

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2017-CP-42-03726
Appellate Case No. 2019-001382

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S.C. SUPREME COURT

Raquel Martinez, Employee,

Respondent,

v.

Spartanburg County, Employer, and
South Carolina Association of Counties
Self-Insurance Fund, Carrier,

Appellants.

**RECORD ON APPEAL
(VOLUME 2)**

L. Brenn Watson
Zachary M. Smith
Willson Jones Carter & Baxley, P.A.
325 Rocky Slope Road, Suite 201
Greenville, South Carolina 29607
(864) 527-3292
Attorneys for Appellants

J. Kevin Holmes
David T. Pearlman
The Steinberg Law Firm
P.O. Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for Respondent

Chadwick D. Pye
Chadwick D. Pye, LLC
P.O. Box 6346
Spartanburg, South Carolina 29304
(864) 583-5658
Attorney for Respondent

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Dr. Shane Sherbondy

Shane Sherbondy MD

Requid man

Date	Notes Should be Signed By Physician
12/15	S- 86-
20-	O-
	flat affect, doing long term disability, denies nightmares or flashbacks, overall rather avoidant. C/o insomnia the denies SI HT, & PH/VH. c/o crying spells, hypochondria unable to handle stress. She is no longer working + stated she doesn't want to find a new job because it won't pay as well. We talked about ways to reduce stress. Cont for her to seek respite to red changes started 7 dose of Lexapro. Patient calm & in. A - Dep Med PBD best of state stress/dependence P- cat. Ag salt 60g to 100g of Lexapro 150g - 300g, hope #50 Records from on hand RTE 4 years

PROGRESS NOTES

Shane Sherbondy MD

Raquel writing

Date	Notes Should be Signed By Physician
1/26/06	S- "my head has swollen up" O- pt. reports she feels a little better she had some sort of allergic reaction but doesn't know what it is A- MOD MOD Good PD P- last 7-8 left 100 gals " requested 400 gals 11/16 gals add Rogaine 8-9 gals 11/18 gals RTC 2 weeks
1/26/06	S- "I had my depression" O- pt still pretty fragile, working towards disability claim. stressed out, not sleeping well but when works better, still depressed, denies current suicidal ideation. Still has nightmares 7 after depression. A- MOD PTSD, Good PD P- 7-8 left 150 gals P=9 gals 7 then 7 200 gals cont requested 200 gals TE 80 gals. #12 ambien 10 gals for PM insomnia #30 RTC 4 weeks

PROGRESS NOTES

Shane Sherbondy MD

Requid Markey

Date	Notes Should be Signed By Physician
12/7/05	S. could be worse would be better
cor	clean, casually dressed,
	report of poor sleep. SE, SHZ
	still afraid to sleep
	due to nightmares & flashbacks.
	A. - MOD, PTSD
	P. int. Requid 200g #15 Pq 40. #12. IRF
	T. Molt 150g #12 Pq 40. #12. IRF
	T. Molt 200g #12 Pq 40. #12. IRF
	etc. if works.
	Patient is not going to be able to
	Return to law enforcement.

PROGRESS NOTES

Sherbondy's LLC Psychiatric Services
112 Lovett Drive
Greenville, SC 29607
Phone: (864) 987-9747 Fax: (864)987-9770

June 16, 2006

Chadwick D. Pye
PO Box 18328
Spartanburg, SC 29318

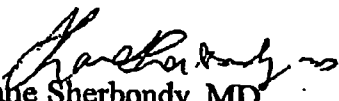
RE: Raquel Martinez, SS#:

Dear Mr. Pye:

The above referenced patient is currently under my care for Major Depressive Disorder and Post Traumatic Stress Disorder. It is my professional opinion that the patient's current condition is directly related to the incident that occurred in April of 2005 while employed with the Sheriff's Department. Ms. Martinez investigated the accidental death of a two year old child whose death occurred while her father was moving a car. The patient knew the father and the severity of the child's injuries, along with the patient's personal involvement with the family, created an extremely traumatic situation.

Ms. Martinez is currently unable to return to work in law enforcement and I consider her disability to be a permanent condition. If you have any questions, please feel free to contact me at the number shown above.

Sincerely,


Shane Sherbondy, MD

DSS/sc

Dr. Luther Diehl



Palmetto Family
Enrichment
Center, P.C.

Luther A. Diehl, Ph.D.
Clinical Psychology

INITIAL ASSESSMENT

Patient:	Martinez, Raquel
Sex:	Female
Ethnic Group:	Hispanic American
Age:	46 years
Date of Birth:	
Social Security #:	
Referred By:	Carolina Center for Behavioral Health
Date:	9/6/05

PRESENTING PROBLEMS

Ms. Martinez had recently been discharged from Carolina Center for Behavioral Health. She had been admitted there with increased use of Lortab and had described a problematic situation related to her job as a crime scene investigator. She apparently is now having increased anxiety and tension regarding her financial situation.

HISTORY OF PRESENT ILLNESS

Apparently the patient had stopped using Xanax after she had been evaluated at the emergency room at Spartanburg Regional Medical Center in early August. She reportedly had a psychotic episode and saw Dr. Caston at the emergency department and was sent to Carolina Center for Behavioral Health. She was discharged for individual therapy because she could not really participate in group therapy due to her history of law enforcement and confidentiality issues.

Records from the Carolina Center for Behavioral Health indicated that the patient had been at the partial hospital program there and became extremely confused with excessive use of Lortab, probably 60 mg per day. She apparently was over taking her Depakote and Neurontin as well. She had apparently talked to Dr. Castriotta about the case related to the two year old who was accidentally run over by her father who was a police officer. Apparently she had discontinued

Xanax abruptly and became psychotic and that necessitated her first hospital stay. This occurred in early August with her latter treatment being in later August and continuing in the partial hospital program.

MEDICAL HISTORY

Background provided indicated that the patient has a history of hypertension and syncopal episodes with tachycardia. She also has significant TMJ related to migraine headaches. Ms. Martinez also indicated she had a past history of torn left rotator cuff in 1998 which had been rehabbed fairly successfully though she still has some limited range of motion.

PRIOR PSYCHIATRIC HISTORY

About eight years ago the patient had an episode of depression and was apparently treated with antidepressant medication. Other than that she described her recent episode as primary difficulty of a psychiatric nature.

SUBSTANCE ABUSE HISTORY

The patient denies use of alcohol products and is taking her medication appropriately at this time by her report. Her only episode of substance abuse was apparently the excessive use of medications in the recent past associated with her treatment at Carolina Center. She does use one pack of cigarettes per day.

FAMILY PSYCHIATRIC AND SUBSTANCE ABUSE HISTORY

Ms. Martinez indicated that her oldest brother has had a history of depression. He was reportedly born in Cuba prior to the family's move to the southeast United States. She denies any history of substance abuse problems.

PSYCHOSOCIAL HISTORY

Born in Tampa, Florida, Ms. Martinez was raised in a number of states in the southeast including Florida, Alabama, South Carolina, and some time in Puerto Rico. Her father is a retired electrical engineer and was from Cuba. Mother is

Cuban and a retired homemaker. The patient has two brothers and one sister and she is the youngest of the four children. She described essentially a happy home situation. She said that the children were treated well and the parents were supportive. She denied any legal difficulties and felt that her family had been supportive through her problems.

Background in terms of education indicated that the patient graduated from high school in Greenville. She went on to obtain a bachelor's degree in international studies at University of South Carolina at Spartanburg. She said she did well in school and never had any academic problems.

Married at twenty-five years of age, Ms. Martinez indicated that she was divorced at thirty-five years of age. Apparently he was a retail manager and got into computer repair. She felt that the marriage was fairly stable up until about the last year and he basically seemed to become more distant. She does indicate that she has a good friend who is a male but has some difficulties with his wife because of distrustfulness though she denies any type of inappropriate relationship. She had two other good friends, one of whom just died of AIDS and the other of a heart attack.

WORK HISTORY

Presently the patient is still on medical leave from Spartanburg County Sheriff's Office. She said that her leave will shortly run out and she has been employed by the Sheriff's Department for about six years. She was initially a uniformed deputy and moved into the area of crime scene investigation. Prior to that Ms. Martinez had worked for Probation and Parole in South Carolina for about ten years. She has applied for disability retirement from law enforcement. She perceives the situation as problematic in terms of returning to law enforcement because of the issue related to the death of the child that she investigated.

MENTAL STATUS EXAM

Raquel Martinez is a forty-six year old Hispanic American female who has brown hair shortly trimmed and is of normal physical development. She was appropriately attired in an olive colored knit shirt and white slacks and presented good personal hygiene. Her affect was mildly constricted toward the anxious and depressed end of the scale. She describes more anxiety and agitation along with recent issues related to depression. Currently she is quite concerned about financial matters and her immediate security in regard to her capacity to support

herself.

In today's session Ms. Martinez was oriented x 4 and did not display indications of confusion. She does tend to at times be a bit tangential in regard to some aspects of her situation probably related to the hospitalization and issues associated with a traumatic experience that occurred several months ago.

In discussing primary issues at this point, Ms. Martinez did function in a crime scene investigation with a two year old child who was accidentally killed when run over by her father who is a Greenville County Deputy. Ms. Martinez knew this officer and indicated that this event took place in April of 2005. She was extensively involved in the investigation and understood the reaction quite vividly from the father. She began having problems after this death and a week later her cousin died of AIDS. This was also in April of 2005. It was at that point that she began excessive use of Lortab. She had an evaluation in the emergency department of Spartanburg Regional Hospital and was transferred to Carolina Center for Behavioral Health for inpatient treatment. She had apparently had some continued excessive use of medications and was treated on an inpatient basis briefly and then transferred to outpatient treatment.

At this point Ms. Martinez has very serious concerns about her vocational future. She states with her inpatient hospitalization she does not see it feasible that she could return to law enforcement in the future. This would even include something such as Probation and Parole. We discussed options briefly in this regard and she was advised to discuss her immediate plans about financial matters and job issues with an attorney as it would be important to understand how she should approach this in regard to her application for disability.

CONCLUSIONS/RECOMMENDATIONS

At this point it seems unlikely that Ms. Martinez could ever return to police work or at least not any type of active work in the field. Her post traumatic issues related to the death of the child that she investigated in April are going to require some significant therapeutic intervention. Utilization of cognitive behavioral intervention, and also some processing of emotions would be essential in this situation. The patient will also likely require some vocational counseling and may need some additional vocational training. The diagnostic impression at this point would be as follows.

Axis I: 309.81 Post traumatic stress disorder, acute.

305.50
311

Opiate abuse, in remission.
Depressive disorder, NOS.

Axis II:

No Axis II diagnosis.

Axis III:

History of migraine headaches; history of TMJ syndrome; hypertension; post torn left rotator cuff with surgery and rehab (1998); by medical records and patient's report.

Axis IV:

Stressors: severe.

Axis V:

GAF=50.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez: Raquel
Date: 9/14/05
Time: 50 minutes
Age: 46 years

GOALS: Cope with anxiety/depression associated with stressor experienced in recent past with cognitive behavioral therapy and medication. Maintain pattern of appropriate use of medications refraining from pain medication use.

ASSESSMENT: Spent some time today discussing more issues related to the death of the child that Ms. Martinez investigated and seemed to cause increased difficulties with her functioning. About a week after this child's death her cousin with AIDS died and this increased her focus on the issue of loss. Before the recent experience she said it was getting harder to investigate crime scenes. She was hospitalized in May of 2005 with increased blood pressure.

When she went to the scene where the little girl was killed by the car she knew that it was an officer that was involved. She said that the child's birthday party had been the night before and the father was crying and she could tell pretty quickly that this had been an accident. She had to take a number of photographs very close up of the child's body and the surrounding situation with the automobile. She said it seemed that actually moving the body was really the hardest part and she has continued intrusive images about this entire situation.

When Ms. Martinez was in the emergency room she said her mother told her that she said "look at the baby, isn't she beautiful". She had other disturbing thoughts and continues to have difficulty understanding all of this. Sleep continues to be very problematic.

Interventions included cognitive behavioral type reframing to help with issues of the future and possible career change issues. Also allowed some catharsis in this situation because of the nature of the problem which led to recent admission to the hospital.

Medications: Cymbalta 60 one tablet 8 am and Lunesta 2 mg hs
prn. The patient will continue with Dr. Sherbondy following with
these medications.

PLAN: Continue to use cognitive behavioral interventions and allow patient
to express grief issues and work through grief matters. May need
to explore issues of loss in terms of the child and the fact that she
has not had any children.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 9/27/05
Time: 50 minutes
Age: 46 years

GOALS: Cope with anxiety/depression associated stress using cognitive behavioral therapy and process oriented therapy.

ASSESSMENT: In today's session we spent most of the time attempting to deal with issues related to the stress from the patient's job with the Sheriff's Department. She said that one of the more difficult and upsetting incidents she experienced was when she had to go to a game compound where poachers had actually broken in and killed a deer and wounded another one. She had to shoot the animal that was injured and in distress as well as take pictures. This led to a great deal of anger toward the poachers. We talked some about changes she made in her career path and this included movement to the Sheriff's Department due to the challenge in dealing with the element of unknown situations which she would face. She did get a position in forensics which is what she had been interested in for a number of years. Her first call was to investigate a situation where two ponies were killed when they were hit by a tractor trailer. With her concern for animals this she took as somewhat of a negative omen.

Spent a good bit of time talking about the issues related to her problems in dealing with the stress of the two year old child who was killed in the beginning of April. Discussed factors which played into her difficulties in accepting and moving on beyond this situation. It does seem that there is probably a cumulative affect from the various experiences she has had.

Near the conclusion of the session Ms. Martinez did describe a situation in which she was sexually abused during her childhood years for some time while she lived in Cuba. She also reported a sexual assault at nineteen years of age. It seems likely that the feelings of helplessness and loss of control especially involving a very innocent young child, probably have exacerbated or rekindled her earlier traumatic stressors.

At this point the patient does not appear to be able to cope with any type of work situation. She described feelings of hopelessness as well as a sense of inability to improve. She acknowledged some self destructive thoughts. We discussed return to the psychiatric unit at Carolina Center for Behavioral Health. The patient also acknowledged

that she was over taking her Trazodone. She is currently prescribed Cymbalta 60 mg q 8 am and Trazodone 300 mg hs. She apparently has been taking about 900 mg at bedtime.

PLAN: Indicated that I would be in touch with Dr. Sherbondy, her treating psychiatrist. I was recommending that she return for a short stay to re-evaluate medication and do some more intensive work in regard to post traumatic issues.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 10/27/05
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with CBT and medication. Cope with post traumatic stress issues related to previous job as crime scene investigator.

ASSESSMENT: The patient was somewhat distressed because Cigna had denied part of her hospital stay. We talked about leaving this up to Dr. Sherbondy and he indicated that he would take care of this. We spent a good bit of time on mood issues and she stated that she was still depressed and also scared. Final retirement date is supposed to be 10/22 and she will have to stay on COBRA which is fairly expensive, over \$300.00 a month. She also indicated that her house expense is \$580.00 for mortgage. These factors lead to significant reality issues that are quite problematic. Talked about looking at possible assistance from her folks and she will follow up with the Sheriff's office and Mr. Pye.

Spent some time on the issue of previous sexual assault because of the affects that this might have on PTSD. When the patient was nineteen year old she was actually raped but molestation from a neighbor apparently occurred around six years of age in Puerto Rico. She indicated that she feels that her parents were not really responsible for this and that they were supportive when they later found out. Her parents have recently taken a gun from her house. She maintains that she does not want to kill herself and does not have suicidal intent but just has a lack of caring about her life.

INTERVENTIONS: Tried to work on some cognitive reframing with the possibility of some type of plan about employment down the road. This is going to require some retraining most likely. She has a degree but has really not done anything other than police work. We discussed possible online master's degrees and teaching in some position, possibly political science. Also discussed some issues related to control of emotional responses using self calming techniques. States she particularly becomes anxious when she sees a patrol car and notices somatic/autonomic symptoms.

PLAN: Continue to work on post traumatic issues with cognitive behavioral interventions. Reality based problem solving to deal with financial matters.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 11/01/05
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy and medications. Cope with post traumatic stress issues using CBT and problem solving. Deal with current environmental stress issues associated with financial problems.

ASSESSMENT: The patient was seen today during the first part of the session with her mother, Mrs. Martinez. Her mother is an elderly Hispanic woman with fairly heavy accent though was primarily understandable when she talked slowly. She refused to be supportive of her daughter though does have some difficulties understanding complexities involved in this post traumatic stress issue and we talked at some length about how this problem can develop and difficulties it can cause for an individual and specifically her daughter. Her mom did say that she seems a little bit calmer since being out of the hospital. Her mother states that she will be relieved to see her daughter out of police work which has been a stressor for the mother and dad. Dad is helping out with financial matters as far as planning issues. The mother encourages Raquel to get rid of some of her cats and this is an issue of contention between them.

Another aspect of behavior that mother mentioned was a tendency toward impulsive buying. Apparently this occurred in the past when Raquel was more stressed and she would buy things for the house as well as for herself. She said she has come to the point of trying to avoid going by or into stores when she is upset because she knows she has a tendency to purchase things excessively. She didn't run up any plastic debt since her divorce but there was some problem with this during her marriage. The divorce took place in 1995. She assumed more of the debt from the marriage which after about five years resulted in her having to file for bankruptcy.

During the latter part of the session when I saw Raquel by herself, she did acknowledge that the cat issue was problematic between she and her parents. They have stated that they would not "help me" if she continues to have six cats. Apparently she has brought home stray animals from times when she was doing police work. She relates that since she does not have children these are "like my

children". We talked about the importance of animals to people, especially when they do not have kids. We also talked about issues of reality in terms of basic survival and perceptions that she had that in some way the animals would be better if she were not here, again eluding to possible self destruction. Talked about the issue of who she was keeping the animals for if she had to maintain all six of them and was doing to have to do this in a way meant she couldn't keep her own home without her parents help. She is somewhat irrational about this whole area. As far as mood issues, she continues to be depressed and is particularly focused on negative aspects of her financial matters and income changes. Tried to help her retain some cognitive interventions from our last session about possible alternatives down the road if she were to get some additional education.

PLAN: Continue to use cognitive behavioral interventions to help patient decrease her negative thoughts about her immediate situation as well as improve thoughts about the future. Continue to use cathartic interventions/ventilation about post traumatic issues and used cognitive behavioral interventions to try to help differentiate past from present and point to coping skills.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date 11/15/05
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy and medication. Cope with post traumatic stress issues related to job situation while crime scene investigator.

ASSESSMENT: Since our last session, Ms. Martinez indicated that she had a fall, catching her left foot on the rug at home. She apparently injured her ankle and has seen an orthopedic specialist and will see a neurologist later today. The orthopedist had some concerns about her possibly having a vascular event of some type. She had noted some decreased sensation on the left forehead and scalp and he noted decreased sensation in her lower left extremity though this was after the fall.

The patient has been under significant stress. She noted that she had learned that her worker's comp case is scheduled for 12/8/05. She has always felt supported by her supervisors from the Sheriff's Department though still has a lot of anxiety about the hearing. We discussed aspects of the actual investigation of the child who was killed when the police officer father backed over her. This child was approximately the same age as the patient when she experienced the sexual abuse. Thus, the quite unusual aspects of the patient's history along with the severe trauma of seeing this situation and being a police officer herself continues to be problematic for her in coping with the events that took place.

Also dealt with some issues related to financial stress which has been problematic. Her parents are helping some in this area and she feels that on the one hand this is good but there are some strings attached as they continue to insist she should get rid of her cats. She states that in some ways she feels the cats are "what is keeping me around here".

MEDICATIONS: The patient continues to take medications as prescribed by Dr. Sherbondy and has seen him since our last visit. Records indicate she had been prescribed Seraquil, Ambien, Zoloft, and Visteril prn for anxiety. The patient has been prescribed Lortab 10 one q 4 hrs prn by her orthopedist for pain related to injuries in her left ankle.

Continues to take blood pressure medication at home though blood pressure runs low when she is in the hospital. We talked about this in relation to possible stress issues. Her diet is generally good by her report.

INTERVENTIONS: Continued use of cognitive behavioral interventions to assist in coping with post traumatic stress issues. Continue to attempt to increase positive self statements and future orientation. Encouraged careful monitoring of medication and follow up with Dr. Sherbondy.

PLAN: Utilize coping skills to deal with short term issues related to anxiety about legal matters. Continue to cope with post traumatic stress issues related to the child's death which resulted in a PTSD response. Continue to manage stresses related to financial matters and cope with financial obligations.


Luther A. Diehl, Ph.D.
Clinical Psychologist

Dictated but not read.

PROCESS NOTE

Patient: Martinez, Raquel
Date: 1/24/06
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy in combination with medication. Cope with post traumatic stress issues related to job circumstance.

ASSESSMENT: Ms. Martinez stated that her hearing had been postponed and they are waiting for reports from various sources. Apparently Dr. Zortea had ordered an MRI which was somewhat ambiguous regarding whether she actually had a vascular event.

Mood seems to be somewhat mixed with sadness and distress but not much crying in the last few months. The patient is very anxious and apprehensive about financial situation. This seems to contribute to panic type episodes where she feels her life is "out of control". She does have apprehension about possible harm from others as she has not gotten her gun back yet. She feels she would be more secure with this and denies suicidal intent. Sleep is decreased due to fear and this is related to the gun issue. We talked about this in terms of how others are perceiving her situation and she has some rational understanding of this. Sleeping about three to four hours per night.

MEDICATIONS: Anti-hypertensive; Zocor; Potassium; Diuretic; Seraquil; Ambien; Zoloft. She does take 20 mg Ambien in order to sleep as per direction from psychiatrist.

INTERVENTIONS: Stress management regarding delay of hearing. Coping skills cognitively with increased anxiety. Cognitive behavioral interventions to help deal with loss of companionship with police officers. Worked on insight regarding control issues and feelings of decreased sense of self control after leaving the police force.

PLAN: Continue to use cognitive interventions to help decrease anxiety.
Attempt to use relaxation and medications to manage panic type symptoms.
Focus on her ability to control life situations even though she no longer has
authority associated with police role.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 2/14/06
Time: 50 minutes
Age: 46 years

GOALS: Improve mood stability with cognitive behavioral therapy and medication. Cope with post traumatic stress issues related to job situation. Manage anxiety/panic type symptoms with physical and cognitive techniques.

ASSESSMENT: Hearing has not been rescheduled as of this point. Patient continues to experience a great deal of financial anxiety as well as fears about the future in general. Describes herself as feeling embarrassed in that she was a good officer and was not able to handle the situation that occurred. She feels that a lot of the difficulty began when she stopped the Xanax which led to "psychotic episode" and hospitalization. Still having problems with anxiety episodes. Self-statements are "I should have been able to handle it". We talked about the type of interventions she had gotten after the situation where she investigated the crime scene where the sheriff's deputy ran over his daughter. The captain said that she could talk to him if she needed to. There also were two chaplains who came in to talk but this didn't seem to help much as they focused on religious matters more than personal issues. She was out of work for a month in May of 2005 when increased blood pressure occurred and she apparently had a physical exam but did not get to see a psychiatrist at that point. Her Xanax prescription was written about a day or two after her cousin's death, before the other episode. The patient had been handling the work situation up until the circumstance with the child's death and medication changes.

At eighteen years of age Ms. Martinez did see a two year old child who was killed and this was "the first body I saw on the job". We talked about this as well as issues related to her own past life situations.

INTERVENTIONS: Tried to work on self statements about negative interpretations of others and how they will think about her. This is particularly in regard to having to take medications and issues related to being strong as a police officer.

PLAN: Continue to utilize cognitive behavioral interventions to try to help offset negative self statements. Improve insight into her past life issues and circumstances which contribute to feelings of vulnerability. Continue to utilize cognitive behavioral interventions in reference to post traumatic stress issues related to child's death.



Luther A. Diehl, Ph.D.
Clinical Psychologist

PROCESS NOTE

Patient: Martinez, Raquel
Date: 4/11/06
Time: 50 minutes

GOALS: Improve mood stability with cognitive behavioral therapy in combination with medication. Cope with post traumatic stress issues related to job situation in April of 2005.

ASSESSMENT: The patient had earlier had a situation in which she attended deposition of her former Captain, Steve Denton. Apparently he was quite clear about his impressions and felt that she had been functioning very well as an excellent employee and crime scene investigator in the department. He noted the dramatic change after the incident in April of 2005.

Talked a little bit about her circumstances in terms of hospital stays and the relationship to the incident in April on a time frame. She apparently was at Mary Black Hospital in May of 2005 due to some elevated blood pressure. She went to Spartanburg Regional in August of 2005, with this situation being related to an abrupt discontinuance of Xanax and some use of Lortab resulting in confusion and altered mental state. Apparently she tend was referred to Carolina Center for Behavioral Health where she was treated on an outpatient and inpatient basis.

Spent some time discussing some medical issues. She does have a brace on her left leg. Apparently this was related to the vascular incident which occurred at some point in the recent past. Dr. Zortea has apparently told her that she is going to have some long term nerve damage which will affect her functioning. Sleep is episodic, one or two hours at a time, with both pain and discomfort in the leg

INTERVENTIONS: The patient has had a lot of negative self thoughts and this was even further compounded by hearing a lot of statements about her difficulties in coping and her decline in functioning after April of 2005. She tends to be very negative in terms of self statements and this is damaging to self esteem. She has marked problems in being able to conceptualize that she could have a life beyond law enforcement. It is extremely difficult to move beyond that point due to the ongoing worker's comp action. Hopefully some continued

outpatient therapy would be allocated so that she might be involved in some ongoing therapy. This is an individual who is likely to require at least a year to eighteen months of continued outpatient therapy, probably bi-weekly. Continued outpatient psychiatric follow up is likely to be necessary for at least another two years.

PLAN: Continue to meet as often as possible. The patient does have marked financial difficulties. Utilize cognitive behavioral interventions in the intervening time to help with self esteem issues and to deal in a realistic way with her self deprecation.


Luther A. Diehl, Ph.D.

cc: Dr. Sherbondy
Chad Pye

Therapy



Palmetto Family
Enrichment
Center, P.C.

Luther A. Diehl, Ph.D.
Clinical Psychology

April 18, 2006

Chadwick D. Pye, Attorney at Law
PO Box 18328
Spartanburg, SC 29318

Re: Raquel Martinez
DOB
SS#

Dear Mr. Pye:

I am writing in response to your request about two issues related to Ms. Martinez and her psychiatric difficulties. She did experience a significant traumatic work related situation which occurred on April 4, 2005. This situation involved investigation of a death which was of a young child and the death was a result of her father's moving of a car. The father was a former Spartanburg County Deputy and current Greenville County Deputy. The severity of injuries along with the personal involvement regarding the father were certainly an unusual and fairly unique set of circumstances. It would be my impression that Ms. Martinez had been functioning quite well in her employment situation with the Sheriff's Department for six years and prior to that in Probation and Parole in South Carolina for about ten years. While she experienced the recent death of a cousin, this individual had serious medical problems and was really considered to have a terminal prognosis. Based on these factors, it is my opinion that her current psychological difficulties and impairment in work functioning were precipitated by the work related stressor on April 4, 2005.

The second issue involves the concern about her functional abilities at this time. It would be my opinion that she presently is totally disabled in regard to capacity for gainful employment. I believe that her disability is permanent in that it will

North Grove Medical Park
1330 Bailing Springs Road, Suite 2800
Spartanburg, SC 29303
Phone: (864) 573-6908 • Fax: (864) 585-8808

exist for longer than eighteen months. It would be my opinion that she would not ever be able to return to work in law enforcement.

Hopefully this information will be of assistance in clarifying my view of her present psychological state and potential for employment.

Sincerely yours,

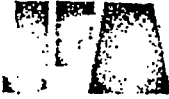


Luther A. Diehl, Ph.D.
Clinical Psychologist

Dr. John F. Abess

JOHN F. ABESS, M.D., P.A.

CERTIFIED AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY
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46-C STATE STREET
CHARLESTON, S.C. 29401
843-577-0303 VOICE 843-577-0707 DATA
HTTP://WWW.ABESS.COM JFABESS@ABESS.COM

INDEPENDENT MEDICAL PSYCHIATRIC EVALUATION

Individual: **RAQUEL MARTINEZ**
Re: Raquel Martinez vs . Spartanburg County
WCC File #: 0515098
Date of Injury: 4/4/2005
Claim #: 58-218332
WJC&B File #: 0560.00114
Age: 47 yo as of April 5, 2006
Address: Spartanburg, SC 29301-3628
Phone: 864-574-7978 hm
Date of Evaluation: June 8, 2006

IDENTIFYING INFORMATION:

Ms. Martinez is referred by Mr. Richard B. Kale, Jr., Esq for independent psychiatric evaluation. She was employed by Spartanburg County as a forensic investigator with the Spartanburg County Sheriff's Department. She has filed a worker's compensation claim alleging she suffered a mental injury on or about 4 April, 2005 as a result of investigating an accident scene in Spartanburg County.

The accident involved a Greenville County Deputy Sheriff, Anthony Johnson, who previously worked with Ms. Martinez at the Spartanburg County Sheriff's Department. Apparently, Mr. Johnson had gotten into his car to leave his house and accidentally backed over his two year old daughter. Ms. Martinez had to take photographs of the accident scene and then actually had to move the child.

THE FOLLOWING RECORDS WERE REVIEWED FOR THIS EVALUATION:

- 1) Cover Letter from Richard B. Kale, Jr., of Willson Jones Carter & Baxley, LLC dated 8 May 2006
- 2) Spartanburg Regional Medical Center outpatient testing orders dated 4/10/03 for Tilt Table Study.
- 3) Spartanburg Regional Medical Center cardiopulmonary/vascular services admission face sheet dated 5/05/03 - diagnosis was 780.2 - Syncope and collapse
- 4) Spartanburg Regional Medical Center tilt table study results dated 5 May 2003.

- 5) Spartanburg Regional Medical Center tilt table study results dated 4 June, 2003.
- 6) Spartanburg Regional Medical Center ER admission dated 24 April 2005 - diagnosis was Migraine Headache - given 25mg Demerol IV and 8mg Zofran IV
- 7) Spartanburg Regional Medical Center ER admission dated 17 November 2005 - Diagnosis was "Grief Reaction & Poly-pharmacy"
- 8) Spartanburg Regional Medical Center ER admission dated 7 August, 2005.
- 9) Psychiatric Admission History and Physical dated 7 August, 2005 - Chris Caston, MD
- 10) Psychiatric Discharge Summary dated 9 August, 2005 - Chris Caston, MD
- 11) Carolina Center for Behavioral Health Psychiatric Partial Hospital Program Evaluation dated 10 Aug 2005 - Ralph J. Castriotta, MD
- 12) Carolina Center for Behavioral Health Hospital Records Inpatient Admission from 22 to 28 August 2005. Discharge DX was Depression, NOS and PTSD
- 13) Deposition of Raquel Martinez

PROCESS NOTE:

At the beginning of our clinical interview, I explained the nature of our meeting and asked if Ms. Martinez wanted to proceed. I explained I was being hired to perform a thorough psychiatric evaluation, that I was not entering into a doctor patient relationship with her, that I was not going to give her advice about how to feel better and I was not going to tell her the findings of my evaluation. I also explained that whatever she divulged to me was not confidential and I could choose to put it in my report if I thought it would be helpful. Knowing this, I asked if she wanted to proceed with the evaluation and she indicated she wanted to proceed. I asked if she had been coached or instructed in how to answer questions during the interview or on the psychological test and she replied she had not.

DEVELOPMENTAL AND OCCUPATIONAL HISTORY:

Racquel was born in Tampa, FL. She is first generation American. Her parents were born in Cuba. According to Racquel, her parents wanted to get away from Communism and arrived in the USA when they were in their mid to late 20's. Her oldest brother was born in Cuba and her parents came to the USA when he was a few months old. Her mom was pregnant with Raquel's sister. Racquel's other brother was born in the USA and then Racquel was born. There exists 1 year separating the births of all of them. Her family moved from Tampa and lived in a variety of places such as Decatur, Columbia, Greenwood, and Guayama (Puerto Rico). She does not know what schools she attended for either Kindergarten or first grade.

She does remember attending a private school in Puerto Rico starting at age 7. It was called The Collegio San Antonion and included Kindergarten through grade 12. She attended 2nd and 3rd grade there. It was a Catholic school operated by nuns. Claimant stated, "We were not Catholic but the choices were either private school or reform school." In 4th grade she started at Stone Elementary in Greenville, SC. She moved to Washington Middle School in Greenville for 6th grade and the League Middle School for 7th and 8th and then Greenville High School from 9th until graduation.

Her father was described as a "self taught mechanical engineer." He was said to have attended some college but his knowledge was mostly experiential and he worked in Heating Ventilation and Air Conditioning. He was with Davis Mechanical, Daniel Construction Co, Yergan Construction Co, and then Amgen Pharmaceuticals. He was described by Claimant as a hard working man who was loving but very quiet. She stated, "He was more affectionate with me as I was the baby." She described him as "very much a homebody, but if he had to go someplace, he enjoyed taking me or one of us with him." He reportedly never drank alcohol, was home on weekends, and was determined to take care of his family.

Her mom is described as a "very loving home maker." Claimant stated, "She and I are very much alike." She identified her mother as being very affectionate - hugging kissing, smacking us on the bottom if we needed, it but that was rarely." She stated, "My father never would lay a hand on us." She states her parents were Catholic when younger but they did not practice their faith as they got older. She stated, "They encouraged us to educate ourselves to see which religion we wanted." Her parents became Rosa Crucians. Instead of participating in a formal liturgy, she stated, "They read literature and there are different levels of it." She described her parents as honest - "They would not lie and they lived to principals."

Claimant stated her parents were "very poor and had nothing when coming to the USA." "It was fun in my childhood although I did have some shitty moments." "My girlfriends would be jealous in high school when they came to spend time with us because my mom would build a small fire outside and we would cook little pieces of meat and vegetables - fun things like that." "Mom and I used to put food coloring in rice or grits to do crazy things like that." "Momma was really cool although daddy was more quiet."

She states, "I am extremely close to my brothers and sister. My sister lives in Riverside, CA and we talk at least once a week." Her brothers live in Spartanburg. Her oldest brother is a college professor and teaches computers. Her sister is an assistant principal at Riverside Poly High School. Her other brother is a store manager for Bi-Lo. She states about herself and her siblings that, "We were little demons but they (parents) knew how to handle us. For example, her mother would remind her, "I have a little belt at home."

She talked about sexual abuse in her childhood. "While in Puerto Rico, a male friend of the family sexually assaulted me for almost 2 years. I never told my parents until we came to the states. As result of it, I would not take any guff from anyone, especially if they were male. I have always been a head strong feminist - you have to be if you are a

police officer and female - I did not like being a victim and I was determined I would not be one again. He would kiss me, fondle me and once he put his penis in my mouth. At least it did not make me hate men. I think because I have always been in a traditional male occupation, you better learn to like them (men) or you will have a miserable life. My father taught me that men do not hit women. He sat me down at age 9 and told me that. He had a quick temper but it left quickly too. My parents are still married after 53 years. Momma was also very independent when she was young. She did not marry until age 26 or 27. Both my parents were very strong and very opinionated. They might argue but there was never any violence. They were affectionate toward each other - caress but nothing overt like French kissing."

Claimant talked about being raped at age 19. She stated, "That was how I lost my virginity. It was during the summer and I was home from college (after completing her Freshman year) in Greenville." After the rape, she dropped out of school for one year. She returned to school and then quit and did not get her degree until after getting married. "I really did not want to go to school; I was ambivalent about it. But, after getting married, I did not want to work for pennies." She graduated in HS from 1977 and got her college degree in 88. She returned to school in 1985.

Claimant was asked why she never brought charges against the perpetrator. She stated, "There is no doubt in my mind that if I had told my parents, somebody in my family would have killed this man or come close to it and they would have gone to prison. It was just not worth tearing up my family." The perpetrator was identified as a friend of her youngest brother. "I always managed to avoid contact between he and I after that event." She states she told her sister of the rape almost immediately and my sister told my oldest brother. She states her youngest brother has never found out nor has her parents. "It was enough help for me to just talk to my sister and brother." "It was a lot harder to discuss being raped - it was a lot more taboo in 1978 than it is now."

Claimant was asked if the rape affected her life. She stated that after the rape, she did not want to go out of her house. She did not want to have a relationship "with guys." "It has made me really gun shy of men - I was not comfortable with men at first - but then, being in law enforcement, I had to adapt." "I wanted to be in control and be certain I could take care of myself. Also, I wanted to help people that were in my position - it was not fun being a victim - not fun at all."

She went on to state that her father's father was a police officer. He was killed in the line of duty when her father was age 8. This occurred in Cuba. Because of this, she expected her father to object to her plans to become a police officer. She she went on to say, "It was mostly my mother who objected about me going into police work." Before the rape occurred, she was studying sociology and psychology in college. After returning to school in 1985, she studied sociology and political science. "I was into Civil Rights and Liberties."

She got married in 1984 and divorced in 1994. She was asked what went wrong with her marriage. She stated, "I was a feminist and he was feminist too. Everybody said that was why you got a divorce because you did not change your name. We got along okay

and we still get along okay. He was into computers and I was real head strong - it was that we were 2 really strong personalities smacking into each other."

She admits she did develop some sexual inhibitions after the rape. "My husband knew about the rape and was very understanding about it." She stated she was afraid of sex at first but after a few years went by, having sex was no longer a problem for her "as my husband was very understanding."

She did not want children and he reportedly did not want children at first but later, he was wanting to have children. Claimant stated, "I still don't want children. I think it is sad to procreate if you don't want children. I don't think I have the patience to raise children. I know that I have a temper and I have to be very careful that I don't bully people that are weaker than I am. I think I have always had a temper. After the rape, I did not tolerate anything from anyone. I am very opinionated and if this is what I think, this is what I am going to stick with - nothing ticks me off worse than someone trying to convince me to come to their point of view. It drives me nuts that someone is determined to have me believe the way they do."

CLAIMANT'S PERCEPTION OF WORK INJURY:

Claimant was asked to provide her accounting of the work related event that has caused her difficulty. She started by saying that the sheriff was the first person who responded to the call. She stated, "The officer (who ran over his own daughter) used to work for us before going to Greenville County. The sheriff had to talk the officer down. The officer wanted to kill himself because he had killed his child. The officers from Greenville who had arrived were taking bets and trying to guess how long it would be before this man killed himself. The sheriff literally carried him out of the garage to the ambulance. The sheriff then told me, 'I am not going over there to look at her, I don't want to see her.' He was not actually working the case and had responded because the officer used to work with us, and the accident occurred in our county. The Captain also told me that he had seen enough death and was not going to look at the child. None of the officers there wanted to get near the child or help with the measurements. There was a male and female state trooper with accident reconstruction who had to respond because there was a death. They were required to look at the child. I too was required to move the child. I was the one that had to move the child to take photos." The chain of command as explained by Claimant was Sheriff, Deputy Chief, Captain, and Claimant.

CLAIMANT'S WORK EXPERIENCE IN LAW ENFORCEMENT:

She states she worked in law enforcement for 28 years. "I started with the cadet program at age 18." This involved riding on patrol (not carrying a gun) but responding to scenes and calls. She recalls her first autopsy occurred at age 18. Frequently, she has to take measurements of bullet holes. "We would have to take photos from every angle and behind from inside the skull and from inside the body." She estimates having participated in around 2 or 3 dozen autopsies. If there was an unattended death, she would have to determine if it was natural or if there was a crime. She estimates having been an investigator at 50 to 100 death scenes. "It never bothered me." "I have always

been able to take grizzly stuff."

Claimant was asked to explain why, given her familiarity with death, death investigations, and forensic autopsies, that she had a difficult time with this specific investigation. She stated, "It was horrible because it was an accident. He (the officer) had virtually taken his eyes off the child for a few seconds. I knew the father. Seeing him breaking down and when moving the child - it was like a broken doll - when you moved her, it sounded like you were tumbling over some blocks, it was not rigid like a skeleton so to speak - I remember having to get under the patrol car and on the gasoline tank were her finger marks. After taking photos, I interviewed the witness who was Hispanic and she could not speak English. Just hearing her talk about it and what had happened. She said she screamed at him but he had not heard until after he ran the child over. She had seen something horrific and nobody there could speak Spanish. Her BP (the Hispanic lady) was sky high when taken by firemen on the scene."

SYMPTOMS DEVELOPING AFTER THE WORK INJURY:

"I have had nightmares about it and not one day has passed that I have not thought about it." Just about any time she sleeps, she reports she will have a nightmare about it. "I have dreams about the call or dreams about being a police officer but going on calls and not being able to do anything. It is like I could never get the job done. I remember the child crying and the officer being in the garage with the sheriff talking to him."

She finds it hard to make any decision. "I am so afraid now - when I had that withdrawal from medication, I thought I was dreaming but I was not - I was actually doing what I was dreaming - It terrifies me now that it will happen again." "I remember I had to go into the patrol car to get some clothes for someone that was there - I have a french door in the back of my house - I broke the door that does not open and it set off my alarm - I had to break open the windshield of the car yet the key was in the door - my neighbors asked if I was fine and I said I was fine although I don't remember this." She states she she walked down the neighborhood at 5 AM and she was talking to people (who were not present.) She states she remembers waking up a woman because her dog was barking. She states she destroyed just about everything in her house - like knocking over a book case to get behind it. She went on to say, "All this was very embarrassing to me. I did not know you could not just stop Xanax. It was embarrassing to me that I even had to take Xanax."

She stated, "I am no longer so sure of myself where I used to be so opinionated. I am so afraid that something is going to happen where I again lose control - being awake or asleep doing something."

She avoids going out at all except to visit her family. She will drive her mom to the mall or store but if she sees a patrol car or patrolman, she will go the other way or refuse to get out of the car.

"When I see a sheriff's deputy car I get upset and really nervous. I will spend more time being certain I don't run into anyone I knew." She stated she feels "embarrassed about

myself. "I am ashamed about what happened. Police officers need to hold themselves to a higher standard. I think of this as a personal failure and that is why I avoid people."

She went on to say, "I carried a weapon for many years. After all this happened, my parents took my gun. Now I sleep at night without the gun and I am scared to death to be home alone day or night." She states she has a set of "num-chucks." She also states she has a machete. But she then says, "But I don't have my gun and I feel like I am naked. It makes me nervous and I hear every noise."

She continued by saying, "I never lived alone until 1994 and then I always had a gun. Now, I can not work in law enforcement again and my parents have my gun so I feel very vulnerable."

She went on to say, "I can not watch any police shows at all. I can not watch the news. I hate the program CSI. Literally, the only time the television is on is while I watch a baseball game. I spend as much time with my family as possible as I would just hermit otherwise."

She continued, "I have gone from having a lot of power to having absolutely no power, including power over myself. You're not allowed to possess a weapon if you have been committed (to a psychiatric facility for mental illness)." She states she left work in August after episode where she appeared to be in a psychotic rage.

She also stated she found herself yelling at her parents which was something she never previously would do. "I would hear these things coming out of my mouth and I could not believe I said that."

REGARDING HER FUTURE WORK PROSPECTS:

Claimant was asked about her plans for future work. She stated, "I can't make more than \$18,000 per year. But, (no matter where I work) I can not take any stress."

PRIOR PSYCHIATRIC HISTORY:

Ten years ago, she took Luvox for depression. "I took it for about 1.5 years." At the time, she went through an employee assistance program. "The medication steadied me out." She stated she was unhappy, and she thought it may have had something to do with being separated and divorced. "I thought I was a little weird that I never wanted children." She was asked if she has ever been suicidal. She said no. "I was always very vain and too important to die." "I never took myself for granted and knew I was somebody special."

She has had thoughts of suicide after the work accident. "I went to the Carolina Center for 3-4 weeks because I was suicidal." She states she has never done anything to harm herself. "The one thing I do know is that if I were to cut my wrist it would cut myself longitudinally rather than horizontally - every police officer knows that. I was taking any medication and as much as I could. I had never had a problem with that before."

FAMILY PSYCHIATRIC HISTORY:

Her oldest brother has been to a psychiatrist. He is treated for depression. He contemplated suicide about 10-15 years ago. He called his doctor who talked him down. One uncle died from dementia.

MEDICAL HX:

ALLERGIC to Carvocet, Donnatal, Penicillin

SURGERIES include Carpel Tunnel; Tubal Ligation, Cholecystectomy

CHRONIC MEDICAL PROBLEMS

Hypertension

Hypercholesterolemia

Vaso-pressor Syncope

Headaches

CURRENT MEDICATIONS:

Dr. Weider:

Metoprolol - hypertension

Toprol - hypertension

Lotrel - hypertension

Furosemide - hypertension

Flurocortisone - vaso-pressor syncope

Dr. Gaytan and Ikeman (cardiologists)

Zocor - cholesterol

Dr. Sherbondy:

Zolof 2 yellow pills each night.

Seroquel 800mg q HS

Ambien 10mg 2-tabs q HS (the only way I can sleep > 3 hours.)

PAIN:

She had a stroke that affected some of the nerves in her left lower leg for which she wears a brace. She has lost sensation on the lateral side of her left foot and an area on her left forehead.

She states she really does not have pain. However, she does have headaches "all the time."

MMPI-2 - PSYCHOLOGICAL TEST RESULTS.

VALIDITY SCALES:

L scale T score was 52. This score indicates that the Claimant did not attempt to present herself as being overly virtuous.

F scale T score was 92. This score is quite elevated and is a possible indicator of an invalid profile. Some high F profiles are obtained in psychiatric

hospital settings and reflect extreme psychopathology. Other possible explanations for extreme elevations include confusion, reading problems, random responding, symptom exaggeration, faking psychological problems and malingering.

K scale T score was 46. This score indicates the Claimant was not engaging in defensive responding where it was important to present herself in a favorable image.

VRIN scale T score was 62. This rules out inconsistent or random responding.

TRIN scale T score was 50. This rules out inconsistent responding via a "yes" or "no" response set.

CLINICAL SCALES

The clinical scale elevation pattern is below:

SC > HY > HS and D > PT and PD > PA > SI

This represents an extreme profile with 8 of 10 scales being elevated.

The most elevated is SC with a T scale score of 90. Scores in the range of 80 to 90 generally indicate blatant psychotic behavior with mental processes that are disorganized, disoriented with unusual thoughts or attitudes, delusional thoughts and hallucinations.

SC scores in the 65-70 reflect individuals who do not feel a part of the social environment. They feel isolated, alienated, misunderstood and unaccepted by peers. They are withdrawn, seclusive, secretive and inaccessible.

The next most elevated scale was HY with a T scale score of 89. People who score in this range react to stress and avoid responsibility through development of physical symptoms. Frequently, they will develop headaches, chest pains, weakness, tachycardia, anxiety attacks. Symptoms appear and disappear suddenly. Individuals lack insight about the causes of their symptoms and about their own motives and feelings. These individuals can be psychologically immature, childish, self-centered, narcissistic and ego-centric. These individuals will expect attention and affection from others. They use indirect and devious means to get attention and affection. They are socially involved, friendly, talkative and enthusiastic. They are superficial and immature in interpersonal relationships. Occasionally, they "act out" in sexual or aggressive fashion.

The next most elevated scales were HS and D which were equally elevated at a T scale score of 88.

HS high scorers manifest excessive bodily concerns. They have symptoms that tend to be vague and undefined. They complain of epigastric problems, fatigue, pain and weakness. They tend to be selfish, self-centered, narcissistic, pessimistic, defeatist and have a cynical outlook on life. They tend to function at

a reduced level of efficiency without major incapacity. They often seek out medical solutions to various life problems.

Individuals who score high on the D Scale tend to be depressed, unhappy, pessimistic, sluggish and to have somatic complaints. They can lack self-confidence, be prone to worry, feel useless and inadequate. They can be shy, timid, reclusive and avoiding interpersonal involvement. They find it difficult to make decisions.

The next most elevated scales were PD and PT.

High PD scores indicate rebelliousness toward authority figures, stormy family relationships, marital problems, impulsivity, a desire for immediate gratification, impatience, poor judgment, risk taking behavior, and narcissistic, self-centered characteristics. Such individuals tend to be ostentatious, exhibitionistic, unable to form warm attachments, extraverted, outgoing, talkative, active, energetic and spontaneous.

PT scale high scorers tend to be anxious, tense, agitated, apprehensive, jumpy, have difficulty concentrating. They tend to feel insecure and inferior. They lack self-confidence and are indecisive.

The next most elevated scale was PA with a T scale score of 70. People who score in the range of 65-74 tend to have a paranoid predisposition. They are suspicious and guarded, hostile, resentful and argumentative.

The next most elevated score was SI with a T scale score of 67. Individuals with elevations of this scale tend to be more comfortable alone or with only a few close friends. They tend to worry and to feel anxious and irritable.

REVIEW OF CRITICAL QUESTIONS:

A review of the critical item questions demonstrated that the Claimant was able to read and to understand the questions without difficulty. She did make a few mistakes in her responses because of reading and answering the questions too quickly. She took ~ 75 minutes to take the test where normally people take about 120-135 minutes. Her responses did not endorse blatantly psychotic symptoms such as delusional thoughts or auditory or visual hallucinations. She did exaggerate to some extent in her responses. For example, she answered true to having made lots of bad mistakes in her life. Yet, when I queried her about those mistakes, she acknowledged she really had not made any major mistakes. For another example, she endorsed her speech as being different. When I queried her about that response, she stated, "I don't think or talk how I used to - I can't explain it." Again, this would seem to represent an exaggeration as she is not really able to identify how her speech is different. Another example is that she answered true to having an unsatisfactory sex life. When asked to explain it, she stated that she simply does not have one presently. She affirmed that she has no

problems enjoying or participating in sex.

SUMMARY:

The profile is an extreme profile in terms of the number of symptoms endorsed. However, it is clear that the patient understood the questions therefore the extreme reporting is not due to confusion. Neither was the extreme response set due to severe pathology as clinically, the patient was too well integrated and symptom free on the day that she took the exam. Accordingly, there has occurred symptom exaggeration. I suspect this occurred because of the medical-legal nature of the symptoms as well as an underlying personality disorder.

MENTAL STATUS EXAMINATION:

Miss Martinez arrived 15 minutes late. She wore a left lower leg brace. She readily greeted staff and enjoyed interacting with the office mascot, a Black Labrador. She manifested no abnormal or involuntary motor movements. She spoke intelligibly although her volume could fluctuate from being too soft to hear to speaking too loudly. There were also times when she spoke faster than normal. It was during these times that she seemed inappropriately excited or happy for someone with her stated level of symptoms. She admitted to feelings of both anxiety and depression. She denied any current suicidal thoughts. Her affect was euthymic overall but there were times when her affect varied. She could appear depressed and anxious but she could also appear inappropriately confident and elevated - even bubbly in her affect. Especially noteworthy is that when she was providing the details of the traumatic work experience Claimant did not demonstrate any difficulty talking about the traumatic event. Neither did she manifest tears, faltering in her speech or anger. In fact, she never cried during the entire interview. She was, however, able to manifest humor and enthusiasm. Her thoughts conveyed a sense of grandiosity when she talked about knowing that she was somebody special and that she would prefer to live a life of making big mistakes rather than small ones. She also talked about how easy it is for her to feel angry when someone tries to influence her thinking, especially about religion or politics. She denied paranoia but she made it clear she has been threatened in the past and that she realizes there are specific people who would like to harm her because she arrested them. She denied auditory or visual hallucinations and there was no clear evidence of perceptual disturbances. She was alert and completely oriented.

DIAGNOSTIC IMPRESSION:

Axis I	Bipolar I Disorder, Currently Euthymic on Medication Post Traumatic Stress Disorder, Chronic Prescription Medicine Abuse
Axis II	Personality Disorder, Not Otherwise Specified, with Narcissistic and Rebellious Traits
Axis III	Hypertension S/P Cerebral-Vascular Event Hypercholesterolemia

Allergic Rhinitis
Headaches
Vaso-motor Instability with Syncope

ASSESSMENT:

PERSONALITY DISORDER:

This is an individual who from an early age thought of herself as being someone "special." She had narcissistic and grandiose ideation apparent from her childhood. She tends to think mostly of herself. She demonstrated a willingness to rebel against authority as manifested by being suspended from school. She stated with pride and laughter that she was "sent to the principal some 30 times." She forged her teacher's signature on a hall pass. She would argue with her Spanish teacher in junior and senior years of high school. She stated, "I knew more than the teacher and I would tell the teacher that I have been speaking Spanish more than she." She states her father was "more affectionate with me (than her siblings)" She stated her girlfriends in school "were jealous of me" when they came to spend time with her at her home because of how special she was treated by her parents. These traits are apparent even now, and stand out despite the trauma she identifies as occurring to her during her work. For example, she stated (again with pride) that she knows people talk about her because, "I went out in a sensational manner; I went out in a spectacular way."

Again, along similar lines, she talked about her 10 year marriage. She expressed what seemed like token gratitude toward her husband for his kindness and understanding. He helped her lose her fear of engaging in sex. Yet, when asked why the marriage seemed not to work, she stated that he wanted to have children and she did not. She also stated that his career objectives turned toward computers implying that he had less time to provide attention and affection to her. She went on to state, "I was real head strong; we were both head strong."

Regarding not wanting children, the Claimant stated, "I never wanted children and still don't want them." "I think it is sad to procreate if you don't want children." "I don't think I have the patience to raise children." "I know that I have a temper and I have to be very careful that I don't bully people that are weaker than I am." "I think I have always had a temper."

Finally, when Claimant was asked about if she had ever considered suicide, she responded, "I was always very vain and too important to die." "I never took myself for granted and knew I was somebody special."

POST TRAUMATIC STRESS DISORDER:

The Claimant does endorse experiencing sexual abuse in her childhood. She states a male friend of her parents would "kiss me, fondle me and once put his penis in my mouth." This went on for about 18 months to 2 years until the family moved back from Puerto Rico to the United States. This could have had an influence upon Claimant's development. She went on to state, "As result of it, I would not take any guff from anyone, especially if they were male. I have always

been a head strong feminist - I did not like being a victim and I was determined I would not be one again."

Yet, despite her determination to never again be a victim, she reports that at age 19 she was raped by a friend of one of her brothers. "That was how I lost my virginity." I found it curious that despite her determination to not be victimized, she never reported this to the police or to her parents. She stated, "There is no doubt in my mind that if I had told my parents, somebody in my family would have killed this man or come close to it and they would have gone to prison. It was just not worth tearing up my family."

She went on to say, "After the rape, I did not tolerate anything from anyone." "I am very opinionated and if this is what I think, this is what I am going to stick with - nothing ticks me off worse than someone trying to convince me to come to their point of view. It drives me nuts that someone is determined to have me believe the way they do."

Also, after the rape, she did not want to go out of her house. She did not want to have a relationship "with guys." "It made me really gun shy of men - I was not comfortable with men at first - but then, being in law enforcement, I had to adapt." "I wanted to be in control and be certain I could take care of myself. Also, I wanted to help people that were in my position - it was not fun being a victim - not fun at all." Also after the rape occurred, in the summer between Freshman and Sophomore years of college, Claimant states she dropped out of school for a year. She returned to school and then quit and did not return to get her degree until after getting married.

The above testimony would seem to support a diagnosis of Post Traumatic Stress Disorder by history. There is a recognized connection in the field of psychiatry between prior episodes of abuse or trauma and the development or re-development of Post Traumatic Stress Disorder. Claimant's early life experience with sexual molestation could have predisposed her to develop Post Traumatic Stress Disorder. Her description of how her behavior changed after she was raped is strongly suggestive of developing a Post Traumatic Stress Disorder at that time. This first episode of Post Traumatic Stress Disorder could have made her more vulnerable to future traumatic events.

The work event of having to investigate the death of a young child, having to move that child and having to face the reality of how the child suffered and died would certainly qualify as meeting the criteria of a legitimate traumatic event for Post Traumatic Stress Disorder. The traumatic event may have had special meaning to the Claimant in light of her having been abused as a young girl, and in light of her having worked with the father of the victim.

BIPOLAR DISORDER:

Yet, It is significant to realize that Claimant manifested no significant signs of depression or anxiety during our interview. She was superficially bright and

animated. She enjoyed talking and had no trouble elaborating on topics. At times, I had to constrain her in order to move on to other topics. She exhibited no emotional distress while discussing her childhood abuse, her rape at age 19 when she lost her virginity, or even the work related traumatic incident of investigating the death of a 2 year old. I think this is highly unusual. The Claimant did not cry or tear up once during our interview. Additionally, she was able to manifest humor a number of times.

This lack of sentimentality can possibly be accounted for 1) narcissistic and rebellious personality traits; 2) bipolar affective disorder with grandiose ideation; 3) exaggerated description of symptom severity for medical legal purposes while not genuinely experiencing that level of severity.

The patient is noted to be taking high dose Seroquel (800mg / day), an Anti-psychotic along with a high dose of Zoloft (200mg / day), an anti-depressant. This combination of medication could be useful for someone with a Major Depressive Disorder with Psychotic Features, or for Bipolar Disorder.

Bipolar Disorder can manifest itself as early as childhood and could possibly account for some of Claimant's behaviors and attitudes as previously described including rebelliousness, grandiosity, narcissism, problems managing her temper, and self-inflated ego.

A Psychosocial Assessment dated 12 August, 2005 indicates that the Claimant has been "sexually promiscuous in the past." This is behavior that frequently is associated with Bipolar Disorder. Additionally, the same Psychosocial Assessment states that the Claimant's father was "concerned about the patient becoming "too happy" 2 days before she went "out of her mind." Her father also described her as pacing in the yard and talking nonsense. "She thought she was having a baby." This swinging upward in mood often occurs in people with Bipolar Disorder just prior to a Manic Episode or Depressive Episode.

The patient herself was treated about 12 years prior to her work related trauma for depression. She was treated by her primary care physician with the antidepressant Luvox. She took this for 1-2 years and was able to stop it. The patient has one brother that has been diagnosed and treated for depression. This would seem to indicate there exists a genetic loading toward some type of affective disorder. Bipolar Disorder is one type of Affective Disorder.

The Spartanburg Regional Medical Center Emergency Department admission dated 7 August, 2005 ER describes the Claimant as being irrationally angry, having hallucinations, thinking she is on a cruise on the Mississippi. She had no recollection of destroying the police car windows. Further, the history from the ER reports indicates that Xanax had been discontinued 2 weeks ago and Zoloft had been started about that same time. This change in medication could trigger a manic episode in an individual who has an underlying bipolar disorder which was not yet clinically obvious.

During Claimant's psychiatric hospitalization for psychosis, she was treated with both Neurontin and Depakote. These medications have been useful at times in the treatment of Bipolar Disorder. Though her discharge diagnosis at the time was primarily Benzodiazepine Withdrawal Delirium, this diagnosis does not adequately explain her being elevated in her mood for 2 days preceding her psychotic break. Typically, a benzodiazepine type of withdrawal delirium does not include elevated mood. Neither does it include irrational anger such as occurred when Claimant engaged in destructive behavior, such as smashing out the windows in her patrol car, or demolishing the inside of her apartment. However, irrational anger could easily be observed as part of a Bipolar Psychosis. Finally, going against the diagnosis of Benzodiazepine Withdrawal Delirium is that the Emergency Room Records do not describe Claimant as being tremulous and neither do they show the Claimant as having elevated pulse or blood pressure. Both of these would be expected to be observed in an individual that is withdrawing from Benzodiazepines.

The psychiatric evaluation performed by Dr. Ralph J. Castriotta, psychiatrist, on 11 August, 2005 indicates the admission diagnosis included "Rule Out Bipolar Disorder." He noticed scattered thinking and pressured speech and manic and obsessive features. The Coding Summary form for discharge on 22 August, 2005 included "296.80 Bipolar Disorder NOS." The Comprehensive Assessment Tool for this partial hospitalization indicates the patient was clinically "hyper-verbal." Being hyper-verbal is a common sign of Bipolar Disorder when individuals are in a hypo-manic or manic state.

For all the above reasons, I suspect that the Claimant's first psychotic break was due to a pre-existing Bipolar Disorder that was exacerbated by stopping Benzodiazepine medication (Xanax) and starting Zoloft.

QUESTIONS TO ANSWER:

1) WHAT IS YOUR DIAGNOSIS OF MS. MARTINEZ'S PSYCHIATRIC CONDITION?

Her primary psychiatric diagnoses are:

Post Traumatic Stress Disorder, Recurrent Episode, Chronic
Bipolar I Affective Disorder

Additional psychiatric diagnoses are:

Prescription Medicine Abuse associated with Primary Diagnoses Above
Personality Disorder, NOS

2) IN YOUR OPINION, DID SHE HAVE ANY OF THESE CONDITIONS PRIOR TO 4 APRIL, 2005?

Claimant has evidence of a Bipolar Mood Disorder existing prior to her work related trauma although the diagnosis was not officially recognized. This includes rebelliousness toward authority in her childhood, difficulty managing her anger by her own admission, and treatment for depression with the anti-depressant Luvov approximately 12 years prior to her work related trauma.

Claimant has evidence of a Post Traumatic Stress Disorder existing prior to her work related trauma. The Claimant indicates she was raped at age 19. She developed symptoms consistent with Post Traumatic Stress Disorder at that time which included dropping out of school for one year, not wanting to relate to males, not wanting to go out of her house, and feeling "gun shy" of men.

There is no evidence of alcohol, substance abuse or prescription medicine abuse prior to 4 April, 2005.

There is lifelong evidence of a personality style with narcissistic, grandiose and rebellious features as outlined in the "assessment" above.

3) IN YOUR OPINION, WAS ANY OF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS CAUSED OR AGGRAVATED BY THE ACCIDENT INVESTIGATION CONDUCTED BY MS. MARTINEZ ON 4 APRIL, 2005?

Yes. Both Bipolar and Post Traumatic Stress Disorders were aggravated by the trauma experienced during the accident investigation she conducted on 4 April, 2005.

Her prescription medicine abuse developed in association with the intensification of the disorders identified above.

4) IF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS ARE NOT CAUSALLY RELATED TO THAT INVESTIGATION ON 4 APRIL, 2005, WHAT IS YOUR OPINION AS TO THE CAUSE OF HER CONDITIONS?

Bipolar Disorder is a hereditary or genetic disorder. It can appear de novo due to the individuals unique genetic coding, or it can be handed down from parents. The clinical expression of the illness or an exacerbations of the illness can be triggered by a variety of experiential and environmental factors. In Claimant's case, strong emotions associated with the work related accident investigation on 4 April 2005 and the death of her ex-husband's cousin in mid April 2005 were factors in the exacerbation of her pre-existing bipolar illness.

The discontinuation of Xanax along with the initiation of the antidepressant Zoloft was the actual precipitant for the development of a manic manifestation of her bipolar disorder. This psychotic reaction is better explained as a manic mood state than as a withdrawal delirium because at the time of her admission to the emergency room, her vital signs were normal. A withdrawal delirium from Xanax would be expected to cause tachycardia (fast pulse) and hypertension (elevated blood pressure.) Finally, Claimant is currently taking substantive anti-psychotic doses of Seroquel. If her psychotic mood state was attributable to a Withdrawal Delirium from Xanax, the anti-psychotic medication would be needed for only a few days. Claimant, therefore, has a persisting affective disorder which the record shows revealed itself earlier in her life. Such disorders are genetically developed and the patient has one sibling with a similar disorder.

Post Traumatic Stress Disorder occurs more frequently in individuals where there exists a prior history of abuse. Claimant described sexual abuse for about 18 months around the age of 7-8 while living in Puerto Rico. She clearly developed symptoms of Post Traumatic Stress Disorder after being raped at age 19. Once an individual develops Post Traumatic Stress Disorder, they are more at risk for re-developing it than are others who never experienced abuse or who never previously suffered from Post Traumatic Stress Disorder. Certainly the accident investigation would qualify as the type of event that could trigger a Post Traumatic Stress Disorder. In Claimant's case, this event led to a recurrence of a previously experienced Post Traumatic Stress Disorder.

Personality disorders remain an enigma. We suspect these disorders are partially genetic and partially environmental or experiential in their origin.

Substance abuse disorders are ubiquitous and frequently co-morbid with either affective or anxious disorders. Post Traumatic Stress Disorder falls in the category of Anxiety Disorders. It is well established that Post Traumatic Stress Disorder predisposes people to Substance Abuse Disorders. Bipolar Disorder is in the category of Affective Disorders. It is also well-established that people with Bipolar Disorder are predisposed to developing Substance Abuse Disorders. In Claimant's case, there exists no prior history of any type of substance abuse disorder. The development of such a disorder after a severe intensification of either her Bipolar or Post Traumatic Stress Disorder is understandable and would be considered a secondary diagnosis that should resolve once the primary diagnosis (Bipolar or Post Traumatic Stress Disorder is properly treated.)



JOHN F. ABESS, M.D., F.A.P.A.
Board Certified Psychiatrist

May 28, 2006	4.0 hours	Critical Reading of Supplied Records
May 31, 2006	1.5 hours	Critical Reading of Supplied Records
June 8, 2006	2.25 hours	Clinical Interview
June 8, 2006		MMPI-2
June 8, 2006	1.0 hours	Preparation of Report
June 10, 2006	4.5 hours	Preparation of Report
June 14, 2006	0.75 hours	Preparation of Report
June 15, 2006	2.0 hours	Preparation of Report
June 25, 2006	3.0 hours	Final Editing of Report

19 hours at \$285 = \$5,415 PLUS \$250 for MMPI-2 = \$5,665

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098

Carrier File # 58-218332

Carrier Code #

Employer FEIN

Raquel Martinez

Claimant's Name

SSN

Spartanburg County

Employer's Name

P.O. Box 5666, Spartanburg, SC 29304

Address

City

State

Zip

Address

City

State

Zip

Home Phone

Work Phone

Association of Counties

Insurance Carrier

Richard B. Kale, Jr.

200 East Camperdown Way, Suite D, Greenville, SC 29601

(864) 527-3272

Preparer's Name

Address

Phone #

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND
CHADWICK D. PYE, ESQUIRE, ATTORNEY FOR CLAIMANT

YOU ARE HEREBY NOTIFIED THAT DEFENDANTS, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the defendants, to wit:

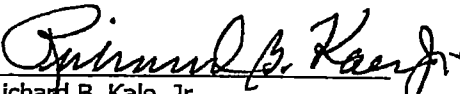
<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>PAGE</u>
APA #7 – Spartanburg Regional Medical Center	04/24/05 – 08/07/05	167-173
APA #8 – Carolinas Center for Behavioral Health	08/10/05 – 09/28/05	174-287
APA #9 – Luther A. Diehl, Ph.D.	09/06/05	288-289
APA #10 – Mary Black Memorial Hospital	04/20/01 – 04/26/05	290-302
APA #11 – Dr. John F. Abess	06/08/06	303-304

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into the evidence on behalf of the employer-defendant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the defendants:

CPT Neal Urch


Richard B. Kale, Jr.
Willson Jones Carter & Baxley, LLC
200 East Camperdown Way, Suite D
Greenville, SC 29601

August 11, 2006

August 23, 2006
(hearing date)

**SPARTANBURG REGIONAL
MEDICAL CENTER**

Spartanburg Regional Healthcare System Emergency Center

101 E. Wood St., Spartanburg, SC 29303

(864)560-5400

Prescriptions Received:

Discharge Instructions Received: FAINTING (SYNCOPE), GRIEF REACTION

Drug Instructions Received:

Referral:

Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

It appears the cause of your fainting spell today is due to many factors: grief, medications, not eating. You are advised to rest, eat regular meals; do not drive or operate machinery till rechecked by your family physician.

Date/Time: 04/24/2005 18:12

Treating MD: Hilsman MD, Susan

Patient Signature: *Raquel Martinez*

Account Number: 0511400111

Medical Record Number: 000275108

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: *Omonee Galt*

Date: *4/24/05*

Patient: Martinez, Raquel

Page 4 of 4

Sunday - April 24, 2005 - 18:12

Spartanburg Regional Healthcare System Emergency Center

PRINTED BY: FM20261

DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRS. DAVIS, LOWRY, WREN, NELSON, RAINIER, LARHAM, HIMS, CALDWELL, BURKS \T\ KIM *

MARTINEZ RAQUEL
 46 YRS FEMALE
 Dr. PHYSICIANS ED
 Location: ED

HR#: (0001)00027-51-08 Fin.No.:0511400111
 DOB: Office Id:
 CUMULATIVE
 EMERGENCY VISIT SYNCOPED AND COLLAPSE

Admitted: 24APR05
 Page: 1
 Printed: 24APR05
 1711

+++++
 + H E M A T O L O G Y +
 +++++

-----COMPLETE BLOOD COUNT-----

Procedure:	WBC	RBC	HEMOGLOBIN	HCT	MCV	MCH	MCHC	RDW
Ref Range:	(4.5-11.0)	(3.90-5.10)	(12.0-15.6)	(36.0-46.0)	(85.0-98.0)	(28.0-33.0)	(32.5-36.0)	(11.5-14.5)
Units:	K/CMM	M/CMM	G/DL	%	FL	PG	%	
24APR05 1627	11.4 H	4.28	13.4	38.6	90.3	31.3	34.6	12.6

Procedure: PLATELET
 Ref Range: (130-400)
 Units: K/CMM

24APR05 1627 330

+++++
 + U R I N A L Y S I S +
 +++++

-----MACROSCOPIC-----

Procedure:	COLLECTION	COLOR	APPEARANCE	SPEC GRAV	PH	PROTEIN	GLUCOSE	KETONES
Ref Range:		(STRAW)	(CLEAR)	(1.005-1.030)	(4.5-8.0)	(NEG)	(NEG)	(NEG)
Units:						MG%		
24APR05 1633	CL CATCH	STRAW	SL HAZY	1.014	6.5	NEG	TRACE *	NEG
Procedure:	BILIRUBIN	BLOOD	LEUK ESTER	NITRITE				
Ref Range:	(NEG)	(NEG)	(NEG)	(NEG)				
24APR05 1633	NEG	TRACE	NEG	NEG				

-----MICROSCOPIC-----

Procedure:	WBC/HFF	RBC/HFF	SQUAMOUS EPITH	BACTERIA	MUCUS
Ref Range:	(0-8)				
Units:	/HFF	/HFF	/HFF		
24APR05 1633	11 H	9	4	MODERATE	OCC

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DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS \T\ KIM *

MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.:0511400111 Admitted: 24APR05
 46 YRS FEMALE DOB: Office Id: Page: 2
 Dr. PHYSICIANS ED CUMULATIVE Printed: 24APR05
 Location: ED - EMERGENCY VISIT SYNCOPED AND COLAPSE 1711

+++++
 + CHEMISTRY +
 +++++

----- BASIC METABOLIC PROFILE -----

Procedure:	NA++	K+	CHLORIDE	CO2	GLUCOSE	BUN	CREAT	ANION GAP	BUN/CREAT	OSMO CALC
Ref Range:	(133-146)	(3.5-4.9)	(100-111)	(23.0-32.6)	(77-117)	(6-20)	(.6-1.2)	(6-13)	(8-23)	(271-318)
Units:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL	MMOL/L		MOSKG
24APR05 1627	140	3.9	100	28.5	96	6	.5 L	15 H	12	277

----- SINGLE CHEMISTRIES -----

Procedure: CALCIUM
 Ref Range: (8.9-10.3)
 Units: MG/DL
 24APR05 1627 9.7

----- EMERGENCY TOXICOLOGY -----

24APR05 1633 AMPH INTERP NEGATIVE
 24APR05 1633 PCP INTER NEGATIVE
 24APR05 1633 COCAINE INTERP NEGATIVE
 24APR05 1633 BARB INTERP NEGATIVE
 24APR05 1633 BENZO INTERP POSITIVE
 24APR05 1633 OPIATE INT POSITIVE
 24APR05 1633 THC INTERP NEGATIVE

----- CARDIAC ENZYMES -----

Procedure:	CK	CK-MB	CK INDEX	TROPONIN I
Ref Range:	(42-231)	(.0-6.0)	(0.0-1.8)	(< .07)
Units:	IU/L	NG/ML		NG/ML
24APR05 1627	76	1.0	1.3	<0.07

CK INTERPRET: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY.

Symbols:

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DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, HIMS, CALDWELL, BURKS \T\ KIM *

 MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.:0511400111 Admitted: 24APR05
 46 YRS FEMALE DOB: Office Id: Page: 3
 Dr. PHYSICIANS ED CUMULATIVE Printed: 24APR05
 Location: ED - EMERGENCY VISIT SYNCOPE AND COLLAPSE 1711

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 + CHEMISTRY +
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TROPONIN I (14MAR05 -- Current)
 REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML
 CUTOFF FOR POSSIBLE ACUTE MYOCARDIAL INFARCTION IS 0.50 NG/ML
 NOTE : TROPONIN MAY REMAIN ELEVATED SEVERAL DAYS AFTER MI

END

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 DATE 11/17/2005

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, HIMS, CALDWELL, BURKS \T\ KIM *

 MARTINEZ RAQUEL MR#: (0001)00027-51-08 Fin.No.:0521900058 Admitted: 07AUG05
 46 YRS FEMALE DOB: Office Id: Page: 3
 Dr. CASTON J C Location: 030 -B BEHAVIORAL HLTH PSYCHOSIS NOS CUMULATIVE Printed: 18AUG05
 2146

+++++
 + CHEMISTRY +
 +++++

-----EMERGENCY TOXICOLOGY-----

07AUG05 0959 AMPH INTERP NEGATIVE
 07AUG05 0959 PCP INTERP NEGATIVE
 07AUG05 0959 COCAINE INTERP NEGATIVE
 07AUG05 0959 BARB INTERP NEGATIVE
 07AUG05 0959 BENZO INTERP NEGATIVE
 07AUG05 0959 OPIATE INT POSITIVE
 07AUG05 0959 THC INTERP NEGATIVE
 AMPH INTERP (22JUL05 -- Current)

EPHEDRINE MAY CAUSE FALSE POSITIVE AMPHETAMINE RESULTS.

-----REFERENCE LAB TESTS-----

Procedure: DEXAMETHAZONE @ 2-AMINO @ CYSTATHIO @ BETA ALANINE @ ETHANOLAMINE @ PHOSPHOET @
 Units: ng/dL
 08AUG05 0710 DNR DNR DNR DNR DNR
 08AUG05 0710 AMINO ACID DOB=4-5-59 AA REQUESTED-PHENYLALANINE, TYROSINE, TRYPTOPHAN
 09AUG05 0635 SEE NOTE f
 DEXAMETHAZONE. This test was performed by LCMSMS.

LESS THAN 20 ng/dL
 Reference Ranges for Dexamethasone:

Baseline: Less than 20 ng/dL
 1 mg dexamethasone overnight: 180-550 ng/dL (8:00-10:00 AM)

Procedure: PHOSPHOSE @ TAURINE @ ASPARTIC ACID @ HYDROXYPROLINE @ THREONINE @ SERINE @
 08AUG05 0710 DNR DNR DNR DNR DNR DNR

Symbols:

f = Footnote

@ = 2-AMINO, CYSTATHIO, BETA ALANINE, ETHANOLAMINE, PHOSPHOET, PHOSPHOSE, TAURINE, ASPARTIC ACID, HYDROXYPROLINE, THREONINE, SERINE Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690

@ = DEXAMETHAZONE Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690

Patient Name: MARTINEZ RAQUEL Location: 030 BEHAVIORAL HLTH Page: 3 Cont...

PRINTED BY: FM20261

DATE 11/17/2005



SPARTANBURG REGIONAL MEDICAL CENTER

(DUPLICATE) NURSING UNIT

ATTENDING PHYSICIAN		CONSULTING PHYSICIAN		ICD-9-CM	
PRINCIPAL DIAGNOSIS <i>Benzodiazepine withdrawal Delirium</i>					
ADDITIONAL DIAGNOSES <i>Depression, NOS Anxiety Disorder, NOS</i>					
PRINCIPAL SURGERY					
ADDITIONAL SURGERY					
DATE <i>11/8/05</i>					
OTHER SIGNATURE <i>[Signature]</i>				ACCOMMODATION ☐ C.C.U. ☐ I.C.U. ☐ NEURO. ☐ POST C.C.U.	
OTHER SIGNATURE					
ASSEMBLED		CODED		ANALYZED	
				FINAL CHECK	
SPARTANBURG REGIONAL MEDICAL CENTER					
DISCHARGED DATE <i>8-9-05</i> TIME		DISCHARGE DISPOSITION ☐ ALIVE ☐ AUTOPSY ☐ DEATH +48 ☐ DEATH -48 ☐ STILLBORN ☐ TRANSFERRED			UNIT NUMBER 000-275108
ACCOUNT NO. S 0521900058		ADMISSION DATE / TIME 08/07/05 1817		FC RH	PAT. TYPE ISY
RESIDENT / REFERRING DOCTOR CASTON, CHRIS		ADMITTING DOCTOR CASTON, CHRIS		ACCIDENT / WORK RELATED NO	
PATIENT INFORMATION MARTINEZ, RAQUEL		SOC. SEC. NO.		ACCIDENT DATE / TIME	
SPARTANBURG SC 29301		TELEPHONE NO. (864)574-7978		ADM. TYPE / SOURCE 1 7	
GUARANTOR NAME AND ADDRESS MARTINEZ, RAQUEL		GUARANTOR EMPLOYER SPTBG COUNTY OF P O BOX 5666 PERSONNEL DEPT SPARTANBURG SC 29304		TELEPHONE NO. (803)596-2522	
RELATIVE 1 MARTINEZ, RAMON		RELATION PARENT		OCCUPATION LABORER	
INSURANCE 1 CIGNA PPO-SCRANTON, PA P.O. BOX 5200 SCRANTON PA 18505-5200 SPTBG COUNTY 3314532 MARTINEZ, RAQUEL U0267681901		UNEMPLOYED			
INSURANCE 3		INSURANCE 4			
DIAGNOSIS / COMPLAINT 298.9-Psychosis NOS		ARRIVAL MODE EMS	PUB / VAL N	ADV. DIR.	PAT. CLA.
STAFF ALERT: PREVIOUS ADMIT NAME / DATE MARTINEZ, RAQUEL		DATE 11/11/2005		OBSERVATION: ☐ YES ☐ NO	
454		07/14/05			

**CAROLINAS CENTER FOR
BEHAVIORAL HEALTH**

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSEMENT

Part 1 data may be collected by RN/LPN/MHT

2025510013 PHP
08-10-05
HARTINEZ, RAQUEL

SPARTAN 0006-55-29501
CAST# 1071

PART 1: ADMISSION / ORIENTATION

INFORMANT:

☒ PATIENT ☐ FAMILY MEMBER / SIGNIFICANT OTHER ☐ FRIEND
☐ UNABLE TO OBTAIN REASON:

D/W/F 46
000026130

ADMIT DATE	TIME	UNIT	STATUS	SEX	AGE
8/10/05	3:00 P	PHP	<u>Voluntary</u> Involuntary	F	46

VITAL SIGNS:

Temperature 97 Weight 135
Pulse 84 Height 5'4
Respiration 18 Color of Hair brown
B/P 120/80 Color of Eyes brown

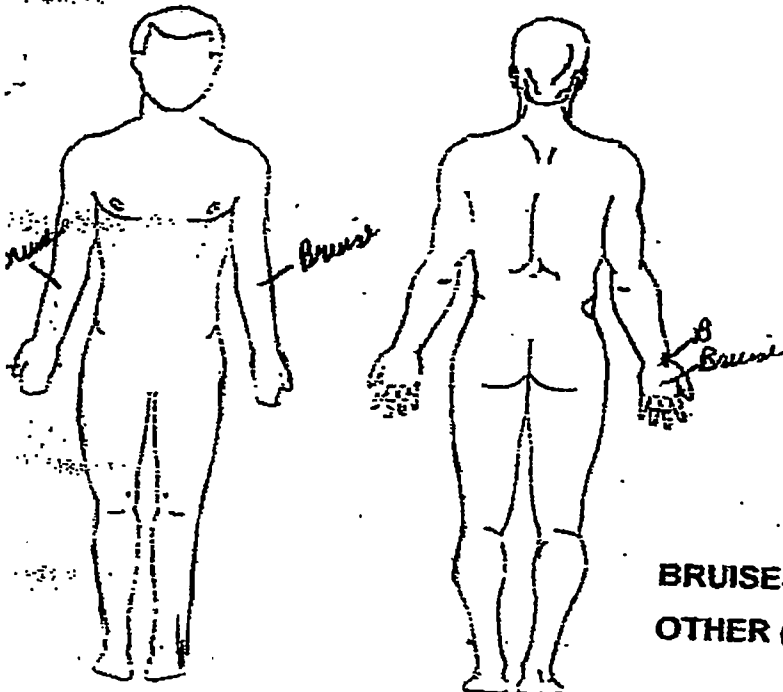
ALLERGIES Aspirin, Corn, PCN, Penicillin
Type of Reaction Hives

PATIENT/FAMILY ORIENTATION

☒ Room ☐ Visitation
☒ Unit ☐ Phone
☒ Program ☐ Staff
☒ Smoking Policy
☒ Patient Rights Given
☒ Patient Rights Explained
☒ Picture Taken

BODY IDENTIFICATION MARKS

Label all scars, bruises, etc...



LACERATIONS finger

ABRASIONS

SCARS

BURNS

MOLES/BIRTHMARKS

BRUISES

OTHER (SPECIFY)

ART II - PHYSICAL STATUS DATABASE
Data must be collected by licensed nurse

For "yes" responses, provide detail below

Medical/Surgical History	Yes	No
Medical/surgical hospitalizations	✓	
Recent diagnostic Testing	✓	
Recent Communicable Disease		✓
Recent Exposure to Communicable Disease		✓
Cardiovascular Problems	XXX	XXX
Chest Pain	✓ DH	✓
Palpitations	✓	
Irregular Heart Beat	✓	✓
Hypertension	✓	
Hypotension		✓
Respiratory Problems	XXX	XXX
Asthma		✓
Shortness of Breath		✓
Labored Breathing		✓
Tuberculosis		✓
Sore Throat		✓
Neurological Problems	XXX	XXX
Weakness/Paralysis	✓	
Dizziness		✓
Headaches	✓	
Recent Head Injury		✓
Seizures		✓
Confusion		✓
Gastrointestinal Problems	XXX	XXX
Nausea	✓	
Hepatitis		✓
Diabetes		✓
Hypoglycemia		✓
Bowel Changes		✓
Genitourinary Problems	XXX	XXX
Bladder Changes		✓
Incontinence		✓
Burning or Discomfort		✓
Urinary Difficulty/Urgency		✓
Sexually Transmitted Disease		✓
Menstrual Difficulties		✓
Skin Disorders	✓	
Visual Problems	✓	
Hearing Problems		✓
HIV/AIDS		✓
Sleep Disturbance	✓	✓
Other	✓	

Cholecystectomy, @ carpal tunnel
BTL
SRMC 8/7/05 - labor

smokes

migraines

acne on back
contact

Psychotic episode

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

Data must be collected

08-10-05 PHP

MARTINEZ, RAQUEL

SPARTANBURG SC 29301

CASTRO, J. L.

MEDICATION TAKEN AT HOME (medication/dosage/frequency/assess)

46

see list brought in by pt. Alcohol Medication disorder

DISPOSITION OF MEDICATIONS N/A Hospital Safe Sent Home Other

NUTRITIONAL SCREENING

	Yes	No		Yes	No
10% Above/Below Ideal Weight		☒	Feeding Tube/Parenteral Nutrition		☒
Chewing/Swallowing difficulties		☒	Diagnosed Eating Disorder		☒
Poor Intake > 5 days prior to admission		☒	Diabetic or Special Diet		☒
Poor Appetite		☒	Noncompliance with Special Diet		☒
NPO or Clear Liquids X 3 Days		☒			

* Nutritional Assessment indicated for all patients with a "yes" response on 4 or more items listed above and all patients with a diagnosed eating disorder, special diet or who are pregnant.

Score 0

Nutritional Consult Indicated and Ordered: Yes No

FALL RISK POTENTIAL

GAIT

- ☒ 0 - Patient ambulatory, gait steady
- 1 - Patient requires assistance
- 2 - Patient uses wheelchair or assistance device
- 3 - Gait unsteady

AGE

- 0 - Patient <65 Years of age
- 1 - Patient 65-74 Years of age
- 2 - Patient 74-79 Years of age
- 3 - Patient >80 Years of age

MENTAL STATUS

- 0 - Patient oriented X 3
- 1 - Patient is confused at all times
- 2 - Patient has intermittent confusion
- 2 - Patient is hallucinating

OTHER

- 1 - Detox

Patient scoring 4 or more is regarded as being at risk (implement Fall Precautions protocol)

**Fall Prevention Protocol should be implemented if score for gait is 2 or 3.

Score 1

Fall Prevention Protocol indicated and initiated: Yes No

CHEMICAL HISTORY

REVIEW NEEDS ASSESSMENT SECTION (ALCOHOL/PRESCRIPTION DRUG USE)

History of Biomedical complications from past episodes of detoxification? Yes No N/A

DESCRIBE psychotic episode p. stopping Xanax

NICOTINE USAGE HISTORY Yes No Amount: 3/4 pk/day

CAFFEINE USAGE Yes No Amount: soda's 1-2/day

EMOTIONAL/BEHAVIORAL DATABASE

MENTAL STATUS ASSESSMENT

SPEECH: ☐ Normal ☒ Abnormal Describe: presumed

AFFECT: ☐ Normal ☐ Flat ☒ Labile ☐ Other

FLIGHT OF IDEAS: ☐ Yes ☐ No ☒ Unsure

JUDGMENT: ☐ Good ☐ Fair ☒ Poor

INSIGHT: ☐ Good ☐ Fair ☒ Poor "Don't know why I'm here"

MEMORY: RECENT EVENTS: ☒ Good ☐ Fair ☐ Poor "forget 1st day"

PAST EVENTS: ☒ Good ☐ Fair ☐ Poor

ABILITY TO COMMUNICATE AND UNDERSTAND: ☐ Good ☐ Fair ☒ Poor

	Yes	No
Orientation to Time	☒	☐
Orientation to Place	☒	☐
Orientation to Person	☒	☐
Delusions	☒	☐
Hallucinations	☒	☐

DESCRIPTION/NOTES

somewhat confused about situation

over 100 P sleeping Xanax

Have you had any of the following?

For "yes" responses, provide detail below

	Yes	No
Been Isolative	☒	☐
Feeling "Out of Touch"	☐	☒
Feeling Dependent	☐	☒
Difficulty Completing Tasks	☐	☒
Short Attention Span	☐	☒
Very Talkative	☒	☐
Feeling Anxious	☒	☐
Panic Attacks	☐	☒
Depression	☐	☒
Lack of Energy	☐	☒
Sleeping A Lot	☐	☒
Over/Under Eating	☐	☒
Feeling Hopeless	☐	☒
Tearfulness	☒	☐
Feeling Angry/Irritable	☒	☐
Loss of Interest in Usual Pleasures	☐	☐
Feeling Worthless	☐	☐
Recent Traumatic Experience	☒	☐

concerned about not having a job

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA

	Yes	No
Lost Something/Someone You Loved	☒	☐
Feelings of Guilt	☒	☐
Significant Life Changes (job, divorce, move, etc...)	☒	☐
Past/Present History of Abuse	XXX	XXX
Physical Abuse	☐	☒
Sexual Abuse <i>1940</i>	☒	☐
Emotional Abuse	☐	☒

D/M/F
0000261 *brother - said 26 yd phob of fear
& worked on case
she worked
in job as
bureau role
officer*
*embarrassed -
applying for disability
job concern*

sexually related from 6-9 yd by family member

ASSESSMENT FOR SPECIAL PRECAUTIONS

	Yes	No
Suicidal Ideation	☐	☒
Recent History of Suicide Attempt	☐	☒
Plan for Harming Self	☐	☒
Homicidal Ideation	☐	☒
Recent History of Violence	☒	☐
Elopement Risk <i>N/A</i>	☐	☐

"I do love myself"

*Pt had psychotic episode & was
combative R/T this & even
withdrawing from medication*

SPECIAL NEEDS

	Yes	No
Assistance required with ADL's	☐	☒
Obesity	☐	☒

PAIN ASSESSMENT

Do you have pain now?

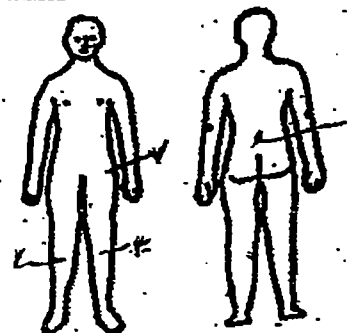
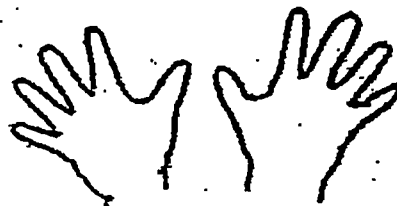
Problems with pain within past 2 months?

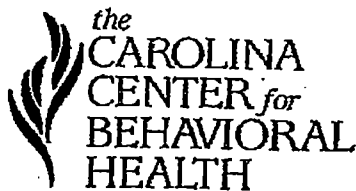
☒ Yes ☒ No
☒ Yes ☐ No

** If the answer to one of the above questions is yes, complete the following pain assessment.

DESCRIBE LOCATION OF PAIN:

Note location of pain on model. Continued on next page.





MARTINEZ, RAQUEL

SPARTANBURG SC 29301

CASTRIOTTA

C/W/F

46

000026130

Patient Identification

COMPREHENSIVE ASSESSMENT TOOL

PATIENT NAME: Raquel Martinez MALE ☐ FEMALE ☒ DATE: 8-10-2005
 VOL ☒ INV ☐ DATE OF BIRTH: 59 AGE: 46 MARITAL STATUS: D TIME: Start: 0830 End: 0940
 OCCUPATION: Spartanburg Co. 6915 PRIMARY CARE PHYSICIAN: Dr. Wieder
 ACCOMPANIED BY: Alone REFERRAL SOURCE: Cigna

CHIEF COMPLAINT (in patient's own words)
 WHY ARE YOU HERE TODAY? I became psychotic last Sunday I tore my home up and tore my police car up. I didn't hurt anyone because I wasn't a gun. I stopped taking Xanax and became psychotic.

PRECIPITATING EVENTS

EVENTS WHICH OCCURRED IN PREVIOUS 24-72 HOURS WHICH PROMPTED ASSESSMENT:

my cousin died mid april 05 and I took Xanax for my nerves. I stopped taking Xanax 12 weeks ago and became psychotic

1. MAJOR LIFE AREAS	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
PROBLEMS AT WORK OR SCHOOL	X			<u>I tore up police car last Sunday. On tired of seeing all the dead bodies. Decreased since 4-05</u>
DETERIORATION IN HYGIENE AND / OR GROOMING		X		
LOSS OF ENERGY OR INTEREST IN ACTIVITIES	X			
SOCIAL WITHDRAWAL	X			
ABILITY TO PARENT		1		

2. BEHAVIOR CHANGES	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
IRRITABILITY / MOOD LABILITY / CRYING SPELLS		X		
POOR IMPULSE CONTROL		1		
MANIC SYMPTOMS		1		

3. SLEEP	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
usual number of hours: <u>5-6</u>				
INSOMNIA (initial, mid, terminal)	X			<u>Problems going to sleep</u>
HYPERSOMNIA		1		

Revised 08/2004

Needs Assessment

COMPREHENSIVE ASSESSMENT TOOL

4. EATING	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
BINGING, PURGING, COMPULSIVE OVEREATING				
EXCESSIVE EXERCISING, LAXATIVE / IPECAC USE				
ABSENCE OF MENSES				

CHANGES IN EATING HABITS (DESCRIBE):

Decreased

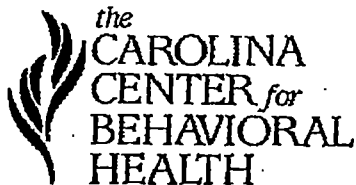
WEIGHT: GAIN: ☐ LOSS: ☒ NUMBER OF POUNDS: 5 TIME FRAME: DAYS: _____ WEEKS: _____ MONTHS: 4

5. ANXIETY	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
GENERALIZED ANXIETY / RUMINATIONS	☒			<i>When I stopped taking Xanax</i>
PANIC ATTACKS				
SOCIAL ANXIETY				
OBSSSSIVE/COMPULSIVE BEHAVIORS/THOUGHTS				
PTSD SYMPTOMS	☒			<i>Sexual abuse</i>

6. PSYCHOSIS	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
HALLUCINATIONS (visual, auditory, tactile, olfactory)		☒		<i>Real Smiley if was going on Steam last trip I didn't know who I was</i>
Command		☒		
DISORGANIZED THOUGHT / SPEECH PATTERNS		☒		
DELUSIONS				
Bizarre				
PARANOID IDEATIONS				

7. CHILD / ADOLESCENT	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
RUNNING AWAY RISK				☒ ADULT: SECTION NOT RELEVANT
BEDWETTING				
DESTRUCTION OF PROPERTY / FIRE SETTING				
CRUELTY TO ANIMALS				
STEALING				
REBELLIOUS / DEFIES FAMILY / AUTHORITY				
GANG / SATANIC INVOLVEMENT				
PROBLEMS AT SCHOOL				
LEARNING DISABILITIES / DEVELOPMENTAL DELAYS				

8. HISTORY OF PHYSICAL / SEXUAL ABUSE	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
	☒			<i>History</i>



080105

2025510013 PHP
22-10 35
MARTINEZ, RAQUELPatient Identification
ASTORIA, OR 97103 SC 29301

COMPREHENSIVE ASSESSMENT TOOL

9. ALCOHOL / DRUG USAGE

☒ Denies alcohol / drug use - Proceed to Section 10

(i.e.: alcohol, cocaine, marijuana, opiates, stimulants, sedative-hypnotics, hallucinogens, inhalants, over-the-counter meds, etc.)

Substance	1 st Use	Amount / Frequency	Duration of Use	Last Use	Amount Used in Last 24 Hours

LONGEST PERIOD OF SOBRIETY (WITH DATES):

WITHDRAWAL SYMPTOMS / BEHAVIORS:

☐ Nausea / Vomiting ☐ Cramps ☐ Tremors ☐ Insomnia ☐ Weakness ☐ Diaphoresis
☐ Diarrhea ☐ Agitation ☐ Loss of Appetite ☐ Delirium ☐ Fever / Chills ☐ Changes in Vital Signs

Symptoms	Frequency	Duration	Most Recent Complaint

HISTORY OF MORE SEVERE WITHDRAWALS (DT'S, BLACKOUTS, SEIZURES, ETC.):

BREATHALIZER: B/P: PULSE:

10. HEALTH

PAST AND CURRENT MEDICAL CONDITIONS (indicate whether stable or unstable):

HTN, Syncope, Arthritis
TMD, Severe Headaches (migraines)

SURGICAL HISTORY:

Hand, Gall bladder, Tubal

ALLERGIES:

Darvocet, Combid, PCN, nuts!

RECENT FALLS (WITH DATES AND INJURIES):

DeniesUSE OF ASSISTIVE DEVICE(S): ☐ YES ☒ NO TYPE(S):

INDICATIONS OR RISKS FOR FALLS (i.e.: unsteady gait, shuffling, dizziness, etc.):

INFORMANT: ☒ PATIENT ☐ FAMILY ☐ HEALTH PROFESSIONAL ☐ OTHER:

Revised 08/2004

Needs Assessment

Gabapentin 300mg PRN
 Zolpidem 40mg po Day
 COMPREHENSIVE ASSESSMENT TOOL

11. MEDICATIONS				
Current Medications	Dosage	Prescribed By	Last Use	Taken as Prescribed?
Toprol XL	per Day	Dr. Cushman	8-10-05	4/5
Lotrel 10/20	per Day			
Zolpidem 40mg	" "			
Lorazepam 10mg	1/2 3x4x Day			
Clonazepam 1mg	PO - HS			
Depakote 250mg	Bid - 510mg HS			
Depakote 250	Q4HR PRN			

12. PREVIOUS TREATMENT: Psychiatric / Substance Abuse					
Facility	LOC	Dates	MD / Therapist	DX (if known)	Outcome
SPMC Dorchester	IP OP	3 Days 12/3/05	Ag	Depression - Rx @ Levee	

13. SUPPORT SYSTEMS

CURRENT LIVING ARRANGEMENTS:

alone

MARITAL HISTORY:

1

Divorced

CHILDREN:

0

SOURCES OF SUPPORT:

14. SOCIAL AND FAMILY HISTORY

HIGHEST LEVEL OF EDUCATION COMPLETED:

16

BARRIERS TO TREATMENT (cultural, ethnic, communication, etc.):

none

MILITARY SERVICE (with rank):

none

LEGAL HISTORY (current and past charges, dates, disposition):

Denies

FAMILY HISTORY OF SUBSTANCE ABUSE:

Denies

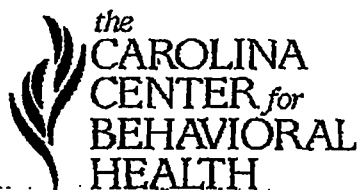
FAMILY HISTORY OF MENTAL ILLNESS:

Brother

15. SUICIDE / HOMICIDE RISK(S) (SEE SUPPLEMENTAL INITIAL EVALUATION OF RISK TO SELF / OTHERS)

Revised 08/2004

Needs Assessment



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SPARTANBURG SC 29301
CASTRIOITA
Patient Identification
099926130 46

COMPREHENSIVE ASSESSMENT TOOL

16. CLINICAL APPRAISAL

APPEARANCE: ☐ NEAT ☒ CASUAL ☐ DISHEVELED ☐ UNCLEAN ☐ BIZARRE

COMMENTS: _____

MOTOR ACTIVITY: ☒ APPROPRIATE ☐ PSYCHOMOTOR AGITATION ☐ HYPERACTIVITY
☐ PSYCHOMOTOR RETARDATION ☐ CATATONIA ☐ OTHER: _____

COMMENTS: _____

SPEECH / LANGUAGE: ☐ APPROPRIATE ☐ GUARDED ☐ PRESSURED ☐ LIMITED ☐ ABNORMAL
☐ REPETITIVE ☐ DISORGANIZED ☒ OTHER: *Hyper Verbal*

COMMENTS: _____

MOOD / AFFECT: ☐ APPROPRIATE ☒ LABILE ☐ BLUNTED ☐ FLAT ☐ OTHER: _____

COMMENTS: _____

THOUGHT PROCESS: ☐ LOGICAL ☐ CONCRETE ☒ TANGENTIAL ☐ FLIGHT OF IDEAS

COMMENTS: _____

CONCENTRATION: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS: _____

JUDGEMENT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS: _____

INSIGHT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS: _____

MEMORY: RECENT: ☐ GOOD ☒ FAIR ☐ POOR

REMOTE: ☐ GOOD ☒ FAIR ☐ POOR

COMMENTS: _____

ORIENTATION: ☒ PERSON ☒ PLACE ☒ TIME ☒ SITUATION

17. ADDITIONAL CLINICAL INFORMATION

COMPREHENSIVE ASSESSMENT TOOL

18. LEVEL OF CARE DETERMINATION

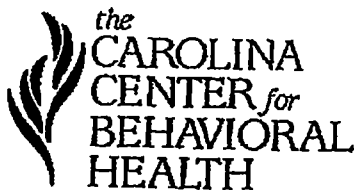
ACUTE MEDICAL HOSPITAL REFERRAL	☐ Life threatening or potentially life threatening medical condition which prohibits the initiation of treatment. ☐ Medical evaluation indicated based on symptoms identified at time of assessment.
INPATIENT ACUTE CARE	☐ Severe deterioration of usual level of functioning. ☐ Behavior which is life threatening, destructive or disabling to self or others. ☐ Symptoms / behaviors indicative of need for 24 hours monitoring and assessment of the patient's condition. ☐ Failure at outpatient treatment due to a clinical instability or a condition which precludes safe treatment at a lesser LOC. ☐ Active psychiatric disorder with potential to interfere with treatment of severe medical condition. ☐ Condition requires a medically monitored detoxification process.
PARTIAL HOSPITALIZATION	☒ Moderate deterioration of usual level of functioning. ☒ Moderate risk of behavior which is life threatening / destructive to self or others. ☒ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure at lower level of treatment. ☒ Partial hospitalization required to prevent an exacerbation of symptoms.
INTENSIVE OUTPATIENT	☐ Mild deterioration of usual level of functioning. ☐ Mild risk of behavior which is life threatening / destructive to self or others. ☐ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure at outpatient treatment / aftercare. ☐ Chronic mental illness requiring psychotherapy and management at a higher level of outpatient treatment. ☐ Demonstration of alcohol / drug use resulting in impairment of functioning.
OUTPATIENT	☐ Minimal deterioration of usual level of functioning. ☐ Symptoms / behaviors of such severity that there is interference with social, family, vocational functioning. ☐ Failure of other treatment programs, aftercare, support groups, etc. ☐ Increase in drug / alcohol use.

CRITERIA FOR EMERGENT MEDICAL CONDITION: ☐ PRESENT ☒ NOT PRESENT.

JUSTIFICATION FOR LEVEL OF CARE CHOSEN: 46y/o D/W/P presenting in labile, hyper verbal state. Has severe depression in presence with sleep and appetite disturbance. Depressed on OTC, Sees no risk for withdrawal.

ASSESSMENT COMPLETED BY: Dr. Simpson on 8-10-05 DATE: 8-10-05 TIME: 0900
 PHYSICIAN DETERMINATION: Psy M.D. DISPOSITION: Admit
 ADMIT TO: INPATIENT UNIT: _____ PHP: Dual IOP: _____ OP: _____
 PROVISIONAL DIAGNOSIS
 AXIS I: benzodiazepine withdrawal, R/O B. Polai
 AXIS II: Depressed
 AXIS III: Alcohol, Severe Headaches
 AXIS IV: Occupational, Social
 AXIS V: CURRENT GAF: 40 HIGHEST GAF IN LAST YEAR: _____

REVIEWED WITH PHYSICIAN: Dr. Costantino DATE: 8-10-05 TIME: 0910
 REVIEWING PHYSICIAN'S SIGNATURE: [Signature] DATE: _____ TIME: _____
 Revised 08/2004
 566
 8.11.05 gAm. Needs Assessment



U8U105

2025510013 PHP
10 05
ARTINEZ, RAQUELPatient Identification SURG SC 29301
10/10/TA

COMPREHENSIVE ASSESSMENT TOOL

INITIAL EVALUATION OF RISK TO SELF / OTHERS (PART 1 OF 2) 46

INFORMANT (CHECK ALL THAT APPLY):

☒ PATIENT ☐ FAMILY / FRIEND(S) ☐ HEALTH PROFESSIONAL(S) ☐ COMMITMENT PAPERS ☐ OTHER: _____

SECTION I: CURRENT SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THE PATIENT HAVING:

SUICIDAL IDEATION / MAKING SUICIDAL THREATS / EXHIBITING SELF-INJURIOUS BEHAVIORS?

☐ YES ☒ NO

HOMICIDAL / ASSAULTIVE IDEATION OR MAKING HOMICIDAL / ASSAULTIVE THREATS?

☐ YES ☒ NO

IF THE ANSWERS TO THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION II. OTHERWISE, ANSWER THE FOLLOWING QUESTIONS:

IS THE IDEATION REPETITIVE OR PERSISTENT?

☐ YES ☒ NO

DOES THE PATIENT HAVE A SPECIFIC PLAN?

☐ YES ☒ NO

DOES THE IDEATION INVOLVE SERIOUS / LETHAL INTENT?

☐ YES ☒ NO

DOES THE IDEATION HAVE DELUSIONAL / HALLUCINATORY CONTENT?

☐ YES ☒ NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S) (DESCRIBE THE PATIENT'S PLAN, IDEATION, HALLUCINATION, ETC.):

Darius

SECTION II: HISTORY OF SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THERE A HISTORY OF SUICIDAL / SELF-INJURING / IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HOMICIDAL / ASSAULTIVE IDEATION / BEHAVIOR / THREATS?

☐ YES ☒ NO

IS THERE A HISTORY OF HARM TO SELF / OTHERS WHILE IN AN INTENSIVE TREATMENT SETTING?

☐ YES ☒ NO

IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION III.

IF ANY ANSWER IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S):

Police officer

SECTION III: ACCURACY OF REPORTS:

ARE THERE ANY CONCERNS THAT THE PATIENT OR OTHERS MAY BE CONCEALING OR MINIMIZING CURRENT OR PAST RISK TO SELF OR TO OTHERS?

☐ YES ☒ NO

IF THE ANSWER IS YES, DESCRIBE THE EVIDENCE OR CONCERNS:

201 00

COMPREHENSIVE ASSESSMENT TOOL
INITIAL EVALUATION OF RISK TO SELF / OTHERS (PART 2 OF 2)

SECTION IV: SUICIDE / SELF-INJURIOUS / HOMICIDE / ASSAULT RISK FACTORS:

(CHECK ALL THAT APPLY)

☒ 19 YEARS OR YOUNGER OR 45 AND OLDER	☐ HISTORY OF SUICIDE / HOMICIDE ATTEMPTS
☒ SINGLE, SEPARATED, DIVORCED OR WIDOWED	☐ FAMILY HISTORY OF SUICIDE / HOMICIDE
☐ SEVERE PROBLEMS WITH SIGNIFICANT OTHERS	☐ HISTORY OF MAJOR DEPRESSION
☐ LACK OF SOCIAL OR RELIGIOUS SUPPORT	☒ HISTORY OF BIPOLAR / PSYCHOSIS
☒ SIGNIFICANT OCCUPATIONAL STRESSORS / LOSS	☐ PARANOID IDEATION
☐ SEVERE FINANCIAL DIFFICULTIES	☐ BORDERLINE OR ANTISOCIAL PERSONALITY DISORDER
☐ SEVERE SCHOOL DIFFICULTIES	☐ ORGANIC BRAIN SYNDROME
☐ SIGNIFICANT LEGAL DIFFICULTIES	☐ SEVERE ANXIETY / PANIC / RUMINATIONS
☐ CHRONIC OR DEBILITATING ILLNESS	☐ CALM AFTER AGITATED DEPRESSION
☐ RECENT TRAUMA OR LOSS	☐ COMMAND HALLUCINATIONS OR DELUSIONS
☐ VIOLENT SOCIAL ENVIRONMENT	☐ ORGANIZED PLAN WITH LETHAL INTENT
☐ PREVIOUS HISTORY OF VIOLENCE	☐ BLUNTED / FLAT AFFECT
☐ VIOLENCE / THREATS TOWARDS OTHERS	☐ HOPELESSNESS
☒ POSSESSION OR ACCESS TO GUN	☐ RAPID MOOD SHIFTS
☐ HEAVY ALCOHOL OR DRUG USE	☐ SEVERE INSOMNIA

SECTION V: SUMMARY EVALUATION OF RISK TO SELF OR OTHERS

PATIENT'S SUICIDAL / SELF-INJURIOUS RISK (EXPLAIN BELOW):

- ☒ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

PATIENT'S HOMICIDAL / ASSAULTIVE RISK (EXPLAIN BELOW):

- ☒ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

RISK SUMMARY:

Denies SI / HI

EVALUATION COMPLETED BY:

Alan Simmons RN

DATE:

8-10-05

TIME:

0900

REVIEWED WITH PHYSICIAN:

Dr. Casaliello

DATE:

8-10-05

TIME:

0910

REVIEWING PHYSICIAN'S SIGNATURE:

[Signature]

DATE:

8-10-05

TIME:

0910

PRE-DISCHARGE EVALUATION OF RISK TO SELF / OTHERS

PAGE 1 of 1

Patient Identification

10013 PHP

5
2. RAQUEL

SC 29301

46

(Please check all that apply)

Informant was ☒ Patient ☐ Family ☐ Friends ☒ Hospital Health Professional
☐ Other Health Professional ☐ Other

SECTION I - CURRENT RISK TO SELF / OTHERS AT TIME OF DISCHARGE:

Does the patient or do others report:

the patient having suicidal ideation or making suicidal threats?

☐ Yes

☒ No

the patient having homicidal / assaultive ideation or making homicidal threats?

☐ Yes

☒ No

If the answers to the above questions are NO, then go to Section II;

Otherwise answer the following questions:

Is the ideation repetitive or persistent?

☐ Yes

☐ No

Does the patient have a specific plan?

☐ Yes

☐ No

Does the ideation involve serious / lethal intent?

☐ Yes

☐ No

Does the ideation have delusional or hallucinatory content?

☐ Yes

☐ No

If the answer to any of the above questions is YES, then describe the basis for such answer below, then complete Section II. (Describe the patient's plan, ideations, hallucinations, etc. and if they represent a risk to others at time of the discharge, describe considerations regarding "duty to protect" or "duty to warn".)

Comments:

SECTION II - ADDITIONAL RISK MANAGEMENT CONSIDERATIONS:

Does the patient have a history of suicidal attempts soon after a past discharge?

☐ Yes

☒ No

Does the patient have a history of concealing or denying past suicide / homicide / assaultive ideation / behaviors?

☐ Yes

☒ No

Were clinical indications for a second opinion concerning discharge risk present?
(If yes, please comment below)

☐ Yes

☒ No

Comments:

Physician's Signature:

[Signature]

Date / Time: 10.11.2005

This guideline is not intended to preclude any additional assessment tool, nor is it a substitute for clinical judgement.
CS003-02 Rev. 7/97

CAROLINA CTR FOR BHS 259
2700 EAST PHILLIPS ROAD

PATIENT DEMOGRAPHIC PROFILE

Date Printed: 082

GREER, SC 296504815
(864) 235-2335

Patient Name..... **MARTINEZ, RAQUEL**
Address.....

City, State, Zip..... **SPARTANBURG, SC 29301**
Phone..... **864 574-7978**
Social Security No.....
Birth Date.....
Age..... **046Y**
Sex..... **F**
Race..... **W White**
Religion.....

Marital Status..... **DIVORCED**
Spouse/Parent.....

Financial Class..... **4034**

Doctor Name..... **CASTRIOTTA, RALPH**
NPP Signed..... **P**

Account No/Type..... **112484001-6 I - INPATIENT**
Medical Record No... **000026130**
County.....
Admit Date/Time..... **8/22/05 18:17**
Disch Date/Time..... **8/24/05**
Adm.Dx..... **OPIOD DEPENDENCE-UNSPEC**

30400

Readmit.....
Service..... **ICL**
Occupation.....
Employer..... **SPARTANBURG COUNTY**
Address.....
Phone.....

Emergency Contact Information

Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....

*** Insurance Information ***

Primary Insurance Holder/Guarantor

Name..... **MARTINEZ, RAQUEL**
Address.....
City, State, Zip.... **SPARTANBURG, SC 29301**
Phone..... **864-574-7978**
Relationship..... **SELF**
D.O.B.....
Occupation.....
Employer..... **SPARTANBURG COUNTY**
Address.....
City, State, Zip..

Spouse/Parent

Name.....
Relationship.....
Address.....
City, State, Zip..
Phone.....
Occupation.....
Employer.....

*** Insurance Carrier 1 Information ***

Carrier..... **MCC - CIGNA**
Group Name...
Policy.....
Policy Holder.. **MARTINEZ, RAQUEL**
Address..... **P O BOX 46270**
City/St/Zip.... **EDEN PRAIRIE, MN 55344**

*** Insurance Carrier 2 Information ***

Carrier..... **SELF PAY BALANCES**
Group Name...
Policy.....
Policy Holder.. **MARTINEZ, RAQUEL**
Address.....
City/St/Zip....

*** Insurance Carrier 3 Information ***

Carrier..... **UP FRONT CASH**
Policy.....
Policy Holder..

*** Insurance Carrier 4 Information ***

Carrier..... **UP FRONT CREDIT CARD PYMT**
Policy.....
Policy Holder..

Notes:

AXIS I: _____ ICD9: _____

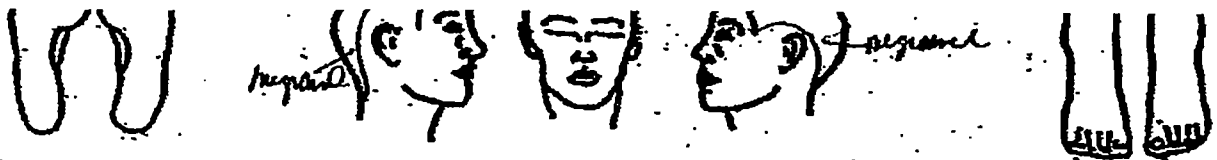
AXIS II: _____

AXIS III: _____

AXIS IV: _____

570

Physician Signature: _____ Date: _____



DESCRIBE PAIN TYPE: (Sharp, Dull, Pressing, Throbbing, etc...) Migraine - sharp - throbbing
 ONSET: migraine - years ago - frequency, arthritis, TMS
 DURATION: arthritis - throbbing ache

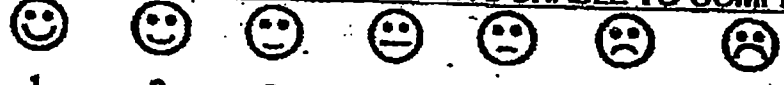
INTENSITY: (Use scale to rate pain)

NUMERICAL PAIN SCALE (USE WITH ALL PATIENTS WITH ABILITY TO COMPREHEND)

0 1 2 3 4 5 6 7 8 9 10

0-10, Zero equals no pain, 10 equals worst pain

PAIN AFFECT FACES SCALE (USE WITH PATIENTS UNABLE TO COMPREHEND ABOVE)



1 2 3 4 5 6 7

CURRENT PAIN SCALE RATING 0

WHAT IS THE BEST PAIN GETS 0 WHAT IS THE WORST PAIN GETS 10 - migraine

What relieves the patient's pain? lumber

What causes or increases patient's pain? staying in one place too long

What effect does pain have on:

Symptoms (Nausea/vomiting, etc...) migraine - N/V

Appetite: ↓ appetite Physical Activity: ↓ r

Concentration: ↓ conc Emotions: ↑

Sleep: ↓ - if indicated Relationships with others: irritable

What previous methods of pain control have been effective? lumber, admitted

What previous methods of pain control have been ineffective? migraine only respond to lumber

Patient's and family's preferences for Pain Management? lumber, admitted

NURSING SUMMARY: (Other comments, discrepancies in data, etc...)

46 yow f adm to PHU p release from SRMA +
referred here by Pignar to 'ed over W/E
for psychotic episode & stopping Xanax
which she had perceived was a pt + "I was
doing something good" - Pt is calmer on 2nd
day of p adm - on 8/10/05 she was extremely
hyperbolic and confused. Dulba D. Hudson RN
about leading events to her adm she
seems to have more insight now.
States she is "embarrassed about
past event of psychosis."

RN Signature

8/11/05 3:00
Date/Time



PHYSICIAN ADMISSION NOTE - PHP

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRICOTTA
E/4/F

Patient Identification
46

BRIEF HISTORY OF PRESENT ILLNESS and SYMPTOMS (to support diagnosis and severity of illness):

pt is here 29 to a rxn to D/Cing her
Kamox - Hospitalized briefly - now here for
further diagnostic assessment. - got episode -
1-2 mg q day before D/Cing it.

Criteria Justifying Admission:

- ☒ Patient has failed to respond to previous attempts at treatment at a lesser level of care (need to document previous treatment attempts and treatment failures).
- ☐ Need to prevent further deterioration in psychiatric condition/psychiatric symptoms.
- ☒ Need to prevent inpatient hospitalization or rehospitalization.
- ☐ Acute onset/exacerbation of psychiatric disorder.
- ☐ Structured treatment needed in order to prevent relapse.
- ☒ Decrease in ability to care for self/attend to activities of daily living (eating, hygiene, thinking, judgment).
- ☒ Need for specialized treatment(s) and/or diagnosis procedures, not being accomplished at a lesser level of care.
- ☐ Requires transition from inpatient care to a lesser level of care to prevent decompensation.
- ☐ Need to control inappropriate and intolerable behavior (bizarre, aggressive, self-destructive).

Preliminary Diagnosis:

Axis I / BPD with dromed.
Axis II Psychosis P/O bipolar D/O vs OCD
Axis III mg, Htn, Headache.
Axis IV
Axis V Current GAF 50 Past GAF 70-80

Recommended Treatment Goals During Partial Hospitalization Program (check all that apply):

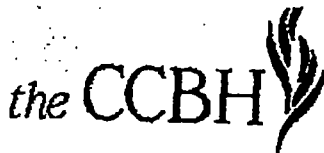
- ☒ Monitor closely for medication compliance, effects and side effects.
- ☐ Develop effective coping skills, which support ability to function in community setting.
- ☒ Improve social skills to foster successful community living.
- ☐ Decrease hallucinations/delusions in order to promote increased independent functioning.
- ☐ Increase ability to manage aggressive or self-destructible behaviors.
- ☐ Develop individualized relapse prevention plan to promote sobriety outside of structured treatment setting.
- ☐ Improve family functioning in order to support ongoing recovery needs.
- ☐ Improve self-esteem in order to promote independent functioning.
- ☐ Improve functional behaviors, which will support independent living.

Preliminary Discharge Plan (check all that apply): ☐ IOP ☐ Therapist ☒ Physician ☐ Group (AA, etc.)

ADMISSION CERTIFICATION:

I certify that this patient would require inpatient psychiatric care if the Partial Hospitalization services were not provided. Services will be furnished under the care of a Physician and under the Physician approved written Plan of Treatment.

Physician Signature: [Signature] Date: 8-10-05 Time: 10:12



PHYSICIAN ADMISSION ORDERS - PHP

42516013 PHP
10-05
TINEZ, RAQUEL
Aikenburg SC 29301
1011A
46

Patient Identification

PHYSICIAN ADMISSION ORDERS

Admit to CCBH:

1. Admit to CCBH PHP: ☒

2. Diet:

☒ Regular ☐ Other _____ Dietary Consult _____

3. History and Physical ☐ Yes ☒ No

4. Laboratory: ALL

☐ Comp. Metabolic	☐ Urine Drug Screen	☐ HIV	☐ Tegretol
☐ Basic Metabolic and Creatinine	☐ Urinalysis	☐ RPR	☐ Lithium
☐ TSH with Reflex FT	☐ CBC	☐ Cereuloplasmin	☐ Digoxin
☐ Hepatic Panel	☐ Urine Pregnancy Test	☐ Hgb A1C	☐ Depakote
☐ PT/PTT	☐ Vit B12/Folic Acid	☐ GGT	☐ Lipid Panel
	☐ Other: _____		

5. Treatment Modalities: ALL

☐ Group Therapy ☐ Activity Therapy ☐ 12 Step Program
☐ Psych Educational Groups ☐ Family Therapy ☐ Other: _____

6. Diagnostic Tests:

☐ EKG Rationale: _____

7. Allergies: none

8. Meds: need records from govt. burg ABP.
Depake 500mg po bid
loratab 10mg q 6 hr prn.
Topamax 150mg q day.
LASIX 40 mg q day.
lithol 10/100 mg q day.
16uprofen 800 mg q 8 hr prn.

Physician Signature: [Signature]

Date: 8.11.05 Time: 9:45

RN Signature: [Signature]

Date: 8/12/05 Time: 4p

The Carolina Center for Behavioral Health
Psychosocial Assessment
Page 1 of 3

2025510013 PNP
08-10-09
MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRIOTTA
07/11
000025130
Patient Identification

1. Informant Raquel Martinez 2. Relationship pt 3. Admission: ☒ Voluntary ☐ Involuntary

4. Family of Origin

Patient was raised by: ☒ Biological Parents ☐ Adoptive Parents ☐ Grandparents ☐ Other

Is Father: ☒ Living ☐ Deceased If living, his present age: 75 If deceased, your age at time of his death: _____

Cause of death: _____

Give a description of your relationship with him (past and present):

Wonderful

Is Mother: ☒ Living ☐ Deceased If living, her present age: 79 If deceased, your age at time of her death: _____

Cause of death: _____

Give a description of your relationship with her (past and present):

Wonderful

Number of Siblings (Indicate if they are deceased): 2 Brothers, 1 Sister

Describe Relationship with Siblings: close

Atmosphere of Childhood Home: ☒ Loving ☐ Comfortable ☐ Chaotic ☐ Abusive ☐ Supportive
☐ Other

Discipline Used with Children: spanked with belt on occasion; usually threats of spanking; restriction

Significant Issues from Childhood Impacting Current Illness: Dark any awareness of past issues affecting her now.

5. History of Physical/Sexual/Emotional Abuse

☐ Patient has a history of physical abuse

☒ Patient has a history of sexual abuse

☐ Patient has a history of emotional abuse

☐ or abusing others

☐ or abusing others

☐ or abusing others

Details of abuse: Molested from 6-8 years old by family friend (male); raped at age 19 by brother friend.

6. Current Living Situation

Atmosphere of Home: ☐ Loving ☒ Comfortable ☐ Chaotic ☐ Abusive ☐ Supportive ☐ Other

Patient's Marital Status: ☐ Never Married ☐ Married ☐ Separated ☒ Divorced ☐ Widow(er) ☐ Other

Describe

Does patient have children: ☐ Yes ☒ No If Yes, Number/Ages: Divorced 11 yrs from 10 yr marriage

How has current illness affected family relationships? family members are stressed & scared - want to fix patient.

7. Sexual History

Sexual Orientation: ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Homosexual ☐ Bi-Sexual ☐ Other _____
Impact of Illness on Sexual Functioning: Denies

History of High Risk Sexual Behaviors: ☒ Yes ☐ No If Yes, describe: sexually promiscuous in past

8. Leisure/Recreation Activities: reading, fishing, writing, time with pets, watching baseball

9. Education

Highest Level of Education Completed ☐ Elementary ☐ Jr. High ☐ High School ☒ College 4 yrs - BA in Pre-Law
☐ Graduate School ☐ GED ☐ Other _____
Patient is currently a student. Name of School: _____ Degree Sought: Sociology
☐ Academic performance has been impacted. Describe: _____
☐ Learning Disability: Denies

10. Occupation

Patient is: ☒ Employed ☐ Unemployed ☐ Underemployed ☐ Retired ☐ Disabled
Patient is employed by: Living Co Sheriff's office sheriff's deputy & forensic specialist
Position: Police Officer Length of Employment: 6 yrs
☐ Patient has a history of job instability? Describe: _____

☒ Occupation has been impacted by current illness? How: can't return to work - will have to go on disability or early retirement

11. Military History: Branch: ☐ USMC ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard
Dates of Service: N/A Type of Discharge: ☐ Honorable ☐ General ☐ Less Than Honorable

12. Legal History

☒ Patient has never been arrested.
☐ Patient has been arrested. What charges and when: _____
☐ Patient is currently on Probation/Parole. Who is the probation/parole officer? _____
☐ Current illness has impacted legal history. Describe: _____

13. Social Support System

Describe: family, Sheriff + Captain

14. Cultural/Religious/Spiritual Support System

Primary Source of Recovery Support: Parents + Youngest (B)
Religious/Spiritual Belief System, if any: Denies
Childhood Religious/Spiritual Belief System, if different from current: Denies
Cultural/Ethnic Factors that may impact treatment/recovery: Denies
Impact of current illness on religious/spiritual belief system: Denies

15. Family Assessment

☒ attempted to make contact - unable to make contact
☐ Family member interviewed: ☒ Yes Date: 8-16-05 ☐ No If No, why _____
☒ Indicated need for family involvement: ☐ Yes ☒ No If yes, explain: Family adjustment.
☒ Family Member is supportive of patient and willing to be involved in treatment.
☐ Family Member is unwilling to be involved in treatment because _____
☒ Family perception of illness: Doing better now than accident in April + since starting T.
☒ Impact of illness on Family: Father concerned about her.
Because "too happy" 2 days before "she went out of her mind" - talking nonsense. Thought she was having a baby.

16. Financial Resources

☒ Patient is able to support self without assistance.
☐ Patient requires referral for financial aid/credit counseling.
☒ Current illness has impacted financial situation. Describe: _____

17. Patient's Assessed Readiness for Change

☒ Pre-Contemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐ Relapse

RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA

D/W/RB. (Amended Treatment)

0000261 As identified by patient 1. *get ahead off medic.* 2. *not really sure why she's here.*

As identified by family 1. *She says "I'm sorry."* 2. *Get confidence, be independent*

19. Summary/Clinical Analysis: Include: precipitating event(s), high risk issues requiring early intervention, reason for hospitalization, emotional/psychological symptoms (SI, HI, ability to function), substance abuse, social supports and stressors, and medical issues.]

Raqueel is a Direct admit into PTHP for psychosis due to Bzys withdrawal. R/o bipolar disorder O.D. History: TMD, HTN, headaches. Pt denies CO issues. Denies SI + HT. Precipitating events include death of her ex-husband from AIDS at 34 y/o + having responded to accidental death of 2 y/o, who's father is also a police officer, in town here. Pt unable to see need for the level of care, yet was cooperative + pleasant during this assessment. Pt is currently staying with parents due to their concern about her. Pt is wanting to return to her own home. Pt reported that the sheriff's office have already secured her guns. Pt unable to return to work.

Treatment Plans

- ☐ Chemical Dependency Track ☒ Psychiatric Track ☐ Dual Track
☐ Suicide Precautions ☐ Detox ☐ Stabilize Mood/Medications ☒ Integrate into Unit/Group Milieu
☐ Ed Rc: Disease Model of Addiction, Recovery, Relapse Prevention ☒ Ed Rc: Med Mgmt, Dx.
☐ Problem solving ☒ Coping skills ☐ Development/utilization of Support System ☐ Communication
☐ Cognitive restructuring ☐ Encourage (+) Self-perspective/nurturing ☒ Improve Sleep Pattern
☒ Improve Appetite ☐ Other:

Discharge Plans

- Where will patient live? ☒ Home ☐ With Family ☐ Needs Placement ☐ Nursing Home ☐ Group Home
☐ Foster Care ☐ Other:
☐ Partial Hospitalization ☐ Intensive Outpatient
☒ Follow-up with Individual Therapist ☐ Family Therapy ☐ Attend Aftercare
☐ Residential Treatment ☒ MD for Med Mgmt. ☐ Marital Therapy

P. Amato
Social Services Signature/Title

8/12/05 2:45p.
Date/Time

**PHYSICIAN PROGRESS
NOTE**

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA Addressograph

D/W/F 46

000026130

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

☒ Mood ☒ Anxiety level ☐ Hallucinations ☐ Sleep ☐ Suicidal ☐ Homicidal
☐ Hopelessness ☐ Helplessness ☐ Appetite ☐ Paranoia ☐ Behavior

*pt reports good sleep, she has been
anxious & somewhat obsessive.*

II. Examination

☒ Affect ☐ Isolation ☐ Reality Contact ☐ Orientation
☐ Behavior ☐ Speech ☐ Thought Process ☐ Memory Remote
☐ Insight ☐ Language ☐ Associations ☐ Memory Recent
☒ Judgment ☐ Fund of Knowledge ☐ Concentration

*pt is anxious, but very logical & good
directed.*

III. Detoxification/Withdrawal: Please circle all that apply today:

☒ Not applicable ☐ Cravings ☐ Cramps ☐ Denies All ☐ Diaphoresis
☐ Diarrhea ☐ Headache ☐ Increased Anxiety ☐ Chills ☐ Isolation
☐ Poor Concentration ☐ Restlessness ☐ Tremor ☐ Irritability ☐ Nausea/Vomiting ☐ Elevated Vital Signs

Other: _____

IV. Medical Issues/Vital Signs: VSS

V. Diagnosis Change/Addition/New Problem:

VI. Plan:

A. Labs and Tests: _____

B. Medication changes:

Consent and Risks/Benefits discussed:

☐ _____
☐ _____
☐ _____
☐ _____

C. Family Involvement Recommended: _____

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS: _____ Discharge Plans: _____

MD Signature: *[Signature]* Date: *8.12.08* Time: *2pm*

**CAROLINA
CENTER for
BEHAVIORAL
HEALTH**
PHYSICIAN'S ORDERS

MARTINEZ, RAQUEL

SP-1 - SANBURY SC 29301
CASTRIOTTA
1/4/11
03072133 46

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

Patient Identification

DIAGNOSIS: Psychosis 2nd to Benz W/D ALLERGIES: Demacet, Corned, PCN, Demacet
AGE: 46 HEIGHT: 5'4 WEIGHT: 135 DIABETES: ☐ YES ☒ NO ROOM NUMBER: Pet 1

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE TIME

8/16/05

10am Depulse to 300mg qhs

Melanie Phillips RN 8/16/05 9A

8/18/05

10am Klonopin 0.5mg po qhs

3pm Melanie Phillips RN 8/18/05 4p

8/19/05

① prepare for D/C - I would like to see

MD in Sanbury

Melanie Phillips RN 8/19/05 3p

8/22/05

Step up to inpatient LOC

Melanie Phillips RN v.o. Dr. Castriotta

8/22/05 3p Melanie Phillips RN

CS007A Rev. 8/00

PHYSICIAN PROGRESS
NOTE

MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA
D/M/F
000026130

Addressograph

- 1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

4 Mood 4 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
0 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 3 Behavior
pt has been taking more fortable
then prescribed - c/o feeling very
dizzy

II. Examination

0 Affect 0 Isolation less so 0 Reality Contact 0 Orientation
4 Behavior Speech as interview Thought Process Memory Remote
4 Insight Language progressed Associations Memory Recent
3 Judgment Fund of Knowledge Concentration
pt is sedated appearing - can't make decisions
can't work as a police officer any
more.

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Cravings Cramps Chills Diaphoresis
Diarrhea Headache Increased Anxiety Irritability Isolation
Poor Concentration Restlessness Tremor Nausea/Vomiting Elevated Vital Signs

Other:

IV. Medical Issues/Vital Signs:

WSS

very childlike
like

V. Diagnosis Change/Addition/New Problem:

ADD

12.5mg Valproate

VI. Plan:

A. Labs and Tests:

B. Medication changes:

↓ total? The prescribed amt
D/C Am depakote
↓ N/A continuation to 300mg qd
Content and Risks/Benefits discussed:

C. Family Involvement Recommended:

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS:

Discharge Plans:

MD Signature:

Date:

8/16/05

Time:

11:00

PHYSICIAN PROGRESS
NOTE

08-10-05
MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTRICOTTA
D/W/F
000026130

Addressograph

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

M Mood 11 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
0 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 2 Behavior
pt c/o cont mood drowsiness

II. Examination

3 Affect 9 Isolation 9 Reality Contact 9 Orientation
3 Behavior 9 Speech 9 Thought Process 9 Memory Remote
9 Insight 9 Language 9 Associations 9 Memory Recent
7 Judgment 9 Fund of Knowledge 9 Concentration

depressed dysthymic - a bit scattered
reviewed needs in detail

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Cravings Cramps Denies All Diaphoresis
Diarrhea Headache Increased Anxiety Chills Isolation
Poor Concentration Restlessness Tremor Irritability Elevated Vital Signs
Nausea/Vomiting

Other:

IV. Medical Issues/Vital Signs: VSB

V. Diagnosis Change/Addition/New Problem: ND

VI. Plan:

A. Labs and Tests:

B. Medication changes:

Tegaser Honegan

Consent and Risks/Benefits discussed:

C. Family Involvement Recommended:

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS: Discharge Plans:

MD Signature:

Date: 8.18.05 Time: 9am

NURSING FLOW SHEET / PROGRESS RECORD

1124840016
CB/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/I
26137

46

Patient Identification

DATE: 8-22-05

Diet: Percent Eaten			
Type	Brkfst	Lunch	Supper
Reg	/	/	90%
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	/	/	✓

Activities Attended	AM	PM
Community Meeting		
AAANA Meeting		
School		
Wrap-Up Group		
Other: New Admit		
Other: Nursing Assessment		
Other:		
Other:		

Hygiene - Self = S, Assisted = A		
	Nights	Days
	/	5

Visitors	
Days	Evening
/	2

Nights: Hours of Sleep: _____ Restless _____ Insomnia _____ Nightmares _____ Enuresis _____ EMA _____ Slept All Night _____
Sleep Medication: ☐ Yes ☐ No Last Dose: _____ Date/Time: _____
Other Observations: _____

RN Signature: _____

Days		Evenings	
Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile
☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed
☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty
Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused	Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused	Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused	Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations
☐ Concrete ☐ Disorganized ☐ Delusions	☐ Concrete ☐ Disorganized ☐ Delusions	☐ Concrete ☐ Disorganized ☐ Delusions	☐ Concrete ☐ Disorganized ☐ Delusions
☐ Phobic ☐ Loose Associations ☐ Illogical	☐ Phobic ☐ Loose Associations ☐ Illogical	☐ Phobic ☐ Loose Associations ☐ Illogical	☐ Phobic ☐ Loose Associations ☐ Illogical
☐ Paranoid ☐ Poor Concentration ☐ Tangential	☐ Paranoid ☐ Poor Concentration ☐ Tangential	☐ Paranoid ☐ Poor Concentration ☐ Tangential	☐ Paranoid ☐ Poor Concentration ☐ Tangential
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors
☐ Hopelessness ☐ Denies Suicidal Ideations	☐ Hopelessness ☐ Denies Suicidal Ideations	☐ Hopelessness ☐ Denies Suicidal Ideations	☐ Hopelessness ☐ Denies Suicidal Ideations
Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive
☐ Anxious ☐ Hyperactive ☐ Psy. Retardation	☐ Anxious ☐ Hyperactive ☐ Psy. Retardation	☐ Anxious ☐ Hyperactive ☐ Psy. Retardation	☐ Anxious ☐ Hyperactive ☐ Psy. Retardation
☐ Oppositional ☐ Isolative ☐ Withdrawn	☐ Oppositional ☐ Isolative ☐ Withdrawn	☐ Oppositional ☐ Isolative ☐ Withdrawn	☐ Oppositional ☐ Isolative ☐ Withdrawn
☐ Negative ☐ Pacing ☐ Yelling Out	☐ Negative ☐ Pacing ☐ Yelling Out	☐ Negative ☐ Pacing ☐ Yelling Out	☐ Negative ☐ Pacing ☐ Yelling Out
☐ Drug-Seeking ☐ Participating in Treatment	☐ Drug-Seeking ☐ Participating in Treatment	☐ Drug-Seeking ☐ Participating in Treatment	☐ Drug-Seeking ☐ Participating in Treatment

Initials	Signature	Initials	Signature
		RM	Raquel Martinez RN

PROGRESS RECORD

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29211
DR. CASTRIOTTA
S/W/F
26130

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob. #	Disc	Progress Notes
Diagnosed Condition	8/22	5:30 PM	0	N	Admit Note: Admitted to unit
Presenting Complaint					2 this 46 y.o. D.W.F. stepping
Complication					up from PHP 2° ? opiate abuse
New Management Problem					vs medication reaction. Pt. is
New Condition Present					on (V) status. Prior psych hx
Side Effects					of SRMC IP + DP 12 yrs ago
					unsure of practitioners, + PHP @
					CCBH. (Allergies PCN, Donnato,
					Pawacet, Combivent). Medical Rx
					of Migraine, HA's, TMS, arthritis
					in knees. Pt. is a police officer
					+ has many job stressors @
					this time. Oriented to unit +
					room, contraband check by
					Jiffaney A. MHT/Therapist, pt
					anxious on unit, Orders per
					Dr. Stephens. Placed on level
					3, DT. Will continue to observe.
					Karen Nadelock RN
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk / Benefits of Medication					
Formal Conference					
Conference with Family					
Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress:					
Change in Sx. / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions					
Plan					

THE CAROLINA CENTER FOR BEHAVIORAL HEALTH

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

PHYSICIAN ADMISSION ORDERS

SPARTANBURG, SC 29301
26133

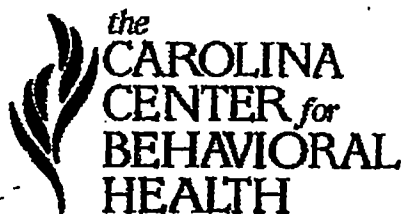
1. Admit to: ☒ Adult Psychiatric Track
☐ Adult Addictive Disease
☐ Dual Diagnosis Track
 Type: ☒ Voluntary ☐ Involuntary
☐ Adolescent Services
☐ Crisis
☐ Geriatric
2. Vital Signs: ☒ TID x 3 days, then daily (Adult and Crisis)
☐ TID (Geriatric)
☐ Adolescent: BID
☐ Erect/Supine BP (↑ ↓) for pts 60 and over ☐ Hypertensive: BID
☐ Dietary Consult
3. Diet: ☒ Regular ☐ Other
4. Weight: ☒ On admission, then q week ☐ Other
5. Medical Consult for:
☐ Management of medical condition of
☐ Identify co-morbid conditions requiring further medical management.
☐ Rule out contributory disease processes.
☐ Assess potential contraindications to psychotropic medication management and/or potential drug interactions/allergies.
☒ Medical clearance for psychiatric treatment.
 Other indications:
6. Psychiatric Evaluation by: ☒ Attending Physician ☐ Consulting Physician ☐ Admitting Physician
7. Laboratory:
☒ Comp. Metabolic ☒ Urine Drug Screen ☐ HIV ☐ Tegretol
☐ Basic Metabolic ☒ Urinalysis ☐ RPR ☐ Lithium
☒ and creatinine ☒ CBC ☐ Ceruloplasmin ☐ Digoxin
☒ TSH w/ Reflex T4 ☐ Urine Pregnancy Test ☐ Hbg A1C ☒ Depakote
☐ Hepatic Panel ☐ Vit B12/Folic Acid ☐ GGT ☐ Lipid Panel
☐ PT/PTT ☐ Other:
8. Treatment Modalities:
☒ Group Therapy ☒ Activity Therapy ☐ 12 Step Program
☒ Psych Educational Groups ☒ Family Education ☐ Other:
9. Diagnostic Tests: ☐ EKG Rationale: ☐ CXR Rationale:
10. Precautions:
☐ Suicide ☒ Detox ☐ Elopement ☐ Fall ☒ Seizure
☐ 1:1 (visual) ☐ (touch) ☐ Level II (every 30 minutes) ☒ Level III (every 15 minutes)
☐ Admission Evaluation X ☐ Hours (15 minute checks)
11. Allergies: PCN, Darvocet, Donnatal, Combivent.
12. Communication: * Justification required for all restrictions
 Visitors: ☒ * Restricted to: List ☒ Telephone ☐ Mail
☒ * No Visitors ☐ * Restricted ☐ * No mail
 Restriction Justification:
13. Activity Level: ☒ Unrestricted Exercise ☐ Limited Exercise/Activity

T. 8:30
8/22/05
Date/Time
Revised 9/04

Physician Signature

Date/Time

Orders Transcribed by:



1124840016 212A
06/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 2930
DR. CASTRIOTTA
S/W/F
26130

PSYCHIATRIC ADMISSION NOTE

Patient Identification

Brief history of present illness and symptoms:

pt is here 2nd to overdose of
heroin
Tearful, distraught.

"If I have it, I'll overdose it."

MEDICAL NECESSITY OF INPATIENT PSYCHIATRIC HOSPITALIZATION (circle all the apply)

1. Threat to self requiring 24-hours professional observation:
 - a. suicidal ideation of gesture within 72 hours prior to admission
 - b. self mutilation (actual or threatened) within 72 hours prior to admission
 - c. chronic and continuing self destructive behavior (e.g., bulimic behaviors, substance abuse) that poses a significant and/or immediate threat to life, limb, or bodily function

- Threat to others requiring 24-hours professional observation:
 - a. assaultive behavior threatening others within 72 hours prior to admission
 - b. significant verbal threat to the safety of others within 72 hours prior to admission

3. Command hallucinations directing harm to self or others where there is the risk of the patient taking action on them

4. Acute disordered/abuse behavior or psychomotor agitation or retardation that interferes with the activities of daily living (ADLs) so the patient cannot function at a less intensive level of care during evaluation and treatment.

5. Cognitive impairment (disorientation or memory loss) due to an acute Axis I disorder that endangers the welfare of the patient or others.

6. Evaluation or treatment of a psychiatric comorbidity (e.g., risk of suicide, violence, severe depression) warranting inpatient admission for patients with dementing disorder.

7. A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning, and that can only be addressed in an acute inpatient setting.

8. A mental disorder that causes an inability to maintain adequate nutrition or self-care, and family/community support cannot provide reliable, essential care, so that the patient cannot function at a less intensive level of care during evaluation and treatment.

9. Failure of outpatient psychiatric treatment so that the beneficiary requires 24-hour professional observation and care. Reasons for the failure of outpatient treatment could include:

- a. increasing severity of psychiatric symptoms;
- b. noncompliance with medication regimen due to the severity of psychiatric symptoms;
- c. inadequate clinical response to psychotropic medications;
- d. due to the severity of psychiatric symptoms, the patient is unable to participate in an outpatient psychiatric treatment program.

related to
the 2yo child
forensic case.

OTHER:

Final Diagnosis:

Axis I: Primary: opiate abuse in dep., PTSD

secondary: AS

Axis II: depressed.

Axis III: migraines.

Axis IV: AS

Axis V: 650 30

Estimated Length of Inpatient Treatment: 4-5 days.

Refinatory Discharge Plan:

☒ Home

☐ Placement

☐ Other

☐ Treatment

Final Plan of Care: see admission orders.

Final Discharge Plan:

Physician Signature: [Signature]

Date/Time: 8:28 AM 6/22/05

I certify that inpatient psychiatric hospitalization is medically necessary for either (1) treatment which could reasonably be expected to improve the patient's condition, or (2) diagnostic study.

CONSULTATION / PHYSICAL EVALUATION

Page 1 of 7

Patient Identification

REASON FOR CONSULTATION:

PRESENTING COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL HISTORY (Check illnesses or conditions patient has had):

- ☐ High Blood Pressure ☐ Mononucleosis ☐ Heart trouble ☐ Lung Disease ☐ Thyroid trouble ☐ Venereal Disease
☐ Kidney Disease ☐ Vein Trouble ☐ Arthritis ☐ Diabetes ☐ Bleeding tendencies
☐ Nervous disorder ☐ Tuberculosis ☐ Jaundice ☐ Cancer ☐ Digestive or Intestinal Disorders
☐ Autoimmune disease

SURGICAL HISTORY:

SUBSTANCE ABUSE HISTORY (quantity and duration):

Alcohol:

Illegal Drugs:

Prescription Drugs:

Cigarettes/Tobacco:

CURRENT ALLERGIES:

CURRENT PRESCRIPTION MEDICATIONS (including OTC and Herbal Remedies):

CONSULTATION / PHYSICAL EVALUATION

Page 2 of 7

ADDITIONAL SOCIAL HISTORY (Include social issues contributing to condition):

depressed

FAMILY MEDICAL / PSYCHIATRIC HISTORY (Check illnesses which have occurred in blood relatives of patient):

- ☐ Bleeding tendency ☐ Kidney Disease ☐ Tuberculosis ☐ Diabetes ☐ Cancer ☐ Heart Disease
☐ Allergy ☐ Stroke ☐ High Blood Pressure ☐ Nervous Illness ☐ Autoimmune disease

depressed

REVIEW OF SYSTEMS:

ALLERGIC / IMMUNOLOGIC:

CARDIOVASCULAR:

GASTROINTESTINAL:

RESPIRATORY:

HEENT:

headache, T.M.

PSYCHIATRIC:

INTEGUMENTARY:

GENITOURINARY:

ENDOCRINE:

NEUROLOGICAL:

MUSCULOSKELETAL:

back pain, hip pain

HEMATOLOGIC / LYMPHATIC:

PHYSICAL EXAM: Key: (-) Negative Findings (+) Positive Findings - see notes, circle words of importance and explain

General Appearance	(+)	Patient is a well-developed, well nourished individual who does not appear to be acutely or chronically ill. Posture is appropriate. No observable disturbance of gait. Other: <i>unsteady gait</i>
Vital Signs	()	BP _____ P _____ R _____ Temp _____ Ht _____ Wt _____
Skin:	(+)	Palpation is warm, moist, elastic. Inspection - without significant corrupsions or discoloration. No fresh needle tracks. List identifying marks - tattoos, birthmarks, signs of trauma. Other: <i>depression both arms</i>
Head Scalp	()	Scalp is clean. Hair is of normal distribution and color, not significantly fine or coarse to touch. Other: _____

124840016
08/22/05
MARTINEZ, RAQUEL

212A

CONSULTATION / PHYSICAL EVALUATION

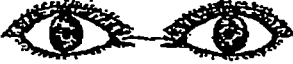
SPARTANBURG, SC 29301
DR. CASTRIOTTA

M/W/F
26130

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Patient Identification

Eyes	() Pupil equal, round, regular and react to light and accommodation. Extraocular movements are normal. Conjunctiva: sclera is white, free from infection. Cornea and lens are clear. Fundus: Fundoscopic exam reveals sharp disc margins. Vessels are of normal caliber. No hemorrhages or exudates. ☐ Wears Glasses ☐ Wears Contacts Other: _____	
Ears	() Canals are clear. Tympanic membranes intact and noninfected. Hearing is adequate for normal conversation. External canals are free from topoi or other abnormalities. Other: _____	
Nose/Sinuses	() No obvious deformity. Mucous membranes are not inflamed. Turbinates are not swollen. Airways are patent. There is no septal perforation. There is no significant rhinitis. Other: _____	
Mouth/Throat	() Good dentition. Gums appear healthy. No evidence of swelling or exudate. No unusual breath odors. Pharynx and tonsils are clear. No significant change in the color or texture of lips, tongue or buccal membranes. Tongue protrudes in the mid-line without unusual tenor. Other: _____	
Neck	() Supple without nodes or thyromegaly. Trachea is mid-line. No limitation of lateral, anteroposterior or rotating motion. No significant lymph gland enlargement in neck, axillae, epitrocheal area, supraclavicular area or groin. Muscle Spasm/Pain: _____ Other: _____	
Musculoskeletal	() No spine or peripheral joint deformity. Full range of motion of joints in upper and lower extremities, spine. Scoliosis / Kyphosis: _____ Muscle Spasm/Pain: _____ Feet: _____ Circulation: _____ Other: _____	

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CONSULTATION / PHYSICAL EVALUATION

Page 4 of 7

Breasts	()	Free from masses and tenderness, discharge, dimpling, wrinkling or discoloration of the skin. Other: <u>not done</u>
Heart	()	Not enlarged to percussion. Heart sounds are regular in rhythm and of normal rate. No murmurs, thrills, clicks, or rubs. Other: _____
Respiratory	()	Normal contour and movement on inspiration/expiration. Breath sounds are audible. No rales, rhonchi, or wheezes are noted. Resonant in all fields. Other: _____ 
Gastrointestinal / Renal	()	Normal contour, no masses or tenderness, no palpable organomegaly (kidney, spleen, liver). There is no costovertebral angle tenderness. No guarding. Peristaltic sounds audible in four quadrants and normal. No bruits. No palpable mass. Other: _____ 
Male Genitalia	()	Both testes are descended and palpable. No abnormal masses. No hernia. No urethral discharge. No lesions of head of penis or shaft noted. Not performed because: ☐ Patient is less than 18 and parental consent not given ☐ Recent exam completed on: _____ ☐ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____
Female Genitalia	()	No hernia. No lesions of the labia or introitus are noted. The vaginal mucosa is moist and normally elastic. Uterus is normal size, shape, position, freely movable. Cervix is without lesions. There is no significant vaginal discharge. Last menstrual period: _____ Menses: ☐ Regular ☐ Irregular Birth control method used: _____ Number of pregnancies: _____ Number of miscarriages: _____ Not performed because: ☐ Patient is less than 18 and parental consent not given ☐ Recent exam completed on: _____ ☒ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

CONSULTATION / PHYSICAL EVALUATION

SPARTANBURG, SC 29307
DR. CASTRIOTTA

S/M/F
Patient Identification

Page 5 of 7

Rectal Exam ()	(All patients age 45 or older, or if specific symptoms indicates need for examination) No evidence of hemorrhoids, fissures, bleeding or masses. Sphincter tone is normal. In male, prostate is smooth, non-tender, free from nodules, and of normal size. Normal scrotal appearance. Not performed: ☒ Patient is less than 45 and absence of specific symptoms indicating need for exam ☐ Recent exam completed on: _____ ☐ Patient wishes to have own physician perform exam ☐ Patient unable to cooperate due to psychiatric condition. Exam deferred until: _____ ☐ Other: _____
Level of Consciousness ()	Patient is alert and oriented to person, place, and time. Memory for remote events intact. No speech impediments or evidence of aphasia. Other: _____
Circulation ()	No significant varicosities. Pulses are palpable in neck, wrist, groin, pedal, popliteal and tibial arteries. Other: _____
Extremities ()	No discoloration, tenderness, edema or evidence of impaired function or restricted range of motion. Other: <i>eczema of feet</i>

CRANIAL NERVES:

Olfactory I ()	Smells freshly burned match, fresh coffee, or alcohol swab. Other: _____
Optic II ()	Distinguishes number of fingers in central field. Distinguishes movements in peripheral field. Other: _____
Ocular-Motor III Trochlear IV Abducens VI ()	Gazes symmetrically up, down, sideways. No diplopia. No disconjugate gaze. Other: _____
Trigeminal V ()	Distinguishes 1 from 2 point touch symmetrically on forehead, cheek, and chin. Chews symmetrically. Opens mouth symmetrically. Clenched teeth - force of contraction and bulk. Other: _____

CONSULTATION / PHYSICAL EVALUATION

Page 6 of 7.

Facial VII	()	Upper: frowns symmetrically. Lower: smiles symmetrically. Both eyelids close on touching of comae. Other: _____
Auditory VIII	()	Hears fingers rubbing or snapping equally in both ears. Hears watch ticking. Hears whispered voice. Hears tuning fork. Other: _____
Glosso-Pharyngeal IX Vagus X	()	Has gag reflex. Says "Ah" and uvula elevates symmetrically. Can make guttural sounds. Other: _____
Accessory XI	()	Shrugs shoulders symmetrically. Other: _____
Hypoglossal XII	()	Can stick tongue out straight without tremors or fasciculation. Other: _____

MOTOR FUNCTIONS:

	()	Gait and station are normal. Other: _____
	()	Romberg test is negative. Other: _____
	()	Muscle tone is normal. No abnormal movements. Other: _____
	()	There is no limb weakness, atrophy or fasciculation seen. Other: _____
	()	Deep tendon reflexes are 2+ and symmetrical Other: _____
	()	Plantar responses down going. Other: _____
	()	Finger-to-nose and heel-to-shin is normal Other: <i>not done</i>

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CONSULTATION / PHYSICAL EVALUATION

Page 7 of 7

Patient Identification

SENSORY:

()	Sensory examination to pinprick and vibration is normal.
	Other: _____

CONSULTATION / PHYSICAL EXAMINATION IMPRESSIONS:

Functional Assessment: (PT, OT) Based on findings of the physical evaluation and review of the Nursing Assessment, the patient ☐ does ☒ does not require a full functional assessment. Pertinent findings:

Diagnoses (Physiologic and Psychiatric):

Medical problems which should be addressed during this episode of treatment:

Medical problems which should be addressed after discharge or patient's earliest convenience (Dr. - please order follow-up):

Patient is medically cleared to participate in program, including Activities Therapy: ☒ Yes ☐ No

If no, list restrictions: _____

Examiner's Signature

Date/Time

Attending Physician's Signature

Date/Time

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

1124840016

212A

08/22/05

MARTINEZ, RAQUEL

1

SPARTANBURG, SC

29301

DR. CASTRIOTTA

S/W/F

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	Yes	No
Lost Something/Someone You Loved	☒	☐
Feelings of Guilt	☒	☐
Significant Life Changes (job, divorce, move, etc...)	☐	☐
Past/Present History of Abuse	XXX	XXX
Physical Abuse	☐	☒
Sexual Abuse	☒	☐
Emotional Abuse	☐	☒

26130
Brother

embarrassed
job concerns.

sexually molested by a
family member 6-9 y.o.

ASSESSMENT FOR SPECIAL PRECAUTIONS

	Yes	No
Suicidal Ideation	☐	☒
Recent History of Suicide Attempt	☐	☒
Plan for Harming Self	☐	☒
Homicidal Ideation	☐	☒
Recent History of Violence	☐	☒
Elopement Risk	☐	☒

SPECIAL NEEDS

	Yes	No
Assistance required with ADL's	☐	☒
Obesity	☐	☒

PAIN ASSESSMENT

Do you have pain now?

Problems with pain within past 2 months?

☒ Yes
☒ Yes

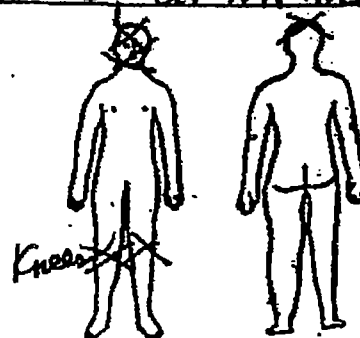
☐ No

☐ No

** If the answer to one of the above questions is yes, complete the following pain assessment.

DESCRIBE LOCATION OF PAIN: Migraine, Headache, TMS arthritis knee

Note location of pain on model. Continued on next page.





Migraine



thro

DESCRIBE PAIN TYPE: (Sharp, Dull, Pressing, Throbbing, etc...) Migraine Sharp

ONSET: Migraine yrs. ago, arthritis frequency

DURATION: TMS ache

INTENSITY: (Use scale to rate pain)

NUMERICAL PAIN SCALE (USE WITH ALL PATIENTS WITH ABILITY TO COMPREHEND)

0 1 2 3 4 5 6 7 8 9 10

0-10, Zero equals no pain, 10 equals worst pain

PAIN AFFECT FACES SCALE (USE WITH PATIENTS UNABLE TO COMPREHEND ABOVE)



1

2

3

4

5

6

7

CURRENT PAIN SCALE RATING 7 migraine

WHAT IS THE BEST PAIN GETS 0 WHAT IS THE WORST PAIN GETS 10

What relieves the patient's pain? Immitrex

What causes or increases patient's pain? remaining in one place too long

What effect does pain have on:

Symptoms (Nausea/vomiting, etc...) ✓

Appetite: ↓

Physical Activity: ↓

Concentration: ↓

Emotions ↑

Sleep: ↓

Relationships with others: irritable

What previous methods of pain control have been effective? Lortab, Immitrex

What previous methods of pain control have been ineffective? Migraine Immitrex

Patient's and family's preferences for Pain Management? Lortab, Immitrex

NURSING SUMMARY: (Other comments, discrepancies in data, etc...)

Karen Mellock RN
RN Signature

8-22-05 6p
Date/Time

EMOTIONAL/BEHAVIORAL DATABASE

MENTAL STATUS ASSESSMENT

SPEECH: ☐ Normal ☒ Abnormal Describe: slow

AFFECT: ☐ Normal ☒ Flat ☐ Labile ☐ Other

FLIGHT OF IDEAS: ☐ Yes ☒ No ☐ Unsure

JUDGMENT: ☐ Good ☐ Fair ☒ Poor

INSIGHT: ☐ Good ☐ Fair ☒ Poor

MEMORY: RECENT EVENTS: ☒ Good ☐ Fair ☐ Poor

PAST EVENTS: ☒ Good ☐ Fair ☐ Poor

ABILITY TO COMMUNICATE AND UNDERSTAND: ☐ Good ☐ Fair ☒ Poor

DESCRIPTION/NOTES

	Yes	No
Orientation to Time	☒	☐
Orientation to Place	☒	☐
Orientation to Person	☒	☐
Delusions	☒	☐
Hallucinations	☒	☐

*some confusion
difficulty staying focused*

Have you had any of the following?

For "yes" responses, provide detail below

	Yes	No
Been Isolative	☒	☐
Feeling "Out of Touch"	☐	☒
Feeling Dependent	☐	☒
Difficulty Completing Tasks	☐	☒
Short Attention Span	☐	☒
Very Talkative	☒	☐
Feeling Anxious	☒	☐
Panic Attacks	☐	☒
Depression	☐	☒
Lack of Energy	☐	☒
Sleeping A Lot	☐	☒
Over/Under Eating	☐	☒
Feeling Hopeless	☐	☒
Tearfulness	☒	☐
Feeling Angry/Irritable	☒	☐
Loss of Interest in Usual Pleasures	☐	☒
Feeling Worthless	☐	☒
Recent Traumatic Experience	☒	☐

COMPREHENSIVE ASSESSMENT TOOL

NURSING ASSESSMENT

Data must be collected

MARTINEZ, RAQUEL

SPARTANBURG, SC 29301

DR. CASTRIOTTA

S/W/F

26178
Patient Identification

MEDICATION TAKEN AT HOME (medication/dosage/frequency/reason)

See chronological list.

DISPOSITION OF MEDICATIONS: ☐ Hospital Safe ☐ Sent Home ☒ Other none

NUTRITIONAL SCREENING

	Yes	No		Yes	No
10% Above/Below Ideal Weight		☒	Feeding Tube/Parenteral Nutrition		☒
Chewing/Swallowing difficulties		☒	Diagnosed Eating Disorder		☒
Poor Intake > 5 days prior to admission		☒	Diabetic or Special Diet		☒
Poor Appetite		☒	Noncompliance with Special Diet		☒
NPO or Clear Liquids X 3 Days		☒			

* Nutritional Assessment indicated for all patients with a "yes" response on 4 or more items listed above and all patients with a diagnosed eating disorder, special diet or who are pregnant.

Score 0 Nutritional Consult Indicated and Ordered: Yes No

FALL RISK POTENTIAL

GAIT

- ☒ 0 - Patient ambulatory, gait steady
☐ 1 - Patient requires assistance
☐ 2 - Patient uses wheelchair or assistance device
☐ 3 - Gait unsteady

AGE

- ☒ 0 - Patient <65 Years of age
☐ 1 - Patient 65-74 Years of age
☐ 2 - Patient 74-79 Years of age
☐ 3 - Patient >80 Years of age

MENTAL STATUS

- ☒ 0 - Patient oriented X 3
☐ 1 - Patient is confused at all times
☐ 2 - Patient has intermittent confusion
☐ 2 - Patient is hallucinating

OTHER

- ☒ 1 - Detox

Patient scoring 4 or more is regarded as being at risk (implement Fall Precautions protocol)

**Fall Prevention Protocol should be implemented if score for gait is 2 or 3.

Score 1 Fall Prevention Protocol indicated and initiated: Yes ☒ No

CHEMICAL HISTORY

REVIEW NEEDS ASSESSMENT SECTION (ALCOHOL/PRESCRIPTION DRUG USE)

History of Biomedical complications from past episodes of detoxification? ☒ Yes ☐ No ☐ N/A

DESCRIBE psychotic episode & stopping Xanax

NICOTINE USAGE HISTORY ☒ Yes ☐ No

Amount: 3/4 ppa

CAFFEINE USAGE

☒ Yes ☐ No

Amount: Woda's 1-2/day

COMPREHENSIVE ASSESSMENT TOOL

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/N/E

Patient Identification

NURSING ASSESSEMENT

art 1 data may be collected by RN/LPN/MHT

PART 1: ADMISSION / ORIENTATION

INFORMANT:

☒ PATIENT ☐ FAMILY MEMBER / SIGNIFICANT OTHER ☐ FRIEND
☐ UNABLE TO OBTAIN REASON:

ADMIT DATE	TIME	UNIT	STATUS	SEX	AGE
8/22/05	5:00 pm	2	Voluntary Involuntary	F	46

VITAL SIGNS:

Temperature 98.7 Weight 135
Pulse 59 Height 5'4"
Respiration 16 Color of Hair Brown

B/P 115/74 Color of Eyes Brown/Black

ALLERGIES NRDA - Comb, Donnatal, PCN

Nut Products Donnatal

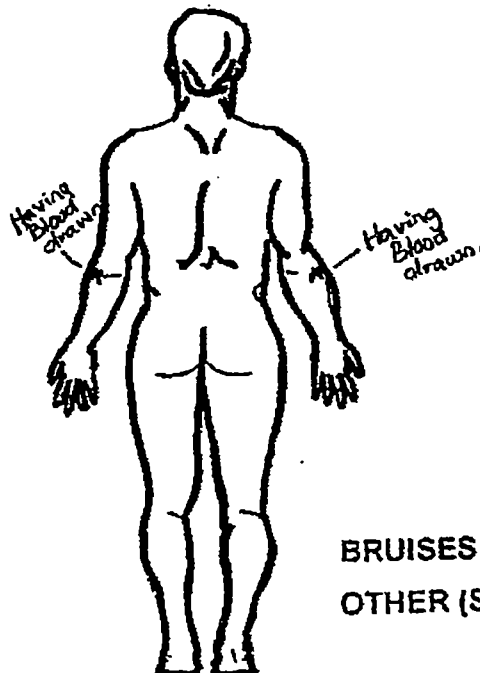
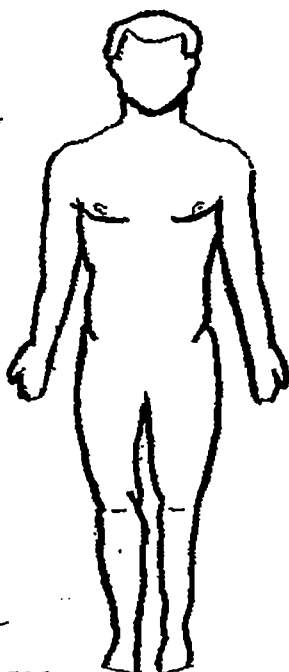
Type of Reaction Hives - Shock

PATIENT/FAMILY ORIENTATION

☒ Room ☒ Visitation
☒ Unit ☒ Phone
☒ Program ☒ Staff
☐ Smoking Policy
☒ Patient Rights Given
☒ Patient Rights Explained
☒ Picture Taken

BODY IDENTIFICATION MARKS

Label all scars, bruises, etc...



LACERATIONS 0

ABRASIONS 0

SCARS 0

BURNS 0

MOLES/BIRTHMARKS

BRUISES R + L AC from blood draw

OTHER (SPECIFY) 0

PART II - PHYSICAL STATUS DATABASE

Data must be collected by licensed nurse

For "yes" responses, provide detail below

Medical/Surgical History	Yes	No
Medical/surgical hospitalizations	✓	
Recent diagnostic Testing	✓	
Recent Communicable Disease		✓
Recent Exposure to Communicable Disease		✓
Cardiovascular Problems	XXX	XXX
Chest Pain		✓
Palpitations		✓
Irregular Heart Beat	✓	
Hypertension	✓	
Hypotension		✓
Respiratory Problems	XXX	XXX
Asthma		✓
Shortness of Breath		✓
Labored Breathing		✓
Tuberculosis		✓
Sore Throat		✓
Neurological Problems	XXX	XXX
Weakness/Paralysis	✓	
Dizziness		✓
Headaches	✓	
Recent Head Injury		✓
Seizures		✓
Confusion		✓
Gastrointestinal Problems	XXX	XXX
Nausea	✓	
Hepatitis		✓
Diabetes		✓
Hypoglycemia		✓
Bowel Changes		✓
Genitourinary Problems	XXX	XXX
Bladder Changes		✓
Incontinence		✓
Burning or Discomfort		✓
Urinary Difficulty/Urgency		✓
Sexually Transmitted Disease		✓
Menstrual Difficulties		✓
Skin Disorders	✓	
Visual Problems	✓	
Hearing Problems		✓
HIV/AIDS		✓
Sleep Disturbance		✓
Other	✓	

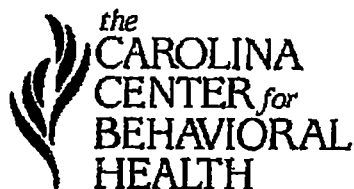
cholecystectomy, (R) carpal tunnel BTL, SRMC 8/7/05 - (labs)

hx HTN -

migraines

acne on back contacts

psychotic episodes



2025510013 PHP
06-13-05
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA

U.S. #1
Patient Identification
075026133

46

ASSESSMENT / CLINICAL UPDATE

PATIENT NAME: Raquel Martinez MALE ☐ FEMALE ☒ DATE: 8-22-05
VOL ☒ INV ☐ DATE OF BIRTH: AGE: 46 MARITAL STATUS: D TIME: Start: 13:00 PM
ACCOMPANIED BY: REFERRAL SOURCE: PHP

CHIEF COMPLAINT (in patient's own words) / PRECIPITATING FACTORS

WHY ARE YOU HERE TODAY? I confusion, irritability, slurred speech, concern about medication reaction vs. Loratab dependence

CURRENT SYMPTOMOLOGY	ADMITS	DENIES	D.N.A.	AS EVIDENCED BY:
CHANGES IN FAMILY / WORK / SOCIAL FUNCTIONING		☒		
<u>IRRITABILITY</u> / MOOD LABILITY / CRYING SPELLS			☒	<u>observed by staff</u>
POOR IMPULSE CONTROL		☒		
MANIC SYMPTOMS		☒		
CHANGES IN SLEEPING PATTERNS		☒		
CHANGES IN EATING HABITS		☒		
CHANGES IN ANXIETY SYMPTOMS		☒		
DELUSIONAL THINKING / HALLUCINATIONS		☒		
CHILD / ADOLESCENT RISK FACTORS			☒	

ALCOHOL / DRUG USAGE SINCE LAST ASSESSMENT

☐ Denies alcohol / drug use

Substance	Current Amount / Frequency	Last Use	Amount Used in Last 24 Hours
<u>Loratab</u>	<u>Suspect overeating - Pt Denies</u>		

CURRENT WITHDRAWAL SYMPTOMS / BEHAVIORS:

☐ Nausea / Vomiting ☐ Cramps ☐ Tremors ☐ Insomnia ☐ Weakness ☐ Diaphoresis
☐ Diarrhea ☐ Agitation ☐ Loss of Appetite ☐ Delirium ☐ Fever / Chills ☐ Changes in Vital Signs
 BREATHALIZER: _____ B/P: _____ PULSE: _____

CHANGES IN MEDICATIONS / MEDICAL CONDITIONS SINCE LAST ASSESSMENT:

TREATMENT SINCE LAST ASSESSMENT:

ASSESSMENT / CLINICAL UPDATE

APPEARANCE: ☐ NEAT ☒ CASUAL ☐ DISHEVELED ☐ UNCLEAN ☐ BIZARRE

COMMENTS: _____

MOTOR ACTIVITY: ☒ APPROPRIATE ☐ PSYCHOMOTOR AGITATION ☐ HYPERACTIVITY

☐ PSYCHOMOTOR RETARDATION ☐ CATATONIA ☐ OTHER: _____

COMMENTS: _____

SPEECH / LANGUAGE: ☐ APPROPRIATE ☐ GUARDED ☐ PRESSURED ☐ LIMITED ☐ ABNORMAL

☐ REPETITIVE ☒ DISORGANIZED ☒ OTHER: Slurred

COMMENTS: _____

MOOD / AFFECT: ☐ APPROPRIATE ☐ LABILE ☐ BLUNTED ☐ FLAT ☒ OTHER: irritable

COMMENTS: _____

THOUGHT PROCESS: ☐ LOGICAL ☐ CONCRETE ☐ TANGENTIAL ☐ FLIGHT OF IDEAS

COMMENTS: confused

CONCENTRATION: ☐ GOOD ☒ FAIR ☐ POOR

COMMENTS: _____

JUDGEMENT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS: _____

INSIGHT: ☐ GOOD ☐ FAIR ☒ POOR

COMMENTS: _____

MEMORY: RECENT: ☐ GOOD ☐ FAIR ☒ POOR

REMOTE: ☒ GOOD ☐ FAIR ☐ POOR

COMMENTS: _____

ORIENTATION: ☒ PERSON ☒ PLACE ☒ TIME ☐ SITUATION

JUSTIFICATION FOR LEVEL OF CARE:

Confusion about medication
Display confused thinking, slurred speech, fragmented &
disorganized thinking as evidenced by speech, & irritability

ASSESSMENT COMPLETED BY: Keith Sumudu CPC DATE: 8-22-05 TIME: 4:15 pm

PHYSICIAN DETERMINATION: _____ DISPOSITION: Txpt 48 unit-II

PROVISIONAL DIAGNOSIS

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: CURRENT GAF: _____ HIGHEST GAF IN LAST YEAR: _____

REVIEWED WITH PHYSICIAN: _____ DATE: _____ TIME: _____

REVIEWING PHYSICIAN'S SIGNATURE: [Signature] DATE: 8/19/05 TIME: 9 AM

CAROLINA CENTER FOR
BEHAVIORAL HEALTH

CONTINUING CARE/
DISCHARGE PLANNING

RAQUEL MARTINEZ, RAQUEL

CHARLESTON, SC 29403
1014 PLOTTA
2410

Patient Identification

NAME: Raquel Martinez ADMISSION DATE: 8/22/05 DISCHARGE DATE: 8/26/05 CURRENT LEVEL OF CARE: INPT

PATIENT TELEPHONE #: 574-7978 PHYSICIAN TELEPHONE #: 804-235-2325

DISCHARGE TO: Home TRANSFER TO: Unit 14 DATE OF NEXT ATTENDANCE: _____

☒ ROUTINE ☐ AMA ☐ AT PATIENT'S OR FAMILY'S REQUEST ☐ OTHER (Explain): _____

TRANSPORTATION: ☐ PERSONAL CAR ☒ PARENT/RELATIVE ☐ PUBLIC ☐ SELF ☐ OTHER (Explain): _____

ACCOMPANIED BY: Family (Parents) RELATIONSHIP: _____

NAME	ADDRESS	TELEPHONE	DATE OF NEXT APPT	TIME
PSYCHIATRIST: <u>DR Sherbondy</u>	<u>125 The Parkway</u> <u>Suite 101</u> <u>Greenville SC 29615</u>	<u>525-1584</u>	<u>9-7-05</u>	<u>3:15 PM</u>
PRIMARY CARE PHYSICIAN:				
THERAPIST: <u>Luther Diehl</u>		<u>John Epps will call</u>	<u>9-6-05</u>	<u>10:00 AM</u>
OTHER:				
☐ CONTINUING CARE ☐ PHP ☐ IOP ☐ RES TREATMENT CTR				

Other treatment recommendations such as Support Groups, Specific Exercise Programs, Etc. Also address Social Services Components such as appointment with State Disability, Social Security, Welfare, Home Health, Supportive Living, Etc.

PERSONS IN RECOVERY ARE EXPECTED TO ATTEND 90 AA/NA MEETINGS IN THE NEXT 90 DAYS FOLLOWING DISCHARGE:

AA/NA SPONSOR ESTABLISHED: ☐ YES ☐ NO
AA/NA SCHEDULE PROVIDED: ☐ YES ☐ NO

D/C MEDICATIONS	DOSE	FREQUENCY	ROUTE	D/C MEDICATIONS	DOSE	FREQUENCY	ROUTE
☒ Lotrel	10/20	① every AM		☒ Depakote	250mg	① twice daily	
☒ Zocor	40mg	① daily		☒		☒ then discontinue	
☒ Cymbalta	60mg	① daily					
☒ Metoprolol	25mg	① twice daily					
☒ KCl	10 MEQ	① twice daily					
☒ Desurel	50mg	① at bedtime					
☒ Doxycycline	100mg	① daily					
☒ Fluocortisone	0.1mg	① daily					

Prescriptions have been given to patient: ☐ YES ☐ NO ☐ N/A (If no, explain why)

Prescribed medications are indeed available through insurance, self-pay, etc. ☐ YES ☐ NO ☐ N/A

Special instructions/additional information: ① take meds as prescribed
② attend all followup appts

I understand and agree with the preceding instructions, including referral and placement. Personal items and valuables have been returned. Medication administration/side effects/importance have been explained to my satisfaction and understanding.

Patient Signature: X Martinez Family/Guardian (as appropriate): _____

Staff Signature: Kay Grignon

Revised 11/01

CAROLINA CENTER FOR
BEHAVIORAL HEALTH

CONTINUING CARE/
DISCHARGE PLANNING

1:24840016 212A
C8/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 2930
DR CASTRIOTTA
S/W/F
2 Patient Identification

DURING TREATMENT PHYSICAL PROBLEMS THAT WERE IDENTIFIED/TREATED: None

SPECIAL INSTRUCTIONS: Follow up c family MD c medical concerns

PROBLEM AREAS TO BE ADDRESSED IN CONTINUING CARE: Substance abuse

THREE MONTH GOALS FOR CONTINUING CARE:

FINANCIAL SUPPORT
EDUCATION/

SCHOOL
Part-Time

WORK
Part-Time

SPECIAL CONDITIONS

VOCATIONAL PLANS

Full-Time ☒ Full-Time
Other (Please Explain)

BRIEF TREATMENT SUMMARY: (i.e. reason for admission, interventions, response): Pt stepped up from PHP. Problems w/ medication abuse. Stabilized, denies relapse at discharge, thinking clean

DISCHARGE DIAGNOSIS:

AXIS I: (Primary)

Depression w/ PTSD

AXIS III:

Substance Abuse
PTSD

(Secondary)

AXIS II:

Refused

AXIS IV:

AXIS V: 60

SUMMARY OF PATIENT'S CONDITION UPON DISCHARGE (RN/MHP):

4yo SWF admitted c depression, PTSD, ? Lixtal Abuse - S/S stable to transition to inpt tx

TIME PATIENT LEFT HOSPITAL: 4:00 AM

NURSING: [Signature]

DATE: 8/26/05

MSW/THERAPIST: [Signature]

DATE: 8/26/05

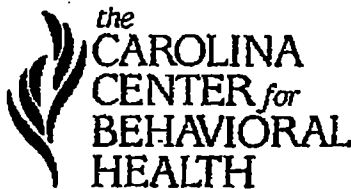
PHYSICIAN: [Signature]

DATE: 8.26.05

OTHER:

DATE:

Revised 11/01



08-10-05 rny
MARTINEZ, RAQUEL
SPARTANBURG SC 29301
CASTROTTA
D/M/F
000026130 46
Patient Identification

ASSESSMENT / CLINICAL UPDATE
EVALUATION OF RISK TO SELF / OTHERS (PART 1 OF 2)

INFORMANT (CHECK ALL THAT APPLY):

☐ PATIENT ☐ FAMILY / FRIEND(S) ☒ HEALTH PROFESSIONAL(S) ☐ COMMITMENT PAPERS ☐ OTHER: _____

SECTION I: CURRENT SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THE PATIENT HAVING:

SUICIDAL IDEATION / MAKING SUICIDAL THREATS / EXHIBITING SELF-INJURIOUS BEHAVIORS? ☐ YES ☒ NO
HOMICIDAL / ASSAULTIVE IDEATION OR MAKING HOMICIDAL / ASSAULTIVE THREATS? ☐ YES ☒ NO

IF THE ANSWERS TO THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION II. OTHERWISE, ANSWER THE FOLLOWING QUESTIONS:

IS THE IDEATION REPETITIVE OR PERSISTENT? ☐ YES ☐ NO
DOES THE PATIENT HAVE A SPECIFIC PLAN? ☐ YES ☐ NO
DOES THE IDEATION INVOLVE SERIOUS / LETHAL INTENT? ☐ YES ☐ NO
DOES THE IDEATION HAVE DELUSIONAL / HALLUCINATORY CONTENT? ☐ YES ☐ NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S) (DESCRIBE THE PATIENT'S PLAN, IDEATION, HALLUCINATION, ETC.): As A

SECTION II: HISTORY OF SUICIDAL / HOMICIDAL IDEATION / BEHAVIORS:

IS THERE A HISTORY OF SUICIDAL / SELF-INJURING / IDEATION / BEHAVIOR / THREATS? ☐ YES ☒ NO
IS THERE A HISTORY OF HOMICIDAL / ASSAULTIVE IDEATION / BEHAVIOR / THREATS? ☐ YES ☒ NO
IS THERE A HISTORY OF HARM TO SELF / OTHERS WHILE IN AN INTENSIVE TREATMENT SETTING? ☐ YES ☐ NO

IF THE ANSWERS TO ANY OF THE ABOVE QUESTIONS ARE NO, PROCEED TO SECTION III.

IF ANY ANSWER IS YES, THEN DESCRIBE THE BASIS FOR SUCH ANSWER(S): N-A

SECTION III: ACCURACY OF REPORTS:

ARE THERE ANY CONCERNS THAT THE PATIENT OR OTHERS MAY BE CONCEALING OR MINIMIZING CURRENT OR PAST RISK TO SELF OR TO OTHERS? ☐ YES ☒ NO

IF THE ANSWER IS YES, DESCRIBE THE EVIDENCE OR CONCERNS: _____

ASSESSMENT / CLINICAL UPDATE
EVALUATION OF RISK TO SELF / OTHERS (PART 2 OF 2)

SECTION IV: SUICIDE / SELF-INJURIOUS / HOMICIDE / ASSAULT RISK FACTORS:

(CHECK ALL THAT APPLY)

☐ 19 YEARS OR YOUNGER OR 45 AND OLDER	☐ HISTORY OF SUICIDE / HOMICIDE ATTEMPTS
☒ SINGLE, SEPARATED, DIVORCED OR WIDOWED	☐ FAMILY HISTORY OF SUICIDE / HOMICIDE
☐ SEVERE PROBLEMS WITH SIGNIFICANT OTHERS	☐ HISTORY OF MAJOR DEPRESSION
☐ LACK OF SOCIAL OR RELIGIOUS SUPPORT	☐ HISTORY OF BIPOLAR / PSYCHOSIS
☒ SIGNIFICANT OCCUPATIONAL STRESSORS / LOSS	☐ PARANOID IDEATION
☐ SEVERE FINANCIAL DIFFICULTIES	☐ BORDERLINE OR ANTISOCIAL PERSONALITY DISORDER
☐ SEVERE SCHOOL DIFFICULTIES	☐ ORGANIC BRAIN SYNDROME
☐ SIGNIFICANT LEGAL DIFFICULTIES	☐ SEVERE ANXIETY / PANIC / RUMINATIONS
☐ CHRONIC OR DEBILITATING ILLNESS	☐ CALM AFTER AGITATED DEPRESSION
☐ RECENT TRAUMA OR LOSS	☐ COMMAND HALLUCINATIONS OR DELUSIONS
☐ VIOLENT SOCIAL ENVIRONMENT	☐ ORGANIZED PLAN WITH LETHAL INTENT
☐ PREVIOUS HISTORY OF VIOLENCE	☐ BLUNTED / FLAT AFFECT
☐ VIOLENCE / THREATS TOWARDS OTHERS	☐ HOPELESSNESS
☒ POSSESSION OR ACCESS TO GUN	☐ RAPID MOOD SHIFTS
☐ HEAVY ALCOHOL OR DRUG USE	☐ SEVERE INSOMNIA

SECTION V: SUMMARY EVALUATION OF RISK TO SELF OR OTHERS

PATIENT'S SUICIDAL / SELF-INJURIOUS RISK (EXPLAIN BELOW):

- ☐ LOW TO NO RISK ☐ MODERATE RISK ☒ IMMINENT RISK

PATIENT'S HOMICIDAL / ASSAULTIVE RISK (EXPLAIN BELOW):

- ☐ LOW TO NO RISK ☐ MODERATE RISK ☐ IMMINENT RISK

RISK SUMMARY:

*Pt admitted to inpt program - Questionable Control
dependence vs. medication reaction - Dislike - expressing poor
insight, irritability, disappointed much. Not exposed S/HI, but
not safe to drive or self-administer medication.*

V/S 138/90 - 64 - 22

EVALUATION COMPLETED BY:

Kethuquada ya

DATE: *8-22-05*

TIME: *4:20pm*

REVIEWED WITH PHYSICIAN:

Dr. Capinotto

DATE: *8-22-05*

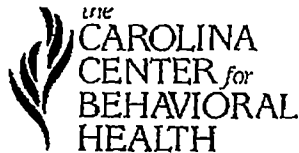
TIME: *3pm*

REVIEWING PHYSICIAN'S SIGNATURE:

[Signature]
8-22-05
cap

DATE:

TIME:



PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY. IMPRINT NEW SET - PLACE ON CHART.

1124840016

08/22/05

MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301

DR. CASTRIOTTA

5/14/11

2613

46

Patient Identification

Raquel Martinez

DIAGNOSIS:

? Lorazepam abuse vs medication reaction
Schizophrenia 2° w/Depression

AGE: 46

HEIGHT: 5'4"

WEIGHT: 134

DIABETES: ☐ YES ☒ NO

ROOM NUMBER: 212A

PHYSICIAN'S ORDERS

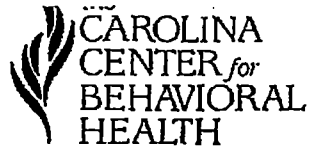
RATIONALE

(As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE
8/22/05	8:30 AM	Admit to room PHP to Unit 2	
		Zotrel 10/20 PO Q AM	HTN
		Toradol XL 100mg PO q day	HTN
		Zacor 40mg PO daily	Hypercholesterolemia
		Depakote 500mg PO q HS	Depression
		Neurontin 300mg PO q HS	
		Doxycycline 100mg PO q day	ABT 10 done ✓
		Zasidex 40mg PO q AM	diuretic
		Fludis Cortisone 0.1mg q day	
		Matrin 800mg PO Q 2° PM	pain - HA
		O/C Klonopin 4 O/C Lorazepam 10mg 2° med. reaction	
		Clonazepam 15mg PO Q 6° pt. to see own Doc in AM	
		Risperidone 1.5cc IM Q 6° pt. to see own Doc in AM	
		Routine labs	for W/D Sy.

T.O.R.B. Dr. Stephen / From Medlock #1 ✓
Jennifer Curren 8/22/05 1030 PM

8/22/05 5:30 PM
Tale precautions
U/S EB Dr. Stephen / Brenda D. Morgan R. / Dr. Stephen, unsteady sent
Brenda D. Morgan R. 8/22/05 5:35 PM
8-2-05
8-2-05



PHYSICIAN'S ORDERS

INSTRUCTIONS:

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2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY. IMPRINT NEW SET - PLACE ON CHART.

1124840016

08/22/05

MARTINEZ, RAQUEL

SPARTANBURG, SC 29301

DR. CASTRIOTTA

5/6/05

2413

212A

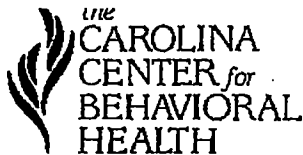
Patient Identification

DIAGNOSIS: Psychosis 2° w/ Depressed ALLERGIES: Aspirin, PCN, Combivent
AGE: 46 HEIGHT: 5'4" WEIGHT: 134 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

PHYSICIAN'S ORDERS

RATIONALE (As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
8/21/05	10:00	~~D/C Transdermal~~	
8/21/05	10:00	~~D/C Bupropion~~	
8/21/05	10:00	~~D/C Depakote~~	
8/21/05	10:00	~~D/C Neurontin~~	
8/21/05	10:00	~~Amotm 600mg po q6hrs prn~~	
8/21/05	10:00	~~Amotm 600mg po q6hrs prn~~	
8/21/05	10:00	~~Cymbalta 30 mg po bid~~	
8/21/05	10:00	~~Bupropion 0.9cc~~	
8/21/05	10:00	~~Depakote 250mg po bid~~	
8/21/05	10:00	~~Unotad 200mg po bid~~	



PHYSICIAN'S ORDERS

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

1124840016

08/22/05

MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29316

DR. CASTRIOTTA

5/6/1

2613

Patient Identification

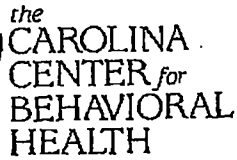
DIAGNOSIS:

Psychosis 2nd w/ Depressed
AGE: 46 HEIGHT: 5'4" WEIGHT: 134 DIABETES: ☐ YES ☒ NO ROOM NUMBER: 212A

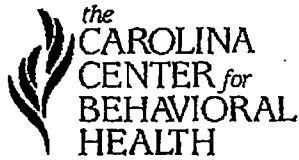
PHYSICIAN'S ORDERS

RATIONALE (As Indicated)

DATE	TIME	PHYSICIAN'S ORDERS	RATIONALE (As Indicated)
8/23	1:30	Hold Lotrel today only	
8/23	1:30	Hold Toprol XL today only	
8/23	1:30	VORC Castriotta 2nd Medication	
8/23	1:30	Medication in Medication room 8/23/05	
8/23	1:30	Buprenex 1.2cc IM now w/ID sy's	
8/23	1:30	Buprenex 1.2cc IM @ 6:00 PM w/ID sy's	
8/23	1:30	T.O.R.B. Dr. Castriotta / Karen McEllock R	
8/23	1:30	Jennifer Curren 8/23/05 8:30	
8/23	1:30	Metoprolol 25mg bld - Start	
8/23	1:30	Kcl 10mEq bld	
8/23	1:30	Desyrel 25mg bld	
8/23	1:30	Desyrel 50mg qhs	
8/23	1:30	Call pharmacy 10:00 AM 8/24/05	
8/23	1:30	Correct her lab work	
8/23	1:30	Script I called in	
8/23	1:30	8-22-05 CHART COPY	



Key Oregon 2/4/80 5:24 PM @ 11 AM 607
DO NOT USE THIS SHEET
CHART COPY UNLESS RED NUMBER SHOWS



PHYSICIAN'S ORDERS

1124840016 2124
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F 42
25130

Raqueel Martinez
Patient Identification

INSTRUCTIONS:

1. USE IMPRINTER PLATE
2. SEND PART 2 TO PHARMACY AFTER FIRST MEDICATION ORDER IS NOTED. PARTS 3 & 4 ARE FOR SUBSEQUENT ORDERS.
3. RULE OFF UNUSED LINES AFTER LAST COPY HAS BEEN SENT TO PHARMACY, IMPRINT NEW SET - PLACE ON CHART.

DIAGNOSIS:

Psychosis 2° Lortab Abuse

ALLERGIES:

Amoxicillin
Dumetrol, Paracetamol, PCW

AGE:

46

HEIGHT:

5'4"

WEIGHT:

130

DIABETES:

☐ YES

☒ NO

ROOM NUMBER:

212A

PHYSICIAN'S ORDERS

RATIONALE
(As Indicated)

DATE

TIME

8/26/05
10:30 AM

Toradol 30mg, IM now

headache

void Dr. Castriotta/Annem Palmer

L Day Grigg MD

8/26/05

11AM

~~8-27-05
11AM~~



NURSING FLOW SHEET / PROGRESS RECORD

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29201
DR. CASTRIOTTA

Patient Identification

4E

DATE: 8-23-05

Diet: Percent Eaten			
Type	Bkfst	Lunch	Supper
R	60	2	2
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	✓	✓	

Activities Attended	AM	PM
Community Meeting	✓	✓
AA/NA Meeting		
School		
Wrap-Up Group		
Other: <i>Celexa</i>	✓	✓
Other: <i>ACE</i>	✓	✓
Other: <i>T:1</i>	✓	✓
Other: <i>Oxycodone</i>	✓	✓

Hygiene - Self = S, Assisted = A		
	Nights	Evening
	S	S

Visitors	
Days	Evening
S	2

Nights: Hours of Sleep: 6 Restless ☐ Insomnia ☐ Nightmares ☐ Enuresis ☒ Slept All Night ☐

Sleep Medication: ☐ Yes ☒ No Last Dose: _____ Date/Time: _____

Other Observations: Level 3 DT - 4. mauer program @ 530am - full prescription

RN Signature: Brenda A. Magon

Days				Evenings			
Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile				Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile			
☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate				☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate			
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed				Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed			
☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty				☒ Labile ☐ Irritable ☐ Guarded ☐ Guilty			
Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused				Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused			
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations				Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations			
☐ Concrete ☐ Disorganized ☐ Delusions				☐ Concrete ☐ Disorganized ☐ Delusions			
☐ Phobic ☐ Loose Associations ☐ Illogical				☐ Phobic ☐ Loose Associations ☐ Illogical			
☐ Paranoid ☐ Poor Concentration ☐ Tangential				☒ Paranoid ☐ Poor Concentration ☐ Tangential			
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors				Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors			
☐ Hopelessness ☐ Denies Suicidal Ideations				☐ Hopelessness ☒ Denies Suicidal Ideations			
Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior				Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior			
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive				Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive			
☒ Anxious ☐ Hyperactive ☐ Psy. Retardation				☐ Anxious ☐ Hyperactive ☐ Psy. Retardation			
☐ Oppositional ☐ Isolative ☐ Withdrawn				☐ Oppositional ☒ Isolative ☐ Withdrawn			
☐ Negative ☐ Pacing ☐ Yelling Out				☐ Negative ☐ Pacing ☐ Yelling Out			
☐ Drug-Seeking ☐ Participating in Treatment				☐ Drug-Seeking ☐ Participating in Treatment			

Initials	Signature	Initials	Signature
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

1124840016 212A
 C8/22/05
 MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
 DR. CASTRIOTTA

S/W/F
 26130

Patient Identification

PROGRESS RECORD

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob. #	Disc	Progress Notes
Diagnosed Condition	8/22/05	8:55A	1	55	Admits Note: Pt was stepped up from PkP. Admits w/ slurred speech, confusion, thoughts disorganized. Admits issues w/ Lorazepam dependence. In goals inc. stabilization, depression, address withdrawal symptoms if needed, irritability. Step back down to PkP when stabilized. — June Janya, APC
Presenting Complaint	8/22/05	12:00P	1	55	Admits Note: Pt was stepped up from PkP. Admits w/ slurred speech, confusion, thoughts disorganized. Admits issues w/ Lorazepam dependence. In goals inc. stabilization, depression, address withdrawal symptoms if needed, irritability. Step back down to PkP when stabilized. — June Janya, APC
Complication					
New Management Problem					
New Condition Present					
Side Effects					
EVALUATION:					
Discussion with Patient					
Consultation with Other Clinicians					
Physical Examination					
Discussion of Risk/Benefits of Medication					
Formal Conference					
Conference with Family					
Review of Lab/Testing Results					
ASSESSMENT/FINDINGS:					
Patient Progress:					
Change in Sx/Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient E					
Interventions Provided					
Patient Response					
Interventions					
Jan					
	8/22/05	4:10PM	1	55	Family Contact: Spoke w/ pt's father. He states biggest problem is pt taking too much medicine, especially Lorazepam and Xanax. Hasn't been 3-4 days at a time. Hooked on prescription pain meds. Always tired, sleeps a lot. No motivation. Parents clean, wash clothes, etc. Pt makes excuses not to help. — June Janya, APC

PROGRESS RECORD

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR: CASTRIOTTA
S/W/F
2613

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:					
Diagnosed Condition	8/23	10p	1		Patient is alert and oriented X3. Affect
Presenting Complaint					is flat and mood is labile. I'll assess
Complication					and allow pt to vent feelings. Pt
New Management Problem					denies suicidal ideations. Pt. is
New Condition Present					withdrawn and isolative. Pt. did
Side Effects					attend group this morning and shortly
					after complained of a migraine. For
EVALUATION:					this reason pt. stayed in bed most
Discussion with Patient					of the day. Pt. states she has
Consultation with Other					not slept well and complained of
Clinicians					nightmares. Pt. states appetite is
Physical Examination					low and only consumed 60% at
Discussion of Risk /					breakfast, & dinner. Pt's symptoms
Benefits of Medication					of migraine and pain levels expressed
Formal Conference					may be due to med. seeking. Continue
Conference with Family					current tct plan. - Jennifer Cairn
Review of Lab /					
Testing Results					
ASSESSMENT /					
FINDINGS:					
Patient Progress:					
Change in Sx / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued					
Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS					
DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response					
to Interventions					
Plan					

PHYSICIAN PROGRESS NOTE

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CAS RIOTTA Addressograph
5/17/11 46

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

1 Mood 4 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
0 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 0 Behavior

pt had a very difficult day yesterday - probably had one episode of withdrawal.

II. Examination

4 Affect 0 Isolation 0 Reality Contact 0 Orientation
1 Behavior 1 Speech 1 Thought Process 1 Memory Remote
1 Insight 1 Language 1 Associations 1 Memory Recent
1 Judgment 1 Fund of Knowledge 1 Concentration

*pt is more logical - she is still not
that calm - she has limited insight
into her illness - talked about
PTSD*

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable Cravings Cramps Chills Diaphoresis
Diarrhea Headache Increased Anxiety Irritability Isolation
Poor Concentration Restlessness Tremor Nausea/Vomiting Elevated Vital Signs

Other: _____

IV. Medical Issues/Vital Signs:

↓ pulse

V. Diagnosis Change/Addition/New Problem:

Plan:

A. Labs and Tests: _____

B. Medication changes:

*types dependent
↓ Valproate*

Consent and Risks/Benefits discussed:

☐
☐
☐
☐

C. Family Involvement Recommended: Y

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II III 1:1 Visual 1:1 Touch

F. Continued ELOS: 3 1-2 days Discharge Plans: Thurs or Friday

MD Signature: *[Signature]*

8/23/05

Date: *9am*

Time: _____

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR CASTRIOTTA
S/W/F
26130

Patient Identification

DATE: 8-24-05

Diet: Percent Eaten			
Type	Bkfst	Lunch	Supper
R	50	0	40
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	✓	✓	✓

Activities Attended	AM	PM
Community Meeting		
AANA Meeting		
School		
Wrap-Up Group		
Other:		
Other:	1-1	✓
Other:		
Other:		

Hygiene - Self = S, Assisted = A			
	Nights	Days	Evening
	S	S	S

Visitors	
Days	Evening
0	4

Nights: Hours of Sleep: 4 1/2 Restless Insomnia Nightmares Enuresis EMA Slept All Night

Sleep Medication: ☐ Yes ☒ No Last Dose: Date/Time:

Other Observations: Level 3 D/F

RN Signature: Brenda H. Morgan RN

Days				Evenings			
Affect: ☐ Bright ☐ Flat ☒ Blunted ☐ Hostile				Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile			
☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate				☐ Apathetic ☐ Restricted ☐ Labile ☒ Appropriate			
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed				Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed			
☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty				☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty			
Cognition: ☒ Oriented x3 ☐ Disoriented ☐ Confused				Cognition: ☒ Oriented x3 ☐ Disoriented ☐ Confused			
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations				Thought Processes: ☒ Organized ☐ Preoccupied ☐ Hallucinations			
☐ Concrete ☐ Disorganized ☐ Delusions				☐ Concrete ☐ Disorganized ☐ Delusions			
☐ Phobic ☐ Loose Associations ☐ Illogical				☐ Phobic ☐ Loose Associations ☐ Illogical			
☐ Paranoid ☒ Poor Concentration ☐ Tangential				☐ Paranoid ☐ Poor Concentration ☐ Tangential			
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors				Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors			
☐ Hopelessness ☒ Denies Suicidal Ideations				☐ Hopelessness ☒ Denies Suicidal Ideations			
Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior				Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior			
Behavior: ☒ Appropriate ☐ Agitated ☐ Impulsive				Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive			
☐ Anxious ☐ Hyperactive ☐ Psy. Retardation				☐ Anxious ☐ Hyperactive ☐ Psy. Retardation			
☐ Oppositional ☐ Isolative ☐ Withdrawn				☐ Oppositional ☐ Isolative ☐ Withdrawn			
☐ Negative ☐ Pacing ☐ Yelling Out				☐ Negative ☐ Pacing ☐ Yelling Out			
☐ Drug-Seeking ☒ Participating in Treatment				☐ Drug-Seeking ☒ Participating in Treatment			

Initials	Signature	Initials	Signature
2H	2nd Handwritten M	MB	Maggie B. B. B.

212A

08/22/05

HARTINEZ, RAQUEL

PROGRESS RECORD

SPARTANBURG, SC 29301

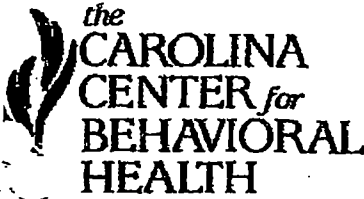
DE CASTRIOTTA

S / W / F

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

PROBLEM:	Date	Time	Prob. #	Disc	Progress Notes
Diagnosed Condition	8/24	10 ⁵⁰	1	N	Alert + oriented. Attended Am
Presenting Complaint			2		group this morn. Appears
Complication					disoriented. Eye contact fleet
New Management Problem					1) 1:1 to assess + enc verify
New Condition Present					R) Pt clb poor sleep last
Side Effects					night woke up early + couldn't
					go back to sleep. Reports ↓
					Appetite. Thoughts still scattered
					Ⓢ X's. VSS & HR still Brady @ 57
					this Am Toprol XL 100 held until
					HR ↑. Pt requests Lorazepam for
					anxiety. Pt left to monitor
					ser Hendricks
EVALUATION:	8/24	10 ⁵⁰	1-2	N	Raquel has been present &
Discussion with Patient					active in milieu. Pleasant.
Consultation with Other					interacting. Attending group.
Clinicians					monitored Behaviors + assessed
Physical Examination					mood. Raquel visited i family.
Discussion of Risk /					Denies ST. HR was 59 @ 4pm.
Benefits of Medication					Grooming adequate. Able to
Formal Conference					come to staff appropriately to
Conference with Family					get needs met. M. Buringer
Review of Lab /					
Testing Results					
ASSESSMENT /					
FINDINGS:					
Patient Progress:					
Change in Sx / Behavior					
Change in Relationships					
Change in Medical Status					
Need for Continued					
Treatment					
Necessity for Level of Care					
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapies:					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS					
DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response					
Interventions					
Plan					



PHYSICIAN PROGRESS
NOTE

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/M/F
26130 Address: _____

1 Very Mild Impairment
5 Very severe Impairment

2 Mild Impairment

3 Moderate Impairment

4 Severe Impairment

Initially kept well

I. Interval History / Changes

☒ Mood ☒ Anxiety level ☒ Hallucinations ☒ Sleep ☒ Suicidal ☒ Homicidal
☒ Hopelessness ☒ Helplessness ☒ Appetite ☒ Paranoia ☒ Behavior

*is still anxious - she is struggling
to cope with her PTSD*

II. Examination

☒ Affect ☒ Isolation ☒ Reality Contact ☒ Orientation
☒ Behavior ☒ Speech ☒ Thought Process ☒ Memory Remote
☒ Insight ☒ Language ☒ Associations ☒ Memory Recent
☒ Judgment ☒ Fund of Knowledge ☒ Concentration

*is more lucid again - logical
talked about disposing of her*

III. Detoxification/Withdrawal: Please circle all that apply today:

☒ Not applicable ☐ Cravings ☐ Cramps ☐ Denies All ☐ Diaphoresis
☐ Diarrhea ☐ Headache ☐ Increased Anxiety ☐ Irritability ☐ Isolation
☐ Poor Concentration ☐ Restlessness ☐ Tremor ☐ Nausea/Vomiting ☐ Elevated Vital Signs

Other: _____

IV. Medical Issues/Vital Signs:

cont to be hypertensive

V. Diagnosis Change/Addition/New Problem:

waiting on this

Plan:

A. Labs and Tests: *add*

B. Medication changes: *add*

Consent and Risks/Benefits discussed:

C. Family Involvement Recommended:

D. Precautions: (Please Circle) Suicidal Homicidal Elopement Fall Detox Seizure

E. Levels: (Please Circle) I II ☒ III 1:1 Visual 1:1 Touch

F. Continued ELOS: *1 day* Discharge Plans:

MD Signature: *[Signature]*

Date: *8.25.05*

Time: _____

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
C8/22/05
MARTINEZ, RAQUEL
SPARTANBURG, SC 2931
DR. CASTRIOTTA
S/W/F
26130

Patient Identification

DATE: 8/25/05

Diet: Percent Eaten			
Type	Breakst	Lunch	Supper
R	70	60	0
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	✓	✓	

Activities Attended		
	AM	PM
Community Meeting		
AA/NA Meeting		
School		
Wrap-Up Group		
Other:		
Other: 1:1	✓	✓
Other:		
Other:		

Hygiene - Self = S, Assisted = A		
	Nights	Days
	S	S

Visitors	
Days	Evening
0	0

Nights: Hours of Sleep: 4 1/2 Restless Insomnia Nightmares Enuresis EMA Slept All Night
Sleep Medication: ☒ Yes ☐ No Last Dose: 0.5mg Date/Time: 8/24 at 9pm
Other Observations: 2nd 03 SE

RN Signature: Kimberly Lammert

Days		Evenings	
Affect: ☐ Bright ☐ Flat ☒ Blunted ☐ Hostile	Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate
Mood: ☐ Euphoric ☐ Angry ☐ Sad ☒ Depressed	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty	☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty
Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused	Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused		
Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations	☐ Concrete ☐ Disorganized ☐ Delusions	☐ Concrete ☐ Disorganized ☐ Delusions
☐ Phobic ☐ Loose Associations ☐ Illogical	☐ Phobic ☐ Loose Associations ☐ Illogical	☐ Paranoid ☐ Poor Concentration ☐ Tangential	☐ Paranoid ☐ Poor Concentration ☐ Tangential
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors	☐ Hopelessness ☐ Denies Suicidal Ideations	☐ Hopelessness ☐ Denies Suicidal Ideations
Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior	Aggression: ☒ Ideations ☐ Verbal Threats ☐ Aggressive Behavior		
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive	☒ Anxious ☐ Hyperactive ☐ Psy. Retardation	☒ Anxious ☐ Hyperactive ☐ Psy. Retardation
☐ Oppositional ☐ Isolative ☐ Withdrawn	☐ Oppositional ☐ Isolative ☐ Withdrawn	☐ Negative ☐ Pacing ☐ Yelling Out	☐ Negative ☐ Pacing ☐ Yelling Out
☐ Drug-Seeking ☐ Participating in Treatment	☐ Drug-Seeking ☐ Participating in Treatment		

Initials	Signature	Initials	Signature
2H	2nd Mendez RN		

CS004 Rev. 5/98

PROGRESS RECORD

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
2613

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:					
Diagnosed Condition	8/25	11A	1	N	Pt alert + oriented x 4. ADLS
Presenting Complaint					Complete early this am.
Complication					Refused An groups little
New Management Problem					insight re. importance of groups
New Condition Present					to 1:1 to assess R/O
Side Effects					over S/S of WD. USS
EVALUATION:					
Discussion with Patient					Demon ST @ present withdrawn
Consultation with Other Clinicians					& isolative minimal interaction
Physical Examination					little insight re. long term
Discussion of Risk / Benefits of Medication					recovery. Still a clo slight
Formal Conference					HA. P) lost to monitor
Conference with Family					in nucleus
Review of Lab / Testing Results					
ASSESSMENT / FINDINGS:					
Patient Progress	8/25/05				(1) Alert & oriented x 4. P/O
Change in Sx. / Behavior					(2) 1:1 assess R/O
Change in Relationships					insight, trust, return
Change in Medical Status					meds off / 002 remain in
Need for Continued Treatment					wd 3/8 (w/mon. of lab)
Necessity for Level of Care					(2) assessed R/O
THERAPEUTIC PLAN:					
Medication					discontinued (1 time)
Laboratory Tests					0 011 R/O had (at)
Specialty Consultation					USS @ SE. & wd 3/8
Psychotherapies:					Refused to attend group
Group					& continue (at 010)
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
Patient Behavior					
Interventions Provided					
Patient Response to Interventions					
Plan					

**PHYSICIAN PROGRESS
NOTE**

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F Address: ☐ 46

1 Very Mild Impairment 2 Mild Impairment 3 Moderate Impairment 4 Severe Impairment
5 Very severe Impairment

I. Interval History / Changes

4 Mood 3 Anxiety level 0 Hallucinations 0 Sleep 0 Suicidal 0 Homicidal
0 Hopelessness 0 Helplessness 0 Appetite 0 Paranoia 0 Behavior

*denies SI - less depressed -
headaches - can't disclose in group*

II. Examination

4 Affect 4 Isolation 4 Reality Contact 4 Orientation
Behavior Speech Thought Process Memory Remote
Insight Language Associations Memory Recent
Judgment Fund of Knowledge Concentration

*held to pre-employment & was found
inadequate*

III. Detoxification/Withdrawal: Please circle all that apply today:

Not applicable

Cravings
Diarrhea
Poor Concentration

Headache
Restlessness

Cramps
Increased Anxiety
Tremor

Denies All
Chills
Irritability
Nausea/Vomiting

Diaphoresis
Isolation
Elevated Vital Signs

Other: _____

IV. Medical Issues/Vital Signs: *VSS*

V. Diagnosis Change/Addition/New Problem: *NP*

VI. Plan:

A. Labs and Tests: *NP*

B. Medication changes: *NP*

Consent and Risks/Benefits discussed:

☐
☐
☐
☐

C. Family Involvement Recommended: *Y*

D. Precautions: (Please Circle) Suicidal *Y* Homicidal Elopement *Y* Detox Seizure

E. Levels: (Please Circle) I II *III* 1:1 Visual 1:1 Touch

F. Continued ELOS: _____ Discharge Plans: _____

MD Signature: *[Signature]*

Date: *8/24/05*

Time: _____

NURSING FLOW SHEET / PROGRESS RECORD

1124840016 212A
C8/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR CASTRIOTTA

S/W/F

26133

Patient Identification

DATE: 8/26/05

Diet: Percent Eaten			
Type	Bkfst	Lunch	Supper
A	50	✓	DK
Dietary Concerns:			

Elimination - V: Void, BM			
	Nights	Days	Evening
	✓	✓	✓

Activities Attended	AM	PM
Community Meeting	✓	
AA/NA Meeting		
School		
Wrap-Up Group		
Other: group	✓	
Other: DK		
Other:		
Other:		

Hygiene - Self = S, Assisted = A		
	Nights	Days
	S	S

Visitors	
Days	Evening

Nights: Hours of Sleep: 5 Restless Insomnia Nightmares Enuresis EMA Slept All Night
Sleep Medication: ☐ Yes ☐ No Last Dose: 5mg Date/Time: 8-25-05 9PM
Other Observations: hand 3 DT

RN Signature:

Days	
Affect: ☐ Bright ☒ Flat ☐ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	Mood: ☐ Euphoric ☐ Angry ☒ Sad ☐ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty
Cognition: ☒ Oriented x 3 ☐ Disoriented ☐ Confused	Thought Processes: ☒ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☐ Poor Concentration ☐ Tangential
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☒ Denies Suicidal Ideations	Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior
Behavior: ☒ Appropriate ☐ Agitated ☐ Impulsive ☐ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment	

Evenings	
Affect: ☐ Bright ☐ Flat ☐ Blunted ☐ Hostile ☐ Apathetic ☐ Restricted ☐ Labile ☐ Appropriate	Mood: ☐ Euphoric ☐ Angry ☐ Sad ☐ Depressed ☐ Labile ☐ Irritable ☐ Guarded ☐ Guilty
Cognition: ☐ Oriented x 3 ☐ Disoriented ☐ Confused	Thought Processes: ☐ Organized ☐ Preoccupied ☐ Hallucinations ☐ Concrete ☐ Disorganized ☐ Delusions ☐ Phobic ☐ Loose Associations ☐ Illogical ☐ Paranoid ☐ Poor Concentration ☐ Tangential
Self-Harm: ☐ Ideations ☐ Self-Harm Behaviors ☐ Hopelessness ☐ Denies Suicidal Ideations	Aggression: ☐ Ideations ☐ Verbal Threats ☐ Aggressive Behavior
Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☐ Anxious ☐ Hyperactive ☐ Psy. Retardation ☐ Oppositional ☐ Isolative ☐ Withdrawn ☐ Negative ☐ Pacing ☐ Yelling Out ☐ Drug-Seeking ☐ Participating in Treatment	

Initials	Signature	Initials	Signature
BVG	Blanca D. Morgan RN		

1124840016 212A
08/22/05
HARTINEZ, RAQUEL

SPARTANBURG, SC 29311
DR. CASTRIOTTA
S/W/F
26133

PROGRESS RECORD

Patient Identification

ADDRESS AS APPROPRIATE EACH OF THE FOLLOWING:

	Date	Time	Prob. #	Disc	Progress Notes
PROBLEM:	8/20	1p	1	NSG	B = Alert and oriented
Diagnosed Condition			2		affected flat to blando
Presenting Complaint					mood depressed - somatically
Complication					focused today - ↑ medication
New Management Problem					focused - Reports fair sleep
New Condition Present					↓ Appetite to 1:1 for weight
Side Effects					R = Denies SI/HI - contraindicated
EVALUATION:					for safety - C/O ↑ migraine
Discussion with Patient					this AM (Received Immitrex
Consultation with Other Clinicians					which she reports was
Physical Examination					ineffective. for her - Rates
Discussion of Risk / Benefits of Medication					pain 9/10 - p consult to MD
Formal Conference					given Tivadol 30 mg 1m into
Conference with Family					(gluteal - no noted complications)
Review of Lab / Testing Results					no noted falls - limited
ASSESSMENT / FINDINGS:					insight into issues P = cont 1:1 -
Patient Progress:					Ray Grigg
Change in Sx / Behavior	8/20	4p			Dr. Raquel was p/c with unit
Change in Relationships					@ about 4pm. All belongings
Change in Medical Status					returned. Prescriptions + D/E
Need for Continued Treatment					instructions reviewed & and
Treatment					given to pt by Barbara Dye.
Necessity for Level of Care					M. Birmingham
THERAPEUTIC PLAN:					
Medication					
Laboratory Tests					
Specialty Consultation					
Psychotherapeutic					
Group					
Family					
Individual					
Change in Privilege Status					
Discharge Planning					
NURSING PROCESS DOCUMENTATION					
patient Behavior					
Interventions Provided					
patient Response					
Interventions					
plan					

The Carolina Center for Behavioral Health
Adult Psychiatric Partial Hospitalization Program

Treatment Agreement and Initial Care Plan

I am entering an intensive program for the treatment of a serious psychiatric condition.
Due to the severity of this illness, I agree to the following conditions:

1. I will be present and on time for all scheduled group activities.
2. I will notify staff if unable to attend or if I will be late. Unexcused absences may cause me to be discharged from the program and will hamper my recovery.
3. I will report the use of any non-prescribed medications and will report any changes or additions of prescribed meds.
4. I will submit to urine drug screens or breathalyzer tests as requested.
5. I will be honest, open minded, and willing to communicate and explore my struggles and symptoms.
6. I will keep confidential all knowledge gained about other group members or anyone I meet on the premises. I will not discuss personal, private health information with family, friends, or other patients.
7. I will notify staff if I develop thoughts, plans, or intentions to harm myself or anyone else.
8. I will do my best to keep my attention on the group process, and to be attentive and courteous to others.

Initial Care Plan

I will attend the program Monday through Friday from 9:00 am-2:30 pm.
I will work to acquire and practice skills to manage the problem(s) listed below:
(please check all those that apply)

☐ Depression	☐ Mood Swings	☐ Anxiety
☐ Destructive Anger	☐ Problems with drugs and/or alcohol	
☐ Impulsive Behaviors	☒ Other (describe) <u>physiological reaction to stopping medication (Xanax)</u>	

Patient Signature Raque Martinez Date/Time 08005 10/5am
Staff Signature Debbie S. Hudson, RN Date/Time 8/10/05 10:30A

The Carolina Center for Behavioral Health
2700 E. Phillips Road
Greer, SC 29650

1124840016 212A
08/22/05
HARTINEZ, RAQUEL

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26131

**PRE-DISCHARGED EVALUATION
OF RISK TO SELF / OTHERS**

PAGE 1 of 1 Patient Identification

(Please check all that apply)

Informant was ☒ Patient ☐ Family ☐ Friends ☒ Hospital Health Professional
☐ Other Health Professional ☐ Other

SECTION 1 - CURRENT RISK TO SELF / OTHERS AT TIME OF DISCHARGE:

Does the patient or do other report:

the patient having suicidal ideation or making suicidal threats?

☐ Yes ☒ No

the patient having homicidal / assaultive ideation or making homicidal threats?

☐ Yes ☒ No

If the answers to the above questions are NO, then go to Section II;

Otherwise answer the following questions:

Is the ideation repetitive or persistent?

☐ Yes ☐ No

Does the patient have a specific plan?

☐ Yes ☐ No

Does the ideation involve serious / lethal intent?

☐ Yes ☐ No

Does the ideation have delusional or hallucinatory content?

☐ Yes ☐ No

If the answer to any of the above questions is YES, then describe the basis for such answer below, then complete Section II. (Describe the patient's plan, ideations, hallucinations, etc. and if they represent a risk to others at time of the discharge, describe considerations regarding "duty to protect" or "duty to warn.")

Comments:

SECTION II: ADDITIONAL RISK MANAGEMENT CONSIDERATIONS:

Does the patient have a history of suicidal attempts soon after a past discharge?

☐ Yes ☒ No

Does the patient have a history of concealing or denying past suicide / homicide / assaultive ideation / behaviors?

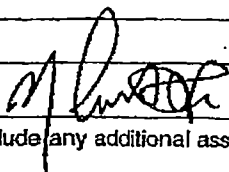
☐ Yes ☒ No

Were clinical indications for a second opinion concerning discharge risk present?
(If yes, please comment below)

☐ Yes ☒ No

Comments:

Physician's Signature:



8-26-05

Date/Time:

This guideline is not intended to preclude any additional assessment tool, nor is it a substitute for clinical judgement.
CS003-02 Rev. 03/04

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 1 OF 2

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-10-05

Psychoeducational Groups:		Teaching Methods:		Patient Response	
		A=Patient Education		1=Unable to state knowledge	
		B=Written Material		2=Able to state some knowledge	
		C=Audio/Video		3=Able to state full knowledge	
				4=Unable to show skill	
				5=Able to show some skill	
				6=Able to show full skill	
				7=Refused teaching	
				8=See note below	
Attended: _____ Education: ☐ No ☒ All ☐ Part Topic: <u>RBT</u> Group Time: <u>1p</u> Method <u>AB</u> Pt. Response <u>2,5</u> Staff Signature/Time <u>K. Mundy, LLC</u>					
Education: ☐ No ☐ All ☐ Part Topic: _____ Group Time: _____ Method _____ Pt. Response _____ Staff Signature/Time _____					

Attended: Group therapy: ☒ No ☐ All ☐ Part
Group therapy: ☒ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening _____

Appetite: ☐ good ☐ poor ☐ fluctuates _____

ADLs: ☐ OK ☐ impaired _____

Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile _____

Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre _____

Support: ☐ yes ☐ no ☐ limited _____

SI/II: ☐ yes ☐ no ☐ contracts for safety _____

Meds: ☐ compliant ☐ non compliant _____

Appearance: ☐ casual ☐ unkempt ☐ unclear _____

Speech: ☐ normal ☐ rapid ☐ slow ☐ sturred ☐ pressured _____

Insight/Judgment: ☐ good ☐ fair ☐ poor _____

Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile _____

Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none _____

[illegible]

080105

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 1 OF 2

425510013

3. ^{FUP} ADDRESSOGRAPH ONLY

Date: 8-11-69

TIME Z. RAQUEL

Psychoeducational Groups:

Teaching Methods: A=Patient Education B=Written Material C=Audio/Video	Patient Response: 1=Unable to state knowledge 2=Able to state some knowledge 3=Able to state full knowledge 4=Unable to state knowledge	Staff Response: 5=Agreed to try some skill 6=Able to show full skill 7=Refused teaching 8=See notes below

Attended:

Education: ☐ No ☒ All ☐ Part Topic: Disorganized thinking Behavior

Group Time: 1p Method A/B Pt. Response 2/5 Staff Signature/Time Debbie D. Henderson

Education: ☐ No ☒ All ☐ Part Topic: Assertiveness

Group Time: 2p Method A/B Pt. Response 2/5 Staff Signature/Time G. Hollingsworth

Attended: Group therapy: ☐ No ☒ All ☐ Part

Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening

Appetite: ☐ good ☐ poor ☐ fluctuates

ADLs: ☐ OK ☐ impairedMood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile

Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre

Support: ☐ yes ☒ no ☐ limited

S/MI: ☐ yes ☐ no ☐ contracts for safety

Meds: ☒ compliant ☐ non compliant

Appearance: ☐ casual ☐ unkempt ☐ unclean

Speech: ☒ normal ☐ rapid ☐ slow ☐ slurred ☐ pressured

Insight/judgment: ☐ good ☐ fair ☐ poor

Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile

Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob. #	Usec	Progress Note
9a	all	55	Mixed most of group - c. Dr. Castriotta for reproductive eval. - Edmunds &c.
11a	all	55	Participated actively and appropriately in group therapy discussion of RBT thought distortion and common check. Raised appropriate question and made appropriate comments. - Edmunds &c.

the CAROLINA CENTER for BEHAVIORAL HEALTH

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 1 OF 2

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
030026130

ADDRESSOGRAPH ONLY

Date: 8-15-05

Date:

Psychoeducational Groups:

Attended:

Education: ☒ No ☒ All ☐ Part Topic:

Group Time: Method: PL Response: Staff Signature/Time:

Education: ☒ No ☐ All ☐ Part Topic:

Group Time: Method: PL Response: Staff Signature/Time:

Teaching Methods:
A=Patient Education
B=Written Material
C=Audio/Video

Patient Response:
1=Unable to state knowledge
2= Able to state some knowledge
3= Able to state full knowledge
4= Unable to show skill
5= Able to show some skill
6= Able to show full skill
7= Refused teaching
8= See note below

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☐ All ☒ Part

Sleep: ☒ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening

Appetite: ☒ good ☐ poor ☐ fluctuates

ADLs: ☒ OK ☐ impaired

Mood/Affect: ☐ angry ☒ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile

Cognitions: ☒ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre

Support: ☒ yes ☐ no ☐ limited

SIAMI: ☐ yes ☒ no ☐ contracts for safety

Meds: ☒ compliant ☐ non compliant

Appearance: ☒ casual ☐ unkempt ☐ unclear

Speech: ☒ normal ☐ rapid ☐ slow ☐ slurred ☐ pressured

Insight/Judgment: ☐ good ☒ fair ☐ poor

Behavior/Participation: ☒ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile

Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none

Time of Session	Prob. #	Disc.	Progress Note
9a	all	SS	Pup & b hair today, felt in light-headed to headache. Gail - "Takes it day by day" shared that she had psychotic w/ a seizure when she stopped taking Xanax abruptly. - K-Munds v2
11a	all	SS	Absent for first 1/2 of group. Attentive to group discussion of dealing & sensation about mental illness from friends, family, & co-workers. Did not share information to group. No participation. - K-Munds v2
11A	all	NSQ	(late entry) Pt reported having swatted @ a bee while out on smoke break; felt that she had just barely touched the stinger w/ one finger but not really stung. Pt is allergic - did not have her epi-pen. Notified nursing supervisor & had epinephrine dose

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Cover. Rev 12/01

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

PAGE 2 OF 2

ADDRESSOGRAPH ONLY

Time of Session	Prob. #	Disc	Progress Note
11A	all	115g	(cont'd) readied to bring out for pt. Monitored pt's respirations, pulse & B/P - all of which remained stable: R- 16-18, P- 62-68, B/P 129/82- 129/80. Pt did have minor swelling & inflammation @ site, but kept ice to area which helped ↓ pain & swelling. Returned to group p̄ 30 minutes of monitoring - no further difficulty. Left p̄ lunch for a required meeting c̄ her supervisor ——— Melanie Phillips RN

PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

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2025510013 PHP

08-10-05

MARTINEZ, RAQUEL

SPARTANBURG SC 29301

CASTRIOTTA

D/W/F

46

000026130

ADDRESSOGRAPH ONLY

Date: 8-16-05

Psychoeducational Groups:

Teaching Methods:

A=Patient Education

B=Written Material

C=Audio/Video

Patient Response:

1=Unable to state knowledge

2=Able to state some knowledge

3=Able to state full knowledge

4=Unable to show skill

5=Able to show some skill

6=Able to show full skill

7=Refused teaching

8=See note below

Attended:

Education: ☐ No ☒ All ☐ Part Topic: Roles I

Group Time: 11am Method A,B,C Pt. Response 1, 4, 8 Staff Signature/Time Melanie Phillips RU4p

Education: ☐ No ☐ All ☐ Part Topic:

Group Time: Method Pt. Response Staff Signature/Time

Attended: Group therapy: ☐ No ☒ All ☐ Part

Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☒ good ☐ insomnia ☐ difficulty falling asleep ☐ frequent awakening ☐ early awakening

Appetite: ☒ good ☐ poor ☐ fluctuates

ADLs: ☐ OK ☒ impaired *lethargic*

Mood/Affect: ☐ angry ☐ anxious ☒ appropriate ☐ bright/cheerful ☐ depressed ☐ labile

Cognition: ☒ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre

Support: ☒ yes ☐ no ☐ limited

SMH: ☐ yes ☒ no ☐ contracts for safety

Meds: ☒ compliant ☐ non compliant *dismissive & concentration*

Appearance: ☒ casual ☐ unkempt ☐ unclean

Speech: ☐ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured

Insight/Judgment: ☐ good ☒ fair ☐ poor

Behavior/Participation: ☐ appropriate ☐ monopolizing ☒ drowsy ☐ resistant ☐ hostile

Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none

Time of Session	Prob. #	Disc	Progress Note
1a	all	SS	Reported feeling well-controlled, but to discontinue. I think that she met a love yesterday, who was very supportive. 1a feeling lethargic on new med. Coaxing awake for groups. Very apologetic about discontinue. - K. M. M. B. C.
2p	all	SS	Pt. participated actively and appropriately in group therapy. Shared positive support & question number who shared painful feeling. Offered positive solution & encouragement. - K. M. M. B. C.
11a	all	NSq	(late entry) Raquel was very sleepy in group. Able to participate @ brief intervals, but falls asleep in between times, possibly d/t meds — Melanie Phillips RU

PARTIAL HOSPITALIZATION PROGRAM PROGRESS NOTES

ADDRESSOGRAPH ONLY

5=Able to show some skill
6=Able to show full skill
7=Refused teaching
8=See note below

Group Time: _____ Method _____ Pt. Response _____ Staff Signature/Time _____

Level of Participation: ☐ active ☐ minimal ☐ when cued ☐ none

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MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA
E/W/F 46
000026130

ADDRESSOGRAPH ONLY

Date: 8-18-05

Date: 6-18-81

Psychoeducational Groups:

Attended:

Education: ☐ No ☒ All ☐ Part Topic: Relaxation + Meditation

Group Time: 1p Method ABC Pt. Response 2,5 Staff Signature/Time Melanie Phillips RN 4p

Education: ☐ No ☒ All ☐ Part Topic: Self Esteem Exercise

Group Time: 2p Method ABC Pt. Response 2/5 Staff Signature/Time Jane T. Allen 3:30p

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☒ frequent awakening ☐ early awakening
 Appetite: ☒ good ☐ poor ☐ fluctuates hunts to eat. (distal hunger).
 ADLs: ☐ OK ☐ impaired _____
 Mood/Affect: ☒ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile _____
 Cognitions: ☐ poor concentration ☐ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre frustrated.
 Support: ☐ yes ☐ no ☒ limited Parents
 SI/II: ☐ yes ☒ no ☐ contracts for safety _____
 Meds: ☒ compliant ☐ non compliant _____
 Appearance: ☒ casual ☐ unkempt ☐ unclear _____
 Speech: slow ☒ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured _____
 Insight/Judgment: ☐ good ☐ fair ☒ poor _____
 Behavior/Participation: ☐ appropriate ☐ monopolizing ☒ drowsy ☐ resistant ☒ hostile _____
 Level of Participation: ☐ active ☐ minimal ☒ when cued ☐ none _____

Time of Session	Prob. #	Date	Progress Note
9a	all	SS	to heartburn and drowsiness. Goal- try to get medical records. Stick to one thing & finish. Shared having argument & parents - had to assure them she was well enough to function. Denied feeling frustrated that SRAC has not sent records. - K. Mumbach, etc.
11a	all	SS	Actively and appropriately participated in group therapy discussion of communication styles. She identified herself as primarily affecting in social information and recalling. Explored implications for communication and possible problems. - K. Mumbach, etc.

PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

PAGE 1 OF 2

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
000026130 ADDRESSOGRAPH ONLY

Date: 8-19-05

Psychoeducational Groups:		Teaching Methods: A=Patient Education B=Written Material C=Audio/Video		Patient Response: 1=Unable to state knowledge 2=Able to state some knowledge 3=Able to state full knowledge 4=Unable to show skill 5=Able to show some skill 6=Able to show full skill 7=Refused teaching 8=See note below	
Attended: ☐ No ☒ All ☐ Part Topic: <u>Self Esteem Exercise</u> Education: ☐ No ☒ All ☐ Part Group Time: <u>11A</u> Method <u>A/B</u> Pt. Response <u>2/8</u> Staff Signature/Time <u>Debbie D. Hudson MEd 8/19/05</u>					
Education: ☐ No ☒ All ☐ Part Topic: <u>Progress in TX</u> Group Time: <u>2p</u> Method <u>A/B</u> Pt. Response <u>2/5</u> Staff Signature/Time <u>Debbie D. Hudson MEd 8/19/05</u>					

Attended: Group therapy: ☐ No ☒ All ☐ Part
Group therapy: ☐ No ☐ All ☐ Part

Sleep: ☐ good ☐ insomnia ☐ difficulty falling asleep ☒ frequent awakening ☐ early awakening
 Appetite: ☐ good ☒ poor ☐ fluctuates Wants to eat
 ADLs: ☒ OK ☐ impaired
 Mood/Affect: ☐ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☒ depressed ☐ labile
 Cognitions: ☐ poor concentration ☒ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre
 Support: ☒ yes ☐ no ☐ limited
 SHH: ☐ yes ☒ no ☐ contracts for safety
 Meds: ☒ compliant ☐ non compliant
 Appearance: ☒ casual ☐ unkempt ☐ unclean
 Speech: ☒ normal ☐ rapid ☐ slow ☒ slurred ☐ pressured
 Insight/Judgment: ☐ good ☒ fair ☐ poor
 Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☐ hostile fearful
 Level of Participation: ☒ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob #	Disc	Progress Note
9a	all ss		Reported headache, feeling well acted out stuff. Shaved that she feels "peaked out" that she has no weapons in her home. Shaved thinking about dead toddler that she was involved in at work - goal - to stop thinking about toddler, re-experience event - disturbed because she knew officer involved. Quite vulnerable not having a weapon. Became agitated & fearful talking about vulnerability. - K. M. M. D. R.
11a	1 hsg		Pt states she has a positive self esteem. <u>Debbie D. Hudson</u>
1p	all ss		Pt participated in weekend plan to write weekend contract. Had difficulty creating well-balanced contract, especially coming up with healthy thoughts. Declined to share in group. <u>K. M. M. D. R.</u>

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PARTIAL HOSPITALIZATION PROGRAM
PROGRESS NOTES

PAGE 1 OF 2

MARTINEZ, RAQUEL

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F
030026130

ADDRESSOGRAPH ONLY

Date: 8-22-05

Psychoeducational Groups: Attended: Education: ☐ No ☒ All ☐ Part Topic: Affirmations Group Time: 1p Method A,B Pt Response 2.5 Staff Signature/Time Melanie Phillips RN 4p	Teaching Methods: A=Patient Education B=Written Material C=Audio/Video	Patient Response: 1=Unable to state knowledge 2=Able to state some knowledge 3=Able to state full knowledge 4=Unable to show skill 5=Able to show some skill 6=Able to show full skill 7=Refused teaching 8=See note below
Education: ☐ No ☒ All ☐ Part Topic: Meditation Group Time: 2p Method A,B Pt Response 2.5 Staff Signature/Time M Phillips RN 4p		

Attended: Group therapy: ☐ No ☒ All ☐ Part

Group therapy: ☐ No ☒ All ☐ Part

Sleep: ☐ good ☐ insomnia ☒ difficulty falling asleep ☒ frequent awakening ☐ early awakening

Appetite: ☐ good ☐ poor ☐ fluctuates "OK"

ADLs: ☒ OK ☐ impaired

Mood/Affect: ☒ angry ☐ anxious ☐ appropriate ☐ bright/cheerful ☐ depressed ☐ labile "helplessness?"

Cognitions: ☒ poor concentration ☒ racing thoughts ☐ poor memory ☐ tangential/loose ☐ bizarre "confused"

Support: ☐ yes ☐ no ☒ limited "disagreements & parents"

Suicide: ☐ yes ☒ no ☐ contracts for safety

Meds: ☒ compliant ☐ non compliant

Appearance: ☒ casual ☐ unkempt ☐ unclean

Speech: ☐ normal ☒ rapid ☐ slow ☒ sturred ☐ pressured

Insight/Judgment: ☐ good ☐ fair ☒ poor

Behavior/Participation: ☐ appropriate ☐ monopolizing ☐ drowsy ☐ resistant ☒ hostile "about parents"

Level of Participation: ☒ active ☐ minimal ☐ when cued ☐ none

Time of Session	Prob. #	Disc	Progress Note
9a	all	95	Shared pain r/t severe heartburn. Shared disagreements & parents about organizing her clothing: "a dress-car, a cardigan and a sweater, like I am not who I am" "just about panic attacks because 2 fear side effects" -K Munder etc.
11a	all	51	Pt completed Beck's scales. rated "7 (moderate) on depression" and "2 (mild) on anxiety. Displayed irritability & confusion, sometimes forgetting what she was talking about. -K Munder etc.
4p	all	55	Pt stood up to exit. too aggressive later from cortisol. Has displayed ↑ confused thinking & speech today. -K Munder etc.

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The Carolina Center for Behavioral Health
**INTERDISCIPLINARY TREATMENT PLAN/
 PARTIAL HOSPITALIZATION**

MARTINEZ, RAQUEL

SPARTANBURG SC 29301

CASTRICOTTA

D/W/F

46

Page 1 of 3 00026130 Patient Identification

ADMITTING DIAGNOSES (DSM-IV)

AXIS I Psychosis secondary to withdrawal	AXIS III	Hypertension
From Benzodiazepines		TMJ Disorder
Rule out Bipolar Disorder vs OCD		Migraine Headaches
	AXIS IV	None Mild x Mod Sev Ext Crisis
AXIS II Deferred	AXIS V	GAF Past Year: unknown Current: 50 - 60

PROBLEM LIST

1. Stress Management
2. Anxiety

TREATMENT PLAN Prescribed Treatment Modalities (as ordered by Attending Physician)

Status Codes: 1-Open/Active 2-Deferred 3-Resolved/Achieved

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Group Therapy Frequency: Daily Duration: 1 ½ hours daily # of Sessions: 20 Responsible Person:	1	8/18/05	1. Raquel will identify and begin using 3 skills used to manage current stressors.	9/1/05	
Social Services					

Date Reviewed: _____
 Status Code: _____

Date Reviewed: _____
 Status Code: _____

Date Reviewed: _____
 Status Code: _____

Date Reviewed: _____
 Status Code: _____

2025510013 PHP
08-10-05
MARTINEZ, RAQUEL

The Carolina Center for Behavioral Health
INTERDISCIPLINARY TREATMENT PLAN/
PARTIAL HOSPITALIZATION

SPARTANBURG SC 29301
CASTRIOTTA
D/W/F 46
000026130

Page 2 of 3

Patient Identification

Treatmt/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Healthy Life Skills Frequency: Daily Duration: 1 hour # of Sessions: 10 Responsible Person:	2	8/18/05	2. Raquel will identify and begin using 3 self nurturing skills to manage feelings of anxiety.	9/1/05	
Nursing					

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

Treatmt/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention: Frequency: Daily Duration: 1 hour # of Sessions: 10 Responsible Person:			3.		
Nursing					

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

Date Reviewed: _____
Status Code: _____

The Carolina Center for Behavioral Health
**INTERDISCIPLINARY TREATMENT PLAN/
 PARTIAL HOSPITALIZATION**

MARTINEZ, RAQUEL

SPARTANBURG SC 29301

CASTRIOTTA

D/W/F

46

Page 3 of 3 000026130 Patient Identification

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention:					
Frequency:					
Duration:					
# of Sessions:					
Responsible Person:					

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Status Code: _____

Status Code: _____

Status Code: _____

Status Code: _____

Treatment/Interventions	Prob #	Date	Desired Outcome of Interventions (STGs)	Target	Met
Name of Intervention:					
Frequency:					
Duration:					
# of Sessions:					
Responsible Person:					

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Date Reviewed: _____

Status Code: _____

Status Code: _____

Status Code: _____

Status Code: _____

I have participated and agree with the goals of my treatment plan. I have been given the opportunity to ask questions and make suggestions concerning my treatment.

DISCHARGE CRITERIA: I understand that the criteria for determining my appropriateness for discharge include my ability to manage the problems identified during my treatment in PHP. I further understand that when I experience an improvement in level of functioning and a decrease in symptoms that no longer require treatment in PHP, that I will be considered for discharge.

Patient Signature: _____

Date/Time 08-18-05 / 02:12pm

Staff Signature/Discipline _____

Date/Time 8-18-05 / 2:11pm

1124070010
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26130

46

ACTIVITIES THERAPY ASSESSMENT

Page 1 of 2

Patient Identification

I. PATIENT INFORMATION: Name: <u>Racquel M.</u> Unit: <u>2</u>						
Physical Restriction / Precautions: <u>None</u> <u>Noted</u>						
Strengths / Weaknesses: <u>"Think quick on my feet"</u> <u>"Remember names"</u>						
II. GENERAL BEHAVIOR	Appropriate	Minimal	Moderate	Disabled	Severe Dysfunction	Comments
A. Appearance / Grooming	Appropriate grooming and dress	<u>Quality Unknown</u>	Adequate Hygiene Poor Dress	Poor Hygiene Poor Dress	Severely Disheveled	
B. Attitude Toward Hospitalization	Motivated	<u>Somewhat Motivated</u>	Indifferent	Uncooperative	Involuntary Hostile	
C. Affect	Full Range	<u>Restricted</u>	Blunted Flat	Not Congruent	Labile Hostile	
III. PERFORMANCE						
A. Decision Making / Problem Solving	Independent	<u>Needs Support</u>	<u>Indecisive</u> Req. Moderate Support	Impulsive / Apathetic	Totally Dependent Poor Judgment	
B. Socialization Skills	Initiates Interaction	<u>Responsive to Interaction</u>	Occasional Interaction	Needs Prompting Intrusive	Isolative Domineering	
C. Communication Skills	Assertive Verbalizes Feelings	<u>Passive</u>	Difficulty Identifying Feelings	Passive Aggressive Hypercritical	Aggressive Withdrawn	
D. Coping Skills	Constructive Outlets	<u>Limited Positive Outlets</u>	Unable to Identify Positive Outlets	Destructive	Suicidal Homicidal	
E. Attention Span / Concentration	Able to Focus for Duration of Task	<u>Chastable</u>	Frequent Distraction Required	Easily Distracted Preoccupied	Unable to Focus	
F. Frustration Tolerance	Verbalizes and Accepts	<u>Difficulty Adapting</u>	Derailing Self Derailing Other / Task	Abandons Task	Destructive	
G. Memory / Orientation	<u>Oriented x 4</u>	<u>Occasionally Inconsistent to Situation</u>	Intermittently Confused	Requires Frequent R/O	Psychotic Severely Confused	
H. Insight	Acknowledges Own Problems	<u>Partially Recognizes Own Problems</u>	Recognizes Own Problems/Confronted	Displaces Responsibility (Denial)	Unable to Acknowledge Problems	
I. Self-Esteem	Acknowledges Strength / Skills	<u>Difficulty Identifying Strengths / Skills</u>	Self Deprecating Rejecting	Worthlessness Grandiosity	Self Destructive	
J. Leisure Skills	Varied Interests Regularly Involved	<u>Limited Interests</u> <u>Regularly Involved</u>	Interests But Involved Sporadically	Interests But Not Currently Involved	No Current Interests or Involvement	
K. Independent Living Skills / Vocational Skills	Independent	<u>Minimal Assistance</u> <u>Unaware of Voc. Costs</u>	Lacks Initiative / Motivation	Requires Positive Education & Direction	Totally Dependent	
IV. DESCRIBE HOW AND WHERE PATIENT SPENDS LEISURE TIME / ANY IDENTIFIED VOCATIONAL ISSUES OR CONCERNS AND LEISURE ED. REQUIREMENTS:						
<u>"Spend time w cats, quilt, read"</u>						
V. SUMMARY OF TREATMENT PROBLEMS AND GOALS: <u>Pt states she has a problem getting off the meds in an, and wants to get/stay off medication, deal w issues that caused it. Pt will attend AT groups to develop coping skills through structured activities and social interaction.</u>						

Suzanne Arms AT
Signature: [Signature]

8/25/05
Date / Time:

MARTINEZ. RAQUEL

212A

SPARTANBURG: SC 2930
DR. CASTRIOTTA
S/W/E
26130

INTERDISCIPLINARY TREATMENT PLAN

PAGE 1 of 2

Patient Identification

CARE PLAN INITIATED BY: Karen Medlock RN

DATE: 8-22-05

DATE OF ADMISSION: 8-22-65

PROGRAM: Adult psych

DIAGNÓSES:

AXIS I: Psychosis 2° to W/P
from Benzo's, R/O Bipolar
vs OCP, depressed.

AXIS II: defensive

AXIS III: HTN, Migraine
NA, TMG, arthritis

AXIS IV: occupational
social, loss of job
AXIS V: 40

AXIS V: 40

PATIENT'S ASSETS:

- ☒ General Fund of Knowledge
- ☐ Average or Above Intelligence
- ☐ Supportive Family / Friends
- ☐ Motivation for Treatment / Growth
- ☐ Capable of Independent Living
- ☐ Work Skills
- ☐ Religious Affiliation
- ☐ Physical Health
- ☐ Active Sense of Humor
- ☐ Ability for Insight
- ☐ Communication Skills
- ☐ Financial Means
- ☐ Special Hobby / Interest
- ☐ Other:

PATIENT'S STRESSORS:

- ☐ Loss (of Whom or What): _____
- ☐ Legal Issue
- ☐ Marital or Family Conflict
- ☐ Financial Difficulties
- ☐ Traumatic Event
- ☐ Educational Concerns
- ☐ Substance Abuse
- ☒ Medication Change or Non-Compliance
- ☐ Occupational Concerns
- ☐ Health Problems
- ☐ Other: _____

[illegible]

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2 Patient Identification

PROBLEM: ALTERATION IN MOOD: DEPRESSED

PROBLEM #: ①

AS MANIFESTED BY:
(Please specify)

- ☒ Poor Concentration: ↑ confusion slurred speech
- ☒ Insomnia: Pkx getting to sleep 5-7?
- ☒ Crying Spells: @ X's
- ☒ Hopelessness: on admission from PHP
- ☒ Withdrawn: socially
- ☐ Anhedonia:
- ☒ Poor Appetite: decreased
- ☒ Weight Loss (# of lbs.): 5 lbs in last couple of months
- ☒ Fatigue: Pkx @ work
- ☒ Other: Irritability, fragmented, disorganized thoughts.

LONG-TERM GOALS: (Discharge Criteria)

- ☒ Patient's depressive signs and symptoms will stabilize to the point patient can safely be discharged.
- ☒ Patient will report and demonstrate improved mood and absence of suicidal ideation.
- ☒ Patient will state there is purpose and hope in life.
- ☒ Patient is using new way to decrease depression.
- ☒ Patient will be able to discuss options for future beyond feelings of hopelessness and helplessness.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
8-22-05	N/A	☐ Patient will not harm self and will report any SI to staff.	9-1-05	8/26
	①	☒ Patient will express how his/her behavior increases and decreases depressed mood.		
	②	☒ Patient will identify life situations that contribute to depressed mood.		
	③	☒ Patient participates actively and appropriately in groups, as indicated by		
	④	☐ Patient will develop a plan including 3 new coping skills to manage depressed mood more effectively.		
8-22-05	N/A	☐ Patient will report absence of suicidal or homicidal thoughts.	9-1-05	9/1
	⑤	☒ Patient will sleep 7-8 hrs. per night restfully for 3 consecutive days.		

TREATMENT PLAN - PROBLEM SHEET

PAGE 2 of 2

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
8-22-05	6	☒ Patient will be able to say why he/she is taking meds and identify possible side effects.	9-1-05	
	N/A	☐ Patient will report no crying spells for _____ days.		
	7	☒ Patient will report appetite has returned to normal.		
	8	☒ Patient demonstrates ability to implement new problem solving skills.		
8-22-05	9	☒ Patient will initiate interactions or offer feedback in groups at least _____ per day.	9-1-05	

INTERVENTIONS:

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8/22/05	☒ Special observation to observe and assess mood feelings of hopelessness. 30 min. Checks Routine Checks	daily	Natasha P. MFT Nsg	
8/23/05	☒ Group Therapy 7 x per week. Individual Contact Daily	Daily	J. Taylor R	SS
8-22-05	☒ Medication Management with _____	daily	Jennifer C. RN Nsg	
8/22/05	☒ 1:1 contact to allow ventilation of thoughts and feelings re: <u>feelings, concerns</u>	daily	Dr. Castriotta M.D.	
8/22/05	☒ Provide restful environment, monitor sleep patterns, provide sleep medications as appropriate.	q shift	Granda M. RN Nsg	
8-22-05	☒ Assist patient to identify goals daily and evaluate progress towards goals.	daily	Barbara D. RN Nsg	
8/23/05	☒ Coping skills group to assist patient in identifying alternative ways of coping with <u>depression</u>	1x/wk	Barbara D. RN Nsg	
	☐ Family therapy to address _____		J. Taylor R	SS
8/24/05	☒ Expressive therapy 7 x per week to address <u>healthy coping skills</u>	daily	Kimcox	AT

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 803.877.8825

IMEN INFORMATION
S IMEN: AT4166901
K JISITION: 7331916

COLLECTED: 08/23/2005 06:10 ET
RECEIVED: 08/24/2005 01:11 ET
REPORTED: 08/24/2005 05:53 ET

PATIENT INFORMATION
MARTINEZ, RAQUEL

DOB: AGE: 46
GENDER: F
SSN:
ID: U2484
PHONE:

REPORT STATUS FINAL

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

CLIENT INFORMATION
A185329 QGSP005
CAROLINA CTR FOR BEHAV HEALTH
2700 E PHILLIPS RD
GREER, SC 29650-4815

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				AT

GLUCOSE

FASTING REFERENCE INTERVAL

UREA NITROGEN (BUN)	11		7-25 MG/DL
CREATININE	0.7		0.5-1.2 MG/DL
BUN/CREATININE RATIO	16		6-25 (CALC)
SODIUM	141		135-146 MMOL/L
POTASSIUM	3.9		3.5-5.3 MMOL/L
CHLORIDE	102		98-110 MMOL/L
CARBON DIOXIDE	26		21-33 MMOL/L
CALCIUM	9.1		8.5-10.4 MG/DL
PROTEIN, TOTAL	6.9		6.0-8.3 G/DL
ALBUMIN	4.3		3.5-4.9 G/DL
GLOBULIN	2.6		2.2-4.2 G/DL (CALC)
ALBUMIN/GLOBULIN RATIO	1.7		0.8-2.0 (CALC)
BILIRUBIN, TOTAL	0.4		0.2-1.3 MG/DL
ALKALINE PHOSPHATASE	34		20-125 U/L
AST	12		2-35 U/L
ALT	11		2-40 U/L

CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT	7.6		3.8-10.8 THOUS/MCL
RED BLOOD CELL COUNT	4.12		3.80-5.10 MILL/MCL
HEMOGLOBIN	12.9		11.7-15.5 G/DL
HEMATOCRIT	38.1		35.0-45.0 %
MCV	92.4		80.0-100.0 FL
MCH	31.2		27.0-33.0 PG
MCHC	33.7		32.0-36.0 G/DL
RDW	13.4		11.0-15.0 %
PLATELET COUNT	207		140-400 THOUS/MCL
ABSOLUTE NEUTROPHILS	4393		1500-7800 CELLS/MCL
ABSOLUTE LYMPHOCYTES	2493		850-3900 CELLS/MCL
ABSOLUTE MONOCYTES	593		200-950 CELLS/MCL
ABSOLUTE EOSINOPHILS	122		15-500 CELLS/MCL
ABSOLUTE BASOPHILS	0		0-200 CELLS/MCL

MARTINEZ, RAQUEL - AT4166901

Page 1 - Continued on Page 2

PATIENT INFORMATION
MARTINEZ, RAQUEL

REPORT STATUS FINAL

QUEST DIAGNOSTICS INCORPORATED
NT SERVICE 503.877.8805

DOB: AGE: 46
GENDER: F
SSN:
ID: 112484
PHONE:

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

SPECIMEN INFORMATION
IMEN: AT416318I
RELJISITION: 7331917

CLIENT INFORMATION
A185329 QGSP001
CAROLINA CTR FOR BEHAV HEALTH
2700 E PHILLIPS RD
GREER, SC 29650-4815

COLLECTED: 08/23/2005 11:00 ET Room: 212A
RECEIVED: 08/24/2005 00:35 ET
REPORTED: 08/24/2005 08:30 ET

Test Name	In Range	Out of Range	Reference Range	Lab
URINALYSIS, COMPLETE				AT
W/REFLEX TO CULTURE				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.019		1.001-1.035	
PH	7.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	

OCULT BLOOD

TRACE

NEGATIVE

PROTEIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE
WBC	0-5	< OR = 5 /HPF
RBC	0-5	< OR = 5 /HPF
SQUAMOUS EPITHELIAL CELLS	0-5	< OR = 5 /HPF
BACTERIA	NONE SEEN	NONE SEEN /HPF
HYALINE CAST	NONE SEEN	NONE SEEN /LPF

REFLEXIVE URINE CULTURE NO CULTURE INDICATED

AT

DRUG ABUSE PANEL 10-50
NO CONFIRM

AT

* THESE RESULTS ARE FOR MEDICAL TREATMENT ONLY *
* ANALYSIS WAS PERFORMED AS NON-FORENSIC TESTING *

AMPHETAMINES
(1000 ng/mL SCREEN) NEGATIVE
BARBITURATES NEGATIVE

BENZODIAZEPINES

POSITIVE

COCAINE METABOLITES NEGATIVE
MARIJUANA METABOLITES
(50 ng/mL SCREEN) NEGATIVE
METHADONE NEGATIVE

Handwritten signature and date: 8-26-05

MARTINEZ, RAQUEL - AT416318I

Page 1 - Continued on Page 2

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QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
MARTINEZ, RAQUEL

REPORT STATUS **FINAL**

REPORTED: 08/24/2005 05:53 ET

DOB: AGE: 46
GENDER: F

ORDERING PHYSICIAN
CASTRIOTTA, RALPH J

Last Name	In Range	Out of Range	Reference Range	Lab
NEUTROPHILS	57.8		%	
LYMPHOCYTES	32.8		%	
MONOCYTES	7.8		%	
EOSINOPHILS	1.6		%	
BASOPHILS	0.0		%	
TSH W/REFLEX TO FT4	1.56		MIU/L	AT

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:
FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

ALPROIC ACID

78

50-100 MG/L

AT

PERFORMING LABORATORY INFORMATION

QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084. Laboratory Director: WILLIAM M MILLER, MD
CLIA: 11DC255331

RA
8.25.05

MARTINEZ, RAQUEL - AT4166901

Page 2 - End of Report

2025510013 PHP
05-10-05
MARTINEZ, RAQUEL

SPARTANBURG
CASTLETON

07/2/75
000026 Psych PHP 16 IOP
ADT IOP
Adol. PHP IOP

[illegible]

Notes:

✓ = Present ✕ = Absent

The Carolina Center for Behavioral Health

24840016 212A
STINEZ, RAQUEL

SPARTANBURG, SC 29301
CASTRIOTTA

Problem # 2 : Potential for Physical Injury: Inf. Injury

Evidenced by: ☐ frequent falls (explain) _____

☐ orthostatic hypotension (explain) _____

☐ other no engineering, unsteady gait

Goals:

Patient will verbalize understanding of fall precautions while hospitalized

Patient will be able to request assistance when needed.

Patient will experience no falls while hospitalized

Others: _____

Interventions:

	Frequency	Discipline	Start	Stop
1. Staff will initiate fall precautions:	<u>x 1 per</u>	<u>Castriotta MD</u>	<u>8/24</u>	<u>8/25</u>
2. Staff will educate patient re: fall precautions.	<u>x 1 per</u>	<u>NSG</u>	<u>+</u>	<u>+</u>
3. Staff will document patient compliance with fall precautions.	<u>qohgt</u>	<u>NSG</u>	<u>+</u>	<u>+</u>
4. Staff will monitor effectiveness and side effects of medications.	<u>qohgt</u>	<u>NSG</u>	<u>+</u>	<u>+</u>
5. Staff will assist patient when out of bed.	<u>qohgt</u>	<u>NSG</u>	<u>+</u>	<u>+</u>
6. Identify assistive devices needed.	<u>x 1 per</u>	<u>MD</u>	<u>+</u>	<u>+</u>
7. Monitor vitals signs as ordered and as needed.	<u>x 1 per</u>	<u>NSG</u>	<u>↓</u>	<u>↓</u>

Other Interventions:



The Carolina Center for Behavioral Health
2700 E. Phillips Rd.
Greer, SC 29650

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29311
DR. CASTRIOTTA
S/W/F
26137

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2

Patient Identification

PROBLEM: OUT OF CONTACT WITH REALITY

PROBLEM #: 3

AS MANIFESTED BY: ☒ CONFUSION:

(Please specify)

☒ DELUSIONS:

☒ PARANOIA:

☒ HALLUCINATIONS:

☒ OTHER: inability to focus

LONG-TERM GOALS: (Discharge Criteria)

- ☒ Patient's symptomatology will be controlled to the point that patient can be discharged back to an independent living or structured living situation in the community.
- ☒ Patient and/or family verbalizes understanding of medication compliance for continued stabilization.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolved
7-24	#1	☐ Patient accepts help from staff and others.	8-31	8/20
	#2	☒ Patient is oriented x 4 for <u>3</u> consecutive days.		
		☒ Patient states hallucinations are decreased or eliminated.		
		☐ Patient will no longer state delusions related to _____		
	#3	☐ Patient will no longer display paranoid behavior of _____		
	#4	☒ Patient will state why he/she is taking meds and side effects to look for.		
	#5	☒ Patient can tell when thoughts / conversation is becoming delusional.		
		☒ Patient knows 2 ways to distract self from hallucinations / delusional thinking.		

TREATMENT PLAN - PROBLEM SHEET

AGE 2 of 2

INTERVENTIONS: (Update with changing STGs)

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8-24	Special observation to observe and assess orientation. ☒ 15 min. checks ☐ 30 min. checks ☐ Routine checks ☐ Other: _____	q 15 mins	Ann. P. M. H. T.	N. S. J.
8-24	Individual therapy to assess psychosis / confusion. Medication to treat psychosis / confusion. Monitor results. Evaluation for other causes of confusion via CT, EEG, MRI. Other: _____	daily	Carliette	M. B.
	☐ Group Therapy _____ x per week. ☐ Current Events / Orientation Group to improve orientation.			
	☐ ADL group to help patient continue to take care of self.			
	☐ Coping Skills Group. ☐ _____ Therapy to orient and assist in building coping skills.			
	☐ Self-awareness Group to get patient involved in helping self, to keep patient involved and to meet with other people.			
8-24	☒ Educate patient about their illness.	x 1 hr	Barbara D. R.	N. S. J.
	☐ Social activities daily to decrease isolation and to promote orientation.			
	☐ Administer meds as ordered. Educate re: benefits and side effects.			
	☐ Encourage patient to come to staff when having hallucinations, unreal thoughts. Interrupt hallucinations by calling patient's name and talking re: here and now.			
	☐ Talk with patient about the feelings experienced when having unreal thoughts and how real the thoughts seem.			
	☐ Talk clearly to avoid misunderstanding.			
	☐ Give feedback when patient can stay in reality.			
	☐ Educate about anxiety and how anxiety can increase unreal thoughts.			
	☐ Encourage patient to tell voices to go away.			
	☐ Keep patient active to distract him/her and stay in reality.			
	☐ Minimize anxiety by consistent staff assignment and establish trust and rapport.			
	☐ Keep patient oriented with clocks, signs, calendars, newspapers and talk with patient often to re-orient.			
	☐ Start and follow a routine with the patient daily.			
	☐ Encourage patient to wear a watch, eyeglasses, hearing aid if he / she has them.			
	☐ Call patient by name and speak in clear terms. Explain tasks to patient in simple, short steps.			
	☐ Offer the patient clear, simple explanations of environmental events, activities and behavior of other patients when necessary.			
	☐ Keep patient active and prevent isolation which can lead to confusion.			
	☐ Teach patient and/or family re: medication compliance with _____			
	☐ Provide decreased stimulation by: _____			

124840016 212A
8/22/05
KATINEZ, RAQUEL

SPARTANBURG, SC 29301
CASTRIOTTA

TREATMENT PLAN - PROBLEM SHEET

PAGE 1 of 2 Patient Identification

PROBLEM: CURRENT MEDICAL PROBLEM: cat in health maintenance PROBLEM #: 4

AS MANIFESTED BY: 4/10 HTW
(Please specify)

LONG-TERM GOALS: (Discharge Criteria)

- ☒ HTW will be sufficiently stabilized.
☐ can be managed on an outpatient basis.

SHORT-TERM GOALS:

Date	Number	Goals	Target Date	Date Resolve
8-24	#1	☒ Patient will verbalize understanding of medical recommendations.	8-31	8/20
	#2	☒ Patient will follow medical recommendations.		
		☐ Patient will verbalize understanding of disease process and ongoing treatment for _____		
	#3	☒ Patient can identify <u>3</u> symptoms that would warrant further treatment.		
		☐ Patient will participate in the management, stabilization, resolution of _____		
		☐ Patient demonstrates the ability to operate _____ (appropriate medical self assessment equipment).		
		☐ Patient demonstrates ability to perform _____ (self medical care).		

TREATMENT PLAN - PROBLEM SHEET

PAGE 2 of 2

INTERVENTIONS:

Date	Intervention	Frequency	Initiating Responsible Staff	Discipline
8-24	☒ Monitor <u>V/S, res, digoxin, hct</u> ☐ Provide disease / treatment education: re _____ (including signs and symptoms)	<u>q 4 hr</u>	<u>Brenda M. Lee</u>	<u>NSG</u>
8-24	☒ Provide medical education including side effects. ☐ Appropriate consultation and work-up for _____ via _____	<u>x 1 q 4 hr</u>	<u>Mary P. Lee</u>	<u>NSG</u>
8-24	☒ Assess patient's condition and response to treatment via <u>daily assessment</u> ☐ Provide education on appropriate method of (equipment) use. ☐ Schedule medical follow-up appointments and provide these to patient in writing.	<u>daily</u>	<u>Carl Smith</u>	<u>MD</u>

2700 E. Phillips Rd.
Greer, SC 29650

INTERDISCIPLINARY TREATMENT PLAN UPDATE - INPATIENT

1124840016 212A
08/22/05
HARTINEZ, RAQUEL

SPARTANBURG, SC 29311
DR. CASTRIOTTA
S/M/F
26133

Patient Identification

DATE REVISED: 8/23/05

DX CHANGED? Yes ☒ No ☒

If Yes: Axis I _____ Axis II _____ Axis III _____

INDICATE REASON(S) PATIENT CONTINUES TO NEED HOSPITALIZATION:

- ☐ Suicidal Ideation ☐ Danger to Self or Others ☐ Severely Impaired Disorder of Thoughts or Perception
☒ Severe Impairment of Level of Functioning ☒ Severe Depression / Anxiety ☒ Medication Stabilization
☐ Discharge May Exacerbate Illness ☒ Post-Acute Detox Symptoms ☐ Conduct Requires 24 Hour Supervision
☐ Other: _____

PROGRESS IN TREATMENT	PROBLEM NUMBER									
	1	2	3	4	5	6	7	8	9	10
A. Progress as Expected	☒	☒								
B. No Progress. Continue Objectives.										
C. Revise Objectives (Goals).										
D. Revise Interventions.										
E. Problem Resolved										

(If Problems are Coded as C, D or E. Refer to the Problem List)

DESCRIBE PATIENT'S PROGRESS TOWARD GOALS IN BEHAVIORAL TERMS:

Precautions Continued/Initiated: Suicidal _____ Homicidal _____ Elopement _____ Fall ☒ Detox ☒
ESTIMATED CONTINUED LENGTH OF STAY: _____

DISCHARGE PLAN: (Circle relevant aftercare plan)

IOP _____ Aftercare Group _____ Outpatient Therapy ☒ 12-Step Recovery Group _____ Medication Management ☒ Family Therapy _____

OTHER: _____

REFERRALS INDICATED: _____

PATIENT / FAMILY INVOLVEMENT:

This Treatment Plan has been presented to and reviewed with the patient and/or family member. The patient and family have been given the opportunity to ask questions and make suggestions.

PATIENT SIGNATURE: _____ DATE/TIME: _____

FAMILY SIGNATURE (as applicable): _____ DATE/TIME: _____

PARTICIPATING TEAM MEMBERS: _____ DATE/TIME: _____

Physician [Signature] DATE/TIME: 8-23-05 3:15

Nursing [Signature] DATE/TIME: 8/23/05 1:00

Social Work _____ DATE/TIME: _____

Nursing _____ DATE/TIME: _____

Activities Therapy _____ DATE/TIME: _____

Other _____ DATE/TIME: _____

Education _____ DATE/TIME: _____

Other _____ DATE/TIME: _____

PAIN MANAGEMENT TREATMENT PLAN

Problem No.: 5 Open Date: 8-24-05 Resolved Date: _____

Problem Name: Alteration in Comfort; Pain Related to: Whiplash, TMS, arthritis

As Manifested By: Initial Pain Assessment Score = 7

Site/Symptoms: all over

Open Date:	Short Term Goal(s):	Target Date	Achieved Date
8-24	1. Patient will articulate factors that intensify pain and modifies behaviors	8-31	
	2. Patient expresses a feeling of comfort and decrease in pain to Level: 4		
	3. Patient will complete Pain Assessment Comfort Guide, if pain is greater than or equal to four(4) upon admission.		

Date Added	Interventions (Include Frequency):	Date Closed	Staff Discipline
8-24	☒ Administer Medication <u>as ordered</u>	8/26	N Sy
	Monitor effectiveness. Document Pain Assessment and Reassessment. Reasses every: <u>nsg</u>		N Sy
	☐ Implement cognitive/ behavior/ techniques: ☐ Relaxation ☐ Guided Imagery Frequency:		
	☐ Exercise and Movement Therapy Frequency:		
	☒ Physical Agents: Hot/Cold Treatment, Frequency: <u>as ordered</u>		m d
	☐ Assess hours of sleep Qnight		
	Teaching Approach: ☒ 1:1 ☐ Group ☐ Handouts ☐ Pictures ☐ Other:	8/27	N Sy

CHUNG, SC 29301
STRIOTTA

The Carolina Center for Behavioral Health

Interdisciplinary Treatment Plan

PSYCH IOP AND PHP
DAILY CHECK-IN SHEET

NAME RAQUEL "Rachel" MARTINEZ

DATE 08 15 05

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach have low energy." low energy, light-headed, dizzy, headachy

Are you in any pain? headachy

How well did you sleep last night? ok

How is your appetite? ok

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? normal

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." nervous & lucky (no one knows why I'm here; family support is outstanding)

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) poor concentration

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. incredible support from family & friends

THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills can you use to redirect these thoughts and keep from acting on them? _____

9. MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? yes

10. SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. take it day to day.

11. PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? _____

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

11. PLEASE RATE YOUR SATISFACTION WITH THE PROGRAM SO FAR:

1 2 3 4 5 6 7 8 9 10
Dissatisfied Not Sure Pretty Good Great

STAFF USE ONLY:

Reviewed by: _____

K. Winters, LMC

Date: _____

2-15-05

**PSYCH IOP AND PHP
DAILY CHECK-IN SHEET**

NAME Raguel Martinez DATE 08/16/05

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach have low energy."

Are you in any pain? headache

How well did you sleep last night? Very well

How is your appetite? average

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting etc.)? _____

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." _____

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts poor memory, etc.) _____

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. _____

THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills can you use to redirect these thoughts and keep from acting on them? _____

MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? hard to concentrate

SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. _____

PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? _____

0. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

1. PLEASE RATE YOUR SATISFACTION WITH THE PROGRAM SO FAR:

1	2	3	4	5	6	7	8	9	10
Dissatisfied		Not Sure			Pretty Good				Great

STAFF USE ONLY:

Reviewed by: _____

K. Wundt LPC

Date: _____

8-16-85

PSYCH IOP AND PHP
DAILY CHECK-IN SHEET

NAME Raquel Martinez DATE 08/18/05

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach have low energy." heartburn, low-energy, sleepy.

Are you in any pain? yes

How well did you sleep last night? very well; kept waking up

How is your appetite? good but hurts to eat

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting etc.)? very well

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." Had argument w/ mom & dad - had to ensure them I was okay enough to function.

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) want my records; frustration over no records.

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. See #3 above

6. THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☒ No If yes, what coping skills do you use to redirect these thoughts and keep from acting on them? _____

7. MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? heartburn, lightheadedness

8. SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. stick to one thing & finish - Try to organize myself. Trying to get my records from same

9. PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? Listening

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

STAFF USE ONLY:

Reviewed by: K. Wunderlic Date: 8-18-05

PSYCH IOP AND PHP
DAILY CHECK-IN SHEET

NAME Raguel Martinez DATE 082205

1. PHYSICAL WELL-BEING:

How does your body feel? Example: "Physically I feel well-rested, and I have a knot in my stomach. have low energy." ok

Are you in any pain? yes

How well did you sleep last night? badly

How is your appetite? ok

2. ACTIVITIES OF DAILY LIVING:

How is your ability to perform daily functions (such as cleaning, driving, personal hygiene, parenting, etc.)? ok

3. EMOTIONAL WELL-BEING:

What emotions have you been experiencing? Some core feelings are *mad, sad, glad, and scared*. Are you having mood swings? Example: "I feel hopeless and sad." or "My moods change rapidly from sad to angry." anger, helplessness, emotional

4. THOUGHTS PROCESSES:

Describe any impairment in your thought processes (for example, poor concentration, racing thoughts, poor memory, etc.) poor concentration due to being angry

5. SUPPORT SYSTEM:

Describe any support, or lack of support, you received yesterday from family or friends. yesterday, for once, it sucked, otherwise, it was great

6. THOUGHTS OF SUICIDE OR HOMICIDE:

Have you had any thoughts of killing yourself or others? ☐ Yes ☐ No If yes, what coping skills do you use to redirect these thoughts and keep from acting on them? _____

7. MEDICATION:

If you are on medications, are you taking them as prescribed and are you experiencing any possible side effects? yes on meds, no side effects yet

8. SETTING A GOAL:

Set a specific, attainable, and measurable goal for today that relates to your treatment. You should be able to determine at the end of the day if you accomplished your goal and, if not, what you need to do differently tomorrow. This also allows you to determine if your goal was appropriate for where you are and what you are capable of doing right now. find out if I'm here voluntarily or involuntarily.

9. PARTICIPATION:

What needs to change in order for you to feel that you are progressing in your treatment process? What skills are you utilizing in order to meet your overall treatment goal? knowing when I'll leave, what's expected of me, what exactly happened when I had the episode.

10. MULTI-FAMILY SESSION:

We offer an optional multi-family session every Wednesday at 3:00 for as long as you attend this program. Do you have any family or a significant other who plan to attend the multi-family session with you? You only need to attend this session if family or a significant other is attending also.

n/a

STAFF USE ONLY:

Reviewed by: _____

K. Nundy we

Date: _____

8-22-05

PATIENT SELF INVENTORY/ ADULT

00/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 29106
DR. CASTRIOTTA
S/W/F
26130

Page 1 of 2

Patient Identification

Patient Name: Raquel m. Date: 8/23/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? Well Fair ☒ Poor Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.

☒ Restless ☒ Had difficulty getting to sleep
☒ Awoke early; couldn't get back to sleep ☒ Woke up on/off throughout the night
Had difficulty awakening Didn't sleep at all
☒ Nightmares/flashbacks (describe)

2. My appetite is: Good Improving ☒ Poor
If poor, about what percentage of each meal did you eat?
50% Breakfast Lunch Dinner

3. My energy level is: Low ☒ Normal High Hyper

4. My ability to concentrate is: ☒ Good Improving Poor

5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today 1

6. Have you had suicidal thoughts today? Yes ☒ No On/Off
Constant - Please describe

*Please come and talk to staff right away about suicidal thoughts.

7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today

8. Panic/Anxiety Attack:
Have you had a panic attack today? Yes No
Have you had an Anxiety attack today? Yes ☒ No
How many times? 1 What preceded them?

9. Do you feel you are having any side effects from your medications? No ☒ Yes
Explain: N/A

10. Do you feel your current medications are effective? Yes No
Explain: As Dr. Castriotta

Patient Self Inventory / Adult

Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? _____

medication withdrawal; death issues

Do you feel you are making progress? thought so, still think

so, ask Dr. Castriotta

12. What are your specific goals for today? get enough sleep about
being sent to Unit 5.

How can we help you achieve them? _____

13. Did you meet yesterday's goal(s)? no

14. Following discharge, what plans or life changes have you made to better take care of yourself? use coping skills that I have learned
here.

15. Would you like to talk about your treatment plan or suggest any changes to your plan?
____ Yes ☒ No

16. Is there anything else you would like to tell staff or questions you have? _____

17. If you begin discharge today, what are your specific plans after hospitalization?
the coping skills that I learn here

18. Are you experiencing pain today? ☒ Yes ☐ No
Please describe the type of pain and location of pain you are experiencing.

headache, dizziness

Please rate your current level of pain

Please circle:

0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: ☐ Tremors ☒ Diarrhea ☐ Cravings ☐ Agitation
☐ Sedation ☐ Chilling

Reviewed by: [Signature]

Date/Time: 1/23/05 10:00

**PATIENT SELF INVENTORY/
ADULT**

Page 1 of 2

1124840016 212A
08/22/05
MARTINEZ, RAQUEL

SPARTANBURG, SC 2930
DR. CASTRIOTTA
S/W/F
26130

Patient Identification

Patient Name: Raquel M. Date: 8/24/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? Well Fair ☒ Poor Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.

Restless Had difficulty getting to sleep
☒ Awoke early; couldn't get back to sleep Woke up on/off throughout the night
Had difficulty awakening Didn't sleep at all
Nightmares/flashbacks (describe)

2. My appetite is: Good Improving ☒ Poor
If poor, about what percentage of each meal did you eat?

100% Breakfast 50% Lunch 0 Dinner

3. My energy level is: Low ☒ Normal High Hyper

4. My ability to concentrate is: ☒ Good Improving Poor

5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____

6. Have you had suicidal thoughts today? Yes No On/Off
Constant - Please describe _____

*Please come and talk to staff right away about suicidal thoughts.

7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____

8. Panic/Anxiety Attack:

Have you had a panic attack today? Yes No

Have you had an Anxiety attack today? Yes No

How many times? _____ What preceded them? _____

9. Do you feel you are having any side effects from your medications? ☒ No Yes
Explain: _____

10. Do you feel your current medications are effective? ☒ Yes No
Explain: _____

11. What issues are you currently working on with your therapist or doctor? drug dependence PTSD

Do you feel you are making progress? yes

12. What are your specific goals for today? get through without getting another relapse

How can we help you achieve them? _____

13. Did you meet yesterday's goal(s)? _____

14. Following discharge, what plans or life changes have you made to better take care of yourself? use medication

15. Would you like to talk about your treatment plan or suggest any changes to your plan?
Yes No

16. Is there anything else you would like to tell staff or questions you have? able to take medication, we can't continue to take

17. If you begin discharge today, what are your specific plans after hospitalization? _____

18. Are you experiencing pain today? ☒ Yes ☐ No
Please describe the type of pain and location of pain you are experiencing.

shoulder (R) collarbone area; headache

Please rate your current level of pain

Please circle:

0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: Tremors ☒ Diarrhea Cravings Agitation
 Sedation Chilling

Reviewed by: [Signature]

Date/Time: 8/29/05 9:21

PATIENT SELF INVENTORY/ ADULT

1125040010
08/22/05
MARTINEZ, RAQUEL

212A

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26133

Page 1 of 2

Patient Identification

Patient Name: Raquel M. Date: 8/25/05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? ☒ Well ☐ Fair ☐ Poor ☐ Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.

☐ Restless ☐ Had difficulty getting to sleep
☐ Awoke early; couldn't get back to sleep ☐ Woke up on/off throughout the night
☐ Had difficulty awakening ☐ Didn't sleep at all
☐ Nightmares/flashbacks (describe) _____

2. My appetite is: ☒ Good ☐ Improving ☐ Poor
If poor, about what percentage of each meal did you eat?
80% Breakfast ☒ Lunch 50% Dinner

3. My energy level is: ☐ Low ☒ Normal ☐ High ☐ Hyper

4. My ability to concentrate is: ☒ Good ☐ Improving ☐ Poor

5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____

6. Have you had suicidal thoughts today? ☐ Yes ☐ No ☐ On/Off
Constant - Please describe _____

*Please come and talk to staff right away about suicidal thoughts.

7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today _____

8. Panic/Anxiety Attack:
Have you had a panic attack today? ☐ Yes ☐ No
Have you had an Anxiety attack today? ☐ Yes ☐ No
How many times? _____ What preceded them? _____

9. Do you feel you are having any side effects from your medications? ☒ No ☐ Yes
Explain: _____

10. Do you feel your current medications are effective? ☒ Yes ☐ No
Explain: _____

Patient Self Inventory / Adult
Page 2 of 2

11. What issues are you currently working on with your therapist or doctor? removal
of medication

Do you feel you are making progress? yes

12. What are your specific goals for today? keep improving

How can we help you achieve them? keep supporting me

13. Did you meet yesterday's goal(s)? yes

14. Following discharge, what plans or life changes have you made to better take care of yourself? keep off medications

15. Would you like to talk about your treatment plan or suggest any changes to your plan?
Yes ☒ No

16. Is there anything else you would like to tell staff or questions you have? no

17. If you begin discharge today, what are your specific plans after hospitalization?

18. Are you experiencing pain today? ☒ Yes ☐ No
Please describe the type of pain and location of pain you are experiencing.

I seem to keep low-grade headache

Please rate your current level of pain

Please circle:

0 1 2 3 (4) 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best? 8-9

Are you experiencing: ☐ Tremors ☒ Diarrhea ☐ Cravings ☐ Agitation
☐ Sedation ☐ Chilling

Reviewed by: [Signature]

Date/Time: 8/2/05 9:10

Patient's Name: Kaylee M (2) MR#: 20170

ACTIVITY THERAPY NOTE: WEEKLY PROGRESS DISCHARGE

GROUPS ATTENDED (Number): 0/3

GROUP CONTENT:

Music	Exercise	Stress Management
Leisure Skills	Anger Management	Leisure Education
Reminiscence	Self Esteem	Communication Skills
Relaxation	Other	

PARTICIPATION LEVEL:

None Minimal Active

PBX # 1 **GOAL #** 9

PROGRESS TOWARD GOAL:

None Minimal Partial Achieved

pt refused to attend AT groups offered

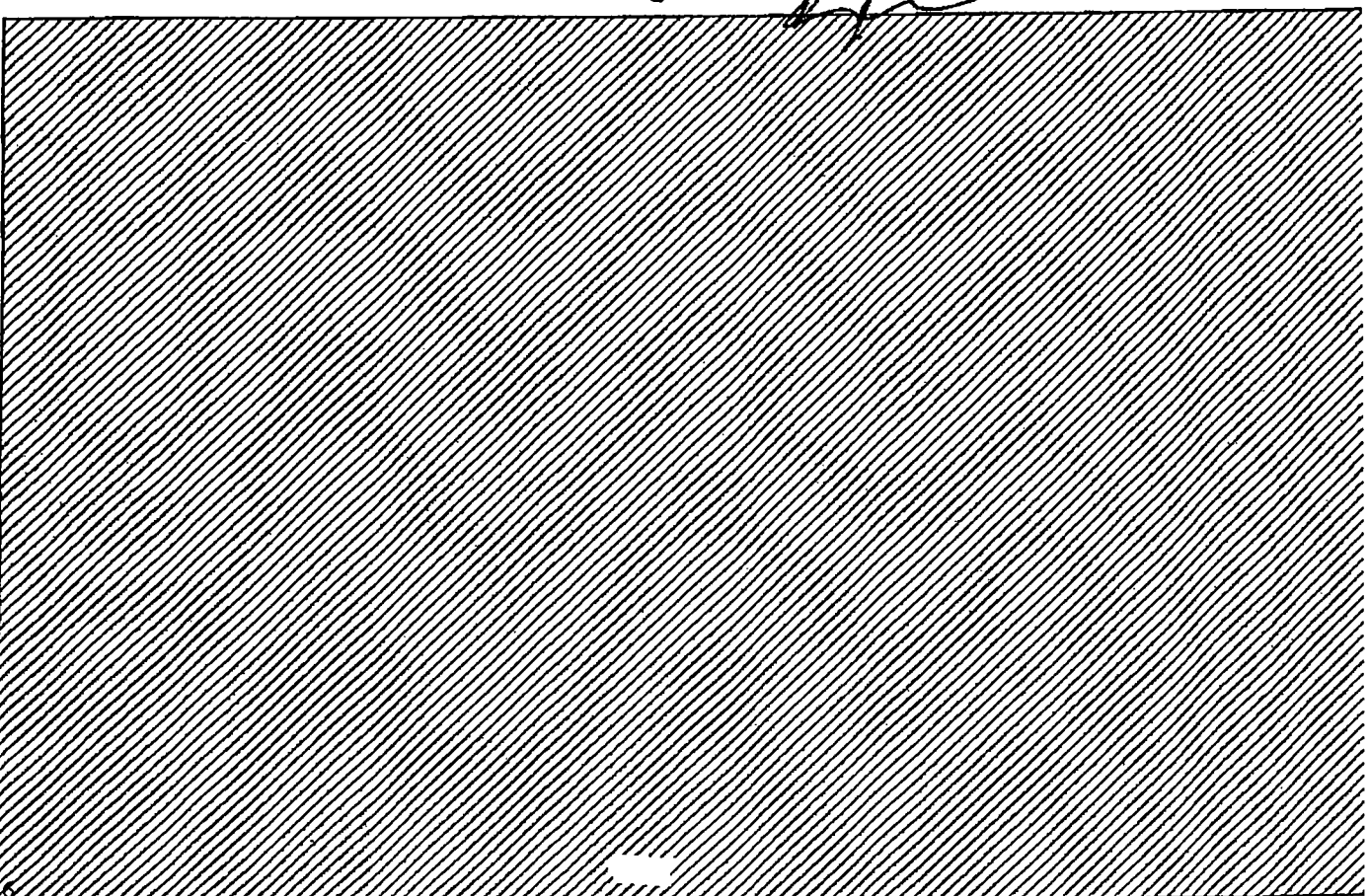
RECOMMENDATIONS:

☐ Continue interventions
☐ Revised/New Intervention
☒ Follow-up with Luther Doebl
☐ Other

8-26-05
Date/Time

Michael Ol
Staff Signature

REV: 10/02



PATIENT SELF INVENTORY/ ADULT

Page 1 of 2

1124840016
08/22/05
MARTINEZ, RAQUEL

212A

D/C

SPARTANBURG, SC 29301
DR. CASTRIOTTA
S/W/F
26137

4E

Patient Identification

Patient Name: Raquel M. Date: 8-26-05

We would like to know how you are doing. Please check the answers that best describe your present situation. If questions do not apply to you, just ignore or write N/A (not applicable) in the appropriate space. Thank you.

1. How did you sleep? Well ☒ Fair ☐ Poor ☐ Requested medication
If your sleep was poor, please check the answers that best describe your sleep pattern or sleep difficulty.

☐ Restless ☐ Had difficulty getting to sleep
☐ Awoke early; couldn't get back to sleep ☐ Woke up on/off throughout the night
☐ Had difficulty awakening ☐ Didn't sleep at all
☐ Nightmares/flashbacks (describe) wake up to tdder crying

2. My appetite is: Good ☐ Improving ☒ Poor
If poor, about what percentage of each meal did you eat?
80% Breakfast ☐ Lunch 0 Dinner

3. My energy level is: Low ☒ Normal ☐ High ☐ Hyper

4. My ability to concentrate is: ☒ Good ☐ Improving ☐ Poor

5. If you are here for depression:
If "1" is the worst and "10" is the best, please rate how you are feeling today

6. Have you had suicidal thoughts today? ☐ Yes ☐ No ☐ On/Off
Constant - Please describe

*Please come and talk to staff right away about suicidal thoughts.

7. If you are here for anxiety:
If "1" is the worst and "10" is the best, please rate how you are feeling today

8. Panic/Anxiety Attack:
Have you had a panic attack today? ☐ Yes ☐ No
Have you had an Anxiety attack today? ☐ Yes ☐ No
How many times? What preceded them?

9. Do you feel you are having any side effects from your medications? ☒ No ☐ Yes
Explain:

10. Do you feel your current medications are effective? ☒ Yes ☐ No except for
Explain: Unfortunately, I am not allowed any kind of op-tin 667
migraine med other than the Im-rex & indin, which are relative!

11. What issues are you currently working on with your therapist or doctor? PTSD,
drug dependence

Do you feel you are making progress? yes

12. What are your specific goals for today? get through w/o having my
my migraine get worse

How can we help you achieve them? ✓ w/ Dr. C.

13. Did you meet yesterday's goal(s)? yes

14. Following discharge, what plans or life changes have you made to better take care of yourself? stay off med's when possible

15. Would you like to talk about your treatment plan or suggest any changes to your plan?
Yes ✓ No

16. Is there anything else you would like to tell staff or questions you have? please ✓ w/ Dr. C. for a stronger med w/ amitrif for my migraine

17. If you begin discharge today, what are your specific plans after hospitalization?
seek recommended counseling for PTSD & stay off med's

18. Are you experiencing pain today? ✓ Yes No
Please describe the type of pain and location of pain you are experiencing.
migraine from yesterday

Please rate your current level of pain

Please circle:

0 1 2 3 4 5 6 7 8 9 10

0 equals no pain, 10 equals worst pain

CD Patients Only:

19. If you are withdrawing from drugs or alcohol, how are you feeling physically, with "1" being the worst and "10" being the best?

Are you experiencing: Tremors Diarrhea Cravings Agitation
 Sedation Chilling

Reviewed by: [Signature] Date/Time: 8/20/05/10

GREER, SC 296504815
(864) 235-2335

Patient Name..... **MARTINEZ, RAQUEL**
Address.....

City, State, Zip..... **SPARTANBURG, SC 29301**
Phone..... **864 574-7978**
Social Security No.....
Birth Date.....
Age..... **046Y**
Sex..... **F**
Race..... **W White**
Religion.....

Marital Status..... **DIVORCED**
Spouse/Parent.....

Financial Class..... **4034**

Doctor Name..... **SHERBONDY, SHANE**
NPP Signed..... **P**

Account No/Type..... **112771001-8 I - INPATIENT**
Medical Record No... **000026130**
County.....
Admit Date/Time..... **9/28/05 18:39**
Disch Date/Time..... **10-20-05**
Adm.Dx..... **DEPRESSIVE DISORDER NEC**

311

Readmit.....
Service..... **IPL**
Occupation.....
Employer..... **COBRA-SPARTANBURG CO**
Address.....
Phone.....

Emergency Contact Information

Name.....
Address.....
City, State, Zip.....
Phone.....
Relationship.....

***** Insurance Information *****

Primary Insurance Holder/Guarantor

Name..... **MARTINEZ, RAOUEL**
Address.....
City, State, Zip.... **SPARTANBURG, SC 29301**
Phone..... **864-574-7978**
Relationship..... **SELF**
D.O.B.....
Occupation.....
Employer..... **COBRA-SPARTANBURG CO**
Address.....
City, State, Zip..

Spouse/Parent

Name.....
Relationship.....
Address.....
City, State, Zip..
Phone.....
Occupation.....
Employer.....

***** Insurance Carrier 1 Information *****

Carrier..... **MCC - CIGNA**
Group Name...
Policy.....
Policy Holder.. **MARTINEZ, RAQUEL**
Address..... **P O BOX 46270**
City/St/Zip.... **EDEN PRAIRIE, MN 55344**

***** Insurance Carrier 2 Information *****

Carrier..... **SELF PAY BALANCES**
Group Name...
Policy.....
Policy Holder.. **MARTINEZ, RAQUEL**
Address.....
City/St/Zip....

***** Insurance Carrier 3 Information *****

Carrier..... **ACCESS ONE**
Policy.....
Policy Holder.. **MARTINEZ, RAQUEL**

***** Insurance Carrier 4 Information *****

Carrier..... **UP FRONT CREDIT CARD PYMT**
Policy.....
Policy Holder..

Notes:

AXIS I: 296.80 ICD9: _____
309.81 VI5.81
AXIS II: 304.70 301.83
304.10 401.9
AXIS III: 346.90 599.0
354.0 VI4.0
AXIS IV: 716.90
524.60

Physician Signature: _____

Date: _____ 669

LUTHER A. DIEHL, Ph.D.

SOCIAL HISTORY/PALMETTO FAMILY ENRICHMENT CENTER, P.C.

SSN _____
 DATE 090605
 NAME James Martinez SEX: MALE
 FEMALE NO
 ADDRESS _____ CITY Spokane SC ZIP 293013623
 DATE OF BIRTH _____ AGE 46 PHONE NO. 8645742928
 WHERE WERE YOU BORN? Tamiami FL
 WHERE WERE YOU RAISED? South east ALA, FL, S.C., Puerto Rico
 ARE YOU ADOPTED? NO BY WHOM WERE YOU RAISED? _____
 FATHER'S OCCUPATION Retired Plast Engineer MOTHER'S OCCUPATION Retired Homemaker
 HOW MANY BROTHERS? 2 Cuban also HOW MANY SISTERS? 1 Cuban WHAT NUMBER WERE YOU? oldest of 4
 HOW MANY HALF-BROTHERS? 0 STEP-BROTHERS? 0
 HOW MANY HALF-SISTERS? 0 STEP-SISTERS? 0
 FAMILY HISTORY (CHECK ONE) HAVE YOUR RELATIVES HAD?
 Emotional Problems ✓ Yes No Older & Brother - Depression (Born in Cuba)
 Drug or Alcohol Problems ✓ Yes NO
 Medical Problems ✓ Yes No
 Describe what your family situation was like when you were growing up: (Examples: Stable Happy, Secure, Abusive).
 How did the family get along? Happy. Got along very well.
No legal problems at this point. Parents
 EDUCATIONAL HISTORY: Highest Grade Completed in School BA -> UPSCS (Educational Studies)
 How did you do in school? Very well (Good)
 If you repeated any Grade(s), which one(s)? NO 1st - Grade
 Any Special Classes? NO
 CURRENT MARITAL STATUS: (Check One) Married Single Divorced Separated Widowed
 How many times have you been married? 1 If married now, how long? 10 yrs
 How is your marriage now? #1 at 25, Dr. A. Frank, Catholic
We got into computer repairs
 Number of Children: 0 Boys 0 Girls 0 (Deceased) _____
 Prior marital history: marriage - ok til last year -> he got
more into computer - 2 girlfriends - 1 lost to AIDS; 1 died of AIDS
have 1 good friend - wife ltr to 50 - (OVER)

Received Time Oct. 11. 4:50PM

SOCIAL HISTORY - PAGE 2

PRESENT PHYSICAL HEALTH:

Excellent _____ Good ☒ Fair _____ Poor _____

Please explain any current health problems you have: blood pressure, heart
hospital - 5/05

syncope / tachycardia
1 mst → migraine plex
3 day Adm.

Any history of head injury or loss of consciousness? loss of consciousness

WORK HISTORY: "Lot of cost" (Former Employment)

Present Occupation Santa Co Sheriff's Office Officer of 5-1405

Place of Employment Leave will run out How long at present job? 6 yrs

Present Spouse's (Partner's) Occupation _____

Spouse's (Partner's) Place of Employment _____

What was your previous job and employer? Probation & Parole Dept How long? 10 yrs

When was the last time you worked? 02/11/05

What other jobs have you had? Have applied for disability assistance

Which is the longest job you have had and how long did you keep it? Prob. & Parole, 10 yrs

How would you describe your overall work activity? stressful dangerous

How would you describe your problems? diagnosed w/ PTSD hospital 5/05
hospital case of Guillen Co. Deputy being on child > 4/05. Plc after death.

Probation Court deal of AIDS, also 7/05. Then began a hospital.

Have you had any past treatment for psychological problems? yes, depression in 8 yrs
ago. → had been on antidepressant.

**MARY BLACK
MEMORIAL HOSPITAL**

PATL P HISTORY AND PHYSICAL FOR MARY BLACK
GASTROENTEROLOGY ASSOCIATES

DATE: 4/20/01

APPT TIME: 3:30pm

AGE: 42

NAME: Raquel Martinez

SSN: _____

REFER MD: Wieder

HISTORY:

42yog w/ H/O rectal polyp that required surgical excision. This became infected & then was admitted & had 'rod' (Done about 8 yrs ago @ Mary Black Hospital by Wallace-Wilson-Braunstein.) Now she is Asx. No bleeding & no IS in bowel, lab tests. No FH colon CA or polyps. No Abt or rectal pain. ROS: see list.

PMH	SURG	MEDS	ALLY	FH	SH
"Rectal Polyp"	BTU	-Luvor	EN	No Colon	Deputy Sheriff
Depression	rod	-Inderal	W/SF	CANCER	Sparksburg City
Gallstones	polyp		Domestic	DM	Enjoys Quilting
Cholecystitis	CAI				Tobacco
	Cholecyst				& Ethyl

PHYSICAL: WT: 158 1/2 T: _____

BP: 124/80

P: 68

R: 16

HEENT: No JVD or jaundice

ABDOMEN: Soft, NT/NO, BSE

LUNGS: CTA B

RECTAL: (Given Cards today)

HEART: R/R

EXT: NO LE edema

LABS-XRAY: _____

Pulses 2+

IMPRESSION:

H/O "rectal / Polyp" Removed 8 yrs ago.

PLAN:

Path. Reports + Records
- Hemoccult Cards

7/7/93

1993

Wieder

Date

4/20/01

Patient Name

Raguel Martinez

Birthdate

Occupation

Shiff's Deputy

☐ Married ☒ Divorced ☐ Single ☐ Widowed

Chief Complaint

colon/rectal

Deceiving

Illnesses

Year:

colon polyps by

Depression

irregular heart beat

Family History:

Relation:

☐ Cancer

☐ Polyps

☐ Ulcer

☐ Liver Disease

☐ Pancreatitis

Note any illnesses, if deceased, give age and cause of death:

Father

QW

Mother

QW

DM

Brothers/
Sisters

1 Brother has DM

SURGERIES

Tubal ligation

Rectal polyp removed / hemorrhoidectomy

Carpal tunnel

Gall bladder

Medicines:

(list all prescriptions, over-the-counter drugs and vitamins, etc)

Quay

Indural

Spouse

Children

0

Do you smoke?

packages per day

of years smoked

☐ Yes ☒ No

Do you use alcohol?

drinks per week

☐ Yes ☒ No

Allergies:

Drug:

Donnatal DCN, ASA (MOR)

Other:

plavix

PCN's

nut products Busting

Reviewed by:

RB 4/20/01

Signature



MARY BLACK
MEMORIAL HOSPITAL
SPARTANBURG, SC.

CHART

A

F

PATIENT RECORD

DISCHARGE

ICD/CPT CODES V12.72 V12.72 311 785.10 V15.89 V15.79 V14.0 V14.4 V11.5 V26.51 V15.23 V17.11 V15.78	PRINCIPAL DIAGNOSIS - The reason, after study, to be chiefly responsible for the patient's admission.	DISCH. DATE	DISCH. TIME
SECONDARY DIAGNOSES / COMORBID CONDITIONS / COMPLICATIONS			
PRIMARY SURGICAL PROCEDURE			
SECONDARY SURGICAL PROCEDURES			

D/C INSTRUCTIONS / ALLERGIES / FOLLOW-UP / MEDS

ACCOUNT NO. 1116570	ADMIT DATE 5/02/01	ADMITTING DIAGNOSIS COLONOSCOPY	SERV TYPE SUR Y ED	M.D. SIGNATURE <i>[Signature]</i>	MED REC #
PATIENT NAME LAST FIRST MIDDLE MARTINEZ, RAQUEL			PATIENT'S SSN		

PATIENT ADDRESS STREET - CITY - STATE - ZIP

SPARTANBURG SC 29301

COUNTY SEX M.S. ROOM-BED
42 F D

PATIENT PHONE 864 574-7978	DATE OF BIRTH 04/21/12	AGE 4	RACE W	PHYSICIAN'S NAME LIJEWSKI, MARK A.	DR. NO. 623	PAT. BIRTHPLACE FLORIDA	ADMITTING CLERK AWING DERRA

PATIENT EMPLOYER NAME & ADDRESS STREET - CITY - STATE - ZIP

SPTBG COUNTY PO BX 5666 SPTBG SC 29304596-2522

FATHER'S NAME (IF MINOR) MOTHER'S NAME (IF MINOR) REFERRED BY DOCTOR

GUARANTOR NAME LAST - FIRST - MIDDLE MARTINEZ, RAQUEL	GUARANTOR STREET ADDRESS SPARTANBURG SC	CITY - STATE SC	ZIP CODE 29301	PO E

GUAR. NO. 1116570 GUARANTOR'S EMPLOYER NAME AND ADDRESS SPTBG COUNTY SPTBG SC 29304 596-2522

INSURANCE CO. HEALTHSOURCE CIGNA P	INSURANCE ID. NO.	POLICY HOLDER MARTINEZ, RAQUEL	BILL TO HEALTHSOURCE CIGNA PFO	GUARANTOR'S PHONE 864 574-7978

NOTIFY IN CASE OF EMERGENCY NAME AND ADDRESS STREET - CITY - STATE - ZIP RELATIONSHIP PHONE

MARTINEZ, RAMON 18 864 595-624

MARY BLACK HEALTH SYSTEM LLC
Spartanburg, South Carolina

MARTINEZ, RAOUEL, "RACHEL"
Patient Name

Patient SS#

5/24
PROCEDURE NOTE
Report

DATE: 5/02/01

PHYSICIAN: Mark A. Lijewski, M.D.

PRIMARY CARE PHYSICIAN: Dr. Wieder.

PROCEDURE: Colonoscopy.

BRIEF HISTORY: 42-year-old female with a history of reported rectal polyp which the patient said was removed at the Wallace Wilson Brailsford Clinic 8 years ago. She also had a hemorrhoidectomy done. We brought her for colonoscopy today.

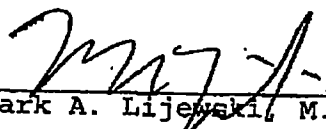
PROCEDURE IN DETAIL: After obtaining informed consent, the patient was medicated with 100 mg IV Demerol and 10 mg IV Versed. The colonoscope was inserted per rectum and advanced to the cecum. We identified the cecal valve and appendiceal orifice, confirming our location. The prep was not great in the right colon. There were some areas where the pill fragments obscured our view, but we were able to irrigate this and look underneath at the mucosa. The mucosa in the ascending colon, transverse colon and descending colon, sigmoid colon and rectum was all normal in appearance. On retroflex view, we did find an internal hemorrhoid and a hypertrophied rectal papilla. No polyps were found. Recommended that the patient follow-up with her primary care physician, Dr. Wieder.

DD: 5/02/01/1051

DT: 5/2/01/1459

BY: sm

SIGNATURE: _____


Mark A. Lijewski, M.D. (41)

cc: Primary Care Physician

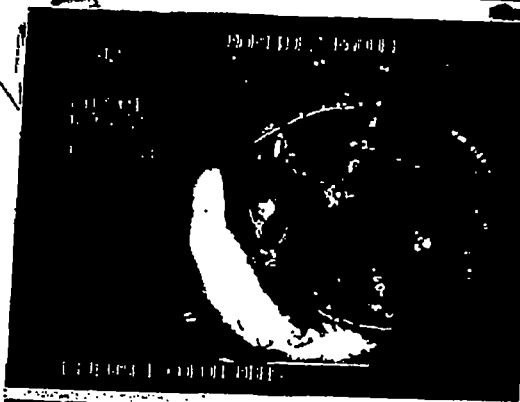
PROCEDURE NOTE

(V-10/D-100)

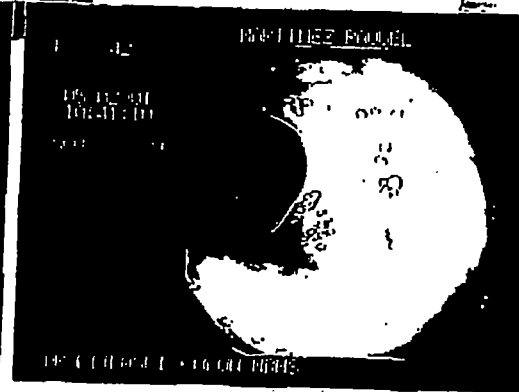
Mary Black Memorial Hospital
PHYSICIAN ENDOSCOPY NO. 6

MB-121

Cecal
Valve



Rectum



Hypertrophied
Rectal
Papilla



Procedure: Colonoscopy.

Meds: Demerol 100mg IV.
Versed 10mg IV.

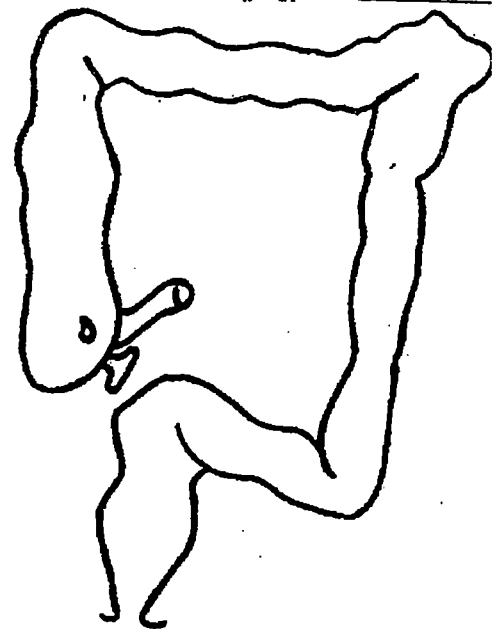
Findings:

- 1) Hemorrhoids.
- 2) Hypertrophied Rectal Papilla.

Rec:

Flu w/ B.C.P. (Dr. Wieder)

W. A.



SPARTANBURG SC

(5/2/01)

MARY BLACK MEMORIAL HOSPITAL

OPERATIVE & OTHER PROCEDURES

Date 5/2/01 Time 0945 IP OP ✓

Patient Arrived Via Stretcher W/C Ambulatory ✓

Patient ID Confirmed ✓ Consent Signed ✓

Current IV Site/Fluids NS - Rt arm LMP 1 wks

Previous Problems with Anesthesia or Sedation No

Airway Anomalies No

History of Apnea No

Dentures No

Loose Teeth No

Dentures removed

Prep Done ✓

I. Pre-Procedure Assessment

LOC: Alert/Appropriate ✓ Confused

CV: Rhythm Angina Other

Skin: Color-Good/Adequate Warm and Dry ✓

Pale/Dusky Cool/Slightly Moist

Cyanotic/Mottled Cold/Diaphoretic Hot

Peripheral Pulses:

Breath Sounds: Clear Other

GI: Abdomen: Soft ✓ Flat Distended Rigid

Obese Non-Tender Tender

Bowel Sounds: Present Absent

Vital Signs: T 98.2 P 57 R 20 B/P 112/70 sat. 99% RA

Hx. Hx p. up (rectal) - Had TFS before

NPO Since

5/1/01

HT

5'4"

WT

140#

II. Procedure

Colon

(Place a "*" next to the start of the post-procedure time)

TIME	LOC/COMFORT	B/P	PULSE	RESP	SAO2	RHYTHM	MEDS	DOSE	RT	SIGNATURE
1020	2,3	127/75	61	20	99%	SR	Verbal	5mg	IV	RRR
1023							Demoral	50mg	IV	RRR
1025	2,3	124/62	60	20	99%	SR	Verbal	2mg	IV	RRR
1027							Demoral	50mg	IV	RRR
1030	2,3	130/61	64	18	99%	SR	Verbal	2mg	IV	RRR
1033							Verbal	1mg	IV	RRR
1035	2,3	107/57	69	20	98%	SR				
1040	2,3	101/48	68	18	99%	SR				
* 1045	2,3	98/46	66	20	99%	SR				
1100	2,3	122/55	100	20	96%					
1115	2,3	110/60	100	20	92%					

LOC/COMFORT:

1. Anxious, Agitation, Restless

2. Cooperative, Tranquil, Oriented

3. Responds to commands

4. Responds to general shaking

5. Responds to noxious stimuli

6. No response to noxious stimuli

Reversal Agent: Y N

Complications: Y N

Protective reflexes maintained: Y N

Describe:

RN Signature [Signature]

OPERATIVE & OTHER PROCEDURES (continued)

SF 4814-BURG
5/2/01 10:20/5
11159777
F042Y
1300V8
17JESK1, HARK

III. Post Procedure

DISCHARGE GUIDELINE FOR POST CONSCIOUS SEDATION USING ADULT/PEDIATRIC ALDRETTE SCORING SYSTEM

		#	Pre- Proc	Post-Proc	D/C
Resp	Deep breathes and cough freely	2			
	Dyspnea or limited breathing	1	2	2	2
	Apneic or non-patient airway or mechanical ventilator	0			
Cardiac	Systolic BP +/- 20 of pre- procedure level	2			
	Systolic BP +/- 20-50 of pre-procedure level	1	2	2	2
	Systolic BP +/- 50 of pre-procedure level	0			
LOC	Fully awake	2			
	Arouse on calling	1	2	1	1
	Not responding	0			
Neuro Musc.	Mobility and good sensation 4 extremities	2			
	Mobility and good sensation 2 extremities	1	2	2	2
	No mobility and sensation	0			
Skin	Color good / adequately warm / slightly cool and dry	2			
	Pale / dusky Cool / slightly moist	1	2	2	2
	Cyanotic / mottled Cold / diaphoretic Hot	0			
Oxygenation	Maintain SpO ₂ > 95% on room air	2			
	Needs O ₂ to maintain O ₂ saturation > 90%	1	2	2	1
	O ₂ saturation < 90, even with O ₂	0			
TOTAL SCORE			12	11	10

A SCORE OF AT LEAST 10 OR ACHIEVEMENT OF BASELINE IS NEEDED TO MEET DISCHARGE CRITERIA

IV. DISCHARGE

☐ Post sedation printed discharge instructions given and patient/family verbalizes understanding. Y N

Aldrette Score criteria met Y N

Discharged via: WIC Ambulatory Stretcher

Home Inpt. Unit

Report given to:

Accompanied by: parents

INT/IV DC/D

RN Signature:

Date: 5/2/01 Time: 11:00

*IF THE DESIRED OUTCOME IS NOT ACHIEVED
OR IF ANY NEW FUNCTIONAL IMPAIRMENTS ARE IDENTIFIED,
DOCUMENT VARIANCE AND INTERVENTIONS ON BACK

☒ Monitoring may be discontinued and the patient may be discharged to home or appropriate unit when the Aldrette Score is at least 10 or upon a specific physician order.

*
MD Signature

5/2/01
Date

116570 Y
RAQUEL FOAZZ
LIDENSKI. MARK
SC 116570 Y

[illegible]

Demand (100) Veised (10)

INITIAL	SIGNATURE	TITLE	INITIAL	SIGNATURE	TITLE
JP		RN	KG		RN
			CUK		RN

[illegible]

MARY BLACK MEMORIAL HOSPITAL

ENDOSCOPY ASSESSMENT

ADMIT TIME: 0945 DATE: 5/2/01 T 982 P 65 R 18 BP 145/80 97% LOCKER #

MOBILITY: Unassisted Assisted Steady Unsteady

USES: Walker, Cane, Crutches, Wheelchair

LOC: Awake Alert Oriented Confused

BEHAVIOR and AFFECT: Withdrawn Calm, Anxious, Restless, Agitated, Age Appropriate

HEARING IMPAIRED: YES or NO

Explain:

SKIN: Warm Dry, Cool, Pink, Cyanotic, Dusky, Flushed, Moist, Pale

TOBACCO PRODUCTS: YES or NO Type:

EDUCATIONAL LEVEL: Grade School, High School, College, G.E.D.

PAIN: No Complaints, Mild, Moderate, Severe Explain:

ABDOMEN: Soft, Distended, Flat, Obese, N/A

PSYCHOSOCIAL/SPIRITUAL NEEDS: Non-denom

Comments: Parents w/ pt.

PAST/CURRENT MEDICAL HISTORY

HEART DISEASE

LUNG DISEASE

DIABETES

HYPERTENSION

CANCER

PREGNANT

BLEEDING (Tendency)

HEPATITIS

GLAUCOMA

SEIZURES

PATIENT EDUCATION

PROCEDURE DISCUSSED

D/C INSTRUCTIONS IMPLEMENTED

VERBALIZES UNDERSTANDING

IV LINE/FLUID

TIME

ROUTE/SITE

NURSE

CHIEF COMPLAINT: hx polyps

Previous Procedure? U/S

Comments:

NURSE SIGNATURE: S. Phillips RN

TIME: 0945

ALLERGIES

TYPE OF REACTIONS

Don't eat / tachycardia
Dorvoct / sweating, SOB
Nuts, ASA, Bee Stings

CURRENT MEDS/O.T.C. MEDS. AND LAST DOSE

Levox
Inderal
Hydrocodone prn

PRE-OP MED. TIME ROUTE SITE NURSE SIGN.

PEDIATRIC USE

CODE BLUE CHART

IMMUNIZATIONS CURRENT

D.A.S.A.

WEIGHT (Actual)

TB SCREEN

POSITIVE PPD

COUGHING UP BLOOD

CHRONIC COUGH

NIGHT SWEATS

SIGNIF. WGT. LOSS
(10 lbs in one month)

OR GOWN

FT. BRACELET

ALLERGY BRACELET

DENTURES/CONTACTS

HISTORY AND PHYSICAL

OPERATIVE PERMIT

LAB WORK

X-RAY

ENG

NPO

BOWEL PREP

COLYTE, LAX, ENEMAS

AMOUNT TAKEN

STAMP PLATE

5/02/01 1116570 Y
RAQUEL F042Y
LIJERSKI, MARK

SPARTA, J.BURG SC

Revised: May, 1996

MARY BLACK MEMORIAL ENDOSCOPY RECORD

MB-218

Date: 5/2/01 Time 0945 (Circle One) via W/C, Stretcher, Ambulatory Discharge Time 1120

PROCEDURE (Circle One) EGD COLON FFS BRONCH ERCP PEG DILATION BANDING ESOPHAGEAL MANOMETRY Ph PROBE

(Circle One) Outpatient Inpatient Rm# Endo Room (1)

Allergies and Reactions Penicillin, Donnal, Ast, Nuts, Bee Stings

INTRAPROCEDURE: Time to Room 1015 Procedure Started 1020 Completed 1045

Pre-Op Diagnosis Hx. polyps

Post-Op Diagnosis Hypertrophied Rectal papilla, Hemorrhoids

Physician Lijewski Assistant P. Barrier, CST Circulator K. Glen RN

Anesthesia: (Circle One) Topical Local IV Sedation None Oxygen @ 3 L/Min. via NC Time Dtg 1020

Monitors: (Circle One) Cardiac Oximeter B/P Monitor None Baseline Vital Signs

Cardiac Rhythm SR

Skin Type Condition: 1. Warm/Dry 2. Diaphoretic 3. Clammy 4. Flushed 5. Cool 6. Pink 7. Cyanotic 8. Pale 9. Jaundiced

IV Type NS Amount Absorbed

MEDICATION RECORD	TIME	ROUTE	BY WHOM	TIME	BP	PULSE	O2 SAT	SKIN
~~Demerol <u> </u> Mg.~~		~~IV~~						
		~~IV~~						
		~~IV~~						
~~Versed <u> </u> Mg.~~		~~IV~~						
		~~IV~~						
		~~IV~~						
		~~IV~~						
		~~IV~~						
		~~IV~~						

MEDICATIONS GIVEN UNDER DIRECT SUPERVISION OF DOCTOR: Lijewski

Electrosurgical Bowie# B5268 Coag. Level 20 Pad Site (1) Condition Skin (1) Fulgurations (1)

Specimens: Biopsy (1) Polyp (1) Washings (1) Brushings (1) Needle Aspire (1)

(Circle One) Photo Heater Probe Schlerotherapy F. B. Removal Fluro Spincterotomy

LOC/TOLERANCE: Slept (Drowsy) Alert (Cooperative) Resistive Coughing

(Circle One) Retching Vocal Hiccups Gagging Cramping Uncooperative Restless

Nurse's Narrative

ASA# (1)

Delz# (23) O delay

Equipment

Dilation-Size	Peg/Pej	ERCP
~~Maloney~~	~~Brand~~	~~Stent~~
~~Savoy~~	~~Size~~	~~Drain~~
~~Balloon~~		~~Balloon~~
~~Other~~		Sphincterotomy

Stamp Plate

1116570 Y
P12Y
LJEWSKI, D

R.N. Signature: K. Glen

MARY BLACK MEMORIAL HOSPITAL
Endoscopy Discharge Instructions

SC 0808N1874S

111570
RAOUER 130017
LJEWSKI, MARK
FO42Y
5/02/01

ACTIVITY:

- ☒ A. Because you have had sedation today:
Do not drive a car for the rest of the day.
Do not go to work today.
Do not operate hazardous equipment for the rest of the day.
You may resume your normal activity tomorrow.

The Medications You Received For Sedation Today Were:

- ☒ Demerol 100 mg ☐ Fentanyl _____ ☐ Valium _____
☒ Versed 10 mg ☐ Morphine _____ ☐ Other _____
☐ B. Because you received no medications today, you may resume your normal activity.

DIET:

Before eating solid foods, try liquids to make sure you can tolerate solid food without any problems.
Avoid eating greasy or spicy food today.

Call Dr. Ljewski At 573-3593 if you experience any of the following:

EGD/ERCP/PEG

Fever
Vomit Blood
Abdominal/Chest Pain
Shortness of Breath

COLON/FFS

Fever
Abdominal Pain
Rectal Bleeding
Shoulder Pain

BRONCHOSCOPY

Fever
Cough up Blood
Chest Pain
Shortness of Breath

EPIDURAL

Fever
Severe Headache
Extreme Back Pain
Extreme Leg Pain

IF UNABLE TO REACH YOUR PHYSICIAN, CONTACT THE MARY BLACK EMERGENCY ROOM AT 573-3885

MEDICATION/OTHER INSTRUCTIONS:

- ☒ No aspirin products for _____ days.
☐ No alcohol for _____ days.
☐ Comments: _____

APPOINTMENT:

See Dr. Ljewski In the office for a follow up appointment on:

Follow up with Dr. Ljewski

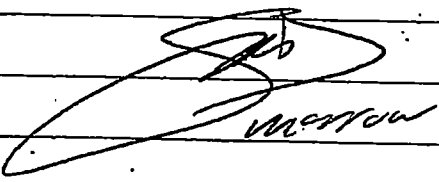
I acknowledge that I have received discharge instructions for the above named patient.

Signature: [Signature]

Witness: Angiel Phillips RN

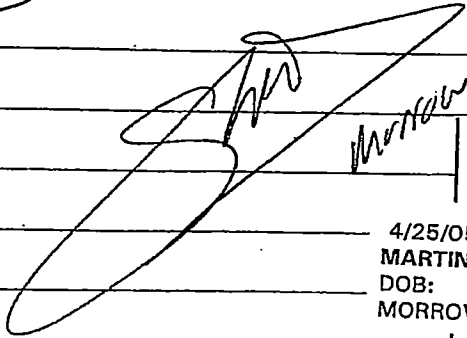
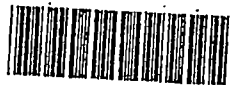
MARY BLACK MEMORIAL HOSPITAL
SPARTANBURG, SOUTH CAROLINA
PROGRESS NOTES

MB

DATE	TIME	NOTES
4/8/05	1045	MD/PG q/d N/V (more for hair up) WFLC @Cough + PND Carries Flats No pain q/d HTA 7 PND apib P96 N16 98% 130/96 Labs/kary normal MD grade 4-5 @ Throat CTA or VRS soft WFLC HTA OX3 1/1 @ HTN improving (2) V/L - replace (3) Anemia - Galleries (4) Thrush - A to CO (5) Sins LK - add Abx (6) await unit (7) N/V - add Reglan + Dulcifax (8) Migan/Closter/COH
		 Morrow
PATIENT IDENTIFICATION		
		4/25/05 MARTINEZ, RAQUEL DOB: MORROW, SHAWN M F 046Y  1546984 685

MARY BLACK MEMORIAL HOSPITAL
SPARTANBURG, SOUTH CAROLINA
PROGRESS NOTES

MB-1

DATE	TIME	NOTES
4/25/05	1650	Hosp. Admit 1 st weider
		A/
		(1) Acc. HTN
		(2) N/V + HA - ? 2 ^o to #1 vs. Migraine
		(3) Tobacco
		(4) Chronic Daily HA.
		(5) Anxiety
		(6) Episode Syncope
		P/
		(1) Admit Tdx
		(2) ✓ Cabs
		(3) Symptom Control
		(4) IUI
		(5) ✓ CT head if (-) ✓ MRI/MRA
		(6) Risk factor Mod
		(P.I.C.T.)
		
		PATIENT IDENTIFICATION
		4/25/05 MARTINEZ, RAQUEL DOB: MORROW, SHAWN M
		F 046Y
		 1546984

DR. JOHN F. ABESS

MMPI-2

Minnesota Multiphasic
Personality Inventory-2™

S.R. Hathaway and J.C. McKinley

NATIONAL
COMPUTER
SYSTEMS



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

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2. Use a pencil only and make a dark mark when responding to the items on page 3.
3. If you make a mistake or change your mind, please erase the mark fully and then fill in the correct circle.
4. Please do not make any marks outside the circles.

Martinez Raquel
Last Name First Middle

/ / 47 F
Birth Date Age Sex

06/08/06
Test Date

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-2
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82	T	137	T	192	F	247	F	302	T	356	T	411	F	466	F	521	T
83	F	138	T	193	T	248	T	303	T	357	F	412	T	467	F	522	T
84	F	139	F	194	T	249	T	304	T	358	T	413	F	468	T	523	F
85	T	140	T	195	T	250	T	305	F	359	T	414	E	469	F	524	T
86	T	141	F	196	F	251	F	306	T	360	F	415	T	470	T	525	F
87	F	142	F	197	T	252	F	307	T	361	T	416	T	471	T	526	F
88	F	143	T	198	T	253	T	308	T	362	F	417	T	472	F	527	T
89	T	144	T	199	F	254	F	309	F	363	T	418	T	473	F	528	T
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91	F	146	T	201	T	256	T	311	T	365	F	420	T	475	F	530	T
92	F	147	F	202	F	257	F	312	F	366	T	421	F	476	T	531	T
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32	F	72	T	127	F	182	T	237	F	292	T	347	T	402	T	457	T
33	T	73	F	128	F	183	F	238	F	293	T	348	T	403	T	458	T
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35	T	75	F	130	F	185	F	240	T	295	T	350	F	405	T	460	F
36	T	76	T	131	F	186	F	241	F	296	F	351	T	406	F	461	T
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South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 0515098

Carrier File # 58-218332

Carrier Code # SF930

Employer FEIN 576000401

Raquel Martinez

Claimant's Name

SSN

Address Spartanburg SC
City State Zip

Home Phone

()
Work Phone

Spartanburg County (Respondent)

Employer's Name

P.O. Box 5666 Spartanburg SC 29304
Address City State Zip

Association of Counties

Insurance Carrier

Chadwick D. Pye

Preparer's Name

(864)583-5658

Phone #

Request for Commission Review by ☒ claimant ☐ employer (check one)

Date of injury: April 4, 2005

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

IT IS RESPECTFULLY SUBMITTED that the Single Commissioner erred in:

1. In finding as a fact that the claimant's job required her to collect evidence in homicide, suicide and other death cases on a regular basis; that the claimant testified, to seeing accident victims who were decapitated, without arms and legs, and the worst imaginable, the error being the preponderance of the evidence fails to support such a finding.
2. In finding as a fact that the claimant was not a close friend of fellow officer, Anthony Johnson and that they would only occasionally see each other and that claimant did not socialize with Anthony Johnson, the error being the preponderance of the evidence fails to support such a finding.
3. In finding as a fact that the claimant stated that she never would have been a forensics investigator if the death of the child she investigated at age 18 had bothered her, the error being the preponderance of the evidence fails to support such a finding.
4. In finding as a fact that the claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator; that she had investigated 24 suspicious death/homicide cases and participated in approximately 24-26 autopsies; and that that was a usual and ordinary part of her job, the error being the preponderance of the evidence fails to support such a finding.
5. In finding as a fact that it was usual and ordinary to the claimant's job to put up a barrier to prevent people from seeing the accident scene as she did at the scene of the child's death, the error being the preponderance of the evidence fails to support such a finding.
6. In finding as a fact that the claimant had other stressors in April 2005 including her ex-husband's cousin dying from AIDS and that she was treated for anxiety, insomnia, and depression from multiple non-work related stressors including medications and hospitalizations, the error being the preponderance of the evidence fails to support such a finding.
7. In finding as a fact that the claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown, the error being the preponderance of the evidence fails to support such a finding.
8. In finding as a fact that Captain Steve Denton testified that the claimant was doing her ordinary job that day investigating the death of the child and that the fact that the scene involved a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job, the error being the preponderance of the evidence fails to support such a finding.
9. In finding as a fact that Captain Steve Denton testified that he had always maintained and still maintained that no matter who the victim was, the Sheriff's Department investigators were required to work the accident scene, the error being the preponderance of the evidence fails to support such a finding.

10. In finding as a fact that investigating the death of a child, even the child of a former Sheriff's Deputy, was not an unusual or extraordinary condition of the claimant's employment; the error being the preponderance of the evidence fails to support such a finding.
11. In finding as a fact that the claimant failed to prove that she encountered an unusual or extraordinary condition in her employment on April 4, 2005, while employed by the Spartanburg County Sheriff's Department, the error being the preponderance of the evidence fails to support such a finding.
12. In finding as a fact that the claimant failed to prove that the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown, the error being the preponderance of the evidence fails to support such a finding.
13. In concluding as a matter of law that pursuant to § 42-1-160.S.C. Code Ann. (1976), claimant did not sustain a mental injury by accident arising out of an in the course of her employment with Spartanburg County, the error being the preponderance of the evidence fails to support such a conclusion.
14. In ordering that this case is denied and shall be dismissed with prejudice, the error being the preponderance of the evidence fails to support such a finding.

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

I certify that _____ I have served this document pursuant to R.67-211 by delivering a copy to Richard B. Kale, Esq.
Name

Willson Jones Carter & Baxley, LLC, 200 East Camperdown Way, Suite D, Greenville, SC 29601
Address

on the 1st day of December, 2006 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Preparer's Signature

Attorney
Title

December 1, 2006
Date

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

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

Raquel Martinez, Employee

Claimant,

v.

Spartanburg County Sheriff's Office,
Employer

SC Association of Counties Self- Insurance
Fund

Defendants.

IN THE COURT OF COMMON PLEAS

C.C.P No.: 2007-CP-42-

1966

W.C.C. File No.: 0515098

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
POST OFFICE BOX 1715, COLUMBIA, SOUTH CAROLINA
29202-1715; and

RICHARD B. KALE, JR.
Attorney for Respondent / Employer

YOU WILL PLEASE TAKE NOTICE that the Claimant-Appellant, does hereby
appeal to the Court of Common Pleas for Spartanburg County from the Full Commission
Decision and Order dated May 22, 2007, upon the following grounds:

IT IS RESPECTFULLY SUBMITTED that the Full South Carolina Workers'
Compensation Commission erred in affirming the Single Commissioner's Order:

1. In finding as a fact that the claimant's job required her to collect evidence in homicide, suicide and other death cases on a regular basis; that the claimant testified, to seeing accident victims who were decapitated, without arms and legs, and the worst imaginable, the error being the substantial evidence fails to support such a finding.
2. In finding as a fact that the claimant was not a close friend of fellow officer, Anthony Johnson and that they would only occasionally see each other and that claimant did not socialize with Anthony Johnson, the error being the substantial evidence fails to support such a finding.
3. In finding as a fact that the claimant stated that she never would have been a forensics investigator if the death of the child she investigated at age 18 had bothered her, the error being the substantial evidence fails to support such a finding.
4. In finding as a fact that the claimant had investigated and worked up approximately 100-150 death cases in her 3-4 years as a forensic investigator; that she had investigated 24

suspicious death/homicide cases and participated in approximately 24-26 autopsies; and that that was a usual and ordinary part of her job, the error being the substantial evidence fails to support such a finding.

5. In finding as a fact that it was usual and ordinary to the claimant's job to put up a barrier to prevent people from seeing the accident scene as she did at the scene of the child's death, the error being the substantial evidence fails to support such a finding.
6. In finding as a fact that the claimant had other stressors in April 2005 including her ex-husband's cousin dying from AIDS and that she was treated for anxiety, insomnia, and depression from multiple non-work related stressors including medications and hospitalizations, the error being the substantial evidence fails to support such a finding.
7. In finding as a fact that the claimant did not mention the investigation involving the death of a child on April 4, 2005 until approximately four months later after being hospitalized for an emotional breakdown, the error being the substantial evidence fails to support such a finding.
8. In finding as a fact that Captain Steve Denton testified that the claimant was doing her ordinary job that day investigating the death of the child and that the fact that the scene involved a former Spartanburg County Deputy Sheriff did not remove the situation from being a part of her regular job, the error being the substantial evidence fails to support such a finding.
9. In finding as a fact that Captain Steve Denton testified that he had always maintained and still maintained that no matter whom the victim was, the Sheriff's Department investigators were required to work the accident scene, the error being the substantial evidence fails to support such a finding.
10. In finding as a fact that investigating the death of a child, even the child of a former Sheriff's Deputy, was not an unusual or extraordinary condition of the claimant's employment, the error being the substantial evidence fails to support such a finding.
11. In finding as a fact that the claimant failed to prove that she encountered an unusual or extraordinary condition in her employment on April 4, 2005, while employed by the Spartanburg County Sheriff's Department, the error being the substantial evidence fails to support such a finding.
12. In finding as a fact that the claimant failed to prove that the accident investigation of April 4, 2005 was the proximate cause of her mental breakdown, the error being the substantial evidence fails to support such a finding.
13. In concluding as a matter of law that pursuant to § 42-1-160.S.C. Code Ann. (1976), claimant did not sustain a mental injury by accident arising out of an in the course of her employment with Spartanburg County, the error being the substantial evidence fails to support such a conclusion.
14. In ordering that this case is denied and shall be dismissed with prejudice, the error being the substantial evidence fails to support such a finding.

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

By virtue of the above Notice of Appeal, you are hereby required to certify the record of this case to the Clerk of Court for Spartanburg County, South Carolina

RESPECTFULLY SUBMITTED,


Chadwick D. Pye, Esq.
PYE & TALLEY, P.A.
Attorneys for Claimant
959 John B. White Sr. Blvd.
Spartanburg, SC 29306
(864) 583-5658

Dated: 6-5-07
Spartanburg, South Carolina

David T. Pearlman, Esq.
THE STIENBERG LAW FIRM, LLP
Attorneys for Claimant
P.O. Box 9
Charleston, SC 29402-0009
(843) 720-2800

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

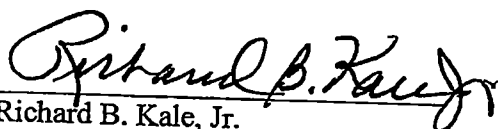
Case No. 2007-CP-42-1966

Raquel Martinez, ... Respondent,
v.
Spartanburg County and
S.C. Association of Counties Self-Insurance Fund, ... Appellants.

NOTICE OF APPEAL

Spartanburg County and S.C. Association of Counties Self-Insurance Fund appeal the Order of the Honorable J. Mark Hayes, II, dated February 25, 2009. Appellants received written notice of entry of the Order of February 25, 2009 on March 12, 2009.

March 16, 2009


Richard B. Kale, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Appellants

Other Counsel of Record:

Chadwick D. Pye, Esquire
Pye & Talley, P.A.
959 John B. White Sr. Blvd.
Spartanburg, South Carolina 29306
Attorney for Respondent
(864) 583-5658

Kevin B. Smith, Esquire
The Steinberg Law Firm
P.O. Box 9
Charleston, South Carolina 29402-0009
Attorney for Respondent
(843) 720-2800

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM HORRY COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2007-CP-42-1966

Raquel Martinez, Employee,

Respondent,

v.

Spartanburg County, Employer,
and S.C Association of Counties
Self-Insurance Fund, Carrier,

Appellants.

PETITION FOR REHEARING

The Respondent, Raquel Martinez, by her undersigned attorneys, respectfully Petitions for Rehearing of the Court's Opinion No. 4839 filed on June 15, 2011 pursuant to Rule 221(a), SCACR. This Petition for Rehearing is based on the grounds the Court overlooked or misapprehended that the substantial evidence required to support the decision of the Commission must be based on the whole record. See: § 1-23-380(5)(e), S.C. Code Anno., as amended 2008. Substantial evidence under § 1-23-380(5)(e) is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action. Carroll v. Gaddy, 295 S.C. 426, 368 S.E.2d 909 (S.C. 1988).

The Respondent does not contend she was not performing her usual and ordinary job on day she was required to investigate this terrible tragedy. The Respondent does not contend her jobs both as a police officer and a crime scene investigator required her to investigate 100 to 150 death cases, including a death case where a child's head was run over by a dump truck, as described in the Commission's findings numbers 5, 6, 7, 10, and 11. The fact that the Sheriff's Office neither had a rule requiring nor prohibiting officers from investigating the death of a fellow officer's child, if anything, shows it is so unusual the Sheriff's Office has never felt the need for a policy and hardly makes having to do so usual or ordinary.

The Respondent contends her having served with and backed up the child's father in the line of duty as a fellow law enforcement officer does make this particular investigation everyone agrees was horrific unusual and extraordinary whether or not she socialized with the officer, knew his wife or daughter, or ever visited their home. The Respondent's captain, Steve Denton, testified at length how his and the Respondent's serving with the officer who ran over his two year old daughter changed everything:

Q: In your 20-plus years in law enforcement, how many times have you investigated a crime scene where you knew the victim?

A: I can't - I can't think of any violent crimes, burglaries, property crimes, I can probably name a few, but violent crimes where a person - either suicide or been killed, I can't - I can't recall any.

Q: In your 20-plus years in law enforcement, how many times have you investigated a crime scene where you know the person that caused the crime or the accident?

A: As far as know them in a personal way?

Q: Right.

A: Probably none. I have known them in a business/criminal/law enforcement way, but I won't have known them in a personal way.

(R. p. 130). He testified the crime scene investigation was extreme and out of the ordinary:

Q: Well let me ask you this: as a 20-plus year veteran of the Sheriff's Office with 70 to 75 percent of your time spent in death investigations and as [Martinez's] supervisor, would you say that the April 4th, 2005, investigation involving your former employee, A.J., killing his two-year-old child would have been an extreme situation in her employment?

A: Yes.

Q: Was this a scene that was out of the ordinary?

A: Yes.

(R. pp. 135-136). Appellants' counsel fully cross examined Captain Denton but his opinion never wavered:

Q: In fact, everything she did out there as far as her activities at the scene in doing a crime scene investigation was a part of her ordinary duties that day?

A: If you remove the condition of the child itself and knowing the officer, remove that condition and that would be true.

Q: Well, you have to – forensic investigators have to investigate deaths of children, don't they?

A: Sure.

Q: So the fact that she was investigating a child doesn't take it out of her ordinary investigations, does it?

A: I don't think the whole – you get the whole story until you add the condition that existed, and the whole truth is that, that condition existed that day, and I think it was extraordinary because of that.

Q: Because...

A: I don't think it was ordinary that day.

Q: Pardon?

A: I don't think it was an ordinary job for anybody that day, and I think-

Q: But what she did was her job, was it not?

A: What she did was her job. Ordinary, if you're talking about, you know, had it been anywhere else that day, it would have been ordinary. But it wasn't anywhere else, and that's –

Q: Well, as far as the child is concerned – let's take the father out of it. If some other child has been run over, would you consider that to be extraordinary?

A: That's not what happened.

Q: Well, I'm not asking you – I'm saying assume. If it was some other person's child that had been run over, they would that – and she investigated the child, would there be anything unusual or extraordinary about that?

- A: No.
- Q: So it boils down to the fact that this [child's father] was a former employee of the Spartanburg County's Sheriff's Department?
- A: It boils down – **that's half of the fact. The other half of the fact is, again, it's an infant that was run over by a police car that was driven by a former employee whom we were friends with. That's the whole fact.** (emphasis added).

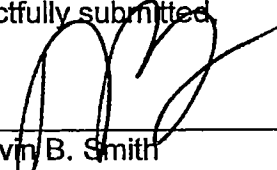
(R. pp. 139-141). The substantial evidence on the whole record includes this testimony about what made this particular investigation unusual and extraordinary in addition to Captain Denton's description of the Respondent's usual and ordinary job. It is respectfully submitted cherry picking only part of crucial testimony to blindly support one side of the case is clearly erroneous and not how reasonable minds should decide important questions.

This motion will be further based on recent Supreme Court decision in the case of Charlotte-Mecklenburg Hospital Authority v. S.C. Dept. of Health and Environmental Control, 387 S.C. 265, 692 S.E.2d 894 (S.C. 2010). The right to judicial review under § 1-23-380 is available only when all administrative remedies have been exhausted and the agency has made its final decision. The Court overlooked that the Circuit Court's Order was not a final order. *Charlotte-Mecklenburg* reiterates that an order is interlocutory if there is some further act to be done in the case. *Id.* 692 S.E.2d at 894. The Circuit Court Order in this case is not a final judgment, does not dispose of the subject matter of this action, or terminate the proceedings. *Id.* 692 S.E.2d at 895. On remand the Appellate Panel is tasked with applying the law as construed by the Circuit Court. The Appellate Panel may find, as it did before, that the Respondent's mental breakdown was not caused by an unusual or extraordinary condition of her

employment. Or, on the other hand, the Appellate Panel may make different findings based upon the whole record.

This Court cannot overlook the issue of appealability. Skinner v. Westinghouse Elec. Corp., 380 S.C. 91, 668 S.E.2d 795 (2008) (noting "jurisdictional appealability" issues are governed by statute). In previous cases, the courts have raised the issue on their own motion. Main Corp. v. Black, 357 S.C. 179, 592 S.E.2d 300 (2004) (affirming court of appeals decision to raise appealability ex mero motu and dismiss appeal); Ashenfelter v. City of Georgetown, 389 S.C. 568, 698 S.E.2d 856 (Ct. App. 2010) (addressing the issue of appealability ex mero motu); St. Francis Xavier Hosp. v. Ruscon/Abco, 285 S.C. 584, 330 S.E.2d 548 (Ct. App. 1985) (same).

Respectfully submitted,

By: 

Kevin B. Smith
David T. Pearlman
J. Kevin Holmes
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

Chadwick D. Pye
Chadwick D. Pye, L.L.C.
213 Magnolia Street
Post Office Box 18328
Spartanburg, South Carolina 29318
(864) 583-5658

Attorneys for the Respondent

Charleston, South Carolina

21 day of June, 2011.

THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No.: 2007-CP-42-1966

Raquel Martinez, Employee,

Appellant,

v.

Spartanburg County, Employer,
and S.C Association of Counties
Self-Insurance Fund, Carrier,

Respondents.

PETITION FOR WRIT OF CERTIORARI

Kevin B. Smith
J. Kevin Holmes
The Steinberg Law Firm
Post Office Box 9, No. 61 Broad Street
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for Appellant

Richard B. Kale, Jr.
Mitchell K. Byrd, Jr.
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Dr.
Greenville, South Carolina 29607
Attorneys for the Respondents

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CERTIFICATE OF COUNSEL

Counsel for the Petitioner certifies that a Petition for Rehearing was made and finally ruled on by the Court of Appeals on October 6, 2011.

QUESTIONS PRESENTED

1. Was the Commission's determination that the crime scene investigation performed by Martinez was not unusual and extraordinary supported by substantial evidence and/or affected by an error of law?

2. Was the Commission's determination that Martinez's mental injury was not proximately caused by the crime scene investigation supported by substantial evidence and/or affected by an error of law?

STATEMENT OF THE CASE

We can all be thankful for our dedicated public servants who, like the Appellant, Deputy Raquel Martinez, are willing to perform difficult jobs to protect public safety. Martinez served for over twenty-eight (28) years in law enforcement. Fortunately, none of her past experiences, difficult as they were, prevented her from performing her duties as a police officer or dissuaded her from wanting to become a crime scene investigator. (R. pp. 71, 85-86, 104). A job her supervisor, Captain Steven L. Denton of the Spartanburg Sheriff's Department, said she performed for three and half (3 ½) years diligently, dependably, and without problems of any kind. (R. p. 137). Unfortunately, the crime scene investigation she was called upon to perform on April 4, 2005, that is the subject of this appeal, was neither usual nor ordinary when compared to any investigation she ever performed before. This particular crime scene ended her entire law enforcement career forever.

On April 4, 2005, Martinez was dispatched to investigate a fatal motor vehicle accident involving a fellow police officer who tragically backed over and crushed his two (2) year old daughter.

[The officer] had backed over – evidently backed over his daughter, who I believe at the time was either two or just under the age of two, and essentially, it had crushed her. If you can imagine taking a watermelon or something like that and running it over with a car, that's essentially what you have, but it's a human being.

(R. p. 134). Captain Denton said emotionally it was the worst crime scene he'd ever seen:

Well, first of all, having known the officer and having a child run over by a vehicle, or the person having a child run over by a vehicle or the person you know causing the death of that, I've never encountered that. As far as ranking the grotesqueness of it, it's a child. It was run over by a police car. It was an accident. If I had to rank it as far as my feeling, my emotion, it would be the worst.

(R. p. 135). It was this dreadful scene that confronted Martinez when she arrived and learned it was her friend, Officer Johnson, who was the distraught father in the carport. (R. pp. 73-74).

The Respondents try to downplay the significance of Martinez's prior relationship with Officer Johnson. They point out that Martinez and Officer Johnson weren't "best friends." That may be true but Martinez never claimed Officer Johnson was her best friend. Rather she claimed they shared a particular bond of friendship forged between fellow police officers who serve together on "the thin blue line." They backed each other up when they served together with the Spartanburg County Sheriff's Department:

The county was cut into like eight pieces, and each one was a zone; [Officer Johnson] was assigned another zone. Sometimes we had two to a zone. Sometimes we didn't have but one person working two zones. So, a lot of times if you were in this zone here and there was call in this zone that you're not sure about it, it might be a bad call or whatever or just sounds suspicious, you go that way to go back up the officer that responds to the call. That way you don't have 20 minutes, you know, when they get into a fight or whatever to get there; you're already close to them. So, that's why I said that we backed each other up. Did we work in the same area? I don't think we ever worked the same area, but we worked side by side, and if he got into fights or if I got into fights, we would respond. He would be there and I would be there.

(R. p. 111). When questioned by the Single Commissioner, Martinez explained:

It's really us against them and — ... this is the way I feel, anyway as a police officer. I can be in the middle of a park full of people, and if somebody jumps me to hurt me, then I've got to defend myself, but if there's somebody in uniform near me, I know that I'm not going to die because somebody's gonna be there to back me up. That person. I don't know about all the other 99 behind me, but that police officer has a bond that's going to make them help a fellow officer. That's just it. If you ever hear a bunch of lights and sirens going in one direction and more than one or two patrol cars, you know it's a fight that an officer has got and they're trying to get help to him as fast as they can.

(R. pp. 115-116).

It was this prior relationship with Officer Johnson that made the investigation on April 4, 2005 unusual and extraordinary, not just for Martinez but for all the police officers and emergency personnel who responded. Captain Denton testified it was not only unusual, it was the only time in his career that he'd investigated a violent crime where he personally knew the person involved:

Q: In your 20-plus years in law enforcement, how many times have you investigated a crime scene where you knew the victim?

A: I can't - I can't think of any violent crimes, burglaries, property crimes, I can probably name a few, but violent crimes where a person - either suicide or been killed, I can't - I can't recall any.

Q: In your 20-plus years in law enforcement, how many times have you investigated a crime scene where you know the person that caused the crime or the accident?

A: As far as know them in a personal way?

Q: Right.

A: Probably none. I have known them in a business/criminal/law enforcement way, but I won't have known them in a personal way.

(R. p. 142). He testified the crime scene investigation was extreme and out of the ordinary for Martinez:

Q: Well let me ask you this: as a 20-plus year veteran of the Sheriff's Office with 70 to 75 percent of your time spent in death investigations and as [Martinez's] supervisor, would you say that the April 4th, 2005, investigation involving your former employee, A.J., killing his two-year-old child would have been an extreme situation in her employment?

A: Yes.

Q: Was this a scene that was out of the ordinary?

A: Yes.

(R. pp. 147-148). When asked if the investigation was unusual and extraordinary when compared to Martinez's normal employment, the Appellants objected on the grounds the question called for a legal conclusion. The Hearing Commissioner overruled the objection as untimely and said:

Well, actually, he's already said -- he's already answered the question and it's on the record. He said that he thinks it's unusual and extraordinary. In fact, he said in his entire career he thinks it's one of the most unusual.

(R. p. 149). The evidence having been admitted, Appellants' counsel thereafter fully cross examined Captain Denton but his opinion never wavered:

Q: In fact, everything she did out there as far as her activities at the scene in doing a crime scene investigation was a part of her ordinary duties that day?

A: If you remove the condition of the child itself and knowing the officer, remove that condition and that would be true.

Q: Well, you have to -- forensic investigators have to investigate deaths of children, don't they?

A: Sure.

Q: So the fact that she was investigating a child doesn't take it out of her ordinary investigations, does it?

A: I don't think the whole -- you get the whole story until you add the condition that existed, and the whole truth is that, that condition existed that day, and I think it was extraordinary because of that.

Q: Because...

A: I don't think it was ordinary that day.

Q: Pardon?

A: I don't think it was an ordinary job for anybody that day, and I think --

Q: But what she did was her job, was it not?

A: What she did was her job. Ordinary, if you're talking about, you know, had it been anywhere else that day, it would have been ordinary. But it wasn't anywhere else, and that's --

Q: Well, as far as the child is concerned -- let's take the father out of it. If some other child has been run over, would you consider that to be extraordinary?

A: That's not what happened.

Q: Well, I'm not asking you -- I'm saying assume. If it was some other person's child that had been run over, they would that -- and she investigated the child, would there be anything unusual or extraordinary about that?

A: No.

Q: So it boils down to the fact that this [child's father] was a former employee of the Spartanburg County's Sheriff's Department?

A: **It boils down – that's half of the fact. The other half of the fact is, again, it's an infant that was run over by a police car that was driven by a former employee whom we were friends with. That's the whole fact.**

(R. pp. 151-153).

Like Captain Denton, Martinez had never been called upon to investigate a crime scene involving somebody she knew, never mind a fellow police officer she considered a friend:

It's hard to believe that – that I can recall in all 28 years I have never had to deal with someone in a violent situation or in a violent death – I have never had to deal with someone that I actually knew, that I considered a friend, not to mention a co-police officer. We kind of stick together like a thin blue line, if y'all have ever heard that expression. We deal with things all the time that regular people don't see, so you get very close to your workers.

(R. p. 83). Martinez explained precisely how her prior relationship with Officer Johnson changed everything and affected her ability to do her job:

I think the difference is that like when you go to a burn scene, this is – and it sounds cold, but you get through it the way you get through it this is no longer a person; this is an object. And you have to keep a distance when you do these. I think [Officer Johnson's] case, or the child's case, was different because I have never seen it with anyone that I knew or that I couldn't turn her into an object. I couldn't just say that's just a little girl over there. I couldn't do that. You can't do that.

(R. pp. 93-94).

After learning the investigation involved her friend and fellow police officer, Officer Johnson, Martinez asked to be excused for the first time in her career. (R. pp. 75, 136). Later, describing what it was like to move the child to the Appellant's examiner, she said, "it was like a broken doll - when you moved her, it sounded like you were tumbling over some blocks..." (R. p. 324). But the worst part for her was having to climb under the car to look for evidence:

I had to get underneath [the car] to take – see if I see any evidence of where the child was underneath the vehicle, and there were clumps of her hair and skin on the tire and

on the asphalt, and then on the part of the – I don't know the undercarriage of the car very well, but the biggest part, I guess is going to be the gasoline tank. There were fingerprints, and there was the impression of a hand, I should say, not the whole hand but, just the little-bitty fingerprints dragging across the gasoline tank.

(R. pp. 78-79). The little-bitty fingerprints dragging across the gas tank was the image that would keep reoccurring in Martinez's nightmares.

The effect the crime scene investigation had on Martinez was dramatic and immediate. Captain Denton noticed a dramatic change in Officer Martinez, "specifically that day." (R. pp. 137, 139-140). That night she began crying about the child and having the nightmare about the fingerprints. (R. p. 78). A couple of days later, on April 7, 2005, her family physician, Dr. John Wieder, for the first time noted in his records "[t]here is a lot of stress on [Martinez's] job..." (R. p. 170). That same day Martinez broke down crying and told her father about the little girl's death. (R. p. 120).

Over the following days and weeks her condition and job performance deteriorated. Captain Denton asked two (2) chaplains to counsel Martinez but Martinez said "that didn't work, and it kept bothering me. I couldn't sleep at night. It would always be about the little girl, about the fingerprints under the tank." (R. pp. 78, 141).

She became vulnerable to other emotional events in her life. On April 19, 2005 her family physician's office note said she was upset and crying because her cousin had died from AIDS. He prescribed Xanax and took her out of work for "a few days." (R. pp. 170, 172). When she returned to work on April 24, 2005, however, she passed out and had to be taken to the emergency room and admitted to the hospital for four (4) days because of uncontrollable high blood pressure. (R. p. 172). The Respondents overemphasize the role the expected death of her cousin had in Martinez's mental breakdown. While temporally related, her family physician suspected there was something else bothering Martinez. On May 26, 2005, he stated in his office note:

But I am really at a loss as to explain why this girl's blood pressure is running so high. There has got to be either we are missing the boat somewhere or she is not taking her medicine. It has got to be one or the other, and I have a feeling I am missing the boat on something.

(R. p. 176). Officer Martinez returned to work again on June 7, 2005 but her family physician reported continued panic attacks and stress at work. (R. p. 179). On August 7, 2005 Officer Martinez suffered a complete mental breakdown.

Martinez's father described what he found when he was called to his daughter's home early that morning:

It was about 6:00 to 6:30 in the morning. I got a call from her next-door neighbor, she called and said, 'Mr. Martinez, Raquel is going up and down in the front yard, and she's talking weird. I mean, something is wrong with her. I think its good for you to come and look and it.' So I did. I got in my car and went over there. As soon as I got there, I saw something was really bad because the car windshield was smashed to pieces. So I continued going to her house door, knock on the door, and it wasn't locked. I opened the door, and I knew right away that something was real bad. It looked like a hurricane came through it. Everything was everywhere. The glass back door was to pieces, one of the window screens was all smashed. I mean it was a mess. So I went through the house asking, 'Raquel, Raquel, where are you?' And I could not find her, so I went outside and looked in the yard. I didn't see her, so I told the next-door neighbor, I said, 'Please call 911 because I'm gonna go and find — and try to find Raquel. But when I find her, I want somebody here.' So I took my car, I went around the neighborhood, and I could not find her. So when I was coming back, a lady said, 'Hey, sir, are you looking for somebody?' I said, "yes, ma'am." She said, "Well, there's a young lady behind these bushes."

(R. pp.. 120-121). When he asked what was wrong, Martinez wanted him to meet an imaginary little girl because they were going to take a trip together. (R. pp. 80-81). She kept saying, "I want this little girl to be with me. I want her here. I want her here." (R. p. 124). Her mother testified Martinez was brushing the little girl's hair on the way to the hospital in the ambulance. (R. p. 129).

Martinez was admitted to the hospital for psychotic delusions, including a delusion she was traveling on a steamboat down the Mississippi River with an imaginary little girl. (R. p. 195, 122). She was discharged from the hospital to out-patient care but quickly had to be "stepped up" back to in-patient care. (R. p. 279, 285).

In group counseling her treating psychiatrist, Dr. Ralph Castriotta, realized "because of [Martinez's] work as a police officer, she feels reluctant to open up in group in case there are some people in some way related to open cases she's working on." (R. p. 279). Captain

Denton confirmed it was against Department policy for police officers to discuss death cases.
(R. pp. 145-146).

Martinez continued to receive follow-up care by Dr. Castriotta, her psychiatrist, Luther A. Diehl, Ph.D., her clinical psychologist, and her family physician all of whom have related her breakdown to the investigation she performed on April 4, 2005. On June 16, 2006, Dr. Sherbondy stated his opinion:

The above referenced patient is currently under my care for Major Depressive Disorder the Post Traumatic Stress Disorder. It is my professional opinion that the patient's current condition is directly related to the incident that occurred in April of 2005 while employed with the Sheriff's Department. Ms. Martinez investigated the accidental death of a two year old child whose death occurred while her father was moving a car.

(R. p. 295). On April 18, 2006 Dr. Diehl stated in his opinion:

I am writing in response to your request about two issues related to Ms. Martinez and her psychiatric difficulties. She did experience a significant traumatic work related situation which occurred on April 4, 2005. This situation involved investigation of a death which was of a young child and the death was a result of her father's moving of a car. The father was a former Spartanburg County Deputy and current Greenville County deputy. The severity of injuries along with the personal involvement regarding the father were certainly an unusual and fairly unique set of circumstances. It would be my impression that Ms. Martinez had been functioning quite well in her employment situation with the Sheriff's Department for six years and prior to that in Probation and Parole in South Carolina for about ten years. While she experienced the recent death of a cousin, this individual has serious medical problems and was really considered to have a terminal prognosis. Based on these factors, it is my opinion that her current psychological difficulties and impairment in work functioning were precipitated by the work related stressor on April 4, 2005.

(R. p. 317). On May 3, 2006 her family physician, put the pieces together, and said:

Raquel comes back to the office today after a long absence she is no longer with the Sheriff's Department due to some very severe emotional problems that occurred during an investigation... She has been hospitalized for emotional problems after the investigation of a former deputy who ran over his little two-year-old girl in their driveway accidentally and it was just the last straw for Raquel.

(R. p. 180).

Apparently not satisfied with the unanimous opinions of Officer Martinez's treating psychiatrist, clinical psychologist, and family physician, the Respondents sent Martinez for

an independent psychiatric evaluation by Dr. John F. Abess. In response to specific written questions posed by the Respondents' counsel, Dr. Abess answered:

- 1) WHAT IS YOUR DIAGNOSIS OF MS. MARTINEZ'S PSYCHIATRIC CONDITION? Her primary psychiatric diagnoses are: Post Traumatic Stress Disorder, Recurrent Episode, Chronic Bipolar I Affective Disorder.
- 2) IN YOUR OPINION, DID SHE HAVE ANY OF THESE CONDITIONS PRIOR TO 4 APRIL 2005? Claimant has evidence of Bipolar Mood Disorder existing prior to her related trauma although the diagnosis was not officially recognized.
- 3) IN YOUR OPINION WAS ANY OF MS. MARTINEZ'S PSYCHIATRIC CONDITIONS CAUSED OR AGGRAVATED BY THE ACCIDENT INVESTIGATION CONDUCTED BY MS. MARTINEZ ON APRIL 4, 2005? Yes. Both Bipolar and Post Traumatic Stress Disorders were aggravated by the trauma experienced during the accident investigation she conducted on April 4, 2005.

(R. pp. 333-334).

ARGUMENT

This appeal involves the compensability of a purely mental injury, sometimes called a "mental-mental" injury, under the Workers' Compensation Act. The South Carolina Legislature codified the South Carolina Court decisions by amending the statutory definition of an "accident" in 1996 to provide:

Stress arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illness or injury is not a personal injury unless it is established that the stressful employment conditions causing the mental injury were extraordinary and unusual to the normal conditions of the employment.

§ 42-1-160, S.C. Code Anno., (Supp. 2002).

Over the years, two issues have repeatedly arisen. The first issue is the Commission's focus on the usual and ordinary aspects of the employee's general employment instead of the particular employee's normal working conditions. And, the second issue was whether the unusual and extraordinary conditions of the employment had to be the sole cause of the mental injury or whether, like in all other workers' compensation cases, the unusual and extraordinary conditions of the employment had to either cause, aggravate, or contribute to the mental injury. Both of these questions arise again in this appeal.

The first question worked its way up through the appellate process to the South Carolina Supreme Court in the case of Shealy v. Aiken County, 341 S.C. 448, 535 S.E.2d 438 (S.C. 2000). The facts in that case involved an undercover police agent who had infiltrated a bar to obtain drug trafficking evidence. The undercover agent suffered a mental breakdown and was hospitalized for depression, suicidal thoughts, post-traumatic stress disorder, and acute alcoholism. The Commission found the incidents alleged were a usual and ordinary part of the job of an undercover police agent and denied the claim. The Circuit Court and Court of Appeals affirmed on the ground the findings were supported by substantial evidence. Shealy v. Aiken County, Op. No. 98-UP-573 (S.C. App. filed December 16, 1998).

The Supreme Court granted certiorari and reversed the Court of Appeals. After reviewing the statutory and case law, the Supreme Court ruled as a matter of law the unusual and extraordinary rule is not an objective test but rather a subjective test. The condition or combination of conditions of the employment alleged to have caused the mental injury are not compared with the usual and ordinary conditions of the type of employment generally but are to be compared to the conditions of the employee's particular employment to determine whether they are unusual or extraordinary. The Supreme Court held:

This Court has never applied an objective standard of reasonable employment when considering whether a worker was exposed to unusual or extraordinary work conditions, but rather has compared the conditions to the worker's particular employment.

Shealy, 535 S.E.2d at 443. The Supreme Court then applied the substantial evidence standard of review and concluded the substantial evidence on the whole record established the combination of conditions alleged to have caused the undercover agent's mental injury were unusual and extraordinary when compared to the conditions of his particular employment. In reaching this conclusion the Supreme Court did not dispute that death threats, incidents with violent drug dealers, or fear of disclosure and retaliation might all be part of the usual and ordinary conditions of the employment of an undercover police agent. The Supreme Court focused, however, on other undisputed facts which lead to conclusion

that knowing there was a plot to be murdered by drug dealers willing and able to commit such a crime was "certainly extraordinary." Shealy, 535 S.E.2d at 444.

The same issue worked its way up through the appellate process again and was revisited by the Supreme Court in the more recent case of Doe v. Dept. of Disabilities, 377 S.C. 346, 660 S.E.2d 260 (S.C. 2008). The facts in that case involved a licensed practical nurse who worked in a community home for emotionally disturbed patients. The LPN was trained how to and occasionally had to deal with aggressive patients in her employment. As part of a downsizing program, however, the Department changed the population in the LPN's community home from one consisting of passive patients to a mix of passive and aggressive patients resulting in a dramatic increase in the level of violence in the home. The LPN began receiving psychiatric care and was hospitalized for severe depression.

The Commission found that the changes in the types of patients the LPN cared for, changes in the level of care patients required, and having to deal with aggressive patients were all usual and normal conditions of an LPN's employment and denied the claim. The Court of Appeals ruled the Commission's findings were supported by substantial evidence. Doe v. Dept. of Disabilities, 364 S.C. 411, 615 S.E.2d 785 (S.C. App. 2005).

The Supreme Court again granted certiorari and reversed the Court of Appeals. The Supreme Court concluded the substantial evidence on the whole record indicated the particular combination of conditions alleged to have caused the mental injury were unusual and extraordinary. In reaching this conclusion the Supreme Court did not dispute LPN's are trained and have to deal with aggressive patients, that patients are sometimes moved from one facility to another, or that the amount of care patients require can also change. Again, however, the Supreme Court focused on additional undisputed facts and found because the community home became "more chaotic" and there was a "significant increase" in violent behavior the new mix of passive and aggressive patients was unusual and extraordinary when compared to the normal conditions of the particular LPN's employment. Doe, 660 S.E.2d

262. In a separate concurring opinion, Chief Justice Toal took a somewhat different approach and would have reversed as a matter of law because:

The reasoning of the single commissioner shares a fatal flaw with that employed by the court of appeals in reinstating the single commissioner's decision. In my view, that fatal flaw is the focus on the ordinary aspects of Petitioner's employment to the exclusion of an examination of the extraordinary, and the consequent use of those ordinary aspects to support the conclusion that Petitioner's injury is not compensable.

* * *

In my view, both the single commissioner and the court of appeals failed to consider whether the changed conditions of Petitioner's employment were, for her, unusual or extraordinary, and similarly failed to evaluate how the changed conditions affected Petitioner. I believe this was error under Stokes [*supra*. 410 S.E.2d 248 (S.C. 1991)], and based on this error of law, I would reverse.

Doe, 660 S.E.2d 260, 263.

Similarly, the second question, whether the unusual or extraordinary conditions of employment have to be the sole proximate cause of the mental injury, has continued to arise. The concept of proximate cause, sometimes called the "cause in fact," "legal cause," or "but for cause," is no better defined in workers' compensation law than in tort law. A generally accepted definition of proximate cause is a cause which, in a natural and continuous sequence, produces the injuries and damages, and without which the injuries and damages would not have occurred. It is recognized that there may be more than one (1) proximate cause of an injury and where several causes producing an injury are concurrent and each is an efficient cause without which the injury would not have happened, the injury may be attributed to all or any of the causes. Childers v. Gaslines, Inc., 141 S.E.2d 761 (1966); Sanders v. Western Auto Supply Co., 183 S.E.2d 312 (1971).

South Carolina Courts have applied this general concept of proximate cause in workers' compensation cases. It has been held in workers' compensation cases, "[a]n accident arises out of the employment when it arises because of it, as when the employment is a contributing proximate cause." Fowler v. Abbott Motor Co., 236 S.C. 226, 113 S.E.2d 737 (S.C. 1960). One way the concept of proximate cause has been applied in workers' compensation is in cases involving the aggravation of pre-existing conditions. It has been

held the aggravation, acceleration, or lighting up of a pre-existing or latent infirmity or weakened physical condition is compensable, even though the accident would not have caused an injury to a perfectly healthy individual. Ferguson v. State Highway Dept., 197 S.C. 520, 15 S.E.2d 775 (S.C. 1941); Heirs v. Brunson Const. Co., 221 S.C. 212, 70 S.E.2d 211 (S.C. 1952); Glover v. Columbia Hospital of Richland County, 236 S.C. 410, 114 S.E.2d 565 (S.C. 1960). The aggravation of a pre-existing condition is compensable unless it is due solely to the natural progression of the pre-existing condition. Mullinax v. Winn-Dixie Stores, Inc., 318 S.C. 431, 458 S.E.2d 76, 80 (Ct.App. 1996).

The problem with applying the concept of proximate cause in mental injury cases appears to have arisen because two (2) Court decisions have been read together and misinterpreted to support a much narrower definition of proximate cause. The first decision is Shealy, supra., 535 S.E.2d at 442, which held "[i]n order for [a claimant] to recover workers' compensation benefits [for a purely mental injury], he must prove both: (1) that he was exposed to unusual and extraordinary conditions in his employment; and (2) that these unusual and extraordinary conditions were the proximate cause of his mental breakdown." The second decision is Nawa v. Wackenhut Corp., 341 S.E.2d 800 (S.C. App. 1986) which held South Carolina law "requires the employee's job be more than one factor, to any extent, in the injury or death. Nawa, 341 S.E.2d 801. Read together these cases have been misinterpreted to require that the unusual and extraordinary condition must be the sole cause of the mental injury.

It is respectfully submitted the Supreme Court never intended for the preposition "the" to be interpreted to mean "the sole" cause. The Supreme Court went on in Shealy, supra. 593 S.E.2d 496, to cite Powell v. Vulcan Materials Co., supra., Gambrell v. Burleson, 252 S.C. 98, 165 S.E.2d 622 (S.C. 1969) both stating the claimant must only prove a causal connection between the injury and the subsequent condition in workers' compensation cases. See also: Frame v. Resort Services, Inc., 357 S.C. 520, 593 S.E.2d 491 (S.C. App. 2004).

Nawa certainly proves the old adage bad facts make bad law. In that case the claimant had a pre-existing brain aneurysm. He suffered a fatal stroke at home while having sexual intercourse with his wife. His family claimed stress at work was a factor contributing to his stroke and their lawyer claimed if stress was a factor, to any degree, the stroke was compensable. The Commission, Circuit Court, and Court of Appeals refused to adopt the expansive definition of proximate cause suggested by the claimant's counsel, that the stressful conditions arising out of the employment need only be a factor, no matter how remote, and affirmed the denial of the claim finding the decision was supported by substantial evidence. In reaching its decision the Court of Appeals noted the testimony of the claimant's supervisor disputing the claimant was under undue stress at work, the medical evidence a person with an aneurysm is always at risk for spontaneous rupture, the medical evidence that blood pressure raises 40% during sexual intercourse and that aneurysms frequently rupture during intercourse, and expert medical testimony the claimant most probably would not have suffered the ruptured aneurysm had he not been having sexual relations. Clearly, there was substantial evidence, including expert medical testimony, the claimant would not have suffered the stroke "but for" having sex with his wife. Unfortunately, this case has been misinterpreted to require that the unusual and extraordinary conditions of employment be the one and only cause of an alleged mental stress injury. This is the interpretation taken by the Commission below and the Respondents in this appeal. (Appellants' Final Court of Appeals Brief, pp. 31-32).

Such an interpretation is not only contrary to the definition of proximate cause, it would preclude an aggravation of a pre-existing mental condition from being compensable under any circumstances. The issue whether the aggravation of a pre-existing mental condition was compensable was raised in Shealy, supra., but not preserved for appellate review. Shealy, 535 S.E.2d 444 - 445. It was raised again, however, in Doe, supra. According to the Court of Appeals decision, the Commission's denial of benefits was reversed by the Circuit Court because "a physical injury need not be the direct cause of a

mental injury.” Doe, 615 S.E.2d 785, 790. The Court of Appeals reversed the Circuit Court on the grounds there was substantial evidence supporting the Commission finding the mental injury was not “caused or induced by” by the minor physical injuries the claimant sustained and there was substantial evidence “that other stressors in her life that were unrelated to work caused her mental injuries.” Doe, 615 S.E.2d 785, 790. The Supreme Court held:

Finally, the Court of Appeals observed that Claimant had non-work related stressors, including a prior bout with depression in 1980 and her father’s cancer and death in December 1997, that ‘could impact her mental injury.’ There is no support in the record for the conclusion that any of these outside factors caused or even contributed to Claimant’s disability. The only evidence of causation is that Claimant’s mental injury was caused by her stress at work as stated by Dr. Lowe. Moreover, a history of pre-existing depression does not preclude workers’ compensation benefits for a mental-mental injury. See: Ellison v. Frigidaire Home Prods., 371 S.C. 159, 638 S.E.2d 664 (S.C. 2006). See also: Smith v. NCCL, Inc., 369 S.C. 236, 631 S.E.2d 268 (S.C. App. 2006) (the right of a claimant to compensation for the aggravation of a pre-existing condition psychiatric condition arises where there is a dormant condition which has produced no disability but which becomes disabling by reason of the aggravating injury) citing Anderson v. Baptist Med. Ctr., 343 S.C. 487, 493, 541 S.E.2d 526, 528 (2001).

It is in accordance with this applicable law that the questions presented for appellate review can now be considered.

1. THE CRIME SCENE INVESTIGATION WAS UNUSUAL AND EXTRAORDINARY.

In the present case, the Circuit Court correctly ruled the Commission’s decision was affected by an error of law because it improperly focused on the usual and normal aspects of Martinez’s employment to the exclusion of the unusual and extraordinary circumstances surrounding the crime scene investigation and failed to perform any analysis of the effect such circumstances had upon her. (R. pp. 24-25). The Circuit Court further ruled the Commission’s finding that the investigation of the death of a child, even the child of a former Sheriff’s Deputy, was not an unusual or extraordinary condition of Martinez’s employment was not supported by substantial evidence on the whole record. (R. pp. 56, 22 – see footnote 4). And, the Circuit Court further ruled the Commission’s finding Martinez failed to prove she encountered an unusual or extraordinary condition in her employment on April 4, 2005

was not supported by substantial evidence on the whole record. (R. pp. 56, 22 – see footnote 4).

The Circuit Court based its ruling that the finding there was nothing unusual or extraordinary in the investigation of the child's death involving a fellow police officer was not supported by substantial evidence on the testimony of both Martinez and Captain Denton, the only witnesses who testified, that the investigation was unusual and extraordinary in their combined forty-eight (48) years of law enforcement experience. Not only was the investigation unusual and extraordinary, it was unique because neither Martinez nor Captain Denton had ever been called upon to investigate a violent death that involved a person they knew and a fellow officer. (R. p. 25). The Court of Appeals challenged this ruling by pointing to other testimony, also given by Martinez and Captain Denton, which showed all that Martinez actually did on the day in question was collect evidence, take photographs and measurements, process data, and write reports, all of which were usual duties of a crime scene investigator. (R. pp. 508-509). No one disputes this is what she did or that these activities were part of her normal duties but, in the words of Captain Denton, **"that's half of the fact"** and, until you include the gruesome condition of the child and knowing **Officer Johnson, you don't get the "whole story."** The Court of Appeals committed the same fatal error as in Shealy and Doe. They ignored the elephant in the room. They ignored Martinez's prior relationship with Officer Johnson which made it impossible for her to turn her friend's crushed little girl into an object she could distance herself from emotionally. No evidence of any kind was submitted by anyone supporting the idea that only "best friends" could be affected by such a tragic and gruesome event. None of the four (4) experts who weighed in on this case gave the opinion that only "best friends" could be affected this way. In fact, every expert who ever touched this case, including that of the Respondent, says her mental injuries are related to the incident in question. The notion that they would need to be "best friends" appears to have been pulled out of thin air. Even if that requirement was

supported by some evidence in the record, to do so imposes an objective standard which is strictly forbidden. Shealy, supra., Doe, supra.

Realizing the prior relationship between Martinez and Officer Johnson is the very reason the investigation on that day was usual and extraordinary, the Respondents argue the Commission, as the exclusive finder of fact, considered the relationship but found Martinez and Officer Johnson were neither best friends nor social friends. Further, when they served together as fellow police officers, they patrolled different areas of the Spartanburg County. (R. pp. 509-510). Again, all that may be true but to require they be best friends of even social friend imposed an objective standard. It was undisputed Martinez and Officer Johnson actually backed each other up while on patrol. In the words of Martinez, "Did we work in the same area? I don't think we ever worked the same area, but we worked side by side, and if he got into fights or if I got into fights, we would respond. He would be there and I would be there." (R. p. 111). Just as Martinez has not disputed the facts described by the Respondents, the Respondents have not disputed the additional facts described by her. These additional undisputed facts cannot simply be ignored. Judicial review of the substantial evidence is based on the whole record, not evidence viewed blindly from one side of the case. Etheredge v. Monsanto Co., supra.; Gibson v. Spartanburg School District #3, supra.

No one disputes that police officers and crime scene investigators are called upon to investigate violent deaths, or that Martinez herself may herself have been called upon to investigate violent deaths during her twenty-eight (28) year law enforcement career. But, by the same token, no one disputes the crime scene investigation Martinez she performed on April 4, 2005 was more than just an ordinary and normal violent death, if there even is such a thing. It was the gruesome, violent death of the two (2) year old daughter of Martinez's friend and fellow police officer, Officer Johnson, so unlike the usual and normal conditions of her employer that Martinez couldn't turn the crushed little girl into an object she could distance herself from emotionally.

Where the facts are admitted, or established, or where the evidence is susceptible of but one reasonable inference, the question of compensability is one of law for the Court, rather than one reserved exclusively for the Commission. Jordan v. Dixie Chevrolet, Inc., 218 S.C. 73, 61 S.E.2d 794 (S.C. 1950); Sylvan v. Sylvan Bros., Inc., 225 S.C. 429, 82 S.E.2d 794 (S.C. 1954); Kinsey v. Champion Am. Service Center, 268 S.C. 177, 232 S.E.2d 720 (S.C. 1977); Sturkie v. Ballenger, supra.; Mullinax v. Winn-Dixie Stores, Inc., supra. The additional undisputed facts establish the crime scene investigation Martinez performed on April 4, 2005 was unusual and extraordinary. Every witness that testified did so by saying the crime scene investigation was unusual and extraordinary. Of course, the Commission and Court of Appeals can remove portions of the facts and water down this scenario to the point where we are just discussing her normal job duties, but again, as Captain Denton put it, "that's half the fact."

Substantial evidence must be such evidence as would allow reasonable minds to reach the conclusion reached by the administrative agency. Etheredge v. Monsanto Co., supra.; Gibson v. Spartanburg School District #3, supra. It is respectfully submitted it is patently unreasonable for the Commission or anyone to find, in the absence of an off-duty personal or social friendship, a bond of friendship cannot develop between police officers, soldiers, firemen, or any of our dedicated public servants who face life and death situations while serving together to protect our safety. This is especially true when no expert or lay witness introduces any kind of a foundation of such an objective standard. In fact, all of the experts and lay witnesses in this case say the exact opposite.

Having found the investigation Martinez performed on April 4, 2005 was neither unusual nor extraordinary, **the Commission never performed any analysis of the effect her friendship or relationship with Officer Johnson had upon her.** As stated by Justice Toal, the Commission was required to not only consider whether the conditions of the investigation were, for Martinez, unusual or extraordinary, but also to consider how the conditions affected her. Doe, 660 S.E.2d at 263. The undisputed evidence is the effects were immediate and

dramatic. Upon learning the investigation involved Officer Johnson, Martinez, for the first time in her career, asked to be excused from performing her duties. (R. pp. 75, 136). To her credit she did her duty and worked the crime scene for four (4) hours. (R. p. 77). Captain Denton noticed a dramatic change Martinez, "specifically that day." (R. pp. 137, 139-140). That night she testified she began crying, couldn't sleep, and began having nightmares about the little-bitty fingerprints under the gas tank. (R. pp. 78).

The findings of the Commission reversed by the Circuit Court were affected by an error of law because they improperly focused on the usual and normal aspects of Martinez's employment as a crime scene investigator to the exclusion of the unusual and extraordinary circumstances surrounding the investigation and because the Commission failed to perform any analysis of the effect such circumstances had upon her. The findings of the Commission reversed by the Circuit Court that the investigation of the death of a child, even the child of a fellow police officer, was not an unusual or extraordinary condition of Martinez's employment were an unusual or extraordinary condition in her employment were not supported by substantial evidence on the whole record. The finding of the Commission reversed by the Circuit Court that a bond of friendship cannot develop between fellow police officers absent a personal or social friendship outside of work is patently unreasonable and unsupported by any of the experts, lay witnesses or evidence of any kind in the record. The Court of Appeals decision reversing the Circuit Court Order should be reversed.

2. THE CRIME SCENE INVESTIGATION PROXIMATELY CAUSED, AGGRAVATED, AND/OR CONTRIBUTED TO MARTINEZ'S MENTAL INJURY.

The Circuit Court began its discussion of the causation issue by noting the Commission's decision Martinez failed to prove her mental injury was compensable was deficient as a matter of law because it required the Court to speculate how, factually, she did not meet her burden of proof. (R. pp. 56, 26-27). The Circuit Court correctly ruled the Commission's decision was affected by an error of law because it misinterpreted Nawa, supra., to require Martinez prove the crime scene investigation of April 4, 2005 was the sole

cause of her mental injury and failed to consider that an aggravation of a pre-existing psychiatric condition can be compensable. (R. pp. 27-29). And, the Circuit Court correctly ruled the Commission's decision was unsupported by substantial evidence because the unanimous opinions of the medical experts, including the Appellants' consulting psychiatrist, was that the crime scene investigation of April 4, 2005 either caused or contributed to Martinez's mental injury or aggravated a pre-existing dormant mental condition resulting in her disability. (R. pp. 29-30).

The Circuit Court Judge based his ruling on the unanimous opinions of Martinez's treating physicians that the crime scene investigation was a contributing proximate cause of Martinez's mental injury. Fowler v. Abbott Motor Co., supra. Her treating psychiatrist said, "[i]t is my professional opinion that the patient's current condition is directly related to the incident that occurred in April of 2005 while employed with the Sheriff's Department." (R. p. 295). Her treating clinical psychologist said, "it is my opinion that her current psychological difficulties and impairment in work functioning were precipitated by the work related stressor on April 4, 2005." (R. p. 317). Her family physician, when he put the pieces together, said, "[s]he has been hospitalized for emotional problems after the investigation of a former deputy who ran over his little two-year-old girl in their driveway accidentally and it was just the last straw for Raquel." (R. p. 180). **The Decision and Order of the Commission failed to even mention any of these opinions.**

The Appellants challenge this finding and point out Martinez's treating physician's also noted Martinez had other mental stressors in her life. They ask this Court to ignore the obvious fact every mental health professional called upon to diagnose and treat a patient for a mental condition obtains a complete family, social, and medical history, including information about other emotional stresses in the patient's life. The mental health professional then considers this information, together with his or her clinical interview and treatment of the patient, any relevant medical evidence, and the results of any diagnostic tests or studies that have performed in reaching their diagnosis of the patient's condition. The

Commission's decision points to the history of other stressors but excludes consideration of the physician's ultimate opinions. This is like taking your car to a mechanic because it won't start. In the process of inspecting the car, the mechanic notices the power steering fluid is low. He writes that down. He continues the inspection and comes to the conclusion that the car won't run because the battery is dead. This Commission's refusal to consider the experts' final opinions yet picking out pieces from the diagnostic process is like the person with the car problems concluding the car won't run because of the absence of power steering fluid.

The Commission points to evidence that goes all the way back to when Martinez was "sexually abused for almost two years as a child by a male family friend in Puerto Rico." (R. p. 56). While this may be true, there was no medical or lay testimony her sexual abuse as child caused or contributed to her mental breakdown. The closest any physician came to suggesting this or any other emotional stress Martinez may have suffered had anything to do with her mental breakdown was the opinion of the Appellants' consulting psychiatrist. In a response to a specific question by Appellants' counsel as to causation, he suggested Martinez had undiagnosed pre-existing bi-polar and post traumatic stress disorders that were aggravated by the crime scene investigation of April 4, 2005. (R. p. 334). Even if Martinez had these undiagnosed mental conditions as suggested, it was undisputed Martinez served for twenty-eight (28) years in law enforcement. It was undisputed nothing in her past and nothing in her experience as a police officer prevented her from performing her duties or dissuaded her wanting to become a crime scene investigator, a job her Captain, Captain Denton, testified she performed her duties as a crime scene investigator for three and a half (3 ½) years diligently, dependably, and with no problem of any kind. It was undisputed she never asked to be excused from performing her duties. If Martinez had undiagnosed bi-polar and post traumatic stress disorders, they were certainly dormant and there is no evidence they manifested themselves into any disability.

The Respondents' argument fails as a matter of law. Even accepting the opinion of the their consulting psychiatrist as constituting substantial evidence, the aggravation of those

conditions by the crime scene investigation that resulted in a complete nervous breakdown and total disability would still be compensable as a matter of law. Ellison v. Frigidaire Home Prods., supra; Smith v. NCCL, Inc., supra. When asked if Martinez's mental injury was either caused or aggravated by the crime scene investigation, the Respondents' psychiatrist said, "Yes. Both Bipolar and Post Traumatic Stress Disorders were aggravated by the trauma experienced during the accident investigation she conducted on April 4, 2005." (R. p. 334).

The substantial evidence required to support an administrative finding is not based on selected facts viewed blindly from one side of the case, or upon an incomplete or watered down set of facts, but based on the whole record. Etheredge v. Monsanto Co., supra.; Gibson v. Spartanburg School District #3, supra. The undisputed facts in this case are that the crime scene investigation of April 4, 2005 had an immediate and dramatic effect on Martinez. Captain Denton said he noticed a change in her "specifically that day." (R. pp. 137, 139-140). She started crying and had her first nightmare about the little-bitty fingerprints on the gas tank that night. (R. p. 78). Two days later, her family physician noted she had a lot of stress on the job and she broke down crying and told her father about the investigation. (R. pp. 170, 120). She couldn't sleep because of her recurring nightmare. (R. p. 78). She became vulnerable to other emotional events in her life, including the expected death of her cousin who suffered from AIDS, for which her family physician prescribed Xanax medication and he took her out of work for a few days. (R. pp. 170, 172). When she returned to work she passed out, was taken to the emergency room, and hospitalized for uncontrollable high blood pressure. (R. p. 172). Even her family physician realized there was something serious bothering Martinez and commented in his record:

But I am really at a loss as to explain why this girl's blood pressure is running so high. There has got to be either we are missing the boat somewhere or she is not taking her medicine. It has got to be one or the other, and I have a feeling I am missing the boat on something.

(R. p. 176). When she returned to work again she continued to suffer panic attacks. On August 7, 2005 she suffered a complete mental breakdown. She destroyed her home,

broke the windows of her police cruiser, and was found hiding in the neighbor's bushes. When her father asked what was wrong she wanted him meet the imaginary little girl she was going on a trip with. (R. pp. 80-81, 122). The same imaginary little girl her mother said she was brushing the hair of in the ambulance on the way to the hospital where she was admitted for psychotic delusions including the delusion she was traveling on a steamboat down the Mississippi with an imaginary little girl. (R. pp. 80-81, 129).

The Respondents point out Martinez's initial admission and hospital records did not relate her mental breakdown to the crime scene investigation of April 4, 2005. **This again is true but simply ignores the undisputed evidence which explained this omission.** Her treating psychiatrist became concerned "because of her work as a police officer, she feels reluctant to open up in group in case there are some people in some way related to open cases she's working on." (R. p. 279). Captain Denton confirmed it is against department policy to discuss death cases. (R. pp. 145-146). In individual counseling, instituted to address this concern, Martinez finally opened up and all of her treating mental health professionals related her mental breakdown to the crime scene investigation of April 4, 2005.

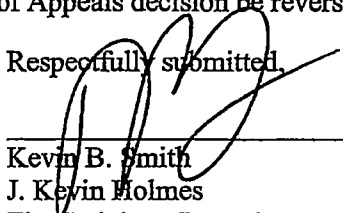
Not only the substantial evidence, but the only medical evidence presented on the issue of causation, including the opinion of the Appellants' independent consulting psychiatrist, established the investigation of was a contributing proximate cause of Martinez's mental injury.

CONCLUSION

The Appellant requests that the Court of Appeals decision be reversed.

Respectfully submitted,

By:


Kevin B. Smith
J. Kevin Holmes
The Steinberg Law Firm
61 Broad Street; Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

RAQUEL MARTINEZ, Employee,)

Claimant/Appellant,)

-vs.-)

SPARTANBURG COUNTY)
SHERIFF'S OFFICE, Employer,)
And SOUTH CAROLINA)
ASSOCIATION OF COUNTIES)
SELF INSURANCE FUND, Carrier,)

Defendants/Respondents.)

COURT OF COMMON PLEAS
SEVENTH JUDICIAL CIRCUIT
CASE NO.: 2015-CP-42-_____

2015-CP-42-1015

NOTICE OF APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

FILED
CLERK OF COURT
SPARTANBURG COUNTY
2015 MAR 11 AM 10:17
M. LACKLEY

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
and RICHARD B. KALE, JR., Attorney for the Respondents:

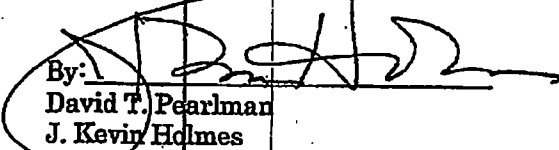
The Appellant, RAQUEL MARTINEZ, by her undersigned attorneys, hereby serves Notice of Appeal from the final decision of the Appellate Panel of the South Carolina Workers' Compensation Commission dated February 24, 2015 pursuant to § 42-17-60, S.C. Code Anno., in effect prior the July 1, 2007 amendment of the statute, on the grounds and exceptions set forth in the attached Petition for Judicial Review under § 1-23-380, S.C. Code Anno., as amended June 16, 2008.

CHADWICK D. PYE, L.L.C.
Post Office box 6346
Spartanburg, South Carolina 29304
(864) 467-8751

By: 
Chadwick D. Pye

and

THE STEINBERGLAW FIRM, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 
David T. Pearlman
J. Kevin Holmes
Attorneys for the Claimant/Appellant

Spartanburg, South Carolina

10 day of March, 2015.

FILED
CLERK OF COURT
SPARTANBURG COUNTY
2015 MAR 11 AM 10:17
M. HOPE BLACKLEY

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

RAQUEL MARTINEZ, Employee,)

Claimant/Appellant,)

-vs.-)

SPARTANBURG COUNTY)
SHERIFF'S OFFICE, Employer,)
And SOUTH CAROLINA)
ASSOCIATION OF COUNTIES)
SELF INSURANCE FUND, Carrier,)

Defendants/Respondents.)

COURT OF COMMON PLEAS
SEVENTH JUDICIAL CIRCUIT
CASE NO.: 2015-CP-42-_____

2015-CP-42-1015

PETITION FOR JUDICIAL REVIEW

M. HOPE BLACKLEY

2015 MAR 11 AM 10:17

CLERK OF COURT
SPARTANBURG COUNTY

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
and RICHARD B. KALE, JR., Attorney for the Respondents:

The Appellant, RAQUEL MARTINEZ, by her undersigned attorneys, will move before the Presiding Judge, Court of Common Pleas, Seventh Judicial Circuit, Spartanburg, South Carolina for judicial review of the final decision of the Appellate Panel of the South Carolina Workers' Compensation Commission dated February 24, 2015 pursuant to § 1-23-380, S.C. Code Anno., 1976 as amended, and would respectfully show unto this Honorable Court:

FIRST: The Appellant is a resident of the County of Spartanburg, State of South Carolina who at all relevant times was employed as a forensic investigator for the Spartanburg County Sheriff's Department.

SECOND: The Respondent, Spartanburg County Sheriff's Department, is a governmental agency located in the County of Spartanburg, State of South Carolina, and was the employer of the Appellant.

THIRD: The Respondent, South Carolina Association of Counties Self-Insurance Fund, is an self-insurance fund established under the laws of the State of South Carolina which provides workers compensation coverage for county employees and employers including the Appellant and the Respondent employer throughout the State of South Carolina and in the County of Spartanburg.

FOURTH: This Honorable Court has jurisdiction of the parties and subject matter of this action by reason of the parties' residency in and the injuries and damages alleged to have been suffered by the Appellant having occurred in the County of Spartanburg, State of South Carolina.

FIFTH: The Appellant filed a W.C.C. Form 50 alleging she sustained a mental injury arising out of and in the course of her employment with the Respondent Employer on April 21, 2006 and the Respondents filed a W.W.C. Form 51 denying the Appellant suffered a compensable injury on May 12, 2006.

SIXTH: The Hearing Commissions issued a Decision and Order denying the claim on November 20, 2006 and the Appellant filed a W.C.C. Form 30 requesting review on April 23, 2007.

SEVENTH: The Appellate Panel of the Commission issued an Order affirming the Hearing Commission on May 22, 2007 and the Appellant filed a Notice of Appeal to the Court of Common Pleas.

EIGHTH: The Honorable J. Mark Hayes, II, issued an Order reversing the Order of the Appellate Panel and remanding the claim back to the Commission for further proceedings consistent with his Order.

NINTH: The Respondents filed a Notice of Appeal to the Court of Appeals which reversed the Circuit Court pm June 15, 2011, however, after the denial of a Petition for Rehearing, the Appellant filed a Petition for Writ of Certiorari to the Supreme Court which was granted on February 7, 2013.

TENTH: The Supreme issued an Order reversing the Court of Appeals on the grounds the Circuit Court Order was interlocutory and remanding the claim to the Commission for further proceedings consistent with the Circuit Court Order on January 8, 2014.

ELEVENTH: The Appellate Panel issued a final Decision and Order again denying the claim on February 24, 2015.

TWELFTH: The Appellant files this Petition for Judicial Review of the final decision of the Workers' Compensation Commission pursuant to § 1-23-380, S.C. Code Anno., 1976 as amended, on the grounds her substantial rights have been prejudiced because the Appellate Panel's findings, inferences, conclusions and decision are in violation of constitutional or statutory provisions, made upon an unlawful procedure, affected by other error of law, clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record, and/or arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion on the following grounds:

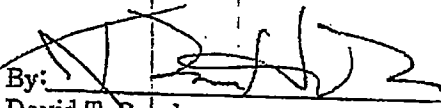
- a. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury were not caused by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are in violation of constitutional and statutory provisions and made upon an unlawful procedure because the Appellate did not conduct further proceedings consistent with the Circuit Court Order remanding the claim;
- b. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury were not caused by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are affected by other error of law because the Appellate Panel continues to apply an improper legal test for determining whether a mental injury was caused or aggravated by an unusual and extraordinary combination of stressful conditions of the employment by focusing on the usual and extraordinary conditions of the Appellant's employment to the exclusion of the unusual and extraordinary conditions of her employment on the day in question;
- c. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury were not caused by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record;
- d. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury were not caused by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are in violation of constitutional and statutory provisions, made upon an unlawful procedure, affected by other error of law, clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record, and are arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion because the Appellate Panel ignored and did not consider

the specific uncontroverted evidence cited by the Circuit Court which tended to establish the combination of conditions confronting the Appellant on the date in question were unusual and extraordinary;

- e. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury was not caused or aggravated by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are in violation of constitutional and statutory provisions and made upon an unlawful procedure because the Appellate did not conduct further proceedings consistent with the Circuit Court Order remanding the claim and ignored the Circuit Court's directives;
- f. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury was not caused or aggravated by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are in violation of constitutional and statutory provisions, made upon an unlawful procedure, affected by other error of law, clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record, and are arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion because the Appellate Panel ignored and did not consider the specific uncontroverted and unanimous opinions of the treating physicians, psychiatrists, and counselors cited by the Circuit Court which established the combination of conditions confronting the Appellant on the date in question were a contributing proximate cause of her mental injury;
- g. The Appellate Panel's findings, inferences, conclusions, and decision the Appellant's mental stress injury was not caused or aggravated by a combination of unusual and extraordinary condition of her employment on the date she investigated the horrific death of a fellow officer's infant child are arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion because the Appellate Panel based its findings in large part on the unsubstantiated and faulty premise

and

THE STEINBERGLAW FIRM, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 
David T. Pearlman
J. Kevin Holmes
Attorneys for the Claimant/Appellant

Spartanburg, South Carolina

10 day of March, 2015.

FILED
CLERK OF COURT
SPARTANBURG COUNTY
2015 MAR 11 AM 10:17
H. HOPE BLACKLEY

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

IN THE COURT OF COMMON PLEAS

Civil Action No. 2015-CP-42-1015

Raquel Martinez, Employee,)
)
Claimant/Petitioner,)
)
-vs-)
)
Spartanburg County Sheriff's Office,)
Employer, and S.C. Association of Counties)
Self Insurance Fund, Carrier,)
)
Defendants/Respondents.)

MOTION TO ALTER OR
AMEND A JUDGMENT
PURSUANT TO S.C.R.C.P. 59 (e)

TO: J. Kevin Holmes and David T. Pearlman, The Steinberg Law Firm, Post Office Box 9,
Charleston, South Carolina 20402; Chadwick D. Pye, Post Office Box 6346, Spartanburg,
South Carolina 20304

YOU WILL PLEASE TAKE NOTICE that on the 10th day after service hereof, or as soon thereafter as counsel may be heard, the Defendants-Respondents, by and through their undersigned counsel, will move before the Honorable J. Mark Hayes, II, Presiding Circuit Judge, pursuant to Rule 59(e) of the S.C. Rules of Civil Procedure, for amendment of the Order, dated December 3, 2015, on the grounds that:

1. The Circuit Court erred as a matter of law in reweighing the evidence presented to the Commission, that error being that Circuit Court exceeded its scope of review under Section 1-23-380, S.C. Code Ann. (1976).
2. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand, that error being that the Circuit Court's Order of February 25, 2009, specifically required the Commission on remand to make findings that were "sufficiently

SPARTANBURG COUNTY
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detailed to enable the reviewing Court to determine whether the evidence supported the findings.”

3. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand, that error being that the Circuit Court’s Order of February 25, 2009, required the Commission to make specific findings of fact when it provided “The Findings of Fact made by the Commission must be sufficiently detailed to enable a reviewing Court to determine whether the evidence supports the finding. (Citations omitted). The Order issued by the Commission lacks the ‘concise and explicit’ statement of facts. . . .”

4. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand by reconsidering the Court’s prior ruling on causation that error being that the Circuit Court’s Order of February 25, 2009, specifically required the Commission on remand to make findings that were “sufficiently detailed to enable the reviewing Court to determine whether the evidence supported the findings.”

5. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand by reconsidering the Court’s prior ruling on causation that error being that the Circuit Court’s Order of February 25, 2009, specifically stated that the Commission’s original Order “requires the Court to speculate as to how, factually, the Appellant did not meet her ‘burden of proof.’”

6. The Circuit Court erred in holding that the Commission incorrectly ruled that the investigation conducted by Deputy Martinez on April 4, 2005, was not unusual or extraordinary, that error being that the Circuit Court failed to address whether the evidence cited by the Commission in support of its ruling was supported by substantial evidence on the whole record.

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7. The Circuit Court erred in reweighing the evidence in this case, that error being that reweighing the evidence exceeded the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976). ("The Court may not substitute its judgement for the judgement of the agency as to the weight of the evidence on questions of fact.")

8. The Circuit Court erred in reweighing the evidence in this case, that error being that where evidence is conflicting, the Commission's findings of fact are conclusive. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (1999)

9. The Circuit Court erred in reweighing the evidence in this case, that error being the determination of witness credibility and the weight to be accorded evidence is strictly reserved to the Commission. Brown v. Peoplease Corp., 402 S.C. 476, 741 S.E.2d 761 (Ct. App. 2013); O'Banner v. Westinghouse Electric Corp., 319 S.C. 24, 459 S.E.2d 324 (Ct. App. 1995).

10. The Circuit Court erred in holding that the Commission was bound by undisputed testimony of witnesses, that error being that it is strictly within the province of the Commission as to the credibility and weight to be given such evidence.

11. The Circuit Court erred in reversing the Commission's finding that the investigation on April 4, 2005, was not an unusual or extraordinary condition of employment, that error being that in so ruling the Circuit Court substituted its judgment for that of the Commission contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

12. The Circuit Court erred in reversing the Commission's findings of fact on causation, that error being that the Commission's findings of fact on causation were supported by reliable, probative, and substantial evidence on the whole record.

13. The Circuit Court erred in reversing the Appellate Panel's finding on compensability on the ground that the Appellate Panel ignored undisputed testimony quoted by

the Court, that error being that determination of witness credibility and the weight to be accorded evidence is strictly reserved to the Commission and not the Circuit Court.

14. The Circuit Court erred in reversing the Appellate Panel's finding on compensability on the ground that the Appellate Panel ignored undisputed testimony quoted by the Court, that error being that the Appellate Panel clearly considered all of the evidence in the record when making its decision regarding compensability.

15. The Circuit Court erred in finding that the Commission did not consider the testimony of Deputy Martinez and Captain Denton, that error being that such finding was clearly erroneous.

16. The Circuit Court erred in holding that the Appellate Panel's finding that Deputy Martinez and Officer Johnson did not have a "law enforcement relationship" was not supported by substantial evidence, that error being that there was reliable, probative and substantial evidence on the whole record to support the Appellate Panel's findings.

17. The Circuit Court erred in holding a "law enforcement relationship" constitutes an unusual and extraordinary condition of employment, that error being that such holding was not supported by applicable case law or Section 42-1-160, S.C. Code Ann. (2007).

18. The Circuit Court erred in holding that the Commission ignored testimony quoted by the Court, that error being that the Commission clearly considered all the evidence, but the determination of witness credibility and the weight to be accorded evidence is reserved solely to the Commission and not the Circuit Court.

19. The Circuit Court erred in substituting its judgment as the weight of the evidence, that error being that the weight to be accorded evidence is strictly reserved to the Commission.

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20. The Circuit Court erred in requiring the Commission to substitute the Circuit Court's findings of fact for those of the Commission, that error being the Commission, not the Circuit Court, is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 344 S.E.2d 613 (1986).

21. The Circuit Court erred in not reviewing the Commission's findings as to causation to determine if supported by substantial evidence, that error being that the Circuit Court's scope of review is to determine if the Commission's findings are supported by substantial evidence.

22. That the Circuit Court erred as a matter of law in concluding that the evidence gave rise to only one reasonable inference and that Deputy Martinez established proximate cause for her mental condition, that error being that the Court failed to consider contrary medical evidence that Deputy Martinez's mental condition was caused by the death of her "cousin," the abrupt cessation of Xanax, and her other medical conditions.

23. The Circuit Court erred in holding that the proximate cause of Deputy Martinez's mental condition could be decided as a matter of law, that error being that there was conflicting evidence as to the proximate cause issue, which required the Commission as finder of fact to decide the proximate cause issue. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (1999) ("Where there is a conflict in the evidence, the Commission's findings of fact are conclusive.")

24. The Circuit Court erred as a matter of law in its interpretation of Bentley v. Spartanburg Cnty., 398 S.C.418, 730 S.E.2d 296 (2012), that error being that the Circuit Court focused on the frequency of the type of investigation, and not the fact that the investigation was a necessary condition of Deputy Martinez's employment.

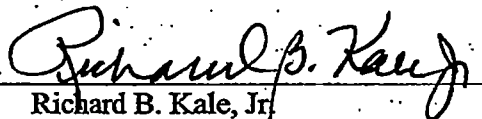
25. The Circuit Court erred in ordering the Appellate Panel of the Workers' Compensation Commission to consider only the testimony quoted by the Court, that error being that that essentially makes the Circuit Court the finder of fact contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

26. The Circuit Court erred in finding that the Appellate Panel did not consider testimony quoted by the Court, that error being that the Appellate Panel clearly stated in its Order that it reviewed "the evidence presented at the initial hearing."

Respectfully submitted,

WILLSON, JONES, CARTER & BAXLEY, P.A.

BY:



Richard B. Kale, Jr.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Defendants-Respondents

December 11, 2015

M. HOPE BLACKLEY

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CLERK OF COURT
SPARTANBURG COUNTY

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

RECEIVED

MAY 18 2016

SC Court of Appeals

Case No. 2015-CP-42-1015

Raquel Martinez, Employee, ... Respondent,

v.

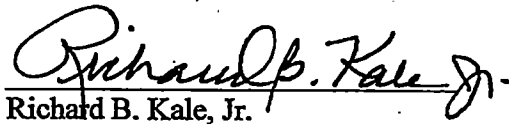
Spartanburg County Sheriff's Office, Employer,
and South Carolina Association of Counties Self
Insurance Fund, Carrier, ...

Appellants.

NOTICE OF APPEAL

Spartanburg County and S.C. Association of Counties Self-Insurance Fund appeal the Orders of the Honorable J. Mark Hayes, II, dated December 3, 2015 and May 2, 2016. Appellants received a copy of the Order of May 2, 2016 on May 2, 2016.

May 18, 2016



Richard B. Kale, Jr.

Jeffrey S. Jones

Zachary M. Smith

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, South Carolina 29607

(864) 527-3272

Attorney for Appellants

Other Counsel of Record:

Chadwick D. Pye, Esquire

Chadwick D. Pye, LLC

P.O. Box 6346

Spartanburg, South Carolina 29304

Attorney for Respondent

(864) 583-5658

J. Kevin Holmes, Esquire

David T. Pearlman, Esquire

The Steinberg Law Firm

P.O. Box 9

Charleston, South Carolina 29402-0009

Attorney for Respondent

(843) 720-2800

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No.: 2015-CP-42-1015

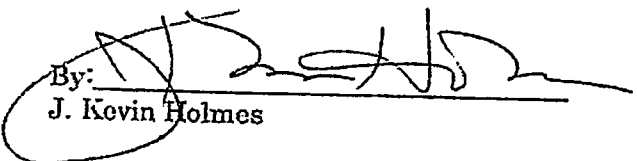
Raquel Martinez, Employee, ... Respondent,

v.

Spartanburg County Sheriff's Office, Employer,
And South Carolina Association of Counties,
Self Insurance Fund, Carrier, ... Appellants.

MOTION TO DISMISS APPEAL AS INTERLOCUTORY

The Respondent, by her undersigned attorneys, moves to Dismiss the Notice of Appeal filed by the Appellants on May 19, 2016 on the ground the decision of the Honorable J. Mark Hayes, II, remanded the case to the South Carolina Workers' Compensation Commission for further proceedings and, therefore, the order is interlocutory and not immediately appealable to this Honorable Court. *See: Bone v. U.S. Food Service*, 404 S.C. 67, 744 S.E.2d 552 (2013); *Martinez v. Spartanburg County*, 406 S.C. 532, 753 S.E.2d 436 (2014).

By: 
J. Kevin Holmes

The Steinberg Law Firm L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for the Respondent

Charleston, South Carolina

May 20 , 2016.

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2015-CP-42-1015

Raquel Martinez, Employee, Claimant,

Respondent,

v.

Spartanburg County Sheriff's Office, Employer,
and South Carolina Association of Counties Self
Insurance Fund, Carrier,

Appellants.

RETURN TO MOTION TO DISMISS
APPEAL AS INTERLOCUTORY

Appellants, Spartanburg County Sheriff's Office and South Carolina Association of Counties Self Insurance Fund, request that Respondent's Motion to Dismiss Appeal as Interlocutory be denied because (1) the application of Section 1-23-390 to Appellants as shown in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), violates Appellants' equal protection and due process rights and (2) the issues raised on appeal in the present matter are distinguishable from the issues in Bone. In support, Appellants state as follows:

PROCEDURAL HISTORY

Respondent Raquel Martinez ("Martinez") was employed as a Master Deputy Forensic Investigator by the Spartanburg County Sheriff's Department. On April 21, 2006, Martinez filed a Form 50 alleging that she had suffered a mental injury as a result of investigating an accident in which a Greenville County Deputy Sheriff had accidentally backed over and killed his two year old daughter. On May 12, 2006, Spartanburg County and its carrier, the South Carolina Association of Counties Self-Insurance Fund (collectively "Defendants") filed their Form 51 denying, inter alia, that Martinez suffered a compensable mental injury as a result of any unusual or extraordinary condition of employment.

A hearing was held before Commissioner G. Bryan Lyndon on September 6, 2006, in Spartanburg, South Carolina. At the hearing, Martinez contended that while performing an investigation on April 4, 2005, as part of her duties with the Spartanburg County Sheriff's Department, she encountered an unusual and extraordinary condition of employment, which subsequently led to her mental breakdown and hospitalization. Martinez alleged she was permanently and totally disabled and requested a lump sum payment of the award. Defendants contended that Martinez did not suffer a compensable psychiatric injury as a result of an unusual or extraordinary condition of her employment. Defendants asserted that Martinez was employed as a forensic investigator, that it was her job to investigate homicide and death cases, and that she was performing her regular job when she investigated the child's accidental death on April 4, 2005. On November 20, 2006, Commissioner Lyndon issued his Decision and Order finding, inter alia, that the investigation of the accident on April 4, 2005 was not an unusual or extraordinary condition of employment and not the proximate cause of Martinez's mental condition.

Within the statutory period, counsel for Martinez filed a Form 30, Request for Commission Review, setting forth grounds for review. Oral arguments were presented before an Appellate Panel on April 23, 2007. On May 22, 2007, the Appellate Panel issued its Order unanimously affirming the Single Commissioner's Order in its entirety.

Thereafter, Martinez filed an appeal with the Spartanburg County Circuit Court. On February 25, 2009, Judge J. Mark Hayes, II, issued an Order holding that the Appellate Panel's Order lacked sufficient detail to enable the Court to determine whether those findings were supported by substantial evidence. In its Order, the Circuit Court specifically stated that "this Court is left to speculate if the proper analysis was applied by the Commission and whether the factual conclusions upon which the law was applied had a substantial basis in the record." As such, the Circuit Court reversed the Appellate Panel's Order and remanded the case back to the South Carolina Workers' Compensation Commission ("the Commission") for additional findings of fact.

Defendants timely filed their Notice of Appeal with the South Carolina Court of Appeals on March 16, 2009. On June 15, 2011, the Court of Appeals filed its Order reversing the decision of the Court of Common Pleas. Judge Williams, writing for the majority, concluded that the Appellate Panel's Order was sufficiently detailed to enable appellate review and that the record contained substantial evidence to support the Commission's decision that Martinez did not suffer an unusual or extraordinary condition of her particular employment on April 4, 2005. Because the Court of Appeals concluded that there was substantial evidence that Martinez did not suffer an unusual or extraordinary condition in her particular employment, the majority did not address the issue of "proximate cause."

Martinez timely filed a Petition for Rehearing, which was denied by the Court of Appeals on October 6, 2011. Thereafter, on November 2, 2011, Martinez filed a Petition for Writ of Certiorari to the South Carolina Supreme Court. The Petition was granted on February 7, 2013. The Supreme Court heard oral arguments on October 15, 2013. On January 8, 2014, the Supreme Court filed its decision and held that pursuant to Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), the circuit court's order was not a final judgment and therefore was not appealable. As such, the Supreme Court vacated the Court of Appeals' Order and remanded the case to the Commission for further proceedings.

Pursuant to the Commission's Administrative Order, filed August 15, 2014, the case was remanded to the Appellate Panel to take such action and enter an Order consistent with the Court's directive. On February 24, 2015, the Appellate Panel issued an Order with 99 findings of fact and concluded that Martinez failed to prove that her mental health condition was proximately caused by the work incident on April 4, 2005 or that the work conditions of April 4, 2005 were unusual or extraordinary in comparison to her normal conditions of employment. (See Attachment A).

Subsequently, on March 11, 2015, Martinez filed an appeal to the Circuit Court. On December 3, 2015, Judge J. Mark Hayes, II, entered an Order reversing the Appellate Panel and remanding the matter to the Commission. The Circuit Court ruled that it had established causation of the mental health condition as a matter of law in his previous Order, and directed the Commission to find the same. (See Attachment B). Defendants filed their Motion to Alter or Amend a Judgment pursuant to Rule 59(e), S.C.R.C.P. on December 11, 2015. (See Attachment C). Defendants also filed a Memorandum in Support of their Rule 59(e) Motion raising multiple exceptions, including that the Circuit Court exceeded its scope of review under Section 1-23-

380, S.C. Code Ann. (1976). (See Attachment D). On May 2, 2016, the Circuit Court issued an Order denying Appellants' Motion. (See Attachment E).

Defendants/Appellants filed their Notice of Appeal with this Court on May 18, 2016.

ARGUMENTS

I. The application of Section 1-23-390 to Appellants as shown in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013) violates Appellants' equal protection and due process rights?

A. The Court of Appeals Has Appellate Jurisdiction

The constitutionality of S.C. Code Ann. Section 1-23-390 as applied to Appellants is properly before the Court for review. Both Sections 1-23-380 and 1-23-390 confer appellate jurisdiction. The question of jurisdiction is always before the appellate court. Cf. Weatherford v. Price, 340 S.C. 572, 532 S.E.2d 310 (Ct. App. 2000). Logically, Appellants cannot litigate the appealability of a circuit court order until that order is issued, and, therefore, appealability of the circuit court order is properly before the Court of Appeals.

B. Bone's Application of Section 1-23-390 to Appellants Violates Appellants' Equal Protection Right Under the Law

Based on the Circuit Court's disposition of the issues, Bone's application of Section 1-23-390 creates an impermissible distinction between claimants and defendants, which violates Equal Protection. First, Equal Protection is applicable in workers' compensation appellate proceedings. See Howard v. Owen Steel Co., 303 S.C. 304, 400 S.E.2d 149 (1991) (analyzing appeals to the Full Commission under Equal Protection). Therefore, Appellants' Equal Protection rights extend to the current proceeding.

The Equal Protection analysis has been set forth in multiple cases:

The equal protection clauses of our federal and state constitutions declare that no person shall be denied the equal protection of the laws. U.S. Const. amend. XIV, § 1; S.C. Const. art. I, § 3. Equal protection "requires that all persons be treated alike under like

circumstances and conditions, both in the privileges conferred and in the liabilities imposed.”

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (S.C., 2012) (Beatty, J., dissenting). “The *sine qua non* of an equal protection claim is a showing that similarly situated persons received disparate treatment.” Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013).

In this claim, Bone requires that opposing litigants in the *same* litigation receive disparate treatment in a workers’ compensation appeal. Specifically, in cases in which compensability is disputed, such as the instant case, Bone would *allow* a claimant’s appeal when compensability is denied by the Court, but would *deny* defendants an appeal when compensability is decided in the claimant’s favor. This inequity is the logical progression of Bone’s requirement that the “final judgment” required by Section 1-23-390 be a “final judgment disposing of the *entirety of the action*.” Bone v. U.S. Food Serv., 404 S.C. 67, 744 S.E.2d 552 (2013)(emphasis added).

As contemplated by Bone, workers’ compensation claims often require multiple hearings to determine issues and entitlement to certain benefits: compensability, temporary disability, permanent disability, and medical treatment. The Supreme Court has recognized that “workers’ compensation benefits accrue along a time continuum.” Curiel v. Env. Management Services, 376 S.C. 23, 655 S.E.2d 482 (2007). Because of the nature of the benefits available, defining a final judgment as requiring the disposal of the whole action *impermissibly requires* the government to treat a defendant in the claim differently than a claimant. To illustrate, consider the following table in which the defendants to a workers’ compensation claim dispute

compensability, but the claimant asserts entitlement to benefits.¹ Assume that there is an injury, but the defendants assert a legal defense such as in the instant case²:

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes
Circuit Court	Substantial Evidence/ Error of Law	Defendants	Yes	Yes
Court of Appeals	Substantial Evidence/ Error of Law	Defendants	Yes	Yes

In the above example, where the defendants prevail at every level, the claimant has every chance to prove the claim, and then to have the claim reviewed by the next reviewing body for errors of law. No one would dispute that the fairness of the judicial review as set forth in the table above. However, consider the following table, in which the Defendants initially prevail on their legal argument that the claim is not compensable, but the Circuit Court remands, and, in doing so, makes an error of law:

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes
Circuit Court	Substantial Evidence/ Error of Law	Claimant	No	No
Court of Appeals	Substantial Evidence/ Error of Law			

¹ The Tables illustrate the prior law, which applies in this case, that required an appeal from the Commission to be made first to the circuit court. Such appeals are now directed to the Court of Appeals for all injuries occurring on or after July 1, 2007. S.C. Code Ann. § 42-17-60 (Supp. 2012).

² Appellants (1) deny Martinez's mental/mental injury arose out of unusual or extraordinary conditions of her employment and (2) deny the investigation in question was the proximate cause of her mental injury.

Indeed, the second chart represents what happened in this particular case. Appellants now assert that the Circuit Court, sitting as an appellate court, has made several errors of law. However, even if the Circuit Court has in fact made a clear error of law in the Claimant's favor, because of the nature of the proceeding, Bone deprives Appellants of a *reasonably timely* appeal. Timeliness of an appeal notwithstanding, when Appellants are required to provide medical treatment and disability payments until all issues are finally decided by the fact finder, significant deprivation of property arguments arise. (See Due Process Argument, *infra*.) Therefore, Bone's interpretation of Section 1-23-390 essentially requires disparate treatment of litigants to the same workers' compensation claim.

This disparate treatment impermissibly infringes on a fundamental right guaranteed by the South Carolina Constitution: the right to access to the Courts. Article I, Section 9 of the South Carolina Constitution provides that "All courts shall be public, and every person shall have speedy remedy therein for wrongs sustained." In Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922), the Supreme Court recognized that the right to a speedy remedy includes the right of a speedy appeal.³

The inequity of appealability in this case offends the constitutional guarantee in two ways. First, Section 9 guarantees the right to "every person." Therefore, if the right to court access is guaranteed to every person, it is guaranteed to every person equally. The inequity of the availability of the appeal cannot stand. Second, because the speedy remedy requires a speedy appeal, the equity of the parties should require an appeal of equal speed for both parties. A claimant has access to an immediate appeal; however, should the current construction of Bone

³ "A lax observance of the very reasonable regulations prescribed by statute and the rules of court for perfecting appeals can but lead to unnecessary delay in the final disposition of causes in our courts, and thus work infringement of the constitutional guaranty (section 15, art 1, Const. 1895) that 'every person shall have speedy remedy therein for wrongs sustained.'" Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922).

stand, then there is absolutely no speedy remedy or appeal for Appellants in the instant case. Appellants would be subject to provide disability benefits and medical treatment until the time of maximum medical improvement and a hearing before the Commission to determine all issues. Only at that time are Appellants able to argue that the claim is not compensable for legal reasons that were readily available and able to be litigated prior to the Appellant's provision of benefits.

Given that disparate treatment required by Bone implicates a constitutional right of access to the Courts, the appropriate equal protection analysis is strict scrutiny, and the Bone construction of Section 1-23-390 cannot stand. Legislation restricting or impairing a fundamental right "is subject to 'strict scrutiny' in determining its constitutionality." In re Treatment and Care of Luckabaugh, 568 S.E.2d 338, 351 S.C. 122 (2002) (citing Hamilton v. Board of Trustees, 282 S.C. 519, 319 S.E.2d 717 (Ct.App.1984)). "To survive strict scrutiny the Act must meet a compelling state interest and be narrowly tailored to effectuate that interest." Id. In the instant case, there is no *compelling* state interest. Indeed the primary, discernable policy interest identified in Bone is "undue delay and waste of judicial resources caused by interlocutory appeals." Conserving judicial resources cannot be compared to a *compelling* interest such as national security, protecting the lives of citizens from threats of harm, etc. This matter of preference is not "compelling" when balanced with Appellants' right to have the same appeal right as a claimant. Furthermore, a one-sided bar to appeal is insufficiently tailored to accomplish the stated goal of preventing "undue delay and waste of judicial resources" when there is no data or legislative history indicating that a contemporaneous appeal actually wastes judicial resources. Accordingly, Section 1-23-390 impermissibly burdens the constitutional right of Appellants to a speedy appeal.

Furthermore, even absent the protection in the South Carolina Constitution for access to the courts, any order denying the right to appeal and subjecting Appellants to an undetermined period of benefit payment burdens a fundamental property right:

[I]t is arguable that this case should be analyzed under the strict scrutiny test as the reduction of a parent's income clearly impinges upon a fundamental property right. See Wingfield v. S.C. Tax Comm'n, 147 S.C. 116, 152, 144 S.E. 846, 858 (1928) ("The court appreciates the earnest plea that every person is entitled to the enjoyment of life, liberty, and property, and to the equal protection of the laws guaranteed by the federal and state Constitutions, and will protect and safeguard these fundamental rights to the extent, if necessary, of declaring invalid any legislative enactment clearly shown to be in violation of them.").

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (S.C., 2012) (Beatty, J., dissenting) (emphasis added).

The application of Bone in the present case, will clearly deprive Appellants of a fundamental property right. Consider the following:

- Appellants prevailed on compensability before the Commission, but the Commission's decision was reversed by the Circuit Court;
- Under Bone, Appellants are without recourse for immediate appeal, and the case is remanded to the Commission, which will have little choice but to adopt the Circuit Court's improper findings of fact and award benefits to Martinez;
- Appellants begin paying temporary total disability benefits at a compensation rate of \$462.92, and provide Martinez with psychiatric treatment.
- It takes 2.5 years and \$60,000 in medical care and prescription drugs costs to attain maximum medical improvement.
- Permanency is determined, and future medical is ordered.
- The case works its way to the Supreme Court, and shortly before oral argument, Appellants pay the 500th week of disability, totaling \$231,460.00 (with medical treatment Appellants have now spent close to \$300,000.00).
- The Supreme Court then decides that Appellant's legal case against compensability has merit and rule that the case is not compensable as a matter of law.

Assuming this case unfolds as above, Martinez will have received a benefit of nearly \$300,000, to which she was never entitled. That certainly implicates a significant property right, and, practically, there is no way for Appellants to recover this money through the workers' compensation claim that gave rise to the requirement to pay it. Bone would reason that the Defendants' \$300,000 loss is merely the price of using judicial resources wisely; however, that outcome is untenable.

Fundamental rights aside, Bone cannot pass a rational basis test. "To prevail under the rational basis standard, a movant must show similarly situated persons received disparate treatment, and that the disparate treatment did not bear a rational relationship to a legitimate government purpose." Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013). Appellants assert that there is *no legitimate* purpose in providing vastly different appeal rights to claimants and defendants in the *same* litigation. Other cases discussing rational basis review discuss issues such as insurance required to drive on public roadways,⁴ regulating relationships between physicians and physical therapists,⁵ and regulation of on-site alcohol sales and consumption on a commercial premises.⁶ As a generalization, the legitimate purpose test broadly relates to the state's police power in protecting its citizens and promoting public order. Appellants assert there is *no legitimate* interest in parties to the same litigation having different appeal rights, as the appeal rights between two parties have no discernable impact on the public as a whole.

Bone states that depriving Defendants of an immediate right to appeal may improve judicial economy by reducing appeals in individual cases. However, this evidentiary basis for

⁴ Marley v. Kirby, 271 S.C. 122, 245 S.E.2d 604 (1978) (finding contributory negligence statute failed rational basis review and impermissibly classified injured parties).

⁵ Sloan v. S.C. Bd. of Physical Therapy Examiner, 636 S.E.2d 598, 370 S.C. 452 (S.C., 2006).

⁶ Denene, Inc. v. City of Charleston, 359 S.C. 85, 596 S.E.2d 917 (S.C., 2004)

this assertion is far from clear. The defendants shoulder the *entire* burden of this scheme, and, in this case, the state would essentially facilitate a transfer of assets from Appellants to Martinez, without qualification of whether and how much this scheme truly impacts judicial economy. Furthermore, the Courts should not be in a position to limit appeal based on an *outcome* as they decide, as this necessarily brings into question the neutrality of the Court in a manner that is not proper. Therefore, there is no legitimate state interest, and this statutory interpretation fails a rational basis analysis. Bone's interpretation of Section 1-23-390 offends equal protection and cannot be saved.

C. Bone's Application of Section 1-23-390 to Appellants Violates Appellants' Due Process Right Under the Law

In effect, the Circuit Court has ordered Appellants to pay benefits, its Order is not appealable, and this scheme offends due process. Article I, Section 22 of the South Carolina Constitution provides certain rights regarding procedures before administrative bodies:

No person shall be finally bound by a judicial or quasi-judicial decision of an administrative agency affecting private rights except on due notice and an opportunity to be heard; nor shall he be subject to the same person for both prosecution and adjudication; nor shall he be deprived of liberty or property unless by a mode of procedure prescribed by the General Assembly, and he shall have in all such instances the right to judicial review.

(emphasis added). Judicial review of a workers' compensation proceeding is a constitutional right in South Carolina. The rights provided under Article I, Section 22 extend to the limits of due process:

[W]hen discussing Article I, Section 22, we have consistently indicated that the protections provided under this section are the equivalent of those afforded by the Due Process Clause of our state and federal Constitutions.

S.C. Coastal Conservation League v. S.C. Dep't. of Health and Environmental Control, 380 S.C. 349, 669 S.E.2d 899 (Ct. App. 2008). Due process necessarily includes the right to *meaningful* judicial review:

The procedural component of the state and federal due process clauses requires the individual whose property or liberty interests are affected to have received adequate notice of the proceeding, the opportunity to be heard in person, the opportunity to introduce evidence, the right to confront and cross-examine adverse witnesses, and the right to meaningful judicial review.

Dangerfield v. State, 376 S.C. 176, 656 S.E.2d 352 (2008) (emphasis added). No South Carolina case has clearly defined what particular process is required for “meaningful” judicial review, but other cases discussing “meaningful” point to the *temporal* nature of due process. “The fundamental requirement of due process is the opportunity to be heard ‘at a meaningful time and in a meaningful manner.’” South Carolina Nat. Bank v. Central Carolina Livestock Market, Inc., 345 S.E.2d 485, 289 S.C. 309 (S.C., 1985) (citing Armstrong v. Manzo, 380 U.S. 545 (1965)). In Armstrong, a father’s parental rights were terminated without any notice to him, although his whereabouts were easily ascertainable. When the subsequent adoption was finalized, and the natural father sought to set aside the proceedings, he had multiple burdens of proof placed on him at that point that would not have been placed on him had proper notice been given. The Supreme Court of the United States noted that “A fundamental requirement of due process is ‘the opportunity to be heard.’ It is an opportunity which must be granted at a meaningful time and in a meaningful manner.” Armstrong, 380 U.S. at 552 (internal citations omitted). The Supreme Court held that the father’s due process rights were violated because he was not provided timely notice and as a result, additional burdens were placed on him. Id. at 551. In DSS v. Wilson, 352 S.C. 445, 574 S.E.2d 730 (2002), there was litigated allegation of child abuse against the minor’s father. The minor requested to testify outside of the presence of the father, over the objection of

the father. The father was excluded from the courtroom but could still hear the testimony and had the opportunity to briefly conference with his lawyer prior to cross-examination. However, our Supreme Court found that this process did not comport with due process:

[I]f the child testifies at an intervention proceeding, the due process right to confrontation requires the child testify in the presence of her parent/defendant unless special circumstances are established. Wilson's ability to hear the minor's testimony, discuss her testimony with counsel, and cross-examine her were insufficient to satisfy due process without the determination the minor would be traumatized by testifying in her father's presence. As conceded by DSS at oral argument, the minor was the key witness against Wilson and she may have been less credible if she had testified in his presence. Because Wilson did not have the opportunity to be heard in a meaningful manner, his due process right was violated.

SCDSS v. Wilson, 352 S.C. 445, 574 S.E.2d 730 (S.C., 2002). Armstrong illustrates meaningful (temporal) notice, and Wilson illustrates meaningful (temporal) opportunity to be heard. Therefore, the right to meaningful judicial review must include contemporaneity. This temporal requirement is reflected in Section 1-23-380, the companion statute of Section 1-23-390: "A preliminary, procedural, or intermediate agency action or ruling is immediately reviewable if review of the final agency decision would not provide an adequate remedy." S.C. Code Ann. 1-23-380. Looking at the plain language of 1-23-380, the provision for immediate appeal is provided when an appeal after the passage of time is not adequate. The policy embedded in Section 1-23-380 is what Appellants' seek here.

In this claim, the Circuit Court has made clear that, in its opinion, this case is compensable. Therefore, if the Circuit Court Order stands, Appellants are responsible for benefits. Since there is potential for Appellants having to pay benefits over the course of several years, totaling several hundred thousand dollars, meaningful judicial review requires a *temporal* component of appeal. Similar to Armstrong, if the appeal in this claim is deferred, Appellants

have additional burdens imposed on them that would not otherwise be imposed. First, there is *no* mechanism under the Workers' Compensation Act to compel repayment of disability, and, therefore, Appellants would ultimately have to institute separate legal proceedings in an attempt to recover the value of the disability benefits paid.

Appellants are further burdened because the application of the standard of review changes. In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). The Appellate Court's review of these findings of fact is limited to determining whether the findings are supported by substantial evidence in the record. See Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981). In the present case, the Commission issued its final order concluding that Martinez did not sustain a compensable mental injury under the Act and that the proximate cause of her mental condition was not the investigation in question, but rather the subsequent death of a relative. In support of its decision, the Commission made 99 detailed findings of fact. Since the Commission's Order finally decided compensability, the issue on appeal should be whether substantial evidence supports the Commission's findings that Martinez did not sustain a compensable injury. However, if the appeal in this claim is deferred and the Commission is forced to adopt the "findings" of the Circuit Court and issue an Order finding the claim compensable, then the issue on appeal in the future becomes whether substantial evidence supports the Commission's findings that Martinez sustained a compensable injury. This clearly places an additional burden on Appellants. See Tiller v. National Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999)(the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence).

II. The issues for appellate review in the current matter are distinguishable from the issues in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013).

Appellants contend (1) that the Circuit Court did not perform a proper appellate review because the Circuit Court failed to examine the Appellate Panel's findings of fact to determine if those findings of fact were supported by substantial evidence and (2) that the Circuit Court erred as a matter of law, and violated Section 1-23-380(5), by substituting its judgment for the judgement of the Appellate Panel as to the weight of the evidence on questions of fact.

The majority opinion in Bone states that "we have consistently held that an order of the circuit court for additional proceedings before an administrative agency is not directly appealable." 404 S.C. at 77, 744 S.E.2d at 558. However, if Bone is applied to the current case, Appellants lose any and all rights to challenge the validity of the appellate review performed by the Circuit Court. Since the issue of a lower appellate court's abuse of authority was not raised in Bone, the present case is clearly distinguishable from Bone.

In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). Whether a causal connection exists between employment and an alleged injury is a question of fact for the South Carolina Workers' Compensation Commission. Sharpe v. Case Produce, Inc., 336 S.C. 154, 159, 519 S.E.2d 102, 105 (1999). The Appellate Court's review of these findings of fact is limited to determining whether the findings are supported by substantial evidence in the record. Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981); Howell v. Pacific Columbia Mills, 291 S.C. 469, 354 S.E.2d 384 (1987). "Substantial evidence" necessary to support a decision of the Commission is:

'such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. . . . It must be enough to justify, if the trial were [sic] to a jury, a refusal to direct a verdict when the conclusion sought to be drawn from it is one of fact for the jury. . . .

This is something less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's finding from being supported by substantial evidence.'

Lark v. Bi-Lo, Inc., 276 S.C. 130, 136, 276 S.E.2d 304, 307 (1981); *see also*, O'Banner v. Westinghouse Electric Corp., 319 S.C. 24, 30, 459 S.E.2d 324, 327 (Ct. App. 1995) (The determination of witness credibility and the weight to be accorded evidence is reserved to the Commission.)

The findings of the Commission are presumed correct and will be set aside only if unsupported by substantial evidence. Etheredge v. Monsanto Company, 349 S.C. 451, 562 S.E.2d 679 (Ct. App. 2002); Medlin v. Upstate Plaster Serv., 329 S.C. 92, 495 S.E.2d 447 (1998). This Court may not weigh the evidence in its review of a factual finding by the Commission. *See* Walker v. City of Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966). An Appellate Court's review of the Commission's findings of fact is limited to determining whether the findings are clearly unsupported by substantial evidence in the record, rather than reweighing the evidence presented to the Commission. *See generally*, Lark v. Bi-Lo, Inc., 276 S.C. 130, 135, 276 S.E.2d 304, 306-7 (1981); Howell v. Pacific Columbia Mills, 291 S.C. 469, 471, 354 S.E.2d 384, 385 (1987); Brown v. Jordan Oil Co., 291 S.C. 272, 275, 353 S.E.2d 280, 282 (1987); O'Banner, 319 S.C. at 30, 459 S.E.2d at 327. Thus, if reasonable minds could reach the conclusion reached by the Commission, the Commission's findings must be affirmed. McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162, 163 (1992). Of special note is that where the evidence is conflicting, "the Commission's findings of fact are conclusive." Sharp, 336 S.C. at 160, 519 S.E.2d at 105; *See also*, Hoxit v. Michelin Tire Corp., 304 S.C. 461, 405 S.E.2d 407 (1991) ("Where there is a conflict in the evidence, either of different witnesses or of the same witnesses, the findings of fact of the Commission as triers of fact are conclusive.") Indeed, the possibility of drawing two inconsistent

conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence. Tiller v. National Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999); Clade v. Champion Laboratories, 330 S.C. 8, 496 S.E.2d 856 (1998).

In the present case, the Circuit Court assumed the role of finder of fact by making findings of fact contrary to the Appellate Panel's. This is clearly beyond the scope of the Circuit Court's appellate review under § 1-23-380 S.C. Code Ann. (1976). Moreover, the Circuit Court again failed to examine the Appellate Panel's 99 findings of fact to determine if those findings of fact were supported by substantial evidence.

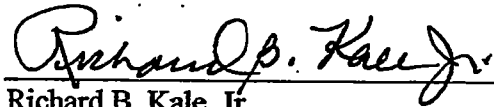
The Court did not find fault with the Appellate Panel's finding that Officer Johnson had not worked for Spartanburg County for approximately 2-3 years prior to the toddler's death, that Officer Johnson and Appellant had never worked as partners, that Appellant did not witness the accident, that Appellant had never socialized with Officer Johnson, that Appellant had never been to Officer Johnson's home, had never met Officer Johnson's wife or the child or even seen a photograph of the toddler. Instead, the Court found that evidence that Appellant and Officer Johnson knew each other, served together, and for the one year backed each other up, outweighed the Commission's findings of fact. In so holding, the Court in fact reweighed the evidence contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

In reality, the Circuit Court has attempted to finally decide the issues of compensability. However, by substituting its judgement for that of the Appellate Panel's as to the weight of the evidence, the Circuit Court clearly violated the Administrative Procedures Act and abused its appellate authority. The only adequate remedy Appellants have to challenge the Circuit Court's improper appellate review is to appeal the case to the Court of Appeals. Failure to allow such appeal would be a clear violation of Appellant's due process rights.

CONCLUSION

For the reasons stated above, the Circuit Court, in concert with the application of Bone, deprived Appellants of equal protection and due process. Accordingly, Appellants respectfully request this Court issue an Order denying Respondent's Motion to Dismiss the Appeal.

BY:



Richard B. Kale, Jr.

Zachary M. Smith

Willson Jones Carter & Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, South Carolina 29607

(864) 527-3272

Attorneys for Appellants

Date: May 31, 2016

THE STATE OF SOUTH CAROLINA
In The Supreme Court

RECEIVED

AUG 10 2016

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

SC SUPREME COURT

J. Mark Hayes, II, Circuit Court Judge

Case No. 2015-CP-42-1015

Raquel Martinez,

Respondent,

v.

Spartanburg County and
S.C. Association of Counties
Self-Insurance Fund,

Petitioners.

PETITION FOR A WRIT OF CERTIORARI

Richard B. Kale, Jr. (Bar No. 3264)
Jeffrey S. Jones (Bar No. 66292)
Zachary M. Smith (Bar No. 78754)
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorney for Appellants

Other Counsel of Record:

J. Kevin Holmes, Esquire
David T. Pearlman, Esquire
The Steinberg Law Firm
P.O. Box 9
Charleston, South Carolina 29402-0009
(843) 720-2800
Attorneys for Respondent

Chadwick D. Pye, Esquire
Chadwick D. Pye, LLC
P.O. Box 6346
Spartanburg, South Carolina 29304
(864) 583-5658
Attorney for Respondent

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CERTIFICATE OF COUNSEL

Counsel for Petitioners certify that the South Carolina Court of Appeals Order dismissing the claim pursuant to this Court's decision in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), was received on July 25, 2016.

QUESTIONS PRESENTED

1. Does the application of Section 1-23-390 to Petitioners as shown in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), violate Petitioners' equal protection and due process rights?
2. Are the issues raised on appeal in the present matter distinguishable from the issues in Bone?

STATEMENT OF THE CASE

Respondent Raquel Martinez ("Martinez") was employed as a Master Deputy Forensic Investigator by the Spartanburg County Sheriff's Department. On April 21, 2006, Martinez filed a Form 50 alleging that she had suffered a mental injury as a result of investigating an accident in which a Greenville County Deputy Sheriff had accidentally backed over and killed his two year old daughter. On May 12, 2006, Spartanburg County and its carrier, the South Carolina Association of Counties Self-Insurance Fund (collectively "Petitioners") filed their Form 51 denying, inter alia, that Martinez suffered a compensable mental injury as a result of any unusual or extraordinary condition of employment.

A hearing was held before Commissioner G. Bryan Lyndon on September 6, 2006, in Spartanburg, South Carolina. At the hearing, Martinez contended that while performing an investigation on April 4, 2005, as part of her duties with the Spartanburg County Sheriff's Department, she encountered an unusual and extraordinary condition of employment, which subsequently led to her mental breakdown and hospitalization. Martinez alleged she was permanently and totally disabled and requested a lump sum payment of the award. Petitioners

contended that Martinez did not suffer a compensable psychiatric injury as a result of an unusual or extraordinary condition of her employment. Petitioners asserted that Martinez was employed as a forensic investigator, that it was her job to investigate homicide and death cases, and that she was performing her regular job when she investigated the child's accidental death on April 4, 2005. On November 20, 2006, Commissioner Lyndon issued his Decision and Order finding, inter alia, that the investigation of the accident on April 4, 2005 was not an unusual or extraordinary condition of employment and not the proximate cause of Martinez's mental condition.

Within the statutory period, counsel for Martinez filed a Form 30, Request for Commission Review, setting forth grounds for review. Oral arguments were presented before an Appellate Panel on April 23, 2007, and on May 22, 2007, the Appellate Panel issued its Order unanimously affirming the Single Commissioner's Order in its entirety.

Thereafter, Martinez filed an appeal with the Spartanburg County Circuit Court. On February 25, 2009, Judge J. Mark Hayes, II, issued an Order holding that the Appellate Panel's Order lacked sufficient detail to enable the Court to determine whether those findings were supported by substantial evidence. In its Order, the Circuit Court specifically stated that "this Court is left to speculate if the proper analysis was applied by the Commission and whether the factual conclusions upon which the law was applied had a substantial basis in the record." As such, the Circuit Court reversed the Appellate Panel's Order and remanded the case back to the South Carolina Workers' Compensation Commission ("the Commission") for additional findings of fact.

Petitioners timely filed their Notice of Appeal with the South Carolina Court of Appeals on March 16, 2009. On June 15, 2011, the Court of Appeals filed its Order reversing the decision of the Circuit Court. Judge Williams, writing for the majority, concluded that the Appellate Panel's

Order was sufficiently detailed to enable appellate review and that the record contained substantial evidence to support the Commission's decision that Martinez did not suffer an unusual or extraordinary condition of her particular employment on April 4, 2005. Because the Court of Appeals concluded that there was substantial evidence that Martinez did not suffer an unusual or extraordinary condition in her particular employment, the majority did not address the issue of "proximate cause." Martinez timely filed a Petition for Rehearing, which was denied by the Court of Appeals on October 6, 2011.

On November 2, 2011, Martinez filed a Petition for Writ of Certiorari to the South Carolina Supreme Court, and the Petition was granted on February 7, 2013. The Supreme Court heard oral arguments on October 15, 2013. On January 8, 2014, the Supreme Court filed its decision and held that pursuant to Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), the circuit court's order was not a final judgment and therefore was not appealable. Martinez v. Spartanburg County, 406 S.C. 532, 753 S.E.2d 436 (2014). As such, the Supreme Court vacated the Court of Appeals' Order and remanded the case to the Commission for further proceedings. Id.

Pursuant to the Commission's Administrative Order, filed August 15, 2014, the case was remanded to an Appellate Panel to take such action and enter an Order consistent with this Court's directive. On February 24, 2015, the Appellate Panel issued an Order with 99 findings of fact and concluded that Martinez failed to prove that the work conditions on April 4, 2005 were unusual or extraordinary in comparison to her normal conditions of employment and that her mental health condition was proximately caused by the work incident on April 4, 2005. (App. pp. 86-131).

Subsequently, on March 11, 2015, Martinez filed an appeal to the Spartanburg County Circuit Court. (App. pp. 77-78). On December 3, 2015, Judge J. Mark Hayes, II, entered an Order reversing the Appellate Panel and remanding the matter to the Commission. Judge Hayes ruled

that he had established causation of the mental health condition as a matter of law in his previous Order, and directed the Commission to find the same. (App. pp. 49-76). Petitioners filed their Motion to Alter or Amend a Judgment pursuant to Rule 59(e), S.C.R.C.P. on December 11, 2015. (App. pp. 41-46). Petitioners also filed a Memorandum in Support of their Rule 59(e) Motion raising multiple exceptions, including that the Circuit Court exceeded its scope of review under Section 1-23-380, S.C. Code Ann. (1976). On May 2, 2016, the Circuit Court issued an Order denying Appellants' Motion. (App. pp. 25-38).

On May 18, 2016, Petitioners filed their Notice of Appeal with the South Carolina Court of Appeals. (App. p. 24). On May 20, 2016, Martinez filed a Motion to Dismiss contending the Circuit Court's Order was interlocutory and not immediately appealable. (App. p. 22-23). On May 31, 2016, Petitioners filed a Return to the Motion to Dismiss arguing, *inter alia*, that the application of Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), to this case violated Petitioners' equal protection and due process rights and that the issues of appellate review in this case were distinguishable from the issues in Bone. (App. pp. 3-21). Without specifically addressing the Petitioners' constitutional arguments, which were issues of first impression in the context of the Bone case, the Court of Appeals granted Martinez's Motion to Dismiss. Petitioners, Spartanburg County Sheriff's Office and South Carolina Association of Counties Self Insurance Fund, respectfully seek a writ of certiorari to review that decision. (App. pp. 1-2).

ARGUMENTS

I. THE APPLICATION OF SECTION 1-23-390 TO PETITIONERS AS SHOWN IN BONE V. U.S. FOOD SERVICE, 404 S.C. 67, 744 S.E.2d 552 (2013) VIOLATES PETITIONERS' EQUAL PROTECTION AND DUE PROCESS RIGHTS.

A. The issues raised by Petitioners are issues of first impression for this Court.

In Bone, this Court held that an "order remanding the matter to the Commission for further proceedings does not constitute a final judgment as required by section 1-23-390 and, therefore, is not immediately appealable." 404 S.C. at 84, 744 S.E.2d at 562. While the Court in Bone addressed the applicability of the Administrative Procedures Act and interpreted the meaning of a "final judgment" as used in section 1-23-390, the Court did not consider the defendants' equal protection rights or their due process rights. As such, the constitutional issues raised by Petitioners in the present case are issues of first impression for this Court.

B. Bone's application of Section 1-23-390 to Appellants violates Appellants' Equal Protection Right under the law.

Based on the Circuit Court's, and the Court of Appeals', disposition of the issues, Bone's application of Section 1-23-390 creates an impermissible distinction between claimants and defendants, which violates equal protection. First, equal protection is applicable in workers' compensation appellate proceedings. See Howard v. Owen Steel Co., 303 S.C. 304, 400 S.E.2d 149 (1991) (analyzing appeals to the Full Commission under equal protection). Therefore, Petitioners' equal protection rights extend to the current proceeding.

The equal protection analysis has been set forth in multiple cases:

The equal protection clauses of our federal and state constitutions declare that no person shall be denied the equal protection of the laws. U.S. Const. amend. XIV, § 1; S.C. Const. art. I, § 3. Equal protection "requires that all persons be treated alike under like circumstances and conditions, both in the privileges conferred and in the liabilities imposed."

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (2012) (Beatty, J., dissenting). “The *sine qua non* of an equal protection claim is a showing that similarly situated persons received disparate treatment.” Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013).

In this claim, Bone requires that opposing litigants in the *same* litigation receive disparate treatment in a workers’ compensation appeal. Specifically, in cases in which compensability is disputed, such as the instant case, Bone would *allow* a claimant’s appeal when compensability is denied by the Court, but would *deny* defendants an appeal when compensability is decided in the claimant’s favor. This inequity is the logical progression of Bone’s requirement that the “final judgment” required by Section 1-23-390 be a “final judgment disposing of the *entirety of the action*.” Bone v. U.S. Food Serv., 404 S.C. 67, 744 S.E.2d 552 (2013)(emphasis added).

As contemplated by Bone, workers’ compensation claims often require multiple hearings to determine issues and entitlement to certain benefits: compensability, temporary disability, permanent disability, and medical treatment. This Court has recognized that “workers’ compensation benefits accrue along a time continuum.” Curiel v. Env. Management Services, 376 S.C. 23, 655 S.E.2d 482 (2007). Because of the nature of the benefits available, defining a final judgment as requiring the disposal of the whole action *impermissibly requires* the government to treat a defendant in the claim differently than a claimant. To illustrate, consider the following table in which the defendants to a workers’ compensation claim dispute compensability, but the claimant asserts entitlement to benefits.¹ Assume that there is an injury, but the defendants assert a legal defense such as in the instant case²:

¹ The Tables illustrate the prior law, which applies in this case, that required an appeal from the Commission to be made first to the circuit court. Such appeals are now directed to the Court of Appeals for all injuries occurring on or after July 1, 2007. S.C. Code Ann. § 42-17-60 (Supp. 2012).

² Petitioners (1) deny Martinez’s mental/mental injury arose out of unusual or extraordinary conditions of her employment and (2) deny the investigation in question was the proximate cause of her mental injury.

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes
Circuit Court	Substantial Evidence/ Error of Law	Defendants	Yes	Yes
Court of Appeals	Substantial Evidence/ Error of Law	Defendants	Yes	Yes

In the above example, where the defendants prevail at every level, the claimant has every chance to prove the claim, and then to have the claim reviewed by the next reviewing body for errors of law. No one would dispute that the fairness of the judicial review as set forth in the above table. However, consider the following table, in which the defendants initially prevail on their legal argument that the claim is not compensable, but the Circuit Court remands, and, in doing so, makes an error of law:

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes

Circuit Court	Substantial Evidence/ Error of Law	Claimant	No	No
Court of Appeals	Substantial Evidence/ Error of Law			

Indeed, the second chart represents what happened in this particular case. Petitioners now assert that the Circuit Court, sitting as an appellate court, has made several errors of law. However, even if the Circuit Court has in fact made a clear error of law in Martinez's favor, because of the nature of the proceeding, Bone deprives Petitioners of a *reasonably timely* appeal. Timeliness of an appeal notwithstanding, when Petitioners are required to provide medical treatment and disability payments until all issues are finally decided by the fact finder, significant deprivation of property arguments arise. (See Due Process Argument, *infra*.) Therefore, Bone's interpretation of Section 1-23-390 essentially requires disparate treatment of litigants to the same workers' compensation claim.

This disparate treatment impermissibly infringes on a fundamental right guaranteed by the South Carolina Constitution: the right to access to the Courts. Article I, Section 9 of the South Carolina Constitution provides that "All courts shall be public, and every person shall have speedy remedy therein for wrongs sustained." In Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922), the Supreme Court recognized that the right to a speedy remedy includes the right of a speedy appeal.³

The inequity of appealability in this case offends the constitutional guarantee in two ways. First, Section 9 guarantees the right to "every person." Therefore, if the right to court access is

³ "A lax observance of the very reasonable regulations prescribed by statute and the rules of court for perfecting appeals can but lead to unnecessary delay in the final disposition of causes in our courts, and thus work infringement of the constitutional guaranty (Section 15, Art 1, Const. 1895) that 'every person shall have speedy remedy therein for wrongs sustained.'" Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922).

guaranteed to every person, it is guaranteed to every person equally. The inequity of the availability of the appeal cannot stand. Second, because the speedy remedy requires a speedy appeal, the equity of the parties should require an appeal of equal speed for both parties. A claimant has access to an immediate appeal; however, should the current construction of Bone stand, then there is absolutely no speedy remedy or appeal for Petitioners in the instant case. Petitioners could be subject to provide disability benefits and medical treatment until the time of maximum medical improvement and a hearing before the Commission to determine all issues. Only at that time are Petitioners able to argue that the claim is not compensable for legal reasons that were readily available and able to be litigated prior to the Petitioners' provision of benefits.

Given that disparate treatment required by Bone implicates a constitutional right of access to the Courts, the appropriate equal protection analysis is strict scrutiny, and the Bone construction of Section 1-23-390 cannot stand. Legislation restricting or impairing a fundamental right "is subject to 'strict scrutiny' in determining its constitutionality." In re Treatment and Care of Luckabaugh, 568 S.E.2d 338, 351 S.C. 122 (2002) (citing Hamilton v. Board of Trustees, 282 S.C. 519, 319 S.E.2d 717 (Ct.App. 1984)). "To survive strict scrutiny the Act must meet a compelling state interest and be narrowly tailored to effectuate that interest." Id. In the instant case, there is no *compelling* state interest. Indeed the primary, discernable policy interest identified in Bone is "undue delay and waste of judicial resources caused by interlocutory appeals." Conserving judicial resources cannot be compared to a *compelling* interest such as national security, protecting the lives of citizens from threats of harm, etc. This matter of preference is not "compelling" when balanced with Petitioners' right to have the same appeal right as a claimant. Furthermore, a one-sided bar to appeal is insufficiently tailored to accomplish the stated goal of preventing "undue delay and waste of judicial resources" when there is no data or legislative history indicating that a

contemporaneous appeal actually wastes judicial resources. Accordingly, Section 1-23-390 impermissibly burdens the constitutional right of Petitioners to a speedy appeal.

Furthermore, even absent the protection in the South Carolina Constitution for access to the courts, any order denying the right to appeal and subjecting Petitioners to an undetermined period of benefit payment burdens a fundamental property right:

[I]t is arguable that this case should be analyzed under the strict scrutiny test as the reduction of a parent's income clearly impinges upon a **fundamental property right**. See Wingfield v. S.C. Tax Comm'n, 147 S.C. 116, 152, 144 S.E. 846, 858 (1928) ("The court appreciates the earnest plea that every person is entitled to the enjoyment of life, liberty, and property, and to the equal protection of the laws guaranteed by the federal and state Constitutions, and will protect and safeguard these fundamental rights to the extent, if necessary, of declaring invalid any legislative enactment clearly shown to be in violation of them.").

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (2012) (Beatty, J., dissenting) (emphasis added).

The application of Bone in the present case, will clearly deprive Petitioners of a fundamental property right. Consider the following:

- Petitioners prevailed on compensability before the Commission, but the Commission's decision was reversed by the Circuit Court;
- Under Bone, Petitioners are without recourse for immediate appeal, and the case is remanded to the Commission, which will have little choice but to adopt the Circuit Court's improper findings of fact and award benefits to Martinez;
- Petitioners begin paying temporary total disability benefits at a compensation rate of \$462.92, and provide Martinez with psychiatric treatment.
- It takes 2.5 years and \$60,000 in medical care and prescription drugs costs to attain maximum medical improvement.
- Permanency is determined, and future medical is ordered.
- The case works its way to the Supreme Court, and shortly before oral argument, Petitioners pay the 500th week of disability, totaling \$231,460.00 (with medical treatment Appellants have now spent close to \$300,000.00).
- The Supreme Court then decides that Petitioners' legal case against compensability has merit and rule that the case is not compensable as a matter of law.

Assuming this case unfolds as above, Martinez will have received a benefit of nearly \$300,000, to which she was never entitled. That certainly implicates a significant property right, and, practically, there is no way for Petitioners to recover this money through the workers' compensation claim that gave rise to the requirement to pay it. Bone would reason that the Petitioners' \$300,000 loss is merely the price of using judicial resources wisely; however, that outcome is untenable.

Fundamental rights aside, Bone cannot pass a rational basis test. "To prevail under the rational basis standard, a movant must show similarly situated persons received disparate treatment, and that the disparate treatment did not bear a rational relationship to a legitimate government purpose." Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013). Petitioners assert that there is *no legitimate* purpose in providing vastly different appeal rights to claimants and defendants in the *same* litigation. Other cases discussing rational basis review discuss issues such as insurance required to drive on public roadways,⁴ regulating relationships between physicians and physical therapists,⁵ and regulation of on-site alcohol sales and consumption on a commercial premises.⁶ As a generalization, the legitimate purpose test broadly relates to the state's police power in protecting its citizens and promoting public order. Petitioners assert there is *no legitimate* interest in parties to the same litigation having different appeal rights, as the appeal rights between two parties have no discernable impact on the public as a whole.

Bone states that depriving defendants of an immediate right to appeal may improve judicial economy by reducing appeals in individual cases. However, this evidentiary basis for this

⁴ Marley v. Kirby, 271 S.C. 122, 245 S.E.2d 604 (1978) (finding contributory negligence statute failed rational basis review and impermissibly classified injured parties).

⁵ Sloan v. S.C. Bd. of Physical Therapy Examiner, 636 S.E.2d 598, 370 S.C. 452 (S.C., 2006).

⁶ Denene, Inc. v. City of Charleston, 359 S.C. 85, 596 S.E.2d 917 (S.C., 2004)

assertion is far from clear. The defendants shoulder the *entire* burden of this scheme, and, in this case, the state would essentially facilitate a transfer of assets from Petitioners to Martinez, without qualification of whether and how much this scheme truly impacts judicial economy. Furthermore, the Courts should not be in a position to limit appeal based on an *outcome* as they decide, as this necessarily brings into question the neutrality of the Court in a manner that is not proper. Therefore, there is no legitimate state interest, and this statutory interpretation fails a rational basis analysis. Bone's interpretation of Section 1-23-390 offends equal protection and cannot be saved.

C. Bone's Application of Section 1-23-390 to Petitioners Violates Petitioners' Due Process Right Under the Law.

In effect, the Circuit Court has ordered Petitioners to pay benefits, its Order is not appealable, and this scheme offends due process. Article I, Section 22 of the South Carolina Constitution provides certain rights regarding procedures before administrative bodies:

No person shall be finally bound by a judicial or quasi-judicial decision of an administrative agency affecting private rights except on due notice and an opportunity to be heard; nor shall he be subject to the same person for both prosecution and adjudication; nor shall he be deprived of liberty or property unless by a mode of procedure prescribed by the General Assembly, and he shall have in all such instances the right to judicial review.

(emphasis added). Judicial review of a workers' compensation proceeding is a constitutional right in South Carolina. The rights provided under Article I, Section 22 extend to the limits of due process:

[W]hen discussing Article I, Section 22, we have consistently indicated that the protections provided under this section are the equivalent of those afforded by the Due Process Clause of our state and federal Constitutions.

S.C. Coastal Conservation League v. S.C. Dep't. of Health and Environmental Control, 380 S.C. 349, 669 S.E.2d 899 (Ct. App. 2008). Due process necessarily includes the right to *meaningful* judicial review:

The procedural component of the state and federal due process clauses requires the individual whose property or liberty interests are affected to have received adequate notice of the proceeding, the opportunity to be heard in person, the opportunity to introduce evidence, the right to confront and cross-examine adverse witnesses, and the right to meaningful judicial review.

Dangerfield v. State, 376 S.C. 176, 656 S.E.2d 352 (2008) (emphasis added). No South Carolina case has clearly defined what particular process is required for “meaningful” judicial review, but other cases discussing “meaningful” point to the *temporal* nature of due process. “The fundamental requirement of due process is the opportunity to be heard ‘at a meaningful time and in a meaningful manner.’” South Carolina Nat. Bank v. Central Carolina Livestock Market, Inc., 345 S.E.2d 485, 289 S.C. 309 (S.C., 1985) (citing Armstrong v. Manzo, 380 U.S. 545 (1965)). In Armstrong, a father’s parental rights were terminated without any notice to him, although his whereabouts were easily ascertainable. When the subsequent adoption was finalized, and the natural father sought to set aside the proceedings, he had multiple burdens of proof placed on him at that point that would not have been placed on him had proper notice been give. The Supreme Court of the United States noted that “A fundamental requirement of due process is ‘the opportunity to be heard.’ It is an opportunity which must be granted at a meaningful time and in a meaningful manner.” Armstrong, 380 U.S. at 552 (internal citations omitted). The Supreme Court held that the father’s due process rights were violated because he was not provided timely notice and as a result, additional burdens were placed on him. Id. at 551. In DSS v. Wilson, 352 S.C. 445, 574 S.E.2d 730 (2002), there was a litigated allegation of child abuse against the minor’s father. The minor requested to testify outside of the presence of the father, over the objection of the father. The father was excluded from the courtroom but could still hear the testimony and had the opportunity to briefly conference with his lawyer prior to cross-examination. However, this Court found that this process did not comport with due process:

[I]f the child testifies at an intervention proceeding, the due process right to confrontation requires the child testify in the presence of her parent/defendant unless special circumstances are established. Wilson's ability to hear the minor's testimony, discuss her testimony with counsel, and cross-examine her were insufficient to satisfy due process without the determination the minor would be traumatized by testifying in her father's presence. As conceded by DSS at oral argument, the minor was the key witness against Wilson and she may have been less credible if she had testified in his presence. Because Wilson did not have the opportunity to be heard in a meaningful manner, his due process right was violated.

SCDSS v. Wilson, 352 S.C. 445, 574 S.E.2d 730 (2002).

Armstrong illustrates meaningful (temporal) notice, and Wilson illustrates meaningful (temporal) opportunity to be heard. Therefore, the right to meaningful judicial review must include contemporaneity. This temporal requirement is reflected in Section 1-23-380, the companion statute of Section 1-23-390: "A preliminary, procedural, or intermediate agency action or ruling is immediately reviewable if review of the final agency decision would not provide an adequate remedy." S.C. Code Ann. 1-23-380. Looking at the plain language of 1-23-380, the provision for immediate appeal is provided when an appeal after the passage of time is not adequate. The policy embedded in Section 1-23-380 is what Petitioners' seek here.

In this claim, the Circuit Court has made clear that, in its opinion, this case is compensable. Therefore, if the Circuit Court Order stands, Petitioners are responsible for benefits. Since there is potential for Petitioners having to pay benefits over the course of several years, totaling several hundred thousand dollars, meaningful judicial review requires a *temporal* component of appeal. Similar to Armstrong, if the appeal in this claim is deferred, Petitioners have additional burdens imposed on them that would not otherwise be imposed. First, there is *no* mechanism under the Workers' Compensation Act to compel repayment of disability, and, therefore, Petitioners would ultimately have to institute separate legal proceedings in an attempt to recover the value of the disability benefits paid.

Petitioners are further burdened because the application of the standard of review changes. In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). The Appellate Court's review of these findings of fact is limited to determining whether the findings are supported by substantial evidence in the record. See Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981). In the present case, the Commission issued its final order concluding that Martinez did not sustain a compensable mental injury under the Act and that the proximate cause of her mental condition was not the investigation in question, but rather the subsequent death of a relative. In support of its decision, the Commission made 99 detailed findings of fact. Since the Commission's Order finally decided compensability, the issue on appeal should be whether substantial evidence supports the Commission's findings that Martinez did not sustain a compensable injury. However, if the appeal in this claim is deferred and the Commission is forced to adopt the "findings" of the Circuit Court and issue an Order finding the claim compensable, then the issue on appeal in the future becomes whether substantial evidence supports the Commission's findings that Martinez sustained a compensable injury. This clearly places an additional burden on Petitioners. See Tiller v. National Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999)(the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence).

II. THE ISSUES FOR APPELLATE REVIEW IN THE CURRENT MATTER ARE DISTINGUISHABLE FROM THE ISSUES IN BONE V. U.S. FOOD SERVICE, 404 S.C. 67, 744 S.E.2d 552 (2013).

Petitioners contend (1) that the Circuit Court did not perform a proper appellate review because the Circuit Court failed to examine the Appellate Panel's findings of fact to determine if those findings of fact were supported by substantial evidence and (2) that the Circuit Court erred as

a matter of law, and violated Section 1-23-380(5), by substituting its judgment for the judgement of the Appellate Panel as to the weight of the evidence on questions of fact.

The majority opinion in Bone states that "we have consistently held that an order of the circuit court for additional proceedings before an administrative agency is not directly appealable." 404 S.C. at 77, 744 S.E.2d at 558. However, if Bone is applied to the current case, Petitioners lose any and all rights to challenge the validity of the appellate review performed by the Circuit Court. Since the issue of a circuit court's abuse of authority was not raised in Bone, the present case is clearly distinguishable from Bone.

In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). Whether a causal connection exists between employment and an alleged injury is a question of fact for the South Carolina Workers' Compensation Commission. Sharpe v. Case Produce, Inc., 336 S.C. 154, 159, 519 S.E.2d 102, 105 (1999). The Appellate Court's review of these findings of fact is limited to determining whether the findings are supported by substantial evidence in the record. Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981); Howell v. Pacific Columbia Mills, 291 S.C. 469, 354 S.E.2d 384 (1987). "Substantial evidence" necessary to support a decision of the Commission is:

'such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. . . . It must be enough to justify, if the trial were [sic] to a jury, a refusal to direct a verdict when the conclusion sought to be drawn from it is one of fact for the jury. . . . This is something less than the weight of the evidence, and the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's finding from being supported by substantial evidence.'

Lark v. Bi-Lo, Inc., 276 S.C. 130, 136, 276 S.E.2d 304, 307 (1981); *see also*, O'Banner v. Westinghouse Electric Corp., 319 S.C. 24, 30, 459 S.E.2d 324, 327 (Ct. App. 1995) (The

determination of witness credibility and the weight to be accorded evidence is reserved to the Commission.)

The findings of the Commission are presumed correct and will be set aside only if unsupported by substantial evidence. Etheredge v. Monsanto Company, 349 S.C. 451, 562 S.E.2d 679 (Ct. App. 2002); Medlin v. Upstate Plaster Serv., 329 S.C. 92, 495 S.E.2d 447 (1998). This Court may not weigh the evidence in its review of a factual finding by the Commission. See Walker v. City of Columbia, 247 S.C. 241, 146 S.E.2d 856 (1966). An Appellate Court's review of the Commission's findings of fact is limited to determining whether the findings are clearly unsupported by substantial evidence in the record, rather than reweighing the evidence presented to the Commission. See generally, Lark v. Bi-Lo, Inc., 276 S.C. 130, 135, 276 S.E.2d 304, 306-7 (1981); Howell v. Pacific Columbia Mills, 291 S.C. 469, 471, 354 S.E.2d 384, 385 (1987); Brown v. Jordan Oil Co., 291 S.C. 272, 275, 353 S.E.2d 280, 282 (1987); O'Banner, 319 S.C. at 30, 459 S.E.2d at 327. Thus, if reasonable minds could reach the conclusion reached by the Commission, the Commission's findings must be affirmed. McGuffin v. Schlumberger-Sangamo, 307 S.C. 184, 414 S.E.2d 162, 163 (1992).

Of special note is that where the evidence is conflicting, "the Commission's findings of fact are conclusive." Sharp, 336 S.C. at 160, 519 S.E.2d at 105; See also, Hoxit v. Michelin Tire Corp., 304 S.C. 461, 405 S.E.2d 407 (1991) ("Where there is a conflict in the evidence, either of different witnesses or of the same witnesses, the findings of fact of the Commission as triers of fact are conclusive.") Indeed, the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence. Tiller v. National Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999); Clade v. Champion Laboratories, 330 S.C. 8, 496 S.E.2d 856 (1998).

In the present case, the Circuit Court assumed the role of finder of fact by making findings of fact contrary to the Appellate Panel's. This is clearly beyond the scope of the Circuit Court's appellate review under § 1-23-380 S.C. Code Ann. (1976). Moreover, the Circuit Court again failed to examine the Appellate Panel's 99 findings of fact to determine if those findings of fact were supported by substantial evidence.

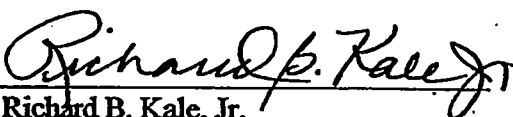
The Court did not find fault with the Appellate Panel's finding that Officer Johnson had not worked for Spartanburg County for approximately 2-3 years prior to the toddler's death, that Officer Johnson and Martinez had never worked as partners, that Martinez did not witness the accident, that Martinez had never socialized with Officer Johnson, that Martinez had never been to Officer Johnson's home, had never met Officer Johnson's wife or the child or even seen a photograph of the toddler. Instead, the Court found that evidence that Martinez and Officer Johnson knew each other, served together, and for the one year backed each other up, outweighed the Commission's findings of fact. In so holding, the Court in fact reweighed the evidence contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

In reality, the Circuit Court has attempted to finally decide the issues of compensability. However, by substituting its judgement for that of the Appellate Panel's as to the weight of the evidence, the Circuit Court clearly violated the Administrative Procedures Act and abused its appellate authority. The only adequate remedy Petitioners have to challenge the Circuit Court's improper appellate review is to appeal the case to a higher appellate court. Failure to allow such appeal would be a clear violation of Petitioners' due process rights. By continually remanding a case back to the Commission, a circuit court judge, who wants a case found compensable, can set an impenetrable bar to Defendants having immediate access to a higher court for review of the lower court's improper appellate review. That is exactly what has happened in this case. The case

will be subjected to endless remands by the circuit court until the Commission finally succumbs to the circuit court's wishes.

CONCLUSION

For the reasons stated above, Petitioners respectfully ask the Court to grant the petition for writ of certiorari.

BY: 
Richard B. Kale, Jr.
Zachary M. Smith
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3272
Attorneys for Petitioners

Date: August 10, 2016

W.C.C. FILE NO.: 0515098

RAQUEL MARTINEZ, Employee,
Claimant,

-vs.-

**SPARTANBURG COUNTY
SHERIFF'S DEPARTMENT,
SHERIFF'S CAROLINA
SHERIFF'S COUNTIES, SELF
INSURANCE FUND**, Carrier,

Defendants.

TO: COMMISSIONERS SUSAN S. BARDEN, AVERY B. WILKERSON, JR., and
R. MICHAEL CAMPBELL, II, and BRENN L. WATSON, ESQUIRE, Wilson,
Jones, Carter & Baxley, P.A., Attorneys for the Defendants:

The Claimant, RAQUEL MARTINEZ, moves before the Full Commission for a rehearing from the Amended Decision and Order of the Appellate Panel dated August 22, 2017. This motion is brought pursuant to the decision in the case of Rhame v. Charleston County, 412 S.C. 273, 772 S.E.2d 159 (2015) and § 1-23-380(A)(1), S.C. Code Anno., as amended. The Appellate Panel has willfully ignored the instructions of the Supreme Court and the Circuit Court remanding the claim for further proceedings consistent with the Circuit Court's Orders. The most recent Circuit Court Order clearly and unequivocally stated:

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that the Appellate is not to reconsider the issue of causation and to enforce this Court's previous Order ruling that causation was established as a matter of law based on the unanimous opinions of the medical experts; and

IT IS HEREBY ORDERED that the Appellate Panel's new findings on compensability are reversed and the claim is remanded to the Commission with the specific instruction that ignoring the undisputed testimony quoted by this Court and the case law supporting compensability cited by this Court is not conducting further proceedings consistent with this Court's prior Order and constitutes an arbitrary and capricious abuse of discretion under § 1-23-380(5)(f); and

IT IS HEREBY ORDERED that the Appellate Panel's new findings of fact on compensability that Deputy Martinez and Officer Johnson did not have a law enforcement relationship are reversed because they are not supported by the substantial evidence on the whole record under § 1-23-380(5)(e). (Emphasis added).

In direct disregard of the Circuit Court's specific instructions, the Amended Order of the Appellate Panel issued on August 22, 2017 not only reconsidered the issue of causation, it exceeded its constitutional authority and reversed the Court's ruling. In direct disregard of the Circuit Court's specific instructions, the Amended Order of the Appellate panel issued on August 22, 2017 again ignored and failed to include the undisputed testimony quoted by the Circuit Court and the case law supporting compensability cited by the Circuit Court. And, the Amended Order of the Appellate panel issued on August 22, 2017 ignored the Circuit Court Order and reached the same flawed finding that Martinez and Officer Johnson did not have a law enforcement relationship that the Circuit Court found was not supported by the

substantial evidence on the whole record. The grounds for this motion for rehearing are the decision of the Appellate Panel dated August 22, 2017:

- a. Violates the constitutional separation of powers guaranteed by Article I, Section 8 of the South Carolina Constitution;
- b. Deprives the Claimant of her right to judicial review of the administrative decisions guaranteed by Article I, Section 22 of the South Carolina Constitution;
- c. Violates constitutional and statutory provisions limiting the Appellate Panel's jurisdiction on remand;
- d. Is made upon an unlawful procedure prohibited by the statutes and case law cited in the Circuit Court's Order;
- e. Is arbitrary because the Appellate Panel willfully and intentionally failed to consider the undisputed testimony quoted and the case law supporting compensability cited by the Circuit Court in disregard of the Circuit Court's specific instructions;
- f. Fails to address the Circuit Court's ruling the finding that the Claimant and Officer Johnson did not have a law enforcement relationship is not supported by substantial evidence on the whole record;
- g. Is arbitrary or characterized by an abuse of discretion amounting to the willful contempt of the Circuit Court's Order.

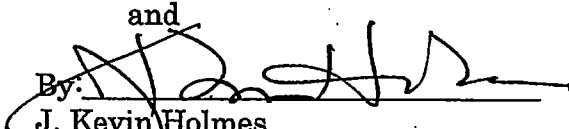
The Claimant is informed and believes remanding this motion for a rehearing to the same Appellate Panel that has ignored the Circuit Court's Order on two prior occasions will only result in further delay. The Claimant requests that the Full Commission vacate the Decision of the Appellate Panel dated August 22, 2017, remand the claim to a new Appellate Panel for further proceedings consistent with the specific instructions of the Circuit Court's Order and grant the Claimant the right to be heard in argument before the new Appellate Panel to address the issues raised.

CHADWICK D. PYE, L.L.C.
Post Office Box 6346
Spartanburg, South Carolina 29304
(864) 467-8751

and

THE STEINBERG LAW FIRM, L.L.C.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800


By: _____
David T. Pearlman

and

By: _____
J. Kevin Holmes
Attorneys for the Claimant/Petitioner

Spartanburg, South Carolina

29th day of August, 2017.

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

COURT OF COMMON PLEAS
SEVENTH JUDICIAL CIRCUIT
CASE NO.: 2017-CP-42-_____

RAQUEL MARTINEZ, Employee,
Claimant,

Appellant,

-vs.-

SPARTANBURG COUNTY
SHERIFF'S OFFICE, Employer,
And SOUTH CAROLINA
ASSOCIATION OF COUNTIES
SELF INSURANCE FUND, Carrier,
Defendants,

Respondents.

NOTICE OF APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
and L. BRENN WATSON, Wilson Jones Carter & Baxley, P.A., Attorney for
the Respondents:

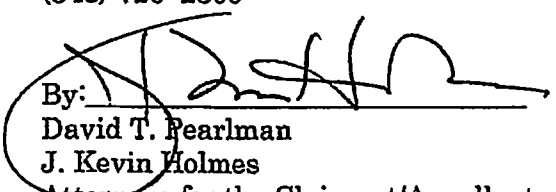
The Appellant, RAQUEL MARTINEZ, by her undersigned attorneys, hereby
serves Notice of Appeal from the final decision of the Appellate Panel of the South
Carolina Workers' Compensation Commission dated September 18, 2017 pursuant to
§ 42-17-60, S.C. Code Anno., in effect prior to the July 1, 2007 amendment of the
statute, on the grounds and exceptions set forth in the attached Petition for Judicial
Review filed under § 1-23-380, S.C. Code Anno., as amended June 16, 2008.

CHADWICK D. PYE, L.L.C.
Post Office box 6346
Spartanburg, South Carolina 29304
(864) 467-8751

By: 
Chadwick D. Pye

and

THE STEINBERGLAW FIRM, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 

David T. Pearlman

J. Kevin Holmes

Attorneys for the Claimant/Appellant

Spartanburg, South Carolina

___ day of October, 2017.

STATE OF SOUTH CAROLINA	)	COURT OF COMMON PLEAS
	)	SEVENTH JUDICIAL CIRCUIT
COUNTY OF SPARTANBURG	)	CASE NO.: 2017-CP-42-_____
RAQUEL MARTINEZ, Employee,	)	
	)	
Claimant/Appellant,	)	
	)	
-vs.-	)	PETITION FOR JUDICIAL REVIEW
	)	
SPARTANBURG COUNTY	)	
SHERIFF'S OFFICE, Employer,	)	
And SOUTH CAROLINA	)	
ASSOCIATION OF COUNTIES	)	
SELF INSURANCE FUND, Carrier,	)	
	)	
Defendants/Respondents.	)	

TO: THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
and L. BRENN WATSON, Wilson Jones Carter & Baxley, P.A., Attorney for
the Respondents:

The Appellant, RAQUEL MARTINEZ, by her undersigned attorneys, moves before the Presiding Judge, Court of Common Pleas, Seventh Judicial Circuit, Spartanburg, South Carolina for judicial review of the final decision of the Appellate Panel of the South Carolina Workers' Compensation Commission dated September 18, 2017 pursuant to § 1-23-380, S.C. Code Anno., 1976 as amended, and would respectfully show unto this Honorable Court:

FIRST: The Appellant is a resident of the County of Spartanburg, State of South Carolina who, at the time of her alleged accidental injury arising out of and in the course of her employment, was a forensic investigator for the Spartanburg County Sheriff's Department.

SECOND: The Respondent, Spartanburg County Sheriff's Department, is a governmental agency located in the County of Spartanburg, State of South Carolina, and was the employer of the Appellant.

THIRD: The Respondent, South Carolina Association of Counties Self-Insurance Fund, is a self-insurance fund established under the laws of the State of South Carolina which provides workers compensation coverage for county employees and employers including the Appellant and the Respondent employer throughout the State of South Carolina and in the County of Spartanburg.

FOURTH: This Honorable Court has jurisdiction of the parties and subject matter of this action by reason of the parties' residency in and the alleged accidental injury having occurred in the County of Spartanburg, State of South Carolina.

FIFTH: This case has a long procedural history dating back to April 21, 2006 when the Appellant filed a W.C.C. Form 50 alleging she sustained a mental injury arising out of and in the course of her employment with the Respondent Employer on April 21, 2006.

SIXTH: The procedural history of the claim prior to this Court reversing and remanding the claim to the Workers' Compensation Commission for further proceedings is set forth in the Court's Order filed on December 3, 2015.

SEVENTH: To prevent any misunderstanding as to what the Court was ordering the Commission to do on remand, the Order remanded the claim to the Commission with the following very clear and specific instructions:

IT IS HEREBY ORDERED that the Appellate Panel's new findings of fact on causation are reversed and the claim is

remanded to the Commission with the specific instruction that the Appellate Panel is not to reconsider the issue of causation and to enforce this Court's previous Order ruling that causation was established as a matter of law based on the unanimous opinions of the medical experts; and

IT IS HEREBY ORDERED that the Appellate Panel's new findings on compensability are reversed and the claim is remanded to the Commission with the specific instruction that ignoring the undisputed testimony quoted by this Court and the case law supporting compensability cited by this Court is not conducting further proceedings consistent with this Court's prior Order and constitutes an arbitrary and capricious abuse of discretion under § 1-23-380(5)(f); and

IT IS HEREBY ORDERED that the Appellate Panel's new findings of fact on compensability that Deputy Martinez and Officer Johnson did not have a law enforcement relationship are reversed because they are not supported by the substantial evidence on the whole record under § 1-23-380(5)(e).

EIGHTH: The Respondents filed a Motion to Alter or Amend on December 11, 2105.

NINTH: The Respondents Motion to Alter or Amend was denied on May 2, 2016 and the Respondents filed a Notice of Appeal to the Court of Appeals on May 19, 2016.

TENTH: The Respondents' appeal was dismissed by the Court of Appeals as interlocutory on July 21, 2016 and the Respondents filed a Petition for Writ of Certiorari to the Supreme Court on August 10, 2016.

ELEVENTH: The Respondents withdrew the Petition for Writ of Certiorari on August 11, 2016.

TWELFTH: The claim was finally remanded back to the Commission and on August 4, 2017 the Appellate Panel issued a new Decision and Order that is almost identical to its prior Decision and Order that this Court reversed.

THIRTEENTH: The Commission then withdrew the Appellate Panel's Decision and Order because a page has been omitted and substituted an Amended Decision and Order on August 22, 2017 including the missing page.

FOURTEENTH: To give the Commission an opportunity to rule on the issues raised, correct the manifest error committed by the Appellate Panel, and avoid any argument the issues raised had not been preserved, the Appellant filed a Motion for a Rehearing under the holding in Rhame v. Charleston County, 412 S.C. 273, 772 S.E.2d 159 (2015) on August 29, 2017.

FIFTEENTH: The Appellant's Motion for a Rehearing was denied on September 19, 2017.

SIXTEENTH: The Appellant moves for Judicial Review on the grounds her substantial rights have been prejudiced because the Amended Decision and Order of the Appellate Panel dated August 22, 2017:

- a. violates separation of powers guaranteed by Article I, Section 8 of the South Carolina Constitution because the Appellate Panel has disregarded the Court's specific instruction not to reconsider the issue of causation that had been decided by the Court as a matter of law;
- b. deprives the Appellant of her right to judicial review of administrative decisions guaranteed by Article I, Section 22 of the South Carolina Constitution because the Appellate Panel exceeded its jurisdiction on remand by reversing the Court's ruling that causation had been established as a matter of law;

- c. is made upon an unlawful procedure prohibited by the constitutional provisions, statutes, and case law cited in the Court's remand Order because the Appellate Panel failed to follow the Court's clear and specific instructions on remand;
- d. is arbitrary because the Appellate Panel disregarded the Court's specific instruction by failing to include the undisputed testimony and the case law supporting compensability cited by the Court;
- e. is affected by an error of law because the Appellate Panel ignored and failed to consider the Court's ruling that prior findings indicating Appellant and Officer Johnson did not have a law enforcement relationship are not supported by substantial evidence on the whole record.

SEVENTEENTH: The Appellant is informed and believes the Commission has ignored and violated the Court's remand Orders and exceeded its jurisdiction on remand resulting in unwarranted delay depriving the Appellant of due process and an adequate remedy and, therefore, the Appellant requests that this Honorable Court, after receiving an Answer from the Defendants/Respondents, dispense with further briefing, dispense with a hearing, reverse the Commission, and direct the Commission to enter an Amended Decision and Order in accordance with this Court's Order of Remand dated December 3, 2015, specifically instructing that said Amended Decision and Order shall:

- a. acknowledge that the Court has reversed the Decision and Order of the Appellate Panel on causation and ruled that causation has been established as a matter of law based upon the unanimous opinions of the qualified medical witnesses who testified;
- b. acknowledge that the Court has reversed the Appellate Panel's finding that the Appellant did not have a law enforcement relationship as being clearly erroneous in view of the substantial evidence on the whole record and

characterized by an abuse of discretion for failure to include the undisputed testimony of the only witnesses who testified quoted by the Court;

- c. make a specific finding and ruling on whether the law enforcement relationship coupled with the admitted horrific scene involving a crushed two year old infant made the investigation on the date in question unusual and extraordinary;
- d. if the Appellate Panel finds the law enforcement relationship coupled with the horrific scene made the investigation usual and extraordinary, then make specific findings and rule what benefits the Appellant is entitled to under the Workers' Compensation Act so that the parties may obtain a final judgement and seek further judicial review.

EIGHTEENTH: The Appellant requests that the Commission submit a certified copy of the record to the Clerk of the Circuit Court.

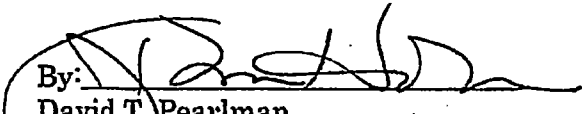
WHEREFORE, the Appellant prays that this Honorable Court reverse and modify the Decision and Order of the Appellant Panel dated august 22, 2017; directing the Commission to issue an Amended Decision and Order in keeping the Court's specific instructions so the Appellant can get a final judgment and seek judicial review without further delay; and for such further relief as may be just and proper.

CHADWICK D. PYE, L.L.C.
Post Office box 6346
Spartanburg, South Carolina 29304
(864) 467-8751

By: 
Chadwick D. Pye

and

THE STEINBERGLAW FIRM, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

By: 
David T. Pearlman
J. Kevin Holmes
Attorneys for the Claimant/Appellant

Spartanburg, South Carolina

___ day of October, 2017.

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

IN THE COURT OF COMMON PLEAS

Civil Action No. 2017-CP-42-3726

Raquel Martinez, Employee,)
)
Claimant/Petitioner,)
)
-vs-)
)
Spartanburg County Sheriff's Office,)
Employer, and S.C. Association of Counties)
Self Insurance Fund, Carrier,)
)
Defendants/Respondents.)
_____)

MOTION TO ALTER OR
AMEND A JUDGMENT
PURSUANT TO S.C.R.C.P. 59 (e)

TO: J. Kevin Holmes and David T. Pearlman, The Steinberg Law Firm, Post Office Box 9,
Charleston, South Carolina 20402; Chadwick D. Pye, Post Office Box 6346, Spartanburg,
South Carolina 20304

YOU WILL PLEASE TAKE NOTICE that on the 10th day after service hereof, or as soon thereafter as counsel may be heard, the Defendants-Respondents, by and through their undersigned counsel, will move before the Honorable J. Mark Hayes, II, Presiding Circuit Judge, pursuant to Rule 59(e) of the S.C. Rules of Civil Procedure, for amendment of the Order, dated October 3, 2018, on the grounds that:

1. The Circuit Court erred as a matter of law in reweighing the evidence presented to the Commission, the error being that Circuit Court exceeded its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

2. The Circuit Court erred in holding that the Appellate Panel of the South Carolina Workers' Compensation Commission exceeded its jurisdiction on remand, the error being that the Appellate Panel complied with the Circuit Court's directive in its original Order of February 25, 2009, which specifically required the Commission on remand to make findings that were

"sufficiently detailed to enable the reviewing Court to determine whether the evidence supported the findings."

3. The Circuit Court erred in reweighing the evidence in this case, the error being that by reweighing the evidence exceeded the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976). ("The Court may not substitute its judgement for the judgement of the agency as to the weight of the evidence on questions of fact.")

4. The Circuit Court erred in reweighing the evidence in this case, the error being that where evidence is conflicting, the Commission's findings of fact are conclusive. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (1999).

5. The Circuit Court erred in reweighing the evidence in this case and substituting its judgment as the weight of the evidence, the error being the determination of witness credibility and the weight to be accorded evidence is strictly reserved to the Commission. Brown v. Peoplease Corp., 402 S.C. 476, 741 S.E.2d 761 (Ct. App. 2013); O'Banner v. Westinghouse Electric Corp., 319 S.C. 24, 459 S.E.2d 324 (Ct. App. 1995).

6. The Circuit Court erred in holding that the Commission was bound by undisputed testimony of witnesses, the error being that it is strictly within the province of the Commission as to the credibility and weight to be given such evidence.

7. The Circuit Court erred by finding that Captain Denton and the Petitioner were the only witnesses to testify at the hearing, the error being that the same is not supported by the evidence in the record, is an error of fact, and as a result, an error of law.

8. The Circuit Court erred in holding that Captain Denton and the Petitioner were the only witnesses who testified at the hearing, the error being that Ramon Martinez (Petitioner's father) and Caridad Martinez (Petitioner's mother) also testified at the hearing.

9. The Circuit Court erred by finding Captain Denton and the Petitioner were "credible," the errors being that (a) this finding exceeds the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976) and (b) the determination of witness credibility is strictly reserved to the Commission. Brown v. Peoplease Corp., 402 S.C. 476, 741 S.E.2d 761 (Ct. App. 2013); O'Banner v. Westinghouse Electric Corp., 319 S.C. 24, 459 S.E.2d 324 (Ct. App. 1995).

10. The Circuit Court erred in holding that the Appellate Panel did not consider the testimony of Deputy Martinez and Captain Denton, those errors being that such finding was clearly erroneous in light of the Appellate Panel's Decision and Order, was unsupported by the substantial evidence in the record, and was an error of law.

11. The Circuit Court erred in holding that the Appellate Panel disregarded this Court's Order and ignored the testimony of the witnesses whose testimony was quoted in the Circuit Court's Orders of February 25, 2009 and December 3, 2015, the error being that Appellate Panel specifically noted that it considered all of the evidence in the record, including the testimony of the witnesses who testified at the Hearing, when making its findings of fact and decision regarding compensability.

12. The Circuit Court erred in holding that the Appellate Panel ignored testimony quoted by the Court, those errors being that (a) the Appellate Panel clearly considered all the evidence, including the testimony of all witnesses, and (b) the determination of witness credibility and the weight to be accorded evidence is reserved solely to the Commission and not the Circuit Court, and (c) the Appellate Panel's findings are supported by reliable, probative, and substantial evidence in the record.

13. The Circuit Court erred in holding that Appellate Panel's failure to include the testimony of the only witnesses who testified quoted by this Court was constitutionally improper,

the errors being that (a) the Appellate Panel considered the testimony of both Deputy Martinez and Captain Denton, (b) the Appellate Panel's findings are supported by reliable, probative, and substantial evidence in the record, and (c) the Appellate Panel's findings and conclusions are consistent with constitutional and statutory provisions, within its statutory authority, consistent with lawful procedure, and contain no other error of law.

14. The Circuit Court erred in reversing the Appellate Panel's finding on compensability on the ground that the Appellate Panel ignored undisputed testimony quoted by the Court, the error being that determination of witness credibility and the weight to be accorded evidence is strictly reserved to the Commission and not the Circuit Court.

15. The Circuit Court erred in ordering the Appellate Panel of the Workers' Compensation Commission to consider only the testimony quoted by the Court, the error being that this order exceeds the Circuit Court's authority, jurisdiction, and and scope of review under Section 1-23-380, S.C. Code Ann., (1976).

16. The Circuit Court erred in holding that the Appellate Panel found that Deputy Martinez had no law enforcement relationship with Officer Johnson, the error being that the Appellate Panel specifically found that Deputy Martinez and Officer Johnson were fellow law enforcement officers.

17. The Circuit Court erred in holding that the Appellate Panel's finding that Deputy Martinez and Officer Johnson did not have a "law enforcement relationship" was not supported by substantial evidence, the error being that there was reliable, probative and substantial evidence on the whole record to support the Appellate Panel's findings.

18. The Circuit Court erred in holding that the Appellate Panel's "finding that the Petitioner had no law enforcement relationship with Officer Johnson must again be reversed as unsupported by substantial evidence in the record," those errors being (a) that the Appellate

Panel's findings are supported by reliable, probative, and substantial evidence in the record, (b) that the Appellate Panel's findings and conclusions are consistent with constitutional and statutory provisions, are within its statutory authority, are consistent with lawful procedure, and contain no other error of law, and (c) that such reversal exceeds the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976)

19. The Circuit Court erred in ordering that "the Commission on remand shall delete any finding of fact that the Petitioner had no law enforcement relationship with Officer Johnson found to be unsupported by substantial evidence in the record and find that such a relationship existed based on the testimony of the only witnesses who testified", the errors being (a) that this exceeds the Circuit Court's authority, jurisdiction, and scope of review under Section 1-23-380, S.C. Code Ann. (1976) and (b) that the Circuit Court is improperly acting as the finder of fact.

20. The Circuit Court erred in holding that the Appellate Panel incorrectly ruled that the investigation conducted by Deputy Martinez on April 4, 2005, was not unusual or extraordinary, the error being that the Circuit Court failed to address whether the evidence cited by the Appellate Panel in support of its ruling was supported by substantial evidence on the whole record.

21. The Circuit Court erred in reversing the Commission's finding that the investigation on April 4, 2005, was not an unusual or extraordinary condition of employment, the error being that in so ruling the Circuit Court substituted its judgment for that of the Commission contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

22. The Circuit Court erred in reversing the Appellate Panel's findings on compensability on the ground that the Appellate Panel "fail[ed] to make a ruling as to whether the horrific death of the infant child run over by her law enforcement father with whom Deputy Martinez had a law enforcement relationship made the crime scene investigation extraordinary

and unusual,” the errors being that the Appellate Panel (a) considered this specific question, (b) provided multiple reasons as to why the law enforcement officer relationship between Deputy Martinez and Officer Johnson was insufficient to establish extraordinary and unusual conditions of employment, and (c) specifically made findings and conclusions pertaining to the issue of compensability.

23. The Circuit Court erred in holding that Appellate Panel’s failure “to make a specific ruling as to whether the tragic and horrific death of the two-year-old infant run over by her police officer father with whom the Petitioner had a law enforcement relationship, was unusual and extraordinary” is constitutionally improper, the error being that the Appellate Panel considered addressed this question and held that “[T]he facts failed to prove that [Deputy Martinez] encountered unusual or extraordinary work conditions in her employment on April 4th, 2005, while employed by the Spartanburg County Sheriff’s Department, as compared to her normal conditions of employment.”

24. The Circuit Court erred in holding a “law enforcement relationship” constitutes an unusual and extraordinary condition of employment, the error being that such holding was not supported by applicable case law or Section 42-1-160, S.C. Code Ann. (2007).

25. The Circuit Court erred in ordering that the Appellate Panel “shall decide whether the tragic and horrific death of the 2 year old infant run over by her police officer father with whom the Petitioner’s [sic] had a law enforcement relationship made the crime scene investigation unusual and extraordinary”, the error being that the Appellate Panel previously decided this issue and held that “[t]he facts failed to prove that [Deputy Martinez] encountered unusual or extraordinary work conditions in her employment on April 4th, 2005, while employed by the Spartanburg County Sheriff’s Department, as compared to her normal conditions of employment.”

26. The Circuit Court erred by holding, “[t]he Appellate Panel proceeded to disregard this Court’s Order” by reconsidering and reversing “this Court’s ruling on causation,” the error being that the Appellate Panel’s Order complies with the Circuit Court’s Orders from February 25, 2009 Order and December 3, 2015 Order.

27. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand by reconsidering the Court’s prior ruling on causation, the error being that the Circuit Court erred in reweighing the evidence and determining the credibility of witnesses when holding that “causation was established as a matter of law.”

28. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand by reconsidering the Court’s prior ruling on causation, the error being the Circuit Court’s holding that “causation was established as a matter of law” was made upon review of an Order that did not have findings of fact that were “sufficiently detailed to enable the reviewing Court to determine whether the evidence supported the findings.”

29. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand by reconsidering the Court’s prior ruling on causation, the error being that the Circuit Court’s original Order of February 25, 2009, specifically stated that the Commission’s original Order “requires the Court to speculate as to how, factually, the Appellant did not meet her ‘burden of proof.’”

30. The Circuit Court erred in holding that the Appellate Panel’s decision to issue findings on causation “can only be understood as an attempt to reverse this Court,” the error being that the Appellate Panel was not attempting to reverse this Court and believe that it complied with the Circuit Court’s directive “[b]ecause the Circuit Court found that the original Full Commission Order was deficient and not sufficiently detailed in its findings to allow appellate review.”

31. The Circuit Court erred in holding that the Appellate Panel exceeded its jurisdiction on remand, the error being the Appellate Panel is the ultimate fact finder.

32. The Circuit Court erred in reversing the Commission's findings of fact on causation, the error being that the Commission's findings of fact on causation were supported by reliable, probative, and substantial evidence on the whole record.

33. The Circuit Court erred as a matter of law in concluding that the evidence gave rise to only one reasonable inference and that Deputy Martinez established proximate cause for her mental condition, the error being that the Court failed to consider contrary medical evidence that Deputy Martinez's mental condition was caused by the death of her "cousin," the abrupt cessation of Xanax, and her other medical conditions.

34. The Circuit Court erred in holding that the proximate cause of Deputy Martinez's mental condition could be decided as a matter of law, the error being that the weight to be accorded evidence is strictly reserved to the Commission.

35. The Circuit Court erred in holding that the proximate cause of Deputy Martinez's mental condition could be decided as a matter of law, the error being that there was conflicting evidence as to the proximate cause issue, which required the Commission as finder of fact to decide the proximate cause issue. Sharpe v. Case Produce, Inc., 336 S.C. 154, 519 S.E.2d 102 (1999) ("Where there is a conflict in the evidence, the Commission's findings of fact are conclusive.").

36. That the Circuit Court erred by holding that "[t]he Commission's findings of fact and rulings of law on causation must again be reversed because the Commission exceeded its limited jurisdiction on remand," the errors being that (a) the Commission did not exceed its jurisdiction and (b) this holding exceeds the Circuit Court's scope of review under Section 1-23-

380, S.C. Code Ann. (1976) by improperly reweighing the evidence and improperly substituting its judgment for the judgment of the Commission as to the weight of the evidence.

37. The Circuit Court erred in ordering the Appellate Panel of the Workers' Compensation Commission to delete specific findings of fact and rulings of law and substitute a ruling that the crime scene investigation performed by the Petitioner on April 4, 2005 caused Petitioner's mental injury, the error being that that essentially makes the Circuit Court the finder of fact contrary to its scope of review under Section 1-23-380, S.C. Code Ann. (1976).

38. The Circuit Court erred in requiring the Appellate Panel to substitute the Circuit Court's findings of fact for those of the Commission, the error being the Commission, not the Circuit Court, is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 344 S.E.2d 613 (1986).

39. The Circuit Court erred in not reviewing the Appellate Panel's findings as to causation to determine if supported by substantial evidence, the error being that the Circuit Court's scope of review is to determine if the Commission's findings are supported by substantial evidence.

40. The Circuit Court erred ordering that "the Decision and Order of the Commission dated August 22, 2017 is reversed as in violation of constitutional and statutory provisions, in excess of the authority of the Commission on remand, made upon an unlawful procedure, not supported by substantial evidence, arbitrary and conspicuous, and affected by other errors of law," the error being that such a decision was clearly erroneous and exceeded the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976).

41. The Circuit Court erred in reversing the Appellate Panel's Order of August 22, 2017 on the grounds that the Order was not supported by substantial evidence, the error being the

Circuit Court failed to address whether the evidence cited by the Appellate Panel in support of its ruling was supported by substantial evidence on the whole record.

42. The Circuit Court erred by finding the Petitioner has been denied “due process of law” and “a final Decision and Order of the Commission;” the error being that the Petitioner has been afforded all opportunity to be heard and to present evidence as to the compensability of her allegations. The Petitioner’s claim has been reviewed by six (6) different Workers’ Compensation Commissioners, all of whom denied the compensability of her allegations.

43. The Circuit Court erred in ordering that “the Commission on remand shall reissue a Decision and Order with the findings of fact made by the original hearing Commissioner, affirmed by the Appellate Panel and never appealed, and add to those finding [sic] and consider the testimony of the Petitioner and Captain Denton, the only witnesses who testified quoted by this Court,” the errors being that this exceeds the Circuit Court’s authority, jurisdiction, and scope of review under Section 1-23-380, S.C. Code Ann. (1976).

44. The Circuit Court erred in ordering the Appellate Panel to award Petitioner indemnity and medical benefits to which she is entitled under the Workers’ Compensation Act “if the Commission finds that the combination of the tragic and horrific death of the 2 year old infant run over by her police officer father with whom the Petitioner had a law enforcement relationship made the crime scene investigation unusual and extraordinary”, the error being that the Appellate Panel addressed this question in its Order of August 22, 2017 and held that Petitioner failed to meet her burden of establishing her mental breakdown resulted from “unusual and extraordinary” conditions of her employment.

45. The Circuit Court erred by holding its February 25, 2009 Order “reversed the Commission’s finding that the Petitioner failed to prove the crime scene investigation she performed on April 4, 2005, caused her mental injury and ruled that causation was proven as a

matter of law based on the unanimous opinions of all the medical experts, including the Respondent's medical expert;" the errors being: (a) the Circuit Court's February 25, 2009 Order could not have "ruled that causation was proven as a matter of law," because it also ruled the Appellate Panel's findings were insufficient, leaving the court "to speculate if the proper analysis was applied by the Commission and whether the factual conclusions upon which the law was applied has a substantial basis in the record;" (b) the Circuit Court's February 25, 2009 Order could not have "ruled that causation was proven as a matter of law," because this finding was made on an assumption that the Appellate Panel's Decision and Order "is sufficient for judicial review;" (c) In so far as the Circuit Court's February 25, 2009 Order reversed the Appellate Panel's Decision and Order and "ruled that causation was proven as a matter of law," the same exceeds the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976), improperly reweighs the evidence, improperly substitutes its judgment for the judgment of the Commission as to the weight of the evidence, and is an error of law.

46. The Circuit Court's statement that the "invitation" to examine what, if any, additional steps this Court could take to obtain the Commission's compliance with the directives set forth in this Court's prior Order "was not opposed" was an error insofar as this statement implies that Respondents acquiesced to the same, the error being that Respondents do not agree with the same and maintain that the Commission complied with this Court's previous Orders.

47. The Circuit Court's erred in stating that "...based upon presentations made to this Court, that upon any further failure on the Commission's part to comply with this Court's present Order, *the parties* will possibly seek alternative means of obtaining the Commission's compliance, including, but not limited to, petitioning this Court to invoke its powers of contempt" (emphasis added), that error being that Respondents maintain the Commission has

complied with this Court's Orders and that Respondents did not raise, petition, or seek this Court to invoke its powers of contempt.

48. The Circuit Court's Order denies Respondents equal protection and due process of law because the Circuit Court (a) exceeded its scope of review under Section 1-23-380, S.C. Code Ann. (1976), (b) improperly reweighed the evidence and substituted its judgment for the judgment of the Commission as to the weight of the evidence, and (c) improperly made findings of fact.

Respectfully submitted,

s/L. Brenn Watson
L. Brenn Watson
S.C. Bar No. 71198
Willson, Jones, Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorney for Defendants-Respondents

October 12, 2018

THE STATE OF SOUTH CAROLINA
In The Court Of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2017-CP-42-3726

Raquel Martinez, Employee, ... Respondent,

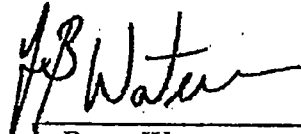
v.

Spartanburg County, Employer,
and South Carolina Association of Counties
Self-Insurance Fund, Carrier, ... Appellants.

NOTICE OF APPEAL

Spartanburg County and S.C. Association of Counties Self-Insurance Fund appeal the Orders of the Honorable J. Mark Hayes, II, dated February 25, 2009; December 3, 2015; May 2, 2016; October 3, 2018; and July 15, 2019. Appellants received a copy of the Orders of July 15, 2019 on July 15, 2019.

August 12, 2019



L. Brenn Watson
Zachary M. Smith
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorneys for Appellants

Other Counsel of Record:

J. Kevin Holmes
David T. Pearlman
The Steinberg Law Firm
P.O. Box 9Spartanburg,
Charleston, South Carolina 29402-0009
Attorneys for Respondent
(843) 720-2800

Chadwick D. Pye
Chadwick D. Pye, LLC
P.O. Box 6346
South Carolina 29304
Attorney for Respondent
(864) 583-5658

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

ATLANTA

MYRTLE BEACH

L. Brenn Watson
Direct (864) 527-3292
Fax (864) 373-7060
lbwatson@wjlaw.net

872 S. Pleasantburg Drive
Greenville, SC 29607
www.wjcblaw.com

August 14, 2019

The Honorable Daniel E. Shearouse
The South Carolina Supreme Court
P.O. Box 11330
Columbia, SC 29211

RECEIVE

AUG 19 2019

S.C. SUPREME COURT

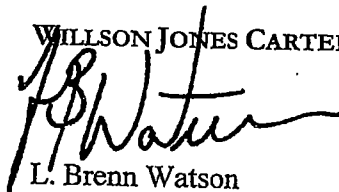
Re: Raquel Martinez vs. Spartanburg County
Case No.: 2017-CP-42-3726
WCC File No.: 0515098 DOI: 4/4/2005
Carrier: South Carolina Association Of Counties - Claim No.: 58-218332
WJC&B File No.: 0560.00114

Dear Mr. Shearouse:

Enclosed please find an original and seven (7) copies of a common law Petition for Certiorari and Notice relative to the above-captioned matter, as well as a filing fee check in the amount of \$50.00 and a Proof of Service indicating the Petition has been served on opposing counsel. At this time, I would greatly appreciate your filing these documents and returning one (1) clocked copy of the Petition to me in the enclosed self-addressed stamped envelope.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



L. Brenn Watson

Enclosures

cc: Chadwick D. Pye, Esq.
J. Kevin Holmes, Esq.
David T. Pearlman, Esq.
S.C. Court of Appeals
Spartanburg County Clerk of Court
S.C. Workers' Compensation Commission Judicial Dept.

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2017-CP-42-3726

RECEIVED

AUG 19 2019

S.C. SUPREME COURT

Raquel Martinez,

v.

Respondent,

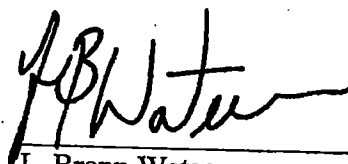
Spartanburg County and
S.C. Association of Counties
Self-Insurance Fund,

Petitioners.

PROOF OF SERVICE

I hereby certify that I have served the Petition for A Writ of Certiorari and Notice on Raquel Martinez by depositing a copy of it in the United State Mail, postage prepaid, on August 14, 2019, addressed to her attorneys of record, Chadwick D. Pye, Esquire, Chadwick D. Pye, LLC, P.O. Box 6346, Spartanburg, South Carolina 29304 and J. Kevin Holmes, Esquire and David T. Pearlman, Esquire, The Steinberg Law Firm, P.O. Box 9, Charleston, South Carolina 29402-0009, and on The Honorable Jenny Abbott Kitchings, S.C. Court of Appeals, P.O. Box 11629, Columbia, South Carolina 29211; The Honorable Amy W. Cox, Spartanburg County Clerk of Court, P.O. Box 3483, Spartanburg, South Carolina 29304; and the South Carolina Workers' Compensation Commission Judicial Department, P.O. Box 1715, Columbia, South Carolina 29202.

August 14, 2019



L. Brenn Watson
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorney for Appellants

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2017-CP-42-3726

RECEIVED

AUG 19 2019

S.C. SUPREME COURT

Raquel Martinez,

Respondent,

v.

Spartanburg County and S.C. Association
of Counties Self-Insurance Fund,

Petitioners.

PETITION FOR A WRIT OF CERTIORARI

L. Brenn Watson (Bar No. 71198)
Zachary M. Smith (Bar No. 78754)
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorneys for Petitioners

Other Counsel of Record:

J. Kevin Holmes, Esquire
David T. Pearlman, Esquire
The Steinberg Law Firm
P.O. Box 9
Charleston, South Carolina 29402-0009
(843) 720-2800
Attorneys for Respondent

Chadwick D. Pye, Esquire
Chadwick D. Pye, LLC
P.O. Box 6346
Spartanburg, South Carolina 29304
(864) 583-5658
Attorney for Respondent

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INTRODUCTION

"Justice delayed is justice denied." – William E. Gladstone (1868).¹ This workers' compensation claim arises from an incident that occurred on April 4, 2005, over fourteen years ago.² Respondent Raquel Martinez ("Martinez"), who was employed as a Master Deputy Forensic Investigator by the Spartanburg County Sheriff's Department at the time, alleges she suffered a mental injury as a result of investigating an accident in which a Greenville County Sheriff's Deputy had accidentally backed over and killed his two-year-old daughter. This case has been heard by six different Commissioners of the South Carolina Workers' Compensation Commission ("the Commission"). All six Commissioners have determined the claim is not compensable under the South Carolina Workers' Compensation Act because Martinez's investigation of the accident on April 4, 2005 (1) was not an unusual or extraordinary condition of her employment and (2) was not the proximate cause of her mental condition.

This case has been appealed to the circuit court on three separate occasions,³ and on each appeal to the circuit court, the case has been assigned to Judge Mark J. Hayes, II, who has heard oral arguments five different times. Despite the unanimous opinions of the Commissioners who have heard the case, following each appeal to the circuit court, Judge Hayes has issued Orders reversing and remanding the case to the Commission. His latest Order, dated July 15, 2019, threatens criminal and civil contempt proceedings against members of the Commission.

¹ Fred R. Shapiro, *You Can Quote Them*, Yale Alumni Magazine, May-June 2010.

² At the time of the accident on April 4, 2005, President George W. Bush was less than 3 months into his second term as President; Apple, Inc. was more than 2 years away from releasing the first iPhone; Pluto was still a planet; and the South Carolina Supreme Court was comprised of five different Justices [The current longest serving Justice on this Court (Chief Justice Beatty) was still nearly 2 years away from being elected to serve as an Associate Justice on the South Carolina Supreme Court.]

³ Since the alleged date of injury was prior to the July 1, 2007 amendment of S.C. Code Ann. § 42-17-60, an appeal from the Commission was required to first be made to the circuit court.

This case has now been appealed to the Court of Appeals on three separate occasions.⁴ Notably, in 2011, the Court of Appeals issued a decision reversing the first order of Judge Hayes and holding that substantial evidence supported the Commission's finding that Martinez did not suffer an "unusual or extraordinary" condition of her employment.⁵ Following the Court of Appeals' decision, Martinez sought review by this Court, which granted certiorari and heard oral arguments on October 15, 2013. On January 8, 2014, this Court vacated the Court of Appeals' opinion and remanded the case back to the Commission on the grounds that the circuit court's order was not immediately appealable pursuant to its prior decision in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013).⁶ Since then, this case has been assigned to *legal purgatory*, seemingly without escape from endless appeals and remands.

JURISDICTION

Pursuant to S.C. Const. Art. V, Section 5 and S.C. Code Ann. Section 14-3-310 (1976), Petitioners, Spartanburg County and the South Carolina Association of Counties Self-Insured Fund, petition this Court to issue a Writ of Certiorari to review the decision of Circuit Court Judge J. Mark Hayes, II in the workers' compensation case of *Raquel Martinez v. Spartanburg County, Employer, and South Carolina Association of Counties Self-Insurance Fund, Carrier*, Circuit Court Case No. 2017-CP-42-3726, SCWCC File No. 0515098.

⁴ Petitioners most recently filed a Notice of Appeal with the South Carolina Court of Appeals on August 12, 2019.

⁵ Martinez v. Spartanburg County, 394 S.C. 224, 715 S.E.2d 339 (Ct. App. 2011), *vacated*, 406 S.C. 532, 753 S.E.2d 436 (2014)

⁶ Martinez v. Spartanburg County, 406 S.C. 532, 753 S.E.2d 436 (2014).

COMPLAINT

Petitioners respectfully assert that Judge Hayes erred in each of his prior Orders⁷ by: (a) reversing the three previous Decisions and Orders of South Carolina Workers' Compensation Commission's Appellate Panel ("the Appellate Panel"), which all held Martinez did not sustain a compensable injury by accident arising out of and in the course of her employment on April 4, 2005; (b) remanding the case back to the Appellate Panel on three separate occasions; (c) reversing the Appellate Panel's specific findings of fact and conclusions of law in each of its prior Decisions and Orders regarding compensability and Martinez's relationship with Officer Johnson; (d) instructing the Appellate Panel to delete its findings of fact regarding Martinez's relationship with Officer Johnson and to make a specific findings that Martinez had a "law enforcement relationship with Officer Johnson"; (e) reversing the Appellate Panel's specific findings of fact and conclusions of law in each of its prior Decisions and Orders regarding causation of Martinez's mental condition; (f) holding that he established causation as a matter of law in his February 25, 2009 Order; (g) instructing the Appellate Panel to delete its specific findings of fact and rulings of law regarding causation and to substitute a ruling that the investigation performed by Martinez on April 4, 2005 caused her mental injury; and (h) threatening the Appellate Panel in his Amended Order, filed July 15, 2019, with the use of his "powers... to punish for civil or criminal contempt...and to refer offending members of the Commission to the appropriate bodies for judicial or professional sanctioning" for his perceived failure by the Appellate Panel to conform with his Orders.

⁷ Judges Hayes has issued six (6) separate Orders in this case: Order, filed February 25, 2009; Order, filed December 3, 2015; Order Denying Motion to Alter or Amend Judgment, filed May 2, 2016; Order, filed October 3, 2018; and Order Denying Rule 59(e) Motion to Alter or Amend, filed July 15, 2019; and Amended Order, filed July 15, 2019. Petitioners raise issue with all six of Judge Hayes's prior Orders. While Petitioners contend Judge Hayes has erred in each of his six Orders, Petitioners will focus this Petition on three primary Orders: the Order of February 25, 2009; the Order of October 3, 2018; and the Amended Order of July 15, 2019.

Specifically, Petitioners believe Judge Hayes exceeded the statutory authority granted by the legislature, his scope of review under Section 1-23-380 of the Administrative Procedures Act (“APA”)⁸, and his appellate jurisdiction, and thus, violated Article V, Section 11 of the South Carolina Constitution and Petitioner’s rights under Article I, Section 3 and Section 22 of the South Carolina Constitution, in his prior Orders by: (a) reversing each of the Appellate Panel’s Decisions and Orders; (b) reversing the Appellate Panel’s detailed findings of fact regarding compensability, the relationship between Martinez and Office Johnson, and causation of Martinez’s mental condition; (c) instructing the Appellate Panel delete specific findings of fact, (d) ordering the Appellate Panel to make certain findings of fact; (e) holding that he established causation of Martinez’s mental condition as a matter of law; (f) making determinations regarding the credibility of the witnesses; and (g) threatening the Appellate Panel with his “powers” to punish for civil or criminal contempt and report for judicial or professional sanctioning.

Finally, Petitioners acknowledge this Court’s decision in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), which defined “final judgment” under Section 1-23-390 of the APA⁹ and held a circuit court order remanding a matter to the Commission for further proceedings does not constitute a final judgment as required Section 1-23-390, and was thus, not immediately appealable. However, Petitioners assert Bone’s interpretation and application of Section 1-23-390 violates the due process and equal protection rights of workers’ compensation defendants. (See S.C. Const. art. I, §3 & §22). Alternatively, assuming arguendo that Bone’s interpretation of Section 1-23-390 is not unconstitutional on its face, its application to Petitioners in the present case violates Petitioners’ due process and equal protection rights. The decision in Bone, and its

⁸ S.C. Code Ann. § 1-23-380 (1977)

⁹ S.C. Code Ann. § 1-23-390 (Supp. 2012)

application in this case, has locked this case into a continuous cycle of remands, prevented Petitioners - as well as Respondent - from obtaining any type of finality, and spoiled any possible interest in judicial economy.

QUESTIONS PRESENTED

1. Did the Circuit Court exceed its scope of review under Section 1-23-380 in its Orders from February 25, 2009, December 3, 2015, October 3, 2018, and July 15, 2019?
2. Does the application of Section 1-23-390 to Petitioners as shown in Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), violate Petitioners' equal protection and due process rights?

STATEMENT OF THE CASE

Respondent Raquel Martinez ("Martinez") was employed as a Master Deputy Forensic Investigator by the Spartanburg County Sheriff's Department. On April 21, 2006, Martinez filed a Form 50 alleging that she had suffered a mental injury as a result of investigating an accident in which a Greenville County Deputy Sheriff had accidentally backed over and killed his two-year-old daughter. On May 12, 2006, Spartanburg County and its carrier, the South Carolina Association of Counties Self-Insurance Fund (collectively "Petitioners") filed their Form 51 denying, inter alia, that Martinez suffered a compensable mental injury as a result of any unusual or extraordinary condition of employment.

A hearing was held before Commissioner G. Bryan Lyndon on September 6, 2006, in Spartanburg, South Carolina. At the hearing, Martinez contended that while performing an investigation on April 4, 2005, as part of her duties with the Spartanburg County Sheriff's Department, she encountered an unusual and extraordinary condition of employment, which subsequently led to her mental breakdown and hospitalization. Martinez alleged she was permanently and totally disabled and requested a lump sum payment of the award. Petitioners contended that Martinez did not suffer a compensable mental injury as a result of an unusual or extraordinary condition of her employment. Petitioners asserted that Martinez was employed as a forensic investigator, that it was her job to investigate homicide and death cases, and that she was performing her regular job when she investigated the child's accidental death on April 4, 2005.

On November 20, 2006, Commissioner Lyndon issued his Decision and Order finding, inter alia, that the investigation of the accident on April 4, 2005 was not an unusual or extraordinary condition of employment and not the proximate cause of Martinez's mental condition.

Within the statutory period, counsel for Martinez filed a Form 30, Request for Commission Review, setting forth grounds for review. Oral arguments were presented before an Appellate Panel on April 23, 2007, and on May 22, 2007, the Appellate Panel issued its Order unanimously affirming the Single Commissioner's Order in its entirety.

Thereafter, Martinez filed an appeal with the Spartanburg County Circuit Court. On February 25, 2009, Judge J. Mark Hayes, II, issued an Order holding that the Appellate Panel's Order lacked sufficient detail to enable the Court to determine whether those findings were supported by substantial evidence. (Order, dated 2/25/2009, p. 3-4). In his Order, Judge Hayes specifically stated that "this Court is left to speculate if the proper analysis was applied by the Commission and whether the factual conclusions upon which the law was applied had a substantial basis in the record." *Id.* at 9-10. As such, Judge Hayes reversed the Appellate Panel's Order and remanded the case back to the Commission for additional findings of fact. *Id.* at 19.

Petitioners timely filed their Notice of Appeal with the South Carolina Court of Appeals on March 16, 2009. On June 15, 2011, the Court of Appeals filed its Order reversing the decision of the Circuit Court.¹⁰ Judge Williams, writing for the majority, concluded that the Appellate Panel's Order was sufficiently detailed to enable appellate review and that the record contained substantial evidence to support the Commission's decision that Martinez did not suffer an unusual or extraordinary condition of her particular employment on April 4, 2005. Because the Court of Appeals concluded that there was substantial evidence that Martinez did not suffer an unusual or extraordinary condition in her particular employment, the majority did not address the issue of

¹⁰ *Martinez v. Spartanburg County*, 394 S.C. 224, 715 S.E.2d 339 (Ct. App. 2011), *vacated*, 406 S.C. 532, 753 S.E.2d 436 (2014).

“proximate cause.”¹¹ Martinez timely filed a Petition for Rehearing, which was denied by the Court of Appeals on October 6, 2011.

On November 2, 2011, Martinez filed a Petition for Writ of Certiorari to the South Carolina Supreme Court, and the Petition was granted on February 7, 2013. The Supreme Court heard oral arguments on October 15, 2013. On January 8, 2014, the Supreme Court filed its decision and held that pursuant to Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), the circuit court’s order was not a final judgment and therefore was not appealable. Martinez v. Spartanburg County, 406 S.C. 532, 753 S.E.2d 436 (2014). As such, the Supreme Court vacated the Court of Appeals’ Order and remanded the case to the Commission for further proceedings. Id.

Pursuant to the Commission’s Administrative Order, filed August 15, 2014, the case was remanded to an Appellate Panel to take such action and enter an Order consistent with this Court’s directive. Oral arguments were held before an Appellate Panel on December 15, 2014, and on February 24, 2015, the Appellate Panel issued its Decision and Order and noted:

Because the Circuit Court found that the Commission’s Order lacked an “explicit statement of facts...sufficiently detailed to enable the reviewing Court to determine whether the findings are supported by the evidence,” the Commission withdraws its previous Findings of Fact and hereby substitutes the following Findings of Fact for the Court’s consideration.

(SCWCC Decision & Order, dated 2/24/2015, p. 5). The Appellate Panel again denied Martinez’s claim. The Appellate Panel concluded Martinez failed to prove (1) that the work conditions on April 4, 2005 were unusual or extraordinary in comparison to her normal conditions of employment and (2) that her mental health condition was proximately caused by the work incident

¹¹ In a separate opinion, Chief Judge Few concurred with the majority’s holding that there was substantial evidence Martinez did not suffer an unusual or extraordinary condition in her particular employment, but he also opined that “the commission’s determination that the claimant failed to prove proximate cause is supported by substantial evidence.” Id. at 239-240, 715 S.E.2d 347-348.

on April 4, 2005. Id. at 45-46. In support of its decision, the Appellate Panel issued ninety-nine detailed Findings of Fact. See Id. at 6-45.

Subsequently, on March 11, 2015, Martinez filed an appeal to the Spartanburg County Circuit Court. The case was again assigned to Judge J. Mark Hayes, II. On December 3, 2015, Judge Hayes entered an Order reversing the Appellate Panel and remanding the matter to the Commission. (Order dated 12/3/2015, p. 27). Judge Hayes ruled that *he had* established causation of the mental health condition as a matter of law in his previous Order and directed the Commission to find the same. Id. Petitioners filed their Motion to Alter or Amend a Judgment pursuant to Rule 59(e), S.C.R.C.P. on December 11, 2015. Petitioners also filed a Memorandum in Support of their Rule 59(e) Motion raising multiple exceptions, including that the Circuit Court exceeded its scope of review under Section 1-23-380. On May 2, 2016, the Circuit Court issued an Order denying Appellants' Motion.

On May 18, 2016, Petitioners filed their Notice of Appeal with the South Carolina Court of Appeals. On May 20, 2016, Martinez filed a Motion to Dismiss contending the Circuit Court's Order was interlocutory and not immediately appealable. On May 31, 2016, Petitioners filed a Return to the Motion to Dismiss. On July 21, 2016, arguing, inter alia, that the application of Bone v. U.S. Food Service, 404 S.C. 67, 744 S.E.2d 552 (2013), to this case violated Petitioners' equal protection and due process rights and that the issues of appellate review in this case were distinguishable from the issues in Bone. Without specifically addressing the Petitioners' constitutional arguments, the Court of Appeals issued an Order on July 21, 2016 granting Martinez's Motion to Dismiss, and the case was subsequently remitted to the Commission.¹²

¹² Petitioners filed a Petition for Writ of Certiorari with the Supreme Court on August 10, 2016, but the Petition was withdrawn and dismissed by the Supreme Court on August 15, 2016.

On September 19, 2016, the Commissioner's Chairman issued an Order assigning the case to the Appellate Panel. Counsel for Martinez sent a letter to the Chairman on October 31, 2016, requesting oral arguments regarding the remand issues. On December 15, 2016, the Appellate Panel responded with a letter denying Martinez's request for oral arguments and noting that the Circuit Court did not order the Commission to seek additional arguments or evidence from the parties. The Appellate Panel further stated it was continuing to meticulously review the extensive record and the Orders of the Circuit Court.

After considering the issues, the Appellate Panel filed its third Decision and Order in this case on August 22, 2017.¹³ The Appellate Panel specifically noted the instructions from Judge Hayes's December 3, 2015 Order, and the Appellate Panel stated:

In light of these instructions, and after carefully reconsidering and reviewing the whole record, including but not limited to the testimony of the only witnesses who testified at the Hearing, and cognizant of our role as fact finders, we are unable to reach any other factual conclusions than those that were made in our Decision and Order of February 24, 2015. Because the Circuit Court found that the original Full Commission Order was deficient and not sufficiently detailed in its findings to allow appellate review, the Appellate Panel has complied with the Court's directive. Therefore, based on the entire record, and specifically including the testimony of the witnesses who testified at the Hearing, we make, based on the substantial evidence identified herein, the following findings of fact with our corrections and clarifications.

(SCWCC Decision & Order, dated 8/22/2017, p. 3). The Appellate Panel then issued ninety-nine findings of fact and again concluded that Martinez failed to prove that she encountered unusual or extraordinary work conditions in her employment with the Spartanburg County Sheriff's Department on April 4, 2005, as compared to her normal conditions of employment. *Id.* at 3-30.

¹³ The Appellate Panel initially issued a Decision & Order on August 4, 2017; however, a page was inadvertently excluded when it was served on the parties. As a result, the Appellate Panel vacated the August 4, 2017 Order and issued an Amended Decision & Order, dated August 22, 2017.

The Appellate Panel specifically found that Martinez's relationship with the father of the child-victim (whether by virtue that the father was a fellow law enforcement officer or otherwise) was insufficient to transform the condition of Martinez's employment on April 4, 2005 into the extraordinary and unusual. Id. at 8-10. In addition, the Appellate Panel found that Martinez failed to prove that the accident investigation on April 4, 2005 proximately caused her mental breakdown, and that her breakdown was proximately caused by multiple factors, including her "cousin's" death, the taking of Xanax followed by an abrupt cessation, her "overtaking" of Lortab, and her myriad of health issues. Id. at 31.

On August 29, 2017, Martinez filed a Motion for Rehearing with the Appellate Panel. The Commission issued an Order denying the Motion on September 18, 2017. Martinez then filed a Notice of Appeal and a Petition for Judicial Review with the Spartanburg County Circuit Court on October 12, 2017. For a third time, the case was assigned to Judge J. Mark Hayes, II, who heard the matter on March 12, 2018.

On October 3, 2018, Judge Hayes entered an Order reversing the Appellate Panel's August 22, 2017 Order and remanding the matter back to the Commission. (Order, dated 10/3/2018, pp. 9-10). Judge Hayes ruled that he had established causation of the mental health condition as a matter of law in his previous Order and directed the Commission to find the same. Id. at 6 & 9. He also ordered the Commission to find whether the horrific death of an infant run over by her police officer father with whom the Petitioner had a law enforcement relationship made the crime scene investigation unusual and extraordinary. Id. at 9-10.

Petitioners filed a Motion to Alter or Amend Judgment Pursuant to S.C.R.C.P. 59(e) with the Circuit Court on October 12, 2017, and a hearing on the Motion was held on December 20, 2018. On July 15, 2019, Judge Hayes issued an Order denying Petitioner's Motion with the

exception of two grounds.¹⁴ That same day, Judge Hayes filed his Amended Order again reversing the Appellate Panel's Order, ruling that he had established causation of the mental health condition as a matter of law in his previous Order, and directing the Commission to find the same. (Amended Order, dated 7/15/2019, pp. 6-7, 9). He also ordered the Commission to find whether the horrific death of an infant run over by her police officer father with whom the Petitioner had a law enforcement relationship made the crime scene investigation unusual and extraordinary. *Id.* at 10. Judge Hayes further admonished the Appellate Panel against failing "to follow the law and comply with [his] Order," and he threatened the Appellate Panel with the use of his "powers... to punish for civil or criminal contempt...and to refer offending members of the Commission to the appropriate bodies for judicial or professional sanctioning" for the perceived failure by the Appellate Panel to conform with his Orders. *Id.* at 8.

Petitioners filed a Notice of Appeal with the Court of Appeals on August 12, 2019.

¹⁴ The two grounds from Petitioners Motion to Alter or Amend Judgment that the Circuit Court granted were:

8. The Circuit Court erred in holding that Captain Denton and [Martinez] were the only witnesses who testified at the hearing, the error being that Ramon Martinez (Martinez's father) and Caridad Martinez (Martinez's mother) also testified at the hearing.

9. The Circuit Court erred by finding Captain Denton and [Martinez] were "credible," the errors being that (a) this finding exceeds the Circuit Court's scope of review under Section 1-23-380, S.C. Code Ann. (1976) and (b) the determination of witness credibility is strictly reserved to the Commission. *Brown v. Peoplease Corp.*, 402 S.C. 476, 741 S.E.2d 761 (Ct. App. 2013); *O'Banner v. Westinghouse Electric Corp.*, 319 S.C. 24, 459 S.E.2d 324 (Ct. App. 1995)

ARGUMENTS

I.

THE CIRCUIT COURT EXCEEDED ITS SCOPE OF REVIEW UNDER SECTION 1-23-380 IN ITS ORDERS FROM FEBRUARY 25, 2009; DECEMBER 3, 2015; AND JULY 15, 2019.

The South Carolina Administrative Procedures Act ("APA") establishes the standard for judicial review of decisions of the workers' compensation commission. Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981). In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). The final determination of witness credibility and the weight to be accorded evidence is reserved to the Appellate Panel. Shealy v. Aiken County, 341 S.C. 448, 535 S.E.2d 438 (2000).

The "substantial evidence" rule of the APA governs the standard of appellate review in a workers' compensation case. Frame v. Resort Servs., Inc., 357 S.C. 520, 527, 593 S.E.2d 491, 494 (Ct. App. 2004). Pursuant to the APA, the Circuit Court's review is limited to deciding whether the appellate panel's decision is unsupported by substantial evidence or is controlled by some error of law. See Grant v. Grant Textiles, 361 S.C. 188, 191, 603 S.E.2d 858, 859 (Ct. App. 2004) ("A reviewing court will not overturn a decision by the workers' compensation commission unless the determination is unsupported by substantial evidence or is affected by an error of law."); See also Lyles v. Quantum Chem. Co. (Emery), 315 S.C. 440, 434 S.E.2d 292 (Ct. App. 1993) (noting that in reviewing decision of workers' compensation commission, the Court of Appeals will not set aside the Commission's findings unless they are not supported by substantial evidence or they are controlled by error of law).

A. The Circuit Court's February 25, 2009 Order.

In his first Order, filed February 25, 2009, Judge Hayes held that the Commission's finding that Martinez failed to prove she encountered an unusual or extraordinary condition in her employment on April 4, 2005 lacked sufficient detail to enable the Court to determine (1) whether its findings were supported by substantial evidence and (2) whether the Appellate Panel applied the proper analysis for determining compensability of her mental injury. As such, Judge Hayes reversed the Commission's finding regarding compensability and remanded the case back to the Commission for further review consistent with his Order.

Petitioners contend Judge's Hayes exceeded his scope of review in his February 25, 2009 Order because he improperly substituted his own opinion and view of the evidence for that of the Commission and essentially re-wrote the Commission's findings of fact. In Footnote 3 of the Order, Judge Hayes improperly set out his own rendition of the facts. Judge Hayes never discussed or examined any of the Commission's findings of facts under the substantial evidence rule. Rather, Judge Hayes engaged in re-weighing the evidence and making findings of fact, which was beyond his scope of review. See Shealy v. Aiken County, 341 S.C. 448, 535 S.E.2d 438 (2000).

With regard to the Commission's finding that Martinez failed to prove that the accident investigation on April 4, 2005 was the proximate cause of her mental breakdown, Judge Hayes initially declared that the Commission's finding on causation was insufficient for judicial review under S.C. Code Ann. Section 1-23-350. (See Order, dated 2/25/2009, pp.8-10). He specifically stated:

Here, even though the orders from the Commission give a summary of some of the testimony presented during the hearing, no basis for the Findings of Facts 14, 15, and 16 is provided, and thus, *this Court is left to speculate* if the proper analysis was applied by the

Commission and whether the factual conclusions upon which the law was applied has a substantial basis in the record.¹⁵

Id. at 9-10 (emphasis added). Yet, despite his clear assertion that the Commission's finding regarding causation was not sufficient for judicial review, he then went on to perform a judicial review of the same. Judge Hayes stated:

Again, *assuming* the Order is sufficient for judicial review... the Commission's finding is clearly erroneous, applying the substantial evidence standard of review, because the only conclusion that can be drawn from the medical information is that there exists the necessary showing of proximate cause to link the accident investigation of her friend's child's death and her mental breakdown."

Id. at 14-15 (emphasis added). He added that "The Commission's Order does not suggest, implicitly or expressly, that the proximate cause element of the claim fails because of some intervening or superseding act." Id. p. 15. After claiming that "the Commission's Order requires this Court to *speculate* as to how, factually, [Martinez] did not meet her 'burden of proof,'" Judge Hayes concluded that "the only causation conclusion that can be drawn from the record below is that [Martinez] established her burden of proof that her mental injuries were proximately caused by the stress from the accident investigation." Id. at 17.

By making this conclusion regarding causation in his February 25, 2009 Order, Judge Hayes made multiple errors of law. **First, since Judge Hayes initially determined the Commission's finding regarding causation was insufficient for judicial review, it was an error for him to then perform a judicial review.** If the Appellate Panel's finding regarding causation was insufficient, he should have remanded the case back to the Appellate Panel for

¹⁵ The Single Commissioner's Finding of Fact #16, which the Appellate Panel affirmed and adopted, stated "Claimant failed to prove that the accident investigation on April 4, 2005 was the proximate cause of her mental breakdown, said finding being based on all the evidence in the record." (Single Commissioner Order, dated 11/20/2016, p. 22; *See also* Appellate Panel Order, dated 5/22/2007, pp. 2-3)

further findings of fact regarding causation. *See Turner v. Campbell Soup Co.*, 252 S.C. 446, 166 S.E.2d 817 (1969) ("Remand is proper where the Commission has failed to make essential findings of fact, or the findings made are so indefinite or general as to afford no reasonable basis upon which the appellate court can determine whether the findings are supported by the evidence and whether the law has been properly applied to those findings. To hold otherwise in such cases would ... require the appellate court to make the omitted findings of fact which the statute forbids.").

Additionally, in reaching his conclusion regarding causation of Martinez's mental condition, Judge Hayes exceeded his scope of review by determining the weight that should be given to certain medical evidence. The weight to be accorded evidence is reserved to the Appellate Panel. *See Shealy*, 341 S.C. 448, 535 S.E.2d 438 (2000). It is obviously apparent from his Order that Judge Hayes did not consider any of the initial medical records which show:

- On April 7, 2005, *three days after the accident investigation*, Martinez saw her family physician, John R. Wieder, M.D., regarding her high blood pressure and headaches. (APA #1, p. 2). Martinez also reported that she was having stress at work, specifically mentioning having to work alternating shifts. *Id.* **However, there was no mention in his report of the accident investigation on April 4, 2005. *Id.***
- On April 18, 2005, *two weeks after the investigation in question*, Martinez's "cousin"¹⁶ passed away from AIDS. (Tr. 25).
- The first medical attention that Martinez received for emotional stress was from her family doctor on April 19, 2005, *the day after her cousin died*. In his report from that day, Dr. Wieder specifically noted:

She is very upset and crying. A very close friend and relative, a cousin with whom she was very close over the years, passed away. She is very upset about it. They were very close ever since they were little kids. She is very upset that she did not get to the hospital in time to say goodbye before he passed away.
- As a result of her stress on April 19, 2005, Dr. Wieder took Martinez out of work for a few days because "she is going to be helping with the funeral arrangements, and will want to attend the funeral." *Id.* Dr. Wieder also placed Martinez on Xanax "to help her

¹⁶ The "cousin" – actually Martinez's ex-husband's cousin – is described by Martinez herself in the medical records as her "cousin," "brother," "best friend," and "very close friend and relative."

get through this very trying time.” (APA #1, p. 4). There was no mention of the April 4, 2005 accident investigation in this report.

- On April 24, 2005, Martinez was transported via EMS to Spartanburg Regional Medical Center (“SRMC”) after having a syncopal episode, and it was noted that she was unconscious for approximately 25 minutes. (APA #2, p. 13). Martinez reported a history of “heart murmur, vasopressor syncope, and atrial tachycardia. *Id.* Notably, she also reported “increased stress this week due to death in family.” *Id.* at 17. There was no mention of the April 4, 2005 accident investigation in the medical records from SRMC, dated April 24, 2005.
- The following day, April 25, 2005, Martinez returned to Dr. Wieder with complaints of dizziness, headache, vomiting, and diarrhea, and Dr. Wieder sent Martinez to Mary Black Memorial Hospital. *Id.* (APA #1, p. 4). There is no mention of the April 4, 2005 accident investigation in Dr. Wieder’s April 25, 2005 report.
- From April 25, 2005 through April 27, 2005, Martinez was hospitalized on an inpatient basis at Mary Black Hospital. (APA #3, pp. 64-103). There is no reference to the April 4, 2005 investigation in these hospital records. *Id.* Instead, the discharge instructions state that she was provided a “referral to mental health therapy for grieving.”¹⁷ *Id.* at 81 (emphasis added).
- Martinez returned to Dr. Wieder on ten separate occasions between April 29, 2005 and June 2, 2005 (APA #1, pp. 7-10). Martinez never mentioned in any of these office visits that she had any stress related to the accident investigation of April 4, 2005. (APA #1, pp. 7-10). Rather, these records indicate that any stress she was having during this time was due to being out of work for her unrelated health conditions.
- At some point around the first week of August 2005, Martinez abruptly stopped taking the Xanax, which had been prescribed for her after her cousin’s death. (See APA #2, p. 23; Tr. 49). On August 7, 2005, Martinez was transported by EMS to Spartanburg Regional Medical Center because of “patient behavior suggesting psychiatric problems.” (APA #7, p. 167). It was noted in the assessment that *the precipitating event* had been:

**My cousin died mid-April 2005 and I took Xanax for my nerves.
I stopped taking Xanax 1-2 weeks ago and became psychotic.**

(APA #8, p. 179)(emphasis added).

- Martinez was hospitalized on an inpatient basis at SRMC from August 7, 2005 through August 9, 2005. During this hospitalization, Martinez was examined by a psychiatrist, Dr. Chris Caston.¹⁸ (APA #2, pp. 23-25). Dr. Caston’s diagnosis was clinical

¹⁷ As the Appellate Panel found the grieving in this report refers to Claimant’s cousin.

¹⁸ In its subsequent Decisions and Orders, the Appellate Panel specifically found that it gave great weight to Dr. Caston’s medical reports. (See SCWCC Decisions & Orders, dated 2/24/2015 & 8/22/2017, Finding of Fact #44).

psychiatric disorders, Benzodiazepine withdrawal delirium, and anxiety disorder. *Id.* In his discharge note, Dr. Caston stated:

The patient is a 46 year old white female who has been admitted due to delirium thought to be related to Benzodiazepine withdrawal symptoms. The patient has not had Xanax in 3 to 5 days.

* * * * *

The patient had no previous history of psychiatric care. The patient apparently had recent problems with uncontrollable hypertension and also had *problems with anxiety, insomnia and depression related to the death of her best friend who apparently was a male cousin.*

(APA #2, p. 35)(emphasis added). There is no mention of the April 4, 2005 accident investigation in the SRMC records from August 7, 2005 through August 9, 2005.

- Martinez was treated at Carolina Center for Behavioral Health on an out-patient basis from August 10, 2005, through August 22, 2005 (APA #8, p. 262). Records describe the reason for the admission as follows:

The patient was admitted after being hospitalized briefly at SRMC. She ended up there after having a brief reaction, possibly psychotic in nature to abruptly stopping her Xanax. She started the Xanax 2mg a day six weeks ago **after suffering an acute anxiety reaction to the death of a relative.** She was vulnerable at the time due to stressors at work. She works as a police officer. **She feels she was in an emotionally vulnerable state when the relative died.¹⁹ This heightened her reaction to it. She was placed on Xanax.** She did reasonably well. She felt that she needed to get off the medication. She did so basically by stopping it.

(APA #4, p. 107)(emphasis added). Additionally, Martinez reported that the precipitating events to her mental breakdown were: **"My cousin died mid-April 05 and I took Xanax for my nerves. I stopped taking Xanax 1-2 weeks ago and became psychotic."** (APA #8, p. 179)(emphasis added).

- The first mention of the April 4, 2005 accident investigation was not until August 10, 2005, *over four months after the accident investigation*, when a nurse at Carolina Center for Behavioral Health Martinez noted the following under the "Lost Something/Someone You Loved" portion of the initial assessment form: "brother [i.e.,

¹⁹ As the Appellate Panel specifically found in its subsequent Decisions & Orders, "This statement demonstrates that Claimant herself believes that the 'final straw' was the death of the cousin—not the toddler's death." (See SCWCC Decisions & Orders, dated 2/24/2015 & 8/22/2017, Finding of Fact #54).

cousin] – *also* saw 2 yr old child of friend & co-worker on case she worked in job as forensic police officer.” *Id.* at 178 (emphasis added).²⁰

- Martinez did not mention the child’s death until *after* she realized she would not be able to return to her job as a law enforcement officer due to her psychiatric admission. Records from SRMC, dated August 8, 2005 – *two days before the first mention of the child’s death* – note that Martinez was worried about still having a job and that she “believes that she’ll be fired because of her [psych] admission.” (APA #2, pp. 52 & 56)(emphasis added). When she presented to Carolinas Center for Behavior Health on August 10, 2005, it was noted on the initial assessment form that she was “applying for disability” due to “job concern.” (APA #8, p. 177)(emphasis added). On August 12, 2005, Martinez reported that the Sheriff’s Department had “already secured her guns,” that she was “unable to return to work,” and that she would “have to go on disability or early retirement.” *Id.* at 193-194.

While Judge Hayes decided in his February 25, 2009 Order that “the only causation conclusion that can be drawn from the record below is that [Martinez] established her burden of proof that her mental injuries were proximately caused by the stress from the accident investigation,”²¹ this is simply erroneous based on the initial medical records, which make no mention of the April 4, 2005 investigation and which clearly show the proximate causes of Martinez’s mental breakdown were the death of her “cousin,” her taking of Xanax due to the death of her cousin, and her abrupt cessation of Xanax. Not only does this show that Judge Hayes failed to perform a proper judicial review (i.e., determine whether there was any competent evidence to support the Commission’s findings), but it also shows that he exceeded his authority by substituting his judgement for the judgement of the Commission as to the weight of the evidence and by making his own findings of fact.

Judge Hayes’s February 25, 2009 Order was in clear violation of his appellate authority and scope of review under Section 1-23-380. “The court may not substitute its judgment for the

²⁰ The fact that the child’s death is mentioned *after* the death of her cousin demonstrates which event Martinez considered to be more important.

²¹ Order, dated 2/25/2009, p. 17.

judgment of the agency as to the weight of the evidence on questions of fact.” S.C. Code Ann. §1-23-380(5).

B. The Circuit Court’s December 3, 2015 Order.

As outlined above, Judge Hayes’s first Order was reversed by the Court of Appeals, which held the Commission’s findings of fact were sufficient for judicial review and that substantial evidence supported the Commission’s findings that Martinez did not suffer an “unusual or extraordinary” condition of her particular employment.²² However, the Supreme Court subsequently vacated the Court of Appeals’ Order and remanded the case to the Commission on the grounds that the circuit court’s order was not a final judgment and therefore was not appealable pursuant to Bone.²³

On February 24, 2015, the Appellate Panel issued its Decision and Order and noted:

Because the Circuit Court found that the Commission’s Order lacked an “explicit statement of facts...sufficiently detailed to enable the reviewing Court to determine whether the findings are supported by the evidence,” the Commission withdraws its previous Findings of Fact and hereby substitutes the following Findings of Fact for the Court’s consideration.

(SCWCC Decision & Order, dated 2/24/15, p. 5). The Appellate Panel again concluded that (1) Martinez failed to prove she encountered unusual or extraordinary work conditions in her employment on April 4, 2005 as compared to her normal conditions of employment and (2) Martinez failed to prove her mental health condition was proximately caused by the work incident on April 4, 2005. Id. at 45. In support of its decision denying compensability, the Appellate Panel made numerous findings of fact that showed Claimant was performing her ordinary job duties in an ordinary manner as a forensic investigator at the scene of the toddler’s death. While Martinez

²² Martinez v. Spartanburg Co., 394 S.C. 224, 715 S.E.2d 339 (Ct. App. 2011), *vacated*, 406 S.C. 532, 753 S.E.2d 436 (2014).

²³ Martinez v. Spartanburg County, 406 S.C. 532, 753 S.E.2d 436 (2014) (citing Bone, 404 S.C. 67, 744 S.E.2d 552 (2013)).

emphasized the “thin blue line” relationship and contended her relationship with Officer Johnson, a *former* officer with the Spartanburg County Sheriff’s Department, transformed her employment condition on the day of the investigation into the extraordinary and unusual, the Appellate Panel disagreed. The Appellate Panel found that “Claimant only knew the toddler’s father in a ‘law enforcement way’ as a fellow officer who formerly worked for [Spartanburg County]” and that her “relationship” with Officer Johnson “on the date of the toddler’s death was, at most, as an acquaintance (or loosely defined ‘friend’) of a fellow law enforcement officer.” *Id.* at 13 & 15. In support of its decision, the Appellate Panel found:

- Officer Johnson only worked for Spartanburg County for approximately one year, and during that time, Martinez and Officer Johnson were never partners and worked in different zones;
- Officer Johnson left the Spartanburg County Sheriff’s Office 2 to 3 ½ years prior to the toddler’s death;
- Martinez and Officer Johnson were not close friends;
- Martinez never socialized with Officer Johnson or been to his house prior to the date of the toddler’s death;
- Martinez did not talk to/console Officer Johnson when she arrived on scene on April 4, 2005;
- Martinez had never met Officer Johnson’s child, and there was no evidence that Martinez had ever seen a picture of his child at any point during the child’s life; and
- Martinez was not a friend of Officer Johnson’s wife, and Martinez could not recall ever meeting Officer Johnson’s wife.

Id. at 12-15. The Appellate Panel specifically found that Martinez’s “fellow law enforcement officer relationship” with Officer Johnson was insufficient to make the investigation in question unusual or extraordinary.²⁴ *Id.* at 13.

²⁴ The Appellate Panel noted in its findings of fact that “Although a friendship (something more abiding or meaningful than simply seeing/exchanging pleasantries with someone at work) or a present—or perhaps even former—law enforcement partnership might produce a different outcome with regard to compensability, those circumstances are not applicable in the case before us.” *Id.* at 12-14.

With regard to causation, the Appellate Panel again concluded that Martinez failed to prove her mental health condition was proximately caused by the work incident on April 4, 2005 and that the proximate cause of her mental breakdown was multifactorial and included the death of her “cousin”, the taking of Xanax followed by abrupt cessation, her “overtaking” of Lortab, and her myriad of health issues. *Id.* at 45-46. In support of its decision regarding causation, the Appellate Panel issued over sixty detailed findings of fact. *Id.* at 15-44.

This case was again appealed to the Circuit Court and for a second time heard by Judge Hayes. On December 3, 2015, Judge Hayes issued his Order in this case, again reversing the Appellate Panel. Judge Hayes held that the Appellate Panel erred because it “did not include any of the quoted testimony supporting compensability” and “ignored the case law on compensability cited” in his previous Order. (Order, dated 12/3/2015, p. 15). However, the Appellate Panel specifically cited to three of the six cases Judge Hayes noted in his prior Order. Furthermore, in its discussion about mental injuries, the Appellate Panel cited the Supreme Court’s more recent decision in Bentley v. Spartanburg County²⁵, which was issued three years *after* Judge Hayes’s first Order. With regard to the testimony of the witnesses, the Appellate Panel clearly considered all the testimony and made several findings regarding the testimony of each or every witness who testified at the hearing. Judge Hayes’s decision to reverse because certain testimony was not quoted in the Appellate Panel’s Order is another example of him going beyond his scope of review and reweighing the evidence.

Importantly, Judge Hayes stated in his second Order, “The only witnesses who testified in this case were Deputy Martinez and Captain Denton, both of whom were law enforcement officers who were found to be credible.” (Order, dated 12/3/2015, p. 22). However, this was clearly

²⁵ 398 S.C. 418, 730 S.E.2d 296 (2012)

erroneous on two grounds. First, Martinez's father and mother also testified at the hearing before the single commissioner. Second, and most notably, the Appellate Panel did not find Martinez or Captain Denton credible as Judge Hayes asserted. Instead, the Appellate Panel found that credibility of Martinez's testimony was diminished by the fact that she attempted to downplay the effect of her "cousin's" death.²⁶ (See SCWCC Decision & Order, dated 2/24/2015, p. 41). The Appellate Panel further found Captain Denton had some interest in the compensability of Martinez's workers' compensation case because he had known Martinez through his sister for years before their law enforcement careers, he helped Martinez secure legal counsel for her workers' compensation claim, and Claimant described him in the medical records as part of her social support system and referred to him at the hearing as "Steve" until being asked by her attorney, "Who is Steve?" (*Id.* at p. 40). Judge Hayes's statement that Martinez and Captain Denton were both found to be credible was not only completely inaccurate, but also convincing proof that he exceeded his scope of review by making determinations on witness credibility. See *Shealy*, 341 S.C. 448, 535 S.E.2d 438 (2000).

Additionally, Judge Hayes determined that the Appellate Panel's "finding that Deputy Martinez did not have a law enforcement relationship with Officer Johnson is unsupported by the substantial evidence on the whole." (Order, dated 12/3/2015, p. 23). However, this is completely inaccurate as the Appellate Panel never found that Martinez and Officer Johnson did not have a law enforcement relationship. Instead, as previously outlined, the Appellate Panel made multiple findings regarding the nature of their relationship and specifically found that Martinez's "fellow law enforcement officer relationship" with Officer Johnson was insufficient to make the

²⁶ As previously outlined and discussed in the Petition, Martinez's "cousin" died two weeks after the investigation on April 4, 2005, and the medical records show that Martinez's psychological complaints were initially related to her "cousin's" death, not the toddler's death.

investigation in question unusual or extraordinary. Judge Hayes's decision to remand the case back to the Appellate Panel on an issue that Appellate Panel clearly addressed in its previous Order not only exceeded his scope of review, but also displays the results-oriented nature of his decisions and the unlawful efforts he has made to become the fact finder in this case.

Finally, in his December 3, 2015, Judge Hayes also reversed the Appellate Panel's new findings of fact regarding causation. *Id.* at 27. Judge Hayes held that the Appellate Panel did not have jurisdiction to reconsider the issue of causation because his previous Order established causation as a matter of law. *Id.* at 10. Judge Hayes remanded the case to Commission to enforce his "previous Order ruling that causation was established as a matter of law." *Id.* at 27. Petitioners contend that Judge Hayes's decision regarding causation in his December 3, 2015 was unlawful because (1) it was based on the improper judicial review he performed when issuing his original order on February 25, 2009 and (2) it was a continuation of his previous errors of improperly weighing of the evidence and making findings of fact.

C. The Circuit Court's July 15, 2019 Order.

After Petitioner's appeal to the Court of Appeals was dismissed, again pursuant to Bone, the case was remanded back to the Commission. On August 22, 2017, the Appellate Panel issued its third Decision and Order and specifically noted the instructions from Judge Hayes's December 3, 2015 Order:

In light of these instructions, and after carefully reconsidering and reviewing the whole record, including but not limited to the testimony of the only witnesses who testified at the Hearing, and cognizant of our role as fact finders, we are unable to reach any other factual conclusions than those that were made in our Decision and Order of February 24, 2015. Because the Circuit Court found that the original Full Commission Order was deficient and not sufficiently detailed in its findings to allow appellate review, the Appellate Panel has complied with the Court's directive. Therefore, based on the entire record, and specifically including the testimony of the witnesses who testified at the Hearing, we make, based on

the substantial evidence identified herein, the following findings of fact with our corrections and clarifications.

(SCWCC Decision & Order, dated 8/22/2017, p. 3). The Appellate Panel again concluded that (1) Martinez failed to prove she encountered unusual or extraordinary work conditions in her employment on April 4, 2005 as compared to her normal conditions of employment and (2) Martinez failed to prove her mental health condition was proximately caused by the work incident on April 4, 2005. Id.

On July 15, 2019, Judge Hayes issued his Amended Order asserting that the Appellate Panel's finding that Martinez had no law enforcement relationship with Officer Johnson must be reversed as unsupported by substantial evidence on the whole record and ordering that "the Commission on remand shall decide whether the tragic and horrific death of the 2 year old infant run over by her police officer father with whom [Martinez] had a law enforcement relationship made the crime scene investigation unusual and extraordinary." (Order, dated 7/15/2019, p. 10). In addition, Judge Hayes again ordered the Commission to delete all of its findings of fact regarding causation and to "substitute a ruling that the crime scene investigation performed by [Martinez] on April 4, 2005 caused [Martinez's] mental injury as a matter of law based on the unanimous opinions of the medical experts, including [Petitioner's] medical expert." Id. at 9.

Much like his second order, Petitioners contend that Judge Hayes's Order of July 15, 2019 was unlawful since it was based on the improper judicial review he performed when issuing his original order on February 25, 2009 and since it is a continuation of his improper weighing of the evidence and making findings of fact. Under the guise of stating that he has ruled on causation "as a matter of law" and instructing the Appellate Panel to *delete* its findings and substitute his ruling on causation, Judge Hayes is making his own findings of fact, which is clearly beyond his appellate review authority.

Judge Hayes has made it abundantly clear that, in his opinion, this case is compensable. On not one, not two, but now three separate occasions Judge Hayes has remanded the case to the Commission. Notably, in his most recent Order, filed July 15, 2019, Judge Hayes admonished the Appellate Panel against failing "to follow the law and comply with [his] Order," and in what can only be viewed as an attempt to intimidate the Appellate Panel, Judge Hayes threatened the Appellate Panel with the use of his "powers... to punish for civil or criminal contempt...and to refer offending members of the Commission to the appropriate bodies for judicial or professional sanctioning" for the perceived failure by the Appellate Panel to conform with his Orders. Judge Hayes did not remand the claim for further proceedings, additional evidence, or even meaningful review. Instead, he has remanded the case to make a different ruling of law on the same facts that have been in evidence since a decision was first made by the Commission nearly thirteen years ago.

On its face, this posture and demand by Judge Hayes prejudicially precludes the Petitioners from any further meaningful re-review by the Appellate Panel. Given the threats from Judge Hayes, the Appellate Panel cannot be reasonably expected to render any decision contrary to Judge Hayes's preordained and unlawful findings, despite its providence to do so. Judge Hayes's declaration of criminal, civil, and professional peril against the individual members of the Appellate Panel if they fail to abrogate their statutory and ethical obligation to weigh the evidence and determine findings of fact, in favor of the Judge Hayes's factual conclusions, has deprived the Petitioners of any reasonable opportunity for a fair review on remand. Threats coerce, and coercion compels.

Based on the foregoing, Petitioners assert that all three of Judge Hayes's Orders reversing the Appellate Panel's Decision and Orders violate Article V, Section 11 of the South Carolina

Constitution and Section 1-23-380 because Judge Hayes clearly exceeded his appellate jurisdiction and scope of review by reweighing the evidence, substituting his judgment for that of the Commission's, determine the credibility of witnesses, and making his own findings of fact.

II.

THE SUPREME COURT'S INTERPRETATION OF SECTION 1-23-390 IN BONE V. U.S. FOOD SERVICE, 404 S.C. 67, 744 S.E.2d 552 (2013) VIOLATES PETITIONER'S EQUAL PROTECTION AND DUE PROCESS RIGHTS.

A. The issues raised by Petitioners are issues of first impression for this Court.

In Bone, this Court held that an "order remanding the matter to the Commission for further proceedings does not constitute a final judgment as required by section 1-23-390 and, therefore, is not immediately appealable." 404 S.C. at 84, 744 S.E.2d at 562. While the Court in Bone addressed the applicability of the Administrative Procedures Act and interpreted the meaning of a "final judgment" as used in section 1-23-390, the Court did not consider the defendants' equal protection rights or their due process rights. As such, Petitioners believe the constitutional issues raised in the present case are issues of first impression for this Court.²⁷

B. Bone's application of Section 1-23-390 to Workers' Compensation Employers and Carriers violates their Equal Protection Right under the law.

Depending on the disposition of the issues by the Circuit Court, and Court of Appeals, Bone's application of Section 1-23-390 creates an impermissible distinction between claimants and defendants, which violates equal protection as provided by Article I, Section 3 of the South Carolina Constitution. First, equal protection is applicable in workers' compensation appellate proceedings. See Howard v. Owen Steel Co., 303 S.C. 304, 400 S.E.2d 149 (1991) (analyzing

²⁷ Assuming arguendo that Bone's interpretation of Section 1-23-390 is not unconstitutional on its face, its application to Petitioners in the present case violates Petitioners' due process and equal protection rights provided by Article I, Section 22 of the South Carolina Constitution.

appeals to the Full Commission under equal protection). Therefore, Petitioners' equal protection rights extend to the current proceeding.

The equal protection analysis has been set forth in multiple cases:

The equal protection clauses of our federal and state constitutions declare that no person shall be denied the equal protection of the laws. U.S. Const. amend. XIV, § 1; S.C. Const. art. I, § 3. Equal protection "requires that all persons be treated alike under like circumstances and conditions, both in the privileges conferred and in the liabilities imposed."

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (2012) (Beatty, J., dissenting). "The *sine qua non* of an equal protection claim is a showing that similarly situated persons received disparate treatment." Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013).

In this claim, Bone requires that opposing litigants in the *same* litigation receive disparate treatment in a workers' compensation appeal. Specifically, in cases in which compensability is disputed, such as the instant case, Bone would *allow* a claimant's appeal when compensability is denied by the Court, but would *deny* defendants an appeal when compensability is decided in the claimant's favor. This inequity is the logical progression of Bone's requirement that the "final judgment" required by Section 1-23-390 be a "final judgment disposing of the *entirety of the action*." Bone, 404 S.C. at 78, 744 S.E.2d at 559.

As contemplated by Bone, workers' compensation claims often require multiple hearings to determine issues and entitlement to certain benefits: compensability, temporary disability, permanent disability, and medical treatment. This Court has recognized that "workers' compensation benefits accrue along a time continuum." Curiel v. Env'tl. Mgmt. Services, 376 S.C. 23, 655 S.E.2d 482 (2007). Because of the nature of the benefits available, defining a final judgment as requiring the disposal of the whole action *impermissibly requires* the government to treat a defendant in the claim differently than a claimant. To illustrate, consider the following

table in which the defendants to a workers' compensation claim dispute compensability, but the claimant asserts entitlement to benefits.²⁸ Assume that there is an injury, but the defendants assert a legal defense, such as in the instant case²⁹:

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes
Circuit Court	Substantial Evidence/ Error of Law	Defendants	Yes	Yes
Court of Appeals	Substantial Evidence/ Error of Law	Defendants	Yes	Yes

In the above example, where the defendants prevail at every level, the claimant has every chance to prove the claim, and then to have the claim reviewed by the next reviewing body for errors of law. No one would dispute that the fairness of the judicial review as set forth in the above table. However, consider the following table, in which the defendants initially prevail on their legal argument that the claim is not compensable, but the Circuit Court remands, and, in doing so, makes an error of law:

²⁸ The Tables illustrate the prior law, which applies in this case, that required an appeal from the Commission to be made first to the circuit court. Such appeals are now directed to the Court of Appeals for all injuries occurring on or after July 1, 2007. S.C. Code Ann. § 42-17-60 (Supp. 2012).

²⁹ Petitioners (1) deny Martinez's mental injury arose out of unusual or extraordinary conditions of her employment and (2) deny the investigation in question was the proximate cause of her mental injury.

Deciding Body	Standard of Review	Prevailing Party	All issues Decided	Can Aggrieved Party Appeal/ Petition for Review?
Single Commissioner	Fact Finder	Defendants	Yes	Yes
Full Commission	De Novo	Defendants	Yes	Yes
Circuit Court	Substantial Evidence/ Error of Law	Claimant	No	No
Court of Appeals	Substantial Evidence/ Error of Law			

Indeed, the second chart represents what happened in this case. Petitioners now assert that the Circuit Court, sitting as an appellate court, has made several errors of law. However, even if the Circuit Court has in fact made a clear error of law in Martinez's favor, because of the nature of the proceeding, Bone deprives Petitioners of a *reasonably timely* appeal. Timeliness of an appeal notwithstanding, when Petitioners are required to provide medical treatment and disability payments until all issues are finally decided by the fact finder, significant deprivation of property arguments arise. (See Due Process Argument, *infra*.) Therefore, Bone's interpretation of Section 1-23-390 essentially requires disparate treatment of litigants to the same workers' compensation claim.

This disparate treatment impermissibly infringes on a fundamental right guaranteed by the South Carolina Constitution: the right to access to the Courts. Article I, Section 9 of the South Carolina Constitution provides that "All courts shall be public, and every person shall have speedy

remedy therein for wrongs sustained.” In Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922), the Supreme Court recognized that the right to a speedy remedy includes the right of a speedy appeal.³⁰

The inequity of appealability in this case offends the constitutional guarantee in two ways. First, Article I, Section 9 guarantees the right to “every person.” Therefore, if the right to court access is guaranteed to every person, it is guaranteed to every person equally. The inequity of the availability of the appeal cannot stand. Second, because the speedy remedy requires a speedy appeal, the equity of the parties should require an appeal of equal speed for both parties. A claimant has access to an immediate appeal; however, should the current construction of Bone stand, then there is absolutely no speedy remedy or appeal for Petitioners in the instant case. Petitioners could be subject to provide disability benefits and medical treatment until the time of maximum medical improvement and a hearing before the Commission to determine all issues. Only at that time are Petitioners able to argue that the claim is not compensable for legal reasons that were readily available, and able to be litigated, prior to Petitioner’s provision of benefits.

Given that disparate treatment required by Bone implicates a constitutional right of access to the Courts, the appropriate equal protection analysis is strict scrutiny, and the Bone construction of Section 1-23-390 cannot stand. Legislation restricting or impairing a fundamental right “is subject to ‘strict scrutiny’ in determining its constitutionality.” In re Treatment and Care of Luckabaugh, 568 S.E.2d 338, 351 S.C. 122 (2002) (citing Hamilton v. Board of Trustees, 282 S.C. 519, 319 S.E.2d 717 (Ct. App. 1984)). “To survive strict scrutiny the Act must meet a compelling state interest and be narrowly tailored to effectuate that interest.” Id. In the instant case, there is no *compelling* state interest. Indeed, the primary discernable policy interest identified in Bone is

³⁰ “A lax observance of the very reasonable regulations prescribed by statute and the rules of court for perfecting appeals can but lead to unnecessary delay in the final disposition of causes in our courts, and thus work infringement of the constitutional guaranty (Section 15, Art 1, Const. 1895) that ‘every person shall have speedy remedy therein for wrongs sustained.’” Rylee v. Marett, 121 S.C. 366, 113 S.E. 483 (1922).

“undue delay and waste of judicial resources caused by interlocutory appeals.” Conserving judicial resources cannot be compared to a *compelling* interest such as national security, protecting the lives of citizens from threats of harm, etc. This matter of preference is not “compelling” when balanced with defendants’ right to have the same appeal right as a claimant. A one-sided bar to appeal is insufficiently tailored to accomplish the stated goal of preventing “undue delay and waste of judicial resources” when there is no data or legislative history indicating that a contemporaneous appeal actually wastes judicial resources. Furthermore, as Justice Hearn specifically noted in her dissent in Bone, “the interests of judicial economy demand a rejection of the majority’s view. Taken to its logical conclusion, the majority’s position could have cases trapped in a cycle of remands for year.” Bone, 404 S.C. at 92, 744 S.E.2d at 566. That is exactly what has happened in the present case. Despite over fourteen years having passed since the date of the alleged accident, there is still no decision on compensability. Due to the application of Bone, this case has since been stuck in a perpetual cycle of remands, with no end in sight. Accordingly, Bone’s interpretation of Section 1-23-390, and its application to Petitioners, impermissibly burdens the constitutional right of Petitioners to a speedy appeal.

Moreover, even absent the protection in the South Carolina Constitution for access to the courts, any order denying the right to appeal and subjecting Petitioners to an undetermined period of benefit payments burdens a fundamental property right:

[I]t is arguable that this case should be analyzed under the strict scrutiny test as the reduction of a parent’s income clearly impinges upon a **fundamental property right**. See Wingfield v. S.C. Tax Comm’n, 147 S.C. 116, 152, 144 S.E. 846, 858 (1928) (“The court appreciates the earnest plea that every person is entitled to the enjoyment of life, liberty, and property, and to the equal protection of the laws guaranteed by the federal and state Constitutions, and will protect and safeguard these fundamental rights to the extent, if necessary, of declaring invalid any legislative enactment clearly shown to be in violation of them.”).

McLeod v. Starnes, 396 S.C. 647, 723 S.E.2d 198 (2012) (Beatty, J., dissenting) (emphasis added).

The application of Bone in the present case will clearly deprive Petitioners of a fundamental property right. Consider the following:

- Petitioners prevailed on compensability before the Commission, but the Commission's decision was reversed by the Circuit Court;
- Under Bone, Petitioners are without recourse for immediate appeal, and the case is remanded to the Commission, which will have little choice but to adopt the Circuit Court's improper findings of fact and award benefits to Martinez;
- Petitioners begin paying temporary total disability benefits at a compensation rate of \$462.92, and provide Martinez with psychiatric treatment.
- It takes 2.5 years and \$60,000 in medical care and prescription drugs costs to attain maximum medical improvement.
- Permanency is determined, and future medical is ordered.
- The case works its way to the Supreme Court, and shortly before oral argument, Petitioners pay the 500th week of disability, totaling \$231,460.00 (with medical treatment Appellants have now spent close to \$300,000.00).
- The Supreme Court then decides that Petitioners' legal case against compensability has merit and rule that the case is not compensable as a matter of law.

Assuming this case unfolds as above, Martinez will have received a benefit of nearly \$300,000, to which she was never entitled. That certainly implicates a significant property right, and, practically, there is no way for Petitioners to recover this money through the workers' compensation claim that gave rise to the requirement to pay it. Bone would reason that the Petitioners' \$300,000 loss is merely the price of using judicial resources wisely; however, that outcome is untenable.

Fundamental rights aside, Bone cannot pass a rational basis test. "To prevail under the rational basis standard, a movant must show similarly situated persons received disparate treatment, and that the disparate treatment did not bear a rational relationship to a legitimate government purpose." Town of Hollywood v. Floyd, 403 S.C. 466, 744 S.E.2d 161 (2013). Petitioners assert that there is *no legitimate* purpose in providing vastly different appeal rights to

claimants and defendants in the *same* litigation. Other cases discussing rational basis review discuss issues such as insurance required to drive on public roadways,³¹ regulating relationships between physicians and physical therapists,³² and regulation of on-site alcohol sales and consumption on a commercial premises.³³ As a generalization, the legitimate purpose test broadly relates to the state's police power in protecting its citizens and promoting public order. Petitioners assert there is *no legitimate* interest in parties to the same litigation having different appeal rights, as the appeal rights between two parties have no discernable impact on the public as a whole.

Bone states that depriving defendants of an immediate right to appeal may improve judicial economy by reducing appeals in individual cases. However, this evidentiary basis for this assertion is far from clear. The defendants shoulder the *entire* burden of this scheme, and, in a case such as the present case, the state would essentially facilitate a transfer of assets from defendants to a claimant, without qualification of whether and how much this scheme truly impacts judicial economy. Furthermore, the Courts should not be in a position to limit appeals based on an *outcome* as they decide, as this necessarily brings into question the neutrality of the Court in a manner that is not proper. Accordingly, there is no legitimate state interest, and this statutory interpretation fails a rational basis analysis. Bone's interpretation of Section 1-23-390 offends equal protection and cannot be saved.

C. Bone's Application of Section 1-23-390 Violates the Due Process Rights of Workers' Compensation Employers and Carriers.

Article I, Section 22 of the South Carolina Constitution provides certain rights regarding procedures before administrative bodies:

³¹ Marley v. Kirby, 271 S.C. 122, 245 S.E.2d 604 (1978) (finding contributory negligence statute failed rational basis review and impermissibly classified injured parties).

³² Sloan v. S.C. Bd. of Physical Therapy Examiner, 636 S.E.2d 598, 370 S.C. 452 (2006).

³³ Denene, Inc. v. City of Charleston, 359 S.C. 85, 596 S.E.2d 917 (2004)

No person shall be finally bound by a judicial or quasi-judicial decision of an administrative agency affecting private rights except on due notice and an opportunity to be heard; nor shall he be subject to the same person for both prosecution and adjudication; nor shall he be deprived of liberty or property unless by a mode of procedure prescribed by the General Assembly, and he shall have in all such instances the right to judicial review.

(emphasis added). Judicial review of a workers' compensation proceeding is a constitutional right in South Carolina. The rights provided under Article I, Section 22 extend to the limits of due process:

[W]hen discussing Article I, Section 22, we have consistently indicated that the protections provided under this section are the equivalent of those afforded by the Due Process Clause of our state and federal Constitutions.

S.C. Coastal Conservation League v. S.C. Dep't. of Health and Env'tl. Control, 380 S.C. 349, 669 S.E.2d 899 (Ct. App. 2008). Due process necessarily includes the right to *meaningful* judicial review:

The procedural component of the state and federal due process clauses requires the individual whose property or liberty interests are affected to have received adequate notice of the proceeding, the opportunity to be heard in person, the opportunity to introduce evidence, the right to confront and cross-examine adverse witnesses, and the right to meaningful judicial review.

Dangerfield v. State, 376 S.C. 176, 656 S.E.2d 352 (2008) (emphasis added). No South Carolina case has clearly defined what particular process is required for "meaningful" judicial review, but other cases discussing "meaningful" point to the *temporal* nature of due process. "The fundamental requirement of due process is the opportunity to be heard 'at a meaningful time and in a meaningful manner.'" S.C. Nat. Bank v. Central Carolina Livestock Market, Inc., 345 S.E.2d 485, 289 S.C. 309 (1985) (citing Armstrong v. Manzo, 380 U.S. 545 (1965)). In Armstrong, a father's parental rights were terminated without any notice to him, although his whereabouts were easily ascertainable. When the subsequent adoption was finalized, and the natural father sought to set

aside the proceedings, he had multiple burdens of proof placed on him at that point that would not have been placed on him had proper notice been give. The Supreme Court of the United States noted that "A fundamental requirement of due process is 'the opportunity to be heard.' It is an opportunity which must be granted at a meaningful time and in a meaningful manner." Armstrong, 380 U.S. at 552 (internal citations omitted). The Supreme Court held that the father's due process rights were violated because he was not provided timely notice and as a result, additional burdens were placed on him. Id. at 551.

In S.C. Dep't of Social Services v. Wilson, 352 S.C. 445, 574 S.E.2d 730 (2002), there was a litigated allegation of child abuse against the minor's father. The minor requested to testify outside of the presence of the father, over the objection of the father. The father was excluded from the courtroom but could still hear the testimony and had the opportunity to briefly conference with his lawyer prior to cross-examination. However, this Court found that this process did not comport with due process:

[I]f the child testifies at an intervention proceeding, the due process right to confrontation requires the child testify in the presence of her parent/defendant unless special circumstances are established. Wilson's ability to hear the minor's testimony, discuss her testimony with counsel, and cross-examine her were insufficient to satisfy due process without the determination the minor would be traumatized by testifying in her father's presence. As conceded by DSS at oral argument, the minor was the key witness against Wilson and she may have been less credible if she had testified in his presence. Because Wilson did not have the opportunity to be heard in a meaningful manner, his due process right was violated.

Id. 352 S.C. at 458, 574 S.E.2d 730.

Armstrong illustrates meaningful (temporal) notice, and Wilson illustrates meaningful (temporal) opportunity to be heard. Therefore, the right to meaningful judicial review must include contemporaneity. This temporal requirement is reflected in Section 1-23-380, the companion statute of Section 1-23-390: "A preliminary, procedural, or intermediate agency action or ruling is

immediately reviewable if review of the final agency decision would not provide an adequate remedy." S.C. Code Ann. 1-23-380. Looking at the plain language of 1-23-380, the provision for immediate appeal is provided when an appeal after the passage of time is not adequate. The policy embedded in Section 1-23-380 is what Petitioners' seek here.

Petitioners are further burdened because the application of the standard of review changes. In workers' compensation cases, the Commission is the ultimate finder of fact. Hunter v. Patrick Const. Co., 289 S.C. 46, 47, 344 S.E.2d 613, 614 (1986); Ross v. American Red Cross, 298 S.C. 490, 492, 381 S.E.2d 728, 730 (1989). The Appellate Court's review of these findings of fact is limited to determining whether the findings are supported by substantial evidence in the record. See Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981). In the present case, the Appellate Panel issued its final order concluding that Martinez did not sustain a compensable mental injury under the Act and that the proximate cause of her mental condition was not the investigation in question, but rather the subsequent death of a relative. Since the Appellate Panel's Order finally decided compensability, the issue on appeal should be whether substantial evidence supports the Commission's findings that Martinez did not sustain a compensable injury. However, if the appeal in this claim is deferred and the Appellate Panel is forced to adopt the unlawful "findings" of the Circuit Court and issue an Order finding the claim compensable, then the issue on appeal in the future becomes whether substantial evidence supports the Commission's findings that Martinez sustained a compensable injury. This clearly places an additional burden on Petitioners. See Tiller v. Nat'l Health Care Ctr., 334 S.C. 333, 513 S.E.2d 843 (1999)(the possibility of drawing two inconsistent conclusions from the evidence does not prevent an administrative agency's findings from being supported by substantial evidence).

Bone's interpretation of Section 1-23-390 violates Petitioner's due process because it allows for potential of forcing them to pay benefits over the course of several years before having a meaningful opportunity to be heard on appeal and because it changes the ultimate question on appeal once the case is finally before an appellate court.

D. Given the perpetual cycle of remands, Petitioners are left without an adequate remedy on appeal from a final judgement under Section 1-23-390.

In reality, there is a final decision in this case. Despite Judge Hayes's continued reversals and remands, which Petitioner's maintain were unlawful, the Appellate Panel has repeatedly insisted that it has complied with the Circuit Court's directive. The Appellate Panel specifically noted in its August 22, 2017 Decision and Order that "cognizant of our role as fact finders, we are unable to reach any other factual conclusions than those that were made in our Decision and Order for February 24th, 2015." (SCWCC Decision & Order, dated 8/22/2017, p. 3). At this point, the parties are trapped in a perpetual cycle of remands. By continually remanding a case back to the Commission, a circuit court judge, who wants a denied case found compensable, can set an impenetrable bar to defendants having immediate access to a higher court for review of the lower court's improper appellate review. That is exactly what has happened in this case. The case will be subjected to endless remands by the Circuit Court until the Appellate Panel finally succumbs to the Circuit Court's wishes.

This case is analogous to this Court's recent decision in Russell v. Wal-Mart Stores, Inc., Op. No. 27875 (S.C. Sup. Ct. filed April 3, 2019). In Russell, the appellate panel remanded the claimant's change of condition claim to a single commissioner for a third time. The claimant appealed to the Court of Appeals, and in an unpublished decision, the Court of Appeals held the appellate panel's remand order was not immediately appealable and dismissed the appeal. The claimant then filed a petition for writ of certiorari, which was granted. This Court reiterated that

"One primary goal of the Workers' Compensation Act is to provide quick and efficient resolution of work-related injury claims so neither employers nor employees become bogged down in complicated and protracted litigation." This Court determined that "the commission's unnecessary delays and repeated remands over the almost eight years since Russell filed her change of condition claim frustrated the goals of the Workers' Compensation Act." This Court held the Commission's unreasonable delay in making a final decision left the claimant without an adequate remedy on appeal from a final decision under Section 1-23-380, and as such, held that the appellate panel's remand order was immediately appealable.

Petitioners acknowledge that Russell dealt with an appeal under Section 1-23-380 and remands by the Commission, and not Section 1-23-390 and remands by the circuit court. However, Petitioners contend that the same reasoning applied in Russell should be applied to the present case and any other case where an appeal may fall under Section 1-23-390. If continuous remands and appeals over an eight-year period in Russell frustrated the goals of the Act, then it is more than obvious that those same goals are frustrated in the present case. It is unconscionable that a single circuit court judge can continuously break the chain of appealability, leaving Petitioners with no recourse or method to appeal.

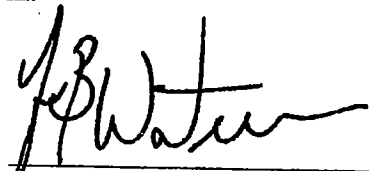
Further, while the Supreme Court held that the defendants in Bone had an "adequate remedy" because they could raise the issue of compensability on appeal from a final award from the Commission, that remedy is simply non-existent in this case. In the present case, despite the Circuit Court's attempts to unilaterally find the case compensable, the Appellate Panel has consistently held, and has made extremely detailed findings supporting its decision, that it does not believe this case is compensable. This is clearly the Appellate Panel's final decision/judgment. The only adequate remedy Petitioners have to challenge the Circuit Court's improper appellate

review is to appeal the case to a higher court. Failure to allow such appeal would be a clear violation of Petitioners' due process rights.

Petitioners assert that Bone's interpretation and application of Section 1-23-390 violates the due process and equal protection rights of workers' compensation defendants as a whole. However, assuming arguendo that Bone's interpretation of Section 1-23-390 is not unconstitutional on its face, its application to Petitioners in the present case violates Petitioners' due process and equal protection rights provided by Article I, Section 22 of the South Carolina Constitution. Furthermore, the decision in Bone, and its application in this case, has locked this case into a continuous cycle of remands, prevented Petitioners - as well as Respondent - from obtaining any type of finality, and spoiled any possible interest in judicial economy. The only remedy available to the parties is a review by this Court.

CONCLUSION

For the reasons stated above, Petitioners respectfully ask the Court to grant their Petition, review all of the prior Orders of the Circuit Court and Appellate Panel, permit oral arguments, reconsider this Court's previous decision in Bone and its application to the present case, and issue a decision finding: (1) that the Circuit Court has repeatedly exceed his scope of review, (2) that these errors nullify the Circuit Court's prior Orders, and (3) that substantial evidence supports the Commission's consistent decision to deny the claim.

BY: 

L. Brenn Watson
Zachary M. Smith
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorneys for Petitioners

Date: August 14, 2019

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Case No. 2017-CP-42-3726

Raquel Martinez,

Respondent,

v.

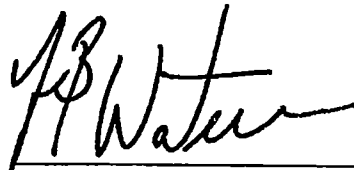
Spartanburg County and
S.C. Association of Counties
Self-Insurance Fund,

Petitioners.

NOTICE

Pursuant to Rule 245(c), SCACR, Respondent has twenty (20) days from the date of service to serve and file a return to the Petition.

August 14, 2019



L. Brenn Watson
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, South Carolina 29607
(864) 527-3292
Attorney for Appellants

DAVID T. PEARLMAN
J. KEVIN HOLMES
THOMAS M. WHITE
MALCOLM M. CROSLAND, JR.
STEVEN E. GOLDBERG
MICHAEL J. JORDAN
BENJAMIN W. AKERY



CATHERINE D. MEEHAN
KELLY M. ALFREDS
F. ELLIOTTE QUINN, IV
TAYLOR L. GROOMS
CHARLES S. GOLDBERG (1933-2019)
HUGO M. SPITZ (1927-2018)
IRVING STEINBERG (1902-1980)

61 Broad Street | P.O. Box 9 | Charleston | SC | 29401 | (843) 720-2800 | (843) 722-1190 fax | steinberglawfirm.com

Friday, August 23, 2019

The Honorable Daniel E. Shearouse
South Carolina Supreme Court
P.O. Box 11330
Columbia, SC 29211

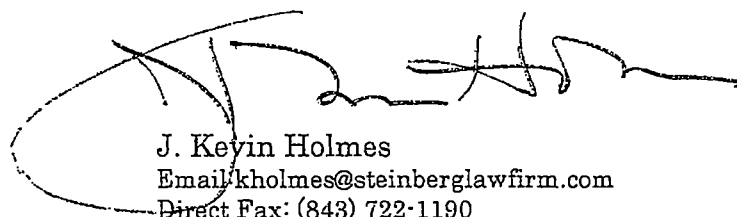
Re: Raquel Martinez v. Spartanburg County, et al.
Appellate Case No. 2019-001382

Dear Judge Shearouse:

For filing enclosed please find six (6) copies of respondent's Return for Petition for Certiorari and a Certificate of service on all parties of records.

With kindest regards, I am

Very truly yours,



J. Kevin Holmes
Email: kholmes@steinberglawfirm.com
Direct Fax: (843) 722-1190

JKH/gmh
Enclosures

cc: L. Brenn Watson, Esquire
Zachary M. Smith, Esquire
Jenny Abbott Kitchings, Clerk, Court of Appeals
Chadwick D. Pye, Esquire
David T. Pearlman, Esquire

THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Appellate Case No.: 2019-001382

Raquel Martinez,

Respondent,

—v.—

Spartanburg County and SC Association
of Counties Self-Insurance Fund,

Petitioners.

RETURN TO PETITION FOR A WRIT OF CERTIORARI

The Petitioner filed a Notice of Intent in the Court of Appeals on August 12, 2019 and a Petition for a Writ of Certiorari to this Court on August 14, 2019. The Respondent was uncertain as to the nature of the Petition. Upon consultation, the Respondent confirmed the Petition seeks to have this Court accept the matter in its original jurisdiction under Rule 245(c), SCACR.¹ The Respondent opposes the Petition and requests it be denied.

- I. Rule 245(c), SCACR, requires a party seeking to have the Supreme Court entertain an action in its original jurisdiction must file a complaint setting forth the claim for relief in the manner specified in

¹ The Petition asserts jurisdiction under Article V, Section 5 of the South Carolina Constitution and *S.C. Code Anno.*, § 14-3-310 (1976) and contains a Rule 245(c), SCACR, notice advising the Respondent she has 20 days to respond. See also: Article V, Section 8 of the South Carolina Constitution.

Rule 8, SCRCP. The Petition does not include a complaint complying with Rule 8 and should be denied.

The Respondent opposes the Petition because the Petition does not contain a complaint setting forth the claim for relief in the manner specified by Rule 8, SCRCP. Rule 8, SCRCP requires a short and plain statement of the grounds, including the facts and statutes upon the court's jurisdiction depends, showing the Petitioner is entitled to relief, and a prayer for judgment. While this information may be gleaned from the forty page Petition, they are neither set forth in short and plain statements nor presented in a manner to which the Respondent can respond or raise defenses to. The Petition does not comply with Rule 245(c), SCACR, and Rule 8, SCRCP, and should be dismissed.

- II. Rule 245(a) provides the Supreme Court will not entertain an action in its original when the matter can be determined in a lower court. The Order challenged remanded the claim to the Commission for further proceedings consistent with the Circuit Court's Order. The Order interlocutory and the Petition should be denied.

Judicial review of the decisions of administrative agencies is guaranteed by Article I, Section 22 of the South Carolina Constitution. The Respondent sought judicial review when the Commission denied her claim. As her claim arose prior to the amendment of the Workers' Compensation Act, her petition for judicial review was heard before the Circuit Court. *See* S.C. Code Anno., § 42-17-60, as amended July 1, 2007. The Circuit Court reversed the Appellate Panel but the Petitioner appealed his decision. This Court ruled the Circuit Court's Order was interlocutory and remanded the matter to Appellate Panel. *See: Martinez v. Spartanburg County*, 406 S.C. 532,

753 S.E.2d 430 (2014) citing *Bone v. U.S. Food Service*, 404 S.C. 67 744 S.E.2d 552 (2013).

On remand the Commission had limited jurisdiction. "After a remittitur is sent down from an appellate court, the [agency] acquires jurisdiction to enforce the judgement and take any action consistent with the appellate court ruling." *Mullen v. Myrtle Beach Golf & Yacht Club*, 313 S.C. 412, 438 S.E.2d 248 (1993); *Christy v. Christy*, 317 S.C. 145, 452 S.E.2d 1 (Ct. App. 1994). Matters decided by the appellate court cannot be reheard, reconsidered, or relitigated, even under the guise of a different form. *Ackerman v. MacMillian*, 324 S.C. 440, 477 S.E.2d 267 (Ct. App. 1996), 5 C.J.S., Appeal and Error, § 975(a) (1993). That is not what happened.

As found by the Circuit Court Judge, on remand, "[t]he Appellate Panel proceeded to disregard this Court's Order and issued a new forty-six page Decision and Order on December 15, 2014 which, under the guise of making new findings of fact to facilitate judicial review, reconsidered causation decided by the Court as a matter of law, reversed this Court's ruling on causation, again omitted the testimony of the only witnesses who testified, and found the Petitioner and Officer [Johnson] did not have law enforcement relationship." Amended Order of Judge Hayes, Case No.: 2017-CP-42-3726, p. 4, filed July 15, 2019. The Circuit Court again reversed and remanded the claim to the Appellate Panel with specific instructions. The Petitioner again appealed delaying the remand. The Court of Appeals dismissed the appeal as interlocutory. The Petitioner filed a Petition for Writ of Certiorari that was

withdrawn, further delaying the claim. Finally, the claim was finally back before the Appellate Panel.

As found by the Circuit Court Judge on remand the Appellate Panel again disregarded the Circuit Court's Order:

Despite the Circuit Court's clear and specific instructions, the Appellate Panel again disregarded this Court's Order for a second time and reissued an almost identical Decision and Order including the same findings on causation, again ignored the testimony of the witnesses who testified quoted by this Court, made the same flawed finding Deputy Martinez had no law enforcement relationship with Officer Johnson this Court found was clearly erroneous based on the substantial evidence in the whole record, and failed to make a ruling whether the horrific death of the infant child run over by her law enforcement father with whom Deputy Martinez has a law enforcement relation made the crime scene investigation extraordinary and unusual.

Amended Order of Judge Hayes, Case No.: 2017-CP-42-3726, p. 5, filed July 15, 2019.

The frustrated Circuit Court Judge protested, "[The Respondent] has been denied due process of law, denied a final Decision and Order of the Commission that complies with the previous Orders of this Court for eight and half years." Amended Order of Judge Hayes, Case No.: 2017-CP-42-3726, pp. 5 – 6, filed July 15, 2019. The Circuit Court Judge lamented:

This Court is reluctant to remand this claim for a third time to the Commission which has disregarded its previous Orders. By the same token, this Court is reluctant to decide the contested issues because that could lead an Appellate Court finding this Court overstepped its jurisdiction. Precedent explains that whether an accident is compensable is a question of law when the facts are not in dispute. *Davaut v. University of S.C.*, 418 S.C. 627, 632, 795 S.E.2d 678, 681 (2016). While the Court believes a court could decide, as a matter of law, whether it is unusual and extraordinary for a police to investigate the horrific death of a two year old infant run over by her police officer father with whom the

investigator had a law enforcement relationship, the Commission has never attempted to answer this question and the Court believes it is appropriate for the Commission to answer this question.

Amended Order of Judge Hayes, Case No.: 2017-CP-42-3726, p. 8, filed July 15, 2019.

The Circuit Court cautioned the Appellate Panel:

This should not be interpreted to suggest this Court is powerless to enforce compliance with its Order or will be reluctant to do so if the Commission again refuses to comply with its Order. Those powers include, but are not limited to, the power to punish for civil contempt, to award costs including attorney's fees to the [Respondent], and to refer offending members of the Commission to the appropriate bodies for judicial or professional sanctioning. The Court admonishes the Commission that further unnecessary delay complying with this Court's Order ... will not be tolerated, will be considered intentional and willful, and will be dealt with accordingly.

The Notice of Intent and this Petition for a Writ of Certiorari have again delayed a final decision and here we are over ten years later with no end in sight.

Rule 245, SCACR, provides, "The Supreme Court will not entertain matters in its original jurisdiction when the matter can be determined in a lower court in the first instance..." The matter the Petition asks this Court action in its original jurisdiction can still be decided by a lower court. The Order is interlocutory and the Petition should be denied.

III. Asking the Supreme Court to take a matter into its original jurisdiction is an extraordinary writ. It is axiomatic such a writ should be sought by a party whose rights have been prejudiced. The Petition should be denied because the Petitioner benefitted from, participated in, and condoned the unwarranted conduct by the Appellate Panel.

The Respondent could not agree more with "justice delayed is justice denied," especially when the delay is caused by those whose duty it is to enforce the law. The public interest involved in this matter, however, is not the public interest suggested by the Petitioner. Injured workers have the right to receive quick and efficient resolution of their work-related injury claims. *Russell v. Wal-Mart Stores, Inc.*, 426 S.C. 281, 826 S.E.2d 863 (2019) citing *Peay v. U.S. Silica Co.*, 313 S.C. 91, 94, 437 S.E.2d 64, 65 (1993). More importantly, there is a public interest in fundamental due process guaranteed by Article 1, Section 3, the separation of powers guaranteed by Article 1, Section 8, the right to a speedy remedy in the Courts guaranteed by Article 1, Section 9, and the right to judicial review guaranteed by Article 1, Section 22 of the South Carolina Constitution.

When the Respondent first prevailed on judicial review, over ten years ago, she sought judicial review. She prevailed and her claim was remanded to the Commission for further proceedings consistent with the Circuit Court's Order. When the remand was heard before the Appellate Panel, the following colloquy took place between Commissioner Susan Barden and the Petitioner's former attorney:

MR. KALE: Okay. May it please the panel. First, let me address Judge Hayes' order and what it requires or implies. And I would cite you to the very bottom sentence of page nine. He says, this court is left to speculate if the proper analysis was applied by the commission and whether the factual conclusions upon which the law was applied has a substantial base in the record. If he says that the record is not sufficient findings of fact that would allow him to do a judicial review, then how can we [accept] all of this other analysis as being a proper judicial review when he says he can't make it. And that's what I have a problem with, with Judge Hayes. Judge Hayes, I think, is clear from his order what he wanted to do in this case.

COMMISSIONER BARDEN: Right, right.

MR. KALE: And the fact is he's having his cake and eating it too.

COMMISSIONER BARDEN: By saying he has to speculate or he can only speculate, but then ---

MR. KALE: And then he tells us -- he's supposedly telling the commission where they went wrong. So I think it's very clear from his order that the remand is to get sufficient findings of fact that would support judicial review. And is not any kind of mandate that you have follow his -- anything else that's in his order. But let me also, if I may --

COMMISSIONER BARDEN: Do you think that we are bound by his -- they're a couple of things in here I don't ---

MR. KALE: I do not think you're bound by anything he puts in the order, because he has already prefaced that he's remanding it because are insufficient findings of fact, and he would have to speculate as to what findings of the commission were and what the conclusions of the commissioner were. **So I don't think that you're bound by anything that is in his order.** (*Emphasis added*)

This Court taking a matters in its original jurisdiction is an extraordinary writ that should be granted only on the grounds of a special emergency. It seems axiomatic such a petition should be brought by a party whose rights have been prejudiced. The Petitioner's rights have been prejudiced. They have not been required to pay compensation or provide medical treatment. The Petitioner is not facing an emergency. It is the members of the Commission who have repeatedly disregarded the rulings of the Circuit Court who face being held in contempt if they persist with their unwarranted conduct.

After this Court ruled the Circuit Court's Order was interlocutory and remanded the claim to the Commission in *Martinez v. Spartanburg County, supra.*, the Petitioner again filed a meritless appeal to the Court of Appeals, that was dismissed as interlocutory, and a Petition for Certiorari to this Court, that was withdrawn further delaying a final decision. The Petition should be denied because

the Petitioner lacks standing to complain of unwarranted conduct they benefitted from, participated in, and condoned.

- IV. In a recent decision, this Court ruled unwarranted delay in making a final decision in a workers' compensation case requires immediate review to avoid the denial of an adequate remedy. The Commission's repeated refusal to conduct proceedings on remand consistent with the Circuit Court's Order has been unwarranted. In the alternative to remanding the claim to Commission for a fourth time, this Court should consider transferring jurisdiction of the appeal filed by the Petitioner in the Court of Appeals to itself to prevent further delay of an adequate remedy.

Heretofore, the Petitioner and the Circuit Court have felt constrained to seek a final decision from Commission because of *Bone v. U.S. Food Service, supra.* Since appearing before this Court five years ago, the Petitioner and the Circuit Court have repeatedly tried to get the Commission to comply with the constitution, the case law, and the Circuit Court's decision to no avail. In the recent case of *Russell v. Wal-Mart Stores, Inc., supra.*, however, this Court ruled, "We find the remand order is immediately appealable because the commission's unwarranted delay in making a final decision requires immediate review to avoid leaving the appellant with no adequate remedy on an appeal from a final decision." *Id.*, 426 S.C. at 283. The Court explained:

... this Court has struggled to foster quick and efficient resolutions of work-related injury claims by discouraging the commission from making repeated, unnecessary remands. In *Bone v. U.S. Food Service*, we cited "lingering confusion in this area [of immediate appealability] that has arisen after the passage of the Administrative Procedures Act" as a basis for granting certiorari to review the court of appeals' dismissal of an interlocutory appeal... Ultimately, we denied an immediate appeal and permitted a remand for a new hearing, ... but we highlighted the prejudice employers and employees may suffer from delaying

appeal of interlocutory orders until after final judgment... The dissent addressed the problem even more directly. Justice Hearn wrote, "Moreover, the interests of judicial economy demand a rejection of the majority's view. Taken to its logical conclusion, the majority's position could have cases trapped in a cycle of remands for years." (citations omitted).

Id., 426 S.C. at 286 In *Russell* the delay was almost 8 years. In the present case it has been 10 years with no end in sight. Like the Commission's action in *Russell*, the Commission's actions in the present case have demonstrated a willful and intentional disregard of the decisions of the Appellate Court. It is time for this Court to take action.

As an alternative to this Court taking the matter in its original jurisdiction, this Court can take jurisdiction under Rule 204(b), SCACR, of the Notice of Intent filed in the Court of Appeals on August 12, 2019. This Court can decide the issues under *S. C. Code Anno*, § 1-23-380(5), the Administrative Procedures Act, without infringing on the Commission's fact finding duties:

The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decision are:

- (a) in violation of constitutional or statutory provisions;
- (b) in excess of the statutory authority of the agency;
- (c) made upon unlawful procedure;
- (d) affected by other error of law;
- (e) clearly erroneous in view of the reliable probative, and substantial evidence on the whole record;
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

When the evidence gives rise to only one reasonable inference, the question becomes one for the court to decide. *Smith v. Union Bleachery/Cone Mills*, 276 S.C.454, 280

S.E.2d 52 (1981); *Lorrick v. S.C. Electric & Gas Co.* 245 S.C. 513, 141 S.E.2d 662 (1965). The Court can affirm the Circuit Court's ruling causation was established based upon the unanimous opinions of the medical experts, including the Respondent's medical expert, as a matter of law. The Court can strike the Commission's new findings of fact 30 to 90 and ruling of law 3 made on remand reversing the Circuit Court as having been made in violation of constitutional or statutory provision, in excess of the authority of the Commission, or upon an unlawful procedure. This Court can decide whether the Commission's refusal to consider the testimony of the only witnesses who testified as to the conditions of the Respondent's employment quoted by the Circuit Court on remand was arbitrary and capricious or constituted an abuse of discretion. This Court can decide whether the Commission's findings on remand the Respondent did not have a law enforcement relationship with the father of the crushed infant were supported by the substantial evidence on the whole record. This Court can decide whether the tragic and horrific death of a two year old infant smashed like a watermelon when run over by her police officer father with whom the Respondent had a law enforcement relationship made the crime scene investigation performed by the Respondent unusual and extraordinary as a matter of law.

The Commission has had five years to answer this question since the last time this case was before the Court. Their failure to comply with the Circuit Court's Order has forfeited they had to exclusively decide this issue. By assuming jurisdiction of the appeal filed in the Court of Appeals, this Court will have the opportunity to end these endless appeals and remands. If the Court finds the Respondent's injury was

compensable, it can remand the claim to the Commission to perform the ministerial task of awarding benefits under the Act. And, finally, assuming jurisdiction of the appeal will give the Court an opportunity to take whatever direct action it deems necessary and proper to prevent members of the Commission from willfully and intentionally refusing to follow the decisions of Appellate Courts in the future.

Respectfully Submitted,



J Kevin Holmes
David T. Pearlman
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800

and

Chadwick D. Pye
Chadwick D. Pye, L.L.C.
Post Office Box 6346
Spartanburg, South Carolina 29304
(864) 583-5658
Attorneys for the Respondent

Charleston, South Carolina

23 day of August, 2019.

THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

J. Mark Hayes, II, Circuit Court Judge

Appellate Case No. 2019-001382

Raquel Martinez,

Respondent,

v.

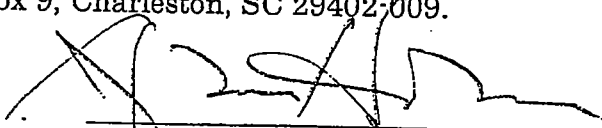
Spartanburg County and
S.C. Association of Counties
Self-Insurance Fund,

Petitioners.

PROOF OF SERVICE

I certify that I have served a copy of the respondent's Return for Petition for Certiorari by depositing it in the United States Mail, postage prepaid on August 23, 2019, addressed to attorneys of record L. Brenn Watson Esquire and Zachary M. Smith, Esquire, Wilson, Jones, Carter & Baxley, PA, 872 S. Pleasantburg Drive, Greenville, SC 29607; and on The Honorable Jenny Abbot Kitchings, Clerk of Court, SC Court of Appeals, P.O. Box 11629, Columbia, SC 29211; and on Chadwick D. Pye, Esquire, P.O. Box 6346, Spartanburg, SC 29304; and on David T. Pearlman, Esquire The Steinberg Law Firm, P.O. Box 9, Charleston, SC 29402-009.

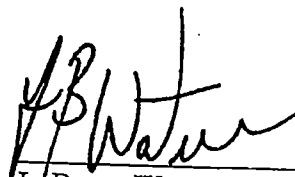
August 23, 2019


J. Kevin Holmes
THE STEINBERG LAW FIRM, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorney for Respondent

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all materials proposed to be included by any of the parties and not any other materials.

June 19, 2020

A handwritten signature in black ink, appearing to read "L. Brenn Watson", written over a horizontal line.

L. Brenn Watson
Willson Jones Carter & Baxley, P.A.
325 Rocky Slope Road, Suite 201
Greenville, South Carolina 29607
(864) 527-3292
Attorney for Appellants