

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

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

RECEIVED
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SC Court of Appeals

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

Appellants,

v.

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

Respondents.

RECORD ON APPEAL
VOLUME XII

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June 6, 2008

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

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD

CA No.: 2006-CP42-1728

Our File No.: 26-0266

Dear Records Custodian:

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

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

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

I am

Very truly yours,

H. Spencer King

The Ward Law Firm, P.A.

HSK/mdh

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

RUFUS M. WARD (1908-1988)
L. PAUL BARNES (1931-1988)

233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

FAX NO. (854) 583-8861
E-mail: sking@wardfirm.com

Direct No. (854) 891-2364

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MANN 026304

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AUTHORIZATION TO RELEASE INSURANCE BENEFIT RECORDS

TO: Medical Records Custodian, Aetna.

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

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

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

His/her/its name is: William Mark Casey

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

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

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

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

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

3. The specific information that should be disclosed is:

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

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

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

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

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

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

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

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

William Mark Casey May 23
Signature of Patient Date 2008

Del. Summers 5/23/08
Witness Date

SWORN BEFORE ME THIS 23 day of May
2008

Quinn Richardson Leffler
Notary Public for The State of South Carolina

My Commission Expires: 10/29, 2017

515806190

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MANN 026306

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pencer King
Ward Law Firm, P.A.
Box 3188
tanburg, SC 29304



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

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MANN 026307

AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

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



SBH200610160016

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MANN 026308



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Carole Roy
Aetna Life Insurance Company

AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

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

8000901301



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MANN 026313



UNIVERSITY DISABILITY CONSORTIUM
Physician Specialists for Disability Evaluation and Management

October 6, 2006

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

my

Claimant: William Casey

8000901301

NEUROLOGICAL RECORD REVIEW OF WILLIAM CASEY

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

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

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

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

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

William Casey - 2

MANN 026315

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

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

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

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

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

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

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

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

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

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

DIAGNOSES AND DISCUSSION:

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

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

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

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

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

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



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

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UNIVERSITY DISABILITY CONSORTIUM
Physician Specialists for Disability Evaluation and Management

October 6, 2006

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

Claimant: William Casey

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NEUROPSYCHOLOGICAL RECORD REVIEW OF WILLIAM CASEY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

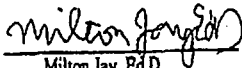
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Consequently, some types of subcortical neurological compromise and also depression with anxiety may produce a neurocognitive profile with an accent on reduced processing speed, reduced tension, and reduced attention-sensitive aspects of memory. But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

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


Milton Jay, Ed.D.

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

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AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

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

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<https://aeweq.acsaetna.com/gi/sbh/print.asp?stage=print&Itemname=SBH200610170034> 10/17/2006

MANN 026332

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AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

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

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MANN 026335



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

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

September 19, 2006

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

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

Dear Attorney Thompson:

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

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

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

Sincerely,

Carole Roy
Aetna Life Insurance Company

20060919

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

MANN 026336

AETNA DISABILITY CLAIM
BACKEND HEADER SHEET GROUP INSURANCE IMAGING

Aetna Use Only (PRINT)

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

8500902001



SBH200609200073

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

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

MANN 026337

09/19/2006

10:40

BURTS LAW FIRM + 18602739577

NO. 413 002

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

September 14, 2008

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

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

Dear Mr. Thompson:

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

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

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

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

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MANN 026338

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

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

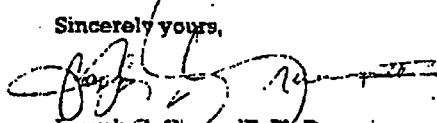
Mark Casey continues to report that when he attempts to do something strenuous, such as yard work, he becomes very fatigued within an hour and is forced to stop. Following such exertion he reportedly has to rest or even sleep for several hours to recover.

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

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

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

Sincerely yours,


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

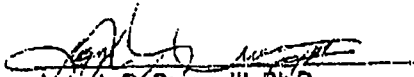
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MANN 026339

09/19/2006 10:40 BURTS LAW FIRM → 18602739577

NO. 413 004

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


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

September 14, 2006

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STATEMENT FILE

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MANN 026340

09/19/2006 10:40 BURTS LAW FIRM - 18502739577

NO. 413 001

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

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

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

September 19, 2006

TELEFAX TRANSMITTAL

TO: Carole Roy, Actna Insurance Company

FAX NO.: 860-273-8353 9577

NO. OF PAGES (with cover sheet): 4

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

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

Dear Carole:

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

I hope you all are doing very well.

Thanks!
Karen

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

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

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MANN 026341

BURTS, TURNER, RHODES & THOMPSON

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

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

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

September 29, 2006

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

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

Dear Ms. Roy:

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

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By:


RAY E. THOMPSON, JR.

RET:ar
Enclosures

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

September 14, 2006

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

RE: William Mark Casey
DOB: [REDACTED] 88
SS #: [REDACTED]

Dear Mr. Thompson:

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

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

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

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

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MANN 026343

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

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

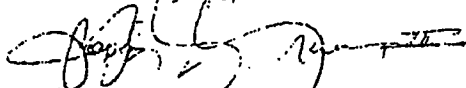
Mark Casey continues to report that when he attempts to do something strenuous, such as yard work, he becomes very fatigued within an hour and is forced to stop. Following such exertion he reportedly has to rest or even sleep for several hours to recover.

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

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

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

Sincerely yours,



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

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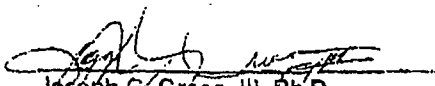
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09-15-06 11:43 FAX 506 500 1510

SPTBC FAMILY MEDICINE

12-04

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


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

September 14, 2006

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STATEMENT FILE

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

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

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

September 17, 2006

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

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

Dear Ms. Roy:

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

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

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

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

RET:kpg
Enclosures

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SPARTANBURG, SOUTH CAROLINA

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

September 14, 2006

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

RE: William Mark Casey

DOB: [REDACTED] 58

SS #: [REDACTED]

Dear Mr. Thompson:

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

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MANN 026347

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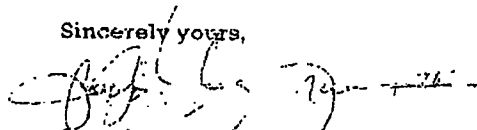
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Applying the multiaxial assessment system as outlined in DSM-IV-TR, my present evaluation of Mark Casey is as follows:

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

Sincerely yours,


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

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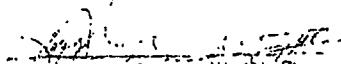
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09 15 08 11 13 FAX 57 706 1516

SPYSC PARTIAL MEDICAL

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


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

September 14, 2006

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STATEMENT OF

MANN 026349

10/20/2005 THU 10:03 FAX 864 583 9772 Anthony

0003/010

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

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

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

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey

Age: 46 (DOB: [REDACTED] 58)

Sex: Male

Handedness: Right

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

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

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

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

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

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

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MANN 026350

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

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

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

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

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

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10/19/2005 15:34 FAX 18438816878

MANN 026351

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Examination Results

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L. Randolph Waid, Ph.D.

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

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

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

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

August 24, 2006

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

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

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Dear Ms. Van Deventer:

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

With kind regards, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By: Chuck Thompson
RAY E. THOMPSON, JR.

RET:kpg

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AUG. 25. 2006 12:42PM

AETNA HARTFORD

NO. 060 P. 1/1



PO Box 14557
Lexington, KY 40512-4557

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

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

August 23, 2006

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

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

Dear Attorney, Thompson:

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

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

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

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

Sincerely,

Carole Roy
Aetna Life Insurance Company

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

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

File Copy

**

August 16, 2006

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

RE: Long Term Disability (LTD) Benefits Plan

Long Term Disability

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

Dear Attorney Thompson:

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

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

Sincerely,

Karen VanDeventer
Aetna Life Insurance Company

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Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 8.
The Patient will complete Section 1.
The Patient should also fill in their name at the top of Pages 2 and 3

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

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CAREY, WHITTAM M. I. Social Security Number -58 Birth Date (MM/DD/YYYY) 15'8" 170 Height (lb)

(c) Patient Gender ☒ Male ☐ Female

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

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

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

(g) Patient Telephone Number ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIME LINE ASSEMBLY

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

2. Physician Instructions

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

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED DEPRESSION Primary ICD Code 210.9
Secondary Diagnosis ANXIETY DISORDER Secondary ICD Code 296.20
Other ICD Codes

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

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

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

(e) Medication(s)/Dose/frequency MILPOTAPINE 45 MG. Q.H.S.
ADONAL KR 40 MG. Q.H.S., AMBIEN 10 MG. Q.H.S.
Impairment from medication effects

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

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

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

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit Discharge (MM/DD/YYYY) (MM/DD/YYYY)

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

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Page 2

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

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (L.S. & L.T. REGAL, SLOWING, POOR CONCENTRATION)
POOR FINE & GROSS MOTOR COORDINATION, DEPRESSION, ANXIETY, REGISTRATION, & INFORMATION
CLARUSSED, LETHARGY, EASY FATIGUE

(b) Date symptoms first appeared or last occurred: MM 01 DD 15 YYYY 2017

(c) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe.

(d) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

(f) Other Treating Physicians

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

Name DEBBY SMITH, M.D. Specialty PSYCHIATRY City SPARTANBURG State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to give supervision ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.
 - ☐ Heavy work activity. No limitations of functional capacity.
 - ☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 - ☐ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 - ☐ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 - ☒ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 - ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT THERE'S
QUITE FIRM & UNEMOTIONAL AND PHYSICAL SPARE ARE OBTAINING G.
UNABLE TO WORK IN GENERAL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME.

• Number of Hours patient is capable of working in a day: ☐ 12 ☒ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day (N/A)

• Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)

• Date you prescribed restriction on work activities: Month 01 Day 04 Year 2017

• How long are these restrictions/limitations in effect? ☒ Permanent ☐ No Longer

Days Weeks Months

• Estimated return to work date? UNABLE TO MODIFIED DUTY UNLESS FULL DUTY
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL

(d) Other Comments: PSYCHIATRIC DISORDERS

6. Current Status HAS NOT IMPROVED SIGNOR REGRESSED

(a) Patient has ☐ Improved ☐ Stabilized ☐ Regressed ☒ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☐ No ☒ Yes, please explain IN CAPABLE OF BENEFITING FROM VOC. REHAB. SERVICES

(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

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000495

MANN 026362

Patient Name (Last, First Middle Initial) Required

T. Regulation Notice

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

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

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

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

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

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

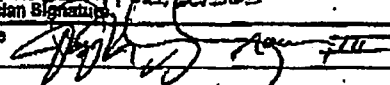
Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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

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

8. Physician Certification

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

Physician Signature 	Date (MM/DD/YYYY) 2-3-06

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AP DT 01-001 ME
00-100-1 (10-00)

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MANN 026363



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.

The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

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

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASBY, WILLIAM MARK Social Security Number 1-844- [REDACTED] Birth Date (MM/DD/YYYY) -58 Height 5'8" Weight (lb) 170

(c) Patient Gender ☒ Male ☐ Female

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

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

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

(g) Patient Telephone Number [REDACTED] ☐ Check if New

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

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

2. Physician Instructions

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

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

3. Impairing Diagnosis & Treatment

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

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

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

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

AXIS IV Primary Diagnosis Occupational Stress Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

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

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

SYMPTOM ASSESSMENT

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

(b) Objective findings (Include mental status findings, testing results, rating scales, etc): Borderline Mental Status Exam, and MAP-2 II indicating moderate and depressive functioning to develop G.I. disturbances, panic episodes, slowed in thought & action,

(c) Describe interpersonal stressors that impact ability to function: Obsessive thoughts and compulsive behaviors.

(d) Describe work stressors that impact ability to function: Stresses of meeting production, physically grueling for number of hours and lifting heavy things continually.

(e) Medication(s) / Dose / Frequency: Zoloft 150mg QD, and Soma 4,5.

(b) Impairment from medication effects Sedation

Compliant with meds? YES

(c) Recent hospitalization? (where, when) Respiratory Arrest and Coma Prior to Psych Symptoms.

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

(e) Compliant with tx? YES Tx Goals Very

4. History

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

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

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

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

Name FRANK GRADY, M.D. Specialty Fam. Pract. City " State "

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

AP DT 01-002 ME
GC-1493-1 (8-03)

Page 1 of 2 RIA-POD

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

MANN 026364

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

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

July 12, 2006

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-585-8166
FAX: 864-583-6927

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

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

Dear Ms. Van Deventer:

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

The information enclosed is as follows:

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

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

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MANN 026365

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

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

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

With warm regards,

I remain,
BURTS, TURNER, RHODES & THOMPSON

By: 
RAY E. THOMPSON, JR.

RET:ar
Encl.

9000308170

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

MANN 026366

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



Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK Ink.

Employee Name (Last, First, Middle Initial) COSEY, WILLIAM MARC		Social Security Number 222-222-2222	Date of Birth (MM/DD/YYYY) 5-5
Gender ☒ Male ☐ Female	Job Title MICHELIN TIRE ASSEMBLY LINE		Control Number 607472
Current Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING CRANIAL TRAUMA (310.9) AND DEPRESSIVE DISORDER (296.22) AMELIA 10 MG. Q.H.S.		Medications MIRTAZAPINE 45 MG. Q.H.S. ADDERALL XR 40 MG. Q.A.M.	
Indicate the percent of the day the following activities can be performed: (Occasional 1-33% or 5-25 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)			
Climbing - (Depressed) Crawling Kneeling Lifting Pushing Reaching above shoulder Forward reaching Carrying Bending Twisting	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Hand Grasping Firm Hand Grasping Fine Manipulation Gross Manipulation Repetitive Motion Sitting Standing Sloping Walking Other	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Maximum weight patient is capable of lifting: 1-5 lbs. 6-10 lbs. 11-20 lbs. 21-35 lbs. 36-50 lbs. 51-75 lbs. 76-100 lbs. 100 lbs. +		Approved Head and Neck Movements: Static Position Frequent Flexion Frequent Rotation	
☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Limitations to: Speaking Vision (explain) Depth Perception Hearing (explain)		Exposure Limitations: Yes No Heat Cold Dampness Noise	
☐ ☐ ☐ ☐		☐ ☐ ☐ ☐	
Total # of hours patient capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐		Next Appointment: 2-9-06	
Duration of restrictions: TOTAL		Care Complete: Yes ☐ No ☒	
Additional Comments: PT SLOPED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, INATTENTION, BLOCKING, BODILY, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGITATION, & PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & UNABLE TO CARE FOR SELF.			
Physician Signature Dr. Joseph G. Grace		Date (MM/DD/YYYY) 2-3-06	

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

MI DT 80-002 ME
00-150-1 (5-00)

Dr. Joseph G. Grace

000497

MANN 026367

Mark Casey

(Thompson)

8-25-05

Mr. now has Chubb and Ken Anthony representing him.

Dr. Fogarty better indicates that he has 98% normal lung capacity.

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

9000908170

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

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

↓ Concentration on golf course negatively impairs his short game.

000492

MANN 026368

can't compete in golf lets he
could

golf was fun recreation but not
anymore.

sleeps well on Ambien

sporadic sleep off of Ambien

↓ appetite.

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

working in heat makes him
vomit.

stress seems related to vomiting
generally no pattern to vomiting
an OTC GI. preparation was
recommended.

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000491

MANN 026369



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

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

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

(a) Control Number N/A - LICENSED PSYCHOLOGIST

(b) Patient Name (Last, First, Middle Initial) WILLIAM MARLY CASEY Birth Date (MM/DD/YYYY) 1/1/1958 Height 5'8" Weight (lb) 160 lbs

(c) Patient Gender ☒ Male ☐ Female Social Security Number [REDACTED]

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

(e) Mailing Address, if different from Home address 2, SPARTANBURG, S.C. 29381

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

(g) Patient Telephone Number [REDACTED] ☐ Check if New

(h) Job Title/Occupation (TERMINATED)

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

2. Physician Instructions

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

3. Impairing Diagnosis & Treatment

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

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

AXIS II Primary Diagnosis 294.11 Secondary Diagnosis: 294.113 ICD-9 codes 294.113

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

AXIS IV Primary Diagnosis OCCUPATIONAL Secondary Diagnosis: ECONOMIC & SOCIAL

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

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

SYMPTOM ASSESSMENT

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

(b) Objective findings (include mental status findings, testing results, rating scales, etc) SAME AS SUBJECTIVE SYMPTOMS + A 10 TO 15 POINT ↓ IN I.Q.

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

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

TREATMENT

(a) Medication(s) / Dose / Frequency: CYMBALTA 60MG BID, CONCIPTA (7 DOSE PAGES)

PLUS OTHER MEDS PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST, GREENVILLE, SC AND CHARLES FORD, M.D., PSYCHIATRIST, SPARTANBURG, S.C.

(b) Impairment from medication effects NAUSEA AND VOMITING

Compliant with meds? (SAME)

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

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

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

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

P DT 01-002 ME
C-1493-1 (10-04)

R-POD

000490

MANN 026370

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

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

5. Abilities/Limitations

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

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

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

SEE "SYMPTOM ASSESSMENT" SECTION OF THIS FORM

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

UNABLE TO PERFORM IN ANY JOB CAPACITY AT PRESENT TIME

- Number of Hours patient is capable of working in a day: N/A ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities Month 8-4-04 Day 1 Year 2004
- How long are these restrictions/limitations in effect? POSSIBLY WILL NEVER RECOVER ☒ No Longer
- Estimated return to work date? UNABLE TO DETERMINE modified duty POSSIBLY NOT full duty

- (e) Other/ Comments

6. Current Status

- (a) Patient is/has ☐ Improved ☐ Unchanged ☒ Regressed
- (b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?

☐ No ☒ Yes, please explain NOT PHYSICALLY NOR EMOTIONALLY CAPABLE OF MEETING

- (c) In your opinion, is your patient motivated to return to work? YES BUT REQUIRES HE IS INCAPABLE OF SUCH. V.R. EVALUATION DEMANDS AT PRESENT TIME

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

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

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

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

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

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

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

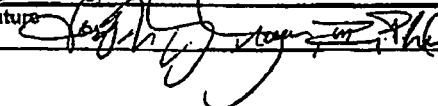
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8. Physician Certification

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

9. Physician Signature

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

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

000488

MANN 026372

10-17-05

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

INTELLECTUAL ASSESSMENT

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

9000908170

COMPONENTS OF THE ASSESSMENT:

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

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

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

000487

MANN 026373

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

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

ANALYSIS OF TEST DATA:

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

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

The mean score for all Wechsler Subtests is 10 with a normal range of 3-12. Thus Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol - Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

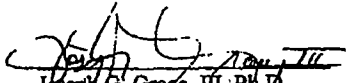
A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three IQ measures is about 112 which placed him at the 70th percentile intellectually. Also, the vast majority of his achievement test scores between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

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


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

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MANN 026375



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK Ink.

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

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

(a) Control Number 601414

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

(c) Patient Gender ☒ Male ☐ Female

(d) WOODBRIDGE, S.C. 29388
Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New

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

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

(g) Patient Telephone Number () ☐ Check if New

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

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

2. Physician Instructions

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

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

3. Impairing Diagnosis & Treatment

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

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

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

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

AXIS IV Primary Diagnosis Occupational Phase Secondary Diagnosis: Health Phase, Support Group Phase

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

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

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT, ATYPICAL CYNICISM, IRRITABILITY, LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL Somatic Complaints, EXCESSIVE WEARINESS, EASILY FATIGUED, AND INABILITY TO Cope WITH NORMAL LIFE STRESSORS.

(b) Objective findings (include mental status findings, testing results, rating scales, etc): Borderline Mental Status Exam, AND MPT-2 - IT INDICATING MODERATELY AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES SLOWED IN THOUGHT & ACTION,

(c) Describe interpersonal stressors that impact ability to function: STRESS OF MARRYING PRODUCTION, PHYSICALLY GRUDDLING FOR NUMBER OF HOURS AND LIFTING HEAVY THINGS CONTINUALLY

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

(e) Medication(s) / Dose / Frequency: ZOLAFT 150mg BID, AND SOMA H.S.

(f) Impairment from medication effects: SEDATION

Compliant with meds? YES

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

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

(i) Compliant with tx: YES Tx Goals VERY

4. History

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

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

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

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

Name FRANK GRONDA, M.D. Specialty FAM. PRAC. City " State "

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

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

Page 1 of 2 RIA-POD

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MANN 026376



MICHELIN

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

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

Date: 2-17-05

Employee's Name: WILLIAM MARC CASEY

Address: 21, WOODSUFF, SC, 29389

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

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

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

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

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

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

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

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

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MICHELIN

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

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

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: WOODRUFF, S.C. 29388

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

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05) ^{ESTIMATE}

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SCRIBED CYMALTAB 60MG. Q.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILITARY, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GACE, III, Ph.D.
LICENS'D PSYCHOLOGIST

Address: 853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

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

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

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

Date: SEPT. 27, 2004
Sept 7 2004

Employee's Name: William Mark Casey

Address: _____

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCE

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AN INABILITY TO COPE & NORMAL LIFE STRESSORS, AND DECREASED MOTIVATION.

Treatment and/or recommendation: FOR ALL ACTIVITIES.

CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

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

DXS: MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER - RESOLVING (309.81), GENERALIZED ANXIETY DISORDER (300.02)

Address: JOSEPH G. GRACE, III, M.D., OUTPATIENT CENTER - SAHS SPARTANBURG, S.C. 29303 (853 N. CHURCH ST., SUITE 570)
Telephone: (864) 560-1512

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

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MICHELIN

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

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

Date: 8-12-04

Employee's Name: WILLIAM MARK CASEY

Address: 2, WOODRUFF, SC 29388

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

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

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

Treatment and/or recommendation: PSYCHOTROPIC MEDICATIONS:

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

Address: JOSEPH G. GRACE, Ph.D.,
LICENSED PSYCHOLOGIST
OUT PATIENT CENTER - SRHS
853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303
Telephone: (864) 520-1512

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

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MANN 026381

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

5. Abilities/Limitations

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

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

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

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

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc.)
LIMITED RECREATION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

• Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day None

• Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week None

• Date you prescribed restriction on work activities: Month 9 Day 4 Year 04

• How long are these restrictions/limitations in effect? UNTIL ANXIETY AND DEPRESSION ARE NO LONGER PRESENT

• Estimated return to work date? NOV 30, 04 modified duty 1/2 TIME full duty INITIALLY

(e) Other/ Comments

6. Current Status

(a) Patient is/has ☒ Improved ☐ Unchanged ☐ Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (Job retraining) programs?
☐ No ☒ Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

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

7. Regulation Notice

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

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

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

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

8. Physician Certification

Attending Physician's Name (Print) <u>JOSEPH G. GRACE, III</u>	Degree <u>PH.D.</u>	Specialty <u>CLINICAL/CONSULTING PSYCHOLOGY</u>
Address (No, Street, City, State, Zip Code) <u>883 N. CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303</u>	Telephone Number <u>(864) 560-1512</u>	Fax Number <u>(864) 560-1565</u>

9. Physician Signature
[Signature]

Date (MM/DD/YYYY)
10-19-04

September 16, 2004

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

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

Dear Frank,

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

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

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

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

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

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

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MANN 026384



MICHELIN

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

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

Date: _____

Employee's Name: William Mark Casey

Address: _____

Date original medical leave of absence: MAY 28, 2004

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

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

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

Treatment and/or recommendation:

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

PSYCHIATRIST. PT. ALSO BEING FOLLOWED (EVALUATION AND TREATMENT)

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

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

SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

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

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MMPI-2Minnesota Multiphasic
Personality Inventory-2

for Basic Scales

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University of Minnesota.

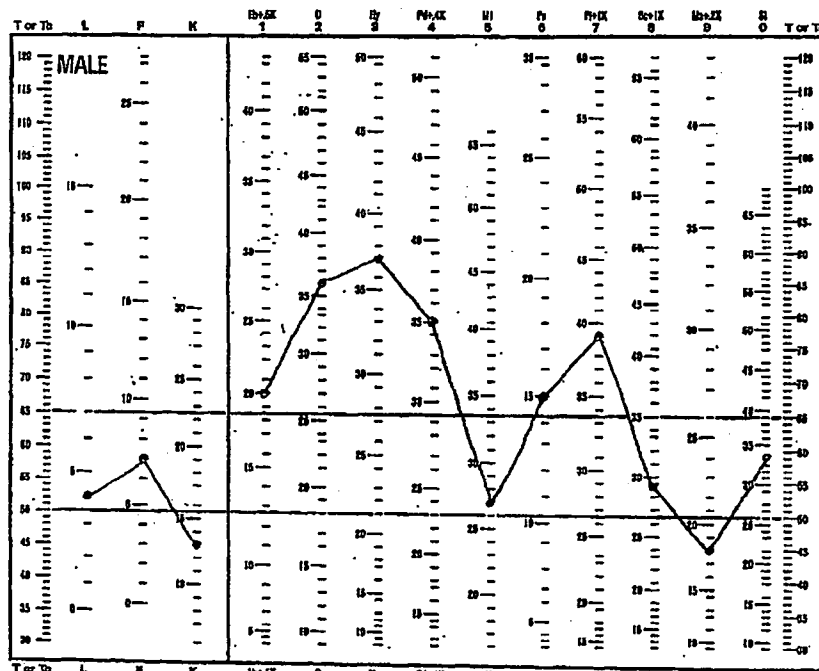
*Formally realistic
and practical.*

Name MARK CASE

Address _____

Occupation _____ Date Tested 8/9/04Education _____ Age 45 Marital Status _____

Referred By _____

MMPI-2 Code 3, 2, 4, 7, 6, 1Scorer's Initials JJRaw Score 4 7 13 13 36 37 29 27 15 26 16 15 34K to be Added 7 6 13 13Raw Score with K 20 35 39

LEGEND

- L Lie
- P Infrequency
- K Correction
- Hs Hypochondriasis
- D Depression
- Hy Conversion Hysteria
- Pd Psychopathic Deviate
- Mt Manic-Depressive
- Pa Paranoia
- Pt Psychasthenia
- Sc Schizophrenia
- Ma Hypomania
- SI Social Introversion

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

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MANN 026386

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(361 of 62 pages)

Softcover Answer Sheet
Hand Scoring

MMPI-2™

Minnesota Multiphasic
Personality Inventory-2™

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DIRECTIONS:

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

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

CASEY William Mark
Last Name First Middle

1958 45 M
Birth Date Age Sex

8/9/2004
Test Date



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

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

DO NOT SEND TO PEARSON ASSESSMENTS
USE ONLY FOR HAND SCORING

000473 Product Number
24018

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MANN 026387

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

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

June 20, 2005

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

RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388

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

FOLLOW-UP REQUEST FOR INFORMATION

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

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

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

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

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109



RQID: 0035801454D91109 SITE: 887 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 2500

TDN: 0035801454

F1 (8/04)
DMA: Y

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MANN 026388

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

Patient Name: WILLIAM MARK CASEY Phone: 864-486-9131 (H)
Address: 210 Lightfoot Farm Road DOB: [REDACTED] /58
Woodruff, SC 29388 SS#: [REDACTED]
FAX: [REDACTED]

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

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

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

90806908170

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

Revised: 3/4
8/05

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STATEMENT COPY

MANN 026389

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

Patient Name: WILLIAM MARK CASEY Phone: 864-486-9131 (H)
Address: Woodruff, SC 29388 DOB: /58
FAX: 486-9131 SS#:

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

Date	Description of Service	CPT/Units	Charge	Payment/Adj.	Balance
08/04/04	Initial Interview/Assessment	90806 / 1	\$60.00	\$60.00	-0-
08/12/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
08/20/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
08/26/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
09/02/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
09/09/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
09/16/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
09/23/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
09/30/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
10/14/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
11/05/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
11/11/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
***	***	***	***	***	***
12/2/04	(IP) Counseling	90806 / 1	\$60.00	\$60.00	-0-
	Total Due:				-0-

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

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FILE COPY

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

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Revised: 7/4

MANN 026390

Casey, William M. 1958

1 of 1

Office/Outpatient Visit

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

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

Location: Piedmont Psychiatric Services

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

SUBJECTIVE:**HPI:**

46 yom referred by Dr. Joseph Grace.

See full history by AJ Bennett on this same day.

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

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

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

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:**Exams:**

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

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloff.

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

Cont. Ambien 10 mg one qhs pm insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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MANN 026391

5243

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

1 of 2

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

SUBJECTIVE:

CC:

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

HPI:

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

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

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

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

Past Medical History / Family History / Social History:

Past Medical History:

Bulging disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

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

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Current counseling with Jay Grace, PhD.

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MANN 026392

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

2 of 2

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

Current Medications:

Zoloft 150mg qd past 6 weeks.
 Ambien, pm

OBJECTIVE:

Exams:

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

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ASSESSMENT:

22 Major depression, single episode, moderate

DDx:

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

AXIS II: No diagnosis.

AXIS III: See PMH and HPI above.

AXIS IV: Family, employment, health.

AXIS V: Current GAF 50-55.

PLAN:

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

Major depression, single episode, moderate

Orders:

80861-T Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

000467

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MANN 026393

PIEDMONT PSYCHIATRIC SERVICES

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

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

FACSIMILE TRANSMITTAL SHEET

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

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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

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MANN 026394

CUMULATIVE TEST RECORD

Name Casey, Mark

Intelligence Tests

Date	Grade	Name of Test and Level	C.A.	M.A.	I.Q.	Percentile	Stanine
9-17-66	7 1/2	SRA PMA 2-4	7-11		107	67	
10-21-68	10 1/2	PMA	9-11		115	84	
6-20-70	12 1/2	PMA	11-11		113	81	
			Paste 8th Grade TEA Presscore Here				

Achievement Tests

e	Grade	Name of Test and Level	Gr. Equiv	Percentile
17-66	2	SRA Ach Bat. 1-2	3.6	98
18-69	4	SRA FC BL E-6	7.2	99

MARK		TEST NO.	ROC. TIME	SCORE%	Ch. 1 Pass	LANGUAGE APTS	Math	Science	Arithmetic	Reading	Spelling	Handw.	Comp.	Writing	Skills	Total
102468	C B L N	92	98	97	98	99	99	99	99	98	98	98	99	98	99	99
SEA ACHIEVEMENT SERIES - FUTURE EDITION - PAPER BOOKS																
MARK		TEST NO.	ROC. TIME	SCORE%	Ch. 1 Pass	LANGUAGE APTS	Math	Science	Arithmetic	Reading	Spelling	Handw.	Comp.	Writing	Skills	Total
50269	D B L N	81	88	97	90	96	98	99	99	98	99	83	89	86	96	99
SEA ACHIEVEMENT SERIES - FUTURE EDITION - PAPER BOOKS																
WILLIAM M		77	81	111	111	93	109	88	87	71	81	111	101	108	99	101
02070	C B L N	75	81	97	97	90	97	92	97	83	95	97	95	97	97	89
SEA ACHIEVEMENT SERIES - FUTURE EDITION - PAPER BOOKS																

Paste 8th Grade Presscore Here

000465

Form A 96-3 (1)

SOUTH CAROLINA CUMULATIVE SCHOOL HEALTH RECORD

Page 1

NAME OF PUPIL (Last, First, Middle) Carey, William Mark Birth: Year 1958 Month 11 Day 11
 (a) Rochester Elementary Birth Certificate Checked by: _____ Date _____
 OF PARENT - GUARDIAN William C. Carey Sex M Race W
 RESIDENCE ADDRESS (In Pencil) Rt. 1, Rocher, S.C. PHONE (In Pencil) 582-7146
 BUSINESS ADDRESS (In Pencil) Erwin Wholesale Co. PHONE (In Pencil) 582-6714
 FAMILY PHYSICIAN (In Pencil) Dr. James L. Duncan DENTIST (In Pencil) Dr. R. Duncan Spelman

DISEASE AND ILLNESS HISTORY (Give year if possible; otherwise yes)

COMMENTS (By Whom - Date)

Headache (Frequent)	☒	Rheumatic Fever	☐	Diabetes	☐
Sore Throat (Frequent)	☐	Heart Trouble	☐	Convulsions	☐
Ear Infections (Frequent)	☐	Asthma-Allergy	☐	Muscle or Bone Weakness	☐
Other Illnesses, Injuries or Operations:					

Mammogram 1967

SCREENING PROCEDURES

COMMENTS - FOLLOW-UP (By Whom - Date)

GRADE	Pre-School	1	2	3	4	5	6	7	8	9	10	11	12
DATE (Year)													
Height	Fall	46	48	50	52	54	56	58	60	62	64	66	68
In Inches	Spring	46	48	50	52	54	56	58	60	62	64	66	68
Weight	Fall	47	50	53	56	59	62	65	68	71	74	77	80
In Lbs.	Spring	47	50	53	56	59	62	65	68	71	74	77	80
Vision	Both Eyes												
Without	R												
Glasses	L												
Vision	Both Eyes												
Without	R												
Glasses	L												
Hearing	Both												
Without	R												
Glasses	L												
Teeth													
Living Test													
Halt													
Hearing	R												
L													
Type of Test													
Person Giving Test													
(Give Initials)													

TEACHERS' OBSERVATIONS (Code: X - Condition Observed; C - Condition Corrected)

COMMENTS - FOLLOW-UP (By Whom - Date)

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

Refer to South Carolina Manual for the Cumulative School Health Record

MANN 026396

Form A 98-3 (2)

PREVENTIVE PROCEDURES - INOCULATIONS AND SPECIAL TESTS

Page 2

INOCULATIONS	BASIC SERIES (Give Dates)	BOOSTERS (Give Dates)	SPECIAL TESTS	DATE	RESULT	DATE	RESULT	DATE	RESULT	DATE	RESULT
Polio	1959	8 18 65	Hemoglobin	8/18/65							
Cough	1959	8 18 65	Urinalysis	8/18/65	Normal						
Tuberculin	1959	8 18 65	Tuberculin								
Typhoid Fever			Feces								
Polio											
Inactivated (Salk)	1959 (3)										
Polio											
Attenuated (Oral)	1964 (3)										
Smallpox	1959	8 18 65									

MEDICAL APPRAISAL BY PHYSICIAN (By Whom - Date)

COMMENTS - FOLLOW-UP (By Whom - Date)

Grade	SIGNIFICANT CONDITIONS (Physical, Mental, Emotional) - RECOMMENDATIONS	COMMENTS - FOLLOW-UP (By Whom - Date)
Pre-School	Excellent physical condition, no indication of	
Elementary		
Junior High		
Senior High		
Adult		

DENTAL APPRAISAL BY DENTIST (Code: X-Condition Observed, O-Condition Corrected)

COMMENTS - FOLLOW-UP (By Whom - Date)

	Pre-School	Elementary	Junior High	Senior High	Comments - Follow-Up (By Whom - Date)
Grade and Date					
Decayed, Missing, Filled					
Needs Space Maintenance	no				
Orthodontia	no				
Retainer and Bridge	no				
Teeth	no				
Fluoride Therapy (Give Dates)					
Examining Dentist	R. D. Johnson, D.D.S.				

Recommended by: The South Carolina Department of Education and The South Carolina State Board of Health - Revised 1962

000463

MANN 026397

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

00009047 07



000462

Pupil's Name: Casey William Mark
LAST FIRST MIDDLE

Photograph

STANDARDIZED TEST RESULTS

GRADE-AGE	COMPOSITE	ABILITY	EDUCATED COM.	1. ENCL. READING	2. ENCL. READING	3. ENCL. READING	4. ENCL. READING	5. ENCL. READING
09-1	61 28 30	26-32	65 29 17	23 60 28	50 27 84	33		

NATIONAL EDUCATIONAL DEVELOPMENT TESTS												
DIFFERENTIAL APTITUDE TESTS												
Name	Year	Form	Grade	Sex								
CASEY WILLIAM M	75S	L	10	M								
					Verbal Reasoning	Quantitative Ability	Abstract Reasoning	Chemical Sp. & Act.	Mechanical Reasoning	Space Relations	Language Usage	Grammar
					35	28	26	35	45	40	39	38
					Percentile	85-7	65-6	80-7	55-5	65-6	20-3	20-3
									75-6			

EXTRA-CURRICULAR ACTIVITIES
HONORS AND AWARDS

Grade 9 Football team, Baseball team
Student Club, Student Council, Representative
Baseball Council, Homecoming President
DN Football, Baseball
Baseball

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

(63) 10 86 86g

MANN 026398

Student Casey William Mark

DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: [REDACTED] NAME: [REDACTED] STATE: [REDACTED]
DATE OF GRADUATION: [REDACTED] NO. IN GRADUATING CLASS: [REDACTED] CLASS: [REDACTED]

DATE OF GRADUATION: 4 NO IN GRADUATING CLASS: 3

C—Average 79-86; D—Below Average 70-78; F—Failing Below 70.

GRADE	PERIOD	SCORE			AVERAGE	REMARKS	UNITS TO DATE	G.P. TO DATE	G.P. RATIO
11	1975-76	66	74	72	1.0	6AB	14		
PHY 1						CASEY			
1975-76 AVG						WILLIAM M			
						11 WAGNER			
E C-1		82	86	86	1.0	3AB			
ALG 1		76	56	71	1.0	5			
S S 2		85	81	84	1.0	6			
1975-76 AVG						14			
						CASEY			
						WILLIAM M			
						11 PITTS			

GRADE	SECTION	SCORE	DATE	TIME	DATE	TIME	DATE	TIME
12	1776-77	100000	18					
ENG12	86	77	.32	1.0	14	B	CASEY	
GEOMY	79	69	75	1.0	19		WILLIAM	M
PSY	66	67	67		15		11	8AB8
SPN I	92	77	86	1.0	8			76084
TYP I	91	88	90	1.0	15			
1976-77 AVG	83	76	80	4.0	71			

76084

Cumulative Record

SUGGESTIONS FOR ADDITIONAL DATA WHICH MAY BE FILED IN THIS FOLDER

1. SCHOOL HEALTH AND PHYSICAL RECORD CARD	7. COPIES OF PUPPLE LONG-RANGE COURSE ELECTIONS
2. CORRESPONDENCE WITH PARENTS	8. PROFILE SHEETS FROM INTEREST INVENTORIES
3. RECORD OF HOME VISITS, PARENT INTERVIEWS	9. PERSONALITY RATING SHEETS
4. RECORD OF PUPPLE INTERVIEWS OR COUNSELING	10. VOCATIONAL THEMES, CAREER BOOKLETS, ETC.
5. ANECDOTAL RECORD OR BEHAVIOR JOURNAL	11. NEWSPAPER CLIPPINGS
6. DIARIES, AUTOBIOGRAPHIES, ETC.	

XVII

TRANSCRIPT

DATE	TO WHOM SENT	REASON
6/27/77	Pinch to SMC	

XVIII

ADDITIONAL ITEMS OF INTEREST

CASEY MARK

CASEY MARK		DATE		TIME		MILEAGE		SPEED		TEMPERATURE		PRESSURE		HUMIDITY		WIND		WEATHER		NOTES		
DAY	MONTH	YEAR	HOUR	MIN	SEC	MPH	KPH	MPH	KPH	°F	°C	PSI	KPA	%	MPH	MPH	MPH	MPH	MPH	MPH	MPH	
8	1	1937	72	D	GRN	73	98	77	93	83	85	93	65	72	81	89	76	87	87	72	72	72

9000908120

000459

CASEY WILLIAM MARK
PO BOX 244
ROEBUCK SC 29376

DATE SCORED 03/76
JUNIOR
CAUCASIAN/WHITE

CAREER CLUSTERS

STUDENT
REPORT

1. BUSINESS SALES & MANAGEMENT
SAMPLE EDUCATIONAL PROGRAMS
Agriculture Business
Business Administration
Finance & Credit
Hotel/Restaurant Management
Sales & Marketing

BUSINESS CONTACT INTERESTS **LCW**
BUSINESS DETAIL INTERESTS **SOME**

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

2. BUSINESS OPERATIONS
SAMPLE EDUCATIONAL PROGRAMS
Accounting
Data Processing
Office Machine Operation
Office Management
Secretarial Science

BUSINESS DETAIL INTERESTS **MED**
BUSINESS CONTACT INTERESTS **N**

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

3. TRADES, CRAFTS, & INDUSTRIES
SAMPLE EDUCATIONAL PROGRAMS
Apprentice, Arts, Other Reg'd
Carpentry
Farming
Food Service
Welding

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

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

9. YOUR CAREER PLANS

YOUR EDUCATIONAL PROGRAM PREFERENCES

FOOD MARKETING	1
HOTEL/MTL/REST MGMT	1
FOOD SERVICE	3

YOUR LONG-TERM CAREER GOAL

SOME CAREER SUGGESTIONS

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

6. HEALTH SERVICES/SCIENCES
SAMPLE EDUCATIONAL PROGRAMS
Dental Assistant
Medical Technology (Lab Work)
Nursing
Physical/Occupational Therapy
X-Ray Technology

HEALTH INTERESTS **MED**
HEALTH EXPERIENCES **NOT ASSSESSED**

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

5. NATURAL & SOCIAL SCIENCES
SAMPLE EDUCATIONAL PROGRAMS
Biological Sciences
Law School
Math
Physical Sci (Chem, Physics, etc)
Social Sci (Econ, Work, Psych, Econ)

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

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

PERSONAL SERVICES
SAMPLE EDUCATIONAL PROGRAMS
Nail Salon & Recreation

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

SOME IMPORTANT ABILITIES
HIGH **MED**

8. APPLIED ARTS
SAMPLE EDUCATIONAL PROGRAMS
Sculpture
Fashion Design

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

SOME IMPORTANT ABILITIES
ARTS IN EXPRESS OR IN CLAY OR WAX OR JEWELRY OR IN WOOD OR IN GLASS, ETC.

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

STUDENT ASKED FOR HELP WITH: 2-YR DEGREE

ABOUT YOUR INTERESTS, EXPERIENCES, & ABILITIES

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

- INTERESTS & EXPERIENCES**—Your interest scores summarize your likes and dislikes for a variety of work-related activities. Your experiences in each area are summarized by the words NONE, FEW, SOME, and MANY. Your interest and experience scores are compared to those of other students of your sex.
- ABILITIES**—Your scores give you an estimate of your abilities as compared to those of a nationwide group of beginning students (men and women) in technical and community colleges.

Look at each Career Cluster to see how you stand on the abilities that are often important for success in jobs in that cluster. Do you have the abilities needed for jobs in the clusters you are considering? Abilities can sometimes be improved with the right kind of study or practice. Talk with your counselor about this.

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

EXPERIENCES RELATED TO INTERESTS	INTERESTS	NAT'L STA-ME (1-7)	LOWER QUARTER	MIDDLE HALF	UPPER QUARTER
SOME	BUSINESS CONTACT	3	XX		
N	BUSINESS DETAIL	4	XX		
FEW	TRADES	3	XX		
FEW	TECHNOLOGY	4	XX		
MANY	SCIENCE	5		XX	
	HEALTH	5		XX	
SOME	CREATIVE ARTS	3	XX		
SOME	SOCIAL SERVICE	5		XX	
ADDITIONAL SKILLS	ABILITIES	NAT'L STA-ME	LOWER QUARTER	MIDDLE HALF	UPPER QUARTER
5	MECHANICAL REASONING	5		XX	
6	NUMERICAL SKILLS	6		XX	
5	SPACE RELATIONS	5		XX	
5	READING SKILLS	5		XX	
7	LANGUAGE USAGE	7		XX	
6	CLERICAL SKILLS	6		XX	

ESTIMATED ACT COMPOSITE RANGE: 14-23

PERCENTILE RANK: A percentile rank of 42 means that 42% of students had scores below this point.

STAIRCASE: Staircase is a vertical type of scale which is divided into 9 equal parts. Staircase scores are numbered 1 down through 9 (high), with 5 being the average score for a given group.

PLACEMENT INFORMATION

BASIC SKILLS	ASKED HELP?	STAIRCASE OR
STUDY SKILLS		NAT'L NORMS
READING SKILLS		5
ENGLISH COMPOSITIVE		
MATH COMPOSITE		

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START HERE: USING YOUR CPP REPORT

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

Check (✓) each step as you finish it.

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

CAREER CLUSTERS TO EXPLORE

Number	Career Cluster Name

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

GO TO STEP 5a.

ANOTHER WAY TO EXPLORE CAREERS

LOOKING AT JOB ACTIVITIES IN THE WORLD OF WORK

Check (✓) each step as you finish it.

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

Working with	Examples of workers
DATA (facts/records)	Clerks & accountants
IDEAS (theories/insights)	Writers & scientists
PEOPLE (care/services)	Salespersons & teachers
THINGS (machines/materials)	Mechanics & technicians

- 5b. On the edges of the map, circle the one or two work activities you think you most prefer (working with DATA, IDEAS, PEOPLE, or THINGS). Look at the Job Families near those work activities to see if any of them interest you.

- 7a. Now read over the message in the bottom part of box 8 on the front of your report. From your message, write in the missing words in the statement below. (If your region is 99, go to step 7b.)

YOUR INTERESTS SUGGEST YOU MAY LIKE TO WORK MOSTLY WITH _____ & _____
JOBS IN REGION _____ ON THE WORLD-OF-WORK MAP OFTEN INVOLVE THESE KINDS OF WORK ACTIVITIES.

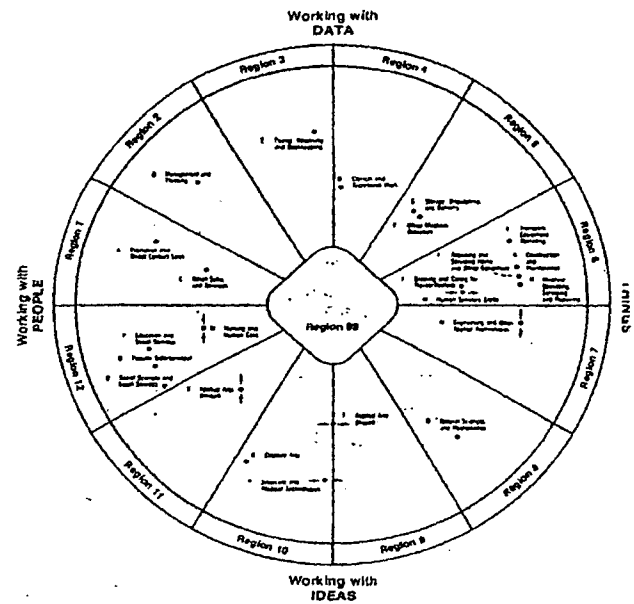
- 7b. Look over the Job Families in your region and the regions nearby. Circle the Job Families you want to explore further and write their names below.

Letter	Job Family Name

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

WORLD-OF-WORK MAP

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



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

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REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

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

Dr. L. Randolph Waid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Examination Results

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LRW/emf

000557

0100

10/19/2005 15:38 FAX 18438816878

MANN 026410

RAI FLOW SHEET/ PRECERTIFICATIONS

CHART # 77168

TEL #800 327-3238

PRIMARY CARE MD

DATE AND INITIAL	NAME OF PROCEDURE 0 ADMISSION 0 IN-PATIENT 0 REFERRAL 0 OUT-PATIENT	WHERE (BE SPECIFIC)	WHEN DATE/ TIME	D/C SUMMARY/ RESULTS TO CHART DATE/TIME
7/19/04	Referral (locality) Fixed 560-1510	Sylvia @ 560-1512 Dr. Joseph Grace	8-3-14	10:00
7.19.05	Upper GI Series vomiting No	SRMC	7.28.05	8:30am
7.21.05	order fixed & sent w/ pt. ~~7.21.05~~ ~~cardiac~~ ~~calc~~ ~~cardiac~~	mpo after night		
7.21.05	cardiac scoring	Piedmont costs \$99.00	7.25.05	8:30am
7.21.05	us Gallbladder 787.03	SRMC	8am	7.28

PARFLOX, DXX.

MANN 026412

5264



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
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Fax: (864) 585 - 2102

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

Fax: (864) 582-3750

WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

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

Current Conditions

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

Current Medicines

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

Social History

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

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

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

000446

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

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026413

WILLIAM CASEY
77168
08-04-05
Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

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

Extremities: No edema or clubbing.

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

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

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

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

Charles M. Fogarty, MD
CMF/ns

9000908170

000445

MANN 026414

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

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

Exam
50041 XR G I SERIES
74246

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

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

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

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

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

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

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

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FINAL

Page 1

CASEY, WILLIAM

MRN:000146220 Encounter:0520101451 Page 1 of 2

000444

MANN 026415

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

XC: OPT

.. Type: OPT

DOB: [REDACTED]/58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

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

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

n

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FINAL

Page 2

P: CASEY, WILLIAM

MRN: 000146220 Encounter: 0520101451 Page 2 of 2

000443

MANN 026416

#7768
DOLV
7-21-05
no. 4004

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

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

UNIT #: 000146220
CIN: 1480525
ANH: S0520101451

Exam
80073 US GALLBLADDER
76705

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

Sonogram of the gallbladder, 7/28/2005.

History: Epigastric pain with nausea.

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

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

9000908170

INAL

Page 1

000442

MANN 026417

PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: COREY WILLIAM Date of Scan: 7/23/10
 Address: Wendell St 29303
 Telephone: (864) 680-9648 Date of Birth: 1958

PROCEDURE MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

TECHNIQUE

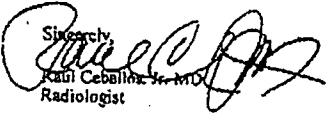
MultiSlice Helical 3.2 mm transtaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A computer-generated score is calculated based on the amount of calcification detected.

RESULTS

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

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

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

Sincerely,

 Radiologist

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

000441

MANN 026418



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
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Fax: (864) 585 - 2102

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

Fax: (864) 582-3750

WILLIAM CASEY

77168

07-21-05

OFFICE NOTE

Chief Complaint

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

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

He is not smoking.

Current Medicines

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

Social History

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

(Continued to next page)

000440

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

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026419

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia.

Review of Systems

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

Physical Examination

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

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

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

Extremities: No edema or clubbing.

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

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

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

Impression

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

(Continued to next page)

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MANN 026420

WILLIAM CASEY
77168
07-21-05
Page Tree

Comment

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

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

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

Plan

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

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

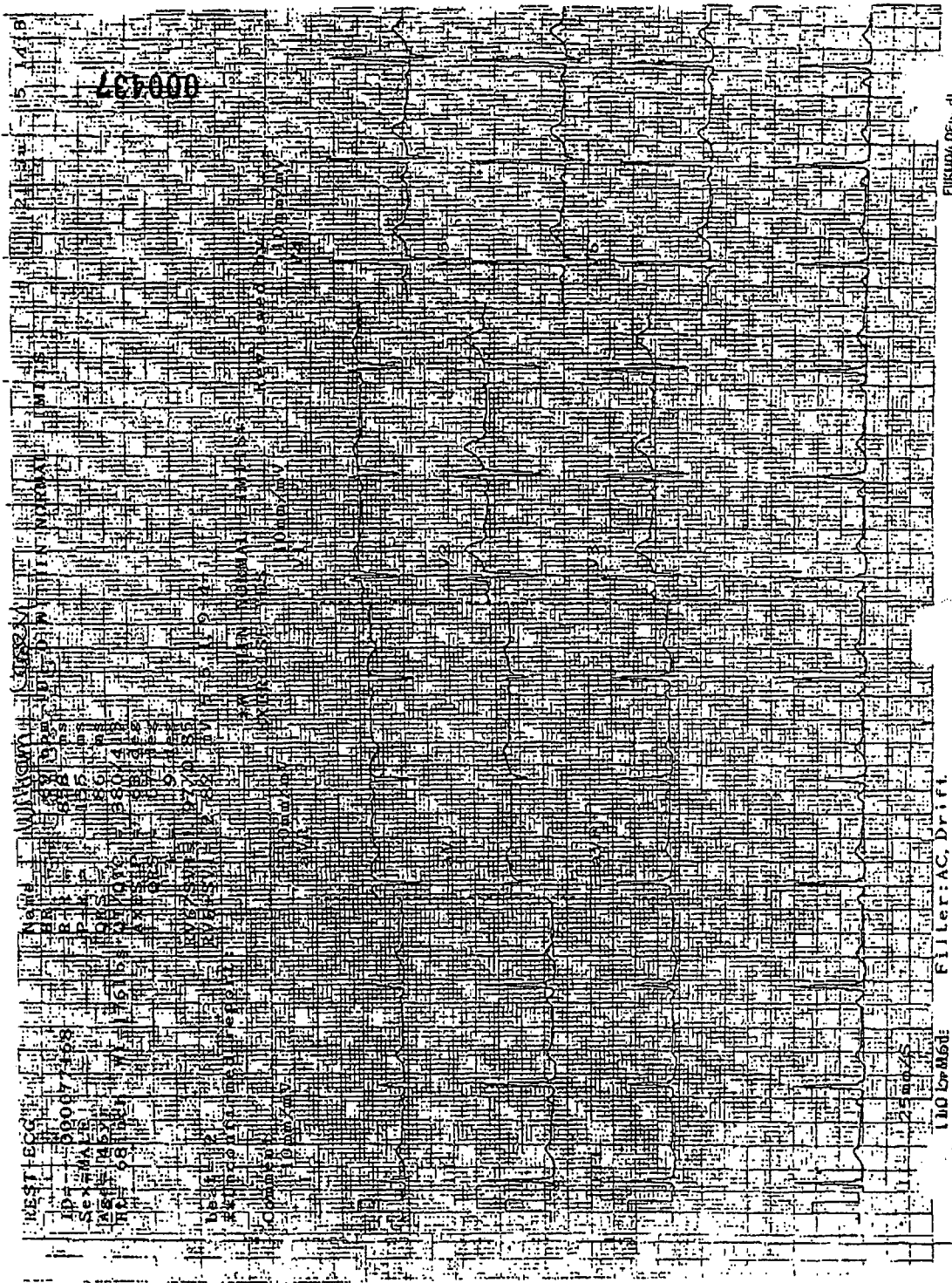
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ELECTRONICALLY FILED - 2017 Jun 19 4:23 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

000438

MANN 026421

MANN 026422



Page 73 of 139

Lung and Chest Medical Associates
Multi Spiro B

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

MENTS:
PRE-BD COMMENTS:

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

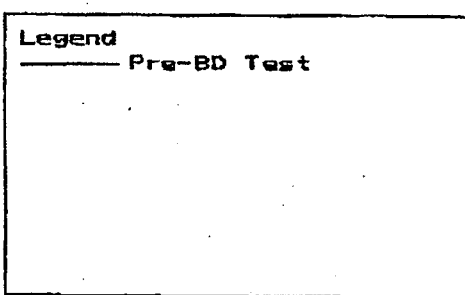
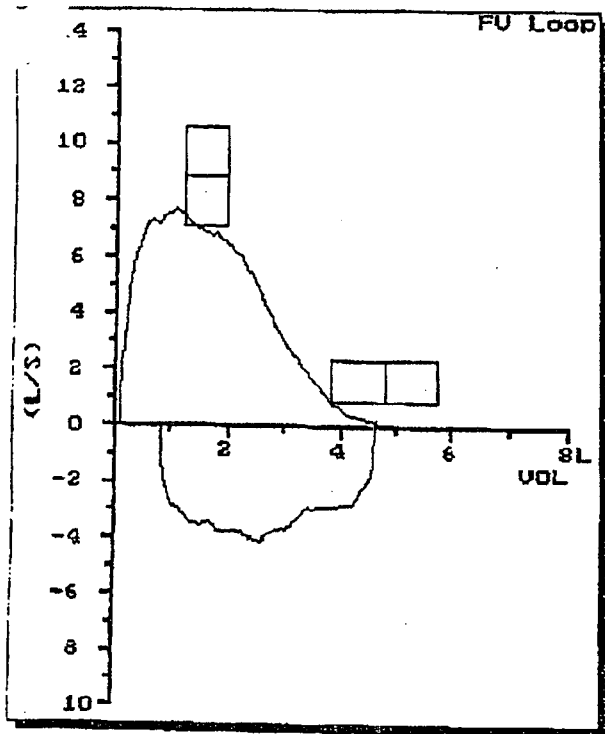
TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Thu Jul 21, 2005	3:52:12 pm	5.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.65 L	4.75 L	97.88 %	IVC	3.86 L
FEV 0.5	2.96 L	3.05 L	97.12 %	FIV1	2.95 L
FEV 1.0	3.76 L	3.87 L	97.21 %	PIF	4.26 L/S
FEV 3.0	4.40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

Interpretation:

NORMAL

MAX FVC = 4.65L TEST #
MAX FEV-1 = 3.76L TEST #

9000908170



Good Effort. (NB)

000436

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

MANN 026423

age 75 of 139)

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

CASEY WILLIAM MR#: (0002)00014-62-20 PIN. NO.: 0020001651 Admitted: 18JUL08
 46 YRS MALE DOB: [REDACTED]/1958 Page: 1
 Dr. MENDOZA RICO INTERIM Printed: 21JUL08
 Location: PRIVATE OUT PT VISIT ABDOMINAL PAIN UNSPEC SITE CS58

 CHEMISTRY

----- HEPATIC PROFILES -----

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(6.1-8.0)	(3.5-4.9)	(12-33)	(0-35)	(36-106)	(1.0-1.5)	(0.0-.2)	(1.2-1.4)
Units:	GM/DL	G/DL	IU/L	IU/L	IU/L	MG/DL	MG/DL	MG/DL
18JUL08-1400	6.9	4.4	14	18	80	.6	.1	.5

9000908170

Patient Name: CASEY WILLIAM

Location:

PRIVATE OUT PT VISIT

END OF CHART.

Send to: DR RICO MENDOZA
 2030 NORTH CHURCH AVE
 SPARTANBURG SC 29303

Fax to: 864-568-2102

000435

Cm...

MANN 026424

CMF WPS MLA

EBK JDC RVM Beth

Daria Lab

Lung and Chest Medical Associates

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

Wt 174.9 Ht 5'10" B/P 121/85 HR 85 RR 16 Temp 98.1 O2Sat 93 FIO2 -

- ☒ Cough ☐ Smoking
☒ Sputum ☐ Nausea
☒ Dyspnea ☐ Vomiting
☐ Wheeze ☐ Diarrhea
☐ Edema ☐ Chest Pain
☐ Palpitations ☐ Pain
☐ Onset ☐ ETOH
☐ New Allergies ☐ Fever/chills

Present illness + reason for visit:

Doesn't want to see Beckman
Worsening x 1 week - chest sore - tight
Dry Heaves
Saw Dr. Bryant at urgent care 2 weeks ago side
Strep got there

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors? no For:

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

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

PHYSICAL EXAM: WNL/NEG ABN/POS

- *General Appearance
 *Skin Turgor
 *ENT
 *Mouth
 *Sinus
 *Neck

- *Chest/Lungs: Breath Sounds
 Wheezes
 Rales
 Effort
 Symmetry

- *Heart: Rhythm
 Murmurs
 Gallop
 Tones

- *Abdomen
 *Extremities
 *Mobility: Gait
 Reflexes
 Alder

*Mental Status

LAB ORDER: Spirometry 5.02 EKG 2 Sinus BC Glu 121 PT 4.2 INR 9.3 O2Sat Rest 93%

Lung Vol DLCO U/A CXR ABG's Bun 9 Cr 1.1 Theo 0.4 O2Sat Exercise 93%

Office Treatment:

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

Materials/counseling given:

Diagnosis:

- Abn CXR (lung fluid), 793.1
 Anticoagulant Circulating, 28615
 COPD, 496
 Cough, 786.2
 Dyspnea, 786.09
 Fatigue (general), 780.79
 Fever, 780.6
 ILD, 515
 Monitoring/drug name LV48.6
 Rhinitis, 477.9
 Sleep Apnea/Disorders (ncc), 780.53

Nasal/Usmeds

Plan

? Stratus / Contraceptive
Pro Upjohn

UGL RW / Pseudo / Pseudo

UFI

ice in out can't

Stop Stratus / Contraceptive

Prescriptions:

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

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other [Signature]

000434

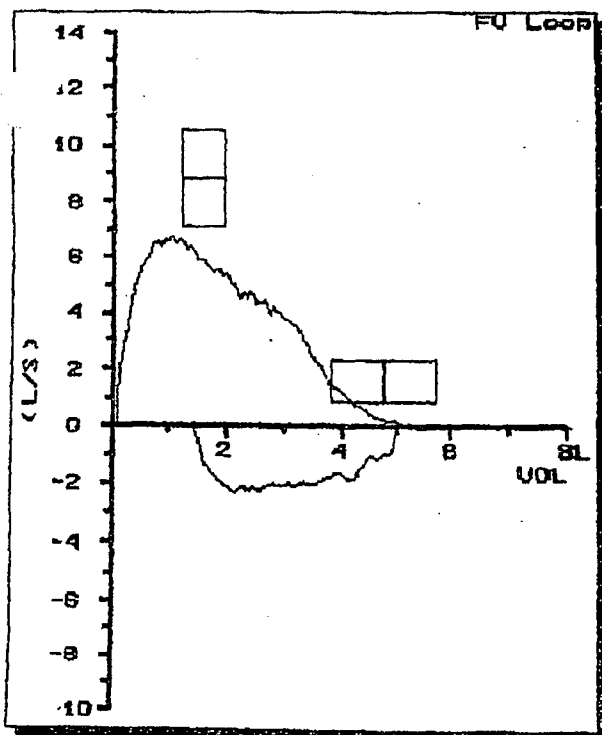
MANN 026425

Lung and Chest Medical Associates Spiro A
 ID: 77168 Casey, William Mark
 Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

COMMENTS:
 --BD COMMENTS:

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

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Tue Jul 19, 2005 11:57:55 am		6.3 secs	KNUDSON/IMTS	2
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.02 L	4.73 L	106.19 %	IVC	3.61 L
FEV 0.5	2.75 L	3.04 L	90.50 %	FIV1	1.35 L
FEV 1.0	3.90 L	3.84 L	101.52 %	PIF	2.46 L/S
FEV 3.0	4.73 L	4.48 L	105.50 %	FIF50	2.20 L/S
				FEF50/PIF50	193.85 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %	Interpretation: NORMAL	
FEV 1.0/FVC	77.66 %	81.23 %	95.61 %		
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %		
PEF	6.61 L/S	8.64 L/S	76.59 %	MAX FVC	= 5.02L TEST #
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %	MAX FEV-1	= 3.90L TEST #
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %		
FEF 25	6.15 L/S	7.95 L/S	77.37 %		
FEF 50	4.26 L/S	4.59 L/S	92.85 %		
FEF 75	1.40 L/S	1.81 L/S	77.15 %		
FEF 1.2-1.2	5.82 L/S	7.26 L/S	80.13 %		



Legend
 Pre-BD Test
 Good effort

000433

MANN 026426

LUNG AND CHEST MEDICAL ASSOCIATES
 2030 North Church Place, Spartanburg, SC 29303
 CMF WPS EBK MLA JDC **RVM** BE
LAB REQUISITION

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

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	<u>121</u>	70-110 Mg/dl		
	BUN	<u>29</u>	5-25 Mg/dl		
	Creatinine	<u>0.7</u>	0.5-1.4 Mg/dl		
	K+	<u>4.2</u>	3.5-5.1 Meq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Coumadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	<7 %		
	Arterial Puncture				
	ABG's - FiO2				
	ABG's - PH		7.35-7.45		
	ABG's - PCO2		35-45 mmHg		
	AGG's - PO2		80-100 mmHg		
	AGG's - O2 Sat		95-98%		

0000908170

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

Rapid Strep Positive Negative

Z-Stat Flu Positive Negative

CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff S

b Requisition, 12-23-03

000432

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

MANN 026427

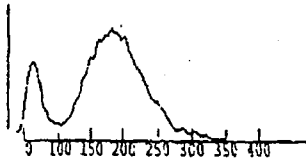
SPARTANBURG SC 29303 JDC (RVM) BE
864-582-6858 CMF WPS BBK MLA

William Casey

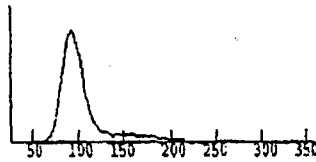
77168 07-19-05
WB 09:58

Patient
Limits 1

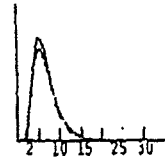
WBC	13.7 H	$\times 10^3/\mu\text{L}$	4.5	11.0
LY	17.5 *L	%	20.5	51.1
MO	5.9 *	%	1.7	9.3
GR	76.6 *H	%	42.2	75.2
LY#	2.4 *	$\times 10^3/\mu\text{L}$	1.2	3.4
MO#	0.8 *H	$\times 10^3/\mu\text{L}$	0.1	0.6
GR#	10.5 *H	$\times 10^3/\mu\text{L}$	1.4	6.5
RBC	4.68	$\times 10^6/\mu\text{L}$	3.90	5.10
Hgb	14.8	g/dL	12.0	15.6
Hct	43.5	%	36.0	46.0
MCV	93.0	fL	85.0	98.0
MCH	31.7	pg	28.0	33.0
MCHC	34.0	g/dL	32.5	36.0
RDW	12.1	%	11.6	13.7
Plt	677. H	$\times 10^3/\mu\text{L}$	130.	400.
MPV	7.1 L	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

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000431

MANN 026428

WILIA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 11/10/04Wt 170.6 Hi 5'7 B/P 129/7 H/R 92 RR 18 Temp 95 O2Sat 95 P/O2 .21

☒ Cough ☒ Smoking 4-5 cigs/day
☒ Sputum ☒ Nausea
☒ Dyspnea ☒ Vomiting
☒ Wheeze ☒ Diarrhea
☒ Edema ☒ Chest Pain only on exertion
☒ Palpitations ☒ Pain
☒ Oriented ☒ ETOH some
☒ New Allergies ☒ Fever/chills

When was your last DEXA Bone Densometry Testing done? within 5 days of phSeeing new doctors? no For: is believeHospitalizations or major life changes since last visit: noMeds. Review based on: in bottle on list from memoryPHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance

*Skin Turgor

*ENT

*Mouth

*Sneas

*Neck

*Chest/Lungs: Breath Sounds

Wheezes

Rales

Effort

Symmetry

*Heart: Rhythm

Murmurs

Gallop

Tones

*Abdomen

*Extremities

*Mobility: Gait

Reflexes

Aides

*Mental Status

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

Office Treatment:

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

Materials/counseling given:

Diagnosis: asthma Plan Zolof 150 mgAbn CXR (lung fluid), 793.1Anticoagulant Circulating, 286.15COPD, 496Cough, 786.2Dyspnea, 786.09Fatigue (general), 780.79Fever, 780.6ILD, 515Monitoring (drug name), V48.6Rhinitis, 477.9Sleep Apnea/Disorders (nec), 780.53

Prescriptions:

Next appt: Weeks Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature W.D. Staff gfNext Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK Other

09/29/04

000430

MANN 026429

age 81 of 139)

CMF (WPS) MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 7168 Date: 8/12/041458 Hi B/P 120/80 H/R 82 RR 21 Temp 96.2 O2Sat 96 FiO2 21

Cough ☒ Smoking ☒ Present illness + reason for visit: Still gets tired
 Sputum ☒ Nausea ☒
 Dyspnea ☒ Vomiting ☒
 Wheeze ☒ Diarrhea ☒
 Edema ☒ Chest Pain ☒
 Palpitations ☒ Pain back exhaustion
 Oriented ☒ ETOH ☒
 New Allergies ☒ Fever/chills ☒

When was your last DEXA Bone Densometry Testing done? Times we've both thatSeeing new doctors? he neverHospitalizations or major life changes since last visit: 1609/ksMeds. Review based on: in bottle on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance WNL/NEG
 *Skin Turgor WNL/NEG
 *ENT WNL/NEG
 *Mouth WNL/NEG
 *Sinus WNL/NEG
 *Neck WNL/NEG
 *Chest/Lungs: Breath Sounds WNL/NEG
 Wheezes WNL/NEG
 Rales WNL/NEG
 E/Tort WNL/NEG
 Symmetry WNL/NEG
 *Heart: Rhythm WNL/NEG
 Murmurs WNL/NEG
 Gallop WNL/NEG
 Tones WNL/NEG
 *Abdomen WNL/NEG
 *Extremities WNL/NEG
 *Mobility: Gait WNL/NEG
 Reflexes WNL/NEG
 Aides WNL/NEG

LAB ORDER: Spirometry WNL/NEG EKG WNL/NEG Sinus WNL/NEG CBC WNL/NEG Glu WNL/NEG PT WNL/NEG INR WNL/NEG O2Sat Rest WNL/NEGLung Vol WNL/NEG DLCO WNL/NEG U/A WNL/NEG CXR WNL/NEG ABG's WNL/NEG Bun WNL/NEG Cre WNL/NEG K+ WNL/NEG Theo WNL/NEG O2Sat Exercise WNL/NEGOffice Treatment: WNL/NEGEducation: Does pt want to quit smoking? Yes/No Other: WNL/NEGMaterials/counseling given: WNL/NEGDiagnosis: WNL/NEG Plan WNL/NEGAbn CXR (lung fluid), 793.1 WNL/NEGAnticoagulant Circulating, 286.15 WNL/NEGCOPD, 496 WNL/NEGCough, 786.2 WNL/NEGDyspnea, 786.05 WNL/NEGFatigue (general), 780.79 WNL/NEGFever, 780.6 WNL/NEGILD, 515 WNL/NEGMonitoring (drug name WNL/NEG), V43.6 WNL/NEGRhinitis, 477.9 WNL/NEGSleep Apnea/Disorders (nec), 780.33 WNL/NEGPrescriptions: WNL/NEGNext appt: WNL/NEG Weeks WNL/NEG Months WNL/NEG W/ CMF WPS EBK MLA JDC RVM PA NP Signature WNL/NEG Staff WNL/NEGNext Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK WNL/NEG Other WNL/NEG

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16/04

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MANN 026430

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-660-6313
 DRs. DAVIS, LOWRY, WHEW, NELSON, RAINIER, LAPPAN, HIMS, CALDWELL & BURNS

CASEY WILLIAM MRS. (0002) 00014-62-20 Pin.No.: 0421101063 Admitted: 29JUL04
 45 YRS MALE DOB: [REDACTED]/1958 Page: 1
 DR. SMITH WILSON P INTERIM Printed: 06AUG04
 Location: PRIVATE OUT PT VISIT AMENIA HOS 0204

 + CHEMISTRY +

-----REFERENCE LAB TESTS-----

Procedure:	TIBC %	IRON %	% SATURATION %
Units:	ug/dL	ug/dL	%
29JUL04 1740.	434 EI	87 E	20 E
TIBC.....			
IRON.....			

Reference Range:
 250-400
 Reference Range:
 40-150

TIBC should be ordered with iron for optimal utility.
 % SATURATION. Reference Range:
 15-50

9000908170

8/19/04
 WZ

Symbols:

E = High, I = Footnote

O = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 22608 ORTEGA HIGHWAY, SAN JUAN CAPISTRANO, CA. 92490

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

Send to: WILSON P SMITH MD
 LONG & CREST
 2030 NORTH CHURCH PLACE
 SPARTANBURG

Fax to: 864-582-3750

SC 292020000

REVIEWED BY _____ DATE _____
 (DO NOT FILE IF NOT COMPLETE)

000428

MANN 026431

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ☐ Having problems ☒ Regular follow-up

Please confirm your personal information for our records:

Address _____

Home phone # 4 Work Phone # 680.5929 Other Phone # _____

Emergency contact name: Carole Casey Phone # _____

Type of Insurance: 1. B/C B/S 2. _____ 3. _____

E-mail address: _____

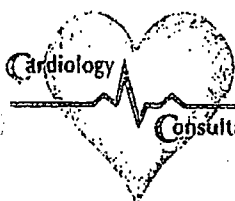
000427

*10-21-04
proposed*

0718060006

5284

MANN 026432



Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.

David G. Ike, M.D., F.A.C.C.
Larry E. Kibler, M.D., F.A.C.C.
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodak, M.D., F.A.C.C.

Alejandro N. Lopez, M.D., F.A.C.C.
Kristen P. Nawabi, M.D.
John J. Gallagher, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P., A.C.N.P.

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED] /58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.

David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

Date 8/9/04 By AS
BOLV 7/29/04 DONV 8/12/04

000426

1083 Boiling Springs Road • Spartanburg, SC 29303-9298 • (864) 583-8647 • Fax (864) 542-9297

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MANN 026433



Lung and Chest Medical Associates

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

Fax: (864) 585 - 2102

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

Fax: (864) 582-3750

WILLIAM CASEY.

7-29-04

77168

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiollite stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

WV

Wilson P. Smith, Jr., M.D.

WPSjr/ns

cc: Dr. Gonda

8.9.01

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000425

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

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

MANN 026434

age 86 of 139)

 SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
 DR. DAVIS, LOWRY, WREN, NELSON, RAIKER, LAPHAM, MIMS, CALDWELL \T\ BUBBS

 JESSE WILLIAM
 45 YRS MALE
 MR. SMITH WILSON P
 Location: PRIVATE OUT PT VISIT ANEMIA NOS
 MR#: (0002)00014-62-20 Fin.No.:0421101061
 DOB: 1958 Office Id:
 CUMULATIVE
 Admitted: 29JUL04
 Page: 1
 Printed: 03AUG04 2027

 CHEMISTRY

-----REFERENCE LAB TESTS-----

Procedure:	TIBC #	IRON #	% SATURATION #	
Units:	ug/dL	ug/dL	%	
29JUL04 1340	434 HZ	87 F	20 F	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-150

TIBC should be ordered with iron for optimal utility.
 % SATURATION.. Reference Range:
 15-50

0000908170

als:
 High, f = Footnote
 F - TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690
 ***END

000424

MANN 026435

0421101061 Smith



☒ SERVICED ☐ B/W ☐ OTHER

PHYSICIAN OUTPATIENT ORDER FORM

SENT ACCOUNT NUMBER (if applicable) 7748 NO AUTHORIZATION *W. Smith* 7-29-04

Physician Name <i>W. Smith</i>	Age <i>77</i>	Sex <i>M</i>	DOB <i>07-29-04</i>	Social Security #
Address <i>Classie Mall A4</i>	City	State	Zip Code	Telephone #

Notations to Physicians and Other Persons Legally Authorized to Order Tests for Which Government Payment Reimbursement Will Be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to test or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test ordering considers the tests appropriate for the patient. Please provide an ICD-9 code for each test.

Service/Date Requested	Diagnosis (ICD-9 required)	Service/Date Requested	Diagnosis (ICD-9 required)
	<i>Dx Anemia</i>		
	<i>Dx Anemia</i>		<i>19010</i>

Laboratory Services Request - NOTE - ICD-9 Code required

Basic Metabolic Panel	Diagnosis	Basic Panel	Diagnosis	Stimulus G.A. & M.	Diagnosis
☐ Glucose		☐ Albumin		☐ Test	
☐ Creatinine		☐ BUN		☐ Iron Binding Cap	
☐ BUN		☐ Creatinine		☐ TSH	
☐ Sodium		☐ Cholesterol		☐ T4	
☐ Potassium		☐ CO ₂		☐ T3	
☐ Uric Acid		☐ Calcium		☐ T4U	
		☐ Phosphorus		☐ T3U	
		☐ Magnesium		☐ T4U	
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		☐ Ferritin		☐ T4U	
		☐ Vitamin D		☐ T3U	
		☐ Vitamin B12		☐ T4U	
		☐ Vitamin B6		☐ T3U	
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		☐ Vitamin A		☐ T4U	
		☐ Vitamin D		☐ T3U	
		☐ Vitamin B12		☐ T4U	
		☐ Vitamin B6		☐ T3U	
		☐ Vitamin C		☐ T4U	
		☐ Vitamin E		☐ T3U	
		☐ Vitamin K		☐ T4U	
		☐ Vitamin A		☐ T3U	
		☐ Vitamin D		☐ T4U	
		☐ Vitamin B12		☐ T3U	
		☐ Vitamin B6		☐ T4U	
		☐ Vitamin C		☐ T3U	
		☐ Vitamin E		☐ T4U	
		☐ Vitamin K		☐ T3U	
		☐ Vitamin A		☐ T4U	

CMF WPS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 7/29/04

Wt 175 Ht 5'9" B/P 139/86 H/R 93 RR 18 Temp 98.6 O2Sat 95% FIO2 21

Present Illness + reason for visit: Chest tightness
☒ Cough ☒ Sputum ☒ Wheezes ☒ Chest Pain ☒ Palpitations ☒ Oriented ☒ New Allergies ☒ Fever/chills ☒ Vomiting ☒ Diarrhea ☒ Pain ☒ ETOH ☒

When was your last DEXA Bone Densometry Testing done? _____

Seeing new doctors? _____ For: _____

Hospitalizations or major life changes since last visit: _____

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

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance _____
 *Skin Turgor _____
 *ENT _____
 *Mouth _____
 *Sinus _____
 *Neck _____
 *Chest/Lungs: Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 *Heart: Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 *Abdomen _____
 *Extremities _____
 *Mobility: Gait _____
 Reflexes _____
 Ankle _____

*Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment: _____

Education: Does pt want to quit smoking? Yes/No/Other: Of day not smoke quit

Materials/counseling given: 1 pack

Diagnosis: _____ Plan _____

Abn CXR (lung fluid), 793.1 Chest pain stress pain

Anticoagulant Circulating, 28615 cardio

COPD, 496 _____

Cough, 786.2 _____

Dyspnea, 786.09 _____

Fatigue (general), 780.79 _____

Fever, 780.6 _____

ILD, 515 _____

Monitoring (drug name), V48.6 _____

Rhinitis, 477.9 _____

Sleep Apnea/Disorders (nec), 780.53 _____

Prescriptions: _____

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

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

03/26/04

000422

MANN 026437



Lung and Chest Medical Associates

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

Fax: (864) 585 - 2102

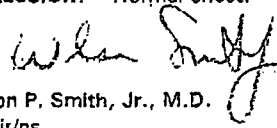
Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.


Wilson P. Smith, Jr., M.D.
WPSjr/ns

9000908170

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

Imonary Medicine

Critical Care

Bronchoscopy

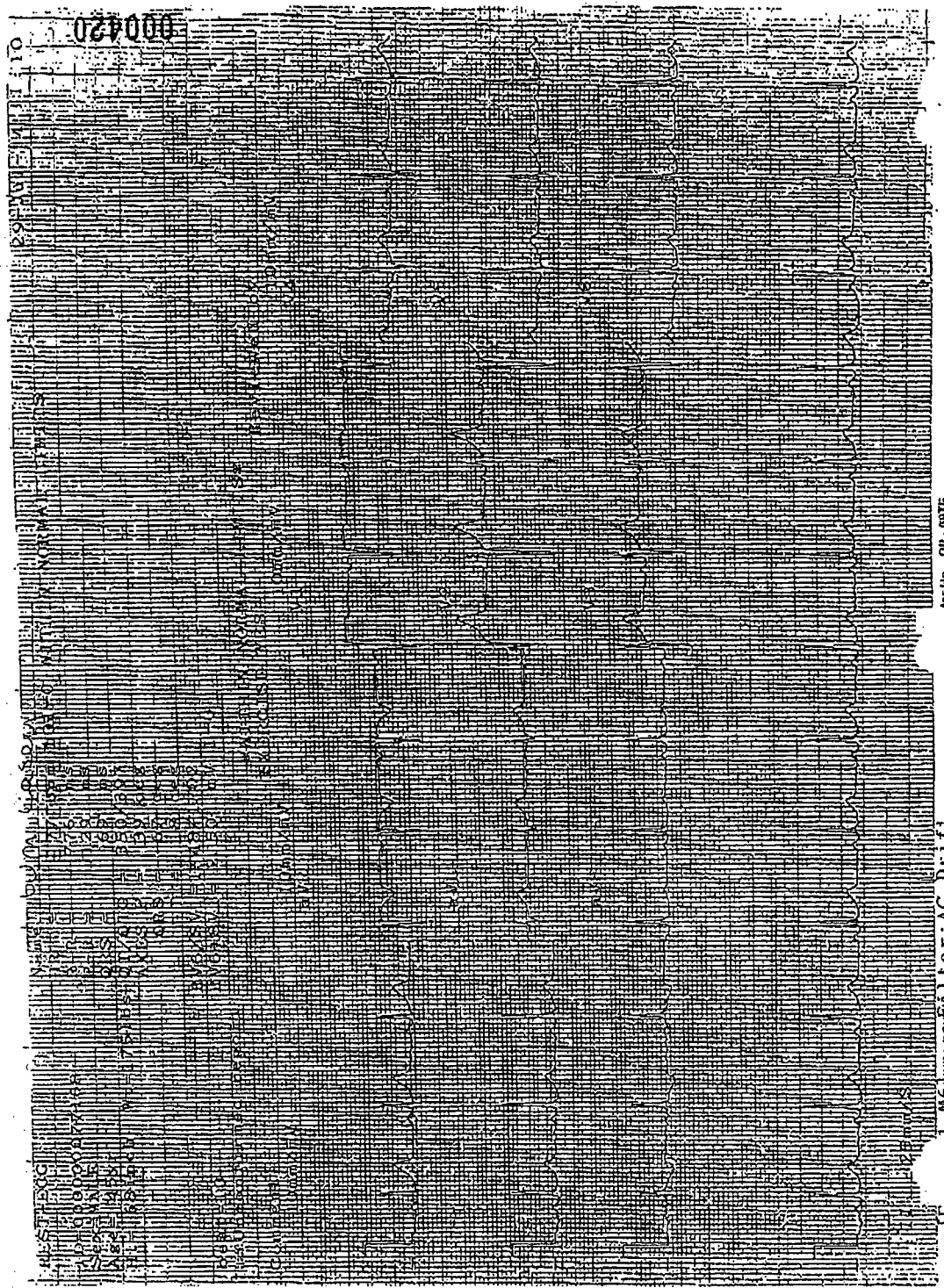
Asthma Therapy

Sleep Disorders

000421

MANN 026438

MANN 026439



age 91 of 139)

2000 N. CHURCH, ST ONE WPS EBF RYN LUMS AND CHEST MEDICAL SPARTANBURG, SC, 29303 MIA JDC BE 864:562-6858

ols ID # 77168

Date: 07-29-04

Patient Name: William Casey

Time: 13:45

WPS

DOB: / / AGE: SEX:

OPR ID: 06

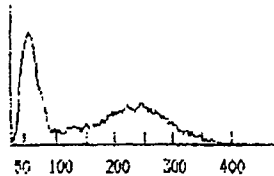
WBC	7.6	x10 ³ /ul	Range #1	4.5-11.0	RBC	4.54	x10 ⁶ /ul	Range #1	3.90-5.10	PLT	470. H	x10 ³ /ul	Range #1	150.-400.
LYM	36.2	%		20.5-51.1	Hgb	14.2	g/dl		12.0-15.6	MPV	5.9 L	fl		7.4-10.4
MDM	4.2	%		1.7-9.3	Hct	43.2	%		36.0-46.0					
GRA	54.6	%		42.2-75.2	MCV	95.2	fl		85.0-98.0					
LY%	2.8	x10 ³ /ul		0.7-4.9	MCH	31.2	pg		28.0-33.0					
MD%	0.3	x10 ³ /ul		0.1-0.9	MCHC	32.8	g/dl		32.5-36.0					
GRA	4.6	x10 ³ /ul		1.5-7.2	RDW	12.2	%		11.5-14.5					

7/30/04
WPS

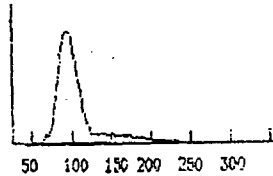
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Sample ID # 77168

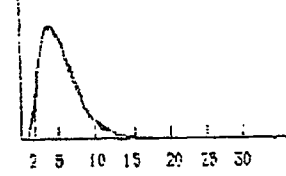
Analyzed Date & Time: 07-29-04 13:45



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168

Analyzed Date & Time: 07-29-04 13:45

Microscopic Examination

Neutrophil	_____	Metamyelocyte	_____	Anisocytosis	_____	Retics	_____
Band	_____	Myelocyte	_____	Hypochromia	_____	Sedimentation Rate	_____
Lymphocyte	_____	Promyelocyte	_____	Polychromasia	_____		
Monocyte	_____	Stast	_____	Poikilocytosis	_____		
Eosinophil	_____	Atypical Lymphocyte	_____	Macrocytosis	_____		
Basophil	_____	NRBCs	_____	Microcytosis	_____		

Comments: _____

Requested by: _____
 Reviewed by: _____
 Date: _____

000419

MANN 026440



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

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

Date: July 29, 2004
 Employee's Name: William Mark Casey
 Address: _____
 Date original medical leave of absence: May 28, 2004
 Expected date of return to work: Aug 14, 2004
 Physical findings (diagnosis): clot from w/d exertion
cr tear thru slow coronary artery
calcification
 Treatment and/or recommendation: _____

Stress test
Absence for work until Aug 16, 2004
W. J. [Signature] M.D.
 Address: _____
 Telephone: _____

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

LCF/SP/FORMS/DLXTLV.DOC

000418

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MANN 026441

CHARLES M. FOGARTY, MD 085917 WILSON P. SMITH, MD 10510 E. BERT KNIGHT III, MD 8397
 MARY LOU APPLEBAUM, MD 12885 J. DOUGLAS CLARK, MD 19568
 BRENDA SPRINKLE, PA-C A744 CHARLES MASON, PA-C A566
 CHARLENE McCRAW, A.C.N.P.-C AC68077
 2030 North Church Plaza, Spartanburg, SC 29303 Telephone 582-8253

NAME <i>William Cozy</i>		DATE <i>7/29/04</i>	
ADDRESS			
LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO			
1	Rx SIG <i>Please excuse this</i>	STRENGTH	QUANTITY
2	Rx SIG <i>Cozy for high for</i>	STRENGTH	QUANTITY
3	Rx SIG <i>Chick pan</i>	STRENGTH	QUANTITY
M.D. Dispense as Written		M.D. Substitution Permitted	
DEA		DEA	

9000908170

000417

MANN 026442



PULMONARY REHABILITATION PROGRAM PHYSICIAN REFERRAL

This patient is referred to the Spartanburg Regional Healthcare System Pulmonary Rehabilitation Program:

Name: William Mark Casey Referral Date: 7-23-04

Address: 1000 W. Woodruff, SC 29388

Home phone: 100-111 Work phone: 680-5929 Date of Birth: 12-58

Diagnosis: Shortness of breath + chest pain MRN: _____

Cardiac Clearance: (To be completed by physician prior to beginning pulmonary rehab).

- ☐ Perform cardiopulmonary exercise stress test. Your patient will be scheduled to begin pulmonary rehab after receiving results of the exercise stress test.
- ☐ Do not perform cardiopulmonary exercise stress test. Attach documentation to support cardiac clearance.

Comments: _____

CONSULTS:

Physical Therapy

Reason for referral: Evaluation/Treatment of postural deficits, thoracic mobility deficits, musculoskeletal dysfunction and/or pain, gait deficits.

Evaluation/instruction in: proper body mechanics for ADL's and lifting, postural correction and strengthening techniques, therapeutic exercise, stretching, and osteoporosis education.

Occupational Therapy

Reason for referral: Evaluation of activities of daily living, functional training in self care and home management, training in energy conservation, work simplification, and adaptive techniques for daily living.

Respiratory Therapy

Reason for referral: Evaluation of Home and Exercise Oxygen System Requirements.

Evaluation/instruction in: Breathing retraining, Airway Clearance Techniques, Proper use inhaled medications.

Education/Classes:

Anatomy & Physiology of COPD; Pursed Lip/Diaphragmatic breathing techniques; Respiratory medications; Infection control techniques; Effective coughing techniques; Panic control/relaxation techniques; Nutrition assessment.

DURATION/FREQUENCY: 3 Days per week for 6 Weeks

PROGRESS DOCUMENTATION/OUTCOME MEASURES:

- Pre and post program sub-maximal treadmill test, 6 minute walk, Dyspnea Index, Pulmonary Functional Status Scale (PFSS), Tennent's Assessment Tool.
- Monitoring: Pulse oximetry, blood pressure, heart rate, respiratory rate, Borg RPE, Pain scale, weight.
- Discharge summary with report to referring physician

POTENTIAL FOR REHABILITATION? (Please circle): Excellent Good Fair

ATTENDING PHYSICIAN: (print or type): Dr. William Smith

PHYSICIAN'S SIGNATURE: William Smith DATE: 7/23/04

RETURN TO: Jack Robinson, RRT
Jenny Crocker, RRT
299 E. Pearl Street
Spartanburg, SC 29303

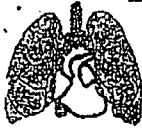
PHONE: (864) 560-4250
FAX: (864) 560-4245
email: jrobinson@srhs.com

3000908170

000416

01 EAST WOOD STREET • SPARTANBURG, SOUTH CAROLINA 29303 • 864-560-6000 FAX 864-560-6001

MANN 026443



Lung and Chest Medical Associates

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

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

Fax: (864) 585 - 2102

WILLIAM CASEY
77168
07-14-04

dob: [REDACTED] 58 Fax: (864) 582-3750
SS#: [REDACTED]

HISTORY AND PHYSICAL EXAMINATION

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

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

Imonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

000415

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MANN 026444

WILLIAM CASEY
77168
07-14-04
Page Two

dob: [REDACTED] 58
SS#: [REDACTED]

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination

General: Middle-aged white male.

Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO₂ is 95% on room air.

HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.

Chest: Clear to auscultation.

Cardiac: Regular rate and rhythm without murmur or gallop.

Abdomen: Soft and nontender.

Extremities: No clubbing, cyanosis or edema.

Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.

WPS

Wilson P. Smith Jr., MD
WPSj/rs

cc: Dr. Joseph Grace

9000908170

000414

MANN 026445

NAME ALN.

NG & CHEST MEDICAL ASSOCIATION

#77108

PATIENT NAME William Casey DATE 7/14/08

PHYSICAL EXAM:

EMP BP 136/87 Pulse 103 RESP HT WT 171 O₂SAT OXIMETER 95 %

HEENT:	<u>5</u>
SKIN:	
NECK:	
LUNGS:	<u>clear</u>
HEART:	<u>msa</u>
BREASTS:	
ABDOMEN:	<u>soft</u>
EXTREMITIES:	<u>5</u>
NEUROLOGICAL	<u>Motile 5/5</u>

LAB DATA:

X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS:

IMPRESSION/DIAGNOSIS:

1.	<u>HSP</u>	<u>post traumatic stress</u>
2.	<u>Def</u>	<u>concomitant</u>
3.		
4.		
5.		

PLAN:

1.	<u>Refer to Psychologist</u>
2.	<u>stress test</u>
3.	
4.	
5.	

EWPT EXAM 8/19/97

DOCTOR WVZ

NURSING STAFF

000413

MANN 026446

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14, 2004 7:53:26 am

Type	Test Date and Time	Exp. Time	Normals	Test#
Pre-BD:	Wed Jul 14, 2004 10:33:01 am	7.7 secs	KNUDSON/IMTS	1
Post-BD:	Wed Jul 14, 2004 10:45:34 am	6.0 secs	KNUDSON/IMTS	5

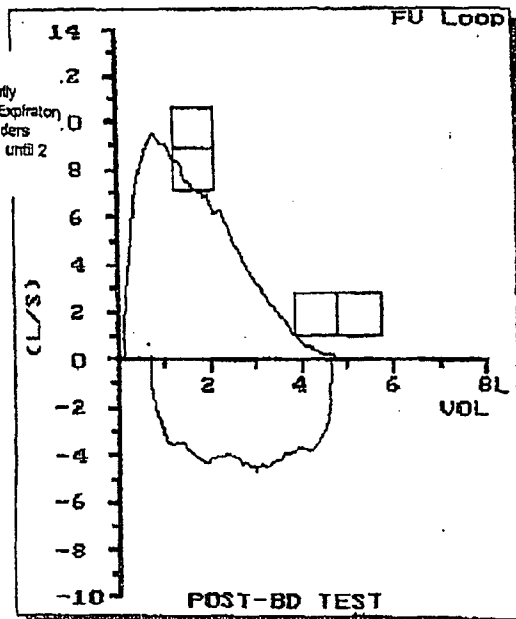
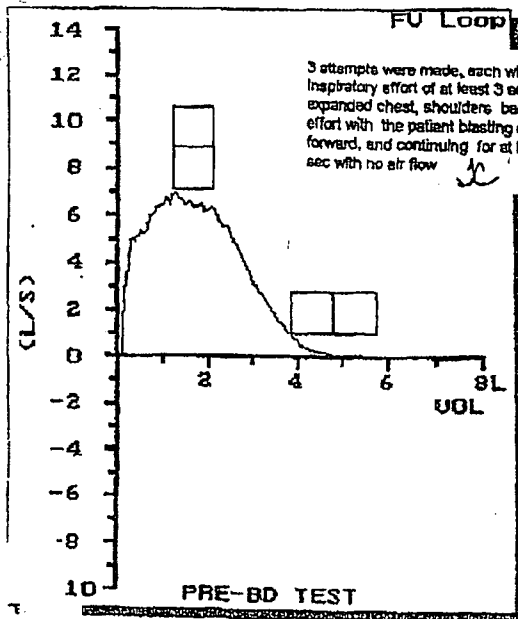
INTERPRETATION Pre: NORMAL

Post: NORMAL

Dilator: albuterol

Modifier: Not Clearly Improved

Expire	Pre-Medication		Post-Medication		Pre-Post Change		Pred Value
	Actual	% Pred	Actual	% Pred	Actual	% Chg	
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48%	4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18%	3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87%	3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73%	4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99%	64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29%	81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26%	94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57%	8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55%	3.95 L/S
FEF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71%	1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08%	7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69%	4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03%	1.83 L/S
FF 1.2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75%	7.31 L/S



000412

MANN 026447

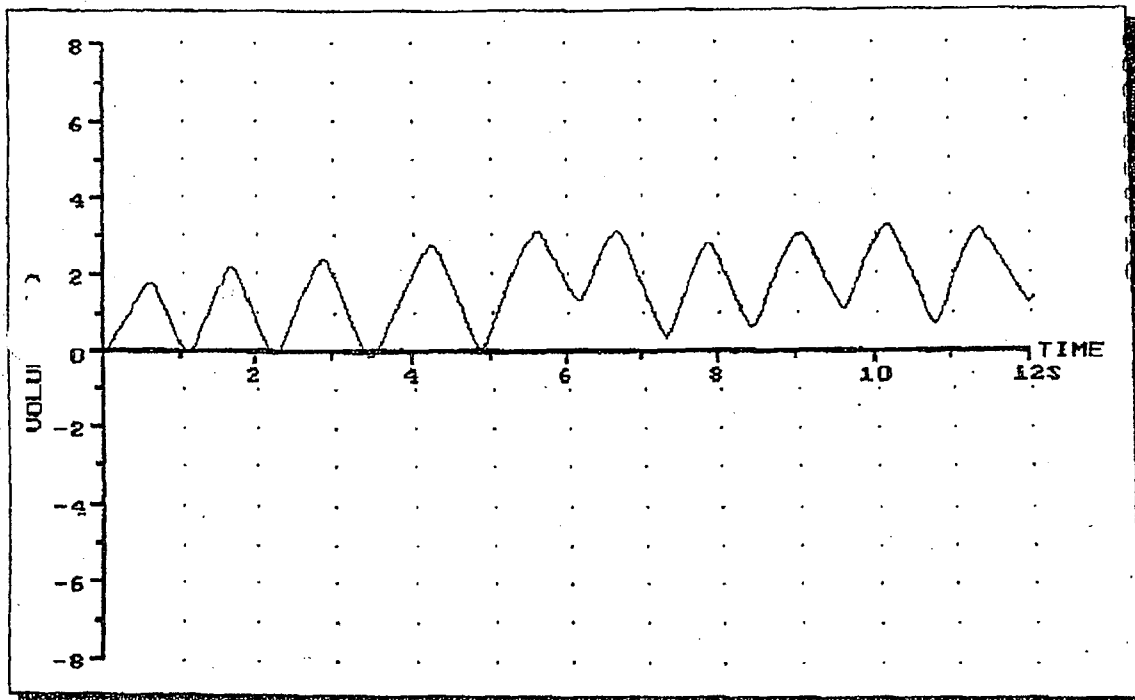
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William Page 1
ic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
45 Maximal Voluntary Ventilation Wed Jul 14, 2004

TYPE	Test Date and Time	Exp Time	Normals
Current:	Wed Jul 14, 2004 10:34:08 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



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000411

MANN 026448

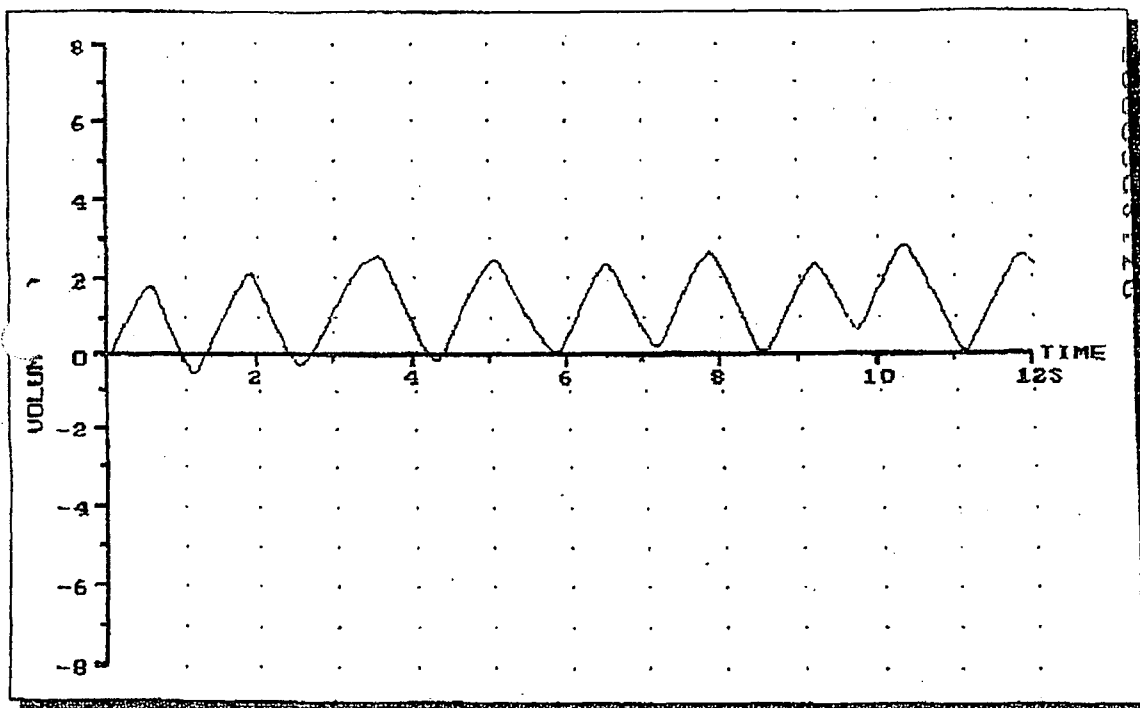
Lung and Chest Medical Associates
Multi Spiro B

IT- 77168 Casey, William Page 1
ic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
45 Maximal Voluntary Ventilation Wed Jul 14, 2004

TYPE	Test Date and Time	Exp Time	Normals
Current:	Wed Jul 14, 2004 10:46:34 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



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000410

MANN 026449

5301

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

APPT DATE
7/14
APPT TIME
10

DATE July 7, 2004

PT NAME William M. Carroll
DOB: [REDACTED] 158 SS# 11

REFERRING DOCTOR Self
CONTACT 0 PH#

HOME # 1 WK#

MAILING ADDRESS J V 29388

REASON FOR VISIT Chest pain (not cardiac)
Spinal to ER - February 2004 - wants to see
FAMILY PHYSICIAN

INSURANCE BCBS REFERRAL Y N

MEDICAL RECORDS
CHEST XRAY OR CT SCANS
COMMENTS:

QUESTIONNAIRE MAILED (initials) BY
FO LOGGED BY

9000908170

000402

MANN 026450

Lung and Chest Medical Associates
MEDICAL HISTORY INFORMATION SHEET

CHART# 77168

DATE: July 14, 2004

Patient's Name William Mark Casey

Age 45 Sex m

How did you hear about us? _____

Who referred you to our office? _____

Who is your family doctor? Dr. Frank Gonda

I. Present Illness

1. What Health Problem has brought you to our office? not happy with current care provided - post operations for chest pain
2. How long have you had this problem? month Anxious have not
3. Does anything you do make the problem better or worse? exertion Sleep well
4. Have you lost weight recently? NO How much? _____ Were you trying to lose? _____

II. Medicines and Inhalers (MD See Blue Sheet)

1. Patient, bring all your medicines with you when you come to our office (include any inhalers and over-the-counter medicines)
2. Are you ALLERGIC to any medications or food? NO Please list: Fatigue
Michelle
very physical job
3. Check the space and enter date last received: PPD _____ Date _____, Tetanus _____ Date _____
Pneumonia vaccine _____ Date _____, Flu vaccine _____ Date _____
2000 had
stress test
call to HR

III. Lung History

1. Are you a smoker? NO How many packs per day? _____ How many years _____
2. If you have quit smoking, how many years did you smoke? 12 How many packs per day? _____
How long ago did you quit? 3 weeks
3. Do you have a chronic cough? NO How long? _____ Do you cough anything up? _____
If so what color? _____
4. Have you ever coughed up blood? NO
5. Do you get short of breath if you walk or climb steps? NO
6. Are you short of breath while you are resting? NO
7. Do you ever notice yourself wheezing? _____ What seems to make the wheezing worse? _____
8. Do you wake up tired? yes
9. Do you snore? yes
10. Do you have night sweats? SOME Fevers? _____
11. When was your last chest x-ray? June Where? Dr. Feldman
12. Potential Exposures:
 - a. Does anyone else in your home smoke? NO
 - b. Have you ever had a skin test for TB (tuberculosis)? No When? _____
 - c. What were the results of the skin test, if you know? _____
 - d. Have you ever been exposed to TB? _____ When? _____

LC111 - 12-23-03

000409

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MANN 026451

- e. If you have been exposed to TB, have you had a skin test since then? _____
- f. Do you have indoor pets? _____ What kind? _____
- g. Have you been, or are you exposed to dust or fumes? _____ What kinds? _____
- h. Have you traveled out of the upstate area? _____

IV. Work History

1. What type of work do you do? production - 8 + 12 hr shifts (swing)
2. Have you done other types of work? yes Please list: paint shop - restaurant
3. Have you ever served in the military? no Where? _____

V. Past Medical History (Hospitalizations)

Have you ever been admitted to a hospital for an operation or illness? (Use Back of Page if necessary)

Name of Hospital	When	Reason
<u>May Block</u>	<u>1994?</u>	<u>hemorrhoid surgery</u>
<u>Regional</u>	<u>2000</u>	<u>chest pain</u>

VI. Family History (Use back of page if necessary)

1. Mother's Age? _____ Living? _____ Or died of _____
2. Father's Age? _____ Living? _____ Or died of Heart attack
3. Brother or Sister's Age? 44 Living? _____ Or died of Cancer
4. Brother or Sister's Age? 47 Living? ☒ Or died of _____
5. Brother or Sister's Age? 42 Living? ☒ Or died of _____

VII. Social History

1. Are you married? No Widowed? _____ Single? _____ Divorced? ☒
2. What was the highest grade you finished in school? 1 yr college
3. Do you drink alcoholic beverages (beer, wine, liquor)? yes How much? recreational
4. Have you ever used cocaine, marijuana or other street drugs? No How long has it been since you last used? _____
5. Have you ever received a blood transfusion? _____ When? _____
6. Do you have any hobbies (raising pigeons, woodwork shop, etc)? golf

VIII. Review of Systems

1. Do you wear glasses? yes
2. Do you have trouble hearing? no
3. Do you wear dentures? no
4. Do you have chest pain if you are just resting? _____ walking? _____ climbing steps? _____
5. What area of your chest hurts? _____
6. Have you ever been treated for heart trouble? _____
7. Have you ever been treated for high blood pressure? No
8. Do you have diabetes? No
9. Do you have a problem with nausea? _____ Vomiting? _____ Diarrhea? _____
- Constipation? _____ Heartburn? _____
10. Have you ever vomited bright red blood? No

C111 - 12-23-03

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MANN 026452

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11. Have you ever had rectal bleeding? yes When? 10 yrs ago
12. Have you ever has a "stomach x-ray"? When?
13. Have you ever had a change in your appetite? no More? Less?
14. Have you ever had stomach ulcers? no
15. Do you have any pain when you urinate? no
16. Female patients: When was your last menstrual period? Pap smear?
Who is your gynecologist?
18. Male patients: When was your last prostate exam? Never
Do you have trouble starting your stream when you urinate? no
How many times do you usually get up at night to urinate? 3 or 4
19. Do you have any numbness or tingling in your arms or legs? no
20. Do you ever have swelling in your feet or legs? yes - feet sometimes

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING PAST OR PRESENT CONDITIONS: Have you ever had or presently have any of the following:

MEDICAL CONDITION	NO	YES	WHEN DID YOU HAVE THIS	WHAT TREATMENT ARE YOU RECEIVING
ARTHRITIS		☒	<u>constant</u>	<u>Aspirin</u>
ASTHMA	☒			
BLADDER INFECTION	☒			
BLOOD CLOTS IN LEGS	☒			
BLOOD CLOTS IN LUNGS	☒			
CANCER	☒			
CATARACTS	☒			
CHOLESTEROL (HIGH)		☒	<u>constant</u>	<u>Lipitor</u>
CIRRHOSIS OF LIVER	☒			
COLON PROBLEMS	☒			
EMPHYSEMA	☒			
GLAUCOMA	☒			
HAY FEVER	☒			
HEPATITIS (YELLOW JAUNDICE)	☒			
KIDNEY FAILURE	☒			
KIDNEY STONES	☒			
PHLEBITIS	☒			
PNEUMONIA	☒			
PROSTATE PROBLEMS	☒			
RHEUMATIC FEVER	☒			
SEIZURES	☒			
SHINGLES	☒			
SINUS INFECTION	☒			
SKIN DISEASE	☒			
STROKE	☒			

Is there anything else you feel that the doctor needs to be aware of? (Use back of this page if necessary)

Have disc problems + arthritis in lower back

C111 - 12-23-03

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MANN 026453

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Lung and Chest Medical Associates
Authorization of Use and Disclosure of Protected Health Information

(Page 1 of 2)

Appointment Reminders: Lung and Chest Medical Associates, Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Dr. Mary Lou Applebaum, Dr. E. Bert Knight, Dr. J. Douglas Clark and/or Dr. Rico V. I. Mendoza may use your information to remind you about upcoming appointments. Typically, appointment reminders are made by a brief phone call, or non-specific message may be left on your answering machine. We may also use "appointment cards" to remind you about upcoming appointments. If you don't approve of these methods and would like alternative reminder methods (i.e. mail or e-mail) please indicate those methods in the space provided (samples of appointment reminders are available upon request):

How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates (Check all that apply)

☒ Regular Mail ☒ Home Telephone # 864-680-5929 ☒ Work Telephone # 864-680-5929
☐ Appointment Cards ☐ Email _____

Other: _____

If you have an answering machine, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates? (Check one)

☒ YES ☐ NO ☐ No Answering Machine Available

If "NO", how else may we contact you regarding this information?

- Are you interested in being made aware of the opportunity to participate in a research study that may apply to your case? ☒ Yes ☐ No
- Do you give your permission for your medical chart to be reviewed for consideration in research studies that apply to your case? ☒ Yes ☐ No
- Do you give your permission for your chart to be reviewed by staff from Spartanburg Pharmaceutical Research, Dr. Charles M. Fogarty, for consideration in research studies that apply to your case? ☒ Yes ☐ No

10/03

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MANN 026454

5306

Lung and Chest Medical Associates
Authorization of Use and Disclosure of Protected Health Information

(Page 2 of 2)

Persons Authorized to Receive Information:

Health information Lung and Chest Medical Associates collects or receives about you may be disclosed to the following persons:

680-9648 476-5222
Cathy Lynne Carey (sister) Gregg Carey (brother)
 Name of Relatives
Dr. Frank Gaudin
 Name of Physicians
CVS
 Name of Pharmacy Other

Use and Disclosure of Information:

☒ I authorize the person(s) listed above to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at Lung and Chest Medical Associates

☐ I do not authorize the following information to be disclosed to any other parties except to me as the patient (Please specify):

Other Uses and Disclosures. Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and / or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You have the right to request restrictions on use and disclosure of your health information.

☐ I would like the following restrictions regarding the use and disclosure of my health information:

Expiration Date of Authorization

This authorization is effective through unlimited unless revoked or terminated by the patient or patient's personal representative. You should contact the **PRIVACY OFFICER** or other authorized representative to terminate this authorization.

Potential for Re-disclosure

The person or organization to which health information is sent may repeatedly disclose health information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

Signature William Mark Casey July 14 2004 William Mark Casey
 Signature of Patient Date Name of Patient (Print or Type)

Signature of Patient Representative Date Relationship to Patient

10/03

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MANN 026455

LUNG AND CHEST MEDICAL ASSOCIATES

Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Jr., Dr. Mary Lou Applebaum, Dr. E. Bert Knight, III, Dr. J. Douglas Clark, Dr. Rico Mendoza

ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 864-582-6858, on Lung and Chest's website at lungandchest.com, or by requesting one at the Lung and Chest offices.

July 14, 2004
(Date)

William Mark Casey
(Signature*)
William Mark Casey
(Print or Type Name)

9000908170

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Carole Lynne Casey
(Signature)

Sister
(Relationship)

July 14, 2004
(Date)

The patient _____ was provided with a Notice and Written Acknowledgment form by _____, who explained that signing the form merely indicates the patient's acknowledgment that he or she received the Notice, but the patient nonetheless refused to sign.

Staff signature

Date

12/11/03

000404

MANN 026456

PATIENT INFORMATION

NAME William Mark Casey CHART # 77168WPS
 Billing Address 240
 Mailing Address _____
 Date of Birth 1958 Age 45 Sex M Race W Marital Status Divorced
 Social Security # Tel. Home Business (864) 680-5929
 Your Employer/School Michelin Tire Corp Address _____
 E-Mail address: _____

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____
 Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth _____
 If yes, spouse's/parent's Social Security # _____

Family Physician Dr Frank Gonda
 Referring Physician (if different) _____
 Emergency Contact Carol Anne Casey (Relationship) Sister (Phone) 864 680 7438



WILLIAM M CASEY
 D: MIH251022977 ROUTINE \$20
 OV 20/35

In South Carolina 1-800-327-3238
 PREADMISSION REVIEW REQUIRED
 Outside South Carolina 1-800-334-7267

Provider: This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be paid only if preadmission review is obtained. See telephone numbers on the back of this card.
 Members and Providers for crisis service 100 visit My Insurance Manager at www.SouthCarolinaBlue.com.
 Mental Health/Substance Abuse preauthorization and claims contact: CompPsych at 1-800-537-6221
 Personnel Service Center (PSC) 1-877-455-7768
 800-834 Customer Service at 1-800-775-3668
 First Advice Nurses Line: 1-888-521-2553 (anytime)
 Members: For information regarding PPO Network Providers, call 1-800-810-2881 (anytime).
 Hospital/Physician: Submit all claims to your local plan following its standard procedure.
 Employee submitted claims, including dental, should be filed for BlueCross and BlueShield. Payment Service Center, P.O. Box 8000 Greenville, SC 29604-9000.
 Plan (or Licensee/Contractor Affiliates) provides administrative claims services only and does not assume any financial risk or responsibility with respect to claims.
 Blue Cross and Blue Shield of South Carolina
 An independent licensee of the Blue Cross and Blue Shield Association

LONG TERM INSURANCE AUTHORIZATION
 I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente L. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.
William Mark Casey
 (Patient's Signature)
July 14, 2004

CASEY, WILLIAM MARK DL #:
 Expires: _____
 WOODRUFF SC 293887600
 Class: D Hgt: 6-08 Wgt: 165
 Sex: M DOB:
 Issued: 10-15-2003 42079 R 4
William Mark Casey
 (Signature)




Lung and Chest Medical Associates

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

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

Fax: (864) 585 - 2102

Fax: (864) 582-3750

Jeldman
573-6323

560-6013
6270

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of (name of organization)

Upstate Lung & Critical Care and Spartanburg Regional
to use or disclose the following information about me:

For the following purposes:

- ☒ At the request of the undersigned individual
☐ Other (describe)

The health information described above may be used or released to:

Lung & Chest Medical fax to 542-9043

This Authorization expires:

- ☒ On the following date: 12/31/2009, unless otherwise revoked by the patient, which is their right.
☐ When the following event occurs:
☐ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

William Mark Casey X 10-22-2004 X [REDACTED] 1958 X [REDACTED]
Patient Signature Date Date of Birth Social Security Number
William Mark Casey Mari J. Kimbrell
Patient printed name Witness Signature

The above individual is unable to consent because:
☐ Minor
☐ Incompetent
☐ Other (explain):

I therefore consent on behalf of the individual named above.

Signature
Witness Signature

Relationship
Date

Upstate Lung
H&P, last office notes,
any diagnostics

Spartanburg Regional
ER, Admission, Discharge,
Diagnostic Info, Bronch Report,
Cytology

6404 2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Imonary Medicine Critical Care Bronchoscopy Asthma Therapy Sleep Disorders

000401

MANN 026458

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LONGCHEST MEDICAL
FAX : 8645823758
TEL : 8645826858
SER.# : BRDJ2N537248

DATE, TIME	10/22 13:32
FAX NO./NAME	5736323
DURATION	00:00:21
PAGE(S)	01
RESULT	OK
MODE	STANDARD
	ECM

Typed medical record
release to Dr. Feldman's -
re: William Mark Casey

Maria
Kirbrell

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000400

MANN 026459

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
srmc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0074c2030022

1.2.0 2.0

*Saved Medical record
release to SRMC
re: William Mark Long*

*Mami Kinbrell CNA
10/29/04*

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MANN 026460

1091 Bolling Springs Road • Spartanburg, South Carolina 29303

CHART# 11686

ROUTINE MEDICATION LIST:

ALLERGIES

Diphtheria

6-8041KMS	1	1	1	1
6-8041Q	1	1	1	1
1	1	1	1	1
1	1	1	1	1

000398

5313

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Hi _____ B/P _____ H/R _____ RR _____ Temp _____ FIO2 _____

Cough _____	Smoking _____	Present illness + reason for visit <u>NO</u> <u>SHAR</u>
Sputum _____	Nausea _____	
Dyspnea _____	Vomiting _____	
Wheezes _____	Diarrhea _____	
Edema _____	Chest Pain _____	
Palpitations _____	Pain _____	
Oriented _____	ETOL _____	
New Allergies _____		

Last Chest X-Ray _____

Physical Exam: ☒ WNL/NEG ☐ ABN/POS

• General Appearance _____

• Skin/Turgor _____

• ENT _____

• Sinus _____

• Mouth _____

• Neck _____

• Heart Rhythm _____

 Murmurs _____

 Gallop _____

 Tones _____

• Abdomen _____

• Chest/Lungs:

 Breath Sounds _____

 Wheezes _____

 Rales _____

 Effort _____

 Symmetry _____

• Extremities:

• Mobility: Gait _____

 Reflexes _____

 Aides _____

• Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O₂ Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG'S _____ Buo _____ Cre _____ K+ _____ Theo _____

O₂ Sat Rest _____

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

next Appt _____ Wks _____ Months W/OJF JAB DRE Signature _____ Staff _____

next Visit: Spiro L/V DLCO PA PAL Sinus Dexta BLDWK _____ Other _____

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ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026462

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M Chart# 11686 Date 7-7-04
 Wt 171 Ht 5'8" R/P 144/88 H/R 85 RR 12 Temp 98.6 FiO2 0.21
 Cough Some Smoking quit 2000 Present Illness + reason for visit feels tightness
 Sputum Occ/trace Nausea + in chest. Also ch. goodness of
 Dyspnea Exertion Vomiting 0 chest tube site. Staying long life
 Wheeze Some Diarrhea 0 to sleep on that side. Feels
 Edema Feet Chest Pain @ Chest tube site. like heart is racing @ times
 Palpitations + Pain 0
 Oriented yes ETOL 0
 New Allergies 0
 Last Chest X-Ray 0

Physical Exam:

✓ WNL/NEG

* ABN/POS

* General Appearance 0

* Skin/Turgor 0

* ENT 0

* Sinus 0

* Mouth 0

* Neck 0

* Heart: Rhythm 0

Murmurs 0

Gallop 0

Tones 0

* Abdomen 0

* Chest/Lungs:

Breath Sounds 0

Wheezes 0

Rales 0

Effort 0

Symmetry 0

* Extremities:

* Mobility: Gait 0

Reflexes 0

Aides 0

* Mental Status 0

LAB ORDER: Spirometry 0 EKG 0 Sinus 0 CBC 0 Glu 0 PT 0 INR 0 O₂ Sat Rest 98

Lung Vol 0 DLCO 0 U/A 0 CXR 0 ABG'S 0 Bun 0 Cre 0 K+ 0 Theo 0

O₂ Sat Rest 0

Office Treatment Referred to Pulm Rehab - Home PRN

Education 0

Diagnosis Appt - feels Plan 0 Rehab

IPP premedication,

0

0

0

0

0

Prescriptions 0

Next Appt. 0 Wks 0 Months W/GJF 0 IAB 0 DRE 0 Signature 0 Staff 0

Next Visit: Spiro 0 L/V 0 DLCO 0 PA 0 PAL 0 Sinus 0 Dexa 0 BLDWK 0 Other 0

000396

MANN 026463

SPIROMETRY REPORT
PB100 SW Rev: J-J

UPSTREAM LUNG AND CRITICAL CARE

TEST DATE: 07/07/04
TIME: 15:02

Patient Name: William Casey
 Patient ID: 11686 Age: 45 Height (in): 68 Weight (lbs): 171 PreMed Time: 15:03
 Sex: Male Race Correction: No Smoker: Yes
 Static Pressure (cmH₂O): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
 Test Date: 07/07/04

FVC TEST DATA - Clinical Format

Measurement	PreMed	Pred	%Pred
FVC (L)	4.47	4.45	100%
FEV1 (L)	3.61	3.66	99%
%FEV1 (%)	80.76	82.42	98%
FEF25%-75% (L/S)	3.57	3.85	93%
PEF (L/S)	9.98	8.67	115%
FEV3 (L)	4.26	4.24	100%
FET (S)	4.95		

BEST TEST SUMMARY

Knudson 83 Adult Predicted Normals

PostMed %Pred %Change

*HAS Consumed / Advair
used yesterday, not
today*

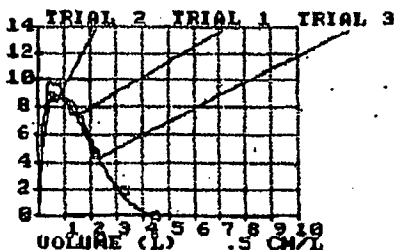
Variability: PreMed: FVC = 0.02(0.01) FEV1 = 0.32(0.01) PEF = 10.7%

PREMED

□ = PRED POINT

FLOW (L/S)

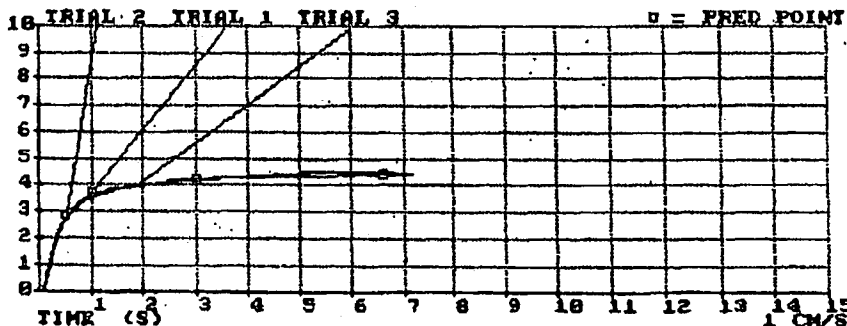
.25 CM/L/S



PREMED

VOLUME (L)

.5 CM/L



Interpretations:

Lung Age: 47 years
 PREMED: Testing indicates normal spirometry.
Comments:

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MANN 026464

1 of 3 ③ ①

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: AM/PM CHART# 11686 BY DF
(caller name/relation) called RE: William Casey

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB 58

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:
 Name of Pharmacy: Pharmacy Telephone#
 Drug Called in: / am/pm BY
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt came back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (Carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the x-ray but he was unable to see it in the fibroptic-bronch but something was there.

Nursing Interventions/Advice Pt stated he did not have a pwn with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports skin continues. Pt reported that all he wanted was something that

Call 911 JUN 28 2004 Go to ER Appointment given in office
 Referral(s) Instructions Accepted Yes No
(Date/Time) (Staff) (Doctor)

CALLER

By: Dr. Boscia
(Staff) (Doctor)

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MANN 026465

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE / / TIME: AM/PM CHART# BY

 / called RE:
(caller name/relation)

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:

Name of Pharmacy: Pharmacy Telephone#

Drug Called In: / am/pm BY
(Staff) (Doctor)

#2: PATIENT COMPLAINT

would stop him from pacing ALL the time and be able to sleep at night. He reported that he has to take the Zanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest sit and watch TV before ALL

Nursing Interventions/Advice this happened & now he just finds himself pacing. Dr. Boscia told patient he was not able to answer all his questions because the procedure he did should not have caused all these prns. Dr. Boscia suggested

Call 911 Go to ER Appointment given in office

Referral(s) Instructions Accepted Yes No

(Date/Time)

(Staff)

(Doctor)

000393

MANN 026466

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# ____ BY ____
 (caller name/relation) / ____ called RE: ____

TELEPHONE# ____ PT PHONE# ____

DATE OF LAST VISIT ____ NEXT APPT DATE ____ DOB ____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ____ Strength: ____ Freq: ____

Name of Pharmacy: ____ Pharmacy Telephone# ____

Drug Called in: ____ / ____ am/pm BY ____
 (Staff) (Doctor)

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedures. Patient's sister quickly said that she ~~could~~ see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Feltman next week. She shook her head "no" that she would have "some" contrast. Nursing Interventions/Advice was. At ~~no~~ one point during the visit Mr. Casey stated "I don't want no parts of this, I just want to be able to rest & stop pacing". At one point the sister talked about all the expenses of the hospital bill.

Call 911 ____ Go to ER ____ Appointment given in office ____

Referral(s) ____ Instructions Accepted Yes ____ No ____

(Date/Time)

(Staff)

(Doctor)

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MANN 026467

Patient was given an Prescription
for Ambien And was Advised
not to take this medication
in conjunction with Cortab
And Zanaflex.

Diann Foster

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MANN 026468

5:25 PM William Casey

1. Why such urgency of flexible
branch?

Rosita: "Window of opportunity"

-had CT before discharge

-Pt. went to hospital originally for
chest pain

Rosita: "Pain predates us. He
had the pain before this
procedure."

Pt. Sister: "He is having pain
from this procedure!"

6:25 PM William Casey

Rosita: "I want to be firm!
Don't take lorazepam, Zantac & Ambien
together. It will suppress
your respirations!"

William Casey: "The only
question I have for you is
what can you do to help
me stop walking in circles?"

M.D. Signature

JUN 28 2004

[Handwritten signature] RHA

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ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026469

Upstate Lung And Critical Care Specialists, P.C.

①
 Name: Casey William M. Chart# 11686 Date 6/25/09 ^B
 Wt 172 Ht 68 B/P 130/90 H/R 90 RR 20 Temp 98.6 FIO2 Rn
 Cough occ Smoking + Present Illness - reason for visit gets tired easily
 Sputum occ Nausea + continues to have same
 Dyspnea occ Vomiting occ chest tightness. Reports
 Wheeze occ Diarrhea occ chronic back pain
 Edema occ Chest Pain tightness continues to have trouble
 Palpitations occ Pain chronic back resting - sister reports
 Oriented yes ETOL Pain he is spiking and he cannot
 New Allergies --- sit down because he hurts
 Last Chest X-Ray ---

Physical Exam:

✓ WNL/NEG

* ABN/POS

* General Appearance

* Skin/Turgor

* ENT

* Sinus

* Mouth

* Neck

* Heart Rhythm

Murmurs

Gallop

Tones

* Abdomen

* Chest/Lungs:

Breath Sounds

Wheezes

Rales

Effort

Symmetry

* Extremities:

* Mobility: Gait

Reflexes

Aides

* Mental Status

LAB ORDER: Spirometry

EKG

Sinus

CBC

Glu

PT

INR

O₂ Sat Rest

Lung Vol

DLCO

U/A

CXR

ABG'S

Bun

Cre

K+

Theo 96%

O₂ Sat Rest

Office Treatment

Education

Diagnosis

Plan

Chronic PainFracturesPlt & Feldmanin 2 weeksambulation sleep

Prescriptions

Next Appt. --- Wks --- Months --- W/GIF --- IAB --- DRE --- Signature ---Next Visit: Spiro --- L/V --- DLCO --- PA --- PAL --- Sinus --- Dexa --- BLDWK ---Staff ---Other ---

121

Rev 9/03

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MANN 026470

(2)

Pt. Held not to take Xanax & Lorazepam
C. Ambien

R

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MANN 026471

5324

(1)
Pt. said he was taking Zanaflex
as many as needed to "pass out"
@ night. Pt was warned not to
do that. Zanaflex not given by
this office.

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MANN 026473

Upstate Lung And Critical Care Specialists, P.C.

Name: William M. CASEY Chart# 11686 Date 10-11-04
 Wt 165 Ht 68" B/P 112/82 H/R 117 RR 18 Temp 100.0 FIO2 RA

Cough + Smoking +
 Sputum brown Nausea -
 Dyspnea + Vomiting +
 Wheeze + Diarrhea +
 Edema + Chest Pain +
 Palpitations + Pain Chest tube
 Oriented + ETOL scale 10/10
 New Allergies -
 Last Chest X-Ray 10/8/04 USLCCS

Present Illness + reason for visit.

Sweating all night
Coughing up brown phlegm

Physical Exam:

✓ WNL/NEG * ABN/POS

General Appearance WNL at rest stable Sister felt bad, didn't feel
 Skin/Turgor WNL fact + pink lips WNL
 ENT WNL corneal line + chills WNL
 Sinus WNL the sky from can't describe specifically the cough
 Mouth WNL WNL just can't get computer
 Neck WNL WNL "can't describe today" (sister says it)
 Heart Rhythm WNL WNL not a chance with playing
 Murmurs WNL WNL WNL
 Gallop WNL WNL WNL
 Tones WNL WNL WNL
 Abdomen WNL WNL WNL
 Chest/Lungs: WNL WNL WNL
 Breath Sounds WNL WNL WNL
 Wheezes WNL WNL WNL
 Rales WNL WNL WNL
 Effort WNL WNL WNL
 Symmetry WNL WNL WNL

Extremities:

Mobility: Gait WNL
 Reflexes WNL
 Alides WNL

Mental Status

LAB ORDER: Spirometry WNL EKG WNL Sinus WNL CBC WNL Glu WNL PT WNL INR WNL
 Lung Vol WNL DLCO WNL U/A WNL CXR WNL ABG'S WNL Bun WNL Cre WNL K+ WNL

Office Treatment

nurse note over WNL

Education

Diagnosis TEOP Plan 2 PPK (mupron)
lowe - spandy pul pre - cont
SPD Downward

Prescriptions

Next Appt. 2 Wks Months W/GIF WNL LAB WNL DRE WNL Signature WNL Staff WNL
 ext Visit: Spiro WNL LV WNL DLCO WNL PA WNL PAL WNL Shoes WNL Dexa WNL BLDWK WNL Other WNL

000385

Pt. told me he had talked to
 A person of whom he saw the picture
 while in my office about his condition.
 I told him I wish he had not done
 that because we do not speak of
 any of our Pto with friends & family.
 I would tell me free if he ~~was~~ that
 did not know you.

(Hawdman)

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MANN 026475

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.11.04 TIME: AM/PM CHART# 11686 BY MEH
(caller name/relation) called RE: William Carey

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:

Name of Pharmacy: Pharmacy Telephone#

Drug Called in: / am/pm BY
(Staff) (Doctor)

#2: PATIENT COMPLAINT

PT's sister called to report her brother
was in severe pain @ chest tube site.
was taking (Kadiane 5mg 2-3 @ a time every
4 hrs with no relieve. (H. has appt.
with Pain Center on 6/17/04 if not
sooner. Dr. Boscia ordered oxycodone 20mg
T BID only amount until Pain Center.
Nursing Interventions/Advice could see (Rx written by
13 pills) T. talked with sister in great of
Diann Foster RN of, danger if H. not to
take pain med he had with oxycodone.
Sister told nurse she would remove

Call 911 Go to ER Appointment given in office

Referral(s) Instructions Accepted Yes No

(Date/Time)

(Staff)

(Doctor)

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MANN 026476

R2

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.11.04 TIME: AM/PM CHART# BY MEH
(caller name/relation) called RE: William Casey

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:

Name of Pharmacy: Pharmacy Telephone#

Drug Called in: / am/pm BY
(Staff) (Doctor)

#2: PATIENT COMPLAINT

*All pain meds from his home & only
 leave with him what he could take
 get have Qd. Our office will call
 to see if apt with pain center
 can be made*

Nursing Interventions/Advice

Box was picked up by **M.D. Signature**

Call 911 Go to ER Appointment given in office

Referral(s) Instructions Accepted Yes No

(Date/Time)

(Staff)

(Doctor)

000382

MANN 026477

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.18.04 TIME: AM/PM CHART# 11686 BY MEH

(caller name/relation) called RE:

TELEPHONE# PT PHONE#

DATE OF LAST VISIT NEXT APPT DATE DOB

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: Strength: Freq:

Name of Pharmacy: Pharmacy Telephone#

Drug Called in: / am/pm BY (Staff) (Doctor)

#2: PATIENT COMPLAINT

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, P.C. 1091 BOILING SPRINGS ROAD SPARTANBURG, SC 29303 TELEPHONE (804) 573-6120		1419 N. LIMESTONE ST. GAFFNEY, SC 29340 TELEPHONE (804) 487-9931		
☒ Gregory J. Feldman, MD 15838		☐ Joseph A. Bosch, Jr., MD 22330		
☐ David R. Erb, MD 53399				
NAME <u>William Carey</u>		DATE <u>6/8/04</u>		
ADDRESS <u> </u>				
LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☒ NO				
Rx	1	STRENGTH	QUANTITY	REFILL
<u>As will be cut</u> <u>100 mg tabs</u> <u>100 mg tabs</u> <u>100 mg tabs</u>				
Rx	2	STRENGTH	QUANTITY	REFILL
<u>100 mg tabs</u> <u>100 mg tabs</u> <u>100 mg tabs</u>				
Rx	3	STRENGTH	QUANTITY	REFILL
<u>100 mg tabs</u> <u>100 mg tabs</u> <u>100 mg tabs</u>				
M.D. Signature <u>M.D. Stangoray</u>				

Call 911 Go to ER Appointment given in office

Referral(s) Instructions Accepted Yes No

(Date/Time) (Staff) (Doctor)

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MANN 026478

Upstate Lung And Critical Care Specialists, P.C.

Name: Casery, William Chart# 11686 Date 6/8/84Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR Temp F102

Cough + Smoking + Present illness + reason for visit HFL
 Sputum 0 Nausea 0
 Dyspnea 0 Vomiting 0 NO PRODUCTIVE Coughing
 Wheezes little Diarrhea 0 little wheezing, some chest
 Edema 0 Chest Pain some pain + back pain.
 Palpitations 0 Pain back
 Oriented + ETOL
 New Allergies 0
 Last Chest X-Ray ck 0+10 6 patient has been instructed on the
DANGERS of Smoking and the
Importance of Stopping.
Dated: 6/8/84 by: KMS

Physical Exam: ✓ WNL/NEG ✗ ABN/POS
 • General Appearance
 • Skin/Tongue Pneumothorax
 • ENT D - is not normal
 • Sinus
 • Mouth
 • Neck
 • Heart: Rhythm
 Murmurs
 Gallop
 Tones
 • Abdomen Disability
 • Chest/Lungs: back pain
 Breath Sounds
 Wheezes for
 Rales
 Effort
 Symmetry - Could you
 • Extremities: dry
 • Mobility: Gait
 Reflexes
 Aides
 • Mental Status Pain center to see
 LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O₂Sat Rest
 Lung Vol DLCO U/A CXR ABG'S Bup Cre K+ Theo 94%
 O₂Sat Rest

Office Treatment
 Education must quit smoking no work 3 weeks
 Diagnosis Referred to Dr. [unclear] Next apt. 8/17/84
Pneumothorax part 2g AD
Back pain Abdomen
Disability could be

Next Appt. Wks Months W/GIF JAB DRE Signature Staff KMS
 a Visit: Spiro LV DLCO PA PAL Sinus Dexa BLDWK Other

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MANN 026479

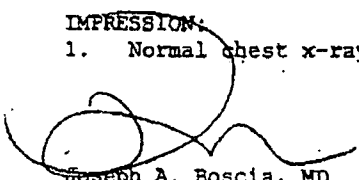
UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today.
The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.


Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

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MANN 026480



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

Dr. Feldman wants Appt ASAP (this week)

NEW PATIENT REFERRAL FORM

International Spinal Injection Society

Society for State Practice in Pain Management

American Pain Society

Patient Name: William Casey

D.O.B.: [REDACTED] - 1968 SS#: [REDACTED]

Address: _____

City: Woodruff State: SC Zip: 29388

Home Phone #: _____ Alt. Phone #: Carol Casey
Sister

Reason for referral: ☐ Consult Only
☒ Consult & TX
☐ Injection Only: _____ (type)
☐ Others: _____ (type)

Diagnosis: Bulging Disk Disabling pain
MRI of Back @ MBH

Insurance: BCBS (please send a copy of the card)

IS THIS A WORKMAN'S COMPENSATION INJURY? ☐ YES ☐ NO

If YES: Carrier Information: _____

Adjusted/Case Manager: _____ Phone: _____

Referring Physician: Gregory Feldman

Office Address: 1091 Boiling Springs Rd

Office Phone#: 573-6370 Fax: 573-6323

Contact Person/Extension: Natalie Smith

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PLEASE FAX MEDICAL RECORDS TO (864) 583-0390 WITH THIS REFERRAL FORM. APPOINTMENTS CANNOT BE MADE UNTIL BOTH ARE RECEIVED!

THE FOLLOWING PATIENT HAS AN APPOINTMENT WITH DR. _____
ON _____ AT _____ . Scheduled by: _____

69 McDowell Street
Asheville, NC 28901
828-232-1855

Carolinus Center for Advanced Management of Pain

54 Bear Drive
Greenville, SC 29605
864-295-6399

278 East Kennedy Street
Spartanburg, SC 29302
804-583-0053

000578

MANN 026481

Upstate Lung and Critical Care Specialists
HEALTH HISTORY
 (Confidential)

Name Wm Mark Casey Today's Date June 8, 2004
 Age 45 Birthdate 58 Sex M Date of last physical examination May 4, 2004
 Who is your primary/referring physician? Dr Frank Goncha
 What is the reason for the visit? follow up w/ Dr Feldman

SYMPTOMS: Check (✓) symptoms you currently have or have had in the past year.

GENERAL

- ☐ Chills
☐ Depression
☐ Dizziness
☐ Fainting
☐ Fever
☐ Fullness
☐ Headache
☐ Loss of sleep
☐ Loss of weight
☐ Nervousness
☐ Numbness
☐ Sweats

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:

- ☐ Arms ☐ Hips
☐ Back ☐ Legs
☐ Feet ☐ Neck
☐ Hands ☐ Shoulders

GENITO-URINARY

- ☐ Blood in urine
☐ Frequent urination
☐ Lack of bladder control
☐ Painful urination

RESPIRATORY

- ☐ Short of breath ☐ Cough
☐ Cough up blood ☐ Wheeze
☐ Loud snoring ☐ Excessive sleepiness

GASTROINTESTINAL

- ☐ Appetite poor
☐ Bloating
☐ Bowel changes
☐ Constipation
☐ Diarrhea
☐ Excessive burping
☐ Excessive thirst
☐ Gas
☐ Hemorrhoids
☐ Acid indigestion
☐ Nausea
☐ Rectal bleeding
☐ Stomach pain
☐ Vomiting

CARDIOVASCULAR

- ☐ Chest pain
☐ High blood pressure
☐ Irregular heart beat
☐ Low blood pressure
☐ Poor circulation
☐ Rapid heart beat
☐ Swelling of ankles
☐ Varicose veins
☐ Blood clots

EYE, EAR, NOSE, THROAT

- ☐ Bleeding gums
☐ Blurred vision
☐ Crossed eyes
☐ Difficulty swallowing
☐ Double Vision
☐ Earache
☐ Ear discharge
☐ Hay fever
☐ Hoarseness
☐ Loss of Hearing
☐ Nosebleeds
☐ Ringing in ears
☐ Sinus problems
☐ Vision-Flashes
☐ Vision-Halos

SKIN

- ☐ Bruise easily
☐ Hives
☐ Itching
☐ Change in moles
☐ Rash
☐ Scars
☐ Sore that won't heal

MEN ONLY

- ☐ Breast lump
☐ Erection difficulties
☐ Lump in testicles
☐ Penis discharge
☐ Sore on penis
☐ Prostate difficulties
☐ Other

WOMEN ONLY

- ☐ Abnormal Pap Smear
☐ Bleeding between periods
☐ Breast lump
☐ Extreme menstrual pain
☐ Hot flashes
☐ Nipple discharge
☐ Vaginal discharge
☐ Other

Date of last menstrual period _____
 Date of last Pap smear _____
 Have you had a mammogram? _____
 Date of mammogram _____
 Are you pregnant? _____
 Number of children _____

CONDITIONS: Check (✓) symptoms you have or have had in the past.

- ☐ AIDS
☐ Alcoholism
☐ Anemia
☐ Anorexia
☐ Appendicitis
☐ Arthritis
☐ Asthma
☐ Bleeding Disorders
☐ Breast Lump
☐ Bronchitis
☐ Bulimia
☐ Cancer
☐ Cataracts

- ☐ Chemical Dependency
☐ Chicken Pox
☐ Diabetes
☐ Emphysema
☐ Epilepsy
☐ Glaucoma
☐ Gout
☐ Gonorrhea
☐ Gout
☐ Heart Disease
☐ Hepatitis
☐ Hernia
☐ Herpes

- ☐ High Cholesterol
☐ HIV Positive
☐ Kidney Disease
☐ Liver Disease
☐ Measles
☐ Migraine Headaches
☐ Miscarriage
☐ Mononucleosis
☐ Multiple Sclerosis
☐ Mumps
☐ Pacemaker
☐ Pneumonia
☐ Polio

- ☐ Prostate Problem
☐ Psychiatric Care
☐ Rheumatic Fever
☐ Scarlet Fever
☐ Stroke
☐ Suicide Attempt
☐ Thyroid Problems
☐ Tonsillitis
☐ Tuberculosis
☐ Typhoid Fever
☐ Ulcers
☐ Vaginal Infections
☐ Venereal Disease

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MANN 026482

MEDICATIONS: List medications you are currently taking including inhalers and over the counter medicines.

PLEASE BRING WITH YOU

Name	Strength	Times Per Day	Name	Strength	Times Per Day
Baytra	80 mg	1			
Ultram	50 mg	2x4			
Zenar Flex		1			
Lortab 80	10	1x2			

ALLERGIES
To medications and medicines

PHARMACY NAME: CVS Asheville Rd PHONE: _____

HOSPITALIZATION

YEAR	HOSPITAL	REASON for HOSPITALIZATION and OUTCOME
2000	Chest Pain	
1996	Hummerhead Surgery	

Have you ever had a blood transfusion? ☐ Yes ☒ No
If yes, please give approximate dates? _____

PHYSICIANS THAT YOU ROUTINELY VISIT:

NAME	ADDRESS	PHONE NUMBER
Dr. Frank Gonda	Bolton Springs	

PULMONARY HISTORY

Are you a smoker? ☐ No ☒ Yes If yes, how many packs? less than 1/2 pack How many years? 25 If you have quit, how many years did you smoke? _____ Packs per day? _____ How long did you quit? _____

Does anyone else in your home smoke? ☒ No ☐ Yes

Do you have a chronic cough? ☒ No ☐ Yes If yes, how long have you had it? _____ Did you cough anything up? ☐ No ☐ Yes What color are you coughing up? Have you ever coughed up blood? ☐ No ☐ Yes If yes, when? _____

Do you get short of breath if you walk or climb steps? ☒ No ☐ Yes At rest? ☐ No ☐ Yes At other times? ☐ No ☐ Yes If yes, when? _____

Do you ever notice yourself wheezing? ☐ No ☒ Yes If yes, what make the wheezing worse? _____

When was your last Chest X-ray? 6-6-04 Where? Spartanburg Regional

Have you ever had a skin test for TB (Tuberculosis) ☐ No ☐ Yes If yes, When? _____

Have you ever been exposed to TB ☐ No ☐ Yes If yes, When? NO Have you had skin test since being exposed? ☐ No ☐ Yes If yes, what kind? _____

Do you have indoor pets? ☐ No ☒ Yes If yes, what kind? LOKKA Spanish

Have you been or are you exposed to dust or fumes ☐ No ☒ Yes If yes, what kinds? micahen - Hestene

Have you traveled out of the Upstate area? ☐ No ☒ Yes If yes, Where? _____

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MANN 026483

SYMPTOMS:	SOCIAL HISTORY	OCCUPATIONAL CONCERNS
Check (\$) which substances you use and how much you use ☒ Caffeine <u>1 cup</u> ☒ Street Drugs ☒ Tobacco <u>1/2 pack</u> ☒ Alcohol <u>social</u> ☐ Other	☐ Married ☒ Divorced ☐ Widowed ☐ Single ☐ Number of Children <u>2</u> ☐ Hobbies <u>Golf</u>	OCCUPATION: <u>Micheline Tree Building Trees</u> Check (\$) if your work exposes you to: ☒ Stress ☒ Heavy Lifting ☒ Hazardous Substances ☐ Other

FAMILY HISTORY

Parent's living? ☐ Yes ☒ No ☐ Father's Age/Cause of Death 73 - fatal myocardial infarction
☐ Mother's Age/Cause of Death 72 - pneumonia - procedure in lung - body to renal + cardiac
 Siblings living? ☒ Yes ☐ No ☐ Brother's Age/Cause of Death 43 - radiation burn to pulmonary artery complication
☐ Sister's Age/Cause of Death 4 - bronchial tube - atelectasis resulting in rupture + blood
 Any additional Pulmonary family problems?

Immunization History

Flu Vaccine _____
 Pneumonia Vaccine _____

Do you have any other medical concerns that you would like to discuss with your doctor? ☐ Yes ☐ No

Wm Mark Casey
 Signature

6-8-04
 Date

1. Down well - see rdp
 SIP pneumonia medication
 SIP safer procedure
 (unable to find foreign
 body -> very abnormal
 findings)
 resolved
 C2

000375

MANN 026484



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

M.D. Signature

[Handwritten Signature]
JUN 28 2004

June 17, 2004

Gregory J. Feldman, M.D.
1091 Boiling Springs Road
Spartanburg, SC 29303

~~RECEIVED~~ William

Dear Dr. Feldman:

Thank you referring Mr. Casey to our pain clinic. He was seen about three and one-half years ago, after being referred by his family physician, Dr. Gonda. He was diagnosed with mechanical low back pain. I ordered an MRI scan of his lower back, but the patient never returned.

Today, the patient's clinical features have not really changed except for Mr. Casey appearing to be more depressed. He is also having some epigastric pain but on examination, this looks as if it is coming from his chest wall. I think he may benefit from being seen by a gastroenterologist. As far as his low back pain is concerned, it is purely mechanical, and his MRI is practically normal with two slightly bulging disks that are obviously not his source of pain. He received an epidural steroid injection by a radiologist at Mary Black, which did not help. Firstly, according to the picture that I have seen, they never got the needle into the epidural space and, secondly, the patient did not have pain that can be alleviated with an epidural steroid injection. I discussed treatment options with Mr. Casey, and, again, I think he would benefit from diagnostic and, hopefully, therapeutic lumbosacral joint injections. If this would provide relief for only a short period of time, then we would set him up for specific therapy for his pain.

Also, I believe Mr. Casey would benefit from seeing a psychologist or psychiatrist to treat his anxiety and depression. At this point, however, we will not address this issue.

Again, thank you again for allowing me to participate in the consultation and treatment of this patient.

Sincerely,
[Handwritten Signature]
Y. Eugene Mironer, M.D.

YEM/ss/mds
cc: Frank E. Gonda, M.D.

(Dictated, not read)

RECEIVED
JUN 28 2004
BY:

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International Spinal Injection Society

Society for Private Practice

American Pain Society

Carolinus Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28801
864-777-1000

54 Bear Drive
Greenville, SC 29605
864-295-6399

278 East Kennedy Street
Spartanburg, SC 29302
864-683-0063

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MANN 026485

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

M.D. Signature

JUN 08 2004

CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED] 1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSEK, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 94. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the

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ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CPA205743

MANN 026486

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

cc:
ANDRAS ROSER, M.D., Admitting Physician

***END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:48 PM

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MANN 026487

SRHS

6/5. 004 6:17 PAGE 001/002 F. Server

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11/6/86

OP REPORTS

M.D. Signature

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MANN 026488



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

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

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

(a) Control Number 607472

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

(c) Patient Gender ☒ Male ☐ Female

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

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

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

(g) Patient Telephone Number 803-744-1111 ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY - TERMINATED

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

2. Physician Instructions

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

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
Other Diagnoses MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

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

(d) Primary Procedure N/A Primary CPT Code N/A
Secondary Procedure N/A Secondary CPT Code N/A
Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG, Q.H.S., ADDERALL XR 20 MG 2
Q.A.M., AMBIEN 10 MG, Q.H.S., (PRESCRIBED BY JEFFREY SMITH, M.D.,
Impairment from medication effects NONE KNOWN PSYCHIATRIST

(f) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated _____

(g) Treatment summary COGNITIVE, REALITY & SUPPORTIVE (MM/DD/YYYY)
PSYCHOTHERAPY; COGNITIVE & EMOTIONAL ASSESSMENT SUPPLEMENTED BY PSYCHOTROPIC MEDS;

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ Discharge _____
(MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

AP DT 01-001 ME
GC-1486-1 (10-04)

R-POD

MANN 026489

Page 2

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

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING V.S.T. & L.I.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION; POOR FINE & GROSS MOTOR COORDINATION, DEPRESSED MOOD, ANHEDONIA, SLEEP DISTURBANCES, FRUSTRATION, TENDENCY TO CRY, LETHARGY, EASILY FATIGUED, CHEST PAINS
(b) Date symptoms first appeared or accident happened 5-14-06 MM
(c) Has patient ever had same or similar condition? ☐ No ☒ Yes, state when and describe. CHEST PAINS PREVIOUSLY, COMA, BRAIN DAMAGE, NEUROLOGICAL DYSFUNCTION AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BRONCHOSCOPY ENG 6/3/04
(d) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes ☒ Unknown
(e) Other Treating Physicians DOB ON 5-28-04
Name WILSON SMITH, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.
• Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
• Able to work with others ☒ Yes ☐ No ☐ Other/describe in (d)
• Able to give supervision ☐ Yes ☒ No ☐ Other/describe in (d)
• Able to work cooperatively with others in group setting. ☐ Yes ☒ No ☐ Other/describe in (d)
• Able to do? Select one: Place remarks in item (d) below, if applicable.
☐ Heavy work activity. No limitations of functional capacity.
☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
☐ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
☐ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
☒ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
☐ Other. Place remarks in item (d) below.
(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN PERFORM HOUSE OR YARD WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED, ALSO, INTELLECTUAL PERFORMANCE & SOCIAL STRESS ARE OVERWHELMING, UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY.
• Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☒ 1 Hour/Day (N/A)
• Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)
• Date you prescribed restriction on work activities Month 08 Day 04 Year 04
• How long are these restrictions/limitations in effect? ☒ Permanent Restrictions ☐ No Longer
Days Weeks Months
• Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
(MM/DD/YYYY) (MM/DD/YYYY)
(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC DISORDERS.
(d) Other/Comments

6. Current Status

NO PSYCHIATRIC AFTER FIRST 6 MONTHS.
(a) Patient has ☐ Improved ☐ Stabilized ☐ Regressed ☒ Not Applicable
(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☐ No ☒ Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.
(c) In your opinion, is your patient motivated to return to work? MR. CASEY WOULD PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

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

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

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

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

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

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

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

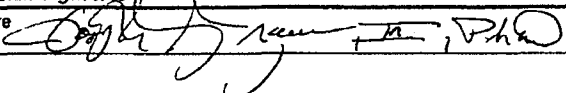
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 6-22-06



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

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

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

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) CASEY, WILLIAM, MARK Birth Date (MM/DD/YYYY) 15/8/1970 Height 5'8" Weight (lb) 170

(c) Patient Gender ☒ Male ☐ Female

(d) Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) ☐ Check if New
WOODRUFF, S.C. 29398

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

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

(g) Patient Telephone Number ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LING ASSEMBLY - TERMINATED

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

2. Physician Instructions

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

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 **MUST** be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NON PSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
Secondary Diagnosis FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
Other Diagnoses MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes _____

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 6-1-06

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

(d) Primary Procedure N/A Primary CPT Code N/A
Secondary Procedure N/A Secondary CPT Code N/A
Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG, Q.H.S., ADDERALL XR 20 MG 2 Q.A.M., AMBLEN 10 MG, Q.H.S. (PRESCRIBED BY JEFFREY SMITH, M.D., PSYCHIATRIST)

(f) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated _____
COGNITIVE & REALITY & SUPPORTIVE (MM/DD/YYYY)

(g) Treatment summary PSYCHOTHERAPY; COGNITIVE & EMOTIONAL ASSESSMENT & TREATMENT BY PSYCHIATRIC MEDS.

(h) Office visit dates: First 8-4-04 Last 6-15-06 Next 6-29-06 Frequency of appointments BIWEEKLY
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ Discharge _____
(MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

JOSEPH G. GRACE III, PH.D
SPARTANBURG FAMILY MEDICINE CENTER
853 NORTH CHURCH STREET, SUITE 510
SPARTANBURG, SC 29303

Telephone: (864) 560-1512
 Fax: (864) 560-1510

TO: *Aetna Insurance, Attn.: Karen Van Deventer*
 FAX #: *866-888-2308*
 FROM: Joseph G. Grace, III, Ph. D.
 RE: *Mark Casey*
 # Pages: (incl. cover sheet)
 DATE: *6/30/08*

COMMENTS:

*****CONFIDENTIALITY NOTE*****

The document accompanying this facsimile transmission contains information which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this cover sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited.

If you have received this facsimile in error, please notify us by telephone immediately.

THANK YOU!

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MANN 026493

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

- (a) Symptoms: COGNITIVE DYSFUNCTION INCLUDING V.S.T. & L.T. RECALL, SLOWED THOUGHT, POOR CONCENTRATION, POOR FINE & GROSS MOTOR COORDINATION, DEPRESSED MOOD, ANHEDONIA, SLEEP DISTURBANCES, FRUSTRATION, TENDENCY TO CRY, LETHARGY, EARLY FATIGUE, CHEST PAINS
 (b) Date symptoms first appeared or accident happened 5-14-04 (MM/DD/YYYY)
 (c) Has patient ever had same or similar condition? ☐ No ☒ Yes, state when and describe: CHEST PAINS PREVIOUSLY, CARMA, BRAIN DAMAGE, NEUROLOGICAL DYSFUNCTION AND PSYCHIATRIC SYMPTOMS ALL OCCURRED FOLLOWING LASER BRONCHOSCOPY ON 6/23/04
 (e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes ☒ Unknown
 (f) Other Treating Physicians DR. SMITH ON 5-29-04
 Name WILSON SMITH, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name JEFFREY SMITH, MD Specialty PSYCHIATRY City SPARTANBURG State S.C.

5. Abilities/Limitations

- (a) Patient is: Place remarks in item (d) below, if applicable.
☒ Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
☐ Able to work with others ☐ Yes ☒ No ☐ Other/describe in (d)
☐ Able to give supervision ☐ Yes ☒ No ☐ Other/describe in (d)
☐ Able to work cooperatively with others in group setting ☐ Yes ☒ No ☐ Other/describe in (d)
☐ Able to do? Select one: Place remarks in item (d) below, if applicable.
☐ Heavy work activity. No limitations of functional capacity.
☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
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☒ Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day (N/A)
☒ Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)
☒ Date you prescribed restriction on work activities Month 08 Day 04 Year 04
☒ How long are these restrictions/limitations in effect? PERMANENT RESTRICTIONS ☐ No Longer
☐ Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty
 (c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE PSYCHIATRIC DISORDERS.
 (d) Other/Comments

6. Current Status

NO PSYCHIATRIC AFTER FIRST 6 MONTHS.

- (a) Patient has ☐ Improved ☐ Stabilized ☐ Regressed ☒ Not Applicable
 (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☐ No ☒ Yes, please explain INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES.
 (c) In your opinion, is your patient motivated to return to work? MR. CASEY WOULD PREFER MUCH PREFER TO BE WORKING BUT HE IS INCAPABLE OF GAINFUL EMPLOYMENT.

Patient Name (Last, First Middle Initial) Required

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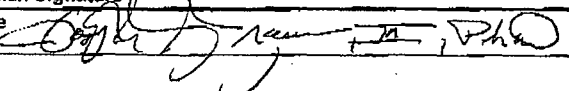
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

8. Physician Certification

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

9. Physician Signature

Signature	Date (MM/DD/YYYY)
	6-22-06



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

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

File Copy

May 17, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

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

Dear William M. Casey:

This letter concerns your application for Long Term Disability (LTD) Benefits.

As you were advised at the outset of your claim, the policy under which you are insured for Long Term Disability has a limitation which states that if your disability is due, to any extent, to a mental condition, unless you are hospital confined, coverage is limited to 24 months from the date of your disability.

According to the medical information received to date, this 24-month limitation applies to your claim. This letter is to place you on notice that no further benefits will be paid after May 28, 2006, unless your condition causes you to be hospital confined at that time.

Under separate cover, you will receive your final check for the period of May 1, 2006, through May 28, 2006, in the amount of \$1721.32.

The policy states:

A Period of Total Disability:

A period of total disability starts on the first day you are totally disabled as a direct result of a significant change in your physical or mental condition occurring while you are insured under this Plan. You must be under the care of a physician. (You will not be deemed to be under the care of a physician more than 31 days

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MANN 026496

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May 17, 2006
William Casey

before the date he or she has seen and treated you in person for the disease or injury that caused the total disability.)

Your period of total disability ends on the first to occur of:

- The date you are not totally disabled.
- The date you start work at a reasonable occupation.
- The date you fail to give proof that you are still totally disabled.
- The date you refuse to be examined.
- The date you cease to be under the care of a physician.
- The date you reach the expiration of the Maximum Benefit Duration shown on the Summary of Coverage.
- The date you become eligible for benefits under any other long term disability benefits plan carried or sponsored by your Employer, if such date occurs after the date the group policy terminates.
- The date of your death.
- The day after Aetna determines you are able to participate in an Approved Rehabilitation Program and you refuse to do so.

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

The Separate Periods of Total Disability section does not apply beyond 24 months to periods of disability which are subject to the above paragraph.

If you believe your condition prevents you from performing any reasonable occupation, we will review any additional detailed, medical evidence you wish to submit.

However, based on current information, we believe that our decision is appropriate.

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your

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May 17, 2006
William Casey

name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company
P.O. Box 14554
Lexington, KY 40512-4557

Fax #: 866-888-2308

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

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

Sincerely,

Karen VanDeventer
Aetna Life Insurance Company

cc: Christopher.R.Jackson
Veronica_Smith
Tracy_L_Wall
Elaine.Shirley

Mar 06 06 03:45p

William Mark Casey

(864) 486-9873

p.1.

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA

September 6, 2005

Ms. Kathleen Mika, Manager
Social Security Field Office
140 Magnolia Street
Spartanburg, S. C. 29306

Subject: William M. Casey

Woodruff, S. C. 29388
SSN [REDACTED]

*please let me know if I
need to send any other information
Thanks
Mark Casey*

Dear Ms. Mika:

*864-486-9873
864-686-5929*

Please acknowledge the enclosed request for reconsideration by mailing the second page of the request form to our law firm in the enclosed prepaid return envelope as proof that this appeal has been received. We are also enclosing a Simplified Fee Agreement. Please input the appropriate computer code to show use of this fee agreement. Please stamp the extra copy of the fee agreement "Received" and return it to us as an acknowledgment.

There appears to be no vocational or medical support for the decision denying disability payments. The claimant cannot work for 8 hours a day/5 days a week. Advise if additional information is required. Please send us a copy of the reconsideration decision. Any unfavorable decision will be appealed. Our client will cooperate with any exams scheduled by Social Security.

We would like to obtain a PIA determination. We have been advised to obtain this information from the field office.

We have already reviewed the file. Please send this file to the Disability Determination Service.

Very truly yours,

George H. Thomason

ENCLOSURES: Request for reconsideration; 3441; Simplified fee agreement;
Return envelope

cc: William M. Casey

FAX to 866-888-2308

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MANN 026499



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

Disability Unit
1-877-465-0424
1-866-888-2308
**

February 22, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

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

Dear William M. Casey:

This letter is in reference to your claim for LTD benefits.

Thank you for providing us with your proof of filing for your social security disability claim applications. It is important to keep Aetna informed of the status of your claim. Please provide us with copies of all correspondence you receive from the Social Security Administration regarding your claim.

Under your Long Term Disability Plan provisions, you are required to apply for other income for which you may be eligible. This other income does include Social Security Disability Income benefits.

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter. If you fail to appeal this denial, you will be required to file a new claim thus starting the process over. Please provide us with a copy of your denial and the appeal.

Your long-term disability policy defines the following:

MANN 026500

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February 22, 2006
William Casey

Estimated Payments

The amount of other income benefits for which you appear to be eligible will be estimated, unless you have signed and returned a reimbursement agreement to Aetna. This agreement contains your promise to repay Aetna for any overpayment of benefits made to you.

If other income benefits are estimated, your monthly benefit will be adjusted when we receive proof:

- Of the exact amount awarded
- when benefits have been denied after a review at the highest administrative level.

Aetna will pay you, if an underpayment in your monthly benefits results. You will have to repay Aetna of any overpayment results. When Aetna has to take legal action against you to recover any overpayment, you will also have to pay Aetna's reasonable attorney's fees and court costs, if Aetna prevails.

If this information is not supplied to us, within 30 days from the date of this letter, we reserve the right to estimate and starting offsetting your claim for Social Security Disability benefits.

Thank you for your immediate attention to this request.

Sincerely,

Disability Unit/THX
Aetna Life Insurance Company



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

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

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

(a) Control Number 607472

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

(c) Patient Gender ☒ Male ☐ Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New
WILSON, S.C. 29358

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

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

(g) Patient Telephone Number ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

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

2. Physician Instructions

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

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL D. - Primary ICD Code 310.9
Secondary Diagnosis CRIBBET FOLLOWING CRANIAL BONE DAMAGE Secondary ICD Code 276.23
Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) (210.1) Other ICD Codes

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

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

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

(e) Medication(s)/Dose/Frequency MIKETHAZAPINE 45 MG. Q H.S.
ADDERALL XR 40 MG. Q AM, AMBIEN 10 MG. Q H.S.
Impairment from medication effects

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

(g) Treatment summary COGNITIVE & SUPPORTIVE PSYCHOTHERAPY, COGNITIVE & PERSONALITY TESTING

(h) Office visit dates: First 8-4-04 Last 1-26-06 Next 2-7-06 Frequency of appointments BIW 30 MIN (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit Discharge (MM/DD/YYYY) (MM/DD/YYYY)

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

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

- (a) Symptoms: COGNITIVE DYSFUNCTION (V.S.T. & L.T. RECALL, SLOWING, & POOR CONCENTRATION)
POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGITATION, & FRUSTRATION
TOLERANCE, LETHARGY, EASILY FATIGUED
- (b) Date symptoms first appeared or accident happened 5-28-04 MM DD YYYY
- (c) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe.
- (e) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☒ Unknown
- (f) Other Treating Physicians
 Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

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

6. Current Status

- HAS NOT YET IMPROVED SIGNIFICANTLY REQUESTED
- (a) Patient has ☐ Improved ☐ Stabilized ☐ Regressed ☒ Not Applicable
- (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☐ No ☒ Yes, please explain IN CAPABLE OF BENEFITING FROM VOC. REHAB. SERVICES
- (c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

Page 3

Patient Name (Last, First Middle Initial) Required

7. Regulation Notice

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

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

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

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

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

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

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

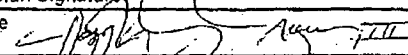
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, SC 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565

9. Physician Signature

Signature 	Date (MM/DD/YYYY) 2-3-06

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



Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

Employee Name (Last, First, Middle Initial) CASEY, WILLIAM MARCK		Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) [REDACTED] - 58
Gender ☒ Male ☐ Female	Job Title MICHELIN TIRE ASSEMBLY LINE		Control Number 607472
Current Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) MAJOR DEPRESSIVE DISORDER (296.23)		Medications: MIRTAZAPINE 45 MG, Q.H.S. ADDERALL XR 40 MG, Q.A.M. AMBIEN 10 MG, Q.H.S.	
Indicate the percent of the day the following activities can be performed: (Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)			
Climbing - (DEFERRED)	☐ O ☐ F ☐ C ☐ N	Hand Grasping ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Crawling TO FAMILY AND PHYSICIAN AND PULMONOLOGIST	☐ O ☐ F ☐ C ☐ N	Firm Hand Grasping ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Kneeling	☐ O ☐ F ☐ C ☐ N	Fine Manipulation ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Lifting	☐ O ☐ F ☐ C ☐ N	Gross Manipulation ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Pulling	☐ O ☐ F ☐ C ☐ N	Repetitive Motion ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Pushing	☐ O ☐ F ☐ C ☐ N	Sitting ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Reaching above shoulder	☐ O ☐ F ☐ C ☐ N	Standing ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Forward reaching	☐ O ☐ F ☐ C ☐ N	Stooping ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Carrying	☐ O ☐ F ☐ C ☐ N	Walking ☐ R ☐ L	☐ O ☐ F ☐ C ☐ N
Bending	☐ O ☐ F ☐ C ☐ N	Other	☐ O ☐ F ☐ C ☐ N
Twisting	☐ O ☐ F ☐ C ☐ N		
Maximum weight patient is capable of lifting: 1 - 5 lbs. ☐ O ☐ F ☐ C ☐ N 6 - 10 lbs. ☐ O ☐ F ☐ C ☐ N 11 - 20 lbs. ☐ O ☐ F ☐ C ☐ N 21 - 35 lbs. ☐ O ☐ F ☐ C ☐ N 36 - 50 lbs. ☐ O ☐ F ☐ C ☐ N 51 - 75 lbs. ☐ O ☐ F ☐ C ☐ N 76 - 100 lbs. ☐ O ☐ F ☐ C ☐ N 100 lbs. + ☐ O ☐ F ☐ C ☐ N		Approved Head and Neck Movements: Static Position ☐ Yes ☐ No Frequent Flexing ☐ Yes ☐ No Frequent Rotation ☐ Yes ☐ No Can the Patient operate: A Motor Vehicle ☐ Yes ☐ No Hazardous Machine ☐ Yes ☐ No Power Tools ☐ Yes ☐ No	
Limitations to: Speaking ☐ hrs. (DEFERRED) Vision (explain) _____ Depth Perception _____ Hearing (explain) _____		Exposure Limitations: Yes No Heat ☐ ☐ Dust ☐ ☐ Cold ☐ ☐ Fumes ☐ ☐ Dampness ☐ ☐ Chemicals ☐ ☐ Noise ☐ ☐ Radiation ☐ ☐	
Total # of hours patient capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ Duration of restrictions: TOTAL Care Complete: Yes ☐ No ☒ Next Appointment: 2-9-06			
Additional Comments: P.T. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MENTAL BLOCKING, ANHEDONIA, LETHARGY, INSULTA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGGRIATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO COPE & STRESSORS			
Physician's Signature [Signature]		Date (MM/DD/YYYY) 2-3-06	

NI DT 80-002 ME
GC-1500-1 (3-03)

R-P00

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026505

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



Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK Ink.

Employee Name (Last, First, Middle Initial) <u>CASBY, WILLIAM MARVIN</u>		Social Security Number [REDACTED]		Date of Birth (MM/DD/YYYY) [REDACTED] - 58			
Gender ☒ Male ☐ Female		Job Title <u>MICHELIN TIRE ASSEMBLY LINE</u>		Control Number <u>607472</u>			
Current Diagnosis <u>UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) MAJOR DEPRESSIVE DISORDER (29623)</u>			Medications: <u>MIRTAZAPINE 45 MG. Q.H.S.</u> <u>ADDERALL XR 40 MG. Q.A.M.</u> <u>AMBIEN 10 MG. Q.H.S.</u>				
Indicate the percent of the day the following activities can be performed: (Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)							
Climbing <u>(DETERRED TO FAMILY PHYSICIAN AND PULMONOLOGIST)</u>		O	F	C	N		
Crawling							
Kneeling							
Lifting							
Pulling							
Pushing							
Reaching above shoulder							
Forward reaching							
Carrying							
Bending							
Twisting							
Hand Grasping		R	L	O	F		
Firm Hand Grasping	R	L	O	F	C		
Fine Manipulation	R	L	O	F	C		
Gross Manipulation	R	L	O	F	C		
Repetitive Motion	R	L	O	F	C		
Sitting	R	L	O	F	C		
Standing	R	L	O	F	C		
Stooping	R	L	O	F	C		
Walking	R	L	O	F	C		
Other							
Maximum weight patient is capable of lifting:		Approved Head and Neck Movements:					
1 - 5 lbs.	O	F	C	N	Static Position	Yes	No
6 - 10 lbs.					Frequent Flexing		
11 - 20 lbs.					Frequent Rotation		
21 - 35 lbs.					Can the Patient operate:	Yes	No
36 - 50 lbs.					A Motor Vehicle		
51 - 75 lbs.					Hazardous Machine		
75 - 100 lbs.					Power Tools		
100 lbs. +							
Limitations to: Speaking _____ hrs. <u>(DETERRED)</u> Vision (explain) _____ Depth Perception _____ Hearing (explain) _____		Exposure Limitations: Yes No Heat ☐ ☐ Cold ☐ ☐ Dampness ☐ ☐ Noise ☐ ☐		Dust Yes No ☐ ☐ Fumes ☐ ☐ Chemicals ☐ ☐ Radiation ☐ ☐			
Total # of hours patient capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☒							
Duration of restrictions: <u>TOTAL</u>		Care Complete: Yes ☐ No ☒		Next Appointment: <u>2-9-06</u>			
Additional Comments: <u>PT. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MANTRIL BLOCKING, ANHYMOIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGGITATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO CAPTAIN STRONG OR LIFE</u>							
Physician's Signature: <u>[Signature]</u>		Date (MM/DD/YYYY): <u>2-3-06</u>					

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MI DT 80-002 ME
GC-1500-1 (5-03)

R-POD

MANN 026506

5358

02/07/06 17:09 FAX 864 560 1510

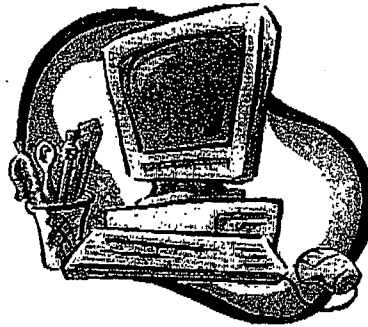
SPTBG FAMILY MEDICINE

001

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

FAX TRANSMITTAL

No. of Pages incl. Cover Sheet: 5



To: Aetna

Fax: 866 888 2308

RE: Wm. Mark Casey
 DoB: [REDACTED] -58

From: J. G. Grace, PM

Date: 2/7/06

Phone: (864) 560-1512

Fax: (864) 560-1510

REMARKS: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

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MANN 026507



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

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

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

(a) Control Number 607472

(b) CASBY, WILLIAM M. 1 58 15'8" 170
Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender ☒ Male ☐ Female

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

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

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

(g) Patient Telephone Number ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

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

2. Physician Instructions

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

Please complete form in its entirety and fax to (866) 888-2308. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NEUROPSYCHOTIC MENTAL DISORDER Primary ICD Code 310.9
Secondary Diagnosis ORDER FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 296.23
Other Diagnosis MAJOR DEPRESSIVE DISORDER (296.23) Other ICD Codes (310.9)

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

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

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

(e) Medication(s)/Dose/Frequency: MILTIZAPINE 45 MG. Q H.S.
ADDERALL XR 40 MG. Q.A.M., AMBIEN 10 MG. Q H.S.

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

(g) Treatment summary COGNITIVE & SUPPORTIVE PSYCHOTHERAPY, COGNITIVE & PERSONALITY TESTING

(h) Office visit dates: First 8-4-04 Last 1-26-06 Next 2-9-06 Frequency of appointments SUPPLEMENTED BY PSYCHOTROPIC MEDS BIWEEKLY
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit (MM/DD/YYYY) Discharge (MM/DD/YYYY)

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

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (V.S.T. & L.T. RACAL, SLOWING, POOR CONCENTRATION)
POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGGITATION, & FRUSTRATION

(b) Date symptoms first appeared or accidently happened 5-29-04 MM DD YYYY

(c) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☒ Unknown

(f) Other Treating Physicians POSSIBLY COMPLICATIONS OF SINCE HE INITIALLY PRESENTED WITH CHEST PAINS.

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

Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to give supervision ☐ Yes ☒ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☐ Yes ☒ No ☐ Other/describe in (d)

• Able to do? Select one: Place remarks in item (d) below, if applicable.

- ☐ Heavy work activity. No limitations of functional capacity.
- ☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
- ☐ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
- ☐ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
- ☒ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
- ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED. EMOTIONAL AND PHYSICAL STRESS ARE OBTUNDELING. UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME.

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☒ 1 Hour/Day (N/A)
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)
- Date you prescribed restriction on work activities ... Month 5 Day 04 Year 04
- How long are these restrictions/limitations in effect? APPEAR TO BE PERMANENT RESTRICTIONS ☐ No Longer

• Estimated return to work date? UNREALISTIC modified duty UNREALISTIC full duty (N/A)

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

VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL

(d) Other Comments: PSYCHIATRIC DISORDERS

6. Current Status

HAS NOT YET IMPROVED SIGNOR REGRESSED.

(a) Patient has ☐ Improved ☐ Stabilized ☐ Regressed ☒ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?

☐ No ☒ Yes, please explain IN CAPABLE OF BENEFITING FROM VOC. REHAB. SERVICES.

(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

Client Name (Last, First Middle Initial) Required

7. Regulation Notice

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

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

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

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

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

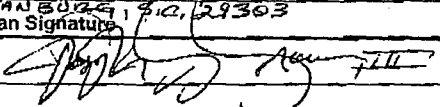
Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

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

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

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE, III	Degree Ph.D.	Specialty LICENSED PSYCHOLOGIST
Address (No, Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, SC, 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1565
Physician Signature 		Date (MM/DD/YYYY) 2-3-06



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

Debi DiFlore
Senior Long Term Disability Analyst

File Copy

January 13, 2006

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

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

Dear William M. Casey:

This letter is to remind you that when your disability is the result of a mental condition as defined by your plan, benefits are limited to 24 months from the date you became disabled (May 29, 2006). Your eligibility to receive Long Term Disability benefits for this condition will end on May 29, 2006; provided we have continued medical information to support your inability to perform the duties of your occupation.

If you have a physical condition, your LTD Benefit Plan contains a provision that requires that for benefits to continue beyond 24 months from the date you became disabled (May 29, 2004), you must be unable to perform the material duties of any reasonable occupation and your condition is physical in nature.

If you do have a physical condition that would prevent you from performing the material duties of any reasonable occupation, please complete the enclosed forms and return them to us within 14 days. A return envelope is enclosed for your convenience.

- Work History and Education Questionnaire
- Claim Questionnaire
- Authorization for Aetna to Request Protected Health Information

Please have your current treating provider fully complete the enclosed

- Attending Physician's Statement
- Capabilities and Limitations worksheet

and fax them back to us at 1-866-888-2308. Should you have any additional information to support your inability to perform the material duties of any reasonable occupation, please submit this information to us for review.

Should our investigation conclude that you have a physical condition that would prevent you from performing the material duties of any reasonable occupation, then your LTD benefits would

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MANN 026511

2
January 13, 2006
William Casey

continue. Otherwise, your LTD benefits would end on May 28, 2006. We will notify you once this investigation is completed.

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

Sincerely,

Debi DiFiore
Aetna Life Insurance Company



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

Debi DiFiore
Senior Long Term Disability Analyst

File Copy

December 16, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

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

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a completed Attending Physician's Statement. To date, we have not received this requested information.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi DiFiore
Aetna Life Insurance Company

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MANN 026513

5365

08/17/2005 15:03 864-578-7098
04/19/2005 07:18 2077910612

FFM BS
AETNA

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PAGE 02

Page 1 of 2)



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY	First Name William	Medical Initial WJ
Member ID Number / Social Security Number [REDACTED]	Birth Date (MM/DD/YYYY) 1953	Daytime Telephone Number (Area Code) 864 486-9131
Street Address 240 Lightwood Farm Rd Woodruff SC 29388		

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):
Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to, treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following person or organizations (or classes of persons or organizations):
Providers, including but not limited to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):
When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

ME
CR-6794-3 (1-04)

Page 1 of 2 R-000

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MANN 026514

08/17/2005 15:03 864-578-7098
04/19/2005 07:18 2877910617

FFM BS
AETNA

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PAGE 01

804

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/Bill
←

FACSIMILE TRANSMITTAL SHEET

TO:	Dr. Frank Gonda Attention: Medical Records Representative	FROM:	Debi Harrison
COMPANY:		DATE:	04-18-05
FAX NUMBER:	864-578-7098	TOTAL NO. OF PAGES INCLUDING COVER:	5
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:	William Casey DOB: [REDACTED] 58	YOUR REFERENCE NUMBER:	
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE			

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

SDS
4/27/05

DOS 5-4-06 1-12-05
6-29-04 4-5-05
7-27-04
9-10-04
10-19-04

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MANN 026515

08/17/2005 15:03 864-578-7098
04/19/2005 07:18 2077918613

FFM BS
AETNA

PAGE 03 03/16

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6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that fact in Aetna has taken before we received your revocation will not be voided by this authorization.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M Casey</i>	Date <i>April 11, 2005</i>
Print Name <i>William M Casey</i>	

If not the Member, describe your relationship to the Member:

- ☐ Caregiver
☐ Legal Representative
☐ Other: _____

If Member's legal representative is signing, please print name and relationship to Member:

Return this completed form to: Attn: Aetna Life Insurance Company
P.O. Box 14554
Lexington, Kentucky 40512-4554

Telephone Number: 877-465-6424
Fax Number: 866-888-2308

ME
08-679492 (1-04)

Page 2 of 2 RPOB

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MANN 026516

5368

04- pt. notified Labo, Lipido terrible, S11, HDL ↓ (24) Start using low fat diet - ~~not mailed to pt~~; ↑ exercise at least 3x week ↓ 15 lbs. Repeat Labo fasting in 3-6 months GH

4/04 pt. in for rx + RF med - states 6 on pain scale - JTC

5/5/04 Samples given Lipitor 20mg # 28 samples
Drug Name # Dispensed

Lot Number: 03150927 3/04 Initials: JTC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/5/04 - pt. notified Labo, Lipido terrible, Begin Lipitor 20mg 7 A.M. # 28 samples. Lab in 4 weeks. GH

05/04/04

MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN

This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.

O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.

A: As above. He appears stable.

P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmin

DATE	TIME A	CALLER	PT NAME - CHART #	PHONE #	ALL P.S.C.O	MD
05/04/04	07:15	—	Mark Casey			Gonda
AGE	WT	BY	MEOS	RE		
		JTC				
- pt states he called about his mail order + states he should receive Ultram on Tue						
DISPOSITION - needs enough @ local pharm until then						
from 50mg 2 qid for pain						
#60/p						
DRUG STORE				BY	TIME	A P
CVS-RR						

pt notified persons much better

call to . receive DNR

MANN 026517

Mark Casey

2nd Pt. in for hosp. flu states they found a piece of metal in it + when they went to remove metal they punctured lung - states this has caused ↑ pain along w/ original pain - sister states pt was ↑ anxiety about going to MD (the reason she's in the room) - states 5 v pain scale - etc

6/29/04 Samples given Lipitor 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0365692 / 8/04 Initials: DM

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft starter kit # 1kit
Date Drug Name # Dispensed

Lot Number: 1119K03A / 7/1/05 Initials: DM

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04 MARK CASEY

17804

Frank E. Gonda, MD

CHEST WALL PAIN

ANXIETY DISORDER

RECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 128/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
- DNR: Frank E. Gonda, MD/jmm

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MANN 026518

11: Casey #17804
 2 - pt here for med check - problems or pain -
 2/04 notified pt of lab - cont. med - called in Rx - OK

07/27/04

MARK CASEY

17804

Frank E. Gonda, MD

E: DYSLIPIDEMIA

D: CHRONIC LOW BACK PAIN

H: DEPRESSION

CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.
- P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.

DNR: Frank E. Gonda, MD/ejb

I

8/17/04 Dismissed w/ Dr. Jay Grace - been seeing mark x 3 wks
 better on Zoloft, but wants to ↑. still lots of anxiety.
 ↑ Zoloft 100mg + p.o. #30/2 8/17/04
 CVS Reithville Rd 486-6990 JFG not:pt

11/10/04 Pt. states he was sent here by Dr. Grace - to discuss new med
 (Cymbalta) + ortho surg so pt can RTW - states 3 on pain scale - OK

11/10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 - D. Hannon

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MANN 026519

08/17/2005 15:03 864-578-7098

FFM BS

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09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN
DEPRESSION
CHEST WALL PAIN

- S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level at exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.
- O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.
- A: As above.
- P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.
- DNR: Frank E. Gonda, MD/ jmm

7

TIME A 09:30	CALLER W. Mark Casey	PT NAME - CHART #	PHONE # 481-9121	ALL: P.S.C.O.	MD Gonda
AGE 45	WT 180	BY JL	RE: 217804		
PT calling to see if he can up his dosage to 50 mg					
9/23/04 10:10 R/C 3pm					
DISPOSITION					
Cont Zoloft 100mg qd					
Add Zoloft 50mg qd					
DRUG STORE: CVS-4816					
BY: [Signature] TIME: A P					
G # 28 samples PT notified samples given 6/9/05 - DNR					

-we only had 2 boxes of Zoloft 50mg samples. Will call pt. when we get more in 10/1/04

9/23/04 Samples given Zoloft 50mg # 2bx
Date Drug Name # Dispensed
Lot Number: 0104099 13-1-04 Initials: [Signature]
Patient was educated regarding proper administration, drug interactions and possible side-effects. Patient has been instructed to call our office with any questions.

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MANN 026520

09/22/04

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.
DNR: Frank E. Gonda, MD/jmm

10/6/04 Samples given Zoloft 150mg # Dispensed 178
Date Drug Name # Dispensed
Lot Number: 0005204A 2406 Initials: JC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE 10/6/04	TIME 3:30 PM	CALLER Dr. Jay Grace	PT. NAME - CHART # Mark Casey 17804	PHONE # 560-1512	ALL P.S.C.O.	MD Gonda
WT.	E	BY JC	MEDS. Zoloft 150mg	RE		
Dr. has noticed that pt has improved some in certain areas, but feels that pt needs to be referred to a psychiatrist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Goodman - Notified Dr. Grace he suggested to wait and discuss w/ Dr. Gonda on Monday due to Dr. Gonda being off - A/C						
DISPOSITION OK to refer to psychiatrist						
DRUG STORE						
10/19/04 BY JC Notified Dr. Grace OK to refer						

10/19/04 H. in for rev - states his out of mind - states he on pain scale 2° back pain - JC

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MANN 026521

08/17/2005 15:03 864-578-7098

FFM BS

PAGE 09/16

10/19/04

VERMONT CASEY
mark

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 I: DEPRESSION
 I: HYPERCHOLESTEROLEMIA
 J: ANXIETY DISORDER

- S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.
- O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.
- A: As above.
- P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
 DNR: Frank E. Gonda, MD/jmm

F

12/29/04 - I faxed referral forms as well as records to Dr. Goodbar, I called him to let him know what's going on + he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20.

DNR

1/12/05 Pt. in for re-eval status 6 on pain scale - etc

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 G: ERECTILE DYSFUNCTION

- S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.
- O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.
- A: As above.
- P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
 DNR: Frank E. Gonda, MD/jmm

F

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MANN 026522

Casey
 6/15/05 pt. in for ref - ~~status~~ 7 on pain scale ID rel. - JTC
 (2nd chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

E: DYSLIPIDEMIA

G: ERECTILE DYSFUNCTION

H: DEPRESSION

I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmm

5-16-05 Samples given Toradol 145mg # 1 Box of 28
 Date Drug Name # Dispensed

Lot Number: 236662E2L X 2/04 Initials: JN

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5-16-05 pt. not for labo. No improvement in Trig & HDL. Doc. do diet & exercise crit hipster but ↓ to 40 mg 1/2 tablet qd.
 Add Toradol 145 mg 1 q 6 pm. 28 samples
 Lab in 4 weeks JN

6/28/05. pt. presents for chol. ✓; needs Rx. Lortab: pain score 7. esp. after meals.

6/28/05 Samples given Toradol 145mg # 1 box
 Date Drug Name # Dispensed

Lot Number: 270362E2L 7/1/06 Initials: DEmit

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

MANN 026523

06/17/2005 15:03

854-578-7898

FFM BS

PAGE -11/16

06/28/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.

O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.

A: Chronic low back pain, stable. Really unchanged.

P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.

A: Hyperlipidemia.

P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.

DNR: Frank E. Gonda, MD/jmm

TE	TIME A	CALLER	PT. NAME - CHART #	PHONE #	ALL. P.S.C.O	MD
16105	02:15	SELF	MARK CASEY #	680-5929		Gonda
AGE	WT	BY	MEDS	RE		
58		HK				
Jaime - pls. call						
8/16/05 pt. states he has disability form to be						
filled out - states we have form - told pt we have form -						
pt to get form + told him old form to see if we could						
fill out - OK						
I don't do disability forms -						
DISPOSITION	DRUG STORE	BY	TIME	A	P	

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026524

07070894 864-578-9735
 N. FRANK
 ILLS FAMILY MEDICINE
 OLD FURNACE RD.
 BOILING SPRINGS SC 29316-0008



LABORATORY REPORT

Patient Name	Patient ID/Accession ID	Room No.	Age	Sex	Physician
CASEY, WILLIAM	427804-UC		45	M	GONDA, FRANK
Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date
1	0865716	AT228586W	0865716	05/04/2004 09:33	05/04/2004
Remarks			Report Date & Time		
FASTING			05/05/2004 07:00		

SS#: [REDACTED]

Report Status	Test	Result	Units	Reference Range	Site Code
FINAL		In Range Out of Range			
PATIENT DATE OF BIRTH: [REDACTED] 1958					
LIPID PANEL					
	TRIGLYCERIDES	408 H	MG/DL	<150	AT
	CHOLESTEROL, TOTAL	238 H	MG/DL	<200	AT
	HDL CHOLESTEROL	29 L	MG/DL	> OR = 40	AT
	LDL CHOLESTEROL		MG/DL (CALC)	<130	AT
LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.					
	CHOL/HDL C RATIO	8.2 H	(CALC)	<5.0	AT
		14	U/L	2-60	AT

'AT' Indicates testing site: QUEST DIAGNOSTICS-ATLANTA
 1777 MONTREAL CIRCLE
 TUCKER GA 30084
 (770) 934-9205
 WILLIAM M MILLER, MD

>> END OF REPORT <<

5.5.04
 pt not tied

Lipids terrible
 Begin Lipitor 20mg
 + 5 AM # 28 samples
 Lab in 4 wks
 5/5/04

08/17/2005 15:03 864-578-7098

FFM BS

PAGE 13/16

28Jul 2004 18:41 FROM:LABCORP L... F6
To: DR.GONDA ATTN:JANICE/LAL

TO:18645787098

L...CORP
Foothills Family Medicine

PAGE 001

Specimen #		Type	Primary Lab	Report Status	Pg																												
209-536-0398-0		R	BN	Final	1																												
Time 0942																																	
CD- 20236201421																																	
Patient Name																																	
CASEY, WILLIAM																																	
Sex M Age (Yr/Mo) 045/08/24																																	
Date Collected 07/27/04 Date Entered 07/27/04 Date Reported 07/28/04 0425																																	
LabCorp LabCorp Division of Quest Diagnostics Clinical Information DOB: [REDACTED] /58 Fasting: Y Physician ID GONDA Patient ID 217804-WC Foothills Family Medicine 39110130 Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs, SC 29316 864-578-9735 UPIN: D17701																																	
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB																												
Lipid Panel With LDL/HDL Ratio																																	
Cholesterol, Total	238 →	204	H mg/dL	100 - 199	BN																												
Triglycerides	148 →	314	H mg/dL	0 - 149	BN																												
HDL Cholesterol	29 →	41	mg/dL	40 - 59	BN																												
VLDL Cholesterol Cal		63	H mg/dL	5 - 40																													
LDL Cholesterol Calc	3 →	100	H mg/dL	0 - 99	--																												
Comment	BN																																
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below. <table> <tr> <th>Risk Category</th> <th>LDL Goal mg/dL</th> <th>LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)</th> <th>LDL Level (mg/dL) at which to consider Drug Therapy</th> </tr> <tr> <td>CHD</td> <td><100</td> <td>>100</td> <td>>or=130</td> </tr> <tr> <td>2+ Risk Factors</td> <td><130</td> <td>>or=130</td> <td>>or=130</td> </tr> <tr> <td>0-1 Risk Factors</td> <td><160</td> <td>>or=160</td> <td>>or=190</td> </tr> </table> LDL/HDL Ratio 2.4 ratio units 0.0 - 3.6 <table> <tr> <th colspan="2">LDL/HDL</th> </tr> <tr> <th>Men</th> <th>Women</th> </tr> <tr> <td>1/2 Avg. Risk 1.0</td> <td>1.5</td> </tr> <tr> <td>Avg. Risk 3.6</td> <td>3.2</td> </tr> <tr> <td>2X Avg. Risk 6.3</td> <td>5.0</td> </tr> <tr> <td>3X Avg. Risk 8.0</td> <td>6.1</td> </tr> </table> ALT (SGPT) 23 ✓ IU/L 0 - 40 BN						Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy	CHD	<100	>100	>or=130	2+ Risk Factors	<130	>or=130	>or=130	0-1 Risk Factors	<160	>or=160	>or=190	LDL/HDL		Men	Women	1/2 Avg. Risk 1.0	1.5	Avg. Risk 3.6	3.2	2X Avg. Risk 6.3	5.0	3X Avg. Risk 8.0	6.1
Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy																														
CHD	<100	>100	>or=130																														
2+ Risk Factors	<130	>or=130	>or=130																														
0-1 Risk Factors	<160	>or=160	>or=190																														
LDL/HDL																																	
Men	Women																																
1/2 Avg. Risk 1.0	1.5																																
Avg. Risk 3.6	3.2																																
2X Avg. Risk 6.3	5.0																																
3X Avg. Risk 8.0	6.1																																
Lab: BN LabCorp Burlington Director: Frank Hancock, MD 1447 York Court Burlington, NC 27215-2230 For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439 Last Page of Report																																	

8/2/04 - notified pt
- called in Lipitor
#30/2
Tqd ✓

Lipids improved.
cont Lipitor 20mg
work on diet
Flu 3 months

CMS
7/28/04

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-762-4344

CASEY, WILLIAM

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Report Date: 07/28/04 Report Time: 10:20 ET All Rights Reserved

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MANN 026526

Laboratory Corporation of America

PECIMEN -536-0800-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION FASTING: Y PHONE: 864-486-9131 DUB: [REDACTED] 1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR./MOS.) 45 / 11	
PT. ADD.:				
DATE OF SPECIMEN 10/19/2004	TIME 9:55	DATE RECEIVED 10/19/2004	DATE REPORTED 10/20/2004	TIME 5:45
1276				
CLINICAL INFORMATION CD- 20236202221 PHYSICIAN ID. GONDA F PATIENT ID. 217804-WC ACCOUNT: FOOTHILLS FAMILY MEDICINE DRS DURHAM AND GONDA 2212 Old Furnace Rd Boiling Springs SC 29316-0000 ACCOUNT NUMBER: 39110130				

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	204 → 189 ✓ mg/dL	100 - 199	BN
Triglycerides	314 → 347 H mg/dL	0 - 149	BN
HDL Cholesterol	29 → 41 → 30 L mg/dL	40 - 59	BN
VLDL Cholesterol Calc	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	100 → 90 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	3.0 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	34 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

10-23-04
P. H. H. J. H.

T.G. & LDL good
↑ trig & ↓ HDL
must work on diet +
some exercise
cont Lipitor
10/22/04 F

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

MANN 026527

08/17/2005 15:03 864-578-7098

FFM BS

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

ECIMEN 1-536-0502-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
17804 FAS'ING: Y PHONE: 864-486-9131 DOB: 1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR/MOS.) 46 / 6	
PT. ADD.:				
DATE OF SPECIMEN 5/11/2005	TIME 8:40	DATE RECEIVED 5/11/2005	DATE REPORTED 5/12/2005	TIME 5:43 3125
TEST		RESULT		

CLINICAL INFORMATION CD- 20236202829	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	184 ✓ mg/dL	100 - 199	BN
> Triglycerides	507 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			
LDL/HDL			
Men Women.			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	23 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

5/13/05
Lm do call back
5/16/05
pt. no t
5/13/05

No improvement in
trigs + HDL.
Coke to diet + exercise
court Lipitor but 1/2 way
Add tricore 145mg 8 PM
at 28 samples
Lab in 4 wks
5/13/05 F

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 131-536-0502-0	Seq #: 3125

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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MANN 026528

08/17/2005 15:03 864-578-7098

FFM BS

PAGE 16/16



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

PECIMEN -536-0344-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
17804 FASTING: Y PHONE: 864-486-9131 DOB: [REDACTED]/1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR./MOS.) 46 / 7	
PT. ADD.:				
DATE OF SPECIMEN 6/28/2005	TIME 9:01	DATE RECEIVED 6/28/2005	DATE REPORTED 6/29/2005	TIME 5:44 3542

CLINICAL INFORMATION CD-20236203231	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	184 → 187 ✓ mg/dL	100 - 199	BN
> Triglycerides	507 → 245 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Calc	49 H mg/dL	5 - 40	
> LDL Cholesterol Calc	3 → 108 H mg/dL	0 - 99	

Comment

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal	LDL Level (mg/dL)	LDL Level (mg/dL)
	mg/dL	at which to initiate	at which to
		Therapeutic Lifestyle	consider Drug
		Changes (TLC)	Therapy

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
LDL/HDL Ratio	3.6	ratio units	0.0 - 3.6

LDL/HDL
Men Women

1/2 Avg. Risk	1.0	1.5
Avg. Risk	3.6	3.2
2X Avg. Risk	6.3	5.0
3X Avg. Risk	8.0	6.1

ALT (SGPT)

18 ✓ IU/L

Please note reference interval change

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

6/29/05

Phone Disc CH

7-508

pt notified

Lipids improved
cont'd Lipids &
Triglyceride
Flu 3mths
6/29/05

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 179-536-0344-0	Seq #: 3542

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

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MANN 026529



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

Debi DiFiore
Long Term Disability Analyst

File Copy

August 9, 2005

William M. Casey
240 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

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

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Attending Physician's Statement Behavioral Health and copies of your office visit notes from Dr. Gonda covering the timer period of May 2004 through the present. . To date, we have not received this requested information.

Your monthly benefits will be terminated, if we do not receive documentation within 30 days of the date of this letter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi DiFiore
Aetna Life Insurance Company

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MANN 026530

04/19/2005 07:10 2877910613

AETNA

PAGE 01

F.304

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/BILL
←

FACSIMILE TRANSMITTAL SHEET

TO: Dr. Frank Gonda
Attention: Medical Records
Representative

FROM: Debi Harrison

COMPANY:

DATE:

04-18-05

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

864-578-7098

5

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

William Casey
DOB: [REDACTED]-58

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

SDS
4/27/05

NOS 5-4-04 1-12-05
6-29-04 4-5-05
7-27-04
9-10-04
10-19-04

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026531

Mr. Casey
4/5/05 Pt. in for re-eval - stated 7 on pain scale - ID rel. - JTC
(2° chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION
I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.i.n.

DNR: Frank E. Gonda, MD/jmm

MANN 026532

Frank E. Gonda, MD.

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together
DNR: Frank E. Gonda, MD/jmm

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

9/9/01 H. in for res - states his out of mid - states 6 on pain scale 2^o back pain - etc

10/19/04

VERMONT CASEY
mark

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
H: DEPRESSION
I: HYPERCHOLESTEROLEMIA
J: ANXIETY DISORDER

- S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.
- O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.
- A: As above.
- P: Renew medications which include: Ullram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
- DNR: Frank E. Gonda, MD/jmm

10/29/04 - I faxed referral forms as well as records to Dr. Goodbar. I called pt. to let him know what's going on & he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20

11/2/05 Pt. in for re-eval to on pain scale - MC

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
G: ERECTILE DYSFUNCTION

- S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.
- O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.
- A: As above.
- P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
- DNR: Frank E. Gonda, MD/jmm

William Casey #17804
 2/27 - pt here for med check - & problems or pain ques
 2/27 Notified pt of lab - cont. med - called in Rx - etc

07/27/04 MARK CASEY 17804 Frank E. Gonda, MD

E: DYSLIPIDEMIA
 D: CHRONIC LOW BACK PAIN
 H: DEPRESSION
 CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.
- P: Diagnosis as above. He appears stable. Of note is that he has not returned to work yet. Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.
- DNR: Frank E. Gonda, MD/ejb

8/17/04 Discussed w/ Dr. Jay Grace - been seeing mark x 3 wks
 better on Zoloft, still wants to T. still lots of anxiety.
 ↑ Zoloft 150mg + po q.d #30/2 8/17/04 pt
 CR & Greenville Rd 486-6990 apt - not F

11/10/04 Pt. states he was sent here by Dr. Grace - to discuss new med
 (Cymbalta) + ortho surg so pt can RTW - states 3 on pain scale - etc

11/10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 — Dr. Hannon

MANN 026535

09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
H: DEPRESSION
CHEST WALL PAIN

- S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloff to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level of exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.
- O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.
- A: As above.
- P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloff for three weeks.
- DNR: Frank E. Gonda, MD/jmm

7

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.C.O.	MD
9/23/04	1:30	W. Mark Casey		486-9131		Gonda
AGE	WT	BY	MEDS	RE:		
			On Zoloff	217804		
Pt calling to see if he can up his dosage to 30 mg						
9/23/04 10:10 R/C 3pm						
DISPOSITION						
Cont Zoloff 100mg qd F/U 4 wks 7						
Add Zoloff 50mg qd						
Lot # 28 samples pt notified samples given 9/30 -DNR						
DRUG STORE		BY		TIME		A
CWS-486-						P

-we only had 2 vials of Zoloff 50mg samples will call pt. when we get more in DNR

9/23/04 Samples given Zoloff 50mg # 2/x
Date Drug Name # Dispensed
Lot Number: 0104099 13-1-06 Initials: D.M.M.C.
Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with

MANN 026536

2-10-04 pt. notified labo, Lipids variable, still
 WDH ↓ (ab) Start moving low fat
 diet - Sup maintained w/pt, ↑ exercise
 at least 3x week ↓ 15 lbs.
 Repeat labo fasting in 3-6 months gH

7/4/04 Pt. in for w/ + RF medo - states 6 on pain scale - JH

5/5/04 Samples given Lipitor 20mg #28 samples
 Drug Name # Dispensed

Lot Number: 03650927 3/04 Initials: JH

Not educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with any questions or problems.

5/5/04 - pt. notified labo, lipids variable, Begin
 Lipitor 20mg 7 A.M. #28 samples
 Lab in 4 weeks gH

05/04/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.

O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.

A: As above. He appears stable.

P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/ jmm

DATE 5/20/04	TIME 9:15	CALLER —	PT NAME - CHART # mark Casey	PHONE #	ALL PSCO	MD Gonda
AGE —	WT —	BY JH	RE: <u>pt states he called about his mail order + states she should receive Ultram on Tues</u>			
DISPOSITION <u>- needs enough @ local pharm until then</u>						
<u>am 50mg 2 q.i.d. for pain</u>						
DRUG STORE <u>#50/4</u>			BY <u>CS-RL</u>	TIME	A P	

pt notified persons much better

Call to Dr. Gonda

MANN 026537

Mark Casey

1/29/04 Pt. in for hosp. flu states they found a piece of metal in chest & when they went to remove metal they punctured lung - states this has caused ↑ pain along w/ original pain - sister states pt has ↑ anxiety about going to MD (the reason she's in the room) - states 5 on pain scale - etc

6/29/04 Samples given Lipitor 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0345092 / 8/04 Initials: DMu

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft 50mg # 1kit
Date Drug Name # Dispensed

Lot Number: 1118K03A / 7/1/05 Initials: DMu

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04

MARK CASEY

17804

Frank E. Gonda, MD

CHEST WALL PAINANXIETY DISORDERRECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 126/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
- DNR: Frank E. Gonda, MD/jmm

MANN 026538

TIME A 17:00	CALLER William Casey	PT. NAME - CHART #	PHONE # 486-9131	ALL-PS.CO	MO
AGE 58	BY ALL	MECS	RE 0217804		
Has a question about MRI test					
DISPOSITION 17:04 RT Lortab + Viagra - states he goes back for another epidural right now b/c he's trying to pay last one off. gtc How can we be so depressed, so much pain, losing things & gtc will have sex 2-3x/wk. Lortab keeps him. No Refills F - states he may see 4 me ul & make the next 17:04 will call tomorrow for appt next ul					
DISPOSITION					
DRUG STORE					
BY: gtc TIME: A P					

2/10/04 RT. in for me ✓ + RT meds - states 6 on pain scale - gtc
(70, 1 BP)

02/10/04 (William)
MARK CASEY

13640

Frank E. Gonda, MD

17804

D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION

- S: This 45-year old white male is in for follow up of the above problems and medicine refill. He is tells me he has discontinued his Effexor. He does not feel depressed. He stopped it about a month ago. He was having a problem with delayed ejaculation so he discontinued it. He needs a refill on Viagra. It works well and he has had no problems with it. He has been taking the Bextra twice a day and wants to know if we can increase the dosage. He continues to have chronic low back pain. It is worse after long days at work. He is having some joint pains in his hands also.
- O: Patient is in no distress. Blood pressure is 134/96. Pulse is 88. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion and mild tenderness in the lumbosacral area. Straight leg raising is weakly positive bilaterally with full extension. Deep tendon reflexes are 2+. Hands reveal no swelling, no redness and no heat.
- A: As above. He appears stable. He has stopped his antidepressant. Review of chart shows that his lipids have been elevated in the past. He was supposed to start on Niacin but he says he never did.
- P: Check a lipid profile and an ATL. Treat lipids if needed. Renew Viagra, 100 mg one p.o. one hour prior to relations #10 with five refills. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Increase Bextra, 20 mg one q.-day #90 with one refill. That is for mail order. Follow up in three months or p.r.n.

Frank E. Gonda, MD/dlg

7

MANN 026539



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

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

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

(a) Control Number N/A - LICENSED PSYCHOLOGIST

(b) WILLIAM MARK CASEY

(c) Patient Name (Last, First, Middle Initial) WILLIAM MARK CASEY Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) [REDACTED] Height 5'8" Weight (lb) 160 LBS

(d) Patient Gender ☒ Male ☐ Female

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

(f) Mailing Address, if different from Home address NEW EDITIONS, 1000 S. SPARTANBURG, S.C. 29388

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

(h) Patient Telephone Number [REDACTED] ☐ Check if New

(i) Job Title/Occupation TERMINATED

(j) Type of Claim: ☐ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☒ Long Term / Permanent Total Disability

2. Physician Instructions

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

3. Impairing Diagnosis & Treatment

SM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an "X")

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 300.21 ICD-9 codes 296.23
AXIS II Primary Diagnosis [REDACTED] Secondary Diagnosis: [REDACTED] ICD-9 codes 300.213
AXIS III Primary Diagnosis 294.11 Secondary Diagnosis: [REDACTED] ICD-9 codes 294.113
AXIS IV Primary Diagnosis OCCUPATIONAL Secondary Diagnosis: ECONOMIC & SOCIAL
Axis V (GAF) CURRENT 50 High last year 50 Goal for return to work NOT PRESENTLY
(Please support GAF with objective findings in the symptom assessment section below) FEASIBLE

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE
PERIODIC PANIC EPISODES, POOR GROSS MOTOR & FINE MOTOR COORDINATION,
ANEMIA, MEMORY LAPSES AND FORGETFULNESS, AND NAUSEA/VOMITING X1 WK.

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

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

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

TREATMENT

(a) Medication(s) / Dose / Frequency: LYMBALTA 60MG BID, CONCERTA (3 DOSEAGE)
PLUS OTHER MEDS PRESCRIBED BY JEREMY SMITH, MD, PSYCHIATRIST, GREENVILLE, SC.

(b) Impairment from medication effects: NAUSEA AND VOMITING
Compliant with meds? (SAME)

(c) Recent hospitalization? (where, when) SEE MED. RECORDS OF FRANK GONDA, MD & CHARLES FERGUSON, MD.

(d) Office visit dates: First 8-1-04 Last 7-19-05 Next 7-26-05 Frequency of appointments 2 WKS

(e) Compliant with tx? YES Tx Goals HELP HIM GAIN EMOTIONAL STABILITY
WHILE MD. EFFORTS ARE BEING MADE TO HELP HIM OBTAIN MAXIMUM PHYSICAL (ORGANIC) IMPROVEMENT.

Patient Name (Last, First Middle Initial) Required

CASEY, WILLIAM MARK

4. History

- (a) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe.
- (b) Is condition due to injury or illness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown
- (c) Name / Specialty / City / State of other Treating Physicians or Therapists
- Name FRANK GONDR, M.D. Specialty FM. MED. City SPARTANBURG State S.C.
- Name DAVID RAY SMITH, M.D. Specialty PSYCHIATRY City SPARTANBURG State S.C.
- Name CHARLES TOGGETT, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

5. Abilities/Limitations

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

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

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

SEE "SYMPTOM ASSESSMENT" SECTION OF THIS FORM

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

UNABLE TO PERFORM IN ANY JOB CAPACITY AT PRESENT TIME

- Number of Hours patient is capable of working in a day: N/A ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities Month 8-1-04 Day 1 Year 2004
- How long are these restrictions/limitations in effect? POSSIBLY WILL NEVER RECOVER FUNCTION ☒ No Longer
- Estimated return to work date? UNABLE TO DETERMINE modified duty POSSIBLY NEVER full duty POSSIBLY NEVER

(e) Other Comments

6. Current Status

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

allent Name (Last, First Middle Initial), Required

7. Regulation Notice

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

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

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

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

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

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

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

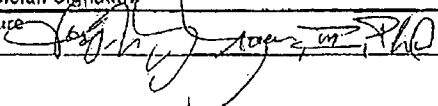
Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

8. Physician Certification

Attending Physician's Name (Print) JOSEPH G. GRACE III	Degree P.h.D.	Specialty PSYCHOLOGY
Address (No. Street, City, State, Zip Code) 853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	Telephone Number (864) 560-1512	Fax Number (864) 560-1525

9. Physician Signature

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

JOSEPH G. GRACE III, PH.D
ASSOCIATE PROFESSOR OF FAMILY MEDICINE
LICENSED COUNSELING PSYCHOLOGIST

Spartanburg Regional Healthcare System
Center for Family Medicine
455 N. Church St., Suite 510
Spartanburg, SC 29303

Phone: (864) 560-1511
Fax: (864) 560-1510
Home: (864) 515-9744
E-Mail: jgrace@srhs.com
www.spartanrhc.org

MANN 026543

04/19/2005 07:21 2077910613

AETNA

PAGE 01

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

FACSIMILE TRANSMITTAL SHEET

TO:		FROM:	
Dr. Joseph Grace Attention: Medical Records Representative		Debi Harrison	
COMPANY:		DATE:	
		04-18-05	
FAX NUMBER:		TOTAL NO. OF PAGES INCLUDING COVER:	
864-560-1510		5	
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:		YOUR REFERENCE NUMBER:	
William Casey DOB: [REDACTED]-58			

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

RECEIVED APR 19 2005

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026544

04/19/2005 07:21 2077910613

AETNA

PAGE 02

Page 1 of 2)



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY	First Name William	Member Initial WJ
Member ID Number / Social Security Number [REDACTED]	Daytime Telephone Number [REDACTED] 7953	Evening Telephone Number [REDACTED]
Street Address 11111111111111111111	City, State and Zip WILSON, PA SC 29388	

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):

Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care services treatment (including but not limited to treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following person or organizations (or classes of persons or organizations):

Providers, including but not limited to, physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):

When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

ME
072462 (1-04)

Page 1 of 2 R-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026545

5397

6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that action will not be taken before we receive your revocation letter. The revocation letter must be signed by you.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative	Date
<i>William M. Casey</i>	<i>April 11, 2005</i>
Print Name	
<i>William M. Casey</i>	

If not the Member, describe your relationship to the Member:

- ☐ Caregiver
☐ Legal Representative
☐ Other

Signature of Member or Legal Representative

Return this completed form to:

At:
 Aetna Life Insurance Company
 P.O. Box 14554
 Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
 Fax Number: 366-886-2308

ME
 04/19/2005 07:21

Page 2 of 2 R-P00

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026546



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions – The Physician will complete Sections 2 through 9.

The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

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

(a) Control Number 607472

(b) CASEY, WILLIAM MARK 1-546- [REDACTED] --58 15'8" 170
 Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender ☒ Male ☐ Female

(d) WOODBRIDGE, S.C. 29388
 Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) ☐ Check if New

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

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

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

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

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

2. Physician Instructions:

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

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

3. Impairing Diagnosis & Treatment

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

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

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

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

AXIS IV Primary Diagnosis CONTINUAL PAIN Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

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

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

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT, CATASTROPHIC THINKING, INABILITY TO LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SORATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO COPE WITH NORMAL LIFE STRESSORS.

(b) Objective findings (include mental status findings, testing results, rating scales, etc): BEHAVIORAL MENTAL STATUS EXAM, AND MAP I - II INDICATING MODERATE ANX. AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLEWED IN THOUGHT & ACTION,

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

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

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

(b) Impairment from medication effects: SEDATION

Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH SYMPTOMS.

(d) Office Visit dates: First 8-4-04 Last --- Next --- Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists: (NOT DIRECTLY)
 Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
 Name FRANK GONDA, M.D. Specialty FAM. PRACT. City " State "
 Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

AP DT 01-002 ME
 GC-1493-1 (0-03)

Page 1 of 2 RIA-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026547

Patient Name (Last, First Middle Initial) Required

WILLIAM CASSEY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds?

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	☒	☐	☐	☐
Able to work with others	☒	☐	☐	☐
Able to give supervision to others	☒	☐	☐	☐
Able to work cooperatively with others in group settings	☒	☐	☐	☐
Able to maintain persistence to task	☒	☐	☐	☐
Able to maintain attention and concentration	☒	☐	☐	☐
Able to work alone or in physical isolation from others	☒	☐	☐	☐
Able to interact with supervisors	☒	☐	☐	☐
Able to interact with public/customers	☒	☐	☐	☐
Able to use judgement and make decisions	☒	☐	☐	☐
Able to attain set standards and limits	☒	☐	☐	☐
Able to direct, control or plan activities of others	☒	☐	☐	☐

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):

SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)

LIMITED RESTRICTION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES• Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day NONE• Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week NONE• Date you prescribed restriction on work activities: Month 8 Day 4 Year 04• How long are these restrictions/limitations in effect? UNTIL ANXIETY AND DEPRESSION No Longer• Estimated return to work date? ROUGH ESTIMATE Days 12 Weeks 1/2 TIME Months INITIALLY

(e) Other/ Comments

6. Current Status

(a) Patient is/has ☒ Improved ☐ Unchanged ☐ Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?

☐ No ☒ Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print)	Degree	Specialty
<u>JOSEPH G GRACE, III</u>	<u>P.H.D.</u>	<u>CLINICAL/COUNSELING PSYCHOLOGY</u>
Address (No, Street, City, State, Zip Code)	Telephone Number	Fax Number
<u>853 N CHURCH ST, SUITE 510</u>	<u>(864) 560-1512</u>	<u>(864) 560-1565</u>
<u>SPARTANBURG, S.C. 29303</u>		

9. Physician Signature

Signature	Date (MM/DD/YYYY)
<u>[Signature]</u>	<u>10-19-04</u>

PERSONAL INVENTORY

IDENTIFICATION DATA

Today's Date Aug 4, 2004

Name: William Mark Casey M L F

Address _____

City Woodruff State SC Zip Code 29388

Telephone (home) _____ (work) 864 680-5729 Other Contact # Charles Casey - sister

Age 45 Date of Birth 11-03-58 SS# [REDACTED] Height 5'8" Weight 170

Marital Status (Circle One) Married Single Divorced Separated

Education 1/2 college Occupation production Employer Michelin Tire

Insurance Company Blue Cross / Blue Shield

Name of Insured William Mark Casey Group# _____

Insured's SS# 251-02-2977 Insured's Date of Birth 11-03-58

Insured's Employer Michelin Tire

Relationship of Insured to Patient Self

Referred by Dr. Wilson Smith

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MANN 026549

HEALTH INFORMATION

Rate your physical health (check one) Very Good ___ Good ___ Average ___ Declining ☒ ___

Weight changes recently Lost ___ Gained ☒ ___

List all present or past illnesses or injuries _____

Date of last medical exam _____ Physician Dr. Gonda

His/Her address Boliggs Springs Telephone # _____

Please list any medications you are currently taking Lipitor tramadol

oxycodone zolof

Have you ever had a significant emotional crisis? Yes ___ No ___

PERSONAL ASSESSMENT

Circle any of the following that apply to you:

Headaches	Impulsive	Stealing
<u>Behavioral problems</u>	Stomach trouble	Dizziness
Nightmares	School suspension	<u>Tense feelings</u>
Depressed	Hyperactive	Inferiority feelings
Inattentive	<u>Fatigue</u>	Tremors
Suicidal ideas	Overly ambitious	Shy with people
Memory problems	Sexual acting out	Lying
Fainting spells	No appetite	Can't made decision
Can't make friends	Problems with alcohol	Problems with drugs
Home conditions bad	Feel panicky	Unable to have a good time

Others _____

My reasons for seeking counseling at this time Referral

MANN 026550

FEE AGREEMENT

Individuals, couples and families are provided counseling and/or psychological testing by Joseph Grace, III, Ph.D., Licensed Counseling Psychologist. The cost for all services is \$60.00 per hour, including the first (consultation) session.

In the event you must miss a scheduled appointment, please cancel as early as possible to allow us to schedule someone else for that hour. Failure to cancel your appointment at least 24 hours in advance will result in you being billed at the regular rate (except in the case of illness).

Signature of Client William M Casey Date Aug 4, 2004

Inquiries with the Board of Examiners in Psychology may be reached at the following address:

South Carolina Board of Examiners in Psychology
P.O. Box 11329
Columbia, S.C. 29211-1329

MANN 026551

*Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512*

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] /58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey
(10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

MANN 026552

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale - 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the "average" range of intellectual functioning (90 - 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol - Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter-Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol - Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

MANN 026553

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

MANN 026554

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

MANN 026555

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

MANN 026556

UTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services • Greenville Regional Office
Post Office Box 3090 • Greenville, SC 29602 • (864) 282-4000, 1-800-868-1950, (864) 282-4473 FAX

June 20, 2005

JOSEPH G GRACE III MD
853 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303
DR GRACE:

RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED]/58

FOLLOW-UP REQUEST FOR INFORMATION

On 05/31/05, we requested information from you so that we could make a disability determination for the above-named individual. Because treating source records are vital to the decision, we are following up to make sure you received our original request.

If you did not receive our original request, please contact us so that we can send you another letter detailing the specific information needed.

If you have received our request, we would appreciate your response as soon as possible. If your response is not received within 10 days, we may have to make a decision without benefit of your records. If you have mailed your response, please disregard this letter.

Please include our original letter with your response. Please call if you have questions.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473
Claim No: D91109



RQID: 0035801454D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: a5f0

TIDN: 0035801454

F1 (8/04)
DMA: Y

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MANN 026557

PIEDMONT PSYCHIATRIC SERVICES

Woodruff Road Professional Park ~ 2094 Woodruff Road ~ Greenville, SC 29607

Phone: (864)676-9211 ~ Fax: (864) 676-9432

FACSIMILE TRANSMITTAL SHEET

To: Dr. Grace	From: Shylah Perkins, Medical Records
FAX NUMBER: 864-560-1510	Date: November 15, 2004
ATTN:	RE: William Casey
PHONE NUMBER: 864-560-1512	DATE OF BIRTH: -58
# OF PAGES INCLUDING COVER: SS #: 4	

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS: Please see attached notes from last week's visit with Dr. Smith and Al Bennett.

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MANN 026558

Casey, William M. [REDACTED] 1958
 Office/Outpatient Visit
 Date: Wed, Nov 10, 2004 04:38 pm
 Provider: Al Bennett, LPC, LPC
 Location: Piedmont Psychiatric Services

1 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC:

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr. Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbances (MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopelessness. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Bulging disk, back pain
 Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month

Substance Abuse History:

Denies.

Mental Health History:

Recent counseling with Jay Grace, PhD.

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ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026559

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Date: Wed, Nov 10, 2004 04:38 pm

Provider: Al Bennett, LPC, LPC

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm

Current Medications:

Zolof 150mg qd past 6 weeks.

Ambien pm

OBJECTIVE:Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

296.22 Major depression, single episode, moderate

DDx:

R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis.

AXIS III: See PMH and HPI above.

AXIS IV: Family, employment, health.

AXIS V: Current GAF 50-55.

PLAN:Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:

80801*T Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

MANN 026560

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 05:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/10/2004 at 5:44 pm

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs pm insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exam:

Exam is unremarkable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs pm insomnia.

Ret. in 3-4 wks

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90962 Pharmacologic management with no more than minimal medical psychotherapy

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MANN 026561



MICHELIN

MICHELIN TIRE MANUFACTURING
 US-3 Facility Personnel
 Post Office Box 5049
 Spartanburg, SC 29304
 864-599-3157, Office
 864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
 (FOR EXTENDED LEAVES OF ABSENCE)**

Date: _____

Employee's Name: William Mark Casey

Address: _____

Date original medical leave of absence: May 28, 2004

Expected date of return to work: Dec. 6, 04 (ESTIMATE)

Physical findings (diagnosis): PT. IS STILL SUFFERING FROM
SERIOUS SIGNIFICANT SYMPTOMS OF MAJOR DEPRESSIVE
DISORDER (296.23). HIS ANXIETY SYMPTOMS HAVE DECREASED
MARKEDLY BUT HE IS EXHIBITING MODERATE TO SEVERE ANhedonia,
LETHARGY, LOSS OF MOTIVATION FOR ALL ACTIVITIES, DECREASED TOLERANCE,
SOCIAL WITHDRAWAL, AND DECREASED CONCENTRATION AND ENERGY.

Treatment and/or recommendation:
WEEKLY (COGNITIVE BEHAVIORAL) PSYCHOTHERAPY WITH ME
AND PHARMACOTHERAPY WITH DR. JEFFREY SMITH, GREENVILLE

PSYCHIATRIST. PT. ALSO BEING FOLLOWED (EVALUATION AND TREATMENT)
BY WILSON SMITH, M.D.,
SPARTANBURG, PULMONOLOGIST, 853 NORTH CILIZCH ST., SUITE 510

Address: SPARTANBURG, SC, 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCK/SP/FORMS/DIRKTY.DOC

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MANN 026562



MICHELIN

MICHELIN TIRE MANUFACTURING

US-3 Facility Personnel

Post Office Box 5049

Spartanburg, SC 29304

864-599-3157, Office ~~599-3158~~

864-599-3222, Fax ~~599-3223~~

5993157
599-3222

ATTENDING PHYSICIAN'S REPORT (FOR EXTENDED LEAVES OF ABSENCE)

Date: 8-12-04

Employee's Name: WILLIAM MARK CASEY

Address: WILSON LANE, WOODRUFF, SC, 29388

Date original medical leave of absence: ABOUT 6-3-04

Expected date of return to work: 9-7-04 (ESTIMATE)

Psychological
Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER (309.81) AND GENERALIZED ANXIETY DISORDER (300.02)

Treatment and/or recommendation: PSYCHOTROPIC MEDICATIONS:

ZOLOFT (AN ANTI-DEPRESSANT) AND SONIA (FOR INITIAL AND TERMINAL SLEEP DISTURBANCES)

Address: JOSEPH G. GRACE, Ph.D.,
LICENSED PSYCHOLOGIST M.D.
OUT PATIENT CENTER - SRHS
853 N. CHURCH ST. SUITE 510
SPARTANBURG, S.C. 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCP/SP/FORMS/DLXKTLV.DOC

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MANN 026563



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: SEPT. 27, 2004
Sept 7, 2004

Employee's Name: William Mark Casey

Address: 1111 SEVEN MILE

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCE

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AN INABILITY TO COPE WITH NORMAL LIFE STRESSES, AND DECREASED MOTIVATION.

Treatment and/or recommendation: FOR ALL ACTIVITIES, CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

INCREASE ZOLOFT TO 150 MG. QD (OCCURRED 9-23-04), SWITCH TO OR COMBINE CYMBALTA (SEE ACCOMPANYING LETTER TO DR. GORDON), CONSIDER ADDING BUSPAR FOR ANXIETY, AND REFER TO PSYCHIATRIST IF NOT SIGNIFICANTLY IMPROVED IN THREE WEEKS.

DXS. MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE (296.2), POSTTRAUMATIC STRESS DISORDER - RESOLVING (309.81), GENERALIZED ANXIETY DISORDER (300.02)

JOSEPH G. GRACE, III, M.D., SUIT PATIENT CENTER - SAHS, SPARTANBURG, S.C. 29303, (853 N. CHURCH ST., SUITE 570)

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or part pay during medical leave of absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/CS/FORMS/DEKTYL.DOC



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Debi Harrison
Long Term Disability Analyst

File Copy

**

June 16, 2005

William M. Casey

Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

On April 18, 2005, we faxed a request to Dr. Gonda and Dr. Grace asking them to fully complete an Attending Physician's Statement Behavioral Health and to provide us with copies of your office visit notes covering the time period of May 2004 through the present. To date, we have not received this requested information. Please contact your providers to expedite this request.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026565



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Disability Unit
877-465-0424
866-888-2308
Aetna Life Insurance Company
**

File Copy

0917186100631

May 2, 2005

William M. Casey

Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is in reference to your ongoing claim for LTD benefits.

Under the terms of your LTD coverage, your monthly benefit is an amount based on your monthly pre-disability earnings. Certain other income benefits are taken into account when computing your LTD benefit. According to your group policy Other Income includes, but is not limited to, the following:

Benefits under the Federal Social Security Act, the Railroad Retirement Act, the Canada Pension Plan, and the Quebec Pension Plan. Other income benefits include those, due to your disability or retirement, which are payable to: you; your spouse; your children; your dependents.

As discussed, you should immediately file an application for Social Security Disability (SSD) benefits, and provide us with a copy of the Proof of Filing of your application.

Under the terms of your LTD coverage, we reserve the right to estimate and offset the amount of your social security disability if you fail to provide us with documentation of your SSD application. Accordingly, please provide us with this information by no later than 30 days. Enclosed is a self-addressed return envelope for your convenience.

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MANN 026566

2

May 2, 2005
William Casey

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter.

Thank you for your cooperation. If you have any questions, please call 1-877-465-0424.

Sincerely,

Disability Unit/MRR
Aetna Life Insurance Company

0617200200027



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

091720060266

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY	First Name William	Middle Initial rn
Member ID Number / Social Security Number [REDACTED]	Birthdate (MM/DD/YYYY) 1958	Daytime Telephone Number (include area code) [REDACTED]
Street Address 111 Woodruff Lane	City, State and Zip Woodruff SC 29388	

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim)

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):

Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to, medical records, histories, physical or diagnostic examinations reports and treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following persons or organizations (or classes of persons or organizations):

Providers, including but not limited, to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):

When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

ME
GR-67940-3 (1-04)

Page 1 of 2 - R-POD

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MANN 026568

0917 000200201

Important: Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that actions Aetna has taken before we received your revocation will still be valid under this authorization
- You may receive a copy of this form if you request it in writing from the address listed below

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M Casey</i>	Date <i>April 11, 2005</i>
Print Name <i>William M Casey</i>	

If not the Member, describe your relationship to the Member:

- ☐ Caregiver
☐ Legal Representative
☐ Other: _____

If Member's legal representative is signing this Authorization, you must furnish a copy of the health care power of attorney, or other relevant document designating you as the representative.

Return this completed form to: Attn:
Aetna Life Insurance Company
P.O. Box 14554
Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
Fax Number: 866-888-2308

ME
GR-67940-3 (1-04)

Page 2 of 2 R-POB

MANN 026569



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

**

Debi Harrison
Long Term Disability Analyst

File Copy

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0017260200091

April 7, 2005

William M. Casey
270 Lightwood Farm Rd.
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Authorization to Obtain Information Necessary to Process a Disability Claim. To date, we have not received this requested information.

Your monthly benefits will be terminated, if we do not receive documentation within 30 days of the date of this letter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026570



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

File Copy

March 23, 2005

William M. Casey
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

We have recently requested that you provide us with a fully completed Authorization for Aetna to Request Protected Health Information Necessary to Process a Disability Claim. To date, we have not received this requested information.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026571



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

09172002000372

**

File Copy

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March 10, 2005

William M. Casey

Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We need your help to continue handling your claim.

Please fully complete the enclosed Authorization for Aetna to Request Protected Health Information Necessary to Process a Disability Claim and return it to us no later than March 24, 2005 in the envelope provided.

We thank you for your immediate attention in this matter.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

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MANN 026572



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

09172002000000

File Copy

February 28, 2005

William M. Casey

Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We have reviewed your request for the extension of your group life insurance coverage under the Permanent and Total Disability feature (Waiver of Premium) of the above referenced group life policy. Under the terms of this provision, a covered employee who becomes permanently and totally disabled may continue, under certain conditions, to be covered under the group life insurance policy without making further contributions towards the coverage. This Permanent and Total Disability feature, which is more specifically described in your booklet-certificate, provides that:

"You are permanently and totally disabled only if disease or injury stops you from working at: your own job; or any other job for pay or profit; and it must continue to stop you from working at any reasonable job.

A reasonable job is any job for pay or profit which you are, or may reasonably become, fitted for by education, training, or experience.

You must meet all of the following to be eligible:

- Your Life Insurance must be in force when you become permanent totally disabled
- You must be under age 75 when you are first permanently and totally disabled
- Your permanent and total disability must have lasted for at least 9 months
- You must furnish all proof when requested."

This means that you must be unable to perform with reasonable continuity the substantial and material acts necessary to pursue any occupation in the usual or customary way.

The information we reviewed with respect to your request indicates that you do not satisfy the requirement for permanent and total disability. This determination is based on the following information: Per and Attending Physician's Statement completed by Dr. Gonda, you are capable of light to sedentary work activity. For this reason, we are unable to approve your request.

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MANN 026573

2
February 28, 2005
William Casey

0917260260000

If your group insurance is currently in force, you may be eligible to convert all or a portion of your Group Life Insurance to an Individual Life Insurance Policy. Please contact your employer to determine whether your insurance is currently in force, and refer to your Aetna insurance certificate to determine conversion availability and timing restrictions for submitting written application and premium payment.

If you disagree with this benefit determination, you have a right to a review of the decision, and to bring a civil action under Section 502(a) of ERISA if the denial is upheld by Aetna on appeal.

In order to perfect your claim, you should submit the following:

*Any additional medical information or records which would support a finding that you are permanently and totally disabled. This additional medical information should include all objective findings, such as lab tests, x-rays, as well as findings of specific physical or cognitive restrictions of limitations that are determined as a result of a physician's examination;

*Any other information or documentation you believe would assist us in reviewing your claim.

Aetna Life Insurance Company will review any additional evidence you submit, including information from all providers from whom you have received treatment or services. This review will be conducted by an individual who was not involved in the initial determination of your claim.

To obtain a review, you or your representative should submit a request in writing to this office. Your request should include the group name (e.g., employer), name of the insured, the insured's social security number and the issues and comments and any documents, records or other information that you would like to have considered, whether or not submitted in connection with the initial claim. You may also receive, upon request free of charge, documents, records, and other information relevant to your claim. The written request for review must be mailed or delivered within 180 days following receipt of this explanation. Ordinarily, you will receive notification of the final determination within 45 days following receipt of your request. If special circumstances require an extension of time, you will be notified of such extension during the 45 days following receipt of your request.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

cc: Michelin



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554
**

Disability Unit

Phone 1-877-465-0424
Fax 1-866-886-2308

File Copy

**

February 16, 2005

William M. Casey

Woodruff, SC 29388

REGARDING YOUR DISABILITY REQUEST

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

This letter is in reference to your ongoing claim for LTD benefits.

Under the terms of your LTD coverage, your monthly benefit is an amount based on your monthly pre-disability earnings. Certain other income benefits are taken into account when computing your LTD benefit. According to your group policy Other Income includes, but is not limited to, the following:

Benefits under the Federal Social Security Act, the Railroad Retirement Act, the Canada Pension Plan, and the Quebec Pension Plan. Other income benefits include those, due to your disability or retirement, which are payable to: you; your spouse; your children; your dependents.

As discussed, you should immediately file an application for Social Security Disability (SSD) benefits, and provide us with a copy of the Proof of Filing of your application.

Under the terms of your LTD coverage, we reserve the right to estimate and offset the amount of your Social Security Disability if you fail to provide us with documentation of your SSD application. Accordingly, please provide us with this information by no later than 60 days. Enclosed is a self-addressed return envelope for your convenience.

You must immediately advise us if you are awarded Social Security benefits, since your LTD benefit will be subject to adjustment. In the event that you are awarded retroactive Social Security benefits, you will have received LTD benefits that exceed the amount of your entitlement. In that event, you must send full

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MANN 026575

2
February 16, 2005
William Casey

reimbursement of the overpayment to us within 15 days following the date of our request for repayment.

If your application for Social Security benefits is denied, please contact us immediately and mail or fax a copy of the denial letter to Aetna as there are only 60 days to appeal the denial from the date you receive the letter.

Thank you for your cooperation. If you have any questions, please call 1-877-465-0424.

Sincerely,

Disability Unit
Aetna Life Insurance Company

00172600000100



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

Debi Harrison
Long Term Disability Analyst

File Copy

017200200010

November 15, 2004

William M. Casey

Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America, Inc.
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

To be eligible for monthly disability benefits you must be unable to perform the material duties of your own occupation solely due to injury or illness. We have reviewed your application for long term disability benefits and have determined that, according to your plan, you are now totally disabled from your own occupation. You are eligible to receive monthly benefits effective November 27, 2004, and continuing for up to 24 months from the date you became disabled (May 29, 2004), as long as you remain disabled from your own occupation.

Criteria for Continuation of Benefits

Aetna has determined that you presently meet the "own occupation" definition of disability. Your plan requires that we periodically re-evaluate your eligibility by requesting updated medical information from your physician or an independent physician of our choice. Also, you may be contacted by an Aetna Vocational Rehabilitation Consultant and asked to participate in a vocational assessment interview. If we determine that you are capable of performing the material duties of your own occupation, your monthly benefits will cease.

If you are still disabled from your own occupation and eligible for disability benefits on May 29, 2006, your plan requires that you meet a more strict "any occupation" definition of disability. To qualify for monthly benefits, you must provide objective medical evidence that you are unable to perform any reasonable occupation for which you are qualified or could become qualified as a result of your education, training or experience. If you do qualify for continuation of benefits, we will periodically review your eligibility by requesting updated medical information from your medical providers, independent physicians of our choice, or vocational specialists.

While you are eligible and are receiving benefits, you may be contacted by an Aetna representative regarding our rehabilitation program. This assistance program is voluntary and is of no cost to you. As this service may be highly beneficial, we encourage you to participate when requested.

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MANN 026577

2
November 15, 2004
William Casey

In accordance with contractual provisions, your maximum period of benefit entitlement will end at the end of the month in which age 65 is attained. Your final monthly benefit eligibility date is November 30, 2023.

If your disability is due, to any extent, to a mental condition, unless you are hospital confined, coverage is limited to 24 months from the date of your disability.

Computation of Monthly Benefit

LTD benefits supplement certain other income described in the enclosed Notice Concerning Benefits. The total amount from all applicable sources will not be less than 50.00% of your Monthly Rate of Basic Earnings (MRBE) of \$3,688.53, at the time your disability began. Your monthly benefit is described below:

November 27, 2004 - November 30, 2004

Gross Benefit Amount	\$245.90
Minus Other Income	-0.00
Net Benefit Amount	\$245.90
Minus FICA	-18.81
Minus Federal Income Tax	-24.59
Net Payment Amount	\$202.50

December 1, 2004 - November 30, 2023

Gross Benefit Amount	\$1,844.27
Minus Other Income	-0.00
Net Benefit Amount	\$1,844.27
Minus Federal Income Tax	-184.43
Net Payment Amount	\$1,659.84

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

According to your Tax Form, we are deducting 10% for Federal Income Tax.

Under the terms of your plan there is a minimum monthly benefit equal to 10.00% of your gross benefit amount or \$100.00, whichever is greater.

Please carefully read the instructions on the enclosed Notice Concerning Benefits. Failure to comply with each applicable provision may jeopardize your future eligibility.

On or before November 30, 2004, you will receive your initial payment for \$202.50, representing benefits due at the end of the month in which your eligibility began. All future benefits are due at the end of each month.

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number,

3
November 15, 2004
William Casey

other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies of documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company
P.O. Box 14557
Lexington, KY 40512-4557

Fax #: 866-275-2174

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-800-726-7777.

Sincerely,

Debi Harrison
Aetna Life Insurance Company

cc: Michelin



Long Term Disability Claim Application

If you have any questions, please call (800) 726-7777.

EMPLOYEE'S STATEMENT

Employer's Name Michelin Tire Corporation		Control Number 607472
Name William Mark Casey	Social Security Number [REDACTED]	Date of Birth (MM/DD/YYYY) Sex 1958 ☒ Male ☐ Female
Address (include street, city, state and zip code) Woodruff SC 29388	Telephone (include area code)	Marital Status ☐ Single ☐ Married ☒ Divorced ☐ Widowed pending If married, Spouse's Name and Date of Birth

Dependent Children's Names and Date of Birth Kristen Brooke Casey [REDACTED] 1986 Travis Justin Casey [REDACTED] 1983	

Nature of illness or injury for which claim is being made - please describe how, when and where

Post Traumatic Stress ANXIETY
MAJOR DEPRESSIVE DISORDER

Date of onset of illness or injury causing present absence MAY 28, 2004	Date of first treatment MAY 28, 2004	Is absence work related? ☒ Yes ☐ No

List all Physicians, Surgeons and Practitioner's who have attended you during the past year.

Name and Specialty	Address & Telephone Number	Date of Attendance
Dr. Frank Gonda - Family	578-9735	ON GOING
Dr. Joseph Grace - Psychologist	560-1512	July 15th - ongoing
Dr. Wilson Smith - Pulmonary	573-6854	July 15th - ongoing

What hospitals or other institutions were you confined in since the beginning of this absence?
Please give name, address and dates of confinement.

Work History List Chronologically all Job Titles for at least the last 15 years.

Job Title/Company	Dates of Work	Description
PAPP - BNS operator	1986 - Present	Production - building tires - machinery
QMP	2001 - 2003	Quality Issues + TRAINING

Educational/Training History

Highest Grade Completed 12th	List degrees earned NONE	Specialized Training Courses/Seminars QMP TRAINING

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.
California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.
Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.
Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading; information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's Signature William M Casey	Date 11-2-2004

MANN 026580



Disability Claim Application

If you have any questions, please call (800) 726-7777.

IMPORTANT INCOME TAX INFORMATION

Before completing any information below, please check with your employer to verify whether disability coverage is provided to you under an Administrative Services Contract or a fully insured plan. This will determine the taxable rate of your benefits.

If Disability Coverage Is Provided Under An Administrative Services Contract: Disability payments are reported to the Federal Government and may be included as taxable income if your employer contributed to the coverage. Federal income tax is mandatory at a flat rate of 28% or a lesser amount based in your W-4 form. If the W-4 form is not furnished with a request for disability benefits, the flat 28% rate will be utilized. If you reside in a state that has a law requiring income tax withholding on disability payments, an additional percentage must also be withheld.

If Disability Coverage Is Provided Under An Insured Plan: Disability payments are reported to the Federal Government and may be included as taxable income if your employer contributes to the coverage. If you would like Aetna to withhold Federal income tax on these payments, please complete the section below and sign your name:

- Indicate a specific percentage for tax withholding (not less than 10%) 10 %

OR

- Indicate a specific whole dollar amount (not less than \$88 per monthly payment or \$20 per weekly payment)

\$ _____

I request voluntary income tax withholding from my sick pay (disability) payments as authorized under Section 3402 (o) of the Internal Revenue code.

If you reside in a state that has a law requiring state income tax withholding on disability payments, an additional percentage must also be withheld.

William M Casey
Employee's Signature

11-02-2007
Date



Other Income Questionnaire Disability Benefits

Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308

Please complete this form immediately so that we can accurately determine your benefits. Provide all information relating to your actual or expected entitlement to income from all sources (excluding Aetna Disability Benefits) so that processing delays and/or overpayment of benefits will be avoided. Please check all boxes that apply. Complete and sign the form using BLUE or BLACK ink.

Employee's Name (Last, First, Middle Initial) CASEY WILLIAM M		Social Security Number [REDACTED]
Control Number 607472	Employee Gender ☒ Male ☐ Female	Date of Birth (MM/DD/YYYY) 1958

This section must be completed:

Marital Status ☐ Single ☐ Married ☒ Pending ☐ Divorced ☐ Widowed		If married, spouse's date of birth (MM/DD/YYYY) _____
Do you have any dependent children? ☒ Yes ☐ No		
If yes, youngest child's date of birth (MM/DD/YYYY) 1986		

☒ I certify that I am currently receiving no other income.
☐ I certify I have applied for other income as defined below.
☐ I certify that I am currently receiving or have received other income as defined below.

Provide information as to all of the following types and/or sources of other income:

• Salary/Wages from present employer	• Social Security Disability - Primary
• Income from self-employment	• Social Security Disability - Family
• Rehabilitation Earnings	• Social Security Retirement
• Pension/Retirement (including Canada)	• Social Security Widow/Widowers Benefit
• Part-time Earnings	• State Disability Plans
• Veteran's Benefits	• Workers' Compensation - Periodic/Lump Sum
• Unemployment Compensation	• No-Fault Automobile Coverage
• Jones Act or Maritime Doctrine	• Railroad Retirement
• Recoveries from Third Party causing disability	• Private Group Disability benefits

List other income you are receiving or have applied for:		
Source of Income	Effective Date of Benefits (MM/DD/YYYY)	Benefit Amount and Frequency

Signature William M Casey	Date (MM/DD/YYYY) Oct 10-20-2007

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MI-DT 40-012 ME
GC-1503-1 (5-03)

R/A-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026582



Authorization To Obtain Information

Complete and sign the form using BLUE or BLACK ink.

Control Number: 607472

Employee Date of Birth (MM/DD/YYYY): 1958

Employee Gender: ☒ Male ☐ Female

I CASEY WILLIAM M, SSN [REDACTED]

(please print full name - Last, First, Middle Initial)

hereby authorize any insurance company, third party administrator, government organization, employer and any of their agents performing services relating to any employee benefits or workers compensation or other organization, institution, or person that has any records or knowledge about me containing the following to release the information to the Aetna and/or its duly authorized representatives or agents:

- Financial information,
- Information pertaining to my credit history,
- Information pertaining to my academic performance, credits earned, or school-related activities,
- Other insurance benefits, or,
- Employment information and history (including job duties and earnings).

I understand that the information obtained by use of this authorization will be used for the purpose of evaluating and administering my claim for disability benefits.

This authorization is valid for the term of the policy or contract under which a claim has been submitted.

I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

I further authorize the Aetna and/or its authorized representatives or agents to request reports and information from the Social Security Administration regarding benefits, earnings and employer information, and any award, disallowance or termination relating to benefits.

Print Name (Last, First, Middle Initial) <u>CASEY WILLIAM M</u>	
Signature of Employee <u>William M Casey</u>	Date Signed (MM/DD/YYYY) <u>10-20-2004</u>

If the person signing this authorization is not the member, describe relationship to the member.

If this authorization is being signed by the member's legal representative, you must furnish a copy of the Power of Attorney or other relevant document authorizing you to act on the member's behalf.

Mail this completed form to:
PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

MI DT 48-045 ME
 GC-1492-1 (6-03)

R-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026583



Authorization To Secure Award Or Denial Information

Complete and sign the form using BLUE or BLACK ink.

To: Social Security Administration
District Office

Control Number: 607472

Employee Date of Birth (MM/DD/YYYY): - 1958

Employee Gender: ☒ Male ☐ Female

I, William M Casey
Name of Claimant (First, M.I., Last)

Social Security Number:

Hereby authorize the Social Security Administration to furnish the information requested below, including that information which reflects results of appeals, reappeals and Administrative Hearings, to: Aetna. (See address below) Have not filed

This form is required to compute disability benefits payable to me by Aetna. I filed my claim for Social Security benefits with the district office at:

Street _____
City _____ State _____ Zip Code _____

A photographic copy of this authorization will be valid as original.

William M Casey
Signature of Claimant/Authorized Representative
240 LIGHTHOUSE FARM ROAD
Street/Apartment #
Woodruff SC 29388
City State Zip Code

10-20-2004
Date (MM/DD/YYYY)

Be Completed By Social Security Administration

Name of Beneficiary (First, Last, Middle Initial) _____

Social Security Number: _____ has authorized us to furnish the following information.

Type of Claim	Effective Date of Award (MM/DD/YYYY)	Amount of Initial Monthly Benefit	Amount of Initial Lump Sum (Retroactive) Payment	Current Monthly Benefit	Date of Denial (MM/DD/YYYY)
Disability					
Primary		\$ _____	\$ _____	\$ _____	
Dependent 1		\$ _____	\$ _____	\$ _____	
Dependent 2		\$ _____	\$ _____	\$ _____	
Dependent 3		\$ _____	\$ _____	\$ _____	
Retirement		\$ _____	\$ _____	\$ _____	
Widow/Widowers		\$ _____	\$ _____	\$ _____	
Spousal		\$ _____	\$ _____	\$ _____	
Other		\$ _____	\$ _____	\$ _____	

Remarks:

This information is furnished for your use in determining the amount of disability benefits payable under your group insurance plan and should not be disclosed to any other organization or person.

Signature of Social Security Representative _____ Title _____ Date (MM/DD/YYYY) _____

Mail this completed form to:

PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

MI DT 70-085 ME
GC-1498-1 (5-03)

AETNA SECTION

R-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026584



Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308

1. Employee Information	Name (Last, First, Middle Initial) CASEY WILLIAM M		Social Security Number [REDACTED]
	Control Number 607472	Date of Birth (MM/DD/YYYY) [REDACTED] 1958	Gender ☒ Male ☐ Female

2. Education	Highest Level Achieved										
	Grade ☐ 1-8		☐ 9	☐ 10	☐ 11	☒ 12	☐ GED	College ☐ 1 ☐ 2 ☐ 3 ☐ 4			
	Post Graduate Work										
	N/A										
	List Degrees, Majors										
	List Any Additional Training										
List Any Certifications or Licenses											
Military Services/Training											

3. Work History	Current Job You Are Disabled From <u>Production - Tire Builder</u>	mp1	Date Hired (MM/DD/YYYY) <u>07-09-1984</u>	Salary <u>42,000</u>
	Description of Your Job (e.g., Tasks/Functions Performed; Include: Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level) <u>Continuous Repetitive movement on constant moving MACHINERY PLATFORMS - concrete floors 8+12 hour rotating shifts - could be pulled into MACHINE OR caught in machine if not alert - very high production stress level</u>			
	List Those Duties You Now Cannot Perform <u>HAVEN'T been back to work yet, but in trying to simulate some of these activities - pulling weeds push-cutting lawn bending walking all cause fatigue quick (2-3 hrs)</u>			
	Supervision of Others ☐ Yes ☒ No	Number of Hours In Your Workday ☒ 8 ☐ 10 ☐ 12 Other _____		
	Other Job Titles Held: <u>Quality Manufacturing Profession QMP</u>			

In Your Work Day, How Much Time (Hours) Did You Spend:

A. Sitting	☒ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ Continuously
B. Standing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☒ Continuously
C. Walking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☒ Continuously

On The Job You:	Occasionally	Frequently	Continually
1. Bend/Stoop	☐	☒	☐
2. Crawl	☐	☐	☐
3. Reach Above Shoulders	☒	☐	☐
4. Kneel	☒	☐	☐
5. Push/Pull	☐	☐	☒
6. Lift Up To 10 Pounds	☐	☒	☐
11-25 Pounds	☐	☒	☐
26-50 Pounds	☐	☒	☐
50 Pounds or More	☐	☒	☐

Do You Use Your Hands And/Or Feet For Repetitive Movements? (E.G. Operating Foot Controls)

Right Hand:	☒ Yes ☐ No	Right Foot:	☒ Yes ☐ No
Left Hand:	☒ Yes ☐ No	Left Foot:	☒ Yes ☐ No

Employee Name (Last, First, Middle-Initial) Casey William M		Employee Social Security Number [REDACTED]	
Please provide complete work history information for the past 15 years (list chronologically and use additional paper if necessary).			
4. Other Work History	Employer	Job Title	Employed From _____ To _____
	Salary		
	Description of your job		
	Training Received		
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level		
	Supervision of others as part of your job		
	☐ Yes ☐ No		
	Other Job Titles Held		
	Employer	Job Title	Employed From _____ To _____
	Salary		
	Description of your job		
	Training Received		
	Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level		
	Supervision of others as part of your job		
	☐ Yes ☐ No		
Other Job Titles Held			
Employer	Job Title	Employed From _____ To _____	
Salary			
Description of your job			
Training Received			
Equipment, Tools, Applications, Time Demands, Mental Demands, Stress Level			
Supervision of others as part of your job			
☐ Yes ☐ No			
Other Job Titles Held			
Please list your outside of work activities (e.g. Sports, Activities, Hobbies)			
5. Additional Information	Before your Disability: WORKING IN YARD BEING OUTSIDE PLAYING GOLF		
	After your Disability: TRIED EACH - NOT ENJOYING ANY - FIRE VERY EASILY		
6. Certification	I hereby certify that the foregoing statements and answers are complete and true to the best of my knowledge and belief. Date (MM/DD/YYYY) 10-20-2004 Signed Employee William M Casey		
7. Authorization	To my present employer and all previous employers: I hereby authorize my present and past employers to provide Aetna or its representative with a description of all job-related duties and functions I performed while actively employed. I further authorize Aetna or its representative to release this information to vocational or clinical specialists it utilizes during the course of its administration of my disability claim. A copy of this authorization shall be as valid as the original. Date: (MM/DD/YYYY) 10-20-2004 Signed Employee William M Casey		



Reimbursement Agreement(LTD)

Complete and sign the form using BLUE or BLACK ink.

Aetna Life Insurance Company (Aetna) has issued to my employer,

MICHELIN TIRE CORPORATION

group insurance policy LTD 607472 Suffix 16 Account 006 (the LTD policy) under which I am a covered employee:

If my application for Long Term Disability benefits is approved, in consideration of the payment of LTD benefits without reduction on account of other benefit payments to which I or my eligible dependents may become entitled under the United States Social Security Act or from any of the other income sources described in the LTD policy, I hereby agree to reimburse Aetna for any and all overpayments made to me under the LTD policy or any short term disability plan provided by employer. I understand that Aetna agrees to make payment in this manner in consideration of my agreement to promptly notify Aetna of the amounts and effective dates of any such benefits. Further, I agree that any benefits due me, my beneficiaries, heirs, executors, administrators or assigns under the LTD policy may be applied to any outstanding overpayment whether resulting from retroactive award of Social Security or any other income benefits as described in the LTD policy.

With respect to any group life insurance coverage provided me by Aetna and in consideration of the foregoing, I hereby assign to Aetna, as creditor beneficiary, an amount of such group life insurance equal to the amount of any overpayment which may be outstanding under the LTD policy at the time of death.

David M. Lydell
Signature of Witness

William M. Carey
Signature of Employee/Authorized Representative

Social Security Number

Employee Gender ☒ Male ☐ Female

1958
Date of Birth (MM/DD/YYYY):

10-26-2004
Signature Date (MM/DD/YYYY)

Mail this completed form to: PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

MI DT 48-008 Insured ME
GC-1495-1 (6-03)

R-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026587

11/04/04 THU 15:00 FAX
11-04-04 14:00 FR MICHELIN TIRE

AON CONSULTING
864 599 3340 TO 918003051804

P.04/05

002



EMPLOYEE REQUEST FOR INFORMATION

Aetna Life Insurance Company
Telephone 877-465-0424
Fax 866-888-2303

This notice should be completed and mailed to Aetna Life Insurance Company in order to initiate a disability claim. Complete and sign the request using BLUE or BLACK ink.

EMPLOYER INFORMATION (To be completed by the Employer.)					
Employer's Name <u>Michelin Tire Corporation</u>			EIN Number		
Employer's Address: Street <u>1800 International Drive</u>			City <u>Spartanburg</u>	State <u>SC</u>	Zip <u>29304</u>
Work Location (if different from the above) <u>Same</u>					
Supervisor's Name and Telephone Number <u>Joe Cranford 864-599-3256</u>					
Does member have both Aetna Disability and Health Insurance? ☐ Yes ☒ No	Aetna Disability Control Number <u>1007472</u>	Disability Suffix	Disability Account	STD	LTD
Complete all applicable information.		Aetna Health Plan Control Number	Health Plan Suffix	Health Plan Account	Health Plan Summary Code
Employee's Name (Last, First, Middle Initial) <u>William Mark Casey</u>			Employee's Social Security Number <u>[REDACTED]</u>		
Date of Hire (MM/DD/YYYY) <u>7-9-84</u>	STD Coverage Effective Date (MM/DD/YYYY) <u>7-9-84</u>	LTD Coverage Effective Date (MM/DD/YYYY) <u>7-9-84</u>	Date Last Worked (MM/DD/YYYY) <u>28 May 2004</u>	Was more than a half day completed? ☒ Yes ☐ No	
Employee's Occupation <u>High Performance Team Mgr</u>		Occupation is: ☐ Sedentary ☐ Light ☐ Moderate ☐ Heavy		Reason employee ceased work <u>Personal Med. Leave of Absence</u>	
Employee's earnings are: \$ _____ ☐ Annually ☐ Monthly ☐ Weekly ☐ Hourly					
If premium deductions are to be withheld please list the amounts (weekly)					
Medical \$ <u>NA</u>	Pre-tax \$ _____	Post-tax \$ _____	This portion of the cost of coverage that is paid by the employee with post-tax dollars is non-taxable. What percentage of the cost of coverage is paid by the employee in this manner? STD <u>NA</u> % LTD <u>0</u> %		
The following is applicable only if the employee also has group life insurance with Aetna:					
Amount of Life Insurance Coverage Basic \$ _____ Supplemental \$ _____			Type of Disability Coverage included with Life Insurance ☐ DBO-AID ☐ PTD ☐ Premium Waiver ☐ SIB-PW		
Home and phone number of person providing the above information: <u>Monica Stewart</u>			Date (MM/DD/YYYY) <u>7-13-04</u>		
EMPLOYEE INFORMATION (To be completed by the Employee.)					
Employee's Address: Street			City	State	Zip
Telephone number			May we leave messages on your answering machine? ☐ Yes ☐ No		Date of Birth (MM/DD/YYYY)
Date first missed work due to disability (MM/DD/YYYY)			Date returned/will return to work (MM/DD/YYYY)		
What is the nature of your disability (diagnosis and/or ICD/CPT Code)?			Were you hospitalized due to this condition? ☐ Yes ☐ No If yes, what date were you hospitalized on?		
Is this condition the result of an accident? ☐ Yes ☐ No			Is this condition the result of a motor vehicle accident? ☐ Yes ☐ No		
What is your occupation?			Briefly describe your job duties		
What is your doctor's name?			What is your doctor's address and phone number?		
Has your doctor recommended that you stay out of work because you cannot perform your job at this time? ☐ Yes ☐ No If yes, how long do they expect you to remain out of work?					
Briefly describe how your condition prevents you from working					
Have you been disabled as a result of this condition before? ☐ Yes ☐ No If yes, when and how long?			Are you receiving any other form of income? ☐ Yes ☐ No If yes, please describe		
By furnishing this blank and investigating the claim, Aetna shall not be held to admit the validity of any claim or waive the breach of any condition of the policy or contract. For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison, and substantial civil penalties. Many other states have similar laws. Attention Colorado Residents: Any insurer or agent who knowingly provides false or misleading information must be reported to the Insurance Division.					
Employee Signature			Date (MM/DD/YYYY)		

Mail this completed form to: Aetna Life Insurance Company
P.O. Box 14554
Lexington, KY 40512-4554

CF DT 21-023 ME
CU-1502-1 (8-03)

R-P00

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MANN 026588

11/04/04 THU 14:59 FAX

AON CONSULTING

001



Fax Transmittal

To: Debi Harrison	From: Michelin Personnel Service Center
Phone:	Phone: 1-877-435-7868 Fax: 1-800-305-1804
Fax: 800-333-8309	Date: 11-4-04
Re: Casey	Pages: 6

• **Comments:**

This transmission is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone.

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026589

11/04/04 THU 15:00 FAX
SEP 13 '04 14:00 FR MICHELIN TIRE

AON CONSULTING
854 599 3340 TO 918003051804

P.05/05

003

Aetna Physical Demand Analysis

Employer Michelin Tire Corporation	Job Location Spartanburg, S.C.
Employee Name William Mark Casey	Job Title High Performance Team Member

Indicate the percent of the day the following activities can be performed:
(Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)

	O	F	C	N		O	F	C	N
Climbing - Legs and Arms (Ladder)	☒	☐	☐	☐	Hand Grasping	☒	☐	☐	☐
Climbing - Legs Only (Stairs)	☒	☐	☐	☐	Firm Hand Grasping	☒	☐	☐	☐
Kneeling	☒	☐	☐	☐	Fine Manipulation	☒	☐	☐	☐
Lifting	☒	☐	☐	☐	Gross Manipulation	☒	☐	☐	☐
Pulling	☒	☐	☐	☐	Repetition	☒	☐	☐	☐
Pushing	☒	☐	☐	☐	Sitting	☐	☐	☐	☐
Reaching above shoulder level	☒	☐	☐	☐	Standing	☐	☐	☐	☐
Forward reaching	☒	☐	☐	☐	Sleeping	☐	☐	☐	☐
Carrying	☒	☐	☐	☐	Walking	☐	☐	☐	☐
Bending	☒	☐	☐	☐	Other	☐	☐	☐	☐
Twisting	☒	☐	☐	☐		☐	☐	☐	☐

Indicate the weight the employee must lift:

	O	F	C	N
1 - 5 lbs.	☐	☒	☐	☐
6 - 10 lbs.	☐	☒	☐	☐
11 - 20 lbs.	☐	☒	☐	☐
21 - 35 lbs.	☐	☒	☐	☐
36 - 50 lbs.	☐	☒	☐	☐
51 - 75 lbs.	☐	☒	☐	☐
76 - 100 lbs.	☐	☒	☐	☐
100 lbs. +	☐	☒	☐	☐

Indicate percent of the day spent in each work environment

<u>100</u>	% of day spent inside
	% of day spent outside
	Total 100%
<u>100</u>	% of day working alone
	% of day working around others
	Total 100%

Is the operation of equipment required? (forklift, cutting machinery, hand tools, computer, phone, car, truck, other vehicle, etc.). If so, please specify the equipment/machinery and indicate percent of day operated.

Description of Equipment/Machinery	Percent of day operated
1. <u>Tire Building Machine</u>	<u>95</u> %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %

Occupational Requirements:

Vision - Far	Yes ☒ No ☐	Depth Perception	Yes ☒ No ☐
Vision - Near	Yes ☒ No ☐	Speaking	Yes ☐ No ☒
Hearing	Yes ☐ No ☒	(Hours Spent _____)	

Environmental Exposures:

Extreme Temperature Changes	Yes ☐ No ☒	Noises	Yes ☒ No ☐	Subject to DOT regulations	Yes ☐ No ☒
Vibrations	Yes ☒ No ☐	Chemicals	Yes ☒ No ☐	Subject to FAA regulations	Yes ☐ No ☒
Dust, Fumes, Odors	Yes ☒ No ☐	Other specify _____			

Range of accommodated hours available? 2-4 ☐ 4-6 ☐ 6-8 ☐

Is overtime required? Yes ☒ No ☐

David D. McClellan
(Supervisor's signature)

6 Sep 2004
(Date)

477 (12-02) A-P00

*** TOTAL PAGE.05 ***

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026590

11/04/04 THU 15:01 FAX

AON CONSULTING

004



EMPLOYEE REQUEST FOR INFORMATION

Aetna Life Insurance Company
Telephone 877-465-0424
Fax 866-888-2308

This notice should be completed and mailed to Aetna Life Insurance Company in order to initiate a disability claim. Complete and sign the request using BLUE or BLACK ink.

EMPLOYER INFORMATION (To be completed by the Employer)					
Employer's Name			EIN Number		
Employer's Address: Street		City	State	Zip	
Work Location (if different from the above)					
Supervisor's name and telephone number					
Does member have both Aetna Disability and Health Insurance? ☐ Yes ☐ No	Aetna Disability Control Number	Disability Suffix	Disability Account	STD	LTD
Complete all applicable information.	Aetna Health Plan Control Number	Health Plan Suffix	Health Plan Account	Health Plan Summary Code	
Employee's Name (Last, First, Middle Initial)			Employee Gender ☐ Male ☐ Female	Employee's Social Security Number	
Date of Hire (MM/DD/YYYY)	STD Coverage Effective Date (MM/DD/YYYY)	LTD Coverage Effective Date (MM/DD/YYYY)	Date Last Worked (MM/DD/YYYY)	Was more than a half day completed? ☐ Yes ☐ No	
Employee's Occupation		Occupation is: ☐ Sedentary ☐ Light ☐ Moderate ☐ Heavy	Date Salary continuation was paid through (MM/DD/YYYY)	Reason employee ceased work	
Employee's earnings are: \$ _____ ☐ Annually ☐ Monthly ☐ Weekly ☐ Hourly			Number of hours per week		
If premium deductions are to be withheld please list the amounts (weekly)			The portion of the cost of coverage that is paid by the employee with post-tax dollars is non-taxable. What percentage of the cost of coverage is paid by the employee in this manner?		
Medical \$ _____	Pre-tax \$ _____	Post-tax \$ _____	STD _____% LTD _____%		
Life \$ _____	Supplemental \$ _____	Other \$ _____			
The following is applicable only if the employee also has group life insurance with Aetna:					
Amount of Life Insurance Coverage			Type of Disability Coverage included with Life insurance		
Basic \$ _____ Supplemental \$ _____			☐ DBO-AID ☐ PTD ☐ Premium Waiver ☐ SIB-FW		
Name and phone number of person providing the above information:			Date (MM/DD/YYYY):		
EMPLOYEE INFORMATION (To be completed by the Employee)					
Employee's Address: Street		City	State	Zip	
Telephone number		May we leave messages on your answering machine? ☐ Yes ☐ No		Date of birth (MM/DD/YYYY)	
Date first missed work due to disability (MM/DD/YYYY)		Date returned/will return to work (MM/DD/YYYY)			
What is the nature of your disability (diagnosis and/or ICD/CPT Code)?		Were you hospitalized due to this condition? ☐ Yes ☐ No If yes, what date were you hospitalized on?			
Is this condition work related? ☐ Yes ☐ No		Is this condition the result of a motor vehicle accident? ☐ Yes ☐ No			
What is your occupation?		Briefly describe your job duties			
What is your doctor's name?		What is your doctor's address and phone number?			
Has your doctor recommended that you stay out of work because you cannot perform your job at this time? ☐ Yes ☐ No If yes, how long do they expect you to remain out of work?		Briefly describe how your condition prevents you from working			
Have you been disabled as a result of this condition before? ☐ Yes ☐ No If yes, when and how long?		Are you receiving any other form of income? ☐ Yes ☐ No If yes, please describe			
By furnishing this blank and investigating the claim, Aetna shall not be held to admit the validity of any claim or waive the breach of any condition of the policy or contract. For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison, and substantial civil penalties. Many other states have similar laws. Attention Colorado Residents: Any insurer or agent who knowingly provides false or misleading information must be reported to the Insurance Division.					
Employee Signature <u>William M Casey</u>			Date (MM/DD/YYYY) <u>10-26-2004</u>		

Mail this completed form to:

PERSONNEL SERVICE CENTER
PO BOX 77
WINSTON-SALEM, NC 27102
(1-877-435-7868)

RECEIVED

OCT 29 2004

CF DT 21-023 ME
GC-1502-1 (8-03)

R-POD

MANN 026591

Welcome to the Benefits Online Enrollment System WILLIAM M CASEY

Your enrollment window has closed. You will not be allowed to submit any life events until your elections have been processed. Your 2004 Benefit Elections are listed below.

If you have questions, please contact the Personnel Service Center at 1-877-HELP TO U (1-877-435-7868).

Election Information

Pre-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Family Status	Yourself & Family	Coverage	
	Dependents covered • DONNA CASEY (Spouse) • KRISTEN CASEY (Child)		
Medical	Employee & Children	Network Only Medical Plan	\$20.31
	Dependents covered • KRISTEN CASEY (Child)		
Dental	Employee & Children	Expanded Dental Plan	\$6.92
	Dependents covered • KRISTEN CASEY (Child)		
Accidental Death and Dismemberment	Family \$435,000.00	10 x pay	\$6.22
	Dependents covered • DONNA CASEY (Spouse) • KRISTEN CASEY (Child)		
Health Care PRA	\$199.94	Health Care PRA	\$7.69
Dependent Caregiver PRA	\$0.00	Dependent Caregiver PRA	\$0.00
401(k) Pre-Tax Contribution	6%		
		Total Pre-Tax Benefit Election	\$41.14
Post-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Group Term Life Insurance	Smoker \$87,000.00	2 x pay	\$0.00
Dependent Term Life Insurance	Children Only	20,000 Spouse/10,000 Child	\$0.83
	Dependents covered • KRISTEN CASEY (Child)		
Group Universal Life		No Coverage	\$0.00
401(k) Post-Tax Contribution	0%		
		Total Post-Tax Benefit Election	\$0.83
Taxable Benefit Election	Coverage	Description	Bi-Weekly Cost
Medical Opt Out	Employee & Children	Opt Out Credit	\$-23.08

		Total Taxable Benefit Election	\$-23.08
Pre-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Dependent Caregiver PRA Company Match	\$0.00	Dep PRA - Company match 25%	\$0.00
		Total Pre-Tax Benefit Election	\$0.00
Post-Tax Benefit Election	Coverage	Description	Bi-Weekly Cost
Travelers Insurance		No Coverage	\$0.00
Pre-Paid Legal		No Coverage	\$0.00
		Total Post-Tax Benefit Election	\$0.00
		Total	\$18.89
Below is the bi-weekly cost of your elections: • Pre-Tax Benefit cost is \$41.14 • Post-Tax Benefit cost is \$0.83 • Taxable Benefit cost is \$-23.08 • Total cost is \$18.89			

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743



Aetna Life Insurance Company
Maine Disability Service Center
PO Box 14554
Lexington, KY 40512-4554

File Copy

Richard D. Reid
AETNA
Phone: 877-465-0424
Fax: 866-888-2308

**

0917200200054

October 25, 2004

William M. Casey
240 Lightwood Farm Rd
Woodruff, SC 29388

Long Term Disability

Group Control No: 607472
Employer: Michelin North America Inc
Employee: William M. Casey
SS-Cert No: [REDACTED]

Dear William M. Casey:

We have recently received a request for your Long Term Disability benefits.

At this time we are still waiting for the following required form(s):

Employer Request for Information--Disability Claim Application
Employee Request for Information--Disability Claim Application

For your convenience, we have enclosed them and in order for us to make a complete and timely decision regarding your claim, please complete and mail these forms in the enclosed self addressed envelope.

If we do not receive this information within 30 days of the date of this letter, we will have to close the claim.

If you have any questions, please call (877) 465-0424.

Sincerely,

Richard D. Reid
Aetna Life Insurance Company

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MANN 026594



Attending Physician Behavioral Health Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions -- The Physician will complete Sections 2 through 9.
The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) CASEY, WILLIAM MARK 1-258 58 15'8" 170
Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender ☒ Male ☐ Female

(d) 240 LIGHTWOOD FARM ROAD, WOODRUFF, S.C. 29388
Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New

(e) Mailing Address, if different from Home address (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 ☐ Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(i) Type of Claim: ☒ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☐ Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an "1")

AXIS I Primary Diagnosis 296.23 Secondary Diagnosis: 309.81 ICD-9 codes 300.02

AXIS II Primary Diagnosis (NONE) Secondary Diagnosis: ICD-9 codes

AXIS III Primary Diagnosis (DEFERRED) Secondary Diagnosis: ICD-9 codes

AXIS IV Primary Diagnosis OCCUPATIONAL PROBS. Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPHOM ASSESSMENT

- (a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT, ATYPICAL CYNICISM, INTOLERABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO REPORT WORKING LIFE STRESSORS.
- (b) Objective findings (Include mental status findings, testing results, rating scales, etc): BORDERLINE MENTAL STATUS EXAM, AND MAP II - II INDICATING MODERATE ANX. AND DEPRESSIVE TENDENCY TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLEWED IN THOUGHT & ACTION,
- (c) Describe interpersonal stressors that impact ability to function: OBSASSIONAL THOUGHT AND COMPULSIVE BEHAVIORS.
- (d) Describe work stressors that impact ability to function: STRESS OF MEETING PRODUCTION PHYSICALLY
- TREATMENT GRUBLING FOR NUMBER OF HOURS AND LIFTING HEAVY TUBES CONTINUALLY
- (a) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD, AND SOMA H.S.

- (b) Impairment from medication effects SEDATION
- Compliant with meds? YES
- (c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH SYMPTOMS.
- (d) Office visit dates: First 8-4-04 Last Next Frequency of appointments WEEKLY
- (e) Compliant with tx? YES Tx Goals VERY

4. History

- (a) Has patient ever had same or similar condition? ☒ No ☐ Yes, state when and describe
- (b) Is condition due to injury or illness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown
- (c) Name / Specialty / City / State of other Treating Physicians or Therapists (NOT DIRECTLY)
- Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
- Name FRANK GONDA, M.D. Specialty FAM. PRAC. City " State "
- Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GRANDVILLE State S.C.

AP DT 01-002 ME
GC-1493-1 (6-03)

Page 1 of 2 R/A-POD

ELECTRONICALLY FILED - 2017 Jun 19 4:40 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

MANN 026595

10/26/04 11:54 FAX 864 560 1510

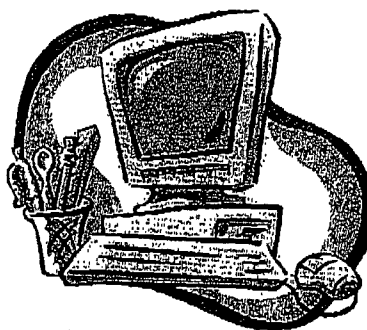
SPTBG FAMILY MEDICINE

001

JOSEPH G. GRACE III, PH.D.
 Center for Family Medicine
 853 N. Church Street, Suite 510
 Spartanburg, SC 29303
 864-560-1512

FAX TRANSMITTAL

No. of Pages incl. Cover Sheet: 2



To: Aetna

Fax: 866-888-2308

RE: Casey, Wm. Marx

Control No: 607472

From: Dr. Joseph Grace

Date: 10-26-04

Phone: (864) 560-1512

Fax: (864) 560-1510

/s/luin

REMARKS: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

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MANN 026596

atient Name (Last, First Middle Initial) Required

WILLIAM CASSEY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds?

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	☒	☐	☐	☐
Able to work with others	☒	☐	☐	☐
Able to give supervision to others	☒	☐	☐	☐
Able to work cooperatively with others in group settings	☒	☐	☐	☐
Able to maintain persistence to task	☒	☐	☐	☐
Able to maintain attention and concentration	☒	☐	☐	☐
Able to work alone or in physical isolation from others	☒	☐	☐	☐
Able to interact with supervisors	☒	☐	☐	☐
Able to interact with public/customers	☒	☐	☐	☐
Able to use judgement and make decisions	☒	☐	☐	☐
Able to attain set standards and limits	☒	☐	☐	☐
Able to direct, control or plan activities of others	☒	☐	☐	☐

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing):

SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? (Activities of Daily Living, Driving, etc)

LIMITED RESTRICTION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day NONE
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week NONE
- Date you prescribed restriction on work activities: Month 8 Day 4 Year 04
- How long are these restrictions/limitations in effect? UNTIL ANXIETY AND DEPRESSION ☐ No Longer
- Estimated return to work date? ROUGH ESTIMATE Days 1 Weeks 1 Months 1 NOV 30, 04 modified duty 1/2 TIME full duty INITIALLY

(e) Other/ Comments

6. Current Status

(a) Patient is/has ☒ Improved ☐ Unchanged ☐ Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?

☐ No ☒ Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS.

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print)	Degree	Specialty
<u>JOSEPH G GRACE, III</u>	<u>PH.D.</u>	<u>CLINICAL/COUNSELING PSYCHOLOGY</u>
Address (No. Street, City, State, Zip Code)	Telephone Number	Fax Number
<u>853 N. CHURCH ST., SUITE 510</u>	<u>(864) 560-1512</u>	<u>(864) 560-1565</u>
<u>SPARTANBURG, S.C. 29303</u>		

9. Physician Signature

Signature	Date (MM/DD/YYYY)
<u>[Signature]</u>	<u>10-19-04</u>

Aetna

Attending Physician Statement Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9. The Patient should also fill in their name at the top of Page 2. The Patient will complete Section 1. The Patient completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) Cassy William M Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) 1-1958 Height 15'8" Weight (lb) 175

(c) Patient Gender ☒ Male ☐ Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New
240 Lightwood Farm Road Woodruff SC 29388

(e) Mailing Address, if different from Home address

(f) Patient Employer Name/City/State Michelin Tire Corp Spartanburg SC ☐ Check if New

(g) Patient Telephone Number 864 486-9131

(h) Job Title/Occupation PARAP/BUS operator - MP1

(i) Type of Claim: ☐ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium ☐ Long Term / Permanent Total Disability

2. Physician Instructions
- The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.
- Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis Chronic LBP Primary ICD Code _____

Secondary Diagnosis Degen. Arthritis Secondary ICD Code _____

Other Diagnoses Depression Other ICD Codes _____

(b) Height _____ Weight 177 LB Date Measured (MM/DD/YYYY) 10/19/04

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery _____
Type: ☐ Vaginal ☐ Cesarean

(d) Primary Procedure N/A Primary CPT Code _____

Secondary Procedure _____ Secondary CPT Code _____

Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency Ultram 50mg 2tid, Zanaflex 4mg 2tids, Lorazepam 1mg 1qid, Zolof 20mg 2tid, Zolof 100mg 1 1/2 qd

Impairment from medication effects _____

(f) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated _____ (MM/DD/YYYY)

(g) Treatment summary Exam, X-rays, MRI, ortho consult, medication, psych consult

(h) Office visit dates: First 11/14/02 Last 10/19/04 Next 3 Frequency of appointments 9 30tids
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ Discharge _____
(MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

4. History

(a) Symptoms: Chronic back pain under worse of strenuous activity
Depression & Anxiety

(b) Date symptoms first appeared or accident happened _____ MM 11 DD 14 YYYY 1997

(c) Has patient ever had same or similar condition? ☐ No ☐ Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

(f) Other Treating Physicians

Name Glenn Scott Specialty ortho City Spartanburg State SC

Name Eugene Milon Specialty Chronic Pain City Spartanburg State SC

Patient Name (Last, First Middle Initial) Required

Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to give supervision ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.
 - ☐ Heavy work activity. No limitations of functional capacity.
 - ☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 - ☒ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 - ☒ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 - ☐ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
 - ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) No pending, squaring, lifting greater than 25 lbs
prolonged standing > 2 hrs

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☒ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities Month _____ Day _____ Year _____
- How long are these restrictions/limitations in effect? _____ Days _____ Weeks _____ Months _____ ☐ No Longer
- Estimated return to work date? 1/20/05 modified duty 3 full duty 3
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
X-rays and CT show degenerative arthritis

(d) Other/Comments _____

6. Current Status

(a) Patient has ☐ Improved ☒ Stabilized ☐ Regressed ☐ Not Applicable

(b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☒ No ☐ Yes, please explain _____

(c) In your opinion, is your patient motivated to return to work? maybe

7. Regulation Notice

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Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print) <u>Frank E. Gordon</u>	Degree <u>MD</u>	Specialty <u>F.P.</u>
Address (No. Street, City, State, Zip Code) <u>2212 Old Furnace Rd Spartanburg SC</u>	Telephone Number <u>864-578-9735</u>	Fax Number <u>864-578-7098</u>

9. Physician Signature

Signature <u>F E Gordon MD</u>	Date (MM/DD/YYYY) <u>10/21/04</u>