

Supreme Court Appeals Motion To Expedite Appeal

Administrative Law Court

Deborah Brooks Durden, Administrative Law Judge

CASE # 20-AJ-22.0216-AP

RECEIVED

NOV 19 2020

SC Court of Appeals

Respondents

S.C. Department of Employment

Sandra Grooms / United Cerebral Palsy / 7

Deborah Brooks Durden - Administrative
Law Judge

Tamika Howard ✓ Appellant

Motion to Expedite Appeal

Tamika Howard would like to expedite the appeals process. I have waited for months and been extremely patient. I have a family and bills to pay. I also need to answer to my landlord why I haven't received benefits as yet. I made one mistake mixing up my appeals on DEW website and tried getting help several times. I repeatedly made all parties involved ^{aware} that I did not quit. I was placed on FMLA

I made several attempts to keep my employment for the sake of my family and was denied Light Duty. My employer Ucp is not responding to any of my arguments. It has been overwhelming and I feel that if they participated on the July 27, 2020 hearing with the Administrative hearing officer that the outcome would have been different. I appreciate all the opportunities for my case to be heard and included argument notes and emails sent to all parties involved.

Tamika Howard
November 18, 2020



Tamika Cox <tamikah1234567@gmail.com>

COVID-19 Questions and Essential Personnel Letter

1 message

Terri Carter <tcarter@ucpga.org>
To: Terri Carter <tcarter@ucpga.org>

Wed, Mar 25, 2020 at 6:30 PM

Please see the FAQ's that answer many questions related to our COVID-19 answers. Also, attached is a copy of the letter which designates our workforce as "Essential Personnel". Copies of this letter will be available for distribution at your location. Please contact your supervisor for a hard copy.

If you have any questions, please let us know.

Thank you for all that you do!

UCPGA and UCPSC COVID-19 FAQs

- **What is UCP doing to protect employees from contracting the Coronavirus while working in the homes and in the buildings?**
 - We take the health and safety of the people we support and our employees extremely seriously, so a comprehensive response to the COVID-19 outbreak is currently our top priority. We are constantly reviewing guidance from the CDC and other public health experts on the most effective ways to remain safe during the COVID-19 outbreak. Using that information along with internal conversations with key team members, we've implemented a proactive response for all employees on preventing community spread of this contagious virus. Here are some of the proactive steps we are taking:
 - Our administrative offices and day programs are closed, but agency operations continue. Administrative staff will be actively working remotely from home, and community living support services in UCP homes will continue (with alternate staff schedules in some cases). We will reassess in weekly increments to determine when it is safe to reopen.
 - We are monitoring the wellness of the people we support in community living situations very closely, including identification of those whom the CDC deems at high risk due to age or existing medical condition. We have temporarily ceased travel and community activities for everyone we support and are strictly limiting visitors in order to minimize risk of infection.
 - We have implemented a new cleaning protocol in addition to our daily cleaning regimen which includes frequent disinfecting of shared surfaces and frequently touched surfaces (such as light switches, door handles, faucets, etc.) in all UCP homes.
 - We are reemphasizing the importance of observing Universal Precautions and frequent, thorough hand washing to staff and those we support.
 - We are closely tracking incidences of employee illness to confirm they have access to care and will remain away from work until they are well.
- **If I am sick, and do not report, do I need to bring a doctor's note? Would I need to bring a doctor's note clearing me to return?**
 - If an employee calls in sick to work, they must also contact their doctor. In order to return to work, the employee must be fever free for 72 hours **AND** email HR stating that their doctor has cleared them to return to work. They must specify who they spoke with at the doctor's office, the doctor's name, and the doctor's phone number. The employee may be asked to provide authorization for a member of UCP's HR or senior leadership staff to contact their healthcare provider directly.

- **Will I receive a coaching if I do not report to work?**
 - You will not face disciplinary action for being unable to work, but we do ask that you communicate with your supervisor and give them as much notice of your absence as possible.

- **What if I am not sick, but I am afraid that I can contract the Coronavirus because I am in a high-risk category. Would I need to resign? Will my job be available when conditions improve?**
 - If you are not sick but you choose not to work, you may take PLT. If you run out of paid leave or do not have paid leave, you may take leave without pay without penalty. We do ask that you communicate with your supervisor and give them as much notice of your absence as possible.

- **What if I am concerned because I live with someone in a high-risk population?**
 - If you are not sick but you choose not to work, you may take PLT. If you run out of paid leave or do not have paid leave, you may take leave without pay without penalty. We do ask that you communicate with your supervisor and give them as much notice of your absence as possible.

- **I only have a few hours of PLT (or no PLT). Is there any way to get paid for my time off?**
 - Executive Leadership is working on revising policy to better address this situation and will adhere to all applicable federal legislation. In the meantime, if you are unable to work and have no PLT, please contact your HR Director (Terri Carter in Georgia tcarter@ucpga.org or Kionia Ryant in South Carolina kryant@ucpsc.org).

- **Can I apply for Unemployment insurance if I am unable to work for a period of time?**
 - Please contact the Department of Labor for more information on what circumstances qualify for unemployment and how to apply.

- **Where can I get information about UCP's plans for Coronavirus?**
 - You can find information on our websites in the news section at ucpga.org and ucpsc.org, as well as on PolicyStat (Special COVID-19 Workplace Policy Guidance).

- **I am scheduled to take a CPR/FA, CPI, Doc Refresher class? Are those being held? Will I be removed from the schedule if a refresher is not scheduled in time?**
 - At this time, all refresher courses have been cancelled **with the exception of CPR and First Aid. CPR and First Aid refresher courses will continue to occur.** Our training department is working on scheduling these classes and will contact applicable staff members. You will not be removed from the schedule if your CPI or documentation training expires.

- **If my managers/supervisor cannot answer my question, to whom should I reach out?**
 - Residential staff should reach out to Rachel Sharp in South Carolina and Kevin Walton in Georgia. Day program staff should reach out to Jocelin Jenkins in South Carolina and Stephanie Montwid in Georgia. All other departments' employees should reach out to the appropriate executive staff member if their supervisor cannot answer their questions (Brad Beasley, Angela Easter, Laura Heise, Kevin Walton, or Jonessa Alexander). You may also contact your state's HR Director (Kionia Ryant or Terri Carter).

- **I currently have physical restrictions and cannot work without reasonable accommodations. Will I be allowed to work light duty in a residential home?**
 - Unfortunately, we are unable to provide light duty assignments at this time. Please contact your state's HR Director for further guidance.

PREMIER SPINAL HEALTH

7801 St. Andrews Rd.
Irmo, SC 29063
(803) 587-1893

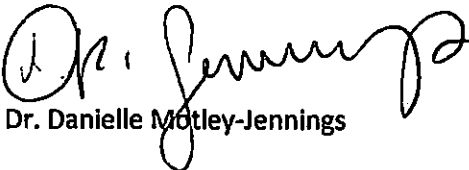
Tamika Howard
D.O.B: 04/08/1975
Gender: Female
Age: 44

January 7th, 2020

To Whom it May Concern;

Please excuse Tamika Howard from lifting over 50 pounds, excessive standing, excessive extension, excessive bending and lifting for the next 3 months. The patient was recently in an auto accident and is currently being treated in our office for radicular pain and nerve associated pain surrounding the cervical and lumbar spine. She is currently on a weekly treatment schedule and has been prescribed various medications for her current condition.

Sincerely,



Dr. Danielle Motley-Jennings

Claim # 10531143

PREMIER SPINAL HEALTH

7801 St. Andrews Rd.
Irmo, SC 29063
(803) 587-1893

Tamika Howard
D.O.B: 04/08/1975
Gender: Female
Age: 44

February 14th, 2020

To Whom it May Concern;

Please excuse Tamika Howard from lifting over 30 pounds, excessive standing, excessive extension, excessive bending and lifting for the next 3 months. The patient was recently in an auto accident and is currently being treated in our office for radicular pain and nerve associated pain surrounding the cervical and lumbar spine. She is currently on a weekly treatment schedule and has been prescribed various medications for her current condition. X-ray results have been determined by the Radiologist that Mrs. Howard has severe cervical arthritis that lifting and transporting patients may aggravate. If you have any questions regarding Mrs. Howard's condition, please contact our office at (803) 587-1893.

Sincerely,

Dr. Danielle Motley-Jennings

Claim # 10531143

Brief of Appellant

10/23/2020
FILED

OCT 24 2020

SC ADMIN. LAW COURT

Dear Honorable Judge Deborah, ~~murder~~ ~~Breates~~

Again I do not argue that my appeals
was five days late. I attempted to
contact Dew numerous times and
I got help & sometime I got
not help from the representatives.

I never stated that I could
not work. I just could not
fullfill the sub duties that were
required at the time. My employers
decided to stop my ~~unemployed~~ ^{unemployment} when
could I come about. I made that
clear when I answered the questionnaires.

On 5/19/2020 MS

Davis informed me

to sign in an

Appeal at this point

I think I already

Appealed and someone

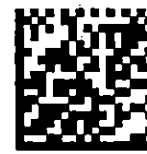
got mixed up with the

4/13/2020 Appeal before

the 5/19/2020 hearing.

I had no intentions on leaving,
I just needed a little time
to figure out how my doctors
~~that~~ can help me overcome what
I was going through. And the
request for light duty was submitted
and denied. Hydrocodone is a
very strong medication that I no
longer take. It ~~has~~ caused confusion
and other effects. I do apologize
if I was misunderstood in any way.

Thank You
Tamika Howard



9516261

↓ This is where I got confused with
the 4/18/2020 Appeal

DECISION OF APPEAL TRIBUNAL

Hearing Date: May 19, 2020

Appeal Number: 20-LA-010665

TAMIKA E HOWARD
343 WYCOMBE RD
COLUMBIA SC 29212

CLAIMANT

APPELLANT: Claimant

SSN: XXX-XX-6265

CLAIMANT ID:10531143

APPEARANCES

FOR THE CLAIMANT: Claimant

FOR THE EMPLOYER: NONE

ISSUE STATEMENT

The issue in this case is whether the claimant meets the availability requirements of the law.

FINDINGS OF FACT

The claimant appealed the claims adjudicator's determination mailed April 14, 2020, which held the claimant unavailable to work and ineligible from receiving benefits effective March 29, 2020.

During the Appeal Tribunal hearing, the claimant testified that she has a medical condition and was advised by her doctor that she could no longer perform the duties of her last job which required lifting, standing, flexing or extending. She has experience as a telephone operator and in telecommunications which is able to perform and is seeking this type of work. The testimony in this case shows the claimant has been available for work.

REASONS

S.C. Code Ann. §41-35-110 provides that an individual must be able, available, and actively seeking work in order to be eligible for benefits for each week claimed.

South Carolina
Department of Employment and Workforce

In this case, the greater weight of credible evidence establishes the claimant has been able, available, and actively seeking work in an occupation which she has training and/or experience. Therefore, the Appeal Tribunal finds the claimant meets the availability requirements of the law.

DECISION

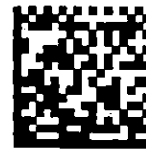
The Tribunal finds the claimant eligible for benefits effective March 29, 2020, because the claimant meets the availability requirements of the law. Provided she meets other eligibility requirements of the law. This decision reverses the claims adjudicator's determination mailed April 14, 2020.

This will be the final decision of the Agency, unless you file an appeal to the Appellate Panel setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed by mail addressed to "Appellate Panel, Post Office Box 1752, Columbia South Carolina, 29202", or by fax at 803-737-3166. For additional information on filing an appeal, visit our web site at <https://dew.sc.gov/individuals/manage-your-benefits/appeals>.

Erika S. Davis

Erika S. Davis
Administrative Hearing Officer

Decision Mailed: May 20, 2020



11226985

DECISION OF APPEAL TRIBUNAL

Hearing Date: July 7, 2020

Appeal Number: 20-LA-022018

TAMIKA E HOWARD
343 WYCOMBE RD
COLUMBIA SC 29212

CLAIMANT

APPELLANT: Claimant

SSN: XXX-XX-6265

CLAIMANT ID:10531143

APPEARANCES

FOR THE CLAIMANT: Claimant

FOR THE EMPLOYER: NONE

ISSUE STATEMENT

The issue in this case is whether the claimant meets the eligibility requirements of the law.

FINDINGS OF FACT

The claimant appealed the claims adjudicator's determination mailed May 14, 2020, which held the claimant unavailable to work and ineligible from receiving benefits effective May 10, 2020 .

During the Appeal Tribunal hearing, the claimant testified that she has been available to engage in work without undue restriction. The claimant's testimony during the hearing is consistent with the fact finding documents completed by the claimant in connection with the issue under appeal. The evidence in this case shows the claimant has been available for work since the date May 10, 2020 .

REASONS

South Carolina
Department of Employment and Workforce

S.C. Code Ann. §41-35-110 provides that an individual must be able, available, and actively seeking work in order to be eligible for benefits for each week claimed.

In this case, the greater weight of credible evidence establishes the claimant has been able, available, and actively seeking work since the date May 10, 2020. Therefore, the Appeal Tribunal finds the claimant meets the availability requirements of the law.

DECISION

The Tribunal finds the claimant eligible for benefits effective May 10, 2020, because the claimant meets the availability requirements of the law. This decision reverses the claims adjudicator's determination mailed May 14, 2020.

This will be the final decision of the Agency, unless you file an appeal to the Appellate Panel setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed by mail addressed to "Appellate Panel, Post Office Box 1752, Columbia South Carolina, 29202", or by fax at 803-737-3166. For additional information on filing an appeal, visit our web site at <https://dew.sc.gov/individuals/manage-your-benefits/appeals>.



Harold W. Goldin
Administrative Hearing Officer

Decision Mailed: July 8, 2020

Good Evening TAMIKA E HOWARD

Friday, October 23, 2020

My Alert Help Help | Contact | Resources | Logoff

Appeal Information

TAMIKA E HOWARD CLAIMANT ID: 10531143

[Claim Status](#)[Customer Menu](#)[Claimant Homepage](#)[Change Personal Info](#)[Change Security Pref](#)[Confirmation History](#)[Debit Card Website](#)[Determination History](#)[Appeal Information](#)[My Documents](#)

ADVISEMENT: Please do not use your Internet browser "Back" buttons. In the event you need to return to a previous page, please utilize the navigation buttons or the menu links above.

343 WYCOMBE RD, COLUMBIA SC 29212 -1948

Tamikah1234567@gmail.com

Appeals History

Appeal ID	Appeal Date	Claimant	Employer	Status	Level
184914 CAROLINA	08/25/2020 Validated	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH SC Administrative Law Court		
176528 CAROLINA	08/03/2020 Closed	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH Board of Review		
156921 CAROLINA	06/08/2020 Closed	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH Appellate		
155374 CAROLINA	06/02/2020 Void	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH Board of Review		
155373 CAROLINA	06/02/2020 Closed	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH Board of Review		
150615	05/19/2020	TAMIKA HOWARD	UNITED CEREBRAL PALSY OF SOUTH		

CAROLINA Closed Appellate

150614 05/19/2020 TAMIKA HOWARD UNITED CEREBRAL PALSY OF SOUTH
CAROLINA Closed Appellate

134936 04/15/2020 TAMIKA HOWARD UNITED CEREBRAL PALSY OF SOUTH
CAROLINA Closed Appellate

Hearing History

Hearing ID Time	Docket# Hearing Official	Hearing Method	Location	Hearing Date	Hearing
106977	AP200001 DAVIS,ERIKA	Telephone	Columbia	05/19/2020	13:41 PM

Schedule Details

Hearing Method : Telephone Hearing Location : Telephone Hearing
Official : Hearing Officer

Hearing Date : 05/19/2020 Scheduled Start Time : 01:30

Hearing Issues

Issues Status Appellant

Not Able to Work Closed Claimant

Subpoena Requests

Name Type Method

Uploaded Documents for Appeal

Nothing found to display.

Additional documents for a Hearing must be received prior to one business day before the hearing is scheduled to occur.

Please attach any supporting documentation

I understand any documents uploaded may be made available to the other parties to the hearing.

PROD SC CSS 2020-10-15 00:01 v1.001.690

[Privacy Statement](#) | [Legal](#)

SC - Prisma Health

PH Orthopedic Parkridge
 100 Palmetto Health Pkwy Suite 320
 COLUMBIA, SC 29212-1756.
 Phone: (803) 296-7846 Fax:(803) 296-9699

TAMIKA HOWARD
 DOB: 04/08/1975
 Patient ID: 397741

RECEIVED
 NOV 19 2020
 SC Court of Appeals

Upcoming Appointments

Date	Time	Appointment	Dept./Address	Phone
09/29/2020	09:00 AM	OPEN JAMES M. VIAPIANO, MD	PH Orthopedic Center 100 Palmetto Health Pkwy Suite 250 Columbia, SC 29212- 1754.	(803) 296-7846
10/13/2020	01:00 PM	RE-CHECK GEORGEANNA LOWDERMILK, PA	PH Orthopedic Parkridge 100 Palmetto Health Pkwy Suite 320 COLUMBIA, SC 29212-1756.	(803) 296-7846

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor Employment Standards Administration Wage and Hour Division



OMB Control Number: 1215-0181 Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____
Employee's job title: _____ Regular work schedule: _____
Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: TAMIKA B HOWARD
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: DR. Danielle Jennings 7801 St. Andrews Rd. Irmo, SC 29063
Type of practice / Medical specialty: Premier Spinal Care
Telephone: (803) 587-1893 Fax: (803) 587-1893

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 18 months

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

30 minute intervals two days/week.

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Patient will be unable to move.

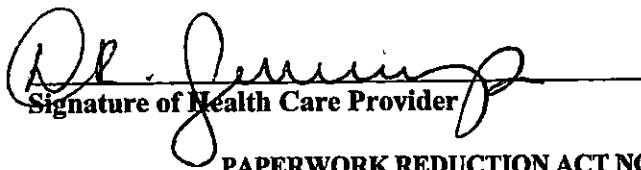
Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : 1 times per 4 week(s) 1 month(s)

Duration: 2 hours or 3 day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

8.



Signature of Health Care Provider

3.30.2020
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Parkridge hospital


Signature of Health Care Provider

3. 28. 2020
Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 12.24.19

Probable duration of condition: 18 months

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

NA

Date(s) you treated the patient for condition: 2.11.20, 2.28.20, 3.6.20, 3.13.20, 12.24.19, 1.30.20, 1.10.20, 1.7.20, 1.24.20, 1.29.20, 2.7.20,

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes. If so, state the nature of such treatments and expected duration of treatment:

ongoing treatment for physical therapy

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: NA

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? No Yes.

If so, identify the job functions the employee is unable to perform:

Lifting, standing, extending, flexing

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

MRI Report

Annular tear L5-S1

mild hypertrophy, hypertrophy of ligamentum flavum,

C2-C3 annular tear, C3-C4 small right paracentral

C5-C6 Stenosis (this is crippling)

CLAIM # 7053/143

Information below provided by patient's employer

STRENGTH DEMANDS WHICH BEST DESCRIBE THE PATIENT'S JOB:

- S-Sedentary 10 lbs maximum lifting Occasional lift/carry of small articles. Some occasional walking or standing may be required.
- L-Light 20 lbs maximum lifting with frequent lift/carry up to 10 lbs. A job is light if less lifting is involved but significant walking/standing is done or if done mostly sitting but requires push/pull on arm or leg controls.
- M-Medium 50 lbs maximum lifting with frequent lift/carry up to 25 lbs.
- H-Heavy 100 lbs. maximum lifting with frequent lift/carry up to 50 lbs.
- V-Very Heavy Over 100 lbs. lifting with frequent lift/carry over 50 lbs.

TO BE COMPLETED BY ATTENDING PHYSICIAN

Patient's Name Tamika Howard

Most Recent Visit 07/09/2020 Next Visit 7/14/20 Frequency Two VISITS/WK

Subjective complaints neck pain that radiates and burn, mid back pain and bilateral low back pain that radiates & burn.

Objective Findings Bilateral trigger points in occipitals, mid scapular, iliocostals mm, subluxations C7PR, T2PL, T6PR, L2PL, L5PR + orth tests

Current Diagnoses Cervicalgia w/ radiculopathy ICD-9 Codes M5412 M542
Lumbar radiculopathy ICD-10 M5416

Do any complications exist that would extend disability? yes If so, please explain The inability to walk w/o a burning sensation.

Current Treatment Manipulation, physical therapy,

Has surgery been planned/completed? NO Date _____ CPT Code _____

When do you expect the patient to return to work? Date Dec. 2021

Full Time _____ Part time _____ Light Duty X

What current restrictions and limitations have you placed on the patient? Currently no lifting, refrain from extended walking, excessive bending,

Remarks: Patient is making progress, however has multiple tears at disc levels in cervical and lumbar regions

Signature of Attending Physician [Signature] Date _____

Physician's name (print) Danielle Motley Jennings

Specialty General Practice Telephone (803) 587-1893 Fax (803) 931-3111

Address Full Spine
7801 St. Andrews Rd. Irmo SC 29063
Street City State Zip Code

Claim # 10531143

Palmetto Health USC Orthopedic Center • 100 Palmetto Health Pkwy, COLUMBIA SC 29212-1756
HOWARD, TAMIKA (id #397741, dob: 04/08/1975)

PH Orthopedic Parkridge
100 Palmetto Health Pkwy Suite 320
COLUMBIA, SC 29212-1756
Phone: (803) 296-7846, Fax: (803) 296-9699

Date: 09/16/2020

Dear Tamika Howard,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: GEORGEANNA LOWDERMILK, PA, PASUP

Patient Care Summary for Tamika Howard

Most Recent Encounter

09/15/2020 Georgeanna Awkerman Lowdermilk: 100 Palmetto Health Pkwy, Suite 320, Columbia, SC 29212-1756, Ph. tel:+1-803-2967846

Reason for Visit

Lumbar spine problem

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

Assessment Note

Chief Complaint

Low back pain.

HPI

Ms. Howard is a 45-year-old female who presents for evaluation of low back pain. She is accompanied today by her husband. The patient is referred by her primary care provider, Dr. Ester Hare. The patient reports that she was in a motor vehicle accident on 12/19/2019 and she is represented by Jeffcoat Law. She states that she primarily experiences low back pain which began in 12/2019 and is essentially in her back, buttock, thigh and leg. The patient describes her pain as aching, throbbing, shooting and dull. She indicates that her pain is exacerbated by standing, ambulating, sitting, lying down, driving, working, climbing stairs and bending backward. The patient notes that her pain is reduced by lying down. She reports paresthesias in her thigh and calf for the last 5 months and weakness in both legs. She experiences difficulty with ambulation after approximately 5 to 10 minutes. She denies any bowel or bladder changes and has not been hospitalized. She reports that she also experiences right lower extremity radiculopathy. The patient has tried physical therapy, chiropractic manipulations, anti-inflammatory and narcotic medications. She has previously had MRI and CT scans, as well as EMG/nerve conduction studies. She denies prior back surgery or history of MRSA. She has previously been seen at Midlands Orthopedics and they recommended no surgical intervention. She rates her back pain as a 10 out of 10.

Palmetto Health USC Orthopedic Center • 100 Palmetto Health Pkwy, COLUMBIA SC 29212-1756
 HOWARD, TAMIKA (id #397741, dob: 04/08/1975)

Exam

African-American female in no acute distress. She is obviously uncomfortable. Exam is limited by her level of discomfort. Neurovascular status of her lower extremities are grossly intact EHL ankle dorsiflexion, plantar flexion, knee flexion, extension, hip flexion. She has nondermatomal. Slight dysesthesia of the entire right lower extremity. No skin changes. No pretibial edema. No muscle atrophy. She walks with a very short strided gait significant limitations in flexion extension and rotation of the lumbar spine with diffuse paraspinal tenderness throughout the whole lumbar spine bilaterally.

Imaging

X-rays and MRI's of both the cervical and lumbar spine done at Palmetto Imaging are reviewed and reveal a small annular tear at L5-S1 and some facet hypertrophy, as well as epidural lipomatosis. There was no significant nerve root impingement noted.

EMG/nerve conduction study of the upper extremities were obtained at Carolinas Center for Advanced Management of Pain and were normal.

Assessment

1. L5-S1 annular tear.
2. Multilevel lumbar pain following a motor vehicle accident 10 months ago.

Plan

We will refer her to pain management and try an L5-S1 interlaminar epidural steroid injection. I agree with Dr. Brown's assessment that there are no appreciable surgical lesions or indications based on her exam and diagnostic testing at this juncture. We will see her back after the L5-S1 interlaminar epidural steroid injection.

I, Trafana Sullivan, am acting as scribe for Georgeanna Lowdermilk, PA-C.

1. Lumbar radiculopathy
-
2. Annular tear of lumbar disc
 - epidural steroid injection, lumbar (PROC)

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Reminders

		Provider
Appointments	Open	09/29/2020 9:00AM James M Viapiano, MD
	RE-CHECK	10/13/2020 1:00PM Georgeanna Awkerman Lowdermilk, PA
Lab	None recorded.	
Referral	None recorded.	
Procedures	Epidural Steroid Injection, Lumbar (PROC)	09/15/2020 James Viapiano MD

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HOWARD, TAMIKA (id #397741, dob: 04/08/1975)

09/15/2020

Lumbar Radiculopathy; Annular Tear of Lumbar Disc

Georgeanna Awkerman Lowdermilk, PA: 100 Palmetto Health Pkwy, Suite 320, Columbia, SC 29212-1756, Ph. (803) 296-7846

Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	04/08/1975	Race:	Information not available
Preferred language:	English	Marital status:	Married

Contact: 343 Wycombe Rd, Columbia, SC 29212, Ph. tel:+1-803-6650091

Care Team Members

Primary Care Provider

Trista Hewett

7037 Saint Andrews Rd, Columbia, SC 29212, Ph. tel:+1-803-7320963

Note: Patients are solely responsible for maintaining the privacy and security of all information printed from the Patient Portal.

Palmetto Health USC Orthopedic Center • 100 Palmetto Health Pkwy, COLUMBIA SC 29212-1756
 HOWARD, TAMIKA (id #397741, dob: 04/08/1975)

Reminders**Provider**

Surgeries None recorded.

Imaging None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
tramadol 50 mg tablet		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Heart Rate	Body Surface Area	Pain Scale Type	Pain Scale
5 ft 5 in	191.2 lbs	31.8 kg/m ²	153/88 mm[Hg]	71	1.99 m ²	Numeric	10

Results**Lab Results**

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

Procedures

Notes: Patient indicated no previous surgeries on (09/12/2020)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Tobacco Smoking Status

Tobacco Smoking Status

Former Smoker (1 PPW)

Past Encounters

LMC IRMO IDTF

LMC Irmo - Radiology
7035 St Andrews Rd
Columbia SC 29212-1177
PHONE: 803-407-4100

PATIENT NAME: **Howard, Tamika**

MRN: M003148126

AGE: 44 year old
DOB: 4/8/1975
SEX: Female
HAR: 500138165
PATIENT CLASS: Outpatient

INTERPRETING PROVIDER: Davis, Clarence Sylvester, MD
ADMITTING PROVIDER:
ORDERING PROVIDER: Hewett, Trista L
ORDERING PROVIDER ADDRESS: 7037 St. Andrews Road
Columbia SC 29212
CC PROVIDER:

STUDY TYPE: XR Lumbar Spine AP Lateral and Obliques
DATE OF EXAM: 1/13/2020 12:40 PM
REPORT STATUS: Final

XR Lumbar Spine AP Lateral and Obliques:

CLINICAL DATA: Low back pain

COMPARISON: None

TECHNIQUE: Frontal, lateral, and bilateral oblique radiographs of the lumbar spine were performed with additional coned down lateral radiograph of L5-S1.

FINDINGS: Normal alignment of the lumbar spine. Disc spaces are well-maintained. The facets are within normal limits. There is a normal lumbar lordosis. No evidence of fracture.

IMPRESSION:
Unremarkable lumbar spine.

Electronically Signed By: Clarence Sylvester Davis, MD on 1/13/2020 12:56 PM

Howard, Tamika (M003148126)
Exam: XR Lumbar Spine AP Lateral and Obliques (ACC #0002819688)
Exam Date: 1/13/20

REPORT STATUS: Final
If report is in transcribed/preliminary status it is a DRAFT report for ALL pages

LMC IRMO IDTF

LMC Irmo - Radiology
7035 St Andrews Rd
Columbia SC 29212-1177
PHONE: 803-407-4100

PATIENT NAME: **Howard, Tamika**

MRN: M003148126

AGE: 44 year old

DOB: 4/8/1975

SEX: Female

HAR: 500138165

PATIENT CLASS: Outpatient

INTERPRETING PROVIDER: Davis, Clarence Sylvester, MD

ADMITTING PROVIDER:

ORDERING PROVIDER: Hewett, Trista L

ORDERING PROVIDER ADDRESS: 7037 St. Andrews Road
Columbia SC 29212

CC PROVIDER:

STUDY TYPE: XR Cervical Spine AP Lateral and Obliques (Pain Series)

DATE OF EXAM: 1/13/2020 12:35 PM

REPORT STATUS: Final

XR Cervical Spine AP Lateral and Obliques (Pain Series):

CLINICAL DATA: Neck pain

COMPARISON: None

TECHNIQUES: Radiographic examination of the cervical spine includes AP, lateral, and bilateral oblique views.

FINDINGS: There is slight reversal normal cervical lordotic curve likely due to muscle spasm. The vertebral body heights are well-maintained. There is disc space narrowing at C5-6 and C6-7 with secondary spondylosis deformans.

IMPRESSION:

Degenerative disc disease with secondary spondylosis deformans at C5-6 and C6-7. No acute findings.

Electronically Signed By: Clarence Sylvester Davis, MD on 1/13/2020 12:57 PM

Howard, Tamika (M003148126)
Exam: XR Cervical Spine AP Lateral and Obliques (Pain Series) (ACC
#0002819687)
Exam Date: 1/13/20

REPORT STATUS: Final

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DRAFT report for ALL pages*



Palmetto Imaging
www.SCDiag.com

Palmetto Imaging – Irmo
1 Wellness Boulevard, Suite 100, Irmo, SC 29063
p: 803.256.7646 f: 803.732.2982

PATIENT NAME: Howard, Tamika
DOB: 04/08/1975
MRN: 08-1650531
PHONE: 803-665-0091
PHYSICIAN: Danielle Motley Jennings, DC
EXAM DATE: 03/11/2020

EXAM: MR-Lumbar Spine without contrast

REASON FOR EXAM: M54.16 - Radiculopathy, lumbar region

ADDITIONAL HISTORY: Back pain

TECHNIQUE: The following sequences were obtained on a Hitachi 1.2 Tesla magnet: Coronal T2, Sagittal T1, sagittal T2 with and without fat saturation, axial T1 and T2.

COMPARISON: None

FINDINGS: The marrow appears normal. No soft tissue paraspinal masses are seen. The conus is seen at L1. No soft tissue paraspinal masses are seen. There is incidental note of a uterine fibroid.

At L1-2, the disc is well maintained.

At L2-3, the disc is well maintained.

At L3-4, the disc is well maintained. There is mild facet hypertrophy with hypertrophy of ligamentum flava right greater than left. There is no nerve root impingement

At L4-5, the disc is well maintained. There is facet hypertrophy with hypertrophy of ligamentum flavum. There is epidural lipomatosis

At L5-S1, there is disc desiccation. There is a central annular tear. There is no stenosis. There is epidural lipomatosis.

IMPRESSION:

1. Annular tear L5-S1

PATIENT NAME: Howard, Tamika
DOB: 04/08/1975
EXAM: MR-Lumbar Spine without contrast
EXAM DATE: 03/11/2020

- 2. Facet hypertrophy
- 3. Epidural lipomatosis

Robin Daum Kowalski, MD
(877) 527-9375

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***
3/12/2020 8:47 AM: Robin Daum Kowalski, MD

RD/rdk
DD: 03/12/2020 08:45 am
DT: 03/12/2020 08:47 am
Accession #: 08-3907005



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www.SCDiag.com

Palmetto Imaging – Irmo
1 Wellness Boulevard, Suite 100, Irmo, SC 29063
p: 803.256.7646 f: 803.732.2982

PATIENT NAME: Howard, Tamika
DOB: 04/08/1975
MRN: 08-1650531
PHONE: 803-665-0091
PHYSICIAN: Danielle Motley Jennings, DC
EXAM DATE: 03/11/2020

EXAM: MR-Cervical Spine without contrast

REASON FOR EXAM: M54.12 - Radiculopathy, cervical region

ADDITIONAL HISTORY: Neck pain

TECHNIQUE: The following sequences were performed on a 1.2 Tesla Hitachi magnet: Coronal T2, Sagittal T1, sagittal T2, T2 fat sat, axial gradient and T2.

COMPARISON: None.

FINDINGS: There is no tonsillar ectopia. There is no traumatic or pathologic marrow. No soft tissue paraspinal masses are seen

At C2-3, there is a small annular tear without stenosis

At C3-4, there is a small right paracentral annular tear without stenosis

At C4-5, the disc is well maintained

At C5-6, there is marked loss of disc height and signal with diffuse bulging of the disc with neural foraminal stenosis bilaterally

At C6-7, there is diffuse bulging of the disc eccentric towards the left with neural foraminal stenosis left greater than right

At C7-T1, the disc is well maintained

PATIENT NAME: Howard, Tamika
DOB: 04/08/1975
EXAM: MR-Cervical Spine without contrast
EXAM DATE: 03/11/2020

IMPRESSION: Disc disease with stenosis C5-6 and C6-7 as described above

Robin Daum Kowalski, MD
(877) 527-9375

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***
3/12/2020 8:50 AM: Robin Daum Kowalski, MD

RD/rdk
DD: 03/12/2020 08:48 am
DT: 03/12/2020 08:50 am
Accession #: 08-3907006

3

Proof of Service of Motion to Expedite Appeal
The state of South Carolina
Suprem Court

Appeals From SC Administrative Law Court
Deborah Brooks Durden, Administrative Law

Case # 20 ALJ 22 0216 - Ap

SC department of employment & Workforce
Sandra Grooms / United Cerebral Palsy / Respondents,
Deborah Brooks Durden - Administrative Law Judge

Tamika Howard Appellant,

RECEIVED

NOV 19 2020

SC Court of Appeals

Motion to Expedite Appeal
Proof of Service

I Certify that I have served the
notice of appeal on Sandra Grooms-Dew
PO BOX 8597, Columbia SC 29202,
United Cerebral Palsy of SC PO BOX 182364
Columbus OH 43218 and Deborah Brooks
Durden-ALC 1205 pennington st, suite 224
Columbia SC 29201 by depositing a copy of
Motion to Expedite appeals in the
United States Mail postage paid on
November 18, 2020.

Tamika Howard

Amelia Howard
343 WYCOMBARD
COLA, SC 29212

Court of Appeals
po BOX 11629
Columbia SC 29224

CPU



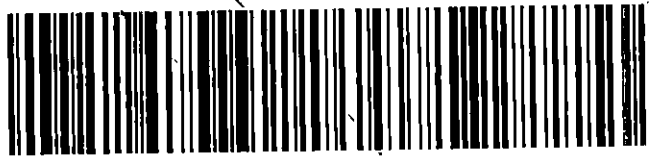
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Orig: 29212
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NOV 19 2020

SC Court of Appeals

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