

THE STATE OF SOUTH CAROLINA

In The Court of Appeals

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APPEAL FROM SOUTH CAROLINA

Workers' Compensation Commission

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Appellate Case No.: 2019-000556  
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RECEIVED  
JAN 17 2020  
SC Court of Appeals

Isaac D. Brailey, Claimant, Appellant,

v.

Michelin North America, Inc. , (US7), Employer, and Safety National Casualty Corp. , Carrier,  
Respondents.

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**SUPPLEMENTAL  
RECORD ON APPEAL**  
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Stephen B. Samuels, Esquire  
Samuels Law Firm, LLC  
1320 Richland Street  
Columbia, SC 29201

Grady L. Beard, Esquire  
Robinson Gray Stepp & Laffitte, LLC  
P.O. Box 11449  
Columbia, SC 29211

Jasmine D. Smith, Esquire  
Robinson Gray Stepp & Laffitte, LLC  
P. O. Box 11449  
Columbia, SC 29211

**ATTORNEY FOR APPELLANT**

**ATTORNEYS FOR RESPONDENT**

**INDEX**

**II. PLEADINGS** ..... 1

Defendant’s APA Submissions dated March 13, 2018. .... 1

    1. Dr. G. Thomas Norris  
        Springwood Lake Family Practice ..... 1

**V. CERTIFICATE OF COUNSEL** ..... 3

12/4/97

Workers Comp - Richtex Bricks

S: This is a 31 y/o black male who has been working for Richtex for three weeks and of note he has had back pain for three weeks. This has been worsening over the past couple of days since a possible injury while lifting some bricks on Tuesday of this week. Denies any difficulty with ambulation, weakness in either lower extremity, bowel or bladder dysfunction, or tingling in upper or lower extremities. He is right hand dominant. He also reports some right hand and arm tingling in the AM. This is not pain but simply tingling. Prior to being employed in Richtex he was an industrial machine operator. He has no previous history of back problems. Current medications none. Medicine allergies none.

O: WT 222. BP 134/70. Pulse 72. Physical exam is a well nourished, well developed, calm, cooperative black in no acute distress. Back exam shows tenderness to palpation of the intervertebral space at L2-3. Also there is pain with forward flexion, although he has full ROM of his back and flexion extension and lateral flexion. There is tenderness and muscle spasm in the bilateral lumbar region without any significant swelling. Bilateral straight leg raise is negative. Muscle strength 5/5 and DTR's 2+. Internal and external rotation of the thighs illicit no pain. Also there is tenderness at the intervertebral space of T11-12. Bilateral upper extremities are neurovascularly intact with 5/5 muscle strength, 2+ DTR's and sensation is symmetrical bilateral upper and lower extremities and trunk. LS spine films are obtained and show no significant abnormality except for some questionable abnormal posterior wedging of L5 but there is no spondylolysis or spondylolisthesis.

A: 1. Lumbar strain.

P: Patient will be placed on Oruvail, Flexeril, heat and stretching. He is instructed on no heavy lifting times one week and he is to return to clinic in one week. I also discussed with this gentleman in no uncertain terms if he has been having back pain for three weeks, the entire time he has been working for Rictex, if he does not respond very well and very fast to some conservative treatment it might be in his and Rictex's best interest for him to find new employment.

G. Thomas Norris, III, M. D.

GTN / jdh

12/11/97

Workers Comp - Richtex Bricks

S: Last week on 12/4/97 patient presented for his first visit here. He is a 31 y/o male and had been working for Richtex for three weeks. He had noted back pain and soreness for three weeks. Then he reported this vague episode of lifting some bricks and he felt that he may have injured himself at that time although he denied any significant change at the time of this incident. Of note, three days after he saw me, he was at Doctors Care wanting a second opinion, although he was not following my instructions. He had only been stretching once per day. He had been taking Oruvail, Flexeril as well as applying the heat. He states he is having difficulty sleeping at times although at the same time he tells me that the Flexeril knocks him out at night. I do not have the records from the Doctors Care and he is unsure exactly what the diagnosis was or what he was told. He mentions that he knows something is wrong with his back and he wants to go to a back specialist. It seems today that Mr. Brailey and I have a very difficult time communicating and I certainly feel that with him having only been an employee three weeks at Richtex, and mentioning a back specialist after he had been improving on the therapy I had recommended, he may very well be in a litigation thought process. I believe it certainly would be prudent for both myself and Richtex bricks to send him to an orthopaedic surgeon. LS spine films were obtained last week. I read them as essentially normal except for some wedging of L5. However, the dictated radiologist reading is not available today. Patient continues to deny weakness in either extremity, difficulty with ambulation, bowel or bladder dysfunction, or tingling in either upper or lower extremity. He reports the pain is in the middle of his back, hurts sometimes when he is sitting and when he bends forward. Current medications are Oruvail and Flexeril. Medicine allergies none.

O: WT 218. BP 118/74.<sup>1</sup> Pulse 84. No physical exam is performed today secondary to what I felt was a very hostile encounter.

A: 1. Lumbar strain.  
2. Thoracic strain.

P: Patient does report on Oruvail, heat, Flexeril and stretching, this has improved. However, it seems he wants to be evaluated by a back specialist. I feel like Dr. Bethea at Moore Clinic would certainly put this to rest most expediently, however, as stated above, I don't feel that Richtex nor myself need to undertake any liability with this young man who, in my opinion, is unable to perform the job required at Richtex and he was even told this the very first day. I restated that today. I will place him on no heavy lifting until he sees the surgeon.

G. Thomas Norris, III, M. D. / jdh

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**CERTIFICATE OF COUNSEL**

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The undersigned hereby certifies that this Supplemental Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



Stephen B. Samuels  
SAMUELS LAW FIRM, LLC  
1320 Richland Street  
Columbia, SC 29201  
(803) 779-4000  
stephen@samuelslawfirm.net

Attorney for Appellant

January 17, 2020  
Columbia, S.C.