome. Reported fair amount of improvement in his left back pain. Is mostly complaining of his right-sided back pain. 8/27/15-Has reached MMI from a pain management perspective. Repeating the radiofrequency rhizotomy would be

reasonable if he obtains at least a 50% improvement of 6 months or longer. Is hesitant to do frequent injections. Work status of light duty is appropriate.

- **Post Trauma Resources-Nicholas Lind, MD:** 5/16/13-Documentation to Mr. Salley. Diagnosis: Mood Disorder due to chronic pain. Back pain. Reported pain, physical limitations. GAF=59. Response to questions: Does he have an emotional impairment and if so, is it related to his 7/20/11 work-related injury-yes. Caused by his 7/20/11 physical work-related injuries. Is he at MMI-no. Not at MMI for his psychological consequences associated with his 7/20/11 injury.
- **South Carolina Diagnostic Imaging:** 5/21/13-MR lumbar spine. Impression: Facet arthropathy L3-4. Eccentric disc bulge versus disc bulge with left frontal protrusion and facet arthropathy with stenosis at L4-5. Left laminotomy with enhancing granulation tissue L5-S1. 11/27/12-MR lumbar spine. Impression: L4-L5 and L5-S1 predominant lumbar spondyloarthropathy, favoring the left side. Clinically significant relationship may be present given the clinical history. T12 vertebral body height loss. 5/21/13-MR Lumbar spine. Impression: Facet arthropathy L3-4. Eccentric disc bulge versus disc bulge with left frontal protrusion and facet arthropathy with stenosis at L4-5. Left laminotomy with enhancing granulation tissue L5-S1.
- **Rehabilitation and Geriatric Services-W. Daniel Westerkam, MD:** 5/09/13-IME. Impression: Appears to be at MMI. 13% spine impairment or 17% lumbar spine impairment. Symptoms do affect his back and his left leg as a result of the left L5 radiculopathy. Does qualify for work restrictions. FCE showed he was able to work in a limited sedentary-light work setting. Can stand and walk for 60 minutes at a time. Can sit up to 60 minutes at a time but must be allowed to alternate his position. Will need long-term pain management with Neurontin. Does not appear to need any further physical therapy. Would defer to spine surgeon concerning surgery. 7/21/14-IME. Does appear to be at MMI. Qualifies for a 25% spine impairment which is equivalent to a 28% lumbar spine impairment. Agree with the most recent functional capacity evaluation done on July 10, 2014 by Tracy Hill. Appears to be able to work in a limited sedentary to limited light work category. Can occasionally walk, stair climb and twist. Cannot kneel, squat, bend or reach. Can carry up to 15 pounds. Maximum standing or walking is 38 minutes. Has not received treatment for the psychological issues that have resulted from his pain. Do not think he qualifies for an impairment rating. Would recommend to lessen his period of disability that he receive 6 cognitive behavioral training sessions and start on an antidepressant such as Cymbalta, which has some pain relieving qualities.
- **Columbia Rehabilitation Clinic, Inc (CRC):** 5/06/13-Sustained a cervical spine injury on 7/20/11. Whole person impairment is 28%. 80% cervical spine impairment. Qualifies for a 13% whole person impairment rating for his lumbar spine. 17% impairment of the lumbar spine.
- **Columbia Rehabilitation Clinic, Inc (CRC):** 5/06/13-FCE. Meets the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing, bending and reaching. Does not tolerate occasional kneeling, squatting or twisting. Can lift from 7 to 15 pounds at various heights on an occasional basis. Can carry 12 pounds with 2 hands. Can carry 8 pounds in the right hand and 8 pounds in the left hand. Can push 20 pounds loaded in a sled and can pull 20 pounds loaded in a sled. Self-reported sitting and standing tolerance of 60 and 20 minutes respectively. Has a self-reported standing/walking tolerance of 60 minutes. Was observed to sit for a maximal time of 42 minutes and stand for a maximal time of 17 minutes. Was observed to stand/walk for a maximal time of 36 minutes. Treadmill test places him in the poor classification of Aerobic Capacity. Functional Aerobic Capacity qualifies him for light work. Qualifies for limited sedentary to limited light work avoiding sitting and standing/walking for over 60 minutes at a given time. Does not tolerate occasional twisting, squatting or kneeling. Limited Sedentary: floor to waist-7 pounds; right hand carry 8 pounds; left hand carry-8 pounds. Limited light: 12 inch to waist-15 pounds. Waist to shoulder-13 pounds. Shoulder to

overhead-11 pounds. Carry-2 handed: 12 pounds. Limited light: Push 20 pounds. Pull 20 pounds. 7/10/14-FCE. Can meet the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing and twisting. Does not tolerate occasional kneeling, squatting, bending or reaching. Can lift from 5 to 12 pounds at various heights on an occasional basis. Can carry 15 pounds with 2 hands. Can carry 9 pounds in the right hand and 9 pounds in the left hand. Can push 15.6 foot pounds loaded in a sled and can pull 14.2 foot pounds loaded in a sled. Self-reported sitting and standing/walking tolerance of 20 and 30 minutes respectively. Was observed to sit for a maximal time of 32 minutes and stand for a maximal time of 17 minutes. Observed to stand/walk for a maximal time of 38 minutes. Qualifies for limited sedentary to limited light work. Does not tolerate occasional bending, squatting, kneeling or reaching. Does not meet the full physical requirements necessary for sedentary or light work. Limited Sedentary: floor to waist-5 pounds; right hand carry 9 pounds, left hand carry-9 pounds. Sedentary: Shoulder to overhead-10 pounds. Limited light: 12 inch to waist-12 pounds. Waist to shoulder-12 pounds. Carry-2 handed: 15 pounds. Push 10 15.6 pound feet and pull 0 14-2 pound feet.

- **Southeastern Spine Institute-Donald R. Johnson, II, MD:** 5/15/13-Impression: S/P laminectomy L5-S1, April 2012 with no resolution of symptoms. Preoperative left L-5 acute radiculopathy. Rule out recurrent disc herniation L5-S1, possible L4-L5. S/P anterior cervical discectomy and fusion C5-C6. Needs a high quality MRI of the lumbar spine. Not at MMI. Symptoms are related to her work injury. 7/01/13-Letter to Mr. Salley. Reviewed MRI from 5/21/13. Has a L4-L5 and at L5-S1 disc pathology: At L4-L5, has a foraminal disc protrusion with foraminal stenosis. At L5-S1, has a combination of recurrent disc and scar from his previous surgery causing left sided narrowing through the neuroforamen at L5-S1. Would note his pain is primarily left sided. Is physically large, 6' 5", 245 pounds. Further surgical intervention in all likelihood would require a fusion given his large physical size and additionally would have to involve both levels. Think it is unlikely given his young age that he would do well from a two level lumbar fusion. Should consider a spinal cord stimulator trial. Think this would be his best option given the factors listed. Not at MMI.
- **Carolina Center for Advanced Management of Pain-Justin K. Hutcheson, MD:** 5/17/13-IME. Assessment: Appears to still being worked up to see if he has recurrent hnp. Will need ongoing pain management going forward likely for lift. Recommend epidural steroids targeted at the left L5/S1 epidural space. Has some facet and SI pain that may need to be injected in the future as well. Ultimately he might need spinal cord stimulation if these measures fall. Will need ongoing medications including NSAIDS, opioids, muscle relaxants, SNRI antidepressant to treat pain and seizure medications to treat pain. Will need ongoing PT, Imaging and EMG testing over time. 5/24/13-L MRI on 5/21/13 showed L3/4 facet, L4/5 left bulge vs. protrusion measuring 4 mm. severe NFS L>R, canal 8 mm, facet, epidural lipomatosis, L5/S1 left granulation tissue 5 mm, lami, retrolisthesis. Recommend he check back with Dr. Holbrook to see if he needs further surgery for L4/5 left disc protrusion. Response to questionnaire. His injuries most probably result from his performance of his job activities and/or work-related aggravation of a pre-existing condition-yes. Treatment was necessary to lessen the period of disability-yes. Continues to require medical care and treatment prior to MMI-see my note. Has he reached MMI-no. Not at MMI-out of work until surgical evaluation. Your IME of 5/22/13 stated to a reasonable degree of medical certainty-yes. Treatment aimed at lessen his the period of disability for his work-related injury. Do you concur with Dr. Lind's psychological and psychiatric recommendation-Yes. Do you think Dr. Lind's treatment as recommended is geared toward tending to lessen the period of disability-yes. Do you recommend he receive further psychological and psychiatric care with Dr. Lind/Dr. Deal-yes. Receive further care with Dr. Holbrook-yes. Receive care with Dr. Donald, Johnson-yes. Ongoing care with pain management-yes. Receive care with Dr. Garcia-yes. Receive

periodic x-rays, MRI's and other diagnostic tests-yes. Appropriate to include a trial dorsal column stimulator in the treatment plan-yes. Continue medication regimen and changes made from time to time-yes. Work related back injury affects any other body parts such as his left lower extremity in standing, walking, strength, balance, stamina, numbness, weakness, pain, coping with uneven surfaces, squatting, crawling, negotiating stairs, stooping, bending, kneeling, mobility, range of motion, flexibility, running, jogging, functionality or in any other way-yes. Lumbar spine and left leg bilateral (sacroiliac joints) with left L5 weakness/numbness and positive (*not legible*) and SI tenderness on exam. 7/23/14-Assessment: Lumbar radiculopathy. Lumbo-sacral spondylosis-lumbar spine. Low back pain. Left lower extremity pain. Sacroiliitis. Dr. Johnson does not feel further surgery would help and recommended a spinal cord stimulator trial. Will have ongoing back pain into his left hip and leg most likely for the rest of his life. Needs pain management that includes medications, injections targeting his pain and spinal cord stimulator trial. Will likely need further back surgery in the future given his retrolisthesis at L5/S1 with ongoing pain. With get DME to help his back pain and left future given his back pain and left leg weakness. Is at MMI from his lumbar spine from a pain management perspective. Recommend a repeat lumbar MRI to guide further treatment as he has not had a postop MRI to evaluate for scar tissues, stenosis, etc. Ongoing depression-will need psychological care provided by Dr. Tollison. Agree with FCE demonstrating limited sedentary restrictions. Impairment-25% WPI or 28% lumbar spine. Body parts affected include psychological, lumbar spine, sacroiliac joint/hip, left leg, left foot, right leg (loss of reflex from stenosis/surgery at L4/5/S1. 12/04/15-IME. See IME from 5/17/13 and 7/23/14. Assessment: Post laminectomy pain syndrome-lumbar. Reasonable to believe he will have pain for the remainder of his life. Still at MMI. Impairment, body parts and treatment plans are unchanged from last IME on 7/23/14. Spinal cord stimulation is the standard of care. If the trial is successful, he should be implanted. 12/08/15-Response to questionnaire. His back left hip, left leg, left foot, nervous system and resultant psychological injuries most probably result from his work related injury-yes. Medical care, medical treatment and/or medications provided to him were reasonable, necessary and geared toward tending to lessen the period of disability-yes. Continues to require medical care, medical treatment and/or medications prior to MMI-No. MMI-yes. Is not at MMI-N/A. Has a permanent impairment, 25% WPI=25% lumbar spine. Regarding MMI-per FCE on 7/10/14. If at MMI future medical care, medical treatment and/or medications-see IME 12/04/15. Future medical care and treatment: 12-18 visits/year for pain management. Psych care per Dr. Lind. NeuroSurgery consult per Dr. Holbrook. Treatments and care are necessary to lessen the period of disability-yes. DME-back brace, spinal cord stimulator. MMI and needs prosthetic devices-yes. Opinions and findings to a reasonable degree of medical certainty-yes. 12/15/15-Whole person impairment rating a portion of impairment to his affected left leg due to lumbar radiculopathy-yes. Loss of L4/5, 5/S1 reflex demonstrate neurologic deficit affecting leg. Do you concur with medical care and medical treatment recommendations of Dr. Lind in his IME-yes. Recommendations by Dr. Lind in his IME, do you concur-yes. The medical care and treatment recommendations are reasonable, necessary and geared toward tending to lessen the period of disability for his psychological injury from his work-related injury-yes. Do you recommend further psychological injury from his work related physical injuries-yes. With Dr. Lind, is care and treatment reasonable, necessary and geared toward tending to lessen the period of disability-yes. Medical care and treatment recommendation sin you IME's are reasonable, necessary and geared toward tending to lessen the period of disability stemming from his work-related injury-yes. Are your opinions and findings in your IME are most probably to a reasonable degree of medical certainty-yes. Receive ongoing pain management-yes. Receive ongoing back/spine treatment with Dr. Holbrook-yes. Receive ongoing psychological care with Dr. Lind-yes. Appropriate to include a trial dorsal column stimulator in the life care plan analysis-yes. Receive ongoing pain management

under my care-yes. Receive back /spine ongoing treatment with Dr. Holbrook-yes. Receive ongoing psychological care with Dr. Lind-yes. Appropriate to include a trail dorsal column stimulator in the life care plan analysis-yes. If the trial is successful, then permanent implant performed-yes. Continue current medication regimen with changes from time-to-time-yes. 14B: MMI as of 12/04/15 for Lumbar spine. Affected body parts: back, left hip, left leg, left foot, nervous system, psychological. Has sustained a 25% WPI=28% lumbar spine. Is able to return to work with the following restrictions: per FCE 7/10/14. Is unable to return to work at his current employment. Will need future medical care and treatment: meds, injections, imaging, AME, spinal cord stimulator, urine drug testing, 12-18 visits/year for pain control, psych care per Dr. Lind, neurosurgery care per Dr. Holbrook. All care needed.

- **Psychological and Training Services-Robert E. Brabham, PhD: 5/23/13-Psychological and Vocational Evaluation.** Wechsler Adult Intelligence Test-Fourth Edition-109 score. Average ranges of intelligence. Wide Range Achievement Test-4. Reading standard score of 59 is an 11.9 grade level score. Arithmetic Standard Score of 46 is a 12.9 grade level score. Spelling Standard Score of 42 is a 12.2 grade level score. Beck Depression Inventory-II, Severe level of depression. Diagnoses: Pain Disorder. Depressive Disorder NOS. Generalized Anxiety Disorder. Vocational Opinion: His present medical condition and without the necessary pain management services, he is unable to engage in full-time gainful, competitive employment as a result of his medical conditions resulting from his on-the-job injuries in July 2011. Summary and Conclusion: Is as yet unable to effectively perform the essential duties in any gainful work activity. The unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working. He is yet unable to effectively perform the essential duties in any gainful work activity. It is clear that the unfortunate combination of factors and characteristics he now faces are directly related to the injuries he sustained while working. It is unreasonable to suggest that he, who has no useful ability to maintain any position for more than a brief period of time, less than thirty minutes in any one position and has to frequently change positions, would be able to perform any physically strenuous activity in his present medical condition. Is unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. As a result, he is presently clearly incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of his on-the-job injuries the only services he could perform at present are so limited in quality, dependability or quantity that no reasonably stable market for them exists. It seems reasonable to conclude that in the absence of treatments and procedures recommended by his physicians well-familiar with his case, there will continue to be the absence of sufficient improvement to permit him to return to any gainful employment. 12/18/15-Updated evaluation regarding changes, if any. Diagnoses: Pain disorder. Depressive disorder NOS. Generalized anxiety disorder. Is unable to maintain any position for more than a brief period of time, less than 30 minutes and has to frequently change positions. Is unable to perform any physically strenuous activity. Further, he is unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. As a result, would clearly be incapable of performing any type of work that would exist in significant numbers in the regional or local economy. Directly as a result of his on-the-job injuries the only services he could perform are so limited in quality, dependability or quantity that no reasonably stable market for them exists. No employer could reasonably be expected to tolerate and accommodate his need for extended breaks, need toile down throughout the day and general lack of productivity. Clearly, his limitations eliminate his ability to return to gainful employment of a full time basis. Unable to maintain any position for more than a brief period of time, less than 30 minutes and has frequently changes positions. Unable to perform any physically strenuous activity. Unable to handle any type of work that would require close attention to detail, attention, concentration, persistence or pace. Would be incapable of performing any type of work

that would exist in significant numbers in the regional or local economy. Directly as a result of his on-the-job injuries the only services he could perform are so limited in quality, dependability or quantity that no reasonably stable market for them exists. No employer could reasonably be expected to tolerate and accommodate his need for extended breaks, need to lie down throughout the day and general local of productivity. His limitations eliminate his ability to return to gainful employment on a full time basis.

- **David N. Holt, MD; ACOG, DDS CE: 8/21/14-Sopcial Security Disability Examination.** Listed three things: back, neck and DM. Able to drive 1-2 blocks. Unable to do any household chores and shopping is done while leaning onto a push cart. Can climb 12 steps with the aid of a handrail. Typical daily activities include self-care, TV, computer, video games and reading his prayer book. Impressions: S/P 2 lumbar surgeries for DDD since its onset in 2011, with ongoing pain and the most recent MRI showing DDD at the level above those repaired. S/P C4-5 discectomy and fusion with better result until return of pain this year. Diabetes mellitus, type 2, without major complications but not well controlled and demonstrating polydipsia today. Depression and anxiety, mild to moderate, not yet treated but recommended. Persistent mild tachycardia throughout office visit. Summary: Was obviously depressed but remained pleasant and gave a very good history, sticking to only pertinent details. Remains able to provide basic self-care. His functional ability seemed consistent with history and findings. Impressions: S/P 2 lumbar surgeries for DDD since its onset in 2011, with ongoing pain and the most recent MRI showing DDD also at the level above those repaired. S/P C4-5 discectomy and fusion with better result until return of pain this year. Diabetes mellitus, type 2, without major complications but not well controlled and demonstrating polydipsia. Depression and anxiety, mild to moderate, not yet treated but recommended. Persistent mild tachycardia throughout office visit.
- **Physiatry & Rehabilitation Associates-Usama A. Gabr, MD. FAAPMR, CIME: 12/04/15-IME.** Questionnaire: Opined that he has directly suffered a work related injury to the lumbar spine and associated radiculopathy neurologically affecting his left lower extremity function, as well as having sustained a related psychological injury. Has reached MMI. Has chronic radiculopathy following lumbar surgery at clinically appropriate level L4-5 and L5-S1, following work related injury, WPI 23%. Has suffered permanent restrictions as it relates to the work injury. Functional capabilities of the claimant is impaired for his age, it is my assessment that his abilities to sit continuously are limited to 15 minutes at a time and no longer than 4 hours per day with allowance of frequent change of position for comfort. His ability to stand limited to 10 minutes at a time, no long than two hours per day. Ability to walk less than one block at a time and no longer than one hour per day. Has difficulties reaching at the chest level secondary to cervical radiculopathy and shoulder symptoms, especially above shoulder activities following cervical fusion surgery. Secondary to difficulties with lifting consistently over 10 pounds, inability to sit or stand continuously more than 10 minutes and required frequent change of position. Inability to consistently kneel, crawl or bend secondary to limited spine range of motion. Would require future medical care tending to lessen the period of disability as relates to work related injury including but not limited to medication management, periodic spinal interventions such as epidural steroid injections, lumbar orthosis, spinal cord stimulator trial and psychological and psychiatric care. Questionnaire: Do you believe his back, left hip, left leg, left foot, nervous system and resultant psychological injuries most probably result from his performance of his job activities and/or work-related aggravation of a pre-existing condition-yes. Treatment, medical care and medications were necessary to lessen the period of disability-yes. Continues to require medical care, medical treatment and/or medications prior to MMI-no. Has he reached MMI-yes. Permanent Impairment-lumbar regional spinal rating, WPI 23%. Permanent work restrictions-yes. Would require frequent work restrictions, no lifting more than 10 pounds, frequent change of position, sit/stand at times. No reach above head, no machinery or height. No vibratory equipment. Future medical care and treatment: most

probably to reasonable degree, would require period spinal intervertebral epidural injection, candidate for spinal cord stimulator, medical management/physical. Opined: Would require between 12-18/year and periodic physical therapy rhea once per year for 30 days, 2-3 times/week at times. Do you anticipate future medical care, medical treatment and/or medications-yes. If at MMI, what future prosthetics would be needed: recommend lumbar support brace. Recommend spinal cord stimulator trial. Would these prosthetic devices be necessary during the remainder of his lifetime-yes. Impairment rating a portion of impairment to his affected left leg due to lumbar radiculopathy-yes. Based on MRI findings and operative reports from Dr. Holbrook, there is evidence of granulomas and chronic nerve damage of root L5, continue to be symptomatic in addition to objective (unable to read). Do you recommend ongoing comprehensive pain management care and treatment-yes. Recommend comprehensive pain management care and treatment under your direction-yes. Receive ongoing comprehensive pain management under my direction as pain management specialist-yes. Ongoing care with Dr. Holbrook-yes. Ongoing psychological care from Dr. Lind-yes. Appropriate to conclude a trial dorsal column stimulator in the life care plan analysis-yes. If the trial is successful and there is permanent implant performed, would the usual protocols regarding generator replacement, interrogation and re-programming apply and be included in his future plan of care-yes. Continue current medication regimen with changes made from time to time-yes. Would recommend physical therapy care/modalities. 14B. MMI as of 12/04/15: Has sustained a 23% medical impairment to lumbar injury and WPI for this. Lumbar radiculopathy, 23% WPI, to lumbar injury. Is unable to return to work at his current employment. Will need future medical and treatment: Medical management spine including lumbar bracing. Periodic physical therapy between 12-18 visits per year. Should recommend spinal cord stimulator trial, if successful would recommend with implant. Life time medical care.

OTHER RECORDS REVIEWED:

- **Social Security Disability Examination:** 8/21/14-Allegies areas to be considered: Back. Neck. DM. Impression: S/P 2 lumbar surgeries for DDD since its onset in 2011 with ongoing pain and the most recent MRI showing DDD also at the level above those repaired. S/P C4-5 disectomy and fusion with better result until return of pain this year. Diabetes mellitus, type 2, without major complications but not well controlled and demonstrating polydipsia today. Depression and anxiety, mild to moderate, not yet treated but recommended. Persistent mild tachycardia throughout office visit.

Previous Hospitalizations/Surgeries: Mr. Clark has had surgery on his index finger and fourth and fifth metatarsal on the right hand. He has had cervical surgery between his two back surgeries.

Secondary Medical: Mr. Clark has broken his right leg, left ankle and knocked out 3 teeth in the past. He has diabetes and high blood pressure. At this time, these conditions are untreated as he does not have the money to obtain treatment or medication.

Other Medical History: Mr. Clark is 6' 5.5" tall and weighs 250 pounds. Prior to his injury, he weighed 265 pounds. He is right hand dominant.

SUBJECTIVE PHYSICAL LIMITATIONS:

• Vision	No reported problems; no observed problems
• Reading/Responding	No reported problems; no observed problems
• Hearing	No reported problems; no observed problems

- Writing No reported problems; no observed problems
- Speaking No reported problems; no observed problems
- Lifting/Carrying Under 10 pounds
- Standing 15 minutes
- Walking Not far, one time around the grocery store
- Sitting 20 minutes
- Climbing Does not have to do due to his height
- Stooping/Squatting Not very long for stooping. Never tried squatting. Afraid to try
- Bending/Twisting Can perform but it hurts
- Kneeling Hard time getting back up
- Arms/Hands (reaching) Reaching up hurts, can do down; certain moves in PT hurt
- Comprehending Pretty good
- Breathing No reported problems; no observed problems
- Balancing No reported problems; no observed problems

CURRENT COMPLAINTS-SUBJECTIVE:

On 4/06/16 Mr. Clark reported:

- Back on left side A little above the waistline to the tailbone to hamstring and glut. Pain runs down into the left big toe and pain down left leg. At the onset of the assessment-7/10. At the conclusion of the assessment-8/10. Feels like someone punched me in the glut. Tight.

He described the left big toe as numb and very limited feeling. His hamstring feels like it is ripping; like being pulled. Almost like a bruising feeling in the glut. Sharp pain in the back.

MEDICATIONS: On 4/06/16, Mr. Clark reported taking the following medications: Gabapentin. He will take over-the-counter Tylenol or BC powders.

SELF-HELP/ORTHOTICS: Mr. Clark purchased a brace at Walmart (Be Active). He uses a TENS unit. Certain days the TENS unit helps. He uses the TENS unit 3 or more times per day.

ACTIVITIES OF DAILY LIVING: Mr. Clark reported "rarely sleep". He stated he "obtains no continuous sleep". He indicated he feels like this lack of sleep is due to restlessness, depression and stress about bills.

He is able to tend to his personal/sanitary needs. He denied being able to perform any household duties except cooking. He can put clothes in the washing machine but is unable to take them out to place in the dryer. He does not ride as a passenger for too long.

He reads and watches television during the day. He surfs the internet. He will occasionally attend church. He likes to watch sports on the television. His hobby is reading. He may take catnaps during the day, maybe twice and sleeps for approximately 1 hour. He denied smoking. He will occasionally consume alcohol. He denied any history of abuse, using other tobacco products, using drugs not prescribed for himself, he drinks Pepsi during the day. He denied consuming tea or coffee. He drinks Gatorade and light Hawaiian punch.

EDUCATIONAL BACKGROUND: Mr. Clark completed the 12th grade in 1992 at Seabreeze High School in Daytona, FL. He was in a regular classroom setting. He attended Georgia Military College for 1 year. He left school after this.

EMPLOYMENT HISTORY:

Employer: Philips Electronics
Location: Newberry, SC
Length: 1 year
Job Title: Packer and Painter
Duties: Painted various items. Packed items to be sent out
Reason for leaving: Injured
Wages: \$9.97/hour

Employer: Hardees
Location: Newberry, SC
Length: 3 months
Job Title: Cook
Duties: Prepared food at a fast food restaurant
Reason for leaving: Temp job and placed at Philip Electronics
Wages: Minimum wage

Employer: Tile Depot
Location: Ormond Beach, FL
Length: 2 years
Job Title: Warehouseman
Duties: Shipped items out and received items in
Reason for leaving: Closed down
Wages: \$10.00/hour

Employer: SR Perrot
Location: Ormond Beach, FL
Length: 5 years
Job Title: Warehouseman then Salesperson
Duties: Processed orders for beer, build displays
Reason for leaving: Argument with co-worker
Wages: Does not recall

Employer: City of Daytona
Location: Daytona, FL
Length: 3 seasons
Job Title: Cleaner
Duties: Stadium clean up after a game
Reason for leaving: Seasonal
Wages: Does not recall

Employer: AllStar Building Materials
Location: Ormond, FL
Length: 1 year

Job Title: Delivery Worker
Duties: Delivered materials to job sites, smaller items
Reason for leaving: Position at City of Daytona
Wages: \$10.00/hour

In the other vocational report by Dr. Brabham, other employment identified was as a machine operator in a textile mill in Florida for approximately 2 years.

MILITARY HISTORY: None reported.

ARREST HISTORY: A prior charge in Florida but the file is sealed.

MEANS OF TRANSPORTATION: Mr. Clark does not have a driver's license. He used to have a driver's license but he had unpaid tickets in Florida and unpaid child support. Either his fiancé takes him places or he may use a taxi.

SOCIO-ENVIRONMENTAL: Mr. Clark is engaged and lives with his fiancé and her daughter. He has good family support. He is receiving \$241.29/week from Workers' Compensation. He reported not eligible for Social Security at this time. He is SSA approved but is not receiving at this time. His expenses include utilities, telephone, food, child support and transportation. He indicated his current situation is causing financial concerns.

OTHER VOCATIONAL CONSIDERATIONS: Mr. Clark's work history has been as a packer/painter, cook, warehouseman, salesperson, cleaner and delivery person. He has been able to maintain the physical ability to perform his jobs.

VOCATIONAL GOALS: Mr. Clark is not sure if he is able to return to any type of employment.

BEHAVIORAL OBSERVATIONS: On 4/06/2016, I met Mr. Clark at an attorney's office in Newberry. He was driven to the appointment by a taxi. Upon entering the office, I met him in the lobby and then we were shown to the conference room. The evaluation began at 8:30 a.m. instead of the scheduled 9:00 a.m. appointment as he was already at the office.

I introduced myself and explained that I was asked to complete a vocational evaluation and labor market survey. He expressed understanding. He was encouraged to take breaks as needed, to stand, move about the area, visit the restroom and do whatever was necessary to be as comfortable as possible throughout the evaluation. He was encouraged to ask questions if he did not understand a question or was curious regarding the purpose of a question. He was encouraged not to answer any questions that made him uncomfortable.

Mr. Clark was neatly attired. He stood nine times. The times standing varied between 10 seconds to 3 minutes. He took 2 restroom breaks. He did not demonstrate any difficulties rising or returning to a seated position.

Mr. Clark maintained eye contact during the evaluation. He answered questions openly. He was able to provide information regarding his employment which consisted of 6 jobs. He recalled the date, time and address. He recalled his telephone number and social security number.

The evaluation concluded at 12:00 p.m.

RESULTS OF VOCATIONAL TESTING: The following tests were administered with results indicated.

Revised BETA Examination (BETA III): Mr. Clark was administered the revised Beta Examination for the appreciation of his nonverbal intelligence. Results of this examination are as follows:

Sum of scale scores	40
BETA IQ	86
Percentile	18.0

**Norm used: Ages 35-44 years*

His test results indicate an IQ representing "low average" intelligence. When his scores were calculated to include the Standard Error of Measurement (SEM) at a 95% confidence, the following confidence span of IQ ranges emerged: 77 through 95 (borderline to average).

Based upon the Beta, there is a 95% chance that Mr. Clark's nonverbal intelligence falls between the 77 to 95 point range.

Slosson Intelligence Test, Revised (SIT-R-3): Mr. Clark was administered the Slosson Intelligence Test for appreciation of his verbal intelligence. Results for this instrument are as follows:

Total Standard Score (TSS)	89
Percentile rank	25

**Norm used: Ages 18+ years of age*

Interpretation of data gated via the Slosson Intelligence test indicates Mr. Clark is functioning in the "Below Average" range of verbal intelligence. When using a confidence interval of 95%, Mr. Clark's Total Standard Score falls within the range of 80 to 98 (Below Average to Average).

There is a 95% chance that Mr. Clark's verbal intelligence falls within the 80 to 98 point range.

Wide Range Achievement Test (WRAT-4, Green):

Subtest/Composite	Raw Score	Standard Score	%ile Rank	Grade Equivalent
Word Reading	60	97	42	12.5
Sentence Comprehension	44	89	23	11.3
Math Computation	45	105	63	>12.9

**Norm used: Green age 35 through 44:11*

Mr. Clark read 2, 3, 4, 5 and 6 syllable words. He completed addition, subtraction, multiplication and division problems.

Self-Directed Search-Form R, 4th edition: Mr. Clark completed the Self-Directed Search in order to discover his pattern of vocational interests and competencies. His highest-ranking category of interest was Social: Individuals in this category tend to like social occupations such as teacher, counselor, nanny, librarian, speech therapist or home health aide. They usually like to be around other people, are interested in how people get

along and like to help other people with their problems. They typically like to help, teach and counsel people more than engage in mechanical or technical activities. The Social type is described as: convincing, cooperative, friendly, generous, helpful, idealistic, kind, patient, responsible, social sympathetic, tactful, understanding and warm.

His 2nd highest ranking area of interest was Investigate: Individuals in this category tend to like investigative occupations such as biologist surgeon, veterinarian, airplane pilot, translator, pharmacist or actuary. They usually have mathematical and scientific ability and like to work alone. They typically like to explore and understand things or events rather than persuade others. They are best described as: analytical, cautious, complex, critical, curious, independent, intellectual, introverted, methodical, modest, pessimistic, precise, rational and reserved.

His 3rd highest ranking area of interest was "Enterprising". Enterprising types typically like verbal interaction in groups or seminars and learning about the careers of people with similar interests; they are often willing to engage in brainstorming, networking and interviewing. These activities may be especially easy if a user is outgoing and sociable. Enterprising types may be energetic, competitive and motivated to succeed. However, at times they may move too quickly and may not adequately reflect on the information they gather about themselves and their options instead, they may prefer "doing" rather than "analyzing". Professionals can encourage a balanced approach by urging these types to consider data and facts and to employ a mix of tentativeness and impulsiveness in their decision making process. These users may find a written plan with goals and activities useful.

Individuals scoring highest with the SIE category or combinations of SIE (ISE, IES, SEI, EIS and ESI) combinations tend to be successful in positions indicated: psychiatric technician, probation and parole officer, district supervisor, safety manager, appraiser-governmental service, loan officer, dietetic technician and private investigator.

PHYSICAL LIMITATIONS/RETURN TO WORK GUIDELINES:

- On 1/02/13, Dr. Holbrook indicated: Has generally reached MMI as far as his low back is concerned. Could do light duty work. Has a 10% impairment to the whole person for his lumbar spine. Will schedule him an appointment to have his medicines evaluated by pain management to recommend a regimen of medicine to best help him with his ongoing back pain which could then be prescribed by his primary care physician. Work status: return to light work with restrictions on 1/03/13.
- On 1/08/13, Dr. Holbrook completed the 14B. MMI as of 1/02/13. Has sustained a 10% whole person loss of use of lumbar spine. Is able to return to work with the following restrictions: Light-duty work. Will need future medical care and treatment: one time evaluation by pain management to recommend a regiment of medicine to best help ongoing back pain.
- On 5/06/13, Columbia Rehabilitation Clinic, Inc. conducted a FCE. Meets the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing, bending and reaching. Does not tolerate occasional kneeling, squatting or twisting. Can lift from 7 to 15 pounds at various heights on an occasional basis. Can carry 12 pounds with 2 hands. Can carry 8 pounds in the right hand and 8 pounds in the left hand. Can push 20 pounds loaded in a sled and can pull 20 pounds loaded in a sled. Self-reported sitting and standing tolerance of 60 and 20 minutes respectively. Has a self-reported standing/walking tolerance of 60 minutes. Was observed to sit for a maximal time of 42 minutes and stand for a maximal time of 17 minutes. Was observed to stand/walk for a maximal time of 36 minutes. Treadmill test places him in the poor classification of Aerobic Capacity. Functional Aerobic Capacity

qualifies him for light work. Qualifies for limited sedentary to limited light work avoiding sitting and standing/walking for over 60 minutes at a given time. Does not tolerate occasional twisting, squatting or kneeling. Limited Sedentary: floor to waist-7 pounds; right hand carry 8 pounds, left hand carry-8 pounds. Limited light: 12 inch to waist-15 pounds. Waist to shoulder-13 pounds. Shoulder to overhead-11 pounds. Carry-2 handed: 12 pounds. Limited light: Push 20 pounds. Pull 20 pounds. 7/10/14-FCE. Can meet the demands of limited sedentary to limited light work. Tolerates occasional walking, stairclimbing and twisting. Does not tolerate occasional kneeling, squatting, bending or reaching. Can lift from 5 to 12 pounds at various heights on an occasional basis. Can carry 15 pounds with 2 hands. Can carry 9 pounds in the right hand and 9 pounds in the left hand. Can push 15.6 foot pounds loaded in a sled and can pull 14.2 foot pounds loaded in a sled. Self-reported sitting and standing/walking tolerance of 20 and 30 minutes respectively. Was observed to sit for a maximal time of 32 minutes and stand for a maximal time of 17 minutes. Observed to stand/walk for a maximal time of 38 minutes. Qualifies for limited sedentary to limited light work. Does not tolerate occasional bending, squatting, kneeling or reaching. Does not meet the full physical requirements necessary for sedentary or light work. Limited Sedentary: floor to waist-5 pounds; right hand carry 9 pounds, left hand carry-9 pounds. Sedentary: Shoulder to overhead-10 pounds. Limited light: 12 inch to waist-12 pounds. Waist to shoulder-12 pounds. Carry-2 handed: 15 pounds. Push 10 15.6 pound feet and pull 0 14-2 pound feet.

- On 5/09/13, Dr. Westerkam indicated in his IME: Appears to be at MMI. 13% spine impairment or 17% lumbar spine impairment. Symptoms do affect his back and his left leg as a result of the left L5 radiculopathy. Does qualify for work restrictions. FCE showed he was able to work in a limited sedentary/light work setting. Can stand and walk for 60 minutes at a time. Can sit up to 60 minutes at a time but must be allowed to alternate his position. Will need long-term pain management with Neurontin. Does not appear to need any further physical therapy. Would defer to spine surgeon concerning surgery.
- On 7/21/14, Dr. Westerkam indicated in is IME. Does appear to be at MMI. Qualifies for a 25% spine impairment which is equivalent to a 28% lumbar spine impairment. Agree with the most recent functional capacity evaluation done on July 10, 2014 by Tracy Hill. Appears to be able to work in a limited sedentary to limited light work category. Can occasionally walk, stair climb and twist. Cannot kneel, squat, bend or reach. Can carry up to 15 pounds. Maximum standing or walking is 38 minutes. Has not received treatment for the psychological issues that have resulted from his pain. Do not think he qualifies for an impairment rating. Would recommend to lessen his period of disability that he receive 6 cognitive behavioral training sessions and start on an antidepressant such as Cymbalta, which has some pain relieving qualities.
- On 7/23/14, Dr. Hutcheson indicated: Dr. Johnson does not feel further surgery would help and recommended a spinal cord stimulator trial. Will have ongoing back pain into his left hip and leg most likely for the rest of his life. Needs pain management that includes medications, injections targeting his pain and spinal cord stimulator trial. Will likely need further back surgery in the future given his retrolisthesis at L5/S1 with ongoing pain. With get DME to help his back pain and left future given his back pain and left leg weakness. Is at MMI from his lumbar spine from a pain management perspective. Recommend a repeat lumbar MRI to guide further treatment as he has not had a postop MRI to evaluate for scar tissues, stenosis, etc. Ongoing depression-will need psychological care provided by Dr. Tollison. Agree with FCE demonstrating limited sedentary restrictions. Impairment-25% WPI or 28% lumbar spine. Body parts affected include psychological, lumbar spine, sacroiliac joint/hip, left leg, left foot, right leg (loss of reflex from stenosis/surgery at L4/S1).

- On 12/04/15, Dr. Hutcheson completed an IME. See IME from 5/17/13 and 7/23/14. Assessment: Post laminectomy pain syndrome-lumbar. Reasonable to believe he will have pain for the remainder of his life. Still at MMI. Impairment, body parts and treatment plans are unchanged from last IME on 7/23/14. Spinal cord stimulation is the standard of care. If the trial is successful, he should be implanted.
- On 8/27/15, Dr. Storick indicated: Has reached MMI from a pain management perspective. Repeating the radiofrequency rhizotomy would be reasonable if he obtains at least a 50% improvement of 6 months or longer. Is hesitant to do frequent injections. Work status of light duty is appropriate.
- On 12/04/15, Dr. Hutcheson indicated in his 14B: MMI as of 12/04/15 for Lumbar spine. Affected body parts: back, left hip, left leg, left foot, nervous system, psychologist. Has sustained a 25% WPI-28% lumbar spine. Is able to return to work with the following restrictions: per FCE 7/10/14. Is unable to return to work at his current employment. Will need future medical care and treatment: meds, injections, imaging, AME, spinal cord stimulator, urine drug testing, 12-18 visits/year for pain control, psych care per Dr. Lind, neurosurgery care per Dr. Holbrook. All care needed.
- On 12/04/15, Dr. Gabr indicated: Has he reached MMI-yes. Permanent Impairment-lumbar regional spinal rating, WPI 23%. Permanent work restrictions-yes. Would require frequent work restrictions, no lifting more than 10 pounds, frequent change of position, sit/stand at times. No reach above head, no machinery or height. No vibratory equipment. Future medical care and treatment: most probably to reasonable degree, would require period spinal intervertebral epidural injection, candidate for spinal cord stimulator, medical management/physical. Opined: would require between 12-18/year and periodic physical therapy rhea once per year for 30 days, 2-3 times/week at times. Do you anticipate future medical care, medical treatment and/or medications-yes. If at MMI, what future prosthetics would be needed: recommend lumbar support brace. Recommend spinal cord stimulator trial. Would these prosthetic devices be necessary during the remainder of his lifetime-yes. Impairment rating a portion of impairment to his affected left leg due to lumbar radiculopathy-yes
- On 12/04/15, Dr. Gabr indicated in his IME: 14B. MMI as of 12/04/15. Has sustained a 23% medical impairment to lumbar injury and WPI for this. Lumbar radiculopathy, 23% WPI. Is unable to return to work at his current employment. Will need future medical and treatment: medical management spine including lumbar bracing. Periodic physical therapy between 12-18 visits per year. Should recommend spinal cord stimulator trial, if successful would recommend with implant. Life time medical care.
- On 1/15/16, Dr. Holbrook indicated: MMI as of 7/23/14. Has sustained a 20% medical impairment to whole person. 20% includes 10% previous given 1/02/13. Is able to return to work with the following restrictions-light duty. Will need future medical care and treatment: Will have him evaluated by Dr. Storick to optimize his medicines and for consideration of spinal cord stimulator.

After review of medical reports and my clinical interview, Mr. Clark's physical capacity range appears to fall within the sedentary to light physical demand work capacity according to his treating physician.

As a guideline, *The Dictionary of Occupational Titles, Volume 2, Fourth Edition, Revised 1991, US Department of Labor*, describes sedentary to light below as:

Sedentary Work – Exerting up to 10 pounds of force occasionally (1/3rd of time) and/or a negligible amount of force frequently (1/3rd to 2/3rd of time) to lift, carry, push or otherwise move objects. Involves sitting most of the time but may involve walking or standing for brief periods.

Light Work – Exerting up to 20 pounds of force occasionally, and/or 10 pounds of force frequently, and/or a negligible amount of force constantly (2/3rd or more of time) to move objects. Jobs are considered light work when it requires walking or standing to a significant degree, sitting most of the time but entails pushing and/or pulling of arm or leg controls, and working at a producing rate pace entailing constant pushing and/or pulling of materials even though the weight of materials is negligible.

According to his treating physicians, Mr. Clark would be able to perform sedentary to light duty work.

EMPLOYABILITY ANALYSIS: An OASYS Employability Skills Analysis was conducted to review Mr. Clark's work history, aptitudes and worker traits. The resulting profile identified the following for his previous work history.

Mr. Clark's specific vocational preparation profile is 3. This reflects 1 month and up to 3 months required time to learn the techniques, acquire the information and develop the facility needed for average job performance. General educational development (GED) levels reflect formal and informal education in his reasoning, language and mathematics skills. His GED levels were: Reasoning, Mathematics and Language were within the average range.

Work history strengths required Mr. Clark to exert physical demand levels of heavy work on average. He has been able to balance, kneel, crouch, taste/smell and accommodate occasionally. He has been able to stoop, talk, hear, use near acuity, far acuity, depth perception, color vision and field of vision frequently. He has been able to reach, handle and finger constantly.

Specifically, work history reflected the ability to understand instructions and underlying principles, to reason, to understand meanings of words and use them effectively and to comprehend language.

His work history indicated average aptitude in general learning ability, verbal aptitude, numerical aptitude, spatial aptitude, clerical aptitude, motor coordination, finger dexterity, manual dexterity and eye-hand-foot coordination.

Based on Mr. Clark's work history, previous work situations included the following: performing repetitive work, influencing people, attaining precise limits/tolerances and dealing with people. Work functions dealing with data included the following: compiling, computing, copying and comparing. Work functions dealing with people indicates: persuading, serving and taking-instructions-helping. Work functions dealing with things indicates operating-controlling, driving-operating and handling.

Given Mr. Clark's work history, aptitudes and transferable skills; he should be able to return to several jobs consistent with his post-injury profile. Some potential jobs, which capitalize on his experience and interests and accommodate his limitations, are listed below.

These positions may require a period of training, orientation and/or on-the-job preparation. His preliminary vocational profile indicates that he possesses the ability to adapt to new tasks and to follow verbal instructions and can, therefore, adapt to new work situations.

LABOR MARKET SURVEY (LMS) AND REVIEW: A labor market survey and review was completed to

determine whether jobs exist in the Columbia SC and surrounding areas that compliment Mr. Clark's abilities and limitations, given his education, physical status, transferable skills, worker traits and age.

Attention was given to part-time employment as well as full-time employment. An electronic search was conducted.

These are the job possibilities reviewed in the labor market survey, which are considered entry level or capitalize the work experience for him. These positions were found to be open or recently filled and reflect his abilities and aptitudes. Included are the following positions: ticket taker, box office cashier, garage cashier and attendance monitor. He can anticipate earnings ranging from \$7.25/hour up to \$8.50/hour for the Columbia, SC and surrounding areas.

POSITION	COMPANY	BRIEF DESCRIPTION	SALARY
Ticket Taker PT)	Regal Cinema-Simpsonville	Greet customers and receive ticket for entrance to movie theater. Direct customers to the correct room.	\$7.25/hour
Box Office Cashier (PT)	Regal Cinema-Simpsonville	Greet customers. Receive payment from customers in form of cash or card transactions for designated movie. Provide change and issue movie tickets.	\$7.25/hour
Ticket Taker	Regal Cinema-Lexington	Greet customers and receive ticket for entrance to movie theater. Direct customers to the correct room.	\$7.25/hour
Box Office Cashier	Regal Cinema-Lexington	Greet customers. Receive payment from customers in form of cash or card transactions for designated movie. Provide change and issue movie tickets.	\$7.25/hour
Garage Cashier	University of South Carolina	Process payments for hourly parking following established policies and procedures. Balance cash register/fee computer at end of shift following established policies and procedures. Process payments for hourly parking following established policies and procedures. Balance cash register/fee computer at end of shift following established policies and procedures. Monitor work area for safety and security concerns and report them to University Police Department. Monitor work area for cleanliness and housekeeping needs and report them to supervisor.	\$8.50/hour
Attendance Monitor	University of South Carolina	Attendance monitors are primarily responsible for monitoring student-athletes' class attendance. Responsibilities include completing daily attendance reports to be submitted to Attendance Monitor Program Coordinator. Integrity and promptness are two major requirements of this position; position is part time and schedule is based on employee's availability.	\$8.00/hour

Box Office Cashier	Columbiana Grande 14-Columbia	Greet customers. Receive payment from customers in form of cash or card transactions for designated movie. Provide change and issue movie tickets.	\$7.25/hour
Box Office Cashier	Columbia Cinema 7	Greet customers. Receive payment from customers in form of cash or card transactions for designated movie. Provide change and issue movie tickets.	\$7.25/hour

General information pertaining to these occupations, including wage estimates and numbers of positions in the Columbia, SC and surrounding areas follow:

**May, 2015 Metropolitan and NonMetropolitan Area Occupational Employment and Wage Estimates
Columbia, SC nonmetropolitan area, MSA, US Department of Labor, Bureau of Labor Statistics**

Occupation Title (number of positions)	Median Hourly	Mean Hourly	Mean Annually
Ushers, Lobby attendants and ticket takers (630)	\$8.34	\$8.23	\$17,120
Cashiers (10,250)	\$8.63	\$8.70	\$18,100
Teacher assistants (3,080)	No estimate provided	No estimate provided	\$24,280

A labor market analysis for the Columbia, SC Metropolitan and NonMetropolitan Area was completed. The unemployment rate for the Columbia, SC and surroundings area for February 2016 is 5.1%. The unemployment rate for the state of South Carolina for February 2016 is 5.6%. The unemployment rate for the nation for March 2016 was 5.0%.

CONCLUSIONS: Mr. Clark is a 41-year-old male who was employed as a packer/painter with Philips Electronics in Newberry, SC. On the day of his reported injury, he, along with a co-worker, was carrying a 27 foot cross arm. His co-worker lost his grip and then was able to catch the arm. Mr. Clark's end slipped and he was able to catch it before it hit the ground. While doing this, he reported experiencing "immediate excruciating pain". He reported the incident to the safety person. He told the safety guy he would wait to see how he felt. He continued working. Return to work guidelines were identified above. The evaluation was scheduled to begin at 9:00 a.m. but began at 8:30 a.m. as Mr. Clark arrived early. The evaluation concluded at 12:00 p.m.

Upon review of available medical records, education, employability analysis, labor market reviews, published data and review of his medical records, it is my opinion that he remains employable. This assumes he can work part-time (20 hours) or full-time (40 hours) employment. After review of available records Mr. Clark's physical capacity range appears to fall within the sedentary to light physical demand work capacity. He can anticipate earnings ranging from \$7.25/hour up to \$8.50/hour for the Columbia, SC and surrounding areas.

Although potential positions have been identified and recommended for Mr. Clark's consideration, prior to pursuing a new position, he may wish to contact his personal and/or treating physicians to clarify any concerns regarding essential functions.

Community services that may be beneficial for Mr. Clark in returning to work are: SC Vocational

Rehabilitation Department and SC Department of Employment and Workforce. Other employment opportunities may be available to him if he was able to keyboard and could perform some basic computer functions.

The above opinions are rendered with a reasonable degree of professional vocational certainty and are based upon my review of Mr. Clark's records, employability analysis, current labor market survey, education and experience. The above conclusions are based upon the information currently available to me. It is assumed that the information is factual and correct.

Should new information become available, I would be pleased to review and revise my findings and opinions, if indicated. The above-noted vocational information and employability analysis are provided as a general guide. If you have any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

Jan Westmoreland, M.Ed., CRC
(Signed Electronically)
Vocational Rehabilitation Consultant



**THE
DIRECTIONS
GROUP**

Case Management & Litigation Consulting

**EMPLOYABILITY ANALYSIS
AND
LABOR MARKET SURVEY**

DATE: July 18, 2016

RE: LAMAR CLARK
ADDRESS: [REDACTED]
Newberry, SC 29108

DOB: [REDACTED]
DOI: 7/20/2011

EFFERRAL INFORMATION: I was requested to review additional records to determine the impact it may have on Mr. Clark's employability.

ADDITIONAL INFORMATION:

In documentation dated 6/28/06, Work Activity Report-Employee, Mr. Clark indicated receiving a lawsuit settlement from Tile Depot in February 2007 in the amount of \$5,000. He sued for wrongful termination in a Civil Suit regarding an injury to his back.

According to additional records from Social Security Disability Examinations, these records indicated Mr. Clark had 2 prior Workers' Compensation claims prior to this present claim. He had applied for consideration for benefits on applications in 2008 and 2009. He claimed a back injury which he related to a muscle spasm. He reported in the statement that the illnesses, injuries or conditions that limit your ability to work were back problems, diabetic. During this job, he was loading cases of beer and carried the beer between 2 feet and 50 feet. He had a physical evaluation for Social Security which indicated a final impression: chronic left knee pain status post failed arthroscopy, 1993. Scoliosis with chronic mid and low back pain. Signed on 10/13/08.

In this report, Mr. Clark noted 2 years of college and approximate date completed. In my initial report as well as the opposing vocational report, Mr. Clark reported 1 year of college at Georgia Military College.

In a Disability Examination dated 7/01/09, he reported being unable to work due to left knee pain and low back pain which radiates up his back sometimes on his left side to his thoracic area. He injured his knee while playing football while in college. He noted injuring his back while working about 2 years ago but has never had any x-rays or any follow-up by a doctor. Lumbar x-rays showed mild decreased disc spaces between L5-S1; otherwise within normal limits. Impression: Low back pain. Left knee pain. He was determined to not be disabled.

In Dr. Holt's report of 8/21/14, it was noted that Mr. Clark had 2 years of college. That he was

in general studies at GA Military College where he played defensive for one year. He studied computer programing at Kaiser College.

Mr. Clark denied any other prior workers' compensation claims prior to this one in his deposition, May 22, 2013, but on his applications for Social Security, he had indicated prior issues.

RECORDS REVIEWED:

- Disability Report -8/13/08
- Ormond Medical Arts-Family Practice-David W. Carpenter, MD
- Ormond Medical Arts-Family Practice-Carlos M. Sanchez, MD
- Workers' Compensation-8/13/08
- Workers' Compensation-7/08/09
- David N. Holt, MD
- Deposition of Lamar Clark, 05/22/13

MEDICAL RECORDS SUMMARY:

- Ormond Medical Arts-Family Practice-David W. Carpenter, MD: 10/13/08-Presented for disability evaluation. Impression: Chronic left knee pain status post failed arthroscopy, 1993. Scoliosis with chronic mid and low back pain.
- Ormond Medical Arts-Family Practice-Carlos M. Sanchez, MD: 7/01/09-Disability evaluation. Reports the main reason he is unable to work is that he has left knee pain and low back pain which radiates up his back, sometimes on his left side to his thoracic area. X-rays lumbar spine: Mild decreased disc space between L5-S1, otherwise within normal limits. Impression: Low back pain. Left knee pain.
- David N. Holt, MD: 8/21/14-Social Security Disability Examination. He lists issues with his back, neck and Diabetes Mellitus. Impression: S/P 2 lumbar surgeries for DDD since its onset in 2011, with ongoing pain and the most recent MRI showing DDD also at the level above those repaired. S/P C4-5 discectomy and fusion with better result until return of pain this year. Diabetes mellitus, type 2, without major complications but not well controlled and demonstrating polydipsia today. Depression and Anxiety, mild to moderate, not yet treated but recommended. Persistent mild tachycardia throughout office visit. Typical daily activities include self-care, TV, Computer, Video games and reading his prayer book. Does not perform any household chores and shopping is done by leaning onto a push cart.

EDUCATIONAL BACKGROUND: Mr. Clark completed the 12th grade in 1992 at Seabreeze High School in Daytona, FL. He was in a regular classroom setting. He attended Georgia Military College for 1 year. Mr. Clark did not report the one year of computer programing he studied at Kaiser College as noted in Social Security reports as well as Dr. Holt's report.

LABOR MARKET SURVEY (LMS) AND REVIEW: A labor market survey and review was completed to determine whether jobs exist in the Columbia, SC and surrounding areas that compliment Mr. Clark's abilities and limitations, given his education, physical status, transferable skills, worker traits and age.

Attention was given to part-time employment as well as full-time employment. An electronic search was conducted.

These are the job possibilities reviewed in the labor market survey, which are considered entry level or capitalize the work experience for him. These positions were found to be open or recently filled and reflect his abilities and aptitudes. Included are the following positions: technical support service, implementation coordinator, customer service representative, security guard, tax support specialists, guests services representative and computer operator. An updated labor market survey was conducted. He can anticipate earnings ranging from \$8,320 per year for part-time employment up to \$40,000 per year for full-time employment in the Columbia, SC and surrounding areas.

POSITION	COMPANY	BRIEF DESCRIPTION	SALARY
Technical Support Service	Insite Support Services	Interact with customers to provide and process information in response to inquiries, concerns, and requests about products and services. Evaluating and analyzing the symptoms. Redirect problems to appropriate resource; Accurately process and record call transactions using a computer and designated tracking software; Offer alternative solutions where appropriate with the objective of retaining customers' and clients' business.	\$8.00-\$9.00/hour
Implementation Coordinator	General Information Services, Inc.	Interface with prospects to determine and document products/services desired and perform requirements analysis to ensure products/services are available.	\$30,000/year
Customer Service Representative	David Strawhorn - State Farm	Responsible for handling phone calls to schedule services. Enter data into computer. Develop leads, schedule appointments, identify customer needs, and market appropriate products and services. Service can include responding to inquiries regarding insurance availability, eligibility, coverages, policy changes, transfers, claim submissions and billing clarification.	\$30,000 to \$40,000/year
Customer Service Representative	Regional Finance	Data entry of loan applications and documents into RMC systems, take and process credit loan applications and use product knowledge to present loan solutions to current and potential customers. Maintain office cash with accuracy and proper security. Maintain correct amount of denominations of money in cash drawers daily. Minimize delinquent debt through appropriate account management activities.	\$36,000/year

		Receive, track, and post all payments and fees to customer accounts in compliance with Company Policy. Pull credit bureau files for review by management. Assist management in updating of daily logs and reports. Process mail as needed. Transport money and deposits to and from bank.	
Customer Service Representative (PT)	Long Drugs	Responsible for serving patients by checking their prescriptions out through the POS system. Answer the telephone, work with the drivers to coordinate prescription deliveries, stock shelves, etc.	\$8.00-10.00/hour
Customer Service	Richloom Home Fashions	Responsibilities include order entry and allocation as well as communication via phone and email with customers.	\$25,000/year
Security Guard	US Security Associates	Watches for irregularities, such as security breaches, facility and safety hazards and emergency situations. Contact emergency responders, such as police, fire, and/or ambulance personnel as required. Remains alert for the presence of unauthorized persons and/or security code violators; may approach suspicious person and/or notifies police as appropriate. Patrol assigned area on foot, on bicycle or in motor vehicle to ensure personal, building and equipment security. Prepares routine, standardized reports. Provides escorts as necessary. Informs and warns violators of rule infractions, such as loitering, smoking, or carrying forbidden articles.	\$9.00/hour; based on experience
Tax Support Specialist	Newberry County Treasurer's Office	Performs clerical work in support of the programs and activities of the Office of the Treasurer and provides professional customer service at all times. Performs related work as required.	\$26,759/year
Guest Service Representative	Extended Stay	Responsible for conducting courtesy calls within 20 minutes after guest check-in. Processes guest reservations, registrations, payments and departures. Handle collection efforts of all in house balances and notifies management of potential liabilities. Balance all cash, check, credit card and city ledger accounts through verification. Shift reports and performs audit functions if assigned.	\$23,000/year

Customer Service Representative	Check in 2 Cash	Developing and maintain strong customer relationships, assess needs and sell the appropriate products and services. This position involves sales and service desk activities as well as performing marketing functions.	\$26,000/year
Computer Operator	QS/1	Edit and maintain written batch procedures. Operate processing equipment. Procures and processes customer data, distribute as required. Works with batch production printer and helps maintain it. Work with batch mailing services and equipment and helps maintain it. Perform billing and record keeping duties. Perform batch processing checkout procedures. Perform some data entry and verification.	\$27,000/year

General information pertaining to these occupations, including wage estimates and numbers of positions in the Columbia, SC and surrounding areas follow:

May, 2015 Metropolitan and NonMetropolitan Area Occupational Employment and Wage Estimates Columbia, SC nonmetropolitan area, MSA, US Department of Labor, Bureau of Labor Statistics

Occupation Title (number of positions)	Median Hourly	Mean Hourly	Mean Annually
Customer Service Representative (9,890)	\$14.72	\$15.93	\$33,130
Security Guards (3,800)	\$11.01	\$12.17	\$25,310
Hotel, Motel and Resort Desk Clerks (730)	\$9.36	\$9.68	\$20,120
Office and Administrative Support Occupations (63,220)	\$15.12	\$16.38	\$34,080

A labor market analysis for the Columbia, SC Metropolitan and NonMetropolitan Area was completed. The unemployment rate for the Columbia, SC and surroundings area for May 2016 is 4.8%. The unemployment rate for the state of South Carolina for May 2016 is 5.6%. The unemployment rate for the nation for June 2016 was 4.9%.

CONCLUSIONS:

Mr. Clark remains employable, in my opinion. This assumes he can work part-time (20 hours) or full-time (40 hours) employment. He can anticipate earnings ranging from \$8,320 per year for part-time employment up to \$40,000 per year full-time for the Columbia, SC and surrounding areas.

Although potential positions have been identified and recommended for Mr. Clark's consideration, prior to pursuing a new position, he may wish to contact his personal and/or

treating physicians to clarify any concerns regarding essential functions.

As recommended in the initial employability analysis, community services that may be beneficial for Mr. Clark in returning to work are: SC Vocational Rehabilitation Department and SC Department of Employment and Workforce. As indicated in Mr. Clark's applying for Social Security, he has experienced prior back issues as well as issues with his diabetes. With the additional knowledge of a year at Kaiser College majoring in computer programing besides the year at the Military school, other potential employment opportunities were identified.

The above conclusions are based upon the information currently available to me. It is assumed that the information is factual and correct.

Should new information become available, I would be pleased to review and revise my findings and opinions, if indicated. The above-noted vocational information and employability analysis are provided as a general guide. If you have any questions or I may be of any additional assistance, please do not hesitate to contact me.

Respectfully submitted,

Jan Westmoreland, M.Ed., CRC
(Signed Electronically)
Vocational Rehabilitation Consultant



Social Security Administration

Atlanta Region

502 Robertson Blvd
Walterboro, SC 29488
www.socialsecurity.gov

February 19, 2016

Lueder Larkin and Hunter LLC
503 Wando Park Blvd
Suite 205
Mt Pleasant, SC 29464

RE: Lamar Clark

Ms. Brook Payne,

The following is information regarding Lamar Clark:

The claimant currently has no entitlement to Disability Benefits.

The claimant currently has no entitlement to Supplemental Security Income (SSI) Benefits.

The claimant currently has no entitlement to Medicare Benefits.

The claimant's last date of insured status is 12/31/2006.

The claimant last filed an application for Disability Benefits on 6/11/2012 and was denied. He last filed an application for SSI benefits on 6/30/2012 and was denied.

Enclosed is a copy of the claimant's electronic folder.

Thank you,


Victoria Vacchelli
District Manager
866-708-2810

(3367) ID/Prior Filings

Identifying Information

1. Name of person(s) on whose Social Security record(s) this claim is being filed:

Lamar Clark

His or Her Social Security Number(s): [REDACTED]

Name of Claimant (if different from above):

SSN (if different from above):

Gender: Male

Date of Birth: [REDACTED]

2. Claimant's Alleged Onset Date: 01/01/2012

3. Potential Onset Date (if different from above):

4. Reason for Potential Onset Date:

5. Explanation for Potential Onset Date, when applicable:

Miscellaneous Information

6. Protective Filing Date: 06/11/2012

Date Last Insured (DIB/Freeze case):

Closed Period Case: No

Prior Filing Information

7. Prior Filing(s): Yes

If "Yes" and you are not sending the prior folder, enter the following:

Type of prior claim(s):	DIB
SSN(s) of prior claim(s):	[REDACTED]
Date and level of last decision:	07/09/2009 Initial
Last Decision:	Denial
Date of prior termination (if applicable):	
Location of prior folder:	electronic
Prior folder requested:	No
Date requested:	

3367) Observations

1. Observations/Perceptions:

How was the Interview Conducted? No contact with claimant

Observations: Describe the claimant's behavior, appearance, grooming, degree of limitations, etc.
Internet claim

3367) Development

10. Development Initiated by FO:

A. Medical:

B. Other:

C. Forms to be completed by applicant and sent to the DDS:

SSA-3371;

SSA-3369:

Other:

11. Was medical evidence brought in to the FO by the claimant? No

12. Is DDS capability development needed? No

Remarks:

hillary.campbell@ssa.gov 8665269854 ext 19404 t2crt
baronda.gadson@ssa.gov 8665269854 ext 19412 t16cr

Name of Interviewer: H. Campbell

Phone Number: 866-526-9854 ext. 19404

Name of Person Completing Form: H. Campbell

Date: 06/13/2012

DISABILITY REPORT - ADULT - Form SSA-3368**EXHIBIT NO. 2E
PAGE: 1 OF 9**

(3368) Section 1 - Information About the Disabled Person

1.A Name Lamar Clark**1.B Social Security Number** [REDACTED]**1.C Mailing Address** [REDACTED]

NEWBERRY, SC 29108

1.D Email Address**1.E Daytime Telephone Number** 803-271-5860**1.F Alternate Phone Number****1.G Can you speak and understand English?** Yes

If "NO", what language do you prefer?

If you cannot speak and understand English, we will provide an interpreter, free of charge.

1.H Can you read and understand English? Yes**1.I Can you write more than your name in English?** Yes**1.J Have you used any other names on your medical or educational records?** No

If "YES", please list them here:

(3368) Section 2 - Contacts

Give the name of someone (other than your doctors) we can contact who knows about your medical conditions, and can help you with your claim.

2.A Name**2.B Relationship to you:****2.C Daytime Phone Number****2.D Mailing Address****2.E Can this person speak and understand English?**

If no, what language is preferred?

2.F Who is completing this report? Someone else (Complete the rest of Section 2 below)

2.G Name	SAMUEL H JETCOAT
2.H Relationship to Person Applying:	LEGAL REPRESENTATIVE OR ATTORNEY
2.I Daytime Phone Number	803-321-2321
2.J Mailing Address	PO BOX 397 NEWBERRY, SC 29108

EXHIBIT NO. 2E
PAGE: 2 OF 9

(3368) Section 3 - Medical Conditions

3.A List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

1. Back pain

3.B What is your height without shoes? 6' 5"

3.C What is your weight without shoes? 246 lbs.

3.D Do your conditions cause you pain or other symptoms? Yes

(3368) Section 4 - Work Activity

4.A Are you currently working?

No, I have stopped working (Go to question 4.C below)

IF YOU HAVE NEVER WORKED:

4.B When do you believe your condition(s) became severe enough to keep you from working (even though you have never worked)? (month/day/year)

IF YOU HAVE STOPPED WORKING:

4.C When did you stop working? (month/day/year)

01/01/2012

Why did you stop working?

Because of my condition(s).

4.D Did your condition(s) cause you to make changes in your work activity? (for example: job duties, hours or rate of pay)

No (Go to Section 5 - Education and Training)

4.E Since the date in 4.D above, have you had gross earnings greater than \$1010 in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

IF YOU ARE CURRENTLY WORKING:

4.F Has your condition(s) caused you to make changes in your work activity? (for example: job duties or hours)

4.G Since your condition(s) first bothered you, have you had gross earnings greater than \$1010 in any month? Do not count sick leave, vacation, or disability pay. (We may contact you for more information.)

Ex-C-516

(3368) Section 5 - Education and Training Information

5.A Circle the highest grade of school completed: **2 years of college**

Date completed: **1997**

5.B Did you attend special education classes? No (Go to 5.C)

5.C Have you completed any type of specialized job training, trade or vocational school?

No

(3368) Section 6 - Job History

6.A List the jobs (up to 5) that you had in the 15 years before you became unable to work because of your physical or mental conditions. List your most recent job first.

Check here and go to page 7 if you did not work at all in the 15 years before you became unable to work.

Job Title	Type of Business	Dates Worked		Hours Per Day	Days Per Week	Rate Of Pay	
		From mm/yy	To mm/yy			Amount	Frequency
FAST FOOD WORKER	FAST FOOD RESTAURANT	AUGUST 2010	DECEMBER 2010	6	5	\$7.50	Hour
PACKER	FIBERGLASS PLANT	MARCH 2012	DECEMBER 2012	8	5	\$9.97	Hour

Check the box below that applies to you.

I had more than one job in the last 15 years before I became unable to work. Do not answer the questions on this page; go to Section 7 on page 7. (We may contact you for more information.)

Do not complete this page if you had more than one job in the last 15 years before you became unable to work.

6.B Describe this job. What did you do all day?

EXHIBIT NO. 2E
PAGE: 4 OF 9

6.C In this job, did you:

Use machines, tools or equipment?

Use technical knowledge or skills?

Do any writing, complete reports, or perform any duties like this?

6.D In this job, how many total hours each day did you do each of the tasks listed:

Task	Hours	Task	Hours	Task	Hours
Walk		Stoop (Bend down & forward at the waist)		Handle large objects	
Stand		Kneel (Bend legs to rest on knees)		Write, type or handle small objects	
Sit		Crouch (Bend legs & back down & forward)		Reach	
Climb		Crawl (Move on hands & knees)			

6.E Lifting and carrying (Explain in the box below, what you lifted, how far you carried it, and how often you did this in your job):

6.F Check the heaviest weight lifted:

6.G Check weight frequently lifted (by frequently, we mean from 1/3 to 2/3 of the workday):

6.H Did you supervise other people in this job?

How many people did you supervise?

What part of your time did you spend supervising people?

Did you hire and fire employees?

6.I Were you a lead worker?

(3368) Section 7 - Medicines

7. Are you taking any medicines (prescription or non-prescription)?

Yes (Give the information requested below. You may need to look at your medicine containers.)

Name of Medicine	If prescribed, give name of doctor	Reason for medication
GABAPENTIN	JOHN HIBBITT'S DR, PALMETTO BONE AND JOINT	EXHIBIT NO. 2E PAIN
LISINAPRIL	EMMANUEL FAMILY CLINIC	HTN
LORTAB	THOMAS HOLBROOK DR, COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN
METFORMIN	EMMANUEL FAMILY CLINIC	DM
SOMA	THOMAS HOLBROOK DR, COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN
TRAMADOL	JOHN HIBBITT'S DR, PALMETTO BONE AND JOINT	PAIN

(3368) Section 8 - Medical Treatment

Have you seen a doctor or other health care professional or received treatment at a hospital or clinic, or do you have a future appointment scheduled:

8.A For any physical condition(s)?

Yes

8.B For any mental condition(s) (including emotional or learning problems)?

No

If you answered "No" to both 8.A and 8.B, go to Section 9 - Other Medical Information.

Tell us who may have medical records about any of your physical and/or mental condition(s) (including emotional or learning problems) that limit your ability to work. This includes doctors' offices, hospitals (including emergency room visits), clinics, and other health care facilities. Tell us about your next appointment, if you have one scheduled.

8.C Name of Facility or Office		EMMANUEL FAMILY CLINIC					
Name of health care professional who treated you		EXHIBIT NO. 2E PAGE: 6 OF 9					
ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.							
Phone Number		803-276-7978		Patient ID# (if known)			
Mailing Address		ATTN: MEDICAL RECORDS 2531 EVANS STREET #B NEWBERRY, SC 29108-0000					
Dates of Treatment							
1. Office, Clinic or Outpatient visits		2. Emergency Room visits List the most recent date first		3. Overnight hospital stays List the most recent date first			
First Visit	2010	A.		A. Date in		Date out	
Last Visit	JUNE 2012	B.		B. Date in		Date out	
Next scheduled appointment (if any)	NOT SCHEDULED	C.		C. Date in		Date out	
What medical conditions were treated or evaluated?							
PRIMARY CARE							
What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)							
MEDS, REFERRALS AS NECESSARY							
Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks.							
Check this box if no tests by this provider or at this facility.							
Kind of Test				Dates of Tests			

8.D Name of Facility or Office		PALMETTO BONE AND JOINT					
Name of health care professional who treated you		JOHN HIBBITTS DR					
ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.							
Phone Number		803-321-6254		Patient ID# (if known)			
Mailing Address		2605 KINARD STREET SUITE 105 NEWBERRY, SC 29108					
Dates of Treatment							
1. Office, Clinic or Outpatient visits		2. Emergency Room visits List the most recent date first		3. Overnight hospital stays List the most recent date first			
First Visit	2011	A.		A. Date in		Date out	
Last Visit	2012	B.		B. Date in		Date out	
Next scheduled appointment (if any)	NOT SCHEDULED	C.		C. Date in		Date out	

What medical conditions were treated or evaluated?

BACK PAIN

EXHIBIT NO. 2E

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

PAGE: 7 OF 9

MEDS, REFERRALS

Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks.

Check this box if no tests by this provider or at this facility.

Kind of Test

Dates of Tests

8.E Name of Facility or Office COLUMBIA NEUROSURGICAL ASSOCIATES

Name of health care professional who treated you THOMAS HOLBROOK DR

ALL OF THE QUESTIONS ON THIS PAGE REFER TO THE HEALTH CARE PROVIDER ABOVE.

Phone Number 803-794-3700

Patient ID# (if known)

Mailing Address 132 SUNSET COURT
WEST COLUMBIA, SC 29108

Dates of Treatment

1. Office, Clinic or
Outpatient visits

2. Emergency Room visits
List the most recent date first

3. Overnight hospital stays
List the most recent date first

First Visit	2012	A.		A. Date in		Date out	
Last Visit	2012	B.		B. Date in		Date out	
Next scheduled appointment (if any)	JULY 2012	C.		C. Date in		Date out	

What medical conditions were treated or evaluated?

BACK PAIN

What treatment did you receive for the above conditions? (Do not describe medicines or tests in this box.)

SURGERY, MEDS

Check the boxes below for any tests this provider performed or sent you to, or has scheduled you to take. Please give the dates for past and future tests. If you need to list more tests, use Section 11 - Remarks.

Check this box if no tests by this provider or at this facility.

Kind of Test

Dates of Tests

9. Does anyone else have medical information about any of your physical and/or mental condition(s) (including learning problems), or are you scheduled to see anyone else? (This may include places such as workers' compensation, vocational rehabilitation, insurance companies who have paid you disability benefits, prisons, attorneys, social service agencies and welfare.)

No (If you are receiving Supplemental Security Income (SSI) and have been asked to complete this report, go to Section 10 - Vocational Rehabilitation; if not, go to Section 11.)

EXHIBIT NO 1251

PAGE 8 OF 9

COMPLETE THIS SECTION ONLY IF YOU ARE ALREADY RECEIVING SSI.

(3368) Section 10 - Vocational Rehabilitation, Employment, or Other Support Services

10.A Have you participated, or are you participating in:

- An individual work plan with an employment network under the Ticket to Work Program;
- An individualized plan for employment with a vocational rehabilitation agency or any other organization;
- A Plan to Achieve Self-Support (PASS);
- An individualized education program (IEP) through a school (if a student age 18 - 21); or
- Any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

(3368) Section 11 - Remarks

Please write any additional information you did not give in earlier parts of this report. If you did not have enough space in the sections of this report to write the requested information, please use this space to tell us the additional information requested in those sections. Be sure to show the section to which you are referring.

CLAIMANT IS REPRESENTED BY ATTORNEY SAMUEL H JEFcoat. IF 1696 IS NOT ASSOCIATED WITH FILE, CONTACT ATTORNEY AT 803-321-2321 TO ARRANGE FOR RESUBMISSION OF REPRESENTATION DOCUMENTS. COMPLETED BY ATTORNEY WITH INFORMATION PROVIDED BY CLAIMANT. SEE MEDICAL RECORDS FOR DETAILS ON TESTS. PLEASE PROVIDE WHAT REPORT.

Date Report Completed

516

!

(Month)

(Day)

(Year)

Ex C 522

Form SSA-3368 EDCS

Disability Determination Explanation

EXHIBIT NO. 1A

PAGE: 1 OF 5

CLAIMANT INFORMATION

This Disability Determination Explanation is for the *DI* claim at the *Initial* level.

CLAIMANT INFORMATION

Name: Lamar Clark

SSN: [REDACTED]

Phone Number: [REDACTED]

Secondary Phone Number

Address:

Mailing	Residence
[REDACTED] NEWBERRY, SC 29108	[REDACTED] NEWBERRY, SC 29108

Claimant Gender: M

Self Reported Height: 77 inches

Self Reported Weight: 246.0 lbs

Special Indications: None.

RELEVANT DATES

Below table represents the Relevant Dates

Date of Birth	Current Age	AOD	Age at AOD	DFI	DLI	Age at DLI
[REDACTED]	37 years 8 months	01/01/2012	37 years	(Younger person)		

Does the individual have an attorney/appointed representative? Yes

Representative's name, address and phone number:

Samuel Harley Jefcoat
PO BOX 397
NEWBERRY, SC 29108
803-321-2321

ALLEGATIONS OF IMPAIRMENTS

The individual filed for Initial claim for disability on 06/30/2012 due to the following illnesses, injuries, or conditions:

Back pain

The individual alleges inability to function and/or work as of
01/01/2012

TECHNICAL ISSUES

EXHIBIT NO. 1A
PAGE: 2 OF 5

Is the individual working?
No

Is Presumptive Disability /Presumptive Blindness appropriate for this claim?
No

Prior Electronic Filings

Prior Electronic Filing	Claim Level	Claim Type	Status	Initial Application Filing Date	Protective Filing Date	Determination or Decision Date	AC Remand Date
1	Initial	DI	Closed	04/03/2009	04/03/2009	07/09/2009	
1	Initial	DIB	Closed	04/03/2009	04/03/2009	07/09/2009	
2	Initial	DIB	Closed	08/05/2008		10/24/2008	

Disclaimer: The Determination or Decision Date in the table above is propagated from the Decision Date field in eView, and may be later than the date on the Determination or Decision notice. A Determination or Decision (initial or revised) is final as of the date of the notice. Refer to DI 27501.001A for exceptions.

Alleged Onset Date:
01/01/2012

Has the individual performed work after the Alleged Onset Date(AOD)?
No

Has any period(s) of work been determined to be an Unsuccessful Work Attempt, Subsidized/Sheltered Work or involved Impairment-Related Work Expenses, or other technical issue?
No

EVIDENCE OF RECORD

The following initial evidence has been received

Source of Evidence	EMMANUEL FAMILY CLINIC
EF Received	07/11/2012
Opinion	No
Evidence Type	MER
Level	IN

Source of Evidence	PALMETTO BONE AND JOINT PA
EF Received	07/09/2012
Opinion	Yes
Evidence Type	MER
Level	IN
Opinion	1 of 1

Opinion Source Name	Daniel Sheehan MD	EXHIBIT NO. 1A PAGE: 3 OF 5
Opinion Date	01/25/2012	
Is the Opinion from an Acceptable Medical Source	Yes	
Type of Source Relationship	Treating Source	
Type of Opinion	Medical Opinion	

Record Source Statement

..allowed to perform modified duty work which is sedentary and with freq breaks.

CLAIM COMMUNICATIONS

No Claim Communications have been created.

CONSULTATIVE EXAMINATION(S) (CE)

Is a CE(s) required?
No

FINDINGS OF FACT AND ANALYSIS OF EVIDENCE

Analysis

Emmanuel for 9/19/11-6/7/12

6/12:notes MRI cspine shows bulging disc; c/o neck pain.

Palmetto Bone 9/21/11-2/1/12

2/12: c/o radicular sx down LLE; notes EMG shows L5 lft lumbar radiculopathy; notes MRI 10/11 shows disc herniation; 1/12 SLR neg; tenderness in l spine; DTR's decreased at lft knee;

416 - CASE ANALYSES

416-Case Analysis1

Indicate whether this 416-Case Analysis is for:
Current Evaluation

Subject:
physical IE

Details:

There is insufficient evidence to rate the severity of the clmt's impairments for the current period. There have been attempts to contact the clmt through the legal rep to get this info w/ no success. Further tx info is needed in order to assess the impairments. Therefore, the current rating is IE.
**see FOFAB

MC/PC or SDM Signature

Seham El-Ibiary, MD (019) 08/15/2012

Additional Allegations Exist:

diabetes, HTN

ADULT MEDICALLY DETERMINABLE IMPAIRMENTS (MDI)

Does the individual have one or more medically determinable impairments?

Yes

IMPAIRMENT DIAGNOSIS

4010 - Essential Hypertension

7150 - Osteoarthritis and Allied Disorders

PRIORITY

Secondary

Primary

SEVERITY

Non Severe

Non Severe

Does the individual have a combination of impairments that is severe?

No

ADULT MEDICAL DISPOSITION

Insufficient Evidence - There is insufficient evidence to evaluate the claim.

ASSESSMENT OF POLICY ISSUES

SYMPTOMS AND CREDIBILITY

Can one or more of the individual's medically determinable impairment(s) (MDI(s)) reasonably be expected to produce the individual's pain or other symptoms?

No

Explain why the medically determinable impairment(s) MDI(s) could not reasonably be expected to produce the symptom(s).

There is insufficient evidence to assess the credibility of the claimant's statements

WEIGHING OF OPINION EVIDENCE

The following displays Treating Sources with medical opinions:

Source of Evidence	Opinion Source Name	Level	Opinion Date	Weight
PALMETTO BONE AND JOINT PA	Daniel Sheehan MD	Initial	01/25/2012	

RESIDUAL FUNCTIONAL CAPACITY

No RFC/MRFC assessments are associated with this claim.

ASSESSMENT OF POLICY ISSUES - CONTINUED

RECONCILING OF SOURCE OPINION

This section has been considered but does not apply to this claim.

DETERMINATION

Based on the documented findings, select the determination:

Not Disabled

None of the ARs considered apply to this claim

EXHIBIT NO. 1A
PAGE: 5 OF 6

Is there medical evidence of DAA?

There is no evidence of any substance abuse disorder /DAA issue

REGULATION BASIS CODE

Regulation Basis Code:

N36-20CFR416.916-CLAIMANT AGE 18 OR OLDER

Personalized Decision Notice (PDN)

PDN Text:

see PDN in EF

SIGNATURES

ADULT MC/PC or SDM Signature

Seham El-Ibiary, MD (019) 08/15/2012

Disability Adjudicator/Examiner Signature:

Tenisha Lewis 08/15/2012

eCAT version: 7.3.26

Social Security Administration
Supplemental Security Income
Notice of Disapproved Claims

LAMAR CLARK
[REDACTED]

Date: 08/15/2012

Claim Number: [REDACTED]

NEWBERRY SC 29108

We are writing about your claim for Supplemental Security Income (SSI) payments. Based on a review of your health problems you do not qualify for payments on this claim. This is because you are not disabled or blind under our rules.

We have enclosed information about the disability and blindness rules and more details about the decision on your claim.

About the Decision

Doctors and other trained staff looked at your case and made this decision. They work for your State but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

If You Disagree with the Decision

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to complete a form SSA-561-U2, called "Request for Reconsideration". You may contact one of our offices or call 1-800-772-1213 to request this form. Or you may complete this form online at <http://www.socialsecurity.gov/disability/appeal>. Contact one of our offices if you want help.

Enclosure:

SSA Pub. No. 05-11008

Personalized Attachment

cc: SAMUEL H JEFICOAT

TLE/442

Claim No.: M51573

SSA-444-U3 (3/12)

See Next Page

SNO: 523

C16

Ex C 529

- In addition, you have to complete a "Reconsideration Disability Report - Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request the form. Or, you may complete this report online after you complete the online Request for Reconsideration.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made On Your SSI Claim." It contains more information about the appeal.

How the Appeal Works

You have the right to review the facts in your case. You can give us more facts to add to your file. Then we will decide your case again. You will not meet the person who will decide your case.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. So, if you disagree with this decision, you should ask for an appeal within 60 days.

If You Want Help with Your Appeal

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security Office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security Office at the number shown on page 1. We can answer most questions over the phone. You can also write or visit any Social Security Office. The office that serves your area is located at:

292 PROFESSIONAL PARK ROAD
CLINTON SC 29325
Telephone: (866) 526-9854

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Social Security Administration

RULES FOR SSI DISABILITY AND BLINDNESS

You must meet certain rules to qualify for SSI payments based on disability:

For Payment As A Disabled Adult

If you are age 18 or older your health problem must:

- Keep you from doing any kind of substantial work (described below), and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

For Payment As A Disabled Child:

If you are under age 18 your health problems must:

- Be as severe as those that would keep an adult from doing any kind of substantial work. This means that your health problems must limit you from doing things that other children the same age normally can do, to the extent required by our rules, and
- Last, or be expected to last, for at least 12 months in a row, or result in death.

You must meet certain rules to qualify for SSI payments based on blindness:

- Your eyesight must be no better than 20/200 in the better eye with the use of a correcting lens, or
- Your visual fields must be restricted to 20 degrees or less.

You can qualify for SSI benefits due to blindness even if you can do substantial work.

Information About Substantial Work

Generally, substantial work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. To decide if your work is substantial, we consider the nature of the job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we find that your work is substantial if your gross earnings average over \$800.00 per month after we deduct allowable amounts. Your work may be different than before your health problems began. It may not be as hard to do and your pay may be less. However, we may still find that your work is substantial under our rules.

If you are self-employed, we consider the kind and value of your work, including your part in the management of the business, as well as your income, to decide if your work is substantial.

TLE/442
Claim No.: M51573
SSA-L444-U3 (3/12)

INFORMATION ABOUT OTHER BENEFITS

Medicaid

An agency of your state will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with:

Department of Social Services

TLE/442

Claim No.: M51573

SSA-444-U3 (3/12)

ZAB

Social Security Administration

442/M51573

EXPLANATION OF DETERMINATION

Name of Claimant	NET's Name (if CDB or DWB Claim)	SSN	Type of Claim
LAMAR CLARK			DI

The following evidence, listed with receipt date, was used to decide this claim.

PALMITO BONE AND JOINT PA, 07/09/12
EMMANUEL FAMILY CLINIC, 07/11/12

Under the law, the applicant is responsible for furnishing evidence to support the claim. Although you have been requested to furnish additional evidence, you have not been able to do so. Therefore, a determination has been made based on the evidence in file. This evidence does not show that you are disabled.

You state you are disabled and unable to work due to back pain. You are not performing any substantial work now.

We have attempted several times to obtain information needed to fully evaluate the severity of your condition(s) and how your condition(s) may prevent you from performing all types of work. We have not been successful in obtaining the requested information from the source(s) needed. Therefore, this claim is denied.

TLE/
SNO:

Form SSA-4268-C4 (1-85)

DISABILITY REPORT - APPEAL - Form SSA-3441**EXHIBIT NO. 3E****PAGE: 1 OF 6**

(3441) Section 1 - Information About the Disabled Person

A. Name: Lamar Clark

B. Social Security Number: [REDACTED]

C. What is your daytime telephone number? (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.):

[REDACTED] Your number

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help you with your claim or case.

(3441) Section 2 - Information About Your Illnesses, Injuries, or Conditions

Date of Last Disability Report: 06/13/2012

A. Has there been any change (for better or worse) in your illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

B. Do you have any new physical or mental limitations as a result of your illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

C. Do you have any new illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

A. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for the illnesses, injuries, or conditions that limit your ability to work?

EXHIBIT NO. 3E
PAGE: 2 OF 6

Yes

B. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

No

C. List other names you have used on your medical records.

If you answered "NO" to both A and B, go to Section 4 - MEDICATIONS.

Tell us who may have medical records or other information about your illnesses, injuries, or conditions since you last completed a disability report:

D. List each Doctor/HMO/THERAPIST/OTHER. Include your next appointment.

Name:	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC			
Address:	2531 EVANS ST		Date First Visit:	2011
	NEWBERRY, SC 29108		Date Last Visit:	OCTOBER 2012
Phone:	803-276-7978	Patient ID # :		Next Appointment: NOT SCHEDULED
Reasons for Visits: PRIMARY CARE				
What treatment did you receive? MEDS, REFERRALS				
Name:	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL			
Address:	132 SUNSET COURT		Date First Visit:	MARCH 2012
	WEST COLUMBIA, SC 29169		Date Last Visit:	OCTOBER 2012
Phone:	803-794-3700	Patient ID # :		Next Appointment: LATE 2012
Reasons for Visits: NECK SURGERY				
What treatment did you receive? SURGERY				

E. List each Hospital/Clinic. Include your next appointment.

F. Since you last completed a disability report, does anyone else have medical records or information about your illnesses, injuries, or conditions (for example, Workers' Compensation, insurance companies, prisons, attorneys, or welfare agency), or are you scheduled to see anyone else?

No

If "YES," complete information below:

(3441) Section 4 - Medications

Are you currently taking any medications for your illnesses, injuries, or conditions? Yes

If "YES," please tell us the following: (Look at your medicine containers, if necessary.)

Name of Medicine	If Prescribed, Give Name of Doctor	Reason for Medicine	Side Effects You Have
LISINAPRIL	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	HTN	NONE
LORTAB	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL	PAIN	DROWSINESS
METFORMIN	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	DM	NONE
SOMA	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL	PAIN	DROWSINESS
VITAMIN D	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	SUPPLEMENT	NONE

(3441) Section 5 - Tests

Since you last completed a disability report, have you had any medical tests for illnesses, injuries, or conditions or do you have any such tests scheduled?

No

If "YES," please tell us the following: (Give approximate dates, if necessary.)

Kind of Test	When Was/Will Test Be Done? (Month, day, year)	Where Done (Name of Facility)	Who Sent You For This Test?

(3441) Section 6 - Updated Work Information

A. Have you worked since you last completed a disability report?

No

If "YES," you will be asked to give details on a separate form.

(3441) Section 7 - Information About Your Activities

A. How do your illnesses, injuries, or conditions affect your ability to care for your personal needs?

EXHIBIT NO. 3E

NO CHANGE: CLAIMANT REMAINS SEVERELY LIMITED IN HIS/HER ABILITIES TO FUNCTION. PAGE 6 OF 6

B. What changes have occurred in your daily activities since you last completed a disability report? (If none, show "None")

NO CHANGE: CLAIMANT REMAINS SEVERELY LIMITED IN HIS/HER ABILITIES TO FUNCTION.

(3441) Section 8 - Education/Training Information

Have you completed any type of special job training, trade or vocational school since you last completed a disability report?

No

If "YES," describe what type:

Approximate date completed:

(3441) Section 9 - Vocational Rehabilitation, Employment, Other Support Services Information, or Individualized Education Program

Since you last completed a disability report, have you participated, or are you participating in:

- an individual work plan with an employment network under the Ticket to Work Program;
- an individualized plan for employment with a vocational rehabilitation agency or any other organization;
- a Plan to Achieve Self-Support;
- an individualized education program through an educational institution (if a student age 18-21); or
- any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

No

If "Yes," complete the following information:

(3441) Section 10 - Remarks

Use this section for any additional information you did not show in earlier parts of this form. When you are finished with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

CLAIMANT IS REPRESENTED BY ATTORNEY SAMUEL H JEFFCOAT. IF 1696 IS NOT ASSOCIATED WITH FILE, CONTACT ATTORNEY AT 803-321-2321 TO ARRANGE FOR RESUBMISSION OF REPRESENTATION DOCUMENTS. COMPLETED BY ATTORNEY WITH INFORMATION PROVIDED BY CLAIMANT. SEE MEDICAL RECORDS FOR DETAILS ON TESTS.* This report was completed on the Internet using i3441 (Public) by: Report Completer Name: LAMAR CLARK Report Completer Address: NEWBERRY, SC 29108 Report Completer Phone Number: 803-271-5860 Report Completer Email Address: null Internet medical.

DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED ALL THE INFORMATION ON THIS FORM AND ON ANY ACCOMPANYING STATEMENTS OR FORMS, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANYONE WHO KNOWINGLY GIVES A FALSE OR MISLEADING STATEMENT ABOUT A MATERIAL FACT IN THIS INFORMATION, OR CAUSES SOMEONE ELSE TO DO SO, COMMITS A CRIME AND MAY BE SENT TO PRISON, OR MAY FACE OTHER PENALTIES, OR BOTH.

EXHIBIT NO. 3E
PAGE 6 OF 6

Signature of claimant or person filing on claimant's behalf (parent, guardian)	Date (Month, day, year)
Address (Number and street, city, state and ZIP code) NEWBERRY, SC 29108	e-mail Address (optional)

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

Signature of Witness	2. Signature of Witness
Address (Number and street, city, state and ZIP code)	Address (Number and street, city, state and ZIP code)

Disability Determination Explanation

EXHIBIT NO. 4A

PAGE: 1 OF 9

CLAIMANT INFORMATION

This Disability Determination Explanation is for the *DI* claim at the *Reconsideration* level.

CLAIMANT INFORMATION

Name: Lamar Clark

SSN: [REDACTED]

Phone Number: [REDACTED]

Secondary Phone Number

Address:

Mailing	Residence
[REDACTED]	[REDACTED]
NEWBERRY, SC 29108	NEWBERRY, SC 29108

Claimant Gender: M

Self Reported Height: 77 inches

Self Reported Weight: 246.0 lbs

Special Indications: None.

RELEVANT DATES

Below table represents the Relevant Dates

Date of Birth	Current Age	AOD	Age at AOD	DFI	DLI	Age at DLI
12/06/1974	37 years 11 months (Younger person)	01/01/2012	37 years (Younger person)			

Does the individual have an attorney/appointed representative? Yes

Representative's name, address and phone number:

Samuel Harley Jefcoat
PO BOX 397
NEWBERRY, SC 29108
803-321-2321

ALLEGATIONS OF IMPAIRMENTS

The individual filed for Initial claim for disability on 06/30/2012 due to the following illnesses, injuries, or conditions:

Back pain;

The individual alleges inability to function and/or work as of
01/01/2012

Has there been any change (for better or worse) in the illness, injuries, or conditions since last completing a disability report?

No

Have there been any new physical or mental limitations as a result of the illness, injuries, or conditions since last completing a disability report?

No

Have there been any new illnesses, injuries or conditions since last completing a disability report?

No

Does the prior determination substantively and technically resolve all pertinent adjudicative issues?

Yes

Has the individual worked since last completing a disability report?

No

Prior Electronic Filings

Prior Electronic Filing	Claim Level	Claim Type	Status	Initial Application Filing Date	Protective Filing Date	Determination or Decision Date	AC Remand Date
1	Initial	DI	Closed	04/03/2009	04/03/2009	07/09/2009	
1	Initial	DIB	Closed	04/03/2009	04/03/2009	07/09/2009	
2	Initial	DIB	Closed	08/05/2008		10/24/2008	

Disclaimer: The Determination or Decision Date in the table above is propagated from the Decision Date field in eView, and may be later than the date on the Determination or Decision notice. A Determination or Decision (initial or revised) is final as of the date of the notice. Refer to DI 27501.001A for exceptions.

Alleged Onset Date:

01/01/2012

Has the individual performed work after the Alleged Onset Date(AOD)?

No

Has any period(s) of work been determined to be an Unsuccessful Work Attempt, Subsidized/Sheltered Work or involved Impairment-Related Work Expenses, or other technical issue?

No

EVIDENCE OF RECORD

The following reconsideration evidence has been received

Source of Evidence	COLUMBIA NEUROSURGICAL ASSO
EE Received	10/26/2012
Opinion	No
Evidence Type	MER
Level	RC

Source of Evidence	EMMANUEL FAMILY CLINIC	535	Ex C 541
EE Received	10/26/2012		

Opinion	No	EXHIBIT NO. 4A PAGE: 3 OF 9
Evidence Type	MER	
Level	RC	

The following initial evidence has been received

Source of Evidence	EMMANUEL FAMILY CLINIC
EF Received	07/11/2012
Opinion	No
Evidence Type	MER
Level	IN

Source of Evidence	PALMETTO BONE AND JOINT PA
EF Received	07/09/2012
Opinion	Yes
Evidence Type	MER
Level	IN

Opinion	1 of 1
Opinion Source Name	Daniel Sheehan MD
Opinion Date	01/25/2012
Is the Opinion from an Acceptable Medical Source	Yes
Type of Source Relationship	Treating Source
Type of Opinion	Medical Opinion

Record Source Statement

..allowed to perform modified duty work which is sedentary and with freq breaks.

The following evidence has been requested:

Source of Evidence	EF Request Date	Level
Legal Representative	08/15/2012	IN
Claimant	08/15/2012	IN
Claimant	08/15/2012	IN
Claimant	08/15/2012	IN

CONSULTATIVE EXAMINATION(S) (CE)

Is a CE(s) required?

EXHIBIT NO. 4A
PAGE: 4 OF 9

No

FINDINGS OF FACT AND ANALYSIS OF EVIDENCE

Raconsideration Analysis

Emmanuel Family Clinic 09/19/12-10/1/12

9/19/12 fasting labs

10/1/12 blood work showed uncontrolled DM, low vit D levels BP 142/98

Columbia Neuro: 2/22/12-10/3/12

10/3/12: XR of C Spine showed satisfactory appearance of the construct at C5-6

Still some decreased ROM of the C and L spine. Some decreased sensation to pinprick over the distal left thumb and over the left medial foot. No focal motor deficit. Able to stand on toes, ambulates satisfactorily

MSS: He can do sedentary work at this time

Lexington Medical Center

9/5/12 Op note- anterior cervical discectomy with fusion and instrumentation, C5-6, harvesting for autograft

4/4/12 Op note- left L5-S1 herniated nucleus pulposus

Newberry County Hosp

6/1/12 MRI C spine- prominent left sided disc protrusion at C5-6 impressing on the exiting nerve root and cord. Slight increased signal is noted. No cord widening or mass. Degenerative changes with end plate osteophytic spurring causing some impression on the nerve roots

Palmetto Bone

1/25/12 EMG

Newberry PT and Sports Medicine 2/17/12-10/10/12

10/10/12-continue to have numbness into the left thumb and neck pain

C Spine AROM left rotation 33, right rotation 28, extension 20 and flexion 14

hand grip right 89lbs, left 49lbs

gross MMT to bilat UE's 5/5

Light touch sensation has decreased on the left UE throughout

416 - CASE ANALYSES

No 416-Case Analyses have been created.

MEDICALLY DETERMINABLE IMPAIRMENTS AND SEVERITY (MDI)

Additional Allegations Exist:

diabetes, HTN

ADULT MEDICALLY DETERMINABLE IMPAIRMENTS (MDI)

Does the individual have one or more medically determinable impairments?

Yes

IMPAIRMENT DIAGNOSIS

7240 - DDD (Disorders of Back-Discogenic and Degenerative)

4010 - Essential Hypertension

PRIORITY

Primary

Secondary

SEVERITY

Severe

Ex C 543

Non Severe

537

<u>Listing</u>	<u>Description</u>	<u>Subsection</u>
1.04	Spine Disorders	

ADULT MEDICAL DISPOSITION

RFC Assessment Necessary (Physical and/or Mental)

ASSESSMENT OF POLICY ISSUESSYMPTOMS AND CREDIBILITY

Can one or more of the individual's medically determinable impairment(s) (MDI(s)) reasonably be expected to produce the individual's pain or other symptoms?

Yes

Are the individual's statements about the intensity, persistence, and functionally limiting effects of the symptoms substantiated by the objective medical evidence alone?

Yes

WEIGHING OF OPINION EVIDENCE

The following displays Treating Sources with medical opinions:

Source of Evidence	Opinion Source Name	Level	Opinion Date	Weight
PALMETTO BONE AND JOINT PA	Daniel Sheehan MD	Initial	01/25/2012	Other

Explain how you weighed the opinion(s) above:

Reserved for the Commissioner

RESIDUAL FUNCTIONAL CAPACITYPHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENTRFC1

Indicate whether this Physical Residual Functional Capacity (RFC) assessment is for:
Current Evaluation

Does the individual have exertional limitations?

Yes

Rate the individual's exertional limitations:

Occasionally (occasionally is cumulatively 1/3 or less of an 8 hour day) lift and/or carry (including upward pulling):
20 pounds

Frequently (frequently is cumulatively more than 1/3 up to 2/3 of an 8 hour day) lift and/or carry (including upward pulling):
10 pounds

538

Ex C 544

About 6 hours in an 8-hour workday

Sit (with normal breaks) for a total of:

EXHIBIT NO. 4A
PAGE: 6 OF 9

About 6 hours in an 8-hour workday

Push and/or pull (including operation of hand and/or foot controls):
Unlimited, other than shown, for lift and/or carry

Explain exertional limitations and how and why the evidence supports your conclusions. Cite specific facts upon which your conclusions are based:

9/5/12 Op note- anterior cervical discectomy with fusion and instrumentation, C5-6, harvesting for autograft

4/4/12 Op note- left L5-S1 herniated nucleus pulposus

Does the individual have postural limitations?

Yes

Rate the individual's postural limitations:

Climbing Ramps/stairs: Occasionally

Climbing Ladders/ropes/scaffolds: Never

Balancing: Occasionally

Stooping (i.e., bending at the waist): Occasionally

Kneeling: Occasionally

Crouching (i.e., bending at the knees): Occasionally

Crawling: Occasionally

Explain postural limitations and how and why the evidence supports your conclusions. Cite specific facts upon which your conclusions are based:

10/3/12: XR of C Spine showed satisfactory appearance of the construct at C5-6

Still some decreased ROM of the C and L spine. Some decreased sensation to pinprick over the distal left thumb and over the left medial foot. No focal motor deficit. Able to stand on toes, ambulates satisfactorily

Does the individual have manipulative limitations?

No

Does the individual have visual limitations?

No

Does the individual have communicative limitations?

No

Does the individual have environmental limitations?

Yes

Rate the individual's environmental limitations: 539

Ex C 545

Extreme heat: Unlimited

Wetness: Unlimited

Humidity: Unlimited

Noise: Unlimited

Vibration: Unlimited

Fumes, odors, dusts, gases, poor ventilation, etc.: Unlimited

Hazards (machinery, heights, etc.): Avoid concentrated exposure

Explain environmental limitations and how and why the evidence supports your conclusions. Cite specific facts upon which your conclusions are based:
back px

RFC - Additional Explanation

In addition to the evidence documented on the FOFAB, HTN and DM show no EOD, medically managed with meds and not severe.

PT note indicated that the clmt continue to have numbness into the left thumb and neck pain. C spine AROM left rotation 33, right rotation 28, extension 20 and flexion 14, hand grip right 89lbs, left 49lbs, gross MMT to bilat UE's 5/5, light touch sensation has decreased on the left UE throughout. SEVERE

Clmt's statements are credible.

MSS: He can do sedentary work at this time, Dr. Holbrook is reserved for the Commissioner.

Evidence supports limitations given in this RFC.

MC/PC Signature

Matthew Fox, MD (010) 11/19/2012

ASSESSMENT OF POLICY ISSUES - CONTINUED

RECONCILING OF SOURCE OPINION

Are there medical source and/or other source opinions about the individual's limitations or restrictions which are more restrictive than your findings?

Yes

Select the source(s) that has provided an opinion(s) that is more restrictive than your findings:

Name: Daniel Sheehan MD

Level: Initial

Opinion Date: 01/25/2012

Creating Source: YES

EXHIBIT NO. 4A

PAGE: 8 OF 9

Opinion: Yes
Evidence Type: MER

Indicate how the source's opinion is more restrictive than your findings:

Source opinion is an issue reserved to the Commissioner.

ASSESSMENT OF VOCATIONAL FACTORS

ASSESSMENT OF THE INDIVIDUAL'S ABILITY TO PERFORM PAST RELEVANT WORK

A finding about the capacity for PRW has not been made. However, this information is not material because all potentially applicable Medical-Vocational Guidelines would direct a finding of "not disabled" given the individual's age, education, and RFC. Therefore, the individual can adjust to other work.

Past Relevant Work:

Past Relevant Work is expedited.

Additional Past Work Titles:

Job Title: PACKER
Start Date: MARCH 2012
End Date: DECEMBER 2012

Job Title: FAST FOOD WORKER
Start Date: AUGUST 2010
End Date: DECEMBER 2010

APPLICATION OF MEDICAL - VOCATIONAL RULES: Other Work

Past Relevant Work is expedited.

Is the individual limited to unskilled work because of the impairments?

No

Based on the seven strength factors of the physical RFC (lifting/carrying, standing, walking, sitting, pushing, and pulling), the individual demonstrates the maximum sustained work capability for the following:

LIGHT

The highest grade of school completed by the individual is:

14

Indicate the rule used to direct a determination or as a framework (20 CFR Pt. 404, Subpt. P, App. 2).
202.20 - Young HS Unskilled-None

Select one of the following:

Rule Used as a Framework

OR Select the appropriate Social Security Ruling (SSR):

EXHIBIT NO. 4A
PAGE: 9 OF 9

Addresser 209.587-010 SVP 2 Str. S
Weight Tester 539.485-010 SVP 2 Str. S
Call Out Operator 237.367-014 SVP 2 Str. S

Vocational Explanation:

A finding about the capacity for PRW has not been made. However, this information is not material because all potentially applicable medical-vocational guidelines would direct a finding of "not disabled", given the claimant's age, education, and RFC. Therefore, the claimant can adjust to other work.

DETERMINATION

Based on the documented findings, select the determination:

Not Disabled

Indicate which of the following Acquiescence Rulings are applicable
None of the ARs considered apply to this claim

Is there medical evidence of DAA?

There is no evidence of any substance abuse disorder/DAA issue

REGULATION BASIS CODE

Regulation Basis Code:

N32-20CFR416.920(g)-CLAIMANT AGE 18 OR OLDER

Personalized Decision Notice (PDN)

PDN Text:

see PDN in EF

SIGNATURES

Adult MC/PC Signature

Matthew Fox, MD (010) 11/19/2012

This reconsideration file has been thoroughly reviewed to ensure that the total evidence of record is sufficient and consistent to support the proposed determination.

Disability Adjudicator/Examiner Signature:

Yolanda I. Jones-Martin 11/19/2012

eCAT version: 7.3.50

Social Security Administration
Supplemental Security Income
Notice of Reconsideration

LAMAR CLARK

NEWBERRY SC 29108

Date: 11/19/2012

Claim Number: [REDACTED]

Reconsideration Filed: 10/03/12

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and Disability Examiner in the State Agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find that the previous determination denying your claim was proper under the law. Attached to this notice is an explanation of the decision we made on your claim and how we arrived at it.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Disability Adjudication and Review. If you want a hearing you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office or on the Internet at <http://www.socialsecurity.gov/disability/appeal>. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report - Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online after you complete the online Request for Hearing by Administrative Law Judge. Read the enclosed leaflet and the reverse of this notice for a full explanation of your right to appeal.

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. You might lose benefits if you file a new application instead of filing an appeal. Therefore, if you think this decision is wrong, you should ask for an appeal within 60 days.

Please get in touch with Social Security if you believe this decision is wrong or you have any questions or need more information. Most questions can be handled by phoning or writing any Social Security Office. If you visit a Social Security Office, please bring this notice with you. If the decision in your case is based on incorrect information, we will be happy to make whatever change is necessary.

Social Security Administration

Enclosure:

SSA Pub. No. 70-10281

Personalized Attachment

cc: SAMUEL H IEFCOAT

C16

Important: See page 2 for an explanation of your appeal rights and other information.

Form SSA-1130-U2 (3/12)

YJM/451

Claim No. M86464

SNO:

About Your Decision

Doctors and other trained staff looked at your case and made this decision. They work for your state but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

Your Right to Appeal

If you still are not satisfied with the decision, you may request a hearing of this decision by the Office of Hearings and Appeals. **YOU MUST REQUEST THE HEARING IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE.** If you cannot send us a written request for a hearing within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not conduct a hearing review of our decision unless you have a good reason for the delay.

If you request a hearing, your case will be assigned to an Administrative Law Judge of the Office of Hearings and Appeals. The Administrative Law Judge will let you know when and where your case will be heard.

The hearing proceedings are informal. The Administrative Law Judge will summarize the facts in your case, explain the law, and state what must be decided. You will have an opportunity to explain why you disagree with the decision made in your case, request to present additional evidence, and to have witnesses testify for you. You can also request the Administrative Law Judge to subpoena unwilling witnesses to appear for cross-examination and to bring with them information about your case. You have the right to request the Administrative Law Judge to issue a decision based on the written record without you appearing before him/her. If you decide not to appear at the hearing, you still have the right to submit additional evidence. The Administrative Law Judge will base the decision on evidence in your file plus new evidence submitted.

In having your case heard, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your Social Security Office for names of organizations that can help you.

Medicaid

An agency in your state will advise you about the Medicaid Program. If you have any questions about eligibility for Medicaid or need immediate medical assistance, you should get in touch with:

Department of Social Services

YJM/451
Claim No.: M86464
SSA-1130-U2 (3/12)
ARR

Samuel H. Jefcoat
Attorney at Law, LLC

November 20, 2012

Via Fax Only (866) 868-7952

**Disability Determination Services
Greenville Regional Office
Attention: Yolanda Jones-Martin, Disability Examiner
PO Box 3090
Greenville, South Carolina 29602**

**Re: Claimant: Lamar Clark
Ref. No: M86464**

Dear Ms. Jones-Martin:

Per your request, my office contacted Mr. Clark. Below is the information you requested.

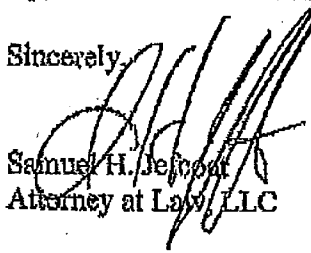
- 1) Need to know when and where Mr. Clark had cervical spine surgery.
Mr. Clark reports he had surgery in April and in September, 2012. Both surgeries were performed at:

**Lexington Medical Center
2720 Sunset Blvd.
West Columbia, SC 29169
803-791-2000**

Any requests for additional information about Mr. Clark should be made in writing through my office. We will be happy to contact him and answer any questions you may have.

Please do not contact our clients directly, and do not ask our clients to call you.

Sincerely,


Samuel H. Jefcoat
Attorney at Law, LLC

SHJ/jm

1501 Main Street • Post Office Box 397 • Newberry, South Carolina 29108
Phone: (803)321-2321 • Fax: (803)321-3991 • E-mail: Sam@SamJefcoat.com
www.SamJefcoat.com
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Ex C 551



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Barbara G. Hollis, Commissioner

Columbia Regional Office • P.O. Box 8000 • Columbia, SC 29202 • (864) 242-4000

Toll-free: (800) 868-1950 • Medical Information Fax: (866) 868-7952

October 25, 2012

SAMUEL H JEFCOAT
PO BOX 397
NEWBERRY SC 29108

RE: LAMAR CLARK
ADD: [REDACTED]
NEWBERRY SC 29108
Ref. No: M86464
DOB: [REDACTED]

Dear SAMUEL HARLEY JEFCOAT:

This agency has been asked by the Social Security Administration to make a disability determination on the above-named individual. Because you are the designated legal representative, we need your assistance.

NEED TO KNOW WHEN AND WHERE MR. CLARK HAD CERVICAL SPINE SURGERY. PLEASE RESPOND WITHIN 10 DAYS.

Please respond to this request within 10 days or a decision may be made on evidence in file. Please call if you have any questions.

Sincerely,

Yolanda Jones-Martin, Disability Examiner

YJM451
Claim No: M86464
cc: File



* 0 0 7 9 7 3 7 8 3 2 *

TDN: 0079737832

Enclosure: NONE
L22 (2/08)
DMA: Y

Request sent to: SAMUEL H JEFcoat
PO BOX 397
NEWBERRY SC 29108

RE: LAMAR CLARK
Ref. No: M86464

RETURN BY FAX TO SCDDS AT (866) 868-7952
This Page Must Be On Top of Your Response

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR RESPONSE.

- Mail response to address in box at right.



SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-8706

THIS PAGE MUST BE ON TOP OF YOUR RESPONSE.



YJM/451
Claim No.: M86464

FAXLR (1/07)

RQID:0079737832M86464 SITE:S87 DR:S
SSN:***** DOCTYPE:5030 RF:D CS:3b6f

TDN: 0079737832

WHOSE Records to be Disclosed

Form Approved
OMB No. 0980-0623

NAME (First, Middle, Last)

LAMAR CLARK

SSN

Birthday (mm/dd/yy)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s)

including, and not limited to:

- Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
- Gene-related impairments (including genetic test results)

2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.

3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.

4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ☒ Electronically Signed By:
LAMAR CLARK

IF not signed by subject of disclosure, specify basis for authority to sign

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed

01/04/13

Street Address

Phone Number (with area code)

City

NEWBERRY

State

SC

ZIP

29108

WITNESS I know the person signing this form or am satisfied of this person's identity:

SIGN ☐

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN ☐

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Ex C 554

Form SSA-827 (4-2009) of (04-2009) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2

(3367) ID/Prior Filings

Identifying Information

1. Name of person(s) on whose Social Security record(s) this claim is being filed:

Lamar Clark

His or Her Social Security Number(s): [REDACTED]

Name of Claimant (if different from above):

SSN (if different from above):

Gender: **Male**

Date of Birth: [REDACTED]

2. Claimant's Alleged Onset Date: **01/01/2012**

3. Potential Onset Date (if different from above):

4. Reason for Potential Onset Date:

5. Explanation for Potential Onset Date, when applicable:

Miscellaneous Information

6. Protective Filing Date:

Date Last Insured (DIB/Freeze case):

Closed Period Case:

Prior Filing Information

7. Prior Filing(s):

If "Yes" and you are not sending the prior folder, enter the following:

(3367) Presumptive

The Presumptive Disability page details are not being displayed here because there is no initial level SSI claim on this case.

(3367) Observations

9. Observations/Perceptions:

(3367) Development

10. Development Initiated by FO:

A. Medical:

B. Other:

C. Forms to be completed by applicant and sent to the DDS:

SSA-3371:

SSA-3369:

Other:

11. Was medical evidence brought in to the FO by the claimant? No

12. Is DDS capability development needed? No

Remarks:

T-16 baronda.gadson@ssa.gov 866-526-9854 ext 19412

Name of Interviewer: B. Gadson

Phone Number: 866-526-9854 ext. 19412

Name of Person Completing Form:

Date:

Form SSA-3367 EDCS

DISABILITY REPORT - APPEAL - Form SSA-3441**EXHIBIT NO. 5E****PAGE: 1 OF 6**

(3441) Section 1 - Information About the Disabled Person

A. Name: Lamar Clark

B. Social Security Number: [REDACTED]

C. What is your daytime telephone number? (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.):

[REDACTED] Your number

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help you with your claim or case.

(3441) Section 2 - Information About Your Illnesses, Injuries, or Conditions

Date of Last Disability Report: 10/04/2012

A. Has there been any change (for better or worse) in your illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

B. Do you have any new physical or mental limitations as a result of your illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

C. Do you have any new illnesses, injuries, or conditions since you last completed a disability report? No

If "YES," please describe in detail:

Approximate date the changes occurred:

(3441) Section 3 - Information About Your Medical Records

A. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for the illnesses, injuries, or conditions that limit your ability to work?

EXHIBIT NO. 5E
PAGE: 2 OF 6

Yes

B. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

No

C. List other names you have used on your medical records.

If you answered "NO" to both A and B, go to Section 4 - MEDICATIONS.

Tell us who may have medical records or other information about your illnesses, injuries, or conditions since you last completed a disability report:

D. List each DOCTOR/HMO/THERAPIST/OTHER. Include your next appointment.

Name:	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC				
Address:	2531 EVANS ST NEWBERRY, SC 29108		Date First Visit:	2011	
			Date Last Visit:	2012	
Phone:	803-276-7978	Patient ID # :		Next Appointment:	2013
Reasons for Visits: PRIMARY CARE What treatment did you receive? MEDS					

Name:	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL ASSOCIATES				
Address:	132 SUNSET COURT WEST COLUMBIA, SC 29127		Date First Visit:	2012	
			Date Last Visit:	2013	
Phone:	803-794-3700	Patient ID # :		Next Appointment:	NOT SCHEDULED
Reasons for Visits: FOLLOW UP FROM SURGERY What treatment did you receive? MEDS & REFERRAL TO PAIN MANAGEMENT					

E. List each Hospital/Clinic. Include your next appointment.

F. Since you last completed a disability report, does anyone else have medical records or information about your illnesses, injuries, or conditions (for example, Workers' Compensation, insurance companies, prisons, attorneys, or welfare agency), or are you scheduled to see anyone else?

No

If "YES," complete information below:

(3441) Section 4 - Medications

Are you currently taking any medications for your illnesses, injuries, or conditions? Yes

If "YES," please tell us the following: (Look at your medicine containers, if necessary.)

Name of Medicine	If Prescribed, Give Name of Doctor	Reason for Medicine	Side Effects You Have
EXTORGE	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	HTN	NONE
GABAPENTIN	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN	SLUGGISHNESS
METFORMIN	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	DM	NONE
NAPROXEN	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN	STOMACH UPSET
SOMA	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN	DROWSINESS AND CONSTIPATION
ULTRAM	THOMAS HOLBROOK Dr., COLUMBIA NEUROSURGICAL ASSOCIATES	PAIN	NONE
VITAMIN D	JORGE GARCIA Dr., EMMANUEL FAMILY CLINIC	SUPPLEMENT	NONE

(3441) Section 5 - Tests

Since you last completed a disability report, have you had any medical tests for illnesses, injuries, or conditions or do you have any such tests scheduled?

No

If "YES," please tell us the following: (Give approximate dates, if necessary.)

Kind of Test	When Was/Will Test Be Done? (Month, day, year)	Where Done (Name of Facility)	Who Sent You For This Test?

(3441) Section 6 - Updated Work Information

A. Have you worked since you last completed a disability report?

No

If "YES," you will be asked to give details on a separate form.

EXHIBIT NO. 6E

PAGE: 4 OF 6

(3441) Section 7 - Information About Your Activities

A. How do your illnesses, injuries, or conditions affect your ability to care for your personal needs?

NO CHANGE: CLAIMANT REMAINS SEVERELY LIMITED IN HIS/HER ABILITIES TO FUNCTION.

B. What changes have occurred in your daily activities since you last completed a disability report? (If none, show "None")

NO CHANGE: CLAIMANT REMAINS SEVERELY LIMITED IN HIS/HER ABILITIES TO FUNCTION.

(3441) Section 8 - Education/Training Information

Have you completed any type of special job training, trade or vocational school since you last completed a disability report?

No

If "YES," describe what type:

Approximate date completed:

(3441) Section 9 - Vocational Rehabilitation, Employment, Other Support Services Information, or Individualized Education Program

Since you last completed a disability report, have you participated, or are you participating in:

- an individual work plan with an employment network under the Ticket to Work Program;
- an individualized plan for employment with a vocational rehabilitation agency or any other organization;
- a Plan to Achieve Self-Support;
- an individualized education program through an educational institution (if a student age 18-21); or
- any program providing vocational rehabilitation, employment services, or other support services to help you go to work?

No

If "Yes," complete the following information:

(3441) Section 10 - Remarks

Use this section for any additional information you did not show in earlier parts of this form. When you are finished with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there. **EXHIBIT NO. 5E**
COMPLETED BY ATTORNEY WITH INFORMATION PROVIDED BY CLAIMANT. SEE MEDICAL RECORDS FOR DETAILS ON TESTS.* **PAGE: 5 OF 6**
This report was completed on the Internet using i3441 (Public) by: Report
Completer Name: LAMAR CLARK Report Completer Address: 135 CALVARY LANE, NEWBERRY, SC 29108
Report Completer Phone Number: 803-271-5860 Report Completer Email Address: null Internet medical form
submitted on: 01/04/2013

DECLARATION OF TRUTH
I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED ALL THE INFORMATION ON THIS DOCUMENT AND ANY
ACCOMPANYING STATEMENTS OR FORMS, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT ANYONE WHO KNOWINGLY GIVES A FALSE OR MISLEADING STATEMENT ABOUT A MATERIAL FACT
IN THIS INFORMATION, OR CAUSES SOMEONE ELSE TO DO SO, COMMITS A CRIME AND MAY BE SENT TO PRISON, OR MAY
FACE OTHER PENALTIES, OR BOTH.

Signature of claimant or person filing on claimant's behalf (parent, guardian)	Date (Month, day, year)
Address (Number and street, city, state and ZIP code) NEWBERRY, SC 29108	e-mail Address (optional)

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, city, state and ZIP code)	Address (Number and street, city, state and ZIP code)

July 3, 2012, 11:25

PAGE 1

CLAIMANT: [REDACTED] LAMAR CLARK

LAMAR CLARK

[REDACTED]
NEWBERRY, SC 29108

APPLICATION SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

On July 3, 2012, you applied for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your application electronically in our records.

What You Need To Do

- o Review this summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you should keep this summary for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after receiving this summary to let us know.

o IDENTIFICATION

My name is LAMAR CLARK. My social security number is [REDACTED].

My date of birth is [REDACTED].

I have not used any other name or social security number(s).

I am not blind.

I am disabled. My disability began on January 1, 2012.

I was not disabled prior to age 22.

I am a United States citizen by birth.

I never lived outside the United States.

I have been in the United States at all times since May 31, 2012.

I am not married now.

o FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

CLAIMANT: [REDACTED] LAMAR CLARK

The following statements describe my fugitive felon/parole or probation violator status as of June 30, 2012.

I have not been accused or convicted of a felony or an attempt to commit a felony.

I am not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

The following statements describe my living arrangements as of June 1, 2012.

I began living at 135 CALVARY LN, NEWBERRY, SC 29108 on July 1, 2010.

I live in a house/apartment/mobile home/houseboat.

I do not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

The household consists of the following people:

NAME	RELATIONSHIP	AGE OR BIRTHDATE	BLIND OR DISABLED	MARRIED	STUDENT
L CLARK	Claimant	[REDACTED]	Yes		No
T KINARD	Non-Relative	[REDACTED]	No	No	No
A SANDERS	Non-Relative	[REDACTED]	No	No	Yes

Not all of the people I live with get public assistance.

TEKESHA KINARD owns or is buying the home where I live.

There is no mortgage.

I do not buy food separately from the other household members.

I do not eat all of my meals out.

I do not make payments toward the household expenses.

I am not receiving any food or shelter from the people I live with for which I have an agreement to repay.

There have not been any changes in my living arrangements.

I do not expect these arrangements to change.

o RESOURCES

This report of resources is valid for any and all SSI claims in which I am involved.

I own the following from June 1, 2012 to continuing:

CLAIMANT: [REDACTED] LAMAR CLARK

Automobile:

Vehicle: 94 FORD THUNDERBIR

This vehicle is used for transportation.

Value: \$1,000.00 From: June 2012 To: June 2012

Truck:

Vehicle: 83 GMC SIERRA

This vehicle is used for NOT RUNNING.

Value: \$1,000.00 From: June 2012 To: June 2012

Life insurance:

Company name: BLUECROSS BLUESHIELD

Policy number: unknown

Date purchased: unknown

Face value: \$100,000.00

Checking account:

Financial institution name: BB&T FINANCIAL, FSB

Value: \$53.00 From: June 2012 To: continuing

Savings account:

Financial institution name: BB&T FINANCIAL, FSB

Value: \$0.00 From: June 2012 To: continuing

I do not own any other type of resource.

o INCOME

This report of income is valid for any and all SSI claims in which I am involved.

I do not receive any type of income.

o ELIGIBILITY FOR OTHER BENEFITS

I have never worked for the railroad, a Federal, State or local government, or an employer with a pension plan. I never belonged to a union with a pension plan. I have never been in the military service or done work that was covered under the Social Security system or a pension plan of a country other than the United States.

Also, I am not eligible for any other benefits because of the work experience of my parents, spouse, or former spouse.

CLAIMANT: [REDACTED] LAMAR CLARK

I do not currently get food stamps.

o MEDICAID

You may be eligible for Medicaid. However, you must help your State identify other sources that may pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who are your legal responsibility. This includes information to help the State determine who a child's father is.

If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid agency.

o MEDICAL ASSISTANCE

I agree that any payments from sources responsible for paying for medical care will go to the State if Medicaid already has paid for this care.

I have health insurance that pays towards the cost of my medical care.

o PERMISSION TO CONTACT FINANCIAL INSTITUTIONS FOR LAMAR CLARK

We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, or (3) your eligibility for SSI terminates. If you do not give or cancel your permission you will not be eligible for SSI and we will deny your claim or stop your payments.

I give SSA permission to contact any financial institution and request any financial records that financial institution may have about me.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

July 3, 2012, 11:25

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CLAIMANT: [REDACTED] LAMAR CLARK

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

You must report any change within 10 days after the end of the month it occurs. If you don't, a penalty amount may be deducted from your benefit.

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.

If you have a question or something to report, call 866-526-9854 Ext 19409 and ask for THERON DRAYTON. If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
292 PROFESSIONAL PK RD
CLINTON SC 29325

We will process this application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within 90 to 120 days after you have given us all the information we requested. Some claims may take longer if we need more information. If you do not get a payment or a letter by then, please get in touch with us.

HELPFUL HEALTH CARE WEBSITES

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

Are You Uninsured For Healthcare? Do You Have A Pre-Existing Condition?

You may be eligible for the Pre-Existing Condition Insurance Plan- a program for people who have a pre-existing condition and have been without health coverage for at least six months. For more information, you can call toll free: 1-866-717-5826 (TTY 1-866-561-1604), or you can go to "Find Your State" at www.pcip.gov to find out whether you might be eligible and how to apply.

July 3, 2012, 11:25

CLAIMANT: [REDACTED] LAMAR CLARK

REPORTING RESPONSIBILITIES FOR SUPPLEMENTAL SECURITY INCOME

The amount of a Supplemental Security Income payment is based on the information told to us. You must tell Social Security every time there is a change while we process this application AND if you start receiving Supplemental Security Income.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible spouse who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own. Report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future payments.

HOW TO REPORT CHANGES FOR SUPPLEMENTAL SECURITY INCOME

You can make your reports by telephone at the telephone number shown or you may report in person or by mail at the address shown. Always give the Social Security number when writing or telephoning us. If you have any questions, we will be glad to help you. See "Changes to Report for Supplemental Security Income".

CHANGES TO REPORT FOR SUPPLEMENTAL SECURITY INCOME

WHERE YOU LIVE -- You must report to Social Security if:

- o You move.
- o You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- o You are no longer a legal resident of the United States.
- o You leave the United States for 30 days or more.
- o You are admitted to, for a calendar month or longer, or released from a hospital, nursing home, prison or other institution.

July 3, 2012, 11:25

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CLAIMANT: [REDACTED] LAMAR CLARK

HOW YOU LIVE -- You must report to Social Security:

- o If someone moves into or out of your household.
- o If the amount of money you pay toward household expenses changes.
- o Births and deaths of any people with whom you live.
- o Your marital status changes:
 - You get married.
 - Your marriage ends in divorce or is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
 - Your spouse or former spouse dies.

INCOME -- You must report to Social Security if:

- o The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- o You start work or stop work.
- o Your earnings go up or down.
- o You become eligible for benefits other than SSI.

HELP YOU GET FROM OTHERS -- You must report to Social Security if:

- o The amount of help (money, food or payment of household expenses) you receive goes up or down.
- o Someone stops helping you.
- o Someone starts helping you.

THINGS OF VALUE THAT YOU OWN -- You must report to Social Security if:

- o The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and living with your spouse).
- o You sell or give any things of value away.
- o You buy or are given anything of value.

YOU ARE BLIND OR DISABLED -- You must report to Social Security if:

- o Your condition improves or your doctor says you can return to work.
- o You go to work.

July 3, 2012, 11:25

PAGE 8

CLAIMANT: [REDACTED] LAMAR CLARK

IF A WARRANT HAS BEEN ISSUED FOR YOUR ARREST -- You must report to Social Security if:

- o You have a felony warrant for your arrest.
- o You have a Federal or State warrant for a parole or probation violation.

July 3, 2012, 11:25

CLAIMANT: [REDACTED] LAMAR CLARK

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide us will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information may keep us from making an accurate and timely decision on your claim, which in turn may result in loss of some payments.

We rarely use the information you supply for any purpose other than for determining eligibility for SSI. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0103, Supplemental Security Income Record and Special Veterans Benefits, and also in System of Records Notice 60-0089, Claims Folder Systems. The Notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

July 3, 2012, 11:25

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CLAIMANT: [REDACTED] LAMAR CLARK

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.



SOCIAL SECURITY ADMINISTRATION

EXHIBIT NO. 6B

PAGE: 16 OF 18

Refer To:

Lamar Clark

Office of Disability Adjudication and Review
Suite 200

300 University Ridge

Greenville, SC 29601

Tel: (866)827-6721 / Fax: (864)467-1690

April 24, 2014

Carey A Washington
245 Business Park Blvd
Columbia, SC 29203

Dear Carey A Washington:

The claimant named below has an application pending for disability benefits. A hearing for the claimant is scheduled, date and time shown below.

Name of Claimant: Lamar Clark

Birth date:

SSN:

Date and Time: Wednesday, June 25, 2014 at 11:30 AM Eastern (ET)

You are requested to appear and give testimony as a vocational expert in the above hearing.

Address: 115 Enterprise Court
Ste. D
Greenwood, SC 29649

Your testimony will primarily cover the following period:

January 1, 2012 through the present.

Your presence throughout the hearing is desired since your testimony will be based, in part, on the testimony given by the claimant and any other witnesses, including a medical advisor if needed. Copies of the pertinent exhibits (and a list of these exhibits) tentatively selected for inclusion in the record of this case will be mailed under separate cover if not enclosed with this notice. Please bring this material to the hearing.

For additional information concerning your testimony, please see the attachment to this form letter.

Your charges for this service should be submitted in accordance with your contract with the Social Security Administration.

Sincerely yours,

Ann G. Paschall
Administrative Law Judge

Enclosures

SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW

PRE-HEARING BRIEF

Attorney: Samuel H. Jefcoat

Claimant: Lamar Clark

Soc. Sec. No.: [REDACTED]

AOD: 01/01/12 Date of Birth: [REDACTED] Age at time of Amended AOD: 37 years Current Age: 39 years

Filing Date/ Amended AOD: 06/30/12 DLI: N/A - SSI only

Ed: 2 years college Can Read: LTD. ☒ Y ☐ N Write: LTD. ☒ Y ☐ N

Attended Special Ed Classes: Y ☒ N ☐ Ex:

A. Is claimant asking for a closed period? Y ☒ N ☐ If yes, specify the period:

B. Claimant alleges the following severe impairments:

Impairment

1. Chronic neck and back pain secondary to multiple disc herniations: s/p microdiscectomy (L5-S1) on 04/04/12; anterior cervical discectomy (C5-C6) on 09/05/12; and microdiscectomy (L4-L5) on 09/25/13.

C. Claimant alleges the following non-severe impairments, which should be considered with the above:

Impairment

1. DM
2. Essential HTN

D. Claimant alleges the following mental impairments:

Impairment

E. Claimant has the following non-exercitonal limitations

Limitations

1. Claimant cannot sit, stand, & walk for a total of more than 6 hours total in a normal 8-hour working day.
2. Claimant's experience of pain & other symptoms is severe & frequent enough to interfere with the attention required to perform unskilled work more than 20% of a normal 8-hour working day.
3. Claimant would be absent from work 3 or more times per month due to health problems.

F. Claimant's treating/consultative physician(s) has placed the following restrictions on Claimant. (Specify the restrictions and identify the exhibit number(s) which specifies the restriction)

1. Dr. : Specialty:
Restriction(s): Exhibit:

G. Claimant's treating/consultative physician has indicated that Claimant is disabled?

☒ Y

N

Claimant has not been released to return to regular work duties.

H. Does Claimant meet or equal a listed impairment? If yes, specify which and the precise exhibits/evidence to support such a finding.

☒ Y

N

Claimant meets or equals Listing 1.04 (Disorders of the spine).

I. Does Claimant have a disability established under a Grid Rule? If specify which and exhibits/evidence to support such a finding.

Y

☐ N

Claimant is too young for the Grids to apply.

J. What is Claimant's maximum exertional capacity? Less than full range of sedentary work.

FACT DTE:01/08/13 SSN: [REDACTED] BIC: DOC:T2J UNIT:MDB PG: 001+
 STATUS MBR YES LOU-01/08 DATA FILES YES LOU-01/08 SSACCS NO LOU-01/07
 CPS NO
 ACCOUNT PCOC-7 NOP-01 SEX-M TAC-D LUM-12 LMM-10/12 ELI-M CDY-0
 SSI INVOLVED DRAMS READ INACTIVE ACCT
 PMT CYC CYI-2 PCEFD-11/03/2008 PCCOM-11/08 PCCR-I
 PRIMARY LAMAR CLARK DOB-[REDACTED] LSPA-\$0.00
 INSURED CLAIM TYPE-DISABILITY DATE OF FILING-08/05/2008
 FIRST MET-04/2001 LAST MET-12/2006 WAIT PER START-03/2007
 EXC NO GMS USED-04/2001 20/40 EXCLUSION-TEST MET
 20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-22
 FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
 FULL QC REQUIRE-10 FULL QC EARNED-29 CURR QC EARNED-00
 HLTHBEN QC EARN-00
 CLAIM TYPE-DISABILITY DATE OF FILING-04/03/2009 LAST MET-12/2006
 WAIT PER START-11/2007 20/40 EXCLUSION-TEST NOT MET
 20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-19
 FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
 FULL QC REQUIRE-11 FULL QC EARNED-29 CURR QC EARNED-00
 HLTHBEN QC EARN-00
 CLAIM TYPE-DISABILITY DATE OF FILING-06/11/2012
 WAIT PER START-01/2012 20/40 EXCLUSION-TEST NOT MET
 20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-05
 FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
 FULL QC REQUIRE-16 FULL QC EARNED-34 CURR QC EARNED-00
 HLTHBEN QC EARN-00
 PAYMENT PIC-A MPA-\$0.00 DOC-C16 RD-10/09/12 LAP-# SERVICE IND-3
 TELE NO BTN-803-271-5860 BTCL-M CPND-06/2012
 PAYEE LAMAR CLARK
 PAYEE UPDATED-11/03/2008
 ADDRESS [REDACTED] NEWBERRY SC 29108-7436
 ADDR UPDATED-06/14/2012
 SCC-42350 ZDPC-352 SOURCE-X
 BENEFIT BIC-A LAMAR CLARK SB-M DOB-12/06/1974 B ABN-DXGP LAF-N
 MEP-\$0.00 DRD-07/16/09 LANG-E
 HIST TOC TOC-5 START-CONV
 BEN DENY DATE OF FILING-08/05/2008 APP RECEIPT-08/13/2008 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-06/28/2006 DISALLOW/DEN RSN-0F2
 LEVEL OF DENIAL-INITIAL
 DATE OF FILING-04/03/2009 APP RECEIPT-04/23/2009 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-03/30/2007 DISALLOW/DEN RSN-090
 LEVEL OF DENIAL-INITIAL
 DATE OF FILING-06/11/2012 APP RECEIPT-06/12/2012 ID CODE-A
 CUR ENT CODE-DISABLED DIB ONSET-01/01/2012 DISALLOW/DEN RSN-090
 LEVEL OF DENIAL-INITIAL
 DIB DDO-06/28/06 LOD-1 BDC-F2 DSD-11/08
 DDO-03/30/07 LOD-1 BDC-90 DSD-07/09
 DDO-01/01/12 LOD-1 BDC-90 DSD-06/12
 CITIZEN START-12/06/1974 COUNTRY-UNITED STATES PROVEN
 ST EXCH SEWC-100 SECAC-J SEAD-12/10 SEAC-D SEWN-812216576110
 SID SIFT-D SIED-08/12 SISC-D XIXEC-I SCCR-42350 RZIP-29108 SILAC-B
 SIAD-08/08
 X-REF XRTC-O XAN-251-64-3014 XBIC-C2
 +++ TRANS UPDATED THRU 01/08 +++
 TRANS RD-6/14/12 LAP-X MCS PIC-A
 RD-7/06/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A

RD-8/17/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A
RD-10/09/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A

CUSTOMER SERVICE RECORD QUERY

CSRQ

FIELD OFFICE: T2J

UNIT: MDB

PAGE 01 of 04

NAME: LAMAR CLARK

BOAN: [REDACTED] SEX: MALE LANGUAGE PREFERENCE: ENGLISH

CITIZENSHIP: US CITIZEN

DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: BROOKLYN NY

MOTHER MAIDEN NAME: QUEENIE HALL

FATHER NAME: ALBERT CLARK

OFFICE CODE: C16 NAME: CLINTON SC

SPECIAL NOTICE OPTION DATA:

FIRST CLASS MAIL

CURRENT RECORDS: MBR, SSR, ICD, MSSICS, T2 ACCTS, DCF, IAPPEALS, DOORS

NIF RECORDS: MCS, RES, PUPS, OHA, VIP, MDW, PCACS, RADRARCH, RADRCOMP,

RADREART, I3820ARCH, I3820COMP, I3820PART, I3441ARCH,

I3441COMP, I3441PART, I1020PART, ICLAIM, MEDICARE, DODMC,

EREA, FUGITIVE, AUTHREP, SNO, eVERIFY, DDFRAUD

RECORDS NOT AVAILABLE-TRY AGAIN LATER: EDB

T2 ADDRESS DATA:

FIELD OFFICE: T2J

UNIT: MDB

PAGE 02 of 04

ADDRESS:

LAMAR CLARK

[REDACTED]

NEWBERRY SC 29108-7436

CHANGE OF ADDRESS: 06/14/2012

T2 PHONE: [REDACTED]

T16 ADDRESS DATA:

MAILING:

LAMAR CLARK

[REDACTED]

NEWBERRY SC 29108-7436

RESIDENCE:

[REDACTED]

NEWBERRY SC 29108

CHANGE OF ADDRESS: 10/04/2012

T16 PHONE: [REDACTED]

T16 AUTH REP DATA:

FIELD OFFICE: T2J

UNIT: MDB

PAGE 03 of 04

ADDRESS:

00000

T16 AUTH REP PHONE:

000-0000

T16 AUTH REP TYPE:

T2 ENTITLEMENT DATA:

CLAIM NUMBER: [REDACTED] A

AWARD TYPE: DISABILITY

PAYMENT STATUS: DISALLOWED CLAIM

BANK ACCOUNT NO:

PAYMENT CYCLE: 2ND WEDNESDAY

X-REF NO: [REDACTED] C2

T16 ENTITLEMENT DATA:

HOUSED UNDER NO: 263-91-7828

TYPE OF RECORD: DISABLED INDIVIDUAL

PAYMENT STATUS: MEDICALLY DENIED

MSSICS OPEN EVENT

T16 TRANSACTION:

01/07/2013 - ALL MSSICS TRANSACTIONS - C16

01/04/2013 - ALL MSSICS TRANSACTIONS - L24

FIELD OFFICE: T2J

UNIT: MDB

PAGE 04 of 04

11/19/2012 - ALL MSSICS TRANSACTIONS - L24

T16 APPEAL DATA:

APPEAL TYPE: RECONSIDERATION
APPEAL REASON: INITIAL DISABILITY
DECISION DATE: 11/19/2012 OFFICE: S87
DECISION: UNFAVORABLE
MESSICS WORKSHEET ISSUES:
01/04/2013 - HEARING DEC
INTERNET INDICATORS:
TAPPEALS PRESENT

DECISION TYPE: INITIAL CLAIMS
FILING DATE: 10/03/2012

263-91-7828 - OHAQ SUMMARY - RECORD NOT FOUND

MSG-2458300 DTE:01/08/13 TIME:090303 PG:001+
DDSQ SSN: [REDACTED] BIC: ST: GA SA: T2J UNIT: MDB
AN:263917828 BIC:HA DB: [REDACTED] RI:FOV STATE:FL SA:S68 STATUS:CLOSED
AH:CLARK,LAMAR MCS REF: 02003 MDT: 042409 PGM:02
AD: [REDACTED] ORMOND BEACH FL
APD: 04/03/09 TYP: IN-DIB DO: 664 ZIP: 32174 SCI: CCI:N
RCD: DEC: DE BAS: J2 LUN: JC TEL:3866738167 NP: QA:N
SRD: 04/27/09 OND: LEX: 8470 SLC: K VOC:N FS:N
PSD: ABO: LMC: CDF: RLB: EOR:Y
MDF1: DSI: 0-7240-0 DST: 664 SCF: APL: CER:Y
DIA: FMD: 04/27/09JC SC1: SC4:
ESD: 07/08/09 CSD: RTN: CDT: RTG: SC2: SC5:
MSD: 07/09/09 SCD: 07/09/09 SO: N BOD: 01 SC3: SBI:
LTI: LTJ:EDC REM:SDM CASE
OCC: SDI: 7160 SPC: J1: / REC: LB:
EDU: 14 MOB: ESC: J1B: / DAA: LD:

* * DEVELOPMENT HISTORY * *

S E C

* * ST-FL * *

L O E

LEV C R R DEC OND CSD BAS DSI LEX LIT DST SCD XAN BOD
IN K Y Y DE F2 071500 8444 664 102408 01
AN:263917828 BIC:HA DB:12/06/1974 RI:FPB STATE:SC SA:S87 STATUS:CLOSED
AH:CLARK,LAMAR MCS REF: MDT: PGM:16
AD: [REDACTED] NEWBERRY SC
APD: 06/30/12 TYP: RC-DI DO: C16 ZIP: 29108 SCI: CCI:N
RCD: 10/03/12 DEC: DE BAS: N32 LUN: 04 TEL:8032715860 NP: QA:N
SRD: 10/05/12 OND: LEX: 0451 SLC: VOC:N FS:N
PSD: ABO: LMC: 0410 CDF: RLB: EOR:Y
MDF1: DSI: 0-7240-0 DST: C16 SCF: APL:C CER:N
DIA: FMD: 10/25/1204 SC1: SC4:N
ESD: 11/19/12 CSD: RTN: CDT: RTG: SC2:N SC5:
MSD: 11/19/12 SCD: 11/19/12 SO: N BOD: 01 SC3:N SBI:
LTI: LTJ:EDC REM:
IND: 058 PDI: VRN: I301: BFD: LA:
OCC: 030 SDI: 4010 SPC: 10 J1: / REC: LB:
OYR: 01 MLN: MUL: J1A: / WRM: LC:
EDU: 14 MOB: ESC: J1B: / DAA: LD:

* * DEVELOPMENT HISTORY * *

S E C

* * ST-FL * *

L O E

LEV C R R DEC OND CSD BAS DSI LEX LIT DST SCD XAN BOD
IN K Y Y DE N32 071500 8444 664 102408 01
IN K Y Y DE N32 072400 8470 664 070909 01
* * ST-SC * *
IN Y N DE N36 071500 0442 C16 081512 01

MSG: DTE:01/08/13 SSID QN: [REDACTED] RN:03X03 UN:MDB PG: 001+
 CCTL FUN: [REDACTED] CFL:T2J MV:01/07/13-C PFL:C16
 CLARK, LAMAR PSY:N36 DS:N36-08/15/12 TMR:DI ID:DI TDA:01/07/13 SEQ:3
 CMSC HUN:263-91-7828 RIC:G VER:3 CPD:01/07/13-G MSI:3-1-07/03/12
 PRSN AP:06/30/12 DF:07/03/12 DB: [REDACTED] -B SX:M AR:Q- - -
 LPS:ENGLISH LPW:ENGLISH DOE:06/12 MEF:06/30/2012 MCI:N
 AUTH T:A NME:SAMUEL HARLEY JETCOAT ADR:PO BOX 397 CTY:NEWBERRY STN:SC
 29108-#### TEL:[REDACTED] MAR:N EAD:06/11/12 DP:D FST:U
 RCRD EST:07/03/12 XDO:C16 IDD:08/15/12 SNV:3 CNV:5 LAF:N PCO:7 PT:Y-07/12
 UE:Y FS1:N FS2:N
 ADDR [REDACTED] CTY:NEWBERRY STN:SC 29108-7436 TL:[REDACTED] DIS:C16
 ST:42350A ACD:10/04/12
 RADR [REDACTED] CTY:NEWBERRY STN:SC 29108-0000
 DISB DPC:R SAC:S87 DSA:07/03/12 DDO:01/01/12
 NOTC C/O:Y 08/15/12 -1142 0000
 APPE ASI C T L RSN FIL DSN OFC EFT SBC BEG END
 01 I R DI 10/03/12 UF-11/19/12 S87
 02 I H DI 01/04/13 T2J
 TRAN UN:BSGAMD
 TRAN OL-01/07/13-C16,
 TRAN OL-01/04/13-L24,
 TRAN OL-11/19/12-L24,
 TRAN MB-10/09/12,
 TRAN OL-10/04/12-L24,
 TRAN OL-10/04/12-C16,
 TRAN OL-10/03/12-L24,
 TRAN PS-08/15/12-S87,
 TRAN OL-07/25/12-C16,
 TRAN PR-07/09/12-L24
 UMIH
 UMIH T UMP UMS UMA F UMI PV
 UMIH A 0712 0712 .00 N 263917828A 71
 CMPH FAM SAM SUP UMC ENC PCI PS BELGPF FO MHSWADCMICT
 CMPH 0412 .00 .00 00000 .00 .00 .00
 CMPH 0612 .00 .00 42350 .00 .00 .00 N36 30 BZ NN R 4
 CMPH 0712 .00 .00 42350 .00 .00 .00 N36 BZ NN R 4

MSG: DTE:01/08/13 SSID QN: [REDACTED] RN:02X03 UN:MDB PG: 001
 CCTL FUN:263-91-7828 CFL:T2J MV:01/07/13-C PFL:C16
 CLARK, LAMAR PSY:T51 DS:N32-07/09/09 TMR:DI ID:DI TDA:07/16/09 SEQ:2
 CMSC HUN:263-91-7828 RIC:T VER:3 CPD:07/16/09-G STP:09/10
 MSI:3-1-04/23/09
 PRSN RE: C:B AP:04/03/09 DF:04/23/09 DB: [REDACTED] -B SX:M AR:Q- - -
 LPS:ENGLISH LPW:ENGLISH DOE:04/09 MEF:04/03/2009 MCI:N
 RCRD EST:04/23/09 XDO:664 IDD:07/09/09 SNV:3 CNV:5 LAF:N PCO:7 PT:N-04/09
 UE:Y FS1:N FS2:N
 ADDR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-7025 TL:[REDACTED]
 DIS:664 ST:10630A ACD:04/23/09
 RADR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-0000
 DISB DPC:R SAC:S68 DSA:04/23/09 DDO:03/30/07
 NOTC 07/09/09 -1131 0000
 TRAN UN:J664
 TRAN PS-07/17/10,
 TRAN MB-07/16/09,
 TRAN PS-07/09/09-S68,
 TRAN NU-04/28/09,
 TRAN MB-04/27/09,

TRAN OL-04/23/09-664,
TRAN OL-04/23/09-664

UMIH

UMIH T UMF UMS UMA F UMI PV
UMIH A 0409 0709 .00 T 263917828A 71

CMPH+ FAM SAM SUP UMC ENC PCI PS BELGPF FO MHSWADCMICT
CMPH 0710 .00 .00 10630 .00 .00 .00 N32 BZ NN R 4
CMPH 0910 .00 .00 10630 .00 .00 .00 T51 BZ NN R 4

MSG: DTE:01/08/13 SSID QN: [REDACTED] RN:01X03 UN:MDB PG: 001+

CTL FUN:263-91-7828 CFL:T2J MV:01/07/13-C PFL:C16

CLARK, LAMAR PSY:T50 DS:N32-10/24/08 TMR:DI ID:DI TDA:04/23/09 SEQ:1

CMSC HUN:263-91-7828 RIC:T CCD:2 VER:3 CPD:04/23/09-G STP:06/09

MSI:3-1-08/13/08

PRSN RE: C:B AP:08/05/08 DF:08/13/08 DB: [REDACTED] -B SX:M AR:Q-

LPS:ENGLISH LPW:ENGLISH DOE:08/08 MEF:08/05/2008 MCI:N

RCRD EST:08/13/08 XDO:664 IDD:10/24/08 SNV:3 CNV:5 LAF:ND PCO:7 ECI:EI

PT:N-08/08 UE:Y FS1:N FS2:N

ADDR 525 FRED GAMBLE WAY CTY:ORMOND BEACH STN:FL 32174-7025 TL:386-673-8167

DIS:664 ST:10630A ACD:08/13/08

RADR 525 FRED GAMBLE WAY CTY:ORMOND BEACH STN:FL 32174-0000

DISB DPC:R SAC:868 DSA:08/13/08 DDO:06/28/06

NOTC 10/24/08 -1131 0000

TRAN UN:MTI

TRAN OL-04/23/09-664,

TRAN MB-11/05/08,

TRAN MB-11/03/08,

TRAN MB-10/29/08,

TRAN PS-10/24/08-968,

TRAN PR-08/19/08-124,

TRAN MB-08/18/08,

TRAN OL-08/13/08-664

ENIH

ENIH T ENP ENS ENA F V

ENIH W 0808 0000 250.00 C 1

UMIH+

UMIH T UMF UMS UMA F UMI PV

UMIH A 0808 0808 .00 T 251643014C232

UMIH H 0808 0000 232.33 C 0

CMPH+ FAM SAM SUP UMC ENC PCI PS BELGPF FO MHSWADCMICT

CMPH 0409 .00 .00 10630 .00 .00 .00 N32 AZ 3NN R 4

CMPH 0609 .00 .00 10630 .00 .00 .00 T50 AZ 3NN R 4

SEQY DTE:01/08/13 AN: [REDACTED] DOC:T2J UNIT:MDB PG: 001

MEF: QN: [REDACTED] NA: L CLARK DB: [REDACTED] SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1990	477.89	1996	4597.02	2002	37.74	2007	.00
1991	.00	1997	8315.56	2003	239.15	2008	.00
1992	667.12	1998	12816.42	2004	.00	2009	.00
1993	2713.35	1999	14173.25	2005	.00	2010	1564.95
1994	559.15	2000	14644.65	2006	.00	2011	14288.02
1995	.00	2001	4444.60				

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED

NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR

CLAIMS ACTIVITY -- SEE SSR
NON-COVERED EARNINGS PRESENT FOR: 1989,2011

NEW HIRE DATE: 01/08/2013 SSN: [REDACTED] PG: 1 OF 5 NDNW
NAME (F,MI,L): LAMAR CLARK NAME/SSN VERIFIED: Y
DATE HIRED: 12/22/2010 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES, INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 01/20/2011

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 2 OF 5 NDWG
QUARTER PAID: 1ST/2012
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 1,674.00 EIN: 80-0261765
EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL
ER ADDRESS: 19845 US HIGHWAY 76
CITY ST ZIP: NEWBERRY SC 29108-8407
REPORTED BY: SC REPORT PROCESSED: 07/17/2012

QUARTER PAID: 4TH/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 4,548.00 EIN: 80-0261765
EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL
ER ADDRESS: 19845 US HIGHWAY 76
CITY ST ZIP: NEWBERRY SC 29108-8407
REPORTED BY: SC REPORT PROCESSED: 04/17/2012

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 3 OF 5 NDWG
QUARTER PAID: 3RD/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 1,336.00 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 01/18/2012

QUARTER PAID: 3RD/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 3,591.00 EIN: 80-0261765
EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL
ER ADDRESS: 19845 US HIGHWAY 76
CITY ST ZIP: NEWBERRY SC 29108-8407
REPORTED BY: SC REPORT PROCESSED: 01/18/2012

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 4 OF 5 NDWG
QUARTER PAID: 2ND/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 4,460.00 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 10/17/2011

QUARTER PAID: 1ST/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 351.00 EIN: 57-0893556

EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA
REPORTED BY: SC

SC 29221-6936
REPORT PROCESSED: 07/11/2011

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 5 OF: 5 NDWG

QUARTER PAID: 4TH/2010

NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N

WAGES PAID: \$ 61.00 EIN: 57-0893556

EMPLOYER: GALLMAN PERSONNEL SERVICES INC

ER ADDRESS: PO BOX 211936

CITY ST ZIP: COLUMBIA

SC 29221-6936

REPORTED BY: SC

REPORT PROCESSED: 04/12/2011

QUARTER PAID: 4TH/2010

NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N

WAGES PAID: \$ 1,503.00 EIN: 56-0732584

EMPLOYER: HARDEES FOOD SYSTEMS INC

ER ADDRESS: 1325 N ANAHEIM BLVD

CITY ST ZIP: ANAHEIM

CA 92801-1202

REPORTED BY: SC

REPORT PROCESSED: 04/12/2011

NEW HIRE DATE: 01/08/2013 SSN: [REDACTED] PG: 1 OF: 5 NDNW

NAME (F,MI,L): LAMAR CLARK NAME/SSN VERIFIED: Y

DATE HIRED: 12/22/2010 EIN: 57-0893556

EMPLOYER: GALLMAN PERSONNEL SERVICES, INC

ER ADDRESS: PO BOX 211936

CITY ST ZIP: COLUMBIA

SC 29221-6936

REPORTED BY: SC

REPORT PROCESSED: 01/20/2011

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 2 OF: 5 NDWG

QUARTER PAID: 1ST/2012

NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N

WAGES PAID: \$ 1,674.00 EIN: 80-0261765

EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL

ER ADDRESS: 19845 US HIGHWAY 76

CITY ST ZIP: NEWBERRY

SC 29108-8407

REPORTED BY: SC

REPORT PROCESSED: 07/17/2012

QUARTER PAID: 4TH/2011

NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N

WAGES PAID: \$ 4,548.00 EIN: 80-0261765

EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL

ER ADDRESS: 19845 US HIGHWAY 76

CITY ST ZIP: NEWBERRY

SC 29108-8407

REPORTED BY: SC

REPORT PROCESSED: 04/17/2012

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 3 OF: 5 NDWG

QUARTER PAID: 3RD/2011

NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N

WAGES PAID: \$ 1,336.00 EIN: 57-0893556

EMPLOYER: GALLMAN PERSONNEL SERVICES INC

ER ADDRESS: PO BOX 211936

CITY ST ZIP: COLUMBIA

SC 29221-6936

REPORTED BY: SC

REPORT PROCESSED: 01/18/2012

QUARTER PAID: 3RD/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 3,591.00 EIN: 80-0261765
EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL
ER ADDRESS: 19845 US HIGHWAY 76
CITY ST ZIP: NEWBERRY SC 29108-8407
REPORTED BY: SC REPORT PROCESSED: 01/18/2012

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 4 OF: 5 NDWG
QUARTER PAID: 2ND/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 4,460.00 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 10/17/2011

QUARTER PAID: 1ST/2011
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 351.00 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 07/11/2011

WAGE INFO DATE: 01/08/2013 SSN: [REDACTED] PG: 5 OF: 5 NDWG
QUARTER PAID: 4TH/2010
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 61.00 EIN: 57-0893556
EMPLOYER: GALLMAN PERSONNEL SERVICES INC
ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA SC 29221-6936
REPORTED BY: SC REPORT PROCESSED: 04/12/2011

QUARTER PAID: 4TH/2010
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 1,503.00 EIN: 56-0732584
EMPLOYER: HARDEES FOOD SYSTEMS INC
ER ADDRESS: 1325 N ANAHEIM BLVD
CITY ST ZIP: ANAHEIM CA 92801-1202
REPORTED BY: SC REPORT PROCESSED: 04/12/2011

263-91-7828 - FUGITIVE - NO MATCHING WARRANT ON FTSCE

263-91-7828 - PUPS - NO PUP RECORDS TO UPDATE OR QUERY

263-91-7828 - WC/PDB - NO WORKERS COMPENSATION RECORD FOUND AS OF 01/08/13

MCS WMS CLAIMANT STATUS QUERY WMS
01/08/13:09:03
NH NAME: LAMAR CLARK SSN: [REDACTED]
CL NAME: LAMAR CLARK SSN: [REDACTED] INACTIVE
APPLICANT: LAMAR CLARK SSN: [REDACTED] ARCHIVED
EC STATUS: ADJ DENIAL EC STATUS DATE: 06/13/12
JURISDICTION: CURRENT LOCATION: OC16 UNIT: HBC FO: OC16
APP TYPE: DIB APPEAL LEVEL: INITIAL WORKLOAD CATEGORY: DISABILITY

APP STATUS: RECEIVED STATUS DATE: 06/12/12 FILE DATE: 06/11/12
CLAIM STATUS: MCS DENIAL DUMAS PROCESSED DATE: 06/14/12 STATUS LOCATION: OC16
DIB DEVEL STATUS: FO TECH DENIA DATE: 06/13/12 DIB LOCATION: OC16
CLEARANCE DECISION: DIB TECH DISALLOW DATE: 06/13/12 LOCATION: OC16
NOTICE TYPE: COMPLETE DATE: 06/14/12
CASE CHARACTERISTICS: WINDELL

NH NAME LAMAR CLARK SN: [REDACTED] PG 001+
INPUT 04/06/13 DO:T2J UNIT:LALA DERO MOD:08
RUN DATE 04/06/13 V:01/06/12
CONTROL [REDACTED]

EVENT ICERS EARNINGS RECORD
TID CERTIFIED EARNINGS RECORD
ALERTS POSSIBLE INCOMPLETES 1994 2002
PRIOR CLAIM DATA DOES NOT EXIST ON DRAMS
POSSIBLE GAPS 1991 1995 2004 2005 2006 2007 2008 2009
POSSIBLE DUPLICATES 1993 2011
INFORMTNL FILING DATE USED BY SYSTEM EQUALS ONSET DATE
DISABILITY EXCLUSION 20/40 INSURED TEST NOT MET
DISABILITY NON-EXCLUSION 20/40 INSURED TEST NOT MET
DISABILITY EXCLUSION FULLY INSURED STATUS MET
DISABILITY NON-EXCLUSION FULLY INSURED STATUS MET
PRIOR CLAIM STATUS - A
ID INFO REQ NAME:CLARK REQ SEX:M REQ DATE OF BIRTH:12/06/1974
DATES DATE OF ONSET:01/01/2012
DIB INPUT MER/INPUT DATA
ONSET:06/28/2006 DENIAL/DISALLOWANCE:F2
ONSET:03/30/2007 DENIAL/DISALLOWANCE:90
ONSET:01/01/2012 DENIAL/DISALLOWANCE:90
INS STAT DISABILITY: EXCL REQ QC:16 EXCL HAS:035
NON-EXCL REQ QC:16 NON-EXCL HAS:035
TOT COV SSA QC
1937 THRU 1950 QC: 0
WAGE QC AFTER 1946: 35 WAGE QC AFTER 1950: 35
SE QC:NONE AG QC:NONE
TOT EARN SSA
TOT AFTER 1936: 81213.58
TOT AFTER 1950: 81213.58

COMPUTATIONAL YEARLY EARNINGS
MAX AMT YR QC REGULAR U NH INDEXED RAILROAD RQSM DMW SE AG
51300 520 90 NNNN 477.89
53400 540 91 NNNN
55500 570 92 CNNN 667.12
57600 590 93 CCCC 2713.35
60600 620 94 NNNN 559.15
61200 630 95 NNNN
62700 640 96 CCCC 4597.02
65400 670 97 CCCC 8315.56
68400 700 98 CCCC 12816.42
72600 740 99 CCCC 14173.25
76200 780 00 CCCC 14644.65
80400 830 01 CCCC 4444.60
84900 870 02 NNNN 37.74
87000 890 03 NNNN 239.15

NH NAME LAMAR
INPUT 04/06/13

CLARK

SN: [REDACTED] PG 002
DO:T2J UNIT:LALA DERO MOD:08

COMPUTATIONAL YEARLY EARNINGS

MAX	AMT	YR	QC	REGULAR	U	NH INDEXED	RAILROAD	RQSM	DMW	SE	AG
87900	900	04	NNNN								
90000	920	05	NNNN								
94200	970	06	NNNN								
97500	1000	07	NNNN								
102000	1050	08	NNNN								
106800	1090	09	NNNN								
	1120	10	CNNN	1564.95							
	1120	11	CCCC	14288.02							
110100	1130	12	CNNN	1674.71							
113700	1160	13	NNNN								

DIB Review Sheet

SSN [REDACTED]

Page 1

Query Date 4/5/2013

Unit LALA

Name: LAMAR CLARK

Other Last Names (from NUMI):

Date of Birth (from NUMI): [REDACTED]

Date of Death (from NUMI):

Attainment of Critical Ages (GN 00302.400A for attainment, R8 00615.003A for Full Retirement Age(FRA)):

Age 18	12/5/1992	Age 31	12/5/2005	Age 55	12/5/2029	Age 62	12/5/2036
Age 22	12/5/1996	Age 50	12/5/2024	Age 60	12/5/2034	FRA	12/5/2041

Not all the Optional Queries were selected from the Main Menu. Therefore, the report will not contain data from those unselected queries.

RECENT WORK**SEQY and DEQY Data**

Year	2012	Covered Earnings	\$1,674.71	MQGE Earnings	\$0.00	Non-Covered Earnings	\$70.69
Year	2011	Covered Earnings	\$14,288.02	MQGE Earnings	\$0.00	Non-Covered Earnings	\$266.77
Year	2010	Covered Earnings	\$1,564.86	MQGE Earnings	\$0.00	Non-Covered Earnings	\$0.00
Year	2009	Covered Earnings	\$0.00	MQGE Earnings	\$0.00	Non-Covered Earnings	\$0.00
Year	2008	Covered Earnings	\$0.00	MQGE Earnings	\$0.00	Non-Covered Earnings	\$0.00

Note - to view the complete SEQY and last 15 years of the DEQY, please go to the Queries menu and select queries "SEQY" and "DEQY"

Wage Info (NDWG)**Data:**

Year, Quarter	2012, 1ST	Wages	\$1,674.00	Employer	SHAKESPEARE COMPOSITE STRUCTURES LL	Name/SSN Verified	No
Year, Quarter	2011, 4TH	Wages	\$4,548.00	Employer	SHAKESPEARE COMPOSITE STRUCTURES LL	Name/SSN Verified	No
Year, Quarter	2011, 3RD	Wages	\$3,691.00	Employer	SHAKESPEARE COMPOSITE STRUCTURES LL	Name/SSN Verified	No
Year, Quarter	2011, 3RD	Wages	\$1,336.00	Employer	GALLMAN PERSONNEL SERVICES INC	Name/SSN Verified	No
Year, Quarter	2011, 2ND	Wages	\$4,460.00	Employer	GALLMAN PERSONNEL SERVICES INC	Name/SSN Verified	No

PRIOR DISABILITY CLAIM DENIALS**MBR Data (Title II)**

SSN 283-81-7828 BIC A Date of Birth 12/06/1974 Debit Run Date (DRD) 07/16/09 X-REF AN 261-04-3014 BIC C2

MBR DIB Linn(s) Data

Date of Onset(DDO)	01/01/12	Date Adjudicated (DSD)	06/12
Level of Denial(LOD)	1	Initial	
Basis of Denial(BDC)	90	Disability (Non-medical requirements)-DIB insured status not met at or after alleged onset date (AOD)	
Date of Onset(DDO)	03/30/07	Date Adjudicated (DSD)	07/09
Level of Denial(LOD)	1	Initial	
Basis of Denial(BDC)	90	Disability (Non-medical requirements)-DIB insured status not met at or after alleged onset date (AOD) Ex C 587	
Date of Onset(DDO)	06/28/06	Date Adjudicated (DSD)	11/08

DIB Review Sheet

SSN [REDACTED]

Page 2

Query Date 4/5/2013

Unit LALA

Level of Denial(LOD) 1 Initial

Basis of Denial(BDC) F2 [DIB] Slight impairment - medical consideration alone (Earnings req last met prior to date of current decision) [DWB] Impairment(s) does not meet or equal the listing- Prescribed period req not met on or after date of current decision

MBR BEN DENY Data

Date of Filing	06/11/2012	DIB Onset	01/01/2012	Level of Denial	INITIAL	Disallow/Den RSN	090
Date of Filing	04/03/2009	DIB Onset	03/30/2007	Level of Denial	INITIAL	Disallow/Den RSN	090
Date of Filing	08/06/2008	DIB Onset	08/28/2006	Level of Denial	INITIAL	Disallow/Den RSN	0F2

SSID Data Title (XVI)

Record Number	03	Application Date	06/30/12	Date of Onset	01/01/12
Date of Denial	08/15/12	Basis of Denial	N36	Insufficient or no medical data furnished	
Appeal Type	I	Initial Claims		Appeal Level	H Hearing
Appeal Reason	DI	Initial Disability		Date Appeal Filed	01/04/13
Appeal Decision				Date of Decision	
Record Number	03	Application Date	06/30/12	Date of Onset	01/01/12
Date of Denial	08/15/12	Basis of Denial	N36	Insufficient or no medical data furnished	
Appeal Type	I	Initial Claims		Appeal Level	R Reconsideration
Appeal Reason	DI	Initial Disability		Date Appeal Filed	10/03/12
Appeal Decision	UF	Unfavorable		Date of Decision	11/19/12
Record Number	02	Application Date	04/03/09	Date of Onset	03/30/07
Date of Denial	07/09/09	Basis of Denial	N32	Capacity for SGA-other work, no visual impairment	
Appeal Type				Appeal Level	
Appeal Reason				Date Appeal Filed	
Appeal Decision				Date of Decision	
Record Number	01	Application Date	08/06/08	Date of Onset	08/28/06
Date of Denial	10/24/08	Basis of Denial	N32	Capacity for SGA-other work, no visual impairment	
Appeal Type				Appeal Level	
Appeal Reason				Date Appeal Filed	
Appeal Decision				Date of Decision	

DDSQ and OHAQ DATA

DDSQ Data

Claim Level/Type	RC-DI	reconsideration-disabled individual	Program	18	STATUS	CLOSED
Application Date	06/30/12	Recon Date	10/03/12			
Basis Code for Decision	N32	Capacity for SGA-other work, no visual impairment				
Decision Code	DE	denial				
Date Claim Cleared DDS	11/19/12	State	SC	X-Ref		

Claim Level/Type	IN-DIB	initial claim-disability insurance benefits	Program	02	STATUS	CLOSED
Application Date	04/03/09	Recon Date	582			

Ex C 588

DIB Review Sheet

Page 3

SSN. [REDACTED]

Query Date 4/5/2013

Unit LALA

Basis Code for Decision J2 [DIB]Capacity for SGA - other work (Earnings req last met prior to date of current decision)

Decision Code DE denial

Date Claim Cleared DDS 07/09/00 State FL X-Ref

DDSQ Development History Data

Claim Level IN initial claim Title 16

Basis Code for Decision N36 Insufficient or no medical data furnished, no visual impairment

Decision Code DE denial

Date Claim Cleared DDS 08/15/12 State SC X-Ref

Claim Level IN initial claim Title 16

Basis Code for Decision N32 Capacity for SGA-other work, no visual impairment

Decision Code DE denial

Date Claim Cleared DDS 07/09/00 State FL X-Ref

Claim Level IN initial claim Title 02

Basis Code for Decision F2 [DIB] Slight impairment - medical consideration alone (Earnings req last met prior to date of current decision) [DWB] Impairment(s) does not meet or equal the listing- Prescribed period req not met on or after date of current decision

Decision Code DE denial

Date Claim Cleared DDS 10/24/08 State FL X-Ref

Claim Level IN initial claim Title 16

Basis Code for Decision N32 Capacity for SGA-other work, no visual impairment

Decision Code DE denial

Date Claim Cleared DDS 10/24/08 State FL X-Ref

CURRENT OR PRIOR DISABILITY ENTITLEMENT AND MEDICAL ALLOWANCES**FOLDER LOCATIONS****SSID Data (Title XVI)**

RN 03 Current Folder Location T2J

Receipt Date 01/07/13-C Prior Folder Location C16

DDSQ Data

Claim Level/Type RC-DI Program 16 SLC Code

LTJ Code EDC (EDC indicates an EDCS claim) LTG Code

Date Received in DDS (SRD) 10/05/12 Date Case Cleared DDS (SCD) 11/19/12 Destination of Case at Closure C16

583

Ex C 589

Claim Level/Type IN-DIB Program 02 SLC Code K Single Decision-maker Pilot

DIB Review Sheet

SSN [REDACTED]

Page 4

Query Date 4/5/2013

Unit LALA

ITC Code

Date Received in DDS (SRD)

04/27/09

Date Case Cleared DDS (SCD)

07/09/08

ITC Code

Destination of Case at Closure

664

MBR-FACT :

FACT DTE: 04/05/13 SSN: [REDACTED] BIC: DOC: T2J UNIT: EZTOOL
STATUS MBR YES LOU-04/05 DATA FILES YES LOU-04/05 SSACCS NO LOU-04/04
CPS NO
ACCOUNT PCOC-7 NOP-01 SEX-M TAC-D LUM-03 LMM-10/12 FLI-M CDY-D
SSI INVOLVED DRAMS READ INACTIVE ACCT
PMT CYC CYI-2 PCEFD-11/03/2008 PCCOM-11/08 PCCR-I
PRIMARY LAMAR CLARK DOB- [REDACTED] LSPA-\$0.00
INSURED CLAIM TYPE-DISABILITY DATE OF FILING-08/05/2008
FIRST MET-04/2001 LAST MET-12/2006 WAIT PER START-03/2007
EXC NO GMS USED-04/2001 20/40 EXCLUSION-TEST MET
20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-22
FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
FULL QC REQUIRE-10 FULL QC EARNED-29 CURR QC EARNED-00
HLTHBEN QC EARN-00

CLAIM TYPE-DISABILITY DATE OF FILING-04/03/2009 LAST MET-12/2006
WAIT PER START-11/2007 20/40 EXCLUSION-TEST NOT MET
20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-19
FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
FULL QC REQUIRE-11 FULL QC EARNED-29 CURR QC EARNED-00
HLTHBEN QC EARN-00

CLAIM TYPE-DISABILITY DATE OF FILING-06/11/2012
WAIT PER START-01/2012 20/40 EXCLUSION-TEST NOT MET
20/40 NON EXCL-TEST NOT MET DIB QC REQUIRE-20 DIB QC EARNED-05
FULL INS EXCL-TEST MET FULL INS NONEXCL-TEST MET
FULL QC REQUIRE-16 FULL QC EARNED-34 CURR QC EARNED-00
HLTHBEN QC EARN-00
PAYMENT PIC-A MPA-\$0.00 DOC-C16 RD-10/09/12 LAP-W SERVICE IND-3
TELE NO BTN- [REDACTED] BTC1-M CPND-06/2012
PAYEE LAMAR CLARK
PAYEE UPDATED-11/03/2008
ADDRESS [REDACTED] NEWBERRY SC 29108-7436
ADDR UPDATED-06/14/2012
SCC-42350 ZDPC-352 SOURCE-X
BENEFIT BIC-A LAMAR CLARK SB-M DOB- [REDACTED] B ABN-DXGP LAF-N
MBP-\$0.00 DRD-07/16/09 LANG-E
HIST TOC TOC-5 START-CONV
BEN DENY DATE OF FILING-08/05/2008 APP RECEIPT-08/13/2008 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-06/28/2006 DISALLOW/DEN RSN-0F2
LEVEL OF DENIAL-INITIAL

DATE OF FILING-04/03/2009 APP RECEIPT-04/23/2009 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-03/30/2007 DISALLOW/DEN RSN-090
LEVEL OF DENIAL-INITIAL

DATE OF FILING-06/11/2012 APP RECEIPT-06/12/2012 ID CODE-A
CUR ENT CODE-DISABLED DIB ONSET-01/01/2012 DISALLOW/DEN RSN-090
LEVEL OF DENIAL-INITIAL
DIB DDO-06/28/06 LOD-1 BDC-V2 DSD-11/08

DDO-03/30/07 LOD-1 BDC-90 DSD-07/09

DDO-01/01/12 LOD-1 BDC-90 DSD-06/12

CITIZEN START-12/06/1974 COUNTRY-UNITED STATES PROVEN
ST EXCH SEWC-100 SECAC-J SEAD-12/10 SEAC-D SEWN-812216576110
SID SIFT-D SIED-08/12 SISC-D XIXEC-I SCOR-42350 RZIP-29108 SILAC-B
SIAD-08/08
X-REF XRTC-O XAN-251-64-3014 XBIC-C2

+++ TRANS UPDATED THRU 04/05 +++

TRANS RD-6/14/12 LAP-X MCS PIC-A
 RD-7/06/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A
 RD-8/17/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A
 RD-10/09/12 LAP-#B BACOM-SSI INIT CLAIM PIC-A

SSR :

MSG: DTE:04/05/13 SSID QN: [REDACTED] RN:03X03 UN:EZTOOL
 CCTL FUN: [REDACTED] CFL:T2J MV:01/07/13-C PFL:C16
 CLARK, LAMAR PSY:N36 DS:N36-08/15/12 TMR:DI ID:DI TDA:01/07/13 SEQ:3
 CMSC HUN: [REDACTED] RIC:G VER:3 CPD:01/07/13-G MSI:3-1-07/03/12
 PRSN AP:06/30/12 DF:07/03/12 DE: [REDACTED] -B SX:M AR:Q-
 LPS:ENGLISH LPW:ENGLISH DOE:06/12 MEF:06/30/2012 MCI:N
 AUTH T:A NME:SAMUEL HARLEY JEF COAT ADR:PO BOX 397 CTY:NEWBERRY STN:SC
 29108-#### TEL:803-321-2321 MAR:N FAD:06/11/12 DP:D FST:U
 RCRD EST:07/03/12 XDO:C16 IDD:08/15/12 SNV:3 CNV:5 LAF:N PCO:7 PT:Y-07/12
 UE:Y FS1:N FS2:N
 ADDR [REDACTED] CTY:NEWBERRY STN:SC 29108-7436 TL: [REDACTED] DIS:C16
 ST:42350A ACD:10/04/12
 RADR [REDACTED] CTY:NEWBERRY STN:SC 29108-0000
 DISB DPC:R SAC:S87 DSA:07/03/12 DDO:01/01/12
 NOTC C/O:Y 08/15/12 -1142 0000
 APPE ASI C T L RSN FTL DSN QFC EFT SBC BEG END
 01 I R DI 10/03/12 UF-11/19/12 S87
 02 I H DI 01/04/13 T2J
 TRAN UN:BSGAMD OL-01/07/13-C16, OL-01/04/13-L24, OL-11/19/12-L24,
 MB-10/09/12, OL-10/04/12-L24, OL-10/04/12-C16, OL-10/03/12-L24,
 PS-08/15/12-S87, OL-07/25/12-C16, PR-07/09/12-L24

UMIH

T	UMP	UMS	UMA	F UMI	PV T	UMP	UMS	UMA	F UMI	PV
A	0712	0712		.00 N 263917828A 71						
CMPH	FAM	SAM	SUP	UMC	ENC	PCI	PS	BELGPF	FO	MHSWADCMICT
0412	.00	.00	00000	.00	.00	.00				
0612	.00	.00	42350	.00	.00	.00 N36	30 BZ	NN R 4		
0712	.00	.00	42350	.00	.00	.00 N36	BZ	NN R 4		

MSG: DTE:04/05/13 SSID QN:263-91-7828 RN:02X03 UN:EZTOOL
 CCTL FUN: [REDACTED] CFL:T2J MV:01/07/13-C PFL:C16
 CLARK, LAMAR PSY:T51 DS:N32-07/09/09 TMR:DI ID:DI TDA:07/16/09 SEQ:2
 CMSC HUN: [REDACTED] RIC:T VER:3 CPD:07/16/09-G STP:09/10
 MSI:3-1-04/23/09
 PRSN RE: C:B AP:04/03/09 DF:04/23/09 DB:12/06/1974-B SX:M AR:Q-
 LPS:ENGLISH LPW:ENGLISH DOE:04/09 MEF:04/03/2009 MCI:N
 RCRD EST:04/23/09 XDO:664 IDD:07/09/09 SNV:3 CNV:5 LAF:N PCO:7 PT:N-04/09
 UE:Y FS1:N FS2:N
 ADDR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-7025 TL:[REDACTED]
 DIS:664 ST:10630A ACD:04/23/09
 RADR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-0000
 DISB DPC:R SAC:S68 DSA:04/23/09 DDO:03/30/07
 NOTC 07/09/09 -1131 0000
 TRAN UN:J664 PS-07/17/10, MB-07/16/09, PS-07/09/09-S68, NU-04/28/09,
 MB-04/27/09, OL-04/23/09-664, OL-04/23/09-664
 UMIH

T	UMP	UMS	UMA	F	UMI	PV	T	UMP	UMS	UMA	F	UMI	PV
A	0409	0709		.00	T	263917828A	71						
CMPH+FAM			SAM		SUP	UMC	ENC	PCI		PS	BELGPF	FO	MHSWADCMICT
0710		.00		.00	10630		.00	.00		N32		BZ	NN R 4
0910		.00		.00	10630		.00	.00		T51		BZ	NN R 4

MSG: DTE:04/05/13 SSID QN:[REDACTED] RN:01X03 UN:EZTOOL
 CCTL FUN: [REDACTED] CFL:T2J MV:01/07/13-C PFL:C16
 CLARK, LAMAR PSY:T50 DS:N32-10/24/08 TMR:DI ID:DI TDA:04/23/09 SEQ:1
 CMSC HUN:263-91-7828 RIC:T CCD:2 VER:3 CPD:04/23/09-G STP:06/09
 MSI:3-1-08/13/08
 PRSN RE: C:B AP:08/05/08 DF:08/13/08 DB:[REDACTED]-B SX:M AR:Q-
 LPS:ENGLISH LPW:ENGLISH DOE:08/08 MEF:08/05/2008 MCI:N
 RCRD EST:08/13/08 XDO:664 IDD:10/24/08 SNV:3 CNV:5 LAF:ND PCO:7 ECI:EI
 PT:N-08/08 UE:Y FS1:N FS2:N
 ADDR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-7025 TL:[REDACTED]
 DIS:664 ST:10630A ACD:08/13/08
 RADR [REDACTED] CTY:ORMOND BEACH STN:FL 32174-0000
 DISB DPC:R SAC:S68 DSA:08/13/08 DDO:06/28/06
 NOTC 10/24/08 -1131 0000
 TRAN UN:MTI OL-04/23/09-664, MB-11/05/08, MB-11/03/08, MB-10/29/08,
 PS-10/24/08-S68, PR-08/19/08-L24, MB-08/18/08, OL-08/13/08-664
 ENTH

T	ENP	ENS	ENA	F	V	T	ENP	ENS	ENA	F	V	T	ENP	ENS	ENA	F	V
W	0808	0000	250.00	C	1												

 UMIH+

T	UMP	UMS	UMA	F	UMI	PV	T	UMP	UMS	UMA	F	UMI	PV
A	0808	0808		.00	T	251643014C232	H	0808	0000	232.33	C		0
CMPH+FAM			SAM		SUP	UMC	ENC	PCI		PS	BELGPF	FO	MHSWADCMICT
0409		.00		.00	10630		.00	.00		N32		AZ	3NN R 4
0609		.00		.00	10630		.00	.00		T50		AZ	3NN R 4

SEQY :

SEQY DTE: 04/05/13 AN: [REDACTED] DOC: T2J UNIT: EZTOOL PG: 0
 MEF QN: [REDACTED] NA: L CLARK DB: [REDACTED] SX: M AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
1990	477.89	1996	4597.02	2002	37.74	2008	.00
1991	.00	1997	8315.56	2003	239.15	2009	.00
1992	667.12	1998	12816.42	2004	.00	2010	1564.95
1993	2713.35	1999	14173.25	2005	.00	2011	14288.02
1994	559.15	2000	14644.65	2006	.00	2012	1674.71
1995	.00	2001	4444.60	2007	.00		

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED
 NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR
 CLAIMS ACTIVITY -- SEE SSR
 NON-COVERED EARNINGS PRESENT FOR: 1989, 2011-2012

DEQY :

QRY DATE: 04/05/13 AN: [REDACTED] DOC: T2J UNIT: EZTOOL
 QRY DATE: 04/05/13 AN: [REDACTED] DOC: T2J UNIT: EZTOOL
 INPUT: YRS REQ: 2008-2012; COVERED DETAILS; NON-COVERED DETAILS; PENSION;
 SPECIAL WAGE PAYMENT; EMPLOYER ADDRESS
 MEF: NA: L CLARK DB: [REDACTED] SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS
 REQUESTED

08 NONE

09 NONE

EIN: 560732584

HARDEES FOOD SYSTEMS INC
 1325 N ANAHEIM BLVD
 ANAHEIM CA 92801-1202

RPYR	REG	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0010	AA	L	CLARK	1503.32	1503.32	1054-AM-59677	00611	V
			WAGE TOTAL	1503.32				
			OASDI EMPLOYER TOTAL	1503.32				

EIN: 570893556

GALLMAN PERSONNEL SERVICES INC
 1360 BROWNING RD
 COLUMBIA SC 29210-6903

RPYR	REG	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0010	AA	L	CLARK	61.63	61.63	1060-CT-87311	00711	V
			WAGE TOTAL	61.63	588			
			OASDI EMPLOYER TOTAL	61.63				

Ex C 594

EIN: 570893556 GALLMAN PERSONNEL SERVICES INC
RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0011 AA L CLARK 6148.25 6148.25 2054-AH-63753 00612 V

WAGE TOTAL 6148.25
OASDI EMPLOYER TOTAL 6148.25

EIN: 800261765 SHAKESPEARE COMPOSITE
% GENLYTE THOMAS GROUP LLC SOLE MBR
3000 MINUTEMAN RD BLDG 2 MS31
ANDOVER MA 01810-1032

0011 AA L CLARK 8139.77 7873.00 2047-AS-78564 00512 V
WAGE TOTAL 8139.77
OASDI EMPLOYER TOTAL 8139.77
11 OASDI YEARLY TOTAL 14288.02

EIN: 800261765 SHAKESPEARE COMPOSITE
RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
0012 AA L CLARK 1674.71 1607.21 3058-DR-88539 00713 V
WAGE TOTAL 1674.71
OASDI EMPLOYER TOTAL 1674.71
12 OASDI YEARLY TOTAL 1674.71

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND
ADDRESS FOR YEARS REQUESTED

08 NONE

09 NONE

10 NONE

EIN: 800261765 SHAKESPEARE COMPOSITE
RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
0011 DD L CLARK 266.77 2047-AS-78564 00512 V
DEFERRED COMP 401(K) TOTAL 266.77

EIN: 800261765 SHAKESPEARE COMPOSITE
RPYR RE LOAC NAME TOTAL AMOUNT CONTROL NUMBER PR S
0012 DD L CLARK 70.69 3058-DR-88539 00713 V
DEFERRED COMP 401(K) TOTAL 70.69

REMARKS

CLAIMS ACTIVITY--SEE MBR

CLAIMS ACTIVITY--SEE SSR

MEF: NA: L CLARK DB: [REDACTED] SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: 362407381

UNITED PARCEL SERVICE INC
% CORPORATION SERVICE CO
55 GLENLAKE PKWY NE
ATLANTA GA 30328-3474

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	AA	L	CLARK	239.15	239.15	3048-92-29660	00504	V
			WAGE TOTAL	239.15				
			OASDI EMPLOYER TOTAL	239.15				
			03 OASDI YEARLY TOTAL	239.15				

04 NONE

05 NONE

06 NONE

07 NONE

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

NO NON-COVERED EARNINGS AND W-2 PENSION DATA POSTED FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY--SEE MBR

CLAIMS ACTIVITY--SEE SSR

QRY DATE: 04/05/13 AN: [REDACTED] DOC: T2J UNIT: EZTOOL
 QRY DATE: 04/05/13 AN: [REDACTED] DOC: T2J UNIT: EZTOOL
 INPUT: YRS REQ: 1998-2002; COVERED DETAILS; NON-COVERED DETAILS; PENSION;
 SPECIAL WAGE PAYMENT; EMPLOYER ADDRESS
 MEF: NA: L CLARK DB: [REDACTED] SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: 590968982

S R PERROTT INC
4 N PERROTT DR
ORMOND BEACH

FL 32174-4523

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0098	AA	L	CLARK	12816.42	12816.42	8039-83-06887	00299	V
			WAGE TOTAL	12816.42				
			OASDI EMPLOYER TOTAL	12816.42				
			98 OASDI YEARLY TOTAL	12816.42				

EIN: 590968982 S R PERROTT INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0099	AA	L	CLARK	14173.25	14173.25	9048-69-06157	00300	V
			WAGE TOTAL	14173.25				
			OASDI EMPLOYER TOTAL	14173.25	590			
			99 OASDI YEARLY TOTAL	14173.25				

EIN: 590968982 S R PERROTT INC
 RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0000 AA L CLARK 14644.65 14644.65 0035-65-18573 00401 V
 WAGE TOTAL 14644.65
 OASDI EMPLOYER TOTAL 14644.65
 00 OASDI YEARLY TOTAL 14644.65

EIN: 362407381 UNITED PARCEL SERVICE INC
 % CORPORATION SERVICE CO
 55 GLENLAKE PKWY NE
 ATLANTA GA 30328-3474
 RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0001 AA L CLARK 784.32 784.32 1067-86-38201 00802 V
 WAGE TOTAL 784.32
 OASDI EMPLOYER TOTAL 784.32

EIN: 431096508 ANGELICA TEXTILE SERVICES INC
 1105 LAKEWOOD PKWY STE 210
 ALPHARETTA GA 30009-7625
 0001 AA L CLARK 286.69 286.69 1042-86-22204 00402 V
 WAGE TOTAL 286.69
 OASDI EMPLOYER TOTAL 286.69

EIN: 590968982 S R PERROTT INC
 0001 AA L CLARK 1675.20 1675.20 1096-71-02395 01302 V
 WAGE TOTAL 1675.20
 OASDI EMPLOYER TOTAL 1675.20

EIN: 593302422 ACCUMEN MARKETING SPECIALISTS INC
 100 E GRANADA BLVD
 ORMOND BEACH FL 32176-6630
 0001 AA L CLARK 91.00 91.00 1114-85-96700 01402 V
 WAGE TOTAL 91.00
 OASDI EMPLOYER TOTAL 91.00

EIN: 650829357 MASTEC NORTH AMERICA INC
 800 S DOUGLAS RD
 CORAL GABLES FL 33134-3125
 0001 AA L CLARK 1607.39 1607.39 1121-91-44633 01502 V
 WAGE TOTAL 1607.39
 OASDI EMPLOYER TOTAL 1607.39
 01 OASDI YEARLY TOTAL 4444.60

EIN: 362407381 UNITED PARCEL SERVICE INC
 RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0002 AA L CLARK 37.74 37.74 2064-88-59426 00703 V
 WAGE TOTAL 37.74
 OASDI EMPLOYER TOTAL 37.74
 02 OASDI YEARLY TOTAL 37.74

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND
 ADDRESS FOR YEARS REQUESTED
 NO NON-COVERED EARNINGS AND W-2 PENSION DATA POSTED FOR YEARS REQUESTED

REMARKS
 CLAIMS ACTIVITY--SEE MBR
 CLAIMS ACTIVITY--SEE SSR

DDSQ :

□ MSG-5422415 DTE: 04/05/13 TIME: 123704 PG: 001+
DDSQ SSN: [REDACTED] BIC: [REDACTED] ST: GA SA: T2J UNIT: EZTOOL
AN: 263917828 BIC: HA DB: [REDACTED] RI: FOV STATE: FL SA: S68 STATUS: CLOSED
AH: CLARK, LAMAR MCS REF: 02003 MDT: 042409 PGM: 02
AD: [REDACTED] ORMOND BEACH FL
APD: 04/03/09 TYP: IN-DIB DO: 664 ZIP: 32174 SCI: CCI: N
RCD: DEC: DE BAS: J2 LUN: JC TEL: [REDACTED] NP: QA: N
SRD: 04/27/09 OND: LEX: 8470 SLC: K VOC: N FS: N
PSD: ABO: LMC: CDF: RLB: EOR: Y
MDF1: DSI: 0-7240-0 DST: 664 SCF: APL: CER: Y
DIA: FMD: 04/27/09JC SC1: SC4:
ESD: 07/08/09 CSD: RTN: CDT: RTG: SC2: SC5:
MSD: 07/09/09 SCD: 07/09/09 SO: N BOD: 01 SC3: SBI:
LTI: LIT: EDC REM: SDM CASE
OCC: SDI: 7160 SPC: J1: / RFC: LB:
EDU: 14 MOB: ESC: JIB: / DAA: LD:

□ MSG-5422415 DTE: 04/05/13 TIME: 123704 PG: 002+
DDSQ SSN: [REDACTED] BIC: [REDACTED] ST: GA SA: T2J UNIT: EZTOOL
* * DEVELOPMENT HISTORY * *
S E C
L O E

LEV	C	R	R	DEC	OND	CSD	BAS	DSI	LEX	LIT	DST	SCD	XAN	BOD
IN	K	Y	Y	DE			F2	071500	8444		664	102408		01

□ MSG-5422415 DTE: 04/05/13 TIME: 123704 PG: 003+
DDSQ SSN: [REDACTED] BIC: [REDACTED] ST: GA SA: T2J UNIT: EZTOOL
AN: 263917828 BIC: HA DB: [REDACTED] RI: FPB STATE: SC SA: S87 STATUS: CLOSED
AH: CLARK, LAMAR MCS REF: MDT: PGM: 16
AD: [REDACTED] NEWBERRY SC
APD: 06/30/12 TYP: RC-DI DO: C16 ZIP: 29108 SCI: CCI: N
RCD: 10/03/12 DEC: DE BAS: N32 LUN: 04 TEL: [REDACTED] NP: QA: N
SRD: 10/05/12 OND: LEX: 0451 SLC: VOC: N FS: N
PSD: ABO: LMC: 0410 CDF: RLB: EOR: Y
MDF1: DSI: 0-7240-0 DST: C16 SCF: APL: C CER: N
DIA: FMD: 10/25/1204 SC1: SC4: N
ESD: 11/19/12 CSD: RTN: CDT: RTG: SC2: N SC5:
MSD: 11/19/12 SCD: 11/19/12 SO: N BOD: 01 SC3: N SBI:
LTI: LIT: EDC REM:
IND: 050 PDI: VRN: I301: BFD: LA:
OCC: 030 SDI: 4010 SPC: 10 J1: / RFC: LB:
OYR: 01 MLN: MOL: J1A: / WRM: LC:
EDU: 14 MOB: ESC: J1B: / DAA: LD:

□ MSG-5422415 DTE: 04/05/13 TIME: 123704 PG: 004
DDSQ SSN: [REDACTED] BIC: [REDACTED] ST: GA SA: T2J UNIT: EZTOOL
* * DEVELOPMENT HISTORY * *
S E C
L O E

LEV	C	R	R	DEC	OND	CSD	BAS	DSI	LEX	LIT	DST	SCD	XAN	BOD
IN	K	Y	Y	DE			N32	071500	8444		664	102408		01
IN	K	Y	Y	DE			N32	072400	8470		664	070909		01
IN	Y	N	DE				N36	071500	0442		C16	081512		01

NUM :

NUM DTE: 04/05/13 SSN: [REDACTED] XC: B UNIT: EZTOOL

ACCOUNT SSN: [REDACTED] ETC: 0 RFN: 79276706536 DOC: 664 IDN: P
NAME NAA: LAMAR, CLARK

Ex C 598

PARENT MNA: QUEENIE HALL
FNA: ALBERT CLARK
INTERNAL FMC:1 CYD: [REDACTED]

ACCOUNT SSN: [REDACTED] ETC:2 RFN:02059040443 DOC:664 IDN:D
NAME NAA: LAMAR, CLARK
BIRTH DOB: [REDACTED] PLB: BROOKLYN, NY SEX:M ETB:2 CSP:A
PARENT MNA: QUEENIE HALL
FNA: ALBERT CLARK
INTERNAL CYD:02/28/2002

NO CORRESPONDENCE RECORDS FOUND

XR SSNS NO MULTIPLE SSNS LOCATED

PCACS :

SSN NOT FOUND

OHAG-SUMMARY :

RECORD NOT FOUND

NDNH :

WAGE INFO DATE: 4/5/2013 SSN: [REDACTED] NDWG
QUARTER PAID: 1ST/2012
NAME (F,MI,L): L CLA NAME/SSN VERIFIED: N
WAGES PAID: \$ 1674.00 EIN: 80-0261765

EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL

ER ADDRESS: 19845 US HIGHWAY 76

CITY ST ZIP: NEWBERRY

SC 29108-8407

REPORTED BY: SC

REPORT PROCESSED: 07/17/2012

WAGE INFO DATE: 4/5/2013 SSN: [REDACTED] NDWG

QUARTER PAID: 4TH/2011

NAME (F,MI,L): L CLA

NAME/SSN VERIFIED: N

WAGES PAID: \$ 4548.00

EIN: 80-0261765

EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL

ER ADDRESS: 19845 US HIGHWAY 76

CITY ST ZIP: NEWBERRY

SC 29108-8407

REPORTED BY: SC

REPORT PROCESSED: 04/17/2012

WAGE INFO DATE: 4/5/2013 SSN: [REDACTED] NDWG

QUARTER PAID: 3RD/2011

NAME (F,MI,L): L CLA

NAME/SSN VERIFIED: N

WAGES PAID: \$ 3591.00

EIN: 80-0261765

EMPLOYER: SHAKESPEARE COMPOSITE STRUCTURES LL

ER ADDRESS: 19845 US HIGHWAY 76

CITY ST ZIP: NEWBERRY

SC 29108-8407

REPORTED BY: SC

REPORT PROCESSED: 01/18/2012

WAGE INFO DATE: 4/5/2013 SSN: [REDACTED] NDWG

QUARTER PAID: 3RD/2011

NAME (F,MI,L): L CLA

NAME/SSN VERIFIED: N

WAGES PAID: \$ 1336.00

EIN: 57-0893556

EMPLOYER: GALLMAN PERSONNEL SERVICES INC

ER ADDRESS: PO BOX 211936

CITY ST ZIP: COLUMBIA

SC 29221-6936

REPORTED BY: SC

REPORT PROCESSED: 01/18/2012

WAGE INFO DATE: 4/5/2013 SSN: [REDACTED] NDWG

QUARTER PAID: 2ND/2011

NAME (F,MI,L): L CLA

NAME/SSN VERIFIED: N

WAGES PAID: \$ 4460.00

EIN: 57-0893556

ER ADDRESS: PO BOX 211936
CITY ST ZIP: COLUMBIA
REPORTED BY: SC

SC 29221-6936
REPORT PROCESSED: 10/18/2011

DISCO DIB Insured Status Report

Saturday, April 06, 2013

UNIT **LALAXX**

SSN **[REDACTED]** LNAME **CLARK** DOB **[REDACTED]** SEX **M** ID **DI**

Alleged Onset **01/01/12** PPD1 **[REDACTED]** to **[REDACTED]** PPD2 **[REDACTED]** to **[REDACTED]**

Lag for 2011: **\$0 00** Lag for 2012: **\$0 00**

Beginning With Quarter of Alleged Onset Date (AOD) **1/1/2012** through **12/31/2060**

Insured for DIB? **No**

Date First Insured in or after quarter of AOD **[REDACTED]** Date Last Insured Overall **12/31/2006**

Up to Nine Separate Periods of Insured Status Displayed Here:

DFI1	4/1/1987	DLI1	12/31/2006	DFI2	[REDACTED]	DLI2	[REDACTED]	DFI3	[REDACTED]	DLI3	[REDACTED]
DFI4	[REDACTED]	DLI4	[REDACTED]	DFI5	[REDACTED]	DLI5	[REDACTED]	DFI6	[REDACTED]	DLI6	[REDACTED]
DFI7	[REDACTED]	DLI7	[REDACTED]	DFI8	[REDACTED]	DLI8	[REDACTED]	DFI9	[REDACTED]	DLI9	[REDACTED]

MYQCR **6** MYQCE **6** ELAPSED **NA** EARNED **NA** PRE 51 **\$0.00**

ITEM1 **Pre 1951 earnings \$0 00**

ITEM2 **Does not have DIB insured status in or after quarter of AOD (1/1/2012)**

ITEM3 **ICF mult SSN earnings selection used**

ITEM4 **SSI involved Appl date 06/30/12 Pay status N36 DOB 12/06/1974 RN 03X03**

ITEM5 **[REDACTED]**

ITEM6 **[REDACTED]**

ITEM7 **[REDACTED]**

ITEM8 **[REDACTED]**

ITEM9 **[REDACTED]**

ITEM10 **[REDACTED]**

ITEM11 **[REDACTED]**

ITEM12 **[REDACTED]**

ITEM13 **[REDACTED]**

ITEM14 **[REDACTED]**

ITEM15 **[REDACTED]**

ITEM16 **[REDACTED]**

Run Date: **4/6/2013**

DISCO V20128 03/01/12
595

Page 1 of 2
EX C 601

SSN [REDACTED] LNAME CLARK

1951	0000	1961	0000	1971	0000	1981	0	1991	0	2001	4	2011	4
1952	0000	1962	0000	1972	0000	1982	0	1992	1	2002	0	2012	1
1953	0000	1963	0000	1973	0000	1983	0	1993	4	2003	0	2013	0
1954	0000	1964	0000	1974	0000	1984	0	1994	0	2004	0	2014	0
1955	0000	1965	0000	1975	0000	1985	0	1995	0	2005	0	2015	0
1956	0000	1966	0000	1976	0000	1986	0	1996	4	2006	0	2016	0
1957	0000	1967	0000	1977	0000	1987	0	1997	4	2007	0	2017	0
1958	0000	1968	0000	1978	0	1988	0	1998	4	2008	0	2018	0
1959	0000	1969	0000	1979	0	1989	0	1999	4	2009	0	2019	0
1960	0000	1970	0000	1980	0	1990	0	2000	4	2010	1	2020	0

Original IC94 Data:

PRE 1951 EARNINGS:			0.00	TOTAL EARNINGS:			81213.58	
YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS
1990	477.89	NNNN	2002	37.74	NNNN			
1991	0.00	NNNN	2003	239.15	NNNN			
1992	667.12	CNNN	2004	0.00	NNNN			
1993	2713.35	CCCC	2005	0.00	NNNN			
1994	559.15	NNNN	2006	0.00	NNNN			
1995	0.00	NNNN	2007	0.00	NNNN			
1996	4597.02	CCCC	2008	0.00	NNNN			
1997	8315.56	CCCC	2009	0.00	NNNN			
1998	12816.42	CCCC	2010	1564.95	CNNN			
1999	14173.25	CCCC	2011	14288.02	CCCC			
2000	14644.65	CCCC	2012	1674.71	CNNN			
2001	4444.60	CCCC	2013	0.00	NNNN			

DISCO DIB Insured Status Report

Saturday, April 06, 2013

UNIT **LALAXX**

SSN **[REDACTED]** LNAME **CLARK** DOB **[REDACTED]** SEX **M** ID **DI**

Alleged Onset **01/01/12** PPD1 **[REDACTED]** to **[REDACTED]** PPD2 **[REDACTED]** to **[REDACTED]**

Lag for 2011: **\$0 00** Lag for 2012: **\$0 00**

Beginning With Quarter of Alleged Onset Date (AOD) **1/1/2012** through **12/31/2060**

Insured for DIB? **No**

Date First Insured in or after quarter of AOD **[REDACTED]** Date Last Insured Overall **12/31/2006**

Up to Nine Separate Periods of Insured Status Displayed Here:

DFI1	4/1/1997	DLI1	12/31/2006	DFI2	[REDACTED]	DLI2	[REDACTED]	DFI3	[REDACTED]	DLI3	[REDACTED]
DFI4	[REDACTED]	DLI4	[REDACTED]	DFI5	[REDACTED]	DLI5	[REDACTED]	DFI6	[REDACTED]	DLI6	[REDACTED]
DFI7	[REDACTED]	DLI7	[REDACTED]	DFI8	[REDACTED]	DLI8	[REDACTED]	DFI9	[REDACTED]	DLI9	[REDACTED]

MYQCR **6** MYQCE **6** ELAPSED **NA** EARNED **NA** PRE 51 **\$0.00**

ITEM1 **Pre 1951 earnings \$0 00**

ITEM2 **Does not have DIB insured status in or after quarter of AOD (1/1/2012)**

ITEM3 **ICF multi SSN earnings selection used**

ITEM4 **SSI involved Appl date 06/30/12 Pay status N36 DOB 12/06/1974 RN 03X03**

ITEM5 **[REDACTED]**

ITEM6 **[REDACTED]**

ITEM7 **[REDACTED]**

ITEM8 **[REDACTED]**

ITEM9 **[REDACTED]**

ITEM10 **[REDACTED]**

ITEM11 **[REDACTED]**

ITEM12 **[REDACTED]**

ITEM13 **[REDACTED]**

ITEM14 **[REDACTED]**

ITEM15 **[REDACTED]**

ITEM16 **[REDACTED]**

Run Date: **4/6/2013**

DISCO V2012S 03/01/12
597

Page 1 of 1
Ex C 603

SSN [REDACTED] LNAME CLARK

1951	0000	1961	0000	1971	0000	1981	0	1991	0	2001	4	2011	4
1952	0000	1962	0000	1972	0000	1982	0	1992	1	2002	0	2012	1
1953	0000	1963	0000	1973	0000	1983	0	1993	4	2003	0	2013	0
1954	0000	1964	0000	1974	0000	1984	0	1994	0	2004	0	2014	0
1955	0000	1965	0000	1975	0000	1985	0	1995	0	2005	0	2015	0
1956	0000	1966	0000	1976	0000	1986	0	1996	4	2006	0	2016	0
1957	0000	1967	0000	1977	0000	1987	0	1997	4	2007	0	2017	0
1958	0000	1968	0000	1978	0	1988	0	1998	4	2008	0	2018	0
1959	0000	1969	0000	1979	0	1989	0	1999	4	2009	0	2019	0
1960	0000	1970	0000	1980	0	1990	0	2000	4	2010	1	2020	0

Original IC94 Data:

PRE 1951 EARNINGS:			0.00	TOTAL EARNINGS:			81213.58	
YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS
1990	477.89	NNNN	2002	37.74	NNNN			
1991	0.00	NNNN	2003	239.18	NNNN			
1992	667.12	CNNN	2004	0.00	NNNN			
1993	2713.35	CCCC	2005	0.00	NNNN			
1994	559.15	NNNN	2006	0.00	NNNN			
1995	0.00	NNNN	2007	0.00	NNNN			
1996	4597.02	CCCC	2008	0.00	NNNN			
1997	8315.56	CCCC	2009	0.00	NNNN			
1998	12816.42	CCCC	2010	1564.95	CNNN			
1999	14173.25	CCCC	2011	14288.02	CCCC			
2000	14644.65	CCCC	2012	1674.71	CNNN			
2001	4444.60	CCCC	2013	0.00	NNNN			

DISABILITY REPORT - ADULT - Form SSA-3368

(3368) Section 1 - Information About the Disabled Person

A. Name: **Lamar Clark**

B. Social Security Number: [REDACTED]

C. Daytime Telephone Number (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.):

[REDACTED] Your number

D. Give the name of a friend or a relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help you with your claim.

Name:	Queenie Clark
Relationship:	Mother
Address:	[REDACTED] Ormond Beach, FL 32174
Daytime Phone:	[REDACTED] - Voice

E. What is your height without shoes? **6' 5"**

F. What is your weight without shoes? **255 lbs.**

G. Do you have a medical assistance card? **No**

If "YES", show the number here:

H. Can you speak and understand English? **Yes**

If "NO", what is your preferred language?

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages?

(If "YES", is this the same person as in "D" above? If it is, show "SAME" below, if not complete below.)

I. Can you read and understand English? **Yes**

J. Can you write more than your name in English? **Yes**

(3368) Section 2 - Your Illnesses, Injuries, or Conditions and How They Affect You

A. What are the illnesses, injuries, or conditions that limit your ability to work?

Back problems, diabetic

B. How do your illnesses, injuries, or conditions limit your ability to work?

A lot of times I am unable to lift my arms above my head. I have a hard time walking.

C. Do your illnesses, injuries, or conditions cause you pain or other symptoms? **Yes**

D. When did your illnesses, injuries, or conditions first interfere with your ability to work? **06/28/2006**

E. When did you become unable to work because of your illnesses, injuries, or conditions?

06/28/2006

F. Have you ever worked? **Yes**

G. Did you work at any time after the date your illnesses, injuries, or conditions first interfered with your ability to work? **Yes**

H. If "Yes," did your illnesses, injuries, or conditions cause you to:

work fewer hours? **Yes**

change your job duties? **No**

make any job-related changes such as your attendance, help needed, or employers? **No**

Explain:

I was out of work from June 28 2006 until I was terminated on July 28, 2006.

I. Are you working now? **Yes**

If "NO," when did you stop working?

J. Why did you stop working?

(3368) Section 3 - Information About Your Work

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

* = Longest Job Held

Longest Job Held	Job Title	Type of Business	Dates Worked (From-To)	Hours Per Day	Days Per Week	Rate of Pay/Per
	Delivery	Deliver packages	2002 - 2003	8	5	\$8.00/Hour
	Loaded and unloaded trucks	Tile Depot	2006 - 2007	8	5	\$8.00/Hour
*	Loaded trucks, sales	Beer Distributor	1997 - 2001	8	5	\$260.00/Week

B. Which job did you do the longest?

Loaded trucks, sales

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.):

Loading the beer trucks with stacked pallets of beer. In sales I had to set up displays in different stores and move the beer around.

D. In this job, did you:

Use machines, tools, or equipment? **Yes**

Use technical knowledge or skills? **No**

Do any writing, complete reports, or perform duties like this? **Yes**

E. In this job, how many total hours each day did you:

Walk? **5**

Stand? **5**

Sit? **0**

Climb? **0**

Stoop? (Bend down & forward at waist.): **3**

Kneel? (Bend legs to rest on knees.): **3**

Crouch? (Bend legs & back down & forward.): **0**

Crawl? (Move on hands & knees.): **0**

Handle, grab or grasp big objects? **8**

Reach? **5**

Write, type or handle small objects? **2**

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.):

Lifted cases of beer and carried the beer between 2 feet and 50 feet. I lifted cases of beer all day long.

G. Heaviest weight lifted: **100 lbs. or more**

H. Weight you frequently lifted (By frequently, we mean from 1/3 to 2/3 of the workday):
50 lbs. or more

I. Did you supervise other people in this job? **No**

How many people did you supervise?

What part of your time was spent supervising people?

Did you hire and fire employees?

J. Were you a lead worker? **No**

(3368) Section 4 - Information About Your Medical Records

A. Have you been seen by a doctor/hospital/clinic or anyone else for the illnesses, injuries, or conditions that limit your ability to work?

Yes

B. Have you been seen by a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

Yes

C. List other names you have used on your medical records:

Tell us who may have medical records or other information about your illnesses, injuries, or conditions.

D. List each Doctor/HMO/Therapist. Include your next appointment:

E. List each Hospital/Clinic. Include your next appointment:

Name: FLORIDA HOSPITAL ORMOND MEMORIAL
Address: ATTN: HEALTH INFORMATION MANAGEMENT
 875 STERTHAUS AV
 ORMOND BEACH, FL 32174-5131
Phone: 386-676-6000

Inpatient Date In 1:		Inpatient Date Out 1:	
Inpatient Date In 2:		Inpatient Date Out 2:	
Inpatient Date In 3:		Inpatient Date Out 3:	
Outpatient Date First Visit:	07/2006	Outpatient Date Last Visit:	07/2006

Emergency Room Dates of Visits: 07/2006
Next Appointment:
Your Hospital/Clinic Number:
Reasons for Visits:
 To get 2nd opinion on back problems.
 What treatment did you receive?
X-Rays
 What doctors do you see at this hospital/clinic on a regular basis?

Name: HALIFAX MEDICAL CENTER
Address: ATTN: HEALTH INFORMATION SVCS
 PO BOX 2830
 DAYTONA BCH, FL 32120-9000
Phone: 386-947-2923

Inpatient Date In 1:		Inpatient Date Out 1:	
Inpatient Date In 2:		Inpatient Date Out 2:	
Inpatient Date In 3:		Inpatient Date Out 3:	
Outpatient Date First Visit:	06/29/2006	Outpatient Date Last Visit:	07/2006

Emergency Room Dates of Visits: 06/29/2006
Next Appointment:
Your Hospital/Clinic Number:
Reasons for Visits:
Back Problems
 What treatment did you receive?
Muscle Relaxer, X-Rays
 What doctors do you see at this hospital/clinic on a regular basis?

F. Does anyone else have medical records or information about your illnesses, injuries, or conditions (for example, Workers' Compensation, insurance companies, prisons, attorneys, or welfare agency), or are you scheduled to see anyone else?

No

(3368) Section 5 - Medications

Do you currently take any prescription or non-prescription medications for your condition(s)? No

If "YES," please tell us the following: (Look at your medication containers, if necessary.)

Name of Medication	Prescribed By (Name of Doctor)	Reason for Medication	Side Effects You Have

(3368) Section 6 - Tests

Have you had, or will you have, any medical tests for your illnesses, injuries, or conditions?

Yes

If "YES," please tell us the following: (Give approximate dates, if necessary.)

Kind of Test	When Was/Will Test Be Done? (Month, day, year)	Where Done	Who Sent You For This Test
X-ray Lower and middle back	07/2006	FLORIDA HOSPITAL ORMOND MEMORIAL	FLORIDA HOSPITAL ORMOND MEMORIAL
X-ray Lower and middle back	06/2006	HALIFAX MEDICAL CENTER	HALIFAX MEDICAL CENTER

(3368) Section 7 - Education/Training Information

A. Highest grade of school completed: **2 years of college**

Approximate date completed: **08/2004**

B. Did you attend special education classes? **No**

If "YES",

C. Have you completed any type of special job training, trade or vocational school?

No

If "YES", what type?

Approximate date completed:

(3368) Section 8 - Vocational Rehabilitation, Employment Services, Other Support Services, and Individualized Education Programs

Have you participated, or are you participating in any program providing vocational rehabilitation, employment services, or other support services to help you go to work or in:

- an individual work plan with an employment network under the Ticket to Work Program;
- an individualized plan for employment with a vocational rehabilitation agency or any other organization;
- a Plan to Achieve Self-Support; or
- an individualized education program through an educational institution (if a student age 18-21)?

No

(3368) Section 9 - Remarks

Use this section for any additional information you did not show in earlier parts of this form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

I agree to a consultive exam.

Name of person completing this form:	Date Form Completed (Month, day, year):
Address (Number and street, City, State, Zip Code):	
[REDACTED]	
ORMOND BEACH, FL 32174	
e-mail address (optional):	

Form SSA-3368 EDCS

WORK ACTIVITY REPORT — EMPLOYEE

IDENTIFICATION - TO BE COMPLETED BY SSA

Name of Claimant or Beneficiary Lamar Clark	Claimant or Beneficiary's SSN [REDACTED]	☐ Blind ☒ Not Blind
Name of Wage Earner (if different from Claimant or Beneficiary)	Wage Earner's SSN - -	

Claimant or Beneficiary is Receiving:

- ☐ Social Security Disability Insurance (SSDI) Benefits ☐ Both SSDI and SSI Disability Benefits
☐ Supplemental Security Income (SSI) Disability Benefits ☒ Neither SSDI or SSI Disability Benefits

PART I - TO BE COMPLETED BY SSA

1. Please use this form to tell us about your work since	Date 06/28/2006
2. We need to know this information because:	

ANSWER THE QUESTIONS ON THIS FORM AND RETURN IT AND ANY OTHER INFORMATION ABOUT YOUR CLAIM TO THE SOCIAL SECURITY OFFICE THAT GAVE (OR SENT) YOU THE FORM.

PART II - TO BE COMPLETED BY PERSONS APPLYING FOR OR RECEIVING BENEFITS

You should answer each of the questions below as best and with as many details as you can. This information will help us decide if you should get or keep getting benefits. For any question below, if you need more space, use item 9, on pages 5 and 6. Remember to write the number of the question that you are answering in item 9.

1. HAVE YOU WORKED SINCE THE DATE SHOWN IN ITEM 1 OF PART 1, ABOVE?
☒ YES If you did work, go to item 3 and answer the rest of the questions and sign and date the form. ☐ NO If you did not work, but earnings were reported for you as shown in item 2 of Part I above, go to item 2 below.
2. REPORTED WORK OR EARNINGS
If you did not work, but earnings were reported for you as shown in Item 2 of Part 1, explain what the pay was for. For example, sometimes pay is sick pay, vacation pay or holiday pay that you earned, or for work that you did before becoming unable to work because of your condition. If you can't explain the earnings reported for you or you don't remember what the total earnings are for, ask your employer(s). If your employer(s) cannot help you, ask your local Social Security Office to help you. Explanation of Earnings: If you need more space, use Item 9. Then go to Items 8 and 10.

3. TELL US ABOUT YOUR WORK SINCE THE DATE IN ITEM 1 OF PART 1 ABOVE.
 (If you are not sure about some things, ask your employer to help you. If you need more space, use Item 9, on pages 5 and 6.
 Remember to write the number of the question that you are answering in Item 9.)

A. Employer's Name		Employer's Address (include street, city, state, & ZIP)	
Tile Depot		Ormond Beach, FL	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
11/2005	07/2006		\$8.00
Job Title	Number of Hours (on average) Worked	Supervisor's Name	Supervisor's Telephone Number (include area code)
Truck Loader	☒ Per Day ☐ Per Week		

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☒ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

Was fired because I filed for Workers Comp.

B. Prior Employer's Name		Employer's Address (include street, city, state, & ZIP)	
Calvary Christian Academy		Ormond Beach, FL	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
08/2007	Present		\$250.00
Job Title	Number of Hours (on average) Worked	Supervisor's Name	Supervisor's Telephone Number (include area code)
Assistant Football Coach	☐ Per Day ☐ Per Week		

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

C. Prior Employer's Name		Employer's Address (Include street, city, state, & ZIP)	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked ☐ Per Day ☐ Per Week	Supervisor's Name	Supervisor's Telephone Number (Include area code)

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

☐ of my medical condition.

☐ special conditions at work related to my medical condition that allowed me to work were removed.

☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

4. Since the date you started working on or after the date shown in Item 1 of Part 1, above, have there been any months during which you earned over \$200 per month through 12/2000 or over \$530 beginning 01/2001 (before anything was withheld; e.g., taxes)?

☒ No (Go to Item 5.)

☐ Yes (Tell us which month and year and the amount you earned that month in the chart below. If you need more space, use Item 9, on pages 5 and 6. Remember to write the number of the question that you are answering in Item 9.)

MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

5. SPECIAL WORK CONDITIONS - Do (Did) you get special help on-the-job or extra pay in any of the jobs that you told us about in Item 3?

☒ No (Go to Item 6.)

☐ Yes Check all of the boxes that are true for you and tell us for which job(s) you received that help and tell us about any other special condition(s) or help that you got on a job.

☐ I needed and got special help from other workers in doing my job.

☐ I was given a job based on my past services to an employer.

☐ I was given special equipment or was given work that was suited to my condition.

☐ I worked irregular hours or took frequent rest periods.

☐ I was allowed to work at a lower standard of productivity.

☐ I worked in a sheltered work center.

☐ I worked for a relative or friend.

☐ I was hired through a special program for training or therapy (e.g., vocational rehabilitation, supported employment).

5. SPECIAL WORK CONDITIONS - Continued

Check all of the boxes that are true for you and tell us for which job(s) you received that help and tell us about any other special condition(s) or help that you got on a job.

My job duties were different than other workers' job duties doing the same work because:

- ☐ I worked fewer hours. ☐ I got different pay.
- ☐ I had different duties; fewer or easier duties. ☐ I had extra help, extra supervision, or a job coach.
- ☐ I was given special transportation to and from work. ☐ I got special help getting ready for work.
- ☐ I was paid for extra rest periods at work or extra time off from work and other workers were not.
- ☐ Other special help. (Explain below.)

In the space below, tell us for which job(s) you received the special help. If you need more space, use Item 9.

6. OTHER/SPECIAL PAYMENTS - Do (Did) you get any payment(s) from an employer in addition to regular pay? For example, did you get any tips, bonuses, sick or disability pay, vacation pay, meals, room or rent, transportation or use of a car or vehicle, or childcare?

- ☐ No Go to Item 7.
- ☒ Yes Tell us below what these payments were. If you need more space, use Item 9.

EMPLOYER	TYPE OF PAYMENT	AMOUNT OR ESTIMATE OF THE DOLLAR VALUE	MONTH & YEAR
Tile Depot	Lawsuit Settlement	\$ 5000.00	Feb/2007
		\$	
		\$	
		\$	
		\$	

7. SPECIAL WORK EXPENSES (IMPAIRMENT-RELATED WORK EXPENSES) - Do (Did) you spend any money of your own earnings for any things or services related to your condition that allowed you to work and for which you did not get paid back?

For example, medicines, bandages, braces, wheelchair, artificial arm or leg, braille equipment, special telephone or computer equipment, modifications to home (wider doorways, roll-in shower, ramps, wheelchair-lift), or modifications to a car (automatic wheelchair-lift), personal assistance (personal care attendant).

- ☒ No Go to Item 8.
- ☐ Yes Tell us below about the bills, or part of the bills, that you paid for things or services related to your medical condition that you needed in order to work. (Upon review, you may be required to provide proof of these expenses.) Do not show any bills or amounts paid by an insurance company or any other organization or person or paid back to you by an insurance company or other organization or person. (Example: An insurance company might pay all or part of the bill at a later time.)

7. SPECIAL WORK EXPENSES (IMPAIRMENT-RELATED WORK EXPENSES) - Continued

ITEM OR SERVICE	COST	DATE(S) PAID (MONTH & YEAR)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
SPECIAL TRANSPORTATION	COST	
MODIFIED VEHICLE	\$	
TAXI-TYPE SERVICE	\$	

8. VOCATIONAL REHABILITATION - Are (Were) you getting any help from a vocational rehabilitation or employment services provider to get the services and/or training you need to get ready to start working, find work or keep working?

☐ No If you answered no, would you like to get these services?

☐ Yes ☐ No Go to Item 10.

☐ Yes Tell us the name and address of the people who are (were) giving you vocational rehabilitation or employment services and training.

Vocational Rehabilitation/Employment Services Provider

Name	Address (Include street, city, state & ZIP)
Counselor's Name	Counselor's Telephone Number (Include area code)

If you need more space, go to item 9, below.

9. **More Space.** For any question above, if you need more space, use space below. Remember to write the number of the question that you are answering before you begin.

9. More Space - Continued. For any question above, if you need more space, use space below. Remember to write the number of the question that you are answering before you begin.

10. I authorize any employer, agency or other organization to disclose to the Social Security Administration or the State agency that may determine or review my entitlement to disability benefits any information about my medical condition or my work.

SIGN AND DATE THIS FORM

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature of Claimant, Beneficiary, or Representative Attest	Date 08/13/2008	Telephone Number (Include area code & e-mail address)

Mailing Address (Number and Street)

City and State

ZIP Code

County

Witnesses must sign ONLY if this statement is signed by mark (e.g., X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses and telephone numbers.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, city, state, and ZIP code)

Address (Number and street, city, state, and ZIP code)

Telephone Number (Include area code)

Telephone Number (Include area code)

PRIVACY ACT/PAPERWORK REDUCTION ACT STATEMENT

The Social Security Administration is authorized to collect the information on this form under Sections 205(a), 223 (d), 1612, 1613 and 1633(a) of the Social Security Act. The information on this form is needed by the Social Security Administration to make a decision on your claim. While giving us the information on this form is voluntary, failure to provide all of the requested information could prevent an accurate or timely decision on your claim and could result in a loss of benefits. Although the information you furnish on this form is almost never used for any purpose other than making a determination on your disability claim, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist the Social Security Administration in establishing rights to Social Security benefits or coverage, (2) to comply with Federal laws requiring the release of information from Social Security records (for example, the General Accounting Office and the Department of Veterans Affairs), and (3) to facilitate statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (for example, to the Bureau of Census and Private concerns under contract to the Social Security Administration).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use programs to find or prove that a person qualifies for benefits paid by the Federal Government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 45 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213 TTY# (TTY 1-800-325-0778). Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.**

FOR SSA USE ONLY - DO NOT WRITE ON THIS PAGE

11. A. Contact made:

☐ In Person

☐ By Mail

☒ By Telephone

☐ Other _____

B. Completed by:

☐ Claimant

☒ SSA Representative

☐ Other _____

If "Other," show:

Name

Address

Telephone Number

Relationship

12. Interviewer/Reviewer Checklist. SSA interviewers and reviewers should check all items that apply and discuss all "YES" or "NO" answers below, except for reminder items or when a final determination is prepared.

A. Work within waiting period or within 12 months of onset (SGA denial or reopening/revision to denial applies)

☐ YES ☐ NO

B. MIE diary involved - DDS referral needed

☐ YES ☐ NO

C. Title II TWP determination

☐ YES ☐ NO

D. Special considerations, situations, assistance (Subsidy - specific or nonspecific)

☐ YES ☒ NO

E. IRWE

☐ YES ☒ NO

F. SGA (after applicable subsidy/IRWE deduction(s))

☐ YES ☒ NO

G. UWA (initial claim - DDS jurisdiction. FO has documented significant break in work and made UWA recommendation to DDS for a final determination)

☐ YES ☒ NO

H. UWA (Continuing disability review - FO jurisdiction)

☐ YES ☐ NO

I. EPE impairment severity issue - DDS referral needed (reminder item)

☐ YES ☐ NO

J. EPE reinstatement/suspension/termination

☐ YES ☐ NO

K. Due process required

☐ YES ☐ NO

L. Concurrent Title II & Title XVI Income & Resources or 1619 action needed

☐ YES ☐ NO

M. Other issue(s)/comment(s) not noted above

☐ YES ☐ NO

Discussion:

Alleged onset date June 28, 2006. Work after onset not SGA.

13. Signature and title of SSA interviewer/reviewer

M. M. Powers

14. FO/PSC code

664

15. Telephone Number

(386) 761-8761

16. Date

08/13/2008

3. TELL US ABOUT YOUR WORK SINCE THE DATE IN ITEM 1 OF PART 1 ABOVE.
(If you are not sure about some things, ask your employer to help you. If you need more space, use Item 9, on pages 5 and 6.
Remember to write the number of the question that you are answering in Item 9.)

D. Employer's Name		Employer's Address (Include street, city, state, & zip)	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked ☐ Per Day ☐ Per Week	Supervisor's Name	Supervisor's Telephone Number (Include area code)

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

E. Employer's Name		Employer's Address (Include street, city, state, & zip)	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked ☐ Per Day ☐ Per Week	Supervisor's Name	Supervisor's Telephone Number (Include area code)

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

3. TELL US ABOUT YOUR WORK SINCE THE DATE IN ITEM 1 OF PART 1 ABOVE.
(If you are not sure about some things, ask your employer to help you. If you need more space, use Item 9, on pages 5 and 6.
Remember to write the number of the question that you are answering in Item 9.)

F. Employer's Name		Employer's Address (Include street, city, state, & zip)	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked ☐ Per Day ☐ Per Week	Supervisor's Name	Supervisor's Telephone Number (Include area code)

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

G. Employer's Name		Employer's Address (Include street, city, state, & zip)	
Date Work Started	Date Work Ended	Starting Hourly Pay	Current or Ending Pay
Job Title	Number of Hours (on average) Worked ☐ Per Day ☐ Per Week	Supervisor's Name	Supervisor's Telephone Number (Include area code)

Check each block below that is true for this work:

I stopped working within 6 months, or I reduced my work hours and earnings within 6 months, or within 6 months I had to change the type of work I was doing (e.g., You were a plumber and changed to lighter work.) because:

- ☐ of my medical condition.
- ☐ special conditions at work related to my medical condition that allowed me to work were removed.
- ☐ I stopped working or changed the type of work I was doing for other reasons. (Tell us what the other reasons were below.)

DISABILITY REPORT - FIELD OFFICE - Form SSA-3367

(3367) ID/Prior Filings

Identifying Information

1. Name of Person whose Social Security Record this Claim is being filed:

Lamar Clark

His or Her Social Security Number: [REDACTED]

Name of Claimant (if different from above):

SSN (if different from above):

Gender: **Male**

Date Of Birth: [REDACTED]

2. Claimant's Alleged Onset Date: **06/28/2006**

3. Potential Onset Date (if different from above):

4. Reason for Potential Onset Date:

5. Explanation for Potential Onset Date, when applicable:

Miscellaneous Information

6. Protective Filing Date:

Date Last Insured (DIB/Freeze case): **12/31/2006**

Beginning of Prescribed Period (DWB):

End of Prescribed Period:

Controlling Date:

Closed Period Case: **No**

Prior Filing Information

7. Prior Filing(s): **No**

If Yes, and you are not sending the prior folder, enter the following:

(3367) Presumptive

The Presumptive Disability page details are not being displayed here because there is no PD on this case.

(3367) Observations

9. Observations/Perceptions:

How was the Interview Conducted? **Teleclaim with claimant**

If the claimant had difficulty with the following, explain in Observations, or show "No" or "Not observed/perceived." (Explain any "No" answers that you think would assist the DDS in making a decision):

Hearing: **No**

Reading: **Not observed/perceived**

Breathing: **No**

Understanding: **No**

Coherency: **No**

Concentrating: **No**

Talking: **No**

Answering: **No**

Other (specify):

Observations: Describe the claimant's behavior, appearance, grooming, degree of limitations, etc.

Claimant was not to cooperative with information regarding minor child and exspouse.

(3367) Development

10. Development Initiated by FO:

A. Medical:

B. Other:

C. Forms to be completed by applicant and sent to the DDS:

SSA-3371:

SSA-3369:

Other:

11. Was medical evidence brought in to the FO by the claimant? No

12. Is DDS capability development needed? No

Remarks:

Name of Interviewer: **M. Powers**

Phone Number: **386-761-8761**

Name of Person Completing Form: **M. Powers**

Date: **08/13/2008**

Form SSA-3367 EDCS

JWC

ORMOND MEDICAL ARTS - FAMILY PRACTICE**77 W. GRANADA BLVD. ORMOND BEACH, FL 32174****PH: (386) 677-0453 FAX: (386) 677-0463**

James R. Shoemaker, D.O.
David W. Carpenter, M.D.
Carlos M. Sanchez, M.D.

Cynthia A. Dean, PA-C
Joel Ledford, PA-C
Jan Watson, ARNP
Cheryl Kimmel, PA-C

October 10, 2008

Office of Disability Determinations
P. O. Box 10375
Jacksonville, FL 32247

Re: Lamar Clark
SS#: [REDACTED]

HISTORY OF PRESENT ILLNESS: Mr. Clark is a 33-year-old African American male presenting for disability evaluation. The claimant reports a 2 year history of worsening mid back and low back pain that he attributes to a lifting injury in 2006. He has no surgical history with regard to his neck or back. He denies any additional injury to his neck or back.

The claimant reports that he injured his left knee while playing football in 1993. He subsequently underwent left knee arthroscopy. Since his initial injury he has experienced intermittent left knee pain and swelling. He feels that his symptoms have worsened over the past few years.

Currently the claimant reports intermittent pain at both his low back and left knee. He reports intermittent numbness and tingling affecting his left lower extremity. No bowel or bladder incontinence. Despite his symptoms, he is capable of performing his activities of daily living without difficulty or assistance. The claimant reports that his symptoms are made worse with strenuous activity.

PRESENT OCCUPATION: Unemployed.

DRUG ALLERGIES: NKDA.

PRESENT MEDICATIONS: Meflomin.

PAST MEDICAL HISTORY:

Injuries: Left knee. Right knee. Back injury. Hand injury.
Operations: Right index finger. Right hand. Left knee.
Illnesses: Diabetes.

FAMILY HISTORY: Father died age 70. Mother living age 68. Two brothers ages 27 and 35.
Continued ...

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 2

SOCIAL HISTORY: Divorced. Nonsmoker. Drinker of alcohol, occasionally.

PHYSICAL EXAMINATION

VITAL SIGNS: Height 78" without shoes. Weight 254 lb. BP 160/90. Pulse 80. Resp 14. Temp 98.6.

GENERAL: In general, alert and oriented, in no apparent distress. He answers questions appropriately. He follows directions without difficulty. He gets on and off the exam table without difficulty or assistance.

SKIN: Warm, dry, good turgor without ecchymosis, ulcerations, petechiae or eruptions.

HEAD: Normocephalic with normal hair distribution.

NECK: Supple without masses or adenopathy. The trachea is located in the midline and freely moveable. Carotid pulses are 2+ and equal bilaterally without evidence of bruits. Thyroid is felt to be within normal limits.

EYES: Pupils are equally reactive to light and accommodation. The extraocular muscles are full. No scleral icterus is noted. Pupils are approximately 2 mm in diameter bilaterally.

EARS: Canals are clear. Tympanic membranes are intact without fluid, inflammation or discharge.

NOSE: Nares are patent bilaterally without septal deviation, mucosal hypertrophy or sinus tenderness.

MOUTH AND THROAT: There are no lesions of the lips, gums, tongue, pharynx or buccal mucosa.

CHEST: Symmetrical with no increase in AP diameter and no accessory muscles of respiration in use.

HEART: Heart tones are within normal limits. No murmurs, gallops or friction rubs noted. S1-S2 normal. There is no S3 or S4 auscultated.

LUNGS: Clear to percussion and auscultation with normal breath sounds throughout.

BACK AND SPINE: Examination of the spine shows no particular cervical, thoracic, lumbar or sacral spine point tenderness. There is a mild left to right curvature of the mid thoracic spine with significant spasming of the right thoracic paravertebral musculature throughout. No L/S paraspinous tenderness or spasming. Straight leg raising is negative bilaterally.

ABDOMEN: Negative for masses or organomegaly. No hepatosplenomegaly is noted. Bowel sounds are within normal limits. Hepatojugular reflux was negative.
continued ...

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 3

UPPER EXTREMITIES: The upper extremities reveal full ROM of all upper extremity joints including the wrists, elbows and shoulders, except those abnormalities if noted on range of motion sheet. No evidence of cyanosis or clubbing. Examination of upper extremities shows no motor or sensory deficits. No joint deformities. No evidence of joint inflammation. No point tenderness at the shoulders, elbows, wrists or hands. Grip strength is 5/5 bilaterally. Fine manipulation skills are within normal limits at both upper extremities. No difficulty manipulating buttons or opening doors.

LOWER EXTREMITIES: Lower extremities reveal full ROM of the hips, knees, ankles and feet, except those abnormalities if noted on range of motion sheet. No evidence of pretibial or ankle edema, ulcerations or varicosities. Examination of lower extremities shows no motor or sensory deficits. There are mild degenerative changes present at the left knee with trace crepitus and a slight anterior effusion. He has medial joint line tenderness at the left knee. No joint line tenderness at the right knee. Lachman's maneuver produces pain in the medial compartment on the left and is negative on the right. No significant laxity is appreciated. He ambulates in a normal heel to toe fashion. He is steady without assistance. His balance is good. He does not limp.

PULSES:

	<u>R</u>	<u>L</u>
Femoral	+2/4	+2/4
Popliteal	+2/4	+2/4
Posterior tibial	+2/4	+2/4
Dorsalis pedis	+2/4	+2/4

NEUROLOGICAL EXAM: Neurological exam shows cranial nerves II through XII to be grossly intact. Deep tendon reflexes are 2+ throughout his upper and lower extremities and are symmetrical.

FINAL IMPRESSIONS:

1. Chronic left knee pain status post failed arthroscopy, 1993.
2. Scoliosis with chronic mid and low back pain.

DISCUSSION: The claimant has no motor or sensory deficits by physical exam. Grip strength and fine manipulation skills are within normal limits at both upper extremities. He ambulates in normal heel to toe fashion. He is steady without assistance. His balance is good.

David W. Carpenter, M.D.

DWC/amd tr: 10/13/08

DISABILITY REPORT - FIELD OFFICE - Form SSA-3367

(3367) ID/Prior Filings

Identifying Information

1. Name of Person whose Social Security Record this Claim is being filed:

Lamar Clark

His or Her Social Security Number: [REDACTED]

Name of Claimant (if different from above):

SSN (if different from above):

Gender: **Male**

Date Of Birth: [REDACTED]

2. Claimant's Alleged Onset Date: **03/30/2007**

3. Potential Onset Date (if different from above):

4. Reason for Potential Onset Date:

5. Explanation for Potential Onset Date, when applicable:

Miscellaneous Information

6. Protective Filing Date: **04/03/2009**

Date Last Insured (DIB/Freeze case): **12/31/2006**

Beginning of Prescribed Period (DWB):

End of Prescribed Period:

Controlling Date:

Closed Period Case: **No**

Prior Filing Information

7. Prior Filing(s): **Yes**

If Yes, and you are not sending the prior folder, enter the following:

Type of prior claim(s):	DIB
SSN of prior claim(s):	[REDACTED]
Date and Level of Last Decision:	10/24/2008 Initial
Last Decision:	Denial
Date of prior termination (if applicable):	08/2008
Location of prior folder:	664
Prior folder requested:	No
Date Requested:	

(3367) Presumptive

The Presumptive Disability page details are not being displayed here because there is no PD on this case.

(3367) Observations

9. Observations/Perceptions:

How was the Interview Conducted? **Teleclaim with claimant**

If the claimant had difficulty with the following, explain in Observations, or show "No" or "Not observed/perceived." (Explain any "No" answers that you think would assist the DDS in making a decision):

Hearing: No
 Reading: No
 Breathing: No
 Understanding: No
 Coherency: No
 Concentrating: No
 Talking: No
 Answering: No

Other (specify):

Observations: Describe the claimant's behavior, appearance, grooming, degree of limitations, etc.

N/A - Teleclaim. Pleasant disposition.

(3367) Development

10. Development Initiated by FO:

A. Medical:

B. Other:

C. Forms to be completed by applicant and sent to the DDS:

SSA-3371:

SSA-3369:

Other:

11. Was medical evidence brought in to the FO by the claimant? No

12. Is DDS capability development needed? No

Remarks:

Name of Interviewer: M. Isler

Phone Number: 386-761-8761

Name of Person Completing Form: M. Isler

Date: 04/23/2009

Form SSA-3367 EDCS

DISABILITY REPORT - ADULT - Form SSA-3368

(3368) Section 1 - Information About the Disabled Person

A. Name: **Lamar Clark**

B. Social Security Number: [REDACTED]

C. Daytime Telephone Number (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.):

[REDACTED] Your number

D. Give the name of a friend or a relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help you with your claim.

Name:	Queenie Clark
Relationship:	Mother
Address:	[REDACTED] Ormond Beach, FL 32174
Daytime Phone:	[REDACTED] - Voice

E. What is your height without shoes? **6' 5"**

F. What is your weight without shoes? **247 lbs.**

G. Do you have a medical assistance card? **No**

If "YES", show the number here:

H. Can you speak and understand English? **Yes**

If "NO", what is your preferred language?

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot speak and understand English, is there someone we may contact who speaks and understands English and will give you messages?

(If "YES", is this the same person as in "D" above? If it is, show "SAME" below, if not complete below.)

I. Can you read and understand English? **Yes**

J. Can you write more than your name in English? **Yes**

(3368) Section 2 - Your Illnesses, Injuries, or Conditions and How They Affect You

A. What are the illnesses, injuries, or conditions that limit your ability to work?

Back; Bilat knee; Diabetes Type II

B. How do your illnesses, injuries, or conditions limit your ability to work?

I can't lift anything, my back hurts from my neck all of the way down to my tailbone. Some days I can't walk due to the severity of my knees.

C. Do your illnesses, injuries, or conditions cause you pain or other symptoms? **Yes**

D. When did your illnesses, injuries, or conditions first interfere with your ability to work? **06/29/2006**

E. When did you become unable to work because of your illnesses, injuries, or conditions?
03/30/2007

F. Have you ever worked? **Yes**

G. Did you work at any time after the date your illnesses, injuries, or conditions first interfered with your ability to work? **No**

H. If "Yes," did your illnesses, injuries, or conditions cause you to:

work fewer hours?

change your job duties?

make any job-related changes such as your attendance, help needed, or employers?

Explain:

I. Are you working now? **No**

If "NO," when did you stop working? **06/29/2006**

J. Why did you stop working?

I was hurt on the job.

(3368) Section 3 - Information About Your Work

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

* = Longest Job Held

Longest Job Held	Job Title	Type of Business	Dates Worked (From-To)	Hours Per Day	Days Per Week	Rate of Pay/Per
	Delivery	Deliver packages	2002 - 2003	8	5	\$8.00/Hour
	Loaded and unloaded trucks	Tile Depot	2006 - 2007	8	5	\$8.00/Hour
*	Loaded trucks, sales	Beer Distributor	1997 - 2001	8	5	\$260.00/Week

B. Which job did you do the longest?

Loaded trucks, sales

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.):

Loading the beer trucks with stacked pallets of beer. In sales I had to set up displays in different stores and move the beer around.

D. In this job, did you:

Use machines, tools, or equipment? **Yes**

Use technical knowledge or skills? **No**

Do any writing, complete reports, or perform duties like this? **Yes**

E. In this job, how many total hours each day did you:

Walk? **5**

Stand? **5**

Sit? **0**

Climb? **0**

Stoop? (Bend down & forward at waist.): **3**

Kneel? (Bend legs to rest on knees.): **3**

Crouch? (Bend legs & back down & forward.): **0**

Crawl? (Move on hands & knees.): **0**

Handle, grab or grasp big objects? **8**

Reach? **5**

Write, type or handle small objects? **2**

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.):

Lifted cases of beer and carried the beer between 2 feet and 50 feet. I lifted cases of beer all day long.

G. Heaviest weight lifted: **100 lbs. or more**

H. Weight you frequently lifted (By frequently, we mean from 1/3 to 2/3 of the workday.):

50 lbs. or more

I. Did you supervise other people in this job? **No**

How many people did you supervise?

What part of your time was spent supervising people?

Did you hire and fire employees?

J. Were you a lead worker? **No**

(3368) Section 4 - Information About Your Medical Records

A. Have you been seen by a doctor/hospital/clinic or anyone else for the illnesses, injuries, or conditions that limit your ability to work?

Yes

B. Have you been seen by a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

No

C. List other names you have used on your medical records:

Tell us who may have medical records or other information about your illnesses, injuries, or conditions.

D. List each Doctor/HMO/Therapist. Include your next appointment:

E. List each Hospital/Clinic. Include your next appointment:

Name:	FLORIDA HOSPITAL ORMOND MEMORIAL		
Address:	ATTN: HEALTH INFORMATION MANAGEMENT		
	875 STERTHAUS AV		
	ORMOND BEACH, FL 32174-5131		
Phone:	386-676-6000		
Inpatient Date In 1:		Inpatient Date Out 1:	
Inpatient Date In 2:		Inpatient Date Out 2:	
Inpatient Date In 3:		Inpatient Date Out 3:	
Outpatient Date First Visit:	07/2006	Outpatient Date Last Visit:	2009
Emergency Room Dates of Visits:	07/2006 - 2009		
Next Appointment:	N/A		
Your Hospital/Clinic Number:			
Reasons for Visits:			
Back injury			
What treatment did you receive?			
2007-2009			
What doctors do you see at this hospital/clinic on a regular basis?			

Name:	HALIFAX MEDICAL CENTER		
Address:	ATTN: HEALTH INFORMATION SVCS		
	PO BOX 2830		
	DAYTONA BCH, FL 32120-9000		
Phone:	386-947-2923		
Inpatient Date In 1:		Inpatient Date Out 1:	
Inpatient Date In 2:		Inpatient Date Out 2:	
Inpatient Date In 3:		Inpatient Date Out 3:	
Outpatient Date First Visit:	06/29/2006	Outpatient Date Last Visit:	2009
Emergency Room Dates of Visits:	06/29/2006		
Next Appointment:	N/A		
Your Hospital/Clinic Number:			
Reasons for Visits:			
Back condition			
What treatment did you receive?			
Testing, medications			
What doctors do you see at this hospital/clinic on a regular basis?			

F. Does anyone else have medical records or information about your illnesses, injuries, or conditions (for example, Workers' Compensation, insurance companies, prisons, attorneys, or welfare agency), or are you scheduled to see anyone else?

No

(3368) Section 5 - Medications

Do you currently take any prescription or non-prescription medications for your condition(s)? No

If "YES," please tell us the following: (Look at your medication containers, if necessary.)

Name of Medication	Prescribed By (Name of Doctor)	Reason for Medication	Side Effects You Have

(3368) Section 6 - Tests

Have you had, or will you have, any medical tests for your illnesses, injuries, or conditions?

Yes

If "YES," please tell us the following: (Give approximate dates, if necessary.)

Kind of Test	When Was/Will Test Be Done? (Month, day, year)	Where Done	Who Sent You For This Test
X-ray Back condition	2006-2009	FLORIDA HOSPITAL ORMOND MEMORIAL	FLORIDA HOSPITAL ORMOND MEMORIAL
X-ray Back and Bilat knee cond	2006-2009	HALIFAX MEDICAL CENTER	HALIFAX MEDICAL CENTER

(3368) Section 7 - Education/Training Information

A. Highest grade of school completed: **2 years of college**

Approximate date completed: **08/2004**

B. Did you attend special education classes? **No**

If "YES",

C. Have you completed any type of special job training, trade or vocational school?

No

If "YES", what type?

Approximate date completed:

(3368) Section 8 - Vocational Rehabilitation, Employment Services, Other Support Services, and Individualized Education Programs

Have you participated, or are you participating in any program providing vocational rehabilitation, employment services, or other support services to help you go to work or in:

- An individual work plan with an employment network under the Ticket to Work Program;
- An individualized plan for employment with a vocational rehabilitation agency or any other organization;
- A Plan to Achieve Self-Support; or
- An individualized education program through an educational institution (if a student age 18-21)?

No

(3368) Section 9 - Remarks

Use this section for any additional information you did not show in earlier parts of this form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the blocks there.

Name of person completing this form:

Date Form Completed (Month, day, year):

Address (Number and street, City, State, Zip Code):

██████████
ORMOND BEACH, FL 32174

e-mail address (optional):

Form SSA-3368 EDCS

ORMOND MEDICAL ARTS - FAMILY PRACTICE
77 W. GRANADA BLVD. ORMOND BEACH, FL 32174
PH: (386) 677-0453 FAX: (386) 677-0463

James R. Shoemaker, D.O.
David W. Carpenter, M.D.
Carlos M. Sanchez, M.D.

Jan Watson, ARNP
Cheryl Kimmel, PA-C
Anna Iv, PA-C
Janel M. Bradstreet, ARNP

July 1, 2009

Office of Disability Determinations
P. O. Box 10375
Jacksonville, FL 32247

Re: Lamar Clark
SS#: [REDACTED]

HISTORY OF PRESENT ILLNESS: Lamar is a 34-year-old African American male here today for disability evaluation. The patient reports the main reason he is unable to work is that he has left knee pain and low back pain which radiates up his back sometimes on his left side to his thoracic area. The patient states his knee grinds when he walks for long periods of time. He says his back bothers him whenever he does any type of bending. He has done mostly physical labor his entire life. The patient injured his knee while playing football in college. He says it has been many years since he has had any x-rays. He hurt his back while working about 2 years, but he has never had any x-rays or any follow-up by a doctor. The patient also states that he has had diabetes for the last 2 years.

PRESENT OCCUPATION: Unemployed.

DRUG ALLERGIES: NKDA.

PRESENT MEDICATIONS: Metformin.

PAST MEDICAL HISTORY:

Injuries: Left knee. Low back problems. Mid back problems.
Operations: Left knee surgery. Right hand surgery.
Illnesses: Diabetes.

FAMILY HISTORY: Father died age 69, MI. Mother living age 67, diabetes. One brother age 28 in good health.

SOCIAL HISTORY: Divorced. Smoker, smoking 1/2 - 1 pack of cigarettes per day times 15+ years.
Drinker of alcohol, socially.

Continued ..
Page 1 of 3

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 2 of 3

PHYSICAL EXAMINATION

VITAL SIGNS: Height 77" without shoes. Weight 250 lb. BP 148/110. Pulse 76. Resp 16. Temp 98.4.

GENERAL: In general, he is a well-developed male in no apparent distress. He answers questions appropriately and follows directions without difficulty. He voices pain with many ROM movements that I had him do today.

SKIN: Warm, dry, good turgor without ecchymosis, ulcerations, petechiae or eruptions.

HEAD: Normocephalic with normal hair distribution.

NECK: Supple without masses or adenopathy. The trachea is located in the midline and freely moveable. Carotid pulses are 2+ and equal bilaterally without evidence of bruits. Thyroid is felt to be within normal limits.

EYES: Pupils are equally reactive to light and accommodation. The extraocular muscles are full. No scleral icterus is noted. Pupils are approximately 2 mm in diameter bilaterally.

EARS: Canals are clear. Tympanic membranes are intact without fluid, inflammation or discharge.

NOSE: Nares are patent bilaterally without septal deviation, mucosal hypertrophy or sinus tenderness.

MOUTH AND THROAT: There are no lesions of the lips, gums, tongue, pharynx or buccal mucosa.

CHEST: Symmetrical with no increase in AP diameter and no accessory muscles of respiration in use.

HEART: Heart tones are within normal limits. No murmurs, gallops or friction rubs noted. S1-S2 normal. There is no S3 or S4 auscultated.

LUNGS: Clear to percussion and auscultation with normal breath sounds throughout.

BACK AND SPINE: Examination of the spine shows mild loss of ROM of his lumbar spine. No cervical, thoracic, lumbar or sacral spine point tenderness. No paravertebral muscle spasms. Straight leg testing is negative.

ABDOMEN: Negative for masses or organomegaly. No hepatosplenomegaly is noted. Bowel sounds are within normal limits. Hepatojugular reflux was negative.

Continued ..

Page 2 of 3

Office of Disability Determinations

Re: Lamar Clark

SS#: [REDACTED]

Page 3 of 3

UPPER EXTREMITIES: The upper extremities reveal full ROM of all upper extremity joints including the wrists, elbows and shoulders, except those abnormalities if noted on range of motion sheet. No evidence of cyanosis or clubbing. Grip strengths are 5/5 bilaterally. Fine manipulation is within normal limits.

LOWER EXTREMITIES: Lower extremities reveal full ROM of the hips, knees, ankles and feet, except those abnormalities if noted on range of motion sheet. No evidence of pretibial or ankle edema, ulcerations or varicosities. He is tender to palpation in his left knee joint, medially and laterally. He has some crepitus and slightly decreased ROM. Gait: No obvious limp. He can do heel and toe walk, but toe walk causes pain in his left knee.

<u>PULSES:</u>	<u>R</u>	<u>L</u>
Femoral	+2/4	+2/4
Popliteal	+2/4	+2/4
Posterior tibial	+2/4	+2/4
Dorsalis pedis	+2/4	+2/4

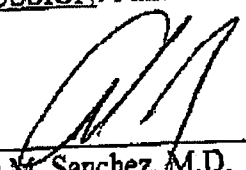
NEUROLOGICAL EXAM: Neurological exam shows cranial nerves II through XII to be grossly intact.

X-RAYS, LUMBAR SPINE: Mild decreased disc space between L5-S1; otherwise within normal limits.

FINAL IMPRESSIONS:

1. Low back pain.
2. Left knee pain.

DISCUSSION: Patient would benefit from x-ray of his left knee.


Carlos M. Sanchez, M.D.

CMS/aud

tr: 07/02/09

ADJUDICATOR: JC ZMATHID
CLAIMANT: LAMAR CLARK

(Y) 20090428305960
CASENR: 5568620

SUPPLEMENTAL PAIN QUESTIONNAIRE

1. Please describe your pain symptoms. Try to be as specific as possible regarding the type of pain, location/radiation of pain, and intensity/severity of the pain, etc.

Very Sharp pain from my middle of my spine down to my hips

2. What factors cause you to experience pain? (For example, specific activities such as bending, standing, walking, sitting, reaching, temperature extremes, etc.) Please provide specific examples.

Sitting, Standing, bending

3. How frequently do you experience pain and how long does your pain usually last?

Sometimes 5-6 hours sometimes weeks

4. What relieves your pain?

Taking Loritabs when I was prescribed them

5. What prescription or non-prescription medication do you take for relief of pain?

None now

6. How effective are these medications in relieving your pain? Please discuss.

Loritabs and Tylenol 3 ~~was~~ calm it down a little

7. Please describe any side effects from your medication.

None

8. Besides medication, have you tried other forms of therapy or treatment for relief of your pain? (For example, physical therapy TENS unit, biofeedback, etc.) Please explain.

Hot Tub therapy

020905120005395

ADJUDICATOR: JC ZMATHID
CLAIMANT: LAMAR CLARK

(Y) 20090428305960
CASENBR: 5568620

9. Please describe how your condition affects the following areas. Provide specific examples if possible.

Cooking/meal preparation- *None*

Personal care (bathing, hair care, dressing)- *standing too long in the shower*

Housecleaning- *can't move stuff around*

Laundry-

Shopping-

Sleeping- *Certain position*

Driving-

Yard work, gardening- *can't rake the yard*

Social activities/hobbies-

Child care-

Home maintenance-

Sitting-

Standing-

Walking- *my knees lock up*

M-44P D0044P

020905120005395

04/27/2009

Page 3

ADJUDICATOR: JC ZMATHID
CLAIMANT: LAMAR CLARK

(Y) 20090428305960
CASENR: 5568620

10. Please provide any additional comments regarding how your condition limits your ability to work. Please attach additional pages if you need more space.

In case we need to contact you, please provide a telephone number where you can be reached and the best time of the day for us to call.

Telephone Number: [REDACTED]

Time of day: 7:00 pm

Signature: Lamar Clark

Date: 5/5/09

M-44P D0044P

Adult Initial/Reconsideration Decision Worksheet

Claimant: CLARK, LAMAR

SSN: [REDACTED]

1. An interpretation of the medical findings is contained in the regulation basis code, SSA-4734-F4, SSA-2506-BK, SSA-4734-F4-SUP, SSA-4268-U4/C4, PPCS Review/Input Sheet and/or SSA-5002. This also includes consideration of any medical assessment(s), following SSA guidelines.
2. Any treating source opinion statements have been taken into consideration in reaching this determination. Any such statements are supported or rebutted by a finding of allowance, or in the SSA-4734-F4, SSA-2506-BK, SSA-4734-F4-SUP, SSA-4268-U4/C4 and/or SSA-5002, using SSA guidelines.
3. Any inconsistencies material to the decision, including medical reports, have been resolved through a finding of allowance or in a SSA-4734-F4, SSA-2506-BK, SSA-4734-F4-SUP, SSA-4268-U4/C4 and/or SSA-5002.
4. Symptoms (pain, fatigue, etc.)
 - ☐ The claimant does not allege, nor are there any reports of symptoms.
 - ☐ The claimant alleges, or there are reports of symptoms, but the symptoms do not interfere with daily functioning.
 - ☒ The claimant alleges, or there are reports of, symptoms of a severity that interfere with daily functioning. An assessment of symptoms was included in arriving at the conclusions in the regulation basis code, SSA-4734-F4, SSA-2506-BK, SSA-4734-F4-SUP, and/or SSA-4268-U4/C4.
5. The combination of not severe impairments has been considered in this assessment:
 - ☐ None of these impairments, either singly or in combination, is felt to impact on the claimant's physical/mental functional capacity.
 - ☒ The combination of impairments does impact on the claimant's physical/mental functional capacity as indicated in the regulation basis code, SSA-4734-F4, SSA-2506-BK, SSA-4734-F4-SUP, and/or SSA-4268-U4/C4.
6. Any inconsistency in age or educational level present in the file is not material to the decision since both ages/educational levels are within the same category and would not change the decision and/or the applicable vocational rule.

7. **CAPACITY FOR PAST RELEVANT WORK** (check the most appropriate choice):

- ☐ A. The claimant has no past relevant work.
- ☐ B. The claimant has the remaining functional capability to perform past relevant work as a as he/she performed it based on the claimant's own description (any material conflicts resolved). The claim is denied.
- ☐ C. The claimant can meet the demands of past work as a as generally performed in the national economy. The claim is denied.
- ☒ D. The claimant's past relevant work either as:
- ☐ actually performed, or
 - ☐ usually performed in the national economy

would be ruled out due to limitations in RFC/MRFC dated 07/08/09

	Job Title/DOT Title	RFC Limitations that rule out job
1.	package delivery	light
2.	truck loader	light
3.		
4.		
5.		
6.		

8. **ADVERSE PROFILES** (check if one of the following applies):

- ☐ No past relevant work, advanced age, limited education (11th grade or less) and advanced age (55+) as outlined in DI 25010.001B2. A finding of disabled is appropriate.
- ☐ The claimant is not working, 35+ years of arduous, unskilled work, marginal education (6th grade or less) and an impairment which prevents that work at the usual level of physical exertion (DI 25010.001B.1). A finding of disabled is appropriate.
- ☐ Lifetime commitment to a field of work the individual can no longer do because of severe impairment(s), closely approaching retirement age (60+), limited education, unskilled work background, skilled or semiskilled work background with no transferable skills. A finding of disabled is appropriate. (DI 25010.001, DI 25020.010A.10, and DI 25020.005A.10)

9. OTHER WORK ISSUES (Item 7 must also be completed):

☐ A. No vocational rule applies as the impairment is solely non-exertional:

- ☐ The claimant CAN perform a sufficient number of jobs in view of his/her vocational profile. The claim is denied.
- ☐ The claimant CANNOT perform a sufficient number of jobs in view of his/her vocational profile. The claim is allowed.

☐ B. Vocational Rule applies and directs a finding of disabled as:

- ☐ past work was unskilled, so transferability is not an issue.
- ☐ past work was semi-skilled/skilled, but not transferable.

☐ C. Vocational Rule applies and directs a finding of not disabled.

- ☐ Skills are transferable to potential jobs listed below.
- ☐ Training provides for direct entry into semi-skilled/skilled work to potential jobs listed below.

☒ D. Vocational Rule is not met, but serves as a framework for the decision and results in a finding of not disabled. Possible jobs are cited below.

Job Title/DOT Title	Strength
1. router	Light
2. checker	Light
3. mailer	Light

☐ E. Other:

10. A consultative examination was purchased for the following reason(s):

- ☐ The claimant had no current source of medical information.
- ☐ The claimant's treating source(s) was not responsive.
- ☐ The evidence provided by the claimant's treating source(s) did not include sufficient information to assess the level of severity of the impairments.

11. An independent source was used for the consultative examination for the following reason:

- ☐ The treating source did not wish to perform the evaluation.
- ☐ The treating source did not have the equipment/facilities necessary to obtain the required information.
- ☐ There is no treating source.

Adjudicator: *Diana K. Mathis*

Date: 07/08/2009

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

CLAIMANT: CLARK, LAMAR		SOCIAL SECURITY NUMBER:	
NUMBERHOLDER (IF CDB OR DWB CLAIM):			
PRIMARY DIAGNOSIS: DEGENERATIVE DISC DISEASE	RFC ASSESSMENT IS FOR: ☒ Current Evaluation ☐ Date 12 Months After Onset: ☒ Date Last Insured: 12/31/2006 (Date) (Date) ☐ Other (Specify):		
SECONDARY DIAGNOSIS: LEFT KNEE PAIN			
OTHER ALLEGED IMPAIRMENTS:			

PRIVACY ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

I. LIMITATIONS:

For Each Section A - F

- ➡ Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.).
- ➡ Check the blocks which reflect your **reasoned judgment**.
- ➡ Describe how the **evidence substantiates your conclusions** (Cite specific clinical and laboratory findings, observations, lay evidence, etc.).
- ➡ Ensure that you have:
 - Requested appropriate medical source statements regarding the individual's capacities (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate weight to **treating source conclusions** (See Section III.).
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgment, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below (See also Section II.).
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➡ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

Continued on Page 2

A. EXERTIONAL LIMITATIONS

☐ None established. (Proceed to section B.)

1. Occasionally lift and/or carry (including upward pulling)

(maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

☐ less than 10 pounds

☐ 10 pounds

☒ 20 pounds

☐ 50 pounds

☐ 100 pounds or more

2. Frequently lift and/or carry (including upward pulling)

(maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

☐ less than 10 pounds

☒ 10 pounds

☐ 25 pounds

☐ 50 pounds or more

3. Stand and/or walk (with normal breaks) for a total of -

☐ less than 2 hours in an 8-hour workday

☐ at least 2 hours in an 8-hour workday

☒ about 6 hours in an 8-hour workday

☐ medically required hand-held assistive device is necessary for ambulation

4. Sit (with normal breaks) for a total of -

☐ less than about 6 hours in an 8-hour workday

☒ about 6 hours in an 8-hour workday

☐ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)

5. Push and/or pull (including operation of hand and/or foot controls) -

☒ unlimited, other than as shown for lift and/or carry

☐ limited in upper extremities (describe nature and degree)

☐ limited in lower extremities (describe nature and degree)

6. Explain how and why the evidence supports your conclusions in item 1 through 5.

Cite the specific facts upon which your conclusions are based.

34 year old male with allegation back pain and left knee pain. PE: HT 77",
WT 250 lb, BP 148/110. Mild loss of ROM of lumbar spine. Straight leg testing
negative. Full ROM lower extremities except left knee. Mild loss of ROM left
knee. Full ROM all upper extremities.

Continued on Page 3

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

B. POSTURAL LIMITATIONS

☐ None established. (Proceed to section C.)

	Frequently	Occasionally	Never
1. Climbing - ramp/stairs _____	☐	☒	☐
- ladder/rope/scaffolds _____	☐	☐	☒
2. Balancing _____	☐	☒	☐
3. Stooping _____	☐	☒	☐
4. Kneeling _____	☐	☒	☐
5. Crouching _____	☐	☒	☐
6. Crawling _____	☐	☒	☐

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

Continued on Page 4

C. MANIPULATIVE LIMITATIONS

☒ None established. (Proceed to section D.)

	LIMITED	UNLIMITED
1. Reaching all directions (including overhead) _____	☐	☐
2. Handling (gross manipulation) _____	☐	☐
3. Fingering (fine manipulation) _____	☐	☐
4. Feeling (skin receptors) _____	☐	☐
5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.		

D. VISUAL LIMITATIONS

☒ None established. (Proceed to section E.)

	LIMITED	UNLIMITED
1. Near acuity _____	☐	☐
2. Far acuity _____	☐	☐
3. Depth perception _____	☐	☐
4. Accommodation _____	☐	☐
5. Color vision _____	☐	☐
6. Field of vision _____	☐	☐
7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.		

Continued on Page 5

E. COMMUNICATIVE LIMITATIONS

☒ None established. (Proceed to section F.)

	LIMITED	UNLIMITED
1. Hearing _____	☐	☐
2. Speaking _____	☐	☐
3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS

☐ None established. (Proceed to section II.)

	UNLIMITED	AVOID CONCENTRATED EXPOSURE	AVOID EVEN MODERATE EXPOSURE	AVOID ALL EXPOSURE
1. Extreme cold _____	☒	☐	☐	☐
2. Extreme heat _____	☒	☐	☐	☐
3. Wetness _____	☒	☐	☐	☐
4. Humidity _____	☒	☐	☐	☐
5. Noise _____	☒	☐	☐	☐
6. Vibration _____	☐	☒	☐	☐
7. Fumes, odors, dusts, gases, poor ventilation, etc. _____	☒	☐	☐	☐
8. Hazards (machinery, heights, etc.) _____	☐	☒	☐	☐

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

Continued on Page 6

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.
Symptoms are attributable to MDI.

Continued on Page 7

III. MEDICAL SOURCE STATEMENT(S)

A. Is a medical source statement(s) regarding the claimant's physical capacities in file?

☐ Yes

☒ No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there medical source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

☐ Yes

☐ No

C. If yes, explain why those conclusions are not supported by the evidence in file. Cite the source's name and the statement date.

Continued on Page 8

IV. ADDITIONAL COMMENTS:
SDM COMPLETED

V. SIGNATURE

A. Signatory's Role

☐ Medical Consultant (MC)

OR

☒ Single Decisionmaker (SDM)

B. MC's Statement

The MC does not check this block when the MC's assessment is preliminary, advisory or partial.

☐ THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

SIGNATURE:

Diana K. Mathis

MEDICAL CONSULTANT'S CODE: DATE:

07/08/2009

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION DDS ☒ ODO ☐ DRS ☐ DOB ☐ INTPSC ☐		2. DDS CODE S68	3. FILING DATE 04/03/2009	4. SSN [REDACTED]	BIC: # CDB or DWB CLAIM) 01
5. NAME AND ADDRESS OF CLAIMANT (include ZIP Code) LAMAR CLARK [REDACTED] ORMOND BEACH FL 32174				6. WES NAME (if CDE or DWB CLAIM)	
				7. TYPE CLAIM (Title II) DIB ☐ FZ ☐ DWB ☐ CDE-P ☐ CDE-D ☐ RD-R ☐ RD-D ☐ RD ☐ P-R ☐ P-D MQFE ☐	
				8. TYPE CLAIM (Title II) DI ☒ DS ☐ OC ☐ BJ ☐ SS ☐ BC ☐	
9. DATE OF BIRTH [REDACTED]		10. PRIOR ACTION PD ☐ PT ☐		11. REMARKS Cmt Phone: [REDACTED] Concurrent Title II/XVI claim DDS Received 04/27/2009	
12. DISTRICT BRANCH OFFICE ADDRESS (include ZIP Code) SOCIAL SECURITY ADMINISTRATION 4990 S CLYDE MORRIS PORT ORANGE, FL 32127			DO-BO CODE 664		
13. DO-BO REPRESENTATIVE		14. DATE		11A. ☐ Presumptive Disability	11B. ☐ Impairment
DETERMINATION PURSUANT TO THE SOCIAL SECURITY ACT, AS AMENDED					
15. CLAIMANT DISABLED A. ☐ Disability Began B. ☐ Disability Ceased		16A. PRIMARY DIAGNOSIS BODY SYS. 01 CODE NO. 7240 BACK DISORDER (DISC/DEGENERATIVE)		16B. SECONDARY DIAGNOSIS LEFT KNEE PAIN CODE NO. 7160	
17. DIARY TYPE		MO/YR		REASON	
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(16)(i) A. ☐ Not Disab. for Cash Bene Purp. B. ☐ Disab for Cash Benefit Purp. Beg			19. CLAIMANT NOT DISABLED A. ☒ Through Date of Current Determination B. ☐ Through C. ☐ Before Age 22 (CDB only)		
20. VOCATIONAL BACKGROUND		OCC YRS 14		EDYRS 2 YEARS	
22. REG-BASIS CODE N32		23. MED LIST NO		24. MOB CODE	
25. REVISED DET ☐		Initial ☒ A		Reason ☐ B	
26. LIST NO. ☒ A		B		C	
27. RATIONALE ☒ See Attached SSA-4268-U4/C4		☐ Check if Vocational Rule Met Cite Rule		21. VR ACTION SCIN ☐ SCOUT ☒ Prev Ref ☐	
28. A. ☐ Period of Disability		B. ☐ Disability Period		C. ☐ Estab Beg AND D. ☐ Continues E. ☐ Term	
29. LTR/PAR NO.		30. DISABILITY EXAMINER-DDS JC ZMATHID Diana K. Mathis		31. DATE 07/08/2009	
		32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print or Type)		32. DATE	
				32B. SPEC. CODE	
34. REMARKS SDM CASE				MULTIPLE IMPAIRMENTS CONSIDERED	
				34A. COMBINED MULTIPLE NONSEVERE-SEVERE	
				34B. COMBINED MULTIPLE NONSEVERE-NONSEVERE	
35. BASIS CODE		36. REV. DET. CODES		37. SSA REPRESENTATIVE	
				SSA CODE	
				38. DATE	

Page No.

10305025

Page Page

31074999 10305025 (0)

9-0

Name

LEMAN CLARK

Status Withdrawn

EE group

1 Perm / Active FT

Personal

0221

US-Shakespeare

EE subgroup

01 Operation Hourly

EE Group

01/02/1900

to

12/31/3999

STY

STY Start Date End Date T. P... PS Group Lv Amount

Cum... Annual salary

Cum...

0	10/19/2014	12/31/9999	RS R2 10	02	9.98 USD	20,758.00 USD	
0	12/02/2013	10/18/2014	GN G2 50	00	9.98 USD	20,758.00 USD	
0	11/04/2013	12/01/2013	GN G2 50		9.98 USD	20,758.00 USD	
0	10/03/2011	11/03/2013	GN G2 50		9.98 USD	20,758.00 USD	
0	07/18/2011	10/02/2011	GN G2 50		9.74 USD	20,259.00 USD	

7414764

CLARK

LAMAR

9548

Utility Maintenance Helper

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
03/20/2011	7.00	8.00	8.00	8.00	8.05	0.00	0.00	39.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/14/11 8:00 am	3/14/11 3:00 pm		End of Day	7.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/15/11 7:00 am	3/15/11 3:00 pm		End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/16/11 7:00 am	3/16/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/17/11 7:00 am	3/17/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/18/11 5:57 am	3/18/11 2:00 pm	Regular Hours	End of Day	8.05
					<u>39.05</u>

Job Type Total: 39.05Employee Total: 39.05

7414764

CLARK LAMAR BEAR

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
03/27/2011	8.05	8.08	8.00	8.00	8.07	0.00	0.00	40.20

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/21/11 6:57 am	3/21/11 3:00 pm		In	8.05
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/22/11 6:55 am	3/22/11 3:00 pm		In	8.08
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/23/11 7:00 am	3/23/11 3:00 pm		End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/24/11 7:00 am	3/24/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/25/11 5:56 am	3/25/11 2:00 pm	Regular Hours	End of Day	8.07
					40.20

Job Type Total: 40.20

Employee Total: 40.20

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
04/03/2011	8.00	8.00	8.00	8.00	8.03	0.00	0.00	40.03

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/28/11 7:00 am	3/28/11 3:00 pm		End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/29/11 7:00 am	3/29/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/30/11 7:00 am	3/30/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	3/31/11 7:00 am	3/31/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/1/11 5:58 am	4/1/11 2:00 pm	Regular Hours	End of Day	8.03
					40.03

Job Type Total: 40.03**Employee Total: 40.03**

7414764

CLARK

LAMAR

9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
04/10/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/4/11 7:00 am	4/4/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/5/11 7:00 am	4/5/11 3:00 pm		End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/6/11 7:00 am	4/6/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/7/11 7:00 am	4/7/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/8/11 5:57 am	4/8/11 2:00 pm	Regular Hours	End of Day	8.05
					40.05

Job Type Total: 40.05

Employee Total: 40.05

7414764

CLARK LAMAR 9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
04/17/2011	8.00	8.00	0.00	8.00	7.30	0.00	0.00	31.30

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/11/11 7:00 am	4/11/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/12/11 7:00 am	4/12/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/13/11 6:45 am	4/13/11 6:45 am		Sick Self	0.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/14/11 7:00 am	4/14/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/15/11 5:58 am	4/15/11 1:16 pm		End of Day	7.30
					31.30

Job Type Total: 31.30Employee Total: 31.30*Attendance

7414764

CLARK

LAMAR

9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
04/24/2011	8.00	8.00	8.00	7.53	0.00	0.00	0.00	31.53

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/18/11 7:00 am	4/18/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/19/11 7:00 am	4/19/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/20/11 7:00 am	4/20/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/21/11 5:58 am	4/21/11 1:30 pm		End of Day	7.53
					<u>31.53</u>

Job Type Total: 31.53Employee Total: 31.53

4/21

★ taken to hospital
during shift for high blood pressure

7414764

CLARK

LAMAR

9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
05/01/2011	8.00	8.03	8.00	8.00	8.03	0.00	0.00	40.06

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/25/11 7:00 am	4/25/11 3:00 pm		End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/26/11 7:00 am	4/26/11 3:02 pm		End of Day	8.03
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/27/11 7:00 am	4/27/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/28/11 7:00 am	4/28/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	4/29/11 5:58 am	4/29/11 2:00 pm	Regular Hours	End of Day	8.03
					<u>40.06</u>

Job Type Total: 40.06Employee Total: 40.06

7414764

CLARK LAMAR 9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
05/08/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/2/11 7:00 am	5/2/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/3/11 7:00 am	5/3/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/4/11 7:00 am	5/4/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/5/11 7:00 am	5/5/11 3:00 pm		End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/6/11 5:57 am	5/6/11 2:00 pm	Regular Hours	End of Day	8.05
					<u>40.05</u>

Job Type Total: 40.05Employee Total: 40.05

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
05/15/2011	8.00	8.00	8.00	8.00	7.98	0.00	0.00	39.98

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/9/11 7:00 am	5/9/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/10/11 7:00 am	5/10/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/11/11 7:00 am	5/11/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/12/11 7:00 am	5/12/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/13/11 6:01 am	5/13/11 2:00 pm	Regular Hours	End of Day	7.98
					39.98

Job Type Total: **39.98**Employee Total: **39.98**

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
05/22/2011	8.00	8.00	8.00	8.00	7.77	0.00	0.00	39.77

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/16/11 7:00 am	5/16/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/17/11 7:00 am	5/17/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/18/11 7:00 am	5/18/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/19/11 7:00 am	5/19/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/20/11 6:14 am	5/20/11 2:00 pm		Late	7.77
					<u>39.77</u>

Job Type Total: 39.77Employee Total: 39.77

★ attendance

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
05/29/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/23/11 7:00 am	5/23/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/24/11 7:00 am	5/24/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/25/11 7:00 am	5/25/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/26/11 7:00 am	5/26/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/27/11 5:57 am	5/27/11 2:00 pm	Regular Hours	End of Day	8.05
					40.05

Job Type Total: **40.05**Employee Total: **40.05**

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
06/05/2011	0.00	8.00	8.00	8.00	8.12	0.00	0.00	32.12

<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	5/31/11 7:00 am	5/31/11 3:00 pm		End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/1/11 7:00 am	6/1/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/2/11 7:00 am	6/2/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/3/11 5:53 am	6/3/11 2:00 pm	Regular Hours	End of Day	8.12
					32.12

Job Type Total: 32.12**Employee Total: 32.12**

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
06/12/2011	8.00	8.00	8.00	8.00	8.08	0.00	0.00	40.08

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/6/11 7:00 am	6/6/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/7/11 7:00 am	6/7/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/8/11 7:00 am	6/8/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/9/11 7:00 am	6/9/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/10/11 5:55 am	6/10/11 2:00 pm	Regular Hours	End of Day	8.08
					<u>40.08</u>

Job Type Total: 40.08Employee Total: 40.08

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
06/19/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/13/11 7:00 am	6/13/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/14/11 7:00 am	6/14/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/15/11 7:00 am	6/15/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/16/11 7:00 am	6/16/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/17/11 5:57 am	6/17/11 2:00 pm	Regular Hours	End of Day	8.05
					40.05

Job Type Total: 40.05**Employee Total:** 40.05

7414764

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
06/26/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/20/11 7:00 am	6/20/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/21/11 7:00 am	6/21/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/22/11 7:00 am	6/22/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/23/11 7:00 am	6/23/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/24/11 5:57 am	6/24/11 2:00 pm	Regular Hours	End of Day	8.05
					<u>40.05</u>

Job Type Total: 40.05Employee Total: 40.05

7414764

CLARK LAMAR 9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
07/03/2011	4.32	8.00	8.00	8.00	8.03	0.00	0.00	36.35

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/27/11 6:56 am	6/27/11 11:15 am		Left Early	4.32
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/28/11 7:00 am	6/28/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/29/11 7:00 am	6/29/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	6/30/11 7:00 am	6/30/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
	7/1/11 5:58 am	7/1/11 2:00 pm	Regular Hours	End of Day	8.03
					36.35

Job Type Total: **36.35**

Employee Total: **36.35**

* attendance 6/27

7414764

CLARK**LAMAR****9648****Utility Maintenance Helper-PTI**

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
07/10/2011	0.00	8.00	8.00	8.00	8.03	0.00	0.00	32.03

<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/5/11	7:00 am	7/5/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/6/11	7:00 am	7/6/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/7/11	7:00 am	7/7/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/8/11	5:58 am	7/8/11 2:00 pm	Regular Hours	End of Day	8.03
					32.03

Job Type Total: 32.03**Employee Total: 32.03**

7414764

CLARK

LAMAR

9648

Utility Maintenance Helper-PTI

<u>Summation Date</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Total</u>
07/17/2011	8.00	8.00	8.00	8.00	8.05	0.00	0.00	40.05

<u>Mon</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/11/11	7:00 am	7/11/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Tue</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/12/11	7:00 am	7/12/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Wed</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/13/11	7:00 am	7/13/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Thu</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/14/11	7:00 am	7/14/11 3:00 pm	Regular Hours	End of Day	8.00
<u>Fri</u>	<u>Clock In</u>	<u>Clock Out</u>	<u>Time Bank</u>	<u>Log Out Reason</u>	
7/15/11	5:57 am	7/15/11 2:00 pm	Regular Hours	End of Day	8.05
					40.05

Job Type Total: **40.05**Employee Total: **40.05**

Claim Number 002360029431WCD1
 Claimant Name CLARK, LAMAR
 Claim Status A
 Created 7/18/18 11:37 AM

Service Category	DOB	Description	Billing Provider	Charges	Service Provider	Narcotic	Recommended Allowance	Procedure Code	MED	Days	Supply	Units	Rev Code
Pharmacy		6/13/2018 TIZANIDINE HCL 4 MG TABLET	First Script	\$167.65	STEVEN STORICK	No	\$131.95	378072419	N/A			30	60
Pharmacy		8/13/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		1/30/2018 TRAMADOL HCL 50 MG TABLET	First Script	\$21.58	SHAYNI GRANT	Yes	\$16.75	92005805	58			3	20
Pharmacy		1/30/2018 TIZANIDINE HCL 4 MG TABLET	First Script	\$43.24	SHAYNI GRANT	No	\$38.74	378072419	N/A			5	15
Pharmacy		1/30/2018 NAPROXEN 500 MG TABLET	First Script	\$27.94	SHAYNI GRANT	No	\$24.04	65162018050	N/A			10	20
Pharmacy		1/25/2018 GABAPENTIN 800 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		12/28/2015 GABAPENTIN 800 MG TABLET	First Script	\$232.81	STEVEN STORICK	No	\$193.92	68462012605	N/A			30	90
Pharmacy		11/30/2018 GABAPENTIN 800 MG TABLET	First Script	\$232.81	STEVEN STORICK	No	\$193.92	68462012605	N/A			30	90
Pharmacy		9/22/2015 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		8/14/2018 GABAPENTIN 800 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		8/23/2018 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		8/8/2018 GABAPENTIN 800 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		1/23/2015 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$57.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		7/22/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		6/10/2015 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		6/30/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		5/13/2018 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		4/23/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		4/18/2018 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		3/31/2018 GABAPENTIN 800 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		2/5/2015 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		2/6/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		1/8/2015 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$37.74	STEVEN STORICK	No	\$32.18	378075110	N/A			30	30
Pharmacy		1/2/2018 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		12/19/2014 TIZANIDINE HCL 4 MG CAPSULE	First Script	\$108.10	STEVEN STORICK	No	\$90.58	60505264907	N/A			15	30
Pharmacy		12/4/2014 TIZANIDINE HCL 4 MG CAPSULE	First Script	\$108.10	STEVEN STORICK	No	\$90.58	60505264907	N/A			15	30
Pharmacy		12/4/2014 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		11/5/2014 TIZANIDINE HCL 4 MG CAPSULE	First Script	\$108.10	STEVEN STORICK	No	\$90.58	60505264907	N/A			15	30
Pharmacy		10/23/2014 TIZANIDINE HCL 4 MG CAPSULE	First Script	\$108.10	STEVEN STORICK	No	\$90.58	60505264907	N/A			15	30
Pharmacy		10/18/2014 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		9/15/2014 GABAPENTIN 600 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		9/10/2014 HYDROCODON-ACETAMINOPHEN 5-325	First Script	\$21.27	STEVEN STORICK	Yes	\$18.50	53746010901	10			15	30
Pharmacy		8/20/2014 GABAPENTIN 800 MG TABLET	First Script	\$232.36	STEVEN STORICK	No	\$193.71	65882052305	N/A			30	90
Pharmacy		7/23/2014 CYCLOBENZAPRINE 10 MG TABLET	First Script	\$70.40	THOMAS HOLBROOK	No	\$59.36	378075110	N/A			30	60
Pharmacy		7/23/2014 HYDROCODON-ACETAMINOPHEN 7.5-325	First Script	\$42.12	THOMAS HOLBROOK	Yes	\$35.81	803389128	30			15	60
Pharmacy		7/23/2014 GABAPENTIN 300 MG CAPSULE	First Script	\$124.88	THOMAS HOLBROOK	No	\$104.68	31722022205	N/A			30	90

LUEDER, LARKIN & HUNTER, LLC

ATTORNEYS AT LAW

August 30 2016

Via US Mail and Fax

Dr. Steven Storick
Midlands Orthopedics and Neurosurgery
1910 Blanding St.
Columbia, SC 29201
(803) 461-7622

Re: Lamar Clark v. Philips Electronics and Fidelity & Guaranty Ins. Co c/o
Gallagher Bassett Services, Inc.
SCWCC Claim No. : 1115485
DOI : 7/20/2011
GBS Clm No. : 002380-009431-WC-01
Our File No. : WC-109-0002

Dear Dr. Storick:

We just received a copy of your most recent office note regarding the above-mentioned patient, Lamar Clark. Within same, you indicate that Mr. Clark reviewed the information regarding the high frequency SCS and expressed an interest in pursuing a trial. It is further noted that Mr. Clark has tried conservative treatments but has failed to make any significant improvement. As such, you request that my client authorize a referral for a pre-op psychological interview and assessment for a spinal cord stimulator trial.

Before we authorize the pre-op psych eval, we have a few questions about this recommendation. To remind you, I recently took your deposition regarding this case on July 25, 2016. During the deposition, we discussed Mr. Clark's prior course of treatment under your care, the recent referral to physical therapy, his medication regimen and the different types of SCS's. The pertinent part of our conversation went as follows:

503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464
TELEPHONE 843-353-0796 • FACSIMILE 843-353-0796

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673

Ex T 2113

Q: But I'm referring to as of August 27, 2015, it was your opinion that these conservative measures had not failed, they had actually been a success, which is why you released him at MMI at that time.

A: **That's correct. (p. 59).**

Q: And so in June of 2016 you mentioned that if he were to fail conservative measures, that the spinal cord stimulator was a possible treatment option.

A: **Said he can possibly be a trial candidate if he failed all the other conservative treatments.**

Q: And what conservative treatment measures were you referencing at that time in June of 2016?

A: **Restart his Neurontin, put him on a muscle relaxant, Zanaflex, temporarily, and get him into physical therapy.**

Q: Those are all the conservative measures that he had undergone throughout your initial course of treatment of him.

A: **Off and on, yes, ma'am.**

Q: And all of those conservative measures were beneficial for Mr. Clark from the –

A: **In the past?**

Q: -- time that you initially treated him through August 27, 2015?

A: **No. They weren't always effective. I mean, that's why we went through these treatment – this whole logarithm trying to come up with a plan that would help him at least obtain some moderate benefit for several months, if not longer.**

Q: But you eventually found a conservative treatment plan that was providing him with pain relief.

A: **Not necessarily. Not according to him. By June, I mean, his – he maintained that the procedure, the radiofrequency rhizotomy, really didn't help his back pain for a long period.**

Q: But I'm referring to as of August 27, 2015, it was your opinion that these conservative measures had not failed, they had actually been a success, which is why you released him to MMI at that time.

A: **That's correct.**

Q: And, like you said, even though Mr. Clark is now telling you that he only had a few weeks of benefits from the rhizotomy, that's not what was indicated in your prior medical records.

A: **Well, in my notes at least, he had had about six weeks. (pp. 58-60)**

Q: Is there any reason for you to believe that the course of treatment recommended right now, the conservative course of treatment, will not be beneficial for Mr. Clark to the point of not needing a spinal cord stimulator?

A: **I don't know. Has he received any of that, the physical therapy?**

- Q: I believe he has started going to physical therapy –
A: Okay.
Q: -- but I don't know.
A: I mean, it's worth trying. I mean, I'm all for conservative treatment versus going more aggressive, so that's the reason I tried it.
Q: I'm just saying, there is not – you will agree that there is nothing from your prior course of treatment of Mr. Clark that leads you to believe that these conservative measures will fail.
A: No. No. (pp. 69-70).

I have attached the recent PT notes from Progressive Physical Therapy, as it is unclear whether you have had a chance to review these. As you can see, Mr. Clark underwent a series of 11 PT sessions, which began on June 20, 2016. Throughout the course of therapy, Mr. Clark and his therapists reported improvement. Specifically, "patient showed some improvement today in movements" (7.5.16 note); Mr. Clark reported "I think the pain isn't taking as long to go away, so that's a good sign" and the therapist noted "pt showing improvement with strengthening and stretching" (7.7.16 note); "pt seems to get relief from traction with a jump strap" (7.12.16 note); Mr. Clark reported "he felt the best he has felt since the start of therapy" and therapist noted "pt did well today completing all activities, with less stiffness than previous treatments" (7.14.16 note); "pt has shown improvement over last 2 visits in mobility; able to complete all activities today" (7.19.16). Thus, his Spinal Progress Summary notes that the benefit of treatment perceived by the patient was "Good." Further, the Summary notes that he was partially able to increase his strength, ROM and decrease his symptoms, and was fully independent with HEP.

Based on your testimony above, and the information contained in Mr. Clark's PT notes, I am confused as to why you are now recommending he undergo a SCS trial, since the physical therapy notes seem to do the opposite of indicate that Mr. Clark has "failed conservative treatment."

If you require any additional records or information, please do not hesitate to contact my office.

Sincerely,

/s/ Brooke A. Payne
Brooke A. Payne

BAP/slf

Encl: Progressive PT notes
Questionnaire

CC: Bret Salley

Re: Lamar Clark v. Philips Electronics and Fidelity & Guaranty Ins. Co c/o
Gallagher Bassett Services, Inc.

SCWCC Claim No. : 1115485
DOI : 7/20/2011
GBS Clm No. : 002380-009431-WC-01
Our File No. : WC-109-0002

- (1) Your treatment plan outlined in October 2014 was for Mr. Clark to undergo diagnostic facet injections and, if beneficial, to proceed with a Rhizotomy. He underwent a medial branch block in December of 2014, and in January of 2015, Mr. Clark reported 50-60% benefit from the block. Mr. Clark underwent another medial branch block in March of 2015, and your follow-up note indicated that he reported at least a 50-55% temporary relief after the two separate diagnostic injections.

- (a) Wouldn't you agree that you proceeded with the Rhizotomy on July 7, 2015 because Mr. Clark received benefit from the medial branch blocks?

☐ YES ☐ NO

If no, please explain: _____

- (2) Following the Rhizotomy, your notes indicate that Mr. Clark reported a fair improvement in his left-sided low back, and mainly right-sided back pain on July 23, 2015. Then, on August 27, 2015, Mr. Clark reported that his left-sided low back pain was "okay" and again that he had more pain on the other side of his back, which you testified is a "pretty good sign." (p. 46).

- (a) Your recent note (8/24/16 O.V.) indicates that Mr. Clark reported that his last injection only "helped a little," as he only had 10% relief of symptoms which lasted 3 weeks. Wouldn't you agree that this is not what Mr. Clark actually reported following the Rhizotomy?

☐ YES ☐ NO

If no, please explain: _____

- (b) Rather, wouldn't you agree that Mr. Clark's reported pain relief 6-7 weeks after the Rhizotomy indicate that the procedure was a success?

☐ YES ☐ NO

If no, please explain: _____

- (3) Have you had an opportunity to review Mr. Clark's Progressive PT notes from 6/20/16 – 7/19/2016?

☐ YES ☐ NO

- (4) Wouldn't you agree that Mr. Clark's Progressive PT notes from 6/20/16 – 7/19/2016 indicate that the recent therapy session has provided Mr. Clark with pain relief and an increase in his functional mobility?

☐ YES ☐ NO

If no, please explain: _____

- (3) Based on all of the above, wouldn't you agree that there is no indication at this time that Mr. Clark has "failed" conservative treatment?

☐ YES ☐ NO

If no, please explain: _____

- (5) Wouldn't you agree that the conservative treatment Mr. Clark has received thus far have been beneficial to the point of making the SCS trial unwarranted?

☐ YES ☐ NO

If no, please explain: _____

I certify that all of my responses have been made within a reasonable degree of medical certainty.

Dr. Steven Storick

Date

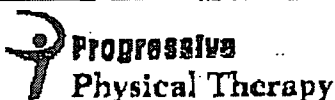


Progressive Physical Therapy
1415 Wilson Road
Newberry, SC 29108

office 803-276-2406 fax 803-276-3331

To M.D.
☐ For
☒ Mail
 Given to Patient
☐ Filed in DC chart

Ex T 2125



The Leader in Innovative Therapies

SPINAL PROGRESS SUMMARY

Progressive Physical Therapy
1410 Wilson Road
Newberry, SC 29108
office 803-276-2956 fax 803-276-1331

To V.O.R.
☒ Faxed
☒ Mailed
☒ Given to Patient
☒ Filed in DC chart

Patient Name: Lamar Clark Dx/ICD-10: M81.5 Date: 07/01/16
DOB: [REDACTED] Date of Onset: 12/10/10 Physician: Steven Stork, MD
Claim #: 002350209341W601 Date of Surgery: 02/25/13 Therapist: Darrell Austin, PT

Date of Initial evaluation: 6/20/16 Date of last treatment: 07/01/16 Total visits attended? 6 Missed?: 0

Benefit of treatment perceived by the patient?
Compliance to PT HEP perceived by therapist?
Current Work status:

☒ Good ☐ Fair ☐ Poor
☒ Good ☐ Fair ☐ Poor
☐ N/A ☐ off regular duty
☐ on light duty ☐ off duty: Reason _____

SUMMARY OF TREATMENTS

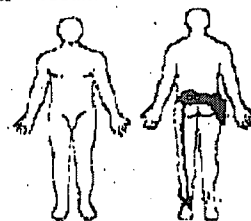
☐ Cervicothoracic Rehab-ROM/ stabilization
☒ Lumbosacral Rehab-ROM/ core stabilization
☐ Work Rehab/ Conditioning

☐ Back School
☒ Postural Education
☒ Home Exercise Program

☒ Manual Treatments
☐ Functional Training
☒ Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 8/10 @ present, 6/10 @ best, 8/10 @ worst Location: L5 area
Quality: sharp dull aching throbbing shooting sore other:
Neuro/ Radicular Complaints: leg radiating down to groin for
Functional Limitations/ Aggravating Factors: lifting, sweeping, cutting grass
Oswestry Score: EVAL = _____ P.N. = _____



SUMMARY OF OBJECTIVE FINDINGS:

ROM: thoracic lumbar flexion: 50°, extension: 20°, side bending: 25°, side bending: 35°
Strength: hip flexion: 4/5, hip flexion: 4/5, knee extension: 4/5
knee extension: 4/5
Functional Abilities Demonstrated:

Other Objective Findings:

REVIEW OF ESTABLISHED GOALS

Patient has met _____ out of _____ initial PT goals established at the initial evaluation.

☐ Independent with HEP (partially met/ fully met/ not met)
☐ Decrease symptoms (partially met/ fully met/ not met)
☐ Increase range of motion (partially met/ fully met/ not met)
☐ Increase strength (partially met/ fully met/ not met)
☐ Increase/ Decrease joint mobility (partially met/ fully met/ not met)
☐ Improve quality of movement (partially met/ fully met/ not met)
☐ Increase functional capacity (partially met/ fully met/ not met)

RECOMMENDATIONS
REQUESTED BY PT

☒ Continue Physical Therapy for 3 x per week for 2 weeks
☐ to meet all goals & maximize function
☐
☐

MD ORDERS BASED UPON REVIEW
OF ABOVE PROGRESS SUMMARY

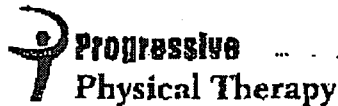
☐ Continue Physical Therapy _____ x per week for _____ weeks
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral.

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Darrell Austin, PTA 07/01/2016
Physical Therapist: Date



The Leader in Innovative Therapies

SPINAL PROGRESS SUMMARY
Progressive Physical Therapy
410 Wilson Road
Newberry, SC 29108
Office 803-276-2958 Fax 803-276-3331

To M.D.:
☐ Faxed
☐ Mailed
☐ Given to Patient
☐ Filed in DC chart

Patient Name: Amor Clark Dx/ICD-10: m54.5 Date: 7/19/16
DOB: [REDACTED] Date of Onset: 2/10/10 Physician: Steven Stonck MD
Claim #: 602380209341WCOI Date of Surgery: 9/25/13 Therapist: Darnell Austin, PT

Date of initial evaluation: 6/20/16 Date of last treatment: 7/19/16 Total visits attended? 11 Missed?: 0

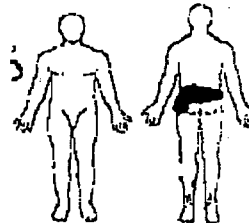
Benefit of treatment perceived by the patient? ☒ Good ☐ Fair ☐ Poor
Compliance to PT HEP perceived by therapist? ☒ Good ☐ Fair ☐ Poor
Current Work status: ☐ N/A ☐ on regular duty ☐ off duty: Reason _____
☐ on light duty

SUMMARY OF TREATMENTS

☐ Cervicothoracic Rehab-ROM/ stabilization ☐ Back School ☒ Manual Treatments ☐
☒ Lumbosacral Rehab-ROM/ core stabilization ☒ Postural Education ☐ Functional Training ☐
☐ Work Rehab/ Conditioning ☒ Home Exercise Program ☐ Physical Agents/ Modalities

SUBJECTIVE REPORT OF CURRENT STATUS:

Pain: 7/10 @ present, 6/10 @ best, 8/10 @ worst Location: ① Hip & gluteal area; ② L5 area
Quality: sharp, dull, aching, throbbing, shooting, sore, other:
Neuro/ Radicular Complaints: _____
Functional Limitations / Aggravating Factors: _____
Oswestry Score: EVAL = _____ P.N. = _____



SUMMARY OF OBJECTIVE FINDINGS:

ROM: thoraco lumbar flexion: 80°, extension: 14°, ③ side bending: 30°, ① side bending: 32°
Strength: ③ hip flexion: 4+/5, ① hip flexion: 4-4+/5, ① knee extension: 4+/5, ② knee extension: 5/5, ② knee flexion: 5/5, ① knee flexion: 5/5
Functional Abilities Demonstrated: standing tolerance, lifting
Other Objective Findings: _____

REVIEW OF ESTABLISHED GOALS

Patient has met 1 out of 4 initial PT goals established at the initial evaluation.

☐ Independent with HEP (partially met/ fully met/ not met)
☐ Increase / Decrease joint mobility (partially met/ fully met/ not met)
☐ Decrease symptoms (partially met/ fully met/ not met)
☐ Improve quality of movement (partially met/ fully met/ not met)
☐ Increase range of motion (partially met/ fully met/ not met)
☐ Increase functional capacity (partially met/ fully met/ not met)
☒ Increase strength (partially met/ fully met/ not met)

RECOMMENDATIONS REQUESTED BY PT

☒ Continue Physical Therapy for 2-3 x per week for 3-4 weeks
☐ To meet all goals & maximize function
☐
☐

MD ORDERS BASED UPON REVIEW OF ABOVE PROGRESS SUMMARY

☐ Continue Physical Therapy _____ x per week for _____ weeks
☐ Hold Physical Therapy
☐ Discharge Physical Therapy
☐ Call physician concerning this patient:

Follow up visit scheduled with MD: _____

Please sign and date the PT plan of care. Return to the therapist as soon as possible. Thank you for this referral.

X _____ X _____
Physician / Nurse Practitioner / Physician's Asst. Date

Brian Smith, PTA 8/19/16
Physical Therapist Date

Time In: 8:30
Time Out: 9:33

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/19/2016	8058980	Follow up (4)

PATIENT NAME: Lamber Clark	DOB: [REDACTED]	INSURANCE BALANCE	
ADDRESS: [REDACTED]		ACCOUNT BALANCE	
CITY: NEWBERRY	STATE: SC ZIP: 29108	CURRENT CHARGES	16100
PATIENT PHONE: [REDACTED]		AMOUNT PAID	
		NEW BALANCE	
		CASH	CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S1 Pt. states his pain is 7/10 at present O: Ther Ex per flow sheet X 45 mins; Thoracolumbar flexion 80° Extension - 140° (R) Sidebending - 30° (L) Sidebending - 30°; Manual therapy massage over last 2 visits in mobility; able to complete all activities today P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 2:30 / End: 9:15 (3)	97110	12600	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☐ Electrical Stim., Unattended, 15 mins	97014		
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0263		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☒ Manual Therapy Start: 9:15 / End: 1:23 (1)	97140	3500	
☐ Mechanical Traction	97012		Visit Number: 11 or 12 Staff: Dawn Smith, PTA Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99270		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Time In:

8:40

Time Out:

9:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/14/2016	8053801	Follow up <u>GU</u>
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED]		DOB: [REDACTED] INSURANCE: [REDACTED]	
		INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 108.00 AMOUNT PAID NEW BALANCE	
		CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt stated he felt the best he's felt since the start of therapy Ther Ex per flow sheet x 55 mins, IFC to L/S area x 15 mins A: Pt. did well today, completing all activities with less stiffness than previous treatments P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:40 / End: 9:35 (4)	97110	1108.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 10 of 12 Staff: <u>Deann Smith, PTA</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95861		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 8:35
Time Out: 10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/12/2018	8053798	Follow up <u>(ey)</u>

PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE:	DOB: [REDACTED]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>INSURANCE BALANCE</td><td></td></tr> <tr><td>ACCOUNT BALANCE</td><td></td></tr> <tr><td>CURRENT CHARGES</td><td>18800</td></tr> <tr><td>AMOUNT PAID</td><td></td></tr> <tr><td>NEW BALANCE</td><td></td></tr> <tr> <td>CASH</td> <td>CHECK</td> <td>M.O.</td> <td>C.C.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	INSURANCE BALANCE		ACCOUNT BALANCE		CURRENT CHARGES	18800	AMOUNT PAID		NEW BALANCE		CASH	CHECK	M.O.	C.C.				
INSURANCE BALANCE																				
ACCOUNT BALANCE																				
CURRENT CHARGES	18800																			
AMOUNT PAID																				
NEW BALANCE																				
CASH	CHECK	M.O.	C.C.																	

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S1 "I'm having a very hard time getting loosened up this morning." O: Ther Ex per flow sheet x 60 mins; IFC + HP to L/S area x 15 mins - pt. prone. A: Pt seems to get relief from traction with jump strap P: Cont. per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97645		
☐ Work Hardening, add'l. 1 hour	97646		
☐ Therapeutic Exercise, 15 mins Start: <u>8:35</u> / End: <u>9:35</u> (4)	97110	110800	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		V.S. Number: <u>9</u> of <u>12</u> Staff: <u>Dean Smith, PTA</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	89070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to P.P. or their designee for services described above.
Patient or Authorized Person's Signature			Date

Time In:

8:40

Time Out:

9:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/07/2018	8052308	Follow up (EJ)

PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE:		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 18800 AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S0. "I think the pain isn't taking as long to go away, so that's a good sign". O: Ther Ex per flow sheet x 55 mins; IFC + HP to L15 area & hip x 15 mins A: pt showing improvement with strengthening / 15 treated P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins Start: 8:40 / End: 9:35 (4)	97110	110800	
☐ Functional Activities, 15 mins Start: / End:	97830		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 8 of 12 Staff: Dean Smith, PTA Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	98270		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature Date

Time In: 8:40
Time Out: 4:55

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/05/2016	8052289	Follow up (GW)
PATIENT NAME: Lerner Clark		DOB: [REDACTED]	INSURANCE BALANCE
ADDRESS: [REDACTED]			ACCOUNT BALANCE
CITY: NEWBERRY	STATE: SC	ZIP: 29108	CURRENT CHARGES 188.00
PATIENT PHONE: [REDACTED]			AMOUNT PAID
			NEW BALANCE
INSURANCE:			CASH CHECK MO OIG
PROCEDURES	CPT	SEE	NOTES
☐ Evaluation	97001		IGO-10 CODE: S: "I'll be okay once I get loosened up". O: Ther Ex per flow sheet X 55 mins, IFC & HT to LIS area X 15 mins A: Pt showed some improvement today in movements P: Cont per POC
☐ Re-Evaluation	97002		
☐ CT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:40 End: 9:35 (4)	97110	168.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	20.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 7 of 12
☐ Neuromuscular Re-Educ., 15 mins	97112		Start: Dean Smith, PTA
☐ Self Care Training, 15 mins	97535		Therapist's Signature:
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplier	98070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In:

8:35

Time Out:

10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	07/01/2016	8050824	Follow up 21
PATIENT NAME: Lomar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29109 PATIENT PHONE: [REDACTED] INSURANCE:		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES 188.00 AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Pt. groaning upon arrival, stating he was still very stiff in his S/I joint O: Ther Ex per flow sheet X 65 mins, IFC + HP to L/S area & 15 mins - pt prone A: Pt analgesic with most exercises & still seemed to be in pain following session P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97546		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins Start: 8:35 / End: 9:40 4	97110	168.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins 1	97014	2000	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		Visit Number: 10 or 12 Staff: Jean Smith, PTA Therapist's Signature: _____
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	99070		
RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.			Patient or Authorized Person's Signature Date

Time In:

8:40

Time Out:

10:00

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	05/29/2018	8050818	Follow up (EY)

PATIENT NAME: Lamar Clark		DOB: [REDACTED]	INSURANCE BALANCE
ADDRESS: [REDACTED]			ACCOUNT BALANCE
CITY: NEWBERRY	STATE: SC	ZIP: 29108	CURRENT CHARGES 1410.00
PATIENT PHONE: [REDACTED]			AMOUNT PAID
INSURANCE:			NEW BALANCE
			CASH CHECK M.O. C.C.

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: "Riding in that truck messed me up man" O: Ther Ex per flow sheet X 47 mins; IFC + HP to L/S area X 15 mins A: PT unable to complete several activities today secondary to complaints of low back & hip pain/stiffness P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: 8:55 / End: 9:42 (3)	97110	120.00	
☐ Functional Activities, 15 mins Start: / End:	97530		
☒ Electrical Stim., Unattended, 15 mins (1)	97014	200.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: / End:	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: / End:	97140		
☐ Mechanical Traction	97012		Visit Number: 5 of 12
☐ Neuromuscular Re-Educ., 15 mins	97112		Staff: Dean Smith, P
☐ Self Care Training, 15 mins	97535		Therapist's Signature: _____
☐ ROM Measure and Report Start: / End:	95851		
☐ Other / Supplies	99070		
			RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS
			I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.
			Patient or Authorized Person's Signature
			Date

Time In: 8:40
Time Out: 10:10

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	08/27/2016	8350814	Follow up (C)
PATIENT NAME: Lamar Clark ADDRESS: [REDACTED] CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: [REDACTED] INSURANCE: MEDRISK		DOB: [REDACTED] INSURANCE BALANCE ACCOUNT BALANCE CURRENT CHARGES <u>930.00</u> AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	
PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: PT. stated he was sore from the previous week's sessions O: Ther Ex per flow sheet x 70 mins; IFC to L/S area x 15 mins A: Pt in a lot of pain today and had difficulty with several activities P: Cont per POC
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97760		
☐ Work Hardening, 2 hours	97546		
☐ Work Hardening, add'l. 1 hour	97546		
☐ Therapeutic Exercise, 15 mins Start: <u>8:40</u> / End: <u>9:50</u> (5)	97110	<u>210.00</u>	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	<u>20.00</u>	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: <u>4</u> or <u>12</u> Staff: <u>Dean Smith, PTA</u> Therapist's Signature: _____
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	89070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature Date

Time In: 145
Time Out: 3:00

PATIENT ACCOUNT NUMBER		VISIT DATE		VISIT ID		VISIT REASON	
33587		08/23/2018		8050437		Follow up (E)	
PATIENT NAME: Lamar Clark				DOB: [REDACTED]		INSURANCE BALANCE	
ADDRESS: [REDACTED]						ACCOUNT BALANCE	
CITY: NEWBERRY		STATE: SC		ZIP: 29108		CURRENT CHARGES 188.00	
						AMOUNT PAID	
PATIENT PHONE:						NEW BALANCE	
INSURANCE:						CASH CHECK M.O. C.C.	
PROCEDURES		CPT		FEE		NOTES	
☐	Evaluation	87001				ICD-10 CODE:	
☐	Re-Evaluation	97002				S: Staff today	
☐	OT Evaluation	97003				O: Cont. & ths. exp. per flow sheet	
☐	Functional Capacity Evaluation	97750				P: MHP+ES	
☐	Work Hardening, 2 hours	97545				A: 1/2 of min. tightness. 1st & 2nd	
☐	Work Hardening, add'l. 1 hour	97543				+ cont. to improve & heart rate	
☒	Therapeutic Exercise, 15 mins	97110		168.00		A: Cont. % progress	
☐	Functional Activities, 15 mins	97530					
☐	Electrical Stim., Unattended, 15 mins	97014		20.00			
☐	Electrical Stim., Unattended, 15 mins, Medicare	G0283					
☐	Electrical Stim., Manual, 15 mins	97032					
☐	Ultrasound, 15 mins	97035					
☐	Paraffin Bath	97018					
☐	Massage, 15 mins	97124					
☐	Manual Therapy	97140					
☐	Mechanical Traction	97012					
☐	Neuromuscular Re-Educ., 15 mins	97112					
☐	Self Care Training, 15 mins	97535					
☐	ROM Measure and Report	85851					
☐	Other / Supplies	99070					
						Visit Number: 3 of 12	
						Staff: [REDACTED]	
						Therapist's Signature: [REDACTED]	
						RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS	
						I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above.	
						Patient or Authorized Person's Signature	
						Date	

Time In: 1:45
Time Out: 3:10

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	06/22/2016	8050115	Follow up (C)

PATIENT NAME: Lamar Clark ADDRESS: XXXXXXXXXX CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: _____ INSURANCE: _____	DOB: XXXXXX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>INSURANCE BALANCE</td><td></td></tr> <tr><td>ACCOUNT BALANCE</td><td></td></tr> <tr><td>CURRENT CHARGES</td><td>188⁰⁰</td></tr> <tr><td>AMOUNT PAID</td><td></td></tr> <tr><td>NEW BALANCE</td><td></td></tr> <tr> <td>CASH</td> <td>CHECK</td> <td>M.C.</td> <td>C.C.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	INSURANCE BALANCE		ACCOUNT BALANCE		CURRENT CHARGES	188 ⁰⁰	AMOUNT PAID		NEW BALANCE		CASH	CHECK	M.C.	C.C.				
INSURANCE BALANCE																				
ACCOUNT BALANCE																				
CURRENT CHARGES	188 ⁰⁰																			
AMOUNT PAID																				
NEW BALANCE																				
CASH	CHECK	M.C.	C.C.																	

PROCEDURES	CPT	FEE	NOTES
☐ Evaluation	97001		ICD-10 CODE: S: Not pretty sure after 1 st met but it was expected it. O: Cont. & ther. ex. per flow sheet for MHALES H: Good session & no significant problems. P: Cont.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97003		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins Start: <u>7:45</u> / End: <u>2:50</u>	97110	118 ⁰⁰	
☐ Functional Activities, 15 mins Start: _____ / End: _____	97530		
☒ Electrical Stim., Unattended, 15 mins	97014	200 ⁰⁰	
☐ Electrical Stim., Unattended, 15 mins, Medicare Start: _____ / End: _____	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97033		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy Start: _____ / End: _____	97140		
☐ Mechanical Traction	97012		Visit Number: <u>2</u> of <u>12</u> Staff: _____ Therapist's Signature: <u>D. Clark PT</u>
☐ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report Start: _____ / End: _____	95851		
☐ Other / Supplies	99070		RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature _____ Date _____

Time In: 1:33
Time Out: 3:50

PATIENT ACCOUNT NUMBER	VISIT DATE	VISIT ID	VISIT REASON
33587	08/20/2016	EC48803	New Patient (4)

PATIENT NAME: Lamar Clark ADDRESS: XXXXXXXXXX CITY: NEWBERRY STATE: SC ZIP: 29108 PATIENT PHONE: XXXXXXXXXX INSURANCE: ALIGN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="4">INSURANCE BALANCE</td></tr> <tr><td colspan="4">ACCOUNT BALANCE</td></tr> <tr><td colspan="4">CURRENT CHARGES 289.00</td></tr> <tr><td colspan="4">AMOUNT PAID</td></tr> <tr><td colspan="4">NEW BALANCE</td></tr> <tr> <td>CASH</td> <td>CHECK</td> <td>M.O.</td> <td>C.C.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	INSURANCE BALANCE				ACCOUNT BALANCE				CURRENT CHARGES 289.00				AMOUNT PAID				NEW BALANCE				CASH	CHECK	M.O.	C.C.				
INSURANCE BALANCE																													
ACCOUNT BALANCE																													
CURRENT CHARGES 289.00																													
AMOUNT PAID																													
NEW BALANCE																													
CASH	CHECK	M.O.	C.C.																										

PROCEDURES	CPT	FEE	NOTES
☒ Evaluation	97001	10.00	ICD-10 CODE: S1 P7.96 1D LBP & hip pain D: Rec'd this exp. per flow sheet pt: MHP & ES A: Pt. has some 1D pain & stretch but was able to complete all exp. given. P: Progress as tolerated.
☐ Re-Evaluation	97002		
☐ OT Evaluation	97903		
☐ Functional Capacity Evaluation	97750		
☐ Work Hardening, 2 hours	97545		
☐ Work Hardening, add'l. 1 hour	97546		
☒ Therapeutic Exercise, 15 mins Start: <u>1:50</u> / End: <u>2:50</u>	97110	108.00	
☐ Functional Activities, 15 mins	97530		
☐ Electrical Stim., Unattended, 15 mins	97014	20.00	
☐ Electrical Stim., Unattended, 15 mins, Medicare	G0283		
☐ Electrical Stim., Manual, 15 mins	97032		
☐ Ultrasound, 15 mins	97035		
☐ Paraffin Bath	97018		
☐ Massage, 15 mins	97124		
☐ Manual Therapy	97143		
☐ Mechanical Traction	97012		
☒ Neuromuscular Re-Educ., 15 mins	97112		
☐ Self Care Training, 15 mins	97535		
☐ ROM Measure and Report	95851		
☐ Other / Supplies	99070		

Visit Number: <u>1</u> of <u>12</u> Staff: <u>D. Lint</u> Therapist's Signature: <u>D. Lint</u>	RELEASE OF MEDICAL INFORMATION and ASSIGNMENT OF BENEFITS I hereby authorize the release of medical information necessary to process this claim and authorize payment of medical benefits to PPT or their designee for services described above. Patient or Authorized Person's Signature: _____ Date: _____

LUEDER, LARKIN & HUNTER, LLC

ATTORNEYS AT LAW

September 8, 2016

VIA US MAIL & FAX

Staff Masters

Attn: Human Resources Department

2857 Main Street

Newberry, South Carolina 29108

803-537-4010

Re: Lamar Clark v. Philips Electronics and Gallagher Bassett Services, Inc.
SCWCC Clm No. : 1115485
DOI : 7/20/2011
GBS Clm. No. : 002380-009431
LLH No. : WC-109-0002

Dear Sir or Madam:

Please be aware that my firm has been retained to represent the Employer/Insurer in the above-captioned matter. I have enclosed a Form 27 subpoena for employment documents, and I would appreciate your timely response to same.

I look forward to working with you, and please feel free to call me with any questions or concerns.

Very truly yours,



Brooke A. Payne

Enclosures - As Stated

503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464

TELEPHONE 843-353-1987 • FACSIMILE 843-353-1987

www.luederlaw.com

EX V 2158

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



WCC File #: 1115485
Carrier File #: 002380-009431
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lamar Clark SSN: [REDACTED] Employer's Name: Phillips Electronics
Address: [REDACTED] Address: 19845 US Highway 76
City: Newberry State: SC Zip: 29108 City: Newberry State: SC Zip: 29108
Home Phone: _____ Work Phone: _____ Insurance Carrier: Gallagher Bassett Services, Inc.
Preparer's Name: BROOKE A. PAYNE Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: 843-353-1987

SUBPOENA

To: Staff Masters
2857 Main Street
Newberry, South Carolina 29108
Attn: Human Resources Department

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____

DATE AND TIME: _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS:	Any and all:
ANY AND ALL FILES IN YOUR POSSESSION OR CONTROL RELATED TO Lamar Clark (SSN #: [REDACTED], Date of Birth: [REDACTED]) including but not limited to: (1) Applications for employment; (2) correspondences; (3) offer letters; (4) termination letters; (5) wage documents (i.e. pay stubs, pay checks, W-4 forms, W-2 forms, etc.); (6) schedules; (7) any other documents related to Mr. Clark's employment or inquiry for employment. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-1987.	

PLACE: LUEDER, LARKIN & HUNTER, LLC, 503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464

DATE AND TIME: Within 10 days from the date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____

DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Brooke A. Payne
Brooke A. Payne, Attorney for the Defendants

843-353-1987
PHONE NUMBER

9/8/10
DATE

STAFFMASTERS
CONFIDENTIAL INFORMATION

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Lueder, Larkin & Hunter

Brittany Morris, Corporate Counsel

COMPANY:

DATE:

StaffMasters, Inc.

9/9/2016

FAX NUMBER:

TOTAL NO. OF PAGES, INCLUDING COVER:

704-926-6005

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

704-332-0241

RE:

YOUR REFERENCE NUMBER:

RE: Latner Clark

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

StaffMasters has no employment records for Latner Clark, SS# xx-xx-xx-xxxx.

Thank you,
Brittany Morris
Corporate Counsel

From: Tanya Fuller

Fax: (843) 847-7292

To: 8035374010@rfa.com Fax: +18035374010

Page 4 of 4 09/09/2016 2:54 PM

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 600
P.O. Box 1735
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1115486
Carrier File #: 002880-008431
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lamar Clark SSN: [REDACTED] Employer's Name: Phillips Electronics
Address: [REDACTED] Address: 19845 US Highway 78
City: Newberry State: SC Zip: 29108 City: Newberry State: SC Zip: 29108
Home Phone: _____ Work Phone: _____ Insurance Carrier: Gallagher Benefit Services, Inc.
Preparer's Name: BROOKE A. PAYNE Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: 843-353-1987

SUBPOENA

To: Staff Masters
2857 Main Street
Newberry, South Carolina 29108
Attn: Human Resources Department

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

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PLACE OF DEPOSITION: _____

DATE AND TIME: _____

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ANY AND ALL FILES IN YOUR POSSESSION OR CONTROL RELATED TO Lamar Clark (SSN #: [REDACTED], Date of Birth: [REDACTED]) including but not limited to: (1) Applications for employment; (2) correspondence; (3) offer letters; (4) termination letters; (5) wage documents (i.e. pay stubs, pay checks, W-4 forms, W-2 forms, etc.); (6) schedules; (7) any other documents related to Mr. Clark's employment or inquiry for employment. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-1987.

PLACE: LUEDER, LARKIN & HUNTER, LLC, 503 W. 2ND ST., SUITE 205, MT. PLEASANT, SC 29566

DATE AND TIME: _____

Within 10 days from the date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____

DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

BROOKE A. PAYNE
Brooke A. Payne, Attorney for the Defendants

843-353-1987
PHONE NUMBER

9/8/16
DATE

Staff Masters does not have any
employment records for Lamar Clark.

Thank you, Bethany Morris

LUEDER, LARKIN & HUNTER, LLC

ATTORNEYS AT LAW

September 8, 2016

VIA US MAIL

Roper Personnel Services
1223 Wilson Road
Newberry, South Carolina 29108
Attn: Human Resources Department

Re: Lamar Clark v. Philips Electronics and Gallagher Bassett Services, Inc.
SCWCC Clm No. : 1115485
DOI : 7/20/2011
GBS Clm. No. : 002380-009431
LLH No. : WC-109-0002

Dear Sir or Madam:

Please be aware that my firm has been retained to represent the Employer/Insurer in the above-captioned matter. I have enclosed a Form 27 subpoena for employment documents, and I would appreciate your timely response to same.

I look forward to working with you, and please feel free to call me with any questions or concerns.

Very truly yours,

Brooke A. Payne

Brooke A. Payne

Enclosures — As Stated

503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464
TELEPHONE 843-353-1987 • FACSIMILE 843-353-1987

www.luederlaw.com

EX W 2162

WCC File #: 1115485
Carrier File #: 002380-009431
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lamar Clark SSN: [REDACTED] Employer's Name: Philips Electronics
 Address: [REDACTED] Address: 19845 US Highway 76
 City: Newberry State: SC Zip: 29108 City: Newberry State: SC Zip: 29108
 Home Phone: _____ Work Phone: _____ Insurance Carrier: Gallagher Bassett Services, Inc.
 Preparer's Name: BROOKE A. PAYNE Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: 843-353-1987

SUBPOENA

To: Roper Personnel Services
1223 Wilson Road
Newberry, South Carolina 29108
Attn: Human Resources Department

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

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ANY AND ALL FILES IN YOUR POSSESSION OR CONTROL RELATED TO Lamar Clark (SSN #: [REDACTED], Date of Birth: [REDACTED]), including but not limited to: (1) Applications for employment; (2) correspondences; (3) offer letters; (4) termination letters; (5) wage documents (i.e. pay stubs, pay checks, W-4 forms, W-2 forms, etc.); (6) schedules; (7) any other documents related to Mr. Clark's employment or inquiry for employment. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-1987.

PLACE: LUEDER, LARKIN & HUNTER, LLC, 503 WANDO
PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464

DATE AND TIME: Within 10 days from the
date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ **DATE AND TIME:** _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Brooke A. Payne, Attorney for the Defendants

843-353-1987
PHONE NUMBER

DATE 9/8/14

ROPER STAFFING

Tel 803.798.8500
Fax 803.798.5691

129 Outlet Pointe Blvd.
Columbia, SC 29210
www.RoperStaffing.com

September 19, 2016

Ms. Brooke A. Payne
Lueder, Larkin & Hunter, LLC
503 Wando Park Blvd, Suite 205
Mt. Pleasant, S.C. 29464

RE: Lamar Clark v. Philips Electronics and Gallagher Bassett Services, Inc.
SCWCC Clm. No.: 1115485
DOI: 7/20/2011
GBS Clm. No.: WC-109-0002

Dear Ms. Payne:

After a thorough search, we cannot find any records for Mr. Lamar Clark. We have conducted a search by social security number and name.

Please feel free to contact me at (803) 454-2364 or ernie@roperstaffing.com if you have additional information on Mr. Clark's employment with Roper Personnel Services.

Sincerely,



Ernestine Baxter
Corp Human Resources Manager

LUEDER, LARKIN & HUNTER, LLC

ATTORNEYS AT LAW

September 8, 2016

VIA US MAIL

Long's Drugs
1729 Main Street
Newberry, South Carolina 29108
Attn: Human Resources Department

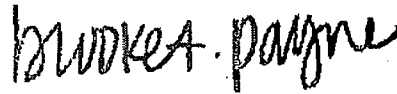
Re: Lamar Clark v. Philips Electronics and Gallagher Bassett Services, Inc.
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DOI : 7/20/2011
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I look forward to working with you, and please feel free to call me with any questions or concerns.

Very truly yours,



Brooke A. Payne

Enclosures - As Stated

503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464
TELEPHONE 843-353-1987 • FACSIMILE 843-353-1987

www.luederlaw.com

EX X 2165

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



WCC File #: 1115485
Carrier File #: 002380-009431
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lamar Clark SSN: [REDACTED] Employer's Name: Phillips Electronics
Address: [REDACTED] Address: 19045 US Highway 76
City: Newberry State: SC Zip: 29108 City: Newberry State: SC Zip: 29108
Home Phone: _____ Work Phone: _____ Insurance Carrier: Gallagher Bassett Services, Inc.
Preparer's Name: BROOKE A. PAYNE Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: 843-353-1987

SUBPOENA

To: **Long's Drugs**
Attn: Human Resources Department
1729 Main Street
Newberry, SC 29108

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ **ROOM:** _____
DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ **DATE AND TIME:** _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: Any and all:

ANY AND ALL FILES IN YOUR POSSESSION OR CONTROL RELATED TO Lamar Clark (SSN #: [REDACTED], Date of Birth: [REDACTED]) including but not limited to: (1) Applications for employment; (2) correspondences; (3) offer letters; (4) termination letters; (5) wage documents (i.e. pay stubs, pay checks, W-4 forms, W-2 forms, etc.); (6) schedules; (7) any other documents related to Mr. Clark's employment or inquiry for employment. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-1987.

PLACE: LUEDER, LARKIN & HUNTER, LLC, 503 WANDO **DATE AND TIME:** Within 10 days from the
PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464 date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

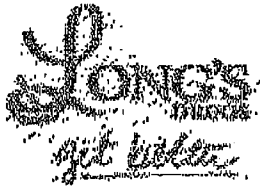
PREMISES: _____ **DATE AND TIME:** _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Brooke A. Payne, Attorney for the Defendants

843-353-1987
PHONE NUMBER

9/8/16
DATE



Office of Corporate Counsel
111 Executive Center Drive, Suite 228
Columbia, South Carolina 29210
Tel: (803) 254-5884 ext 2309
Fax: (866) 550-7451
aellis@longsrx.com

September 20, 2016

VIA FACSIMILE (843-353-1987)
Lueder, Larkin & Hunter, LLC
Attn: Brooke Payne

Re: Employment Records Request for Lamar Clark

Dear Ms. Payne:

This letter is being sent in response to the Subpoena we received from your firm requesting employment records, including applications, for Mr. Lamar Clark. We have reviewed all of our records and we do not have any documentation responsive to your Subpoena. We have no record that Lamar Clark has ever worked for Long's Drugs or applied to work for Long's Drugs.

Please let me know if you need any additional information.

Sincerely,

Ashley L. Ellis
Corporate Counsel

LUEDER, LARKIN & HUNTER, LLC

ATTORNEYS AT LAW

September 20, 2016

VIA US MAIL

Auto Zone
c/o CT Corporation System
2 Office Park Court, Suite 103
Columbia, South Carolina 29223

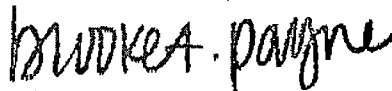
Re: Lamar Clark v. Philips Electronics and Gallagher Bassett Services, Inc.
SCWCC Clm No. : 1115485
DOI : 7/20/2011
GBS Clm. No. : 002380-009431
LLH No. : WC-109-0002

Dear Sir or Madam:

Please be aware that my firm has been retained to represent the Employer/Insurer in the above-captioned matter. I have enclosed a Form 27 subpoena for employment documents, and I would appreciate your timely response to same.

I look forward to working with you, and please feel free to call me with any questions or concerns.

Very truly yours,



Brooke A. Payne

Enclosures - As Stated

503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464
TELEPHONE 843-353-1987 • FACSIMILE 843-353-1987

www.lhclaw.com

EX Y 2168

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



WCC File #: 1115485
Carrier File #: 002980-009431
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lamar Clark SSN: [REDACTED] Employer's Name: Phillips Electronics
Address: [REDACTED] Address: 19845 US Highway 76
City: Newberry State: SC Zip: 29108 City: Newberry State: SC Zip: 29108
Home Phone: _____ Work Phone: _____ Insurance Carrier: Gallagher Bassett Services, Inc.
Preparer's Name: BROOKE A. PAYNE Law Firm: Lueder, Larkin & Hunter, LLC Preparer's Phone #: 843-353-1987

SUBPOENA

To: Auto Zone
c/o CT Corporation System
2 Office Park Court, Suite 103
Columbia, SC 29223

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below:

LIST OF DOCUMENTS: Any and all:

ANY AND ALL FILES IN YOUR POSSESSION OR CONTROL RELATED TO Lamar Clark (SSN #: [REDACTED], Date of Birth: [REDACTED]) including but not limited to: (1) Applications for employment; (2) correspondences; (3) offer letters; (4) termination letters; (5) wage documents (i.e. pay stubs, pay checks, W-4 forms, W-2 forms, etc.); (6) schedules; (7) any other documents related to Mr. Clark's employment or inquiry for employment. THIS SHOULD BE ACCOMPLISHED WITHIN TEN (10) DAYS FROM RECEIPT OF THIS SUBPOENA AT THE OFFICE OF LUEDER, LARKIN & HUNTER, LLC, WHICH MAY BE MAILED VIA U.S. MAIL or FAXED to 843-353-1987.

PLACE: LUEDER, LARKIN & HUNTER, LLC, 503 WANDO PARK BLVD., SUITE 205, MT. PLEASANT, SC 29464 DATE AND TIME: Within 10 days from the date of Subpoena

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Brooke A. Payne
Brooke A. Payne, Attorney for the Defendants

843-353-1987
PHONE NUMBER

9/20/16
DATE



123 SOUTH FRONT STREET, MEMPHIS, TN 38103-3607 / P.O. BOX 2198, MEMPHIS, TN 38101-2198
PHONE: 901.495.7395 / FAX: 901.495.8550 / EMAIL: Pamela.Young@AutoZone.com

September 28, 2016

Via FAX#843.353.1987

Brooke A. Payne
Lueder, Lardn & Hunter, LLC
503 Wando Park Blvd.
Suite 205
Mt. Pleasant, SC 29464

RE: **Lamar Clark**

SS: [REDACTED]

Dear Ms. Payne:

I am in receipt of your authorization and/or subpoena; however, according to the information given we are unable to obtain any information in our computer system regarding the above name(s). If the above information is indeed incorrect, please forward by facsimile the accurate information regarding the correct spelling of name and complete social security number. However, if the above information is on your records, please accept this as Notice that Lamar Clark was not employed by AutoZone.

I would like to thank you in advance for your cooperation. Please forward the correct information, if any, by facsimile 901.495.8550, attention Pamela P. Young.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela P. Young", written over a horizontal line.

Pamela P. Young
Senior Employee Relations Specialist

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1115485
Appellate Case No. 2018-001197

Lamar Clark, ... Appellant,

v.

Philips Electronics/Shakespeare, Employer,
and Gallagher Bassett Services, Carrier, ... Respondents.

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.

 on behalf of and with
permission
Blake A. Hewitt # 73674
BLUESTEIN THOMPSON SULLIVAN, LLC
Post Office Box 7965
Columbia, South Carolina 29202
(803) 779-7599

April 19, 2019

Attorney for Appellant

RECEIVED

APR 22 2019

SC Court of Appeals