THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS COMPENSATION COMMISSION

Case Number 2019-000597

Nicholas B. Thompson, Employee, ...Appellant,

v.

Bluffton Township Fire District, Employer, and State Accident Fund, Carrier, . .Respondent.

SUPPLEMENTAL RECORD ON APPEAL

David H. Berry, Esquire
2 Spanish Wells Road
Hilton Head Island, SC 29926
(843) 686-5432
Attorney for Appellant

D. Alan Westerlund, Jr., Esquire
421 Wando Park Boulevard
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Attorney for Respondents

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SC Court of Appeals

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South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov

WCC File #: 1622114
Carrier File #:
Carrier Code #:
Employer FEIN #:

AMENDED

Claimant's Name: Nicholas Thompson SSN: 375-13-6306
Address: 549 W. Adams Street
City: Ridgeland State: SC Zip: 29936
Home Phone: (616) 780-7609 Work Phone:

Employer's Name: Bluffton Township Fire District
Address: 357 Fording Island Road
City: Bluffton State: SC Zip: 29910
Insurance Carrier: State Accident Fund

Preparer's Name: Catherine D. Meehan Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 720-2800

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: On/before/after June 1, 2016
☒ Injury ☐ Illness ☒ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brian Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to back; legs; bladder; bowels (Part(s) of Body Injured) on on/before/after June 1, 2016 (Month/Day/Year) in Beaufort County, State of South Carolina.
   Body part(s) affected are: back; legs; bladder; bowels
2. Briefly describe how the accident occurred. Claimant was injured lifting an approximately 400 lb. patient; twisting/lifting during Belfair Fire; Cutting/moving trees after Hurricane Matthew.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on On/before/after June 1, 2016 (Month/Day/Year) in the following manner: Verbally to supervisor.

☒ 7. Due to injury, the claimant is in need of (check one):
   ☐ (a) medical examination and treatment for: ____
   ☒ (b) additional medical examination and treatment for: Injuries listed above.

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined.

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
   ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None known at this time.

10a. At the time of the injury, the Claimant was paid weekly wages of $Form 20 requested, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: The employer herein; and/or to be determined

11. Further grounds or unusual aspects of claim: To provide all benefits under the Act

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Dr. Susan Cramer, Beaufort, SC; Dr. James Lindley, Hilton Head, SC

11b. To the best of your knowledge, did you have any prior permanent disability? To be determined.
   If yes, describe: ____

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

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 45 minutes.

☒ 13b. **I am requesting a hearing. A hearing has previously been requested and is scheduled for July 27, 2017.**

☐ **Mediation**
☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

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

[signature]	Attorney for Claimant	cmeehan@steinberglawfirm.com	June 30, 2017
Preparer's Signature	Title	Email	Date

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

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APA #6

THOMPSON, NICHOLAS (id #2068, dob: 09/17/1986)

Patient

Name	THOMPSON, NICHOLAS (31yo, M) ID# 2068	**Appt. Date/Time**	09/20/2017 03:45PM
DOB	09/17/1986	**Service Dept.**	Main Office
Provider	KRISTINE GERMANN, PA-C		
Insurance	Med Primary: BCBS-SC (EPO) Insurance # : ZCF846610210764 Policy/Group # : 612200216 Prescription:		

Chief Complaint

low back pain, Bilateral leg pain, Bilateral buttock pain, Bilateral foot pain, Bilateral hip pain, Bilateral ankle pain

NEW PATIENT

Patient's Care Team

Referring Provider: JAMES G LINDLEY MD: 4 E JACKSON BLVD, SAVANNAH, GA 31405-5810, Ph (912) 355-1010, Fax (912) 629-4955 NPI: 1205825338

Patient's Pharmacies

RITE AID-8225 E MAIN ST STE F (ERX): 8225 EAST MAIN ST. SUITE F, RIDGELAND SC 29936, Ph (843) 726-3067, Fax (843) 726-9328

Vitals

09/20/2017 03:56 pm

BP:	143/78 sitting	**T:**	98.1 F° oral	**Wt:**	222 lbs
BMI:	29.3	**HR:**	69	**Ht:**	6 ft 1 in
Pain Scale:	7	**Pain Scale Type:**	Numeric		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

gabapentin 300 mg capsule Take 1 capsule(s) 3 times a day by oral route.	10/05/17	prescribed
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route.	10/05/17	prescribed
Percocet 7.5 mg-325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	10/05/17	prescribed
predniSONE	09/20/17	entered

Problems

Reviewed Problems

- Muscle weakness of limb - Onset: 09/20/2017
- Muscle tension - Onset: 09/20/2017
- Cauda equina syndrome - Onset: 09/20/2017
- Lumbosacral radiculitis - Onset: 09/20/2017
- Low back pain - Onset: 09/20/2017

Family History

Reviewed Family History

Social History

Reviewed Social History
Meaningful Use - Optional and Pain Management
Smoking Status: Former smoker
Tobacco-years of use: 7
Deaf or serious difficulty hearing: N
Blind or serious difficulty seeing: N
Difficulty concentrating, remembering or making decisions: N
Difficulty walking or climbing stairs: Y
Difficulty dressing or bathing: N
Difficulty doing errands alone: Y
Alcohol intake: None
Diet: Regular
Illicit drugs: none
Occupation: Firefighters
Exercise level: Occasional
General stress level: Low
Education: 2 Year College
Live alone or with others?: with others
Hand Dominance: Right
Are you currently employed?: Y
Work related injury?: Y
Auto related injury?: N
Number of children: 0

Surgical History

Reviewed Surgical History
NO SURGERIES

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: **Y**
Back Injury: **Y**
Head Trauma/Injury: **Y**

Screening

None recorded.

HPI

Pain Management L-spine
Reported by patient.

Location: bilateral LE radiation; LBP; left buttock pain; left hip pain; left groin pain; right buttock pain; right hip pain; right groin pain; B/L ANKLE PAIN
B/L FOOT PAIN
Quality: **throbbing; tightness; numbness; sharp**
Severity: current pain level 7/10; worst pain 10/10; **interference with sleep; interference with work**
Duration: constant; pain at night
Onset/Timing: sudden; chronic **(PAIN STARTED IN 2016 (CAUSE BY LIFTING, TWISTING, CARRYING, AND BENDING))**
Context: bending; lifting; twisting
Alleviating Factors: medication; stretching; rest; lying down
Aggravating Factors: extension; flexion; carrying; twisting; lifting; getting out of bed; going from sit to stand; sitting; standing; walking
Associated Symptoms: **weakness; numbness; bladder compromise; bowel compromise**
Radiation: bilateral LE; right S1; left S1
Work Related: yes
ADL (Activities of Daily Living): showering; dressing oneself; walking; sweeping; mopping; improve with medication
Driving Impairments with Medications: no
Prior Imaging: CCH/BELFAIR/DR. LINDLEY
Prior EMG: none
Previous Surgery: none
Previous Injections: helped significantly; BACK INJECTION IN 02/2017
Previous PT: PT FOR BACK IN 01/2017 FOR 2 WEEKS

HOME EXERCISE; YES, TREADMILL 2016 - 08/2017
Previous Chiropractic Care: none

Notes: PATIENT REPORTS THAT PAIN DOES INTERFERE WITH ACTIVITIES OF DAILY LIVING

THOMPSON, NICHOLAS (id #2068, dob: 09/17/1986)

HAVE YOU TRIED NSAIDS BEFORE: YES, DOES NOT HELP WITH PAIN

DHEC BUREAU OF DRUG CONTROL REVIEWED

ROS

Patient reports **recent fatigue, night sweats, and weight gain (___lbs)** but reports no fever and no significant weight loss. He reports **shortness of breath** but reports no chronic cough, no wheezing, and no asthma. He reports **nausea, vomiting, and abdominal pain** but reports no nausea. He reports **arthralgias/joint pain, arthritis, and muscle pain** but reports no gout. He reports **weakness and numbness/tingling** but reports no headaches, no seizures, and no memory loss. He reports no red eyes, no blurry vision, no glaucoma, and no vision loss. He reports no hearing loss. He reports no frequent nosebleeds. He reports no sore throat and no dental problems. He reports no chest pain, no known heart murmur, no leg swelling, no stroke, and no heart attack. He reports no UTI, no burning with urination, no blood in urine, and no urinary incontinence. He reports no rashes, no skin infection, no skin cancer, and no recent sores. He reports no excessive thirst, no excessive sweating, and no appetite change. He reports no anxiety, no depression, no alcohol abuse, no drug abuse, no suicidal thoughts, and no panic attacks. He reports no bruising, no easy bleeding, no swollen glands, and no anemia. He reports no runny nose, no sinus congestion, no itchy eyes, no drug reaction, and no rash.
ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and **complaining of pain (LEFT leg); in pain- facial expressions.** Ambulation: **Antalgic Gait**

Skin: Inspection and palpation: no rash, lesions, or jaundice. Nails: normal.

Head: Head: normocephalic and atraumatic.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, person, and place. Memory: recent memory normal.

Eyes: Lids and Conjunctivae: non-injected; **tearful.** Pupils: **Pupils equal and round.** EOM: EOMI. Sclerae: non-icteric.

Ear Nose Mouth Throat: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or nasal discharge. Lips, Teeth, and Gums: no mouth or lip ulcers.

Neck: Neck: trachea midline. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea and (normal) respiration - good air movement. Auscultation: breath sounds normal and good air movement.

Cardiovascular: Heart Auscultation: normal S1 and S2 and RRR and no murmurs. Neck vessels: No Jugular Venous Distention.

Musculoskeletal:: Extremities: no cyanosis or edema.

Neurologic: Cranial Nerves: grossly intact. Motor Strength and Tone **DECREASED Strength Knee Extension LEFT quadriceps weakness 4/5.** Coordination and Cerebellum: (normal) coordination grossly intact / cerebellum.

Lumbosacral Spine: Lumbosacral Inspection: **Decreased Lumbar Lordosis; altered gait, trouble getting comfortable in chair.** Lumbar / Lumbosacral Spine Palpation **Moderate tenderness overlying facet joints LEFT side lower and upper lumbar** and **RIGHT side lower and upper lumbar, Tenderness of the paraspinals on the LEFT** and **the paraspinals on the RIGHT**, and **Tenderness to palpation overlying BILATERAL sacroiliac joints** Lumbar Reflex Integrity LEFT **Patellar (L2-4) diminished (1)** and **Achilles (S1-S2) absent (0)** and Grossly normal/intact (2). Lumbar Reflex Integrity RIGHT **Patellar (L2-4) diminished (1)** and **Achilles (S1-S2) absent (0).** Lumbar Spine Active Range of Motion: **Active Range of Motion Limited secondary to pain** and **Motion Decreased severely** and **Reproduction of pain with lumbar facet joint loading.** Lumbar Spine LEFT Special Tests: **Seated straight leg raising test positive** Lumbar Spine RIGHT Special Tests: **Seated straight leg raising test positive.**

Procedure Documentation

Transforaminal Epidural Steroid Injection:

Transforaminal Epidural Steroid Injection Procedure: Transforaminal Epidural Steroid Injection Side: RIGHT Level: L4/5, L5/S1 Indication: RIGHT posterolateral leg pain Lumbar radiculitis Lumbar disc displacement Initial injection The nature of the treatment/procedure, and its risks, benefits, and alternatives were discussed with the patient. Risks include, but are not limited to: reaction to medications (local and systemic), nerve injury, injury to blood vessels, residual pain, increased pain, infection, numbness, bleeding, and recurrent symptoms. Although the benefits are judged to outweigh the risks, should any of these complications occur, any of them could be permanent. No guarantees of success or outcome were given or implied. The patient stated they had no further questions and agreed to proceed with the

procedure. Informed consent was obtained from the patient. The patient was then placed in the prone position on the fluoroscopy table. Utilizing fluoroscopic guidance, the above desired interspace was identified and marked. The overlying area was prepped with Betadine x 3, and then draped in the usual sterile fashion. The skin and subcutaneous tissues overlying the lumbar areas above were anesthetized using a 27g needle and 1% Lidocaine. A 22 gauge, 5 inch Quincke point spinal needle was advanced to the epidural space using a line of site approach and fluoroscopic guidance to the inferior portion of the pedicle with the C-arm oriented in an oblique position. Aspirations were negative for blood and CSF, and no paresthesias were elicited. One cc of a mixture of 1 cc preservative-free bupivacaine o.25% with 80 mg of triamcinolone was then injected into the epidural space in equally divided doses at each of the above levels. No CSF/blood/paresthesias was elicited via the needle. The needle was then cleared with a small amount of normal saline and removed from the skin. The skin was cleansed and a sterile bandage was applied to the injection site. There were no complications immediately following the procedure. The patient tolerated the procedure well and was able to ambulate away from the procedure suite. The patient was instructed on icing, activity resumption, use of over the counter pain medications, and the symptoms to call for and expect. Return for post-procedure follow up, and evaluation of today's injection. Consideration will be given for repeat injection as indicated.

Assessment / Plan

New Patient Consultation. Referral information was reviewed. New Patient Intake Form was reviewed with the patient outlining the History of Present Illness, Allergies, Current Medications, Past Medical History, Past Surgical History, Family History, Social History, and Review of Systems. Pain Management Risk Assessment reviewed. South Carolina DHEC Prescription Monitoring System reviewed.

Nicholas Thompson is a pleasant 31 year old male kindly referred by Dr. James Lindley for further evaluation and treatment of his chief complaint of RIGHT radiating leg pain in an anterior, lateral, and posterior distribution.. Patient is a firefighter in Bluffton and notes hurting his back while lifting a heavy patient (450lbs) last year. He notes no specific new mechanism of injury recently but gradual worsening of his symptoms and more weakness in RLE. Patient reports on friday night he awoke in severe lumbar pain and was taken to ED- Coastal Carolina Medical Center. He lost control of bowel and bladder function. He was given IV demerol and steroids. He was placed on medrol pack and told to follow up with his spine surgeon- Dr Lindley in Savannah. He saw Dr Lindley yesterday and was referred to us for an epidural series for his acute pain and worsening of symptoms with compromised functionality. He does report weakness and numbness of the RIGHT leg with giving way episodes. He has undergone no previous injections except an epidural in February with Dr Cramer-and was helpful but pain quickly returned. This was all prior to surgical recommendation made by Dr Lindley. NSAIDS have also been tried which does not help with his symptoms. Patient reports that his pain interferes with activities of daily living and he is not able to work due to the pain and functionality.

MRI of lumbar spine shows requested today from Belfair MRI 2/10/17 available today for review shows: transitional appearance to L5 vertebral body with near-complete sacralization. Moderate central canal stenosis L4/5 with diffuse disc bulge, central disc extrusion adn facet arthritis. L5/S1 paracentral disc protrusion with displacement of S1 nerver root on the right. Severe bilateral recess stenosis at L4/5 with probable L5 transvering nerve root impingement.
Read by Dr Thomas Knight MD.

Patient's primary symptoms are consistent with acute lumbar radicular-type pain RIGHT greater than LEFT.

Recommend RIGHT L4-5, and L5-S1 transforaminal epidural steroid injection- TODAY.

This procedure is being recommended secondary to escalation of pain which is causing reduced function and mobility, as well as reduced quality of life. Patient having mechanical symptoms including significant weakness and numbness in RLE and giving way of his leg. He notes significant increase in pain with any activity. The most concerning worsening of symptoms is loss of control with bowel and bladder. The patient is responding to conservative measures with very limited success. The goals of injection therapy are to reduce pain intensity, increase function and mobility, improve quality of life, maintain and improve activities of daily living, and reduce the requirement for narcotic pain medication.

I have discussed the procedure with the patient in detail covering the risks, potential benefits, and treatment options. The patient voices understanding, and has agreed to proceed with the recommended procedure.

Medication changes as below.

Patient's treatment plan includes long-term drug therapy for chronic pain and as such, will be screened / tested for the presence of appropriate levels of prescribed (controlled) medications as well as to detect and identify any non-prescribed medications including any drug-drug interactions that may be present - in order to complete a clinical assessment necessary to make clinical decisions and/or continue to prescribe appropriate levels of medications and is therefore reasonable and necessary.

THOMPSON, NICHOLAS (id #2068, dob: 09/17/1986)

UDS was ordered and reviewed today.

DHEC / PMP also reviewed today.

Indications for opioid therapy were reviewed and will be started today based on subjective and objective findings. Goals with narcotic pain medication therapy are to decrease in pain levels as defined by increased function and decreased pain scores, improved activities of daily living, and improved quality of life. The issues of the dangers, risks, potential side effects, possible hypogonadism, tolerance, appropriate use of medications, dependence, addiction, and opiate-induced hyperalgesia were discussed with the patient.

A Controlled Substance Agreement was given to the patient to read and then explained in detail. After voicing agreement, the patient signed the pain management agreement indicating understanding and agreement to comply.

Treatment options discussed in detail with patient including likely outcomes, risks, benefits, alternatives. Questions answered. 50 minutes spent in face-to-face consultation with patient. Dr Rowe also spoke with the patient today and has recommended the treatment plan as outlined.

RIGHT L4/5, L5/S1 transforaminal epidural steroid injection performed today. See procedure note.

Return for post procedure follow-up and evaluation. Consider second injection as indicated.

Advised patient that his conservative options are limited at this point.

Agree with above. Patient was also seen and evaluated by myself. I did perform part of the physical examination.

Thank you for entrusting us with the evaluation and care of your patient. Please contact our office at 843-310-1055 if we can be of any further assistance.

David F. Rowe, M.D.
Anesthesiology
Pain Management
Kristine S. Germann, PA-C

1. **Muscle weakness of limb**
   M62.81: Muscle weakness (generalized)

2. **Muscle tension**
   R29.898: Other symptoms and signs involving the musculoskeletal system

3. **Cauda equina syndrome**
   G83.4: Cauda equina syndrome

4. **Lumbosacral radiculitis**
   M54.17: Radiculopathy, lumbosacral region
   - EPIDURAL STEROID INJECTION, LUMBAR TRANSFORAMINAL (PROC)

Location: L4/5	Side:
L5/S1	RIGHT

5. **Low back pain**
   M54.5: Low back pain

Return to Office

- David Rowe, MD for Lumbar Transforaminal Epidural at Main Office on 10/25/2017 at 03:30 PM

Encounter Sign-Off

Encounter signed-off by David Rowe, MD, 10/18/2017.

Encounter performed and documented by Kristine Germann, PA-C
Encounter reviewed & signed by David Rowe, MD on 10/18/2017 at 5:37pm

Patient

Name	THOMPSON, NICHOLAS (31yo, M) ID# 2068	**Appt. Date/Time**	10/05/2017 01:45PM
DOB	09/17/1986	**Service Dept.**	Main Office
Provider	KRISTINE GERMANN, PA-C		
Insurance	Med Primary: BCBS-SC (EPO) Insurance # : ZCF846610210764 Policy/Group # : 612200216 Prescription: CMX - Member is eligible.		

Chief Complaint

Followup: Low back pain
Followup: Muscle weakness of limb

F/U INJECTION RIGHT TFESI#1

F/U REVIEW MRI AND XR

Patient's Care Team

Referring Provider: JAMES G LINDLEY MD: 4 E JACKSON BLVD, SAVANNAH, GA 31405-5810, Ph (912) 355-1010, Fax (912) 629-4955 NPI: 1205825338

Patient's Pharmacies

RITE AID-8225 E MAIN ST STE F (ERX): 8225 EAST MAIN ST. SUITE F, RIDGELAND SC 29936, Ph (843) 726-3067, Fax (843) 726-9328

Vitals

10/05/2017 01:47 pm

BP:		**T:**	97.6 F° oral	**Wt:**	221 lbs
BMI:	29.2	**Ht:**	6 ft 1 in	**Pain Scale:**	4
Pain Scale Type:	Numeric				

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

gabapentin 300 mg capsule — 10/05/17 prescribed
Take 1 capsule(s) 3 times a day by oral route.

ibuprofen 800 mg tablet — 10/05/17 prescribed
Take 1 tablet(s) 3 times a day by oral route.

Percocet 7.5 mg-325 mg tablet — 10/05/17 prescribed
Take 1 tablet(s) every 6 hours by oral route as needed.

predniSONE — 09/20/17 entered

Problems

Reviewed Problems
- Muscle weakness of limb - Onset: 09/20/2017
- Muscle tension - Onset: 09/20/2017
- Cauda equina syndrome - Onset: 09/20/2017
- Lumbosacral radiculitis - Onset: 09/20/2017
- Low back pain - Onset: 09/20/2017

Family History

Reviewed Family History

Social History

Reviewed Social History
Meaningful Use - Optional and Pain Management
Smoking Status: Former smoker
Tobacco-years of use: 7
Deaf or serious difficulty hearing: N
Blind or serious difficulty seeing: N
Difficulty concentrating, remembering or making decisions: N
Difficulty walking or climbing stairs: Y
Difficulty dressing or bathing: N
Difficulty doing errands alone: Y
Alcohol intake: None
Diet: Regular
Illicit drugs: none
Occupation: Firefighters
Exercise level: Occasional
General stress level: Low
Education: 2 Year College
Live alone or with others?: with others
Hand Dominance: Right
Are you currently employed?: Y
Work related injury?: Y
Auto related injury?: N
Number of children: 0

Surgical History

Reviewed Surgical History
NO SURGERIES

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: **Y**
Back Injury: **Y**
Head Trauma/Injury: **Y**

Screening

None recorded.

HPI

Pain Management L-spine
Reported by patient.

Location: bilateral LE radiation; LBP; left buttock pain; left hip pain; left groin pain; right buttock pain; right hip pain; right groin pain; B/L ANKLE PAIN
B/L FOOT PAIN
Quality: **throbbing; tightness; numbness; sharp**
Severity: current pain level 4/10; worst pain 10/10; **interference with sleep; interference with work**
Duration: constant; pain at night; Patient reports significant relief of symptoms (greater than 80% relief of their typical pain levels) in response RIGHT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION#1 performed on 09/20/17. Patient reports duration of pain relief for 1 WEEK. Patient reports that their symptoms have returned to pre-injection levels.
Onset/Timing: sudden; chronic **(PAIN STARTED IN 2016 (CAUSE BY LIFTING, TWISTING, CARRYING, AND BENDING))**
Context: bending; lifting; twisting
Alleviating Factors: medication; stretching; rest; lying down
Aggravating Factors: extension; flexion; carrying; twisting; lifting; getting out of bed; going from sit to stand; sitting; standing; walking
Associated Symptoms: **weakness; numbness; bladder compromise; bowel compromise**
Radiation: bilateral LE; right S1; left S1
Work Related: yes
ADL (Activities of Daily Living): showering; dressing oneself; walking; sweeping; mopping; improve with medication
Driving Impairments with Medications: no
Prior Imaging: CCH/BELFAIR/DR. LINDLEY
Prior EMG: none
Previous Surgery: none
Previous Injections: helped significantly; RIGHT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION#1 09/20/2017

Previous PT: PT FOR BACK IN 01/2017 FOR 2 WEEKS

HOME EXERCISE; YES, TREADMILL 2016 - 08/2017
Previous Chiropractic Care: none

Notes: PATIENT REPORTS THAT PAIN DOES INTERFERE WITH ACTIVITIES OF DAILY LIVING

HAVE YOU TRIED NSAIDS BEFORE: YES, DOES NOT HELP WITH PAIN

DHEC BUREAU OF DRUG CONTROL REVIEWED

09-20-2017: new pt: LCMS CONFIRMATION: positive for oxymorphone, hydromorphone, hydrocodone and tramadol

ROS

Patient reports **recent fatigue, night sweats, and weight gain (___lbs)**but reports no fever and no significant weight loss. He reports **shortness of breath** but reports no chronic cough, no wheezing, and no asthma. He reports**nausea, vomiting, and abdominal pain** but reports no nausea. He reports**arthralgias/joint pain, arthritis, and muscle pain** but reports no gout. He reports **weakness and numbness/tingling** but reports no headaches, no seizures, and no memory loss. He reports no red eyes, no blurry vision, no glaucoma, and no vision loss. He reports no hearing loss. He reports no frequent nosebleeds. He reports no sore throat and no dental problems. He reports no chest pain, no known heart murmur, no leg swelling, no stroke, and no heart attack. He reports no UTI, no burning with urination, no blood in urine, and no urinary incontinence. He reports no rashes, no skin infection, no skin cancer, and no recent sores. He reports no excessive thirst, no excessive sweating, and no appetite change. He reports no anxiety, no depression, no alcohol abuse, no drug abuse, no suicidal thoughts, and no panic attacks. He reports no bruising, no easy bleeding, no swollen glands, and no anemia. He reports no runny nose, no sinus congestion, no itchy eyes, no drug reaction, and no rash.
ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and **complaining of pain (LEFT leg); in pain- facial expressions.** Ambulation: **Antalgic Gait**

Skin: Inspection and palpation: no rash, lesions, or jaundice. Nails: normal.

Head: Head: normocephalic and atraumatic.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, person, and place. Memory: recent memory normal.

Eyes: Lids and Conjunctivae: non-injected; **tearful.** Pupils: **Pupils equal and round** EOM: EOMI. Sclerae: non-icteric.

Ear Nose Mouth Throat: Ears: no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose or nasal discharge. Lips, Teeth, and Gums: no mouth or lip ulcers.

Neck: Neck: trachea midline. Thyroid: no enlargement.

Lungs: Respiratory effort: no dyspnea.

Cardiovascular: Neck vessels: No Jugular Venous Distention.

Musculoskeletal:: Extremities: no cyanosis or edema.

Neurologic: Cranial Nerves: grossly intact. Motor Strength and Tone**DECREASED Strength Knee Extension LEFT quadriceps weakness 4/5.** Coordination and Cerebellum: (normal) coordination grossly intact / cerebellum.

Lumbosacral Spine: Lumbosacral Inspection: **Decreased Lumbar Lordosis** and Injection site without erythema, swelling, ecchymosis, induration, or discharge. Skin temp normal.; **altered gait, trouble getting comfortable in chair.** Lumbar / Lumbosacral Spine Palpation **Moderate tenderness overlying facet joints LEFT side lower and upper lumbarand RIGHT side lower and upper lumbar, Tenderness of the paraspinals on the LEFT**and **the paraspinals on the RIGHT**, and **Tenderness to palpation overlying BILATERAL sacroiliac joints** Lumbar Reflex Integrity LEFT **Patellar (L2-4) diminished (1)** and **Achilles (S1-S2) absent (0)** and Grossly normal/intact (2). Lumbar Reflex Integrity RIGHT **Patellar (L2-4) diminished (1)** and **Achilles (S1-S2) absent (0)**. Lumbar Spine Active Range of Motion:**Active Range of Motion Limited secondary to pain** and **Motion Decreased severely** and **Reproduction of pain with lumbar facet joint loading** Lumbar Spine LEFT Special Tests: **Seated straight leg raising test positive** Lumbar Spine RIGHT Special Tests:**Seated straight leg raising test positive.**

Assessment / Plan

THOMPSON, NICHOLAS (id #2068, dob: 09/17/1986)

Patient returns for post-procedure follow up and evaluation. Patient reports significant relief of low back pain and RIGHT leg pain (greater than 50% of typical baseline pain levels). Patient also reports that mobility, ability to perform activities of daily living, and lumbar spine range of motion have improved in response to the initial lumbar transforaminal epidural steroid injection performed on September 20, 2017. Patient noted significant relief of his symptoms for one week. He notes no new mechanism of injury as his pain is gradually returned over the last few weeks. He saw Dr. James Lindley neurosurgeon in Savannah approximately 2 weeks ago who advised him he needed two level surgery. Patient informed us Dr. Lindley is no longer in's network for insurance. Dr. Rowe has encouraged **him to seek out another** surgeon within his network as surgery is his best option. Patient is continued to struggle with weakness in the lower extremities especially the right lower extremity. Dr. Rowe has agreed to continue with the epidural series but has advised the patient to seek out surgical intervention agreeing with Dr. Lindley's recommendation. patient voiced understanding. Patient is here with his wife today. He is visibly in pain. Patient notes he has a workmen's case pending in the next few weeks.

Recommend proceeding with the second injection in the series.

Patient returns for follow up and reports that their current medication regimen provides reasonable pain control, and increased mobility. Patient reports that their medications help in performing activities of daily living. Patient denies side effects with the current medication regimen including excessive sedation, respiratory depression, nausea, itching, and constipation. The risks and benefits of chronic opioid usage were discussed with the patient.

Patient's treatment plan includes long-term drug therapy for chronic pain and will be screened / tested for the presence of appropriate levels of prescribed (controlled) medications as well as to detect and identify any non-prescribed medications including any drug-drug interactions that may be present - in order to complete a clinical assessment necessary to make clinical decisions and/or continue to prescribe appropriate levels of medications and is therefore reasonable and necessary.

Indications for chronic opioid therapy were reviewed and will be continued based on efficacy, decrease in pain levels as defined by increased functionality and decreased pain scores, improved activities of daily living, improved quality of life, and patient compliance. The issues of the dangers, risks, potential side effects, possible hypogonadism, tolerance, appropriate use of medications, dependence, addiction, and opiate-induced hyperalgesia were discussed with the patient. The Controlled Substance Agreement, which has been signed by the patient, was also reviewed. The patient voices understanding, and wishes to continue treatment with informed consent.

Medications were renewed today. Continue current medications without change in dosing. Ice and activity as tolerated.

DHEC/PMP was reviewed today.

UDS also reviewed today.

1. **Muscle weakness of limb**
   M62.81: Muscle weakness (generalized)

2. **Low back pain**
   M54.5: Low back pain

3. **Muscle tension**
   R29.898: Other symptoms and signs involving the musculoskeletal system

4. **Lumbosacral radiculitis**
   M54.17: Radiculopathy, lumbosacral region
   - Percocet 7.5 mg-325 mg tablet - Take 1 tablet(s) every 6 hours by oral route as needed. Qty: 90 tablet(s) Refills: 0 Pharmacy: RITE AID-8225 E MAIN ST STE F
   - gabapentin 300 mg capsule - Take 1 capsule(s) 3 times a day by oral route. Qty: 90 capsule(s) Refills: 0 Pharmacy: RITE AID-8225 E MAIN ST STE F
   - ibuprofen 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route. Qty: 90 tablet(s) Refills: 0 Pharmacy: RITE AID-8225 E MAIN ST STE F Note to Pharmacy: with food
   - EPIDURAL STEROID INJECTION, LUMBAR TRANSFORAMINAL (PROC)

Location: L4/5	Side:
L5/S1	RIGHT

Return to Office

- David Rowe, MD for Lumbar Transforaminal Epidural at Main Office on 10/25/2017 at 03:30 PM

Encounter Sign-Off

Encounter signed-off by Kristine Germann, PA-C, 10/06/2017.

Encounter performed and documented by Kristine Germann, PA-C
Encounter reviewed & signed by Kristine Germann, PA-C on 10/06/2017 at 8:32am