THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM SOUTH CAROLINA
SC Workers' Compensation Commission
Appellate Panel

Appellate Case No.: 2018-001237

Kenneth L. Barr, Claimant, ... Appellant,

v.

Darlington County School District, Employer,
and SC School Boards Insurance Trust,
Carrier, ...Respondents.

RECORD ON APPEAL
VOLUME I OF IV

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1507304

Kenneth L. Barr, Claimant, vs. Darlington County School District, Employer, SC School Boards Insurance Trust, Carrier, Defendants	)	**ADMINISTRATIVE ORDER**

A Motion regarding the following issue(s) has been received.

____ Discovery or Subpoena
____ Appointment of guardian Ad Litem
____ Attorney's appearance before the Commission
  ____ Withdrawal of Representation
  ____ Attorney's Fee
____ Claim Pending Commission Review
  ____ Postpone
  ____ Adjourned the Scheduled Hearing
____ Self Insurance Privileges
____ Penalties and Interest
____ Third Party Practice
__X__ Other: **Motion to Compel Claimant to attend Medical Evaluation**

The following disposition has been made: __X__ **Granted** __ Denied

____ Set for Hearing
____ Have Attorneys brief the Issue

Reasons:

T. Scott Beck, Commissioner

Columbia, SC

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on November 23, 2015

STATE OF SOUTH CAROLINA)
COUNTY OF DARLINGTON)

KENNETH L. BARR,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION COMMISSION,

and

DARLINGTON COUNTY SCHOOL DISTRICT, Employer,

and

SC SCHOOL BOARDS INSURANCE TRUST, Carrier,

Defendants.

IN RE:

KENNETH L. BARR, Employee,

Claimant,

v.

DARLINGTON COUNTY SCHOOL DISTRICT,

Employer, and

SC SCHOOL BOARDS INSURANCE TRUST,

Insurance Carrier,

Defendants.

BEFORE THE COURT OF COMMON PLEAS
FOR THE FOURTH JUDICIAL CIRCUIT

C/A No.:

TEMPORARY RESTRAINING ORDER ISSUED WITHOUT NOTICE PURSUANT TO SCRCP RULE 65(b)

FILED
2015 DEC 16 PM 3:23
SCOTT B. SUGGS
CLERK OF COURT/R.M.C.
DARLINGTON COUNTY, S.C.

This Court has reviewed the Affidavit and the Verified Complaint and finds that the Petitioner under the Administrative Order of the Commission, which is the subject of this litigation, was compelled to attend an evaluation originally scheduled for December 10, 2015 at 8:00 o'clock a.m. with Dr. [illegible], Ph.D. in Charleston, SC and that the Complaint contests whether the

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

Commission has the jurisdiction and statutory authority to issue that Order and whether that Order issued without hearing was issued without due process or in accordance with Statute. The Complaint further alleges that subsequent to notice of Petitioner's intent to file this action, the Defendants in violation of the Commission Rules and proper procedure filed another Motion not only with the Commission's Judicial Director but with the Commissioner assigned to hear this claim seeking a continuance of the January 7, 2016 hearing based on the Claimant's, "prospective" non-compliance with the Order to compel and seeking to prevent him from proceeding with his claim until he complied with the Order to compel and attend an evaluation with Dr. Mark Wagner, Ph.D.

After due and proper consideration of the verified Complaint and the Affidavit attached thereto and incorporated therein by reference, and after a preliminary determination that the Order is improper and void ad initio and that no evaluation should be required before a hearing can be properly held on a Motion for a Temporary Restraining Order,

IT IS HEREBY ORDERED that the request for a Temporary Restraining Order Without Notice be and hereby is **GRANTED** and that the Defendant SC School Boards Insurance Trust by and through its Attorney, be and is hereby ordered and restrained from requiring and the Petitioner is not compelled to attend any evaluation; and the Commission is hereby restrained from issuing any Order or

taking any further action to enforce the Order or on the subsequent Motion and email filed electronically on December 4, 2015, until such time as a hearing may be held on the Motion requesting a Temporary Restraining Order pursuant to the Motion filed with the Court.

IT IS HEREBY FURTHER ORDERED that upon receipt of this Order and receipt of Service of the Complaint, the Clerk shall immediately set the Motion for Temporary Restraining Order for Hearing and notify the parties.

Pursuant to the provisions of Rule 65(b) this Order shall expire ten (10) days from the date and time of issuance. This Order is issued on December 11, 2015 (date) at (hour) 3:00, P. m. o'clock. Upon notice for good cause shown, which shall include the fact that a hearing cannot be held on the Motion for a Temporary Restraining Order, this Court will entertain an extension for a like period of time unless the Defendants to this action, agree that this Temporary Restraining Order remains in place until such time as a hearing can be held on the Motion for a Restraining Order. All Defendants upon receipt of this Order and Notice from the Clerk concerning the setting of the Motion are ordered to notify the Clerk and Petitioner if they have any objection to the Order remaining in place until the Hearing.

Because of the nature of this Litigation the Court finds that the posting of bond by the Plaintiff is not required. (P.M.B.)

P.M.B

AND IT IS SO ORDERED.

PRESIDING JUDGE
Fourth Judicial Circuit

December 11th, 2015

FILED
2015 DEC 16 PM 01:23
SCOTT B. SUGGS
CLERK OF COURT/R.M.C.
DARLINGTON COUNTY, S.C.

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1507304

Kenneth L Barr,	)	
	)	
Claimant,	)	
vs.	)	
	)	
Darlington County School District,	)	
	)	
Employer,	)	**ADMINISTRATIVE ORDER**
	)	
SC School Boards Insurance Trust,	)	
	)	
Carrier,	)	
Defendants	)	
	)	

A Motion regarding the following issue(s) has been received.

____ Discovery or Subpoena
____ Appointment of guardian Ad Litem
____ Attorney's appearance before the Commission
  ____ Withdrawal of Representation
  ____ Attorney's Fee
____ Claim Pending Commission Review
  ____ Postpone
  ____ Adjourned the Scheduled Hearing
____ Self Insurance Privileges
____ Penalties and Interest
____ Third Party Practice
__X__ Other: **Motion for Reconsideration**

The following disposition has been made:

Claimant's Motion for Reconsideration dated December 22, 2015, of an Administrative Order dated November 23, 2015, is hereby granted. As a result of the Commission's reconsideration of said order, the decision of November 23, 2015, is hereby vacated.

Furthermore, the defendants Motion to Compel dated November 6, 2015, is hereby denied as I find the qualifications of the examiner are inconsistent with my authority to compel compliance.

This decision in no way precludes the defendant from requiring the claimant to attend an evaluation with a properly qualified examiner at a reasonable time and place.

The hearing currently scheduled for January 7, 2016, is here by postponed and reset for February 24, 2016.

Reasons:

Columbia, SC

T. Scott Beck, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on December 23, 2015

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF DARLINGTON
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2015 CP-16-0913

KENNETH L. BARR
PLAINTIFF(S)

DARLINGTON COUNTY SCHOOL DISTRICT AND
SC SCHOOL BOARDS INSURANCE TRUST
DEFENDANT(S)

Submitted by: THE COURT	Attorney for : ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☐ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.

☒ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☒ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: Dismissed without prejudice.

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.
Additional Information for the Clerk :

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
		$
		$
		$

TRUE CERTIFIED COPY,
CLERK OF COURT/DMC
DARLINGTON COUNTY, SC

2015 DEC 31 AM 11:38
SCOTT B. SUGGS, C.O.D.
CLERK OF COURT/C.O.D.
DARLINGTON COUNTY, S.C.

If applicable, describe the property, including tax map information and address, referenced to the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

Circuit Court Judge

2048
Judge Code

12/28/2015
Date

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

KENNETH L. BARR, Employee/Claimant, v. DARLINGTON COUNTY SCHOOL DISTRICT, Employer, and S.C. SCHOOL BOARDS INSURANCE TRUST, Carrier/Defendants.	W.C.C. FILE No. 1507304 **DECISION & ORDER**

Statement of the Case

This matter came before the undersigned Commissioner for a hearing on August 31, 2016 in Florence, South Carolina, pursuant to the Forms 50 and 51. The Claimant alleges he sustained injuries, described as "Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning," as a result of either an accident, repetitive trauma, or occupational disease on May 21, 2015. The Claimant alleges that he is either at maximum medical improvement and entitled to benefits for permanent and total disability as a result of alleged brain damage, or in the alternative, he is not at maximum medical improvement and is entitled to past and future temporary disability compensation and medical treatment for headaches.

The Defendants deny the Claimant sustained any injury or disease arising out of or in the course of his employment, whether by accident, repetitive trauma, or occupational disease. Specifically, the Defendants deny the Claimant has

encephalopathy, deny the Claimant has any injury to his brain or nervous system, and deny the Claimant's pre-existing psychological issues are causally-related to his employment. The Defendants further deny that the Claimant's working conditions were either repetitive or traumatic and deny the Claimant has satisfied the mandatory elements of the Occupational Disease statute.

Stipulations

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.
2. Notice of the hearing was timely and properly served upon all parties in interest.
3. Venue is proper.
4. The Commission's file, save self-serving declarations and unstipulated medical reports, shall become part of the Record in this case.
5. The Claimant's average weekly wage at the time in question was $611.61 and his applicable compensation rate is $407.76.

APA Submissions

CLAIMANT'S APA SUBMISSIONS

APA #	DESCRIPTION	DATES	PAGES
1	Dr. Marshall A. White, M.D. Neurology & Pain Management	10/17/12 – 12/23/1	1 – 75 (A-D)
2	Dr. Nicholas Lind, Psy. Post Trauma Resources	12/16/15	76 – 83
3	Carolina Pines Hospital	3/16/15	84 – 97
4	Dr. Raymond Chapman, M.D. The Medical Group	2/10/10 – 4/7/15	98 – 170
5	Dr. Roland Skinner, III, M.D.	9/23/10 – 10/16/12	171 – 192

6	Darlington School District Records	5/27/09 – 7/1/15	193 – 207
7	Article from Occupational & Environmental Medicine entitled "Solvent Neurotoxicity"	March 2006	208 – 218
8	Dr. R. Joseph Healy, M.D.	3/31/16 – 8/16/16	219 – 229
9	Carolinas Hospital System	7/5/16 – 7/6/16	230 – 246

DEFENDANTS' APA SUBMISSIONS

APA #	DESCRIPTION	DATES	PAGES
10	William H. Woodbury, M.D.	4/20/05	247-248
11	Raymond M. Chapman, M.D. The Medical Group	6/29/05—3/6/13	249-264
12	Carolina Pines Radiology	9/15/10—11/1/13	265-266
13	Terrence Hassler, M.D. Hartsville Orthopaedic Sports Medicine	1/26/12—8/29/13	267-297
14	McLeod Health Rehab Services	2/21/12—5/3/12	298-357
15	Joseph Jackson, Jr., M.D. Camden Orthopaedic Associates	5/2/12—6/29/12	358-368
16	Thomas E. Brandt, Jr., D.O. Center for Pain Control	5/9/12—5/24/12	369-395
17	Avie J. Rainwater, III, Ph.D.	5/29/12—4/30/12	396-402
18	Paul B. Pritchard, M.D. MUSC	2/2/16	403-408
19	Mark T. Wagner, Ph.D. MUSC	2/12/16	409-443
20	L. Randolph Waid, Ph.D.	2/12/16	444-446
21	David H Eagerton, Ph.D., F-ABFT, Presbyterian College	2/14/16	447-467

EXHIBITS#	DESCRIPTION	DATES	PAGES

22	Emmanuel Baptist School	9/1975—5/1987	468-490
23	Employer Records re: FMLA	4/8/09—6/4/12	491-498

Evidence Summary

The Claimant

The Claimant, Ken Barr, testified on his own behalf. The Claimant has been married for 25 years and has 3 children. He attended Emmanuel Baptist High School in Hartsville and described himself as an average student. After school, the Claimant worked as a furniture delivery driver, in addition to roofing and carpentry work for his father. The Claimant also worked for a year or a year and a half as a clothing salesman. Later, he worked doing rough carpentry for a construction company for a couple of years. The Claimant then went to work as a painter at a nuclear plant. Next, the Claimant delivered propane tanks to houses and then did installation of gas appliances for 4 or 5 years. After that, the Claimant started his own painting business for 4 or 5 years before coming to work at the School District. The Claimant continued to operate his own business, Kenny's Painting, after he began working at the School District.

The Claimant testified that he began working at the School District in 2009. He worked 5 days a week, 8 hours per day during the school year and in the summer, he worked 4 days a week, 10 hours per day. The Claimant testified that he did not paint with oil-based paints during the school year and when he painted in the summer, he

could leave the doors open because sometimes the air conditioning was not on in the school rooms. The Claimant testified that he primarily worked on interior painting, but did do some painting outside. According to the Claimant, he "rarely" used a sprayer to apply paint at the School District, though he did use a sprayer when doing his own jobs with Kenny's Painting because he had a sprayer at his disposal. (Hrg. T. p.138, lines 13-16).

For protection, the Claimant initially testified that he "regularly" wore latex gloves and a respirator with particulate and fume filters. Upon persistent questioning from his attorney, the Claimant subsequently testified that

> "I didn't wear 'em regularly. I wear – I wore 'em sometimes. I mean, I don't know – I mean, this week, I might not wear 'em. It depends on what I'm using and where I'm at." (Hrg. T. p. 91, lines 4–7).

Regarding the respirator, the Claimant testified that if he could not ventilate a room by opening doors and windows and using fans, he would wear his respirator. The Claimant then testified that he would

> "put it on no matter if I had the doors open, the windows open or whatever. So, therefore, I would wear it." (Hrg. T. p.92, lines 1–10).

Apparently, the respirator did not cover his eyes; however, the Claimant wears eyeglasses and was always wearing his eyeglasses while painting at the School District, sometimes with goggles. (Hrg. T. p.138, line 20 – p.139, line 4).

On cross-examination, the Claimant admitted that he "[m]ostly always" used a respirator indoors. (Hrg. T. p. 125, lines 16—23). When confronted with his sworn deposition testimony, the Claimant admitted that he had previously testified, under oath, that he had used a respirator ever since he started work at the School District and could not remember an instance when he ever pained inside without a respirator.

The Claimant was asked about his treatment with his family physician, Dr. Chapman. The Claimant sought treatment for headaches in June 2010 that he described as "fairly bad" and "severe." His headaches became progressively worse and he also complained of dizziness, fatigue, and vertigo. The Claimant admits that he was first diagnosed and treated for vertigo in 2005, prior to his employment with the School District. Dr. Chapman referred the Claimant to Dr. Skinner, who treated him for over a year. The Claimant testified that his headaches were severe when he was seeing Dr. Skinner, but not as severe as they have been in the last few years. According to the Claimant, Dr. Skinner was only giving him medicine and he wanted a second opinion.

The Claimant then sought treatment with Dr. White in 2012, who took him out of work, during which time he claims his headaches improved. However, the records of Dr. White indicate that after being out of work for 6 weeks he was still having headaches, which Dr. White diagnosed as migraines. (APA p. 34). In fact, the medical records reflect that even after being out of work for a period of approximately 4 months due to an arm injury in 2012, the Claimant was still seeking treatment for "severe" headaches. (APA p. 342).

The Claimant testified that on Monday, March 16, 2015 he reported to Carolina Elementary School for approximately 10 minutes and talked to Ms. Barrett, the principal. The principal told him they were going to have a drill of some kind, so he

went to Lowe's to buy supplies. The Claimant did not do any painting that day. According to the Claimant, when he left the school, he went down Marlboro Avenue and took a left on Carolina Avenue and the next thing he knew he was sitting a block from the school behind the chiropractor's office, feeling confused. He testified he was having a headache, but does not remember how bad it was. (Hrg. T. p.107). The Claimant called his wife and she called the Claimant's supervisor. The Claimant then took his work vehicle back to the shop a few miles away and his wife picked him up there to take him to the Emergency Room, where he was given pain medicine. The Claimant sought treatment at the Emergency Room records from the March 16, 2015 visit, the Claimant's complaints of dizziness, confusion, and headache that "occurred at home." (APA p. 88).

The Claimant later saw Dr. White who told him to get out of painting, so he spoke to his supervisor, Mr. Stegner, to see what jobs were available to him. According to the Claimant, Mr. Stegner had some job options for him that didn't involve painting, but they would have involved a pay cut.

The Claimant was asked about his condition when he saw Dr. White on May 21, 2015 and the Claimant testified that he had a

> "[t]ypical every day headache, every day, hard. It wasn't a secluded area of my head. It was my entire head like it always is. And it's – I mean, I don't – I mean, nothing – nothing really changed." (Hrg. T. p. 112, lines 10–16).

The Claimant is currently receiving treatment with a new family physician, Jennifer Lynch at CareSouth, and a neurologist, Dr. Healy. At the time of the hearing,

the Claimant testified that he was taking Lorcet, Methiamazole, Nexium, Valium, Aspirin, and Lisinopril and had not seen Dr. White in over a year.

The Claimant has not worked anywhere since May 2015. He testified that he gets confused and disoriented and has bouts of sudden fatigue. He was asked about headaches and responded that he has them every day. According to the Claimant he cannot work because of his headaches and fatigue. The Claimant admitted that he wakes up in the morning with headaches, as recorded in Dr. White's records, and his headaches even wake him up from his sleep, as noted by Dr. Healy. (APA p. 4, p. 231).

He testified that Dr. Healy is treating him with medications and a CPAP machine after performing a sleep study that showed the Claimant to have severe sleep apnea. In addition, Dr. Healy has diagnosed the Claimant with restless leg syndrome, which is treated with medications including Depakote and Requip.

On cross-examination, the Claimant was confronted with the medical records of his family physician, Dr. Chapman, indicating that he had recommended a sleep study for possible sleep apnea after the Claimant began complaining of fatigue in 2006, prior to his work at the School District. (Hrg. T. p. 130, APA p. 250—252). By 2008, Dr. Chapman began prescribing Volataren for the Claimant's complaints of headaches, which was also prior to his work at the School District. The Claimant admits that in addition to the fatigue, vertigo, and headaches, he was also treated for anxiety and panic attacks prior to his employment at the School District. The Claimant has also smoked cigarettes for a long time, smoking a pack and a half at most, though he has since cut back.

Dr. Paul Pritchard

The Claimant was evaluated by Dr. Paul Pritchard, a board-certified neurologist and clinical neurophysiologist at the Medical University of South Carolina, on February 2, 2016, at which time Dr. Pritchard also reviewed the Claimant's medical records. Dr. Pritchard's report is contained in the Record as APA #18. After review of the Claimant's medical records, meeting with the Claimant, and performing an examination, Dr. Pritchard offered the following opinion to a "reasonable degree of medical certainty":

> "Although he has been diagnosed as having an encephalopathy [by Dr. White], the neurological exam today was normal, including normal scores for orientation, memory, calculations, and language function on exam and the Montreal Cognitive Assessment. [The Claimant] did not have findings to support a diagnosis of encephalopathy on today's exam." (APA p.407).

Dr. Pritchard further opined to a "reasonable degree of medical certainty":

> "I cannot speak authoritatively on the potential for impairment from the various paint and other compounds to which he reports on the job exposure. The medical literature indicates that Denmark stands out as the only country in the European Union which regards paint exposure as a workers' compensation issue, based on a graduate student's paper which was re-examined and recanted by other psychologist in her department... As I explained to Mr. Barr and his wife, I would recommend that he be evaluated by an occupational medicine physician who has training and experience in toxicology." (APA p.407)

In addition, Dr. Pritchard testified by way of deposition that he reviewed the CT and MRI of the Claimant's brain and found it to reveal "unidentified bright objects," or nonspecific changes related to small vessels, which are uncommon in a person of the Claimant's age and are seen in people who have chronic migraines, diabetes, and hypertension. Dr. Pritchard did not believe these changes were relevant to the Claimant's cognitive complaints.

In addition to reviewing the medical records (including the reports of the neuropsychologists) and other documents provided by the Claimant, as well as meeting with the Claimant and his wife and performing a physical exam, Dr. Pritchard testified that he administered the Montreal Cognitive Assessment Exam, which showed the Claimant to have normal comprehension, naming, and fluency. Dr. Pritchard testified that

> "[a]ll components of his language were normal as were calculations and, in fact, memory. We tested that as well." (Pritchard T. p.12, lines 13—19).

The Claimant actually made a perfect score on the Montreal Cognitive Assessment Exam. The Claimant's score on the Weschler Memory Scale was also normal. In fact, nothing about the Claimant's neurological examination was abnormal according to Dr. Pritchard. Therefore, Dr. Pritchard testified that, to a reasonable degree of medical certainty, the Claimant did not have encephalopathy, or any evidence of memory problems, or any evidence of any neurological impairment or injury. Dr. Pritchard further testified that, to a reasonable degree of medical certainty, the Claimant

does not have physical brain damage as a result of his alleged exposure to volatile organic compounds at the School District. (Pritchard T. p.27, lines 8-15).

Dr. Pritchard's assessment was that the Claimant has simple chronic daily headaches, which could be migraines or muscle tension headaches. Dr. Pritchard testified that if the Claimant was taking up to three Goody's Powders per day, that could cause rebound headaches, as could overuse of caffeine. Cigarette smoking can also play a role in headaches because it triggers changes in the small blood vessels and complicates treatment.

On cross-examination, Dr. Pritchard was asked to describe different types of headaches. He was also asked about types of things that could cause brain damage. The Claimant's attorney also asked him about litigation over lead poisoning and heavy metals. Dr. Pritchard was asked about his recommendation that the Claimant see an occupational medicine physician who has training in toxicology. The Claimant's attorney also asked Dr. Pritchard to explain the different types and degrees of encephalopathy. He then asked Dr. Pritchard about a Mr. Mundy who was apparently electrocuted. Dr. Pritchard was then asked to read certain medical records and recite from MSDS provided by the Claimant's attorney.

Dr. Pritchard next explained that migraine headaches can cause dizziness and can occur first thing in the morning. Dr. Pritchard also testified that, based upon what the Claimant had reported, he has a chronic headache problem and there is nothing that can prove or disprove the cause of that headache. (Pritchard T. p.83). According to Dr. Pritchard, the number one reason for doctor visits in the United States is headache.

When Dr. Pritchard was asked about whether objective testing could confirm whether volatile organic compound exposure had caused brain damage, Dr. Pritchard

was quick to remark that the very concept of volatile organic compounds as a cause of chronic encephalopathy is "highly controversial." Dr. Pritchard further testified that the Claimant

> "didn't have encephalopathy. His neurological exam was normal. His memory was normal. His language, his calculation, all the things we do on a neurological exam were normal."

Dr. Pritchard was next asked about lead poisoning and whether it could progress. The Claimant's attorney then asked Dr. Pritchard about epilepsy and white matter changes and dementia. Later, Dr. Pritchard was asked when the IME was scheduled and when his deposition was scheduled.

On re-direct examination, Dr. Pritchard confirmed his opinion that – to a reasonable degree of medical certainty -- there is no objective evidence that the Claimant has dementia and that there is no objective evidence that the Claimant has any permanent impairment of his brain or neurological system from any cause. Finally, Dr. Pritchard testified, again to a reasonable degree of medical certainty, that the Claimant's current complaints of headaches have no causal relationship to his employment at the School District.

Dr. Roland Skinner

Dr. Roland Skinner testified at a deposition on December 10, 2015 and his medical records are contained at APA #5. Dr. Skinner is a neurologist in private practice and first evaluated the Claimant in September 2010. At that time, the

Claimant's presenting complaints were primarily headache, with some dizziness, which had been constant over a five-week period. Apparently, the Claimant experienced nausea with the headache, felt off-balance when he looked down, and had both trouble concentrating and fatigue. The Claimant also gave a history of chronic anxiety, for which he was taking several medications. According to Dr. Skinner, his neurological examination "really was pretty normal." (Skinner T. p.8, lines 11-12). Dr. Skinner's diagnosis was tension type headache, based upon the Claimant's description of the pain and the lack of other findings and symptoms.

Dr. Skinner testified that he prescribed Nortriptyline for the Claimant's tension type headaches; however, when the Claimant returned to Dr. Skinner in December 2010, but the Claimant had stopped taking the Nortriptyline and Dr. Skinner could not determine its efficacy. At that time, Dr. Skinner still believed the Claimant's headaches were due to tension and he again prescribed Nortriptyline. Dr. Skinner wanted to avoid prescribing narcotics as they are habit forming. In addition, Dr. Skinner explained a phenomenon called "analgesic rebound," in which people who take analgesics frequently get temporary relief from headaches only to have them come back progressively more frequently.

When the Claimant returned to Dr. Skinner in February 2011, Dr. Skinner still believed the Claimant's headaches were tension-type and that there was a component of depression. Dr. Skinner testified that the Claimant

> "was very focused on somatic things and even asked...if I thought he had a tumor in his spinal cord." (Skinner T. p. 18, lines 3—8).

At that time, Dr. Skinner counseled the Claimant about analgesic rebound because he was taking Aspirin, Goody Powders, Tylenol, and Aleve ... "a whole lot of short acting analgesic medications" that could be causing his headaches. (Skinner T. p.19, lines 2–10).

Dr. Skinner next evaluated the Claimant on May 18, 2011, at which time the Claimant was doing better, but his headaches were still not resolved. Nevertheless, the Claimant demonstrated no objective physical or neurological abnormalities and Dr. Skinner's diagnosis remained tension type headaches. The Claimant did not return to Dr. Skinner until August 2011, at which time he was still having daily headaches and "still taking a lot of over-the-counter analgesic medications." (Skinner T. p.22, lines 11–12). However, there were still no physical or neurological abnormalities on exam in August 2011 and Dr. Skinner still felt that the most likely diagnosis was tension headaches. Nevertheless, Dr. Skinner prescribed Depakote in hopes it would decrease the frequency of his headaches.

On November 15, 2011, the Claimant returned to Dr. Skinner and was still complaining of daily headaches, which were worse with changes in barometric pressure or with certain smells, which the Claimant did not describe. Unfortunately, the Claimant was still taking three Goody Powders daily about four days per week, which Dr. Skinner testified could alone trigger rebound headaches. Because the Claimant was also taking Tylenol, Aspirin, and Ibuprofen, Dr. Skinner was still concerned about analgesic rebound headaches.

Dr. Skinner evaluated the Claimant on one final occasion in February 2012 and the Claimant "seemed to be about as he always had been." (Skinner T. p.29, lines 17–18). The Claimant was stable at that time and Dr. Skinner felt that there were

psychological factors (anxiety) were playing a part in his headaches, so Dr. Skinner recommended counseling. However, the underlying diagnosis remained tension-type headaches.

According to Dr. Skinner, his opinion – to a reasonable degree of medical certainty -- remains that the Claimant's headaches were tension-type headaches complicated by analgesic rebound. When asked what causes tension-type headaches, Dr. Skinner responded that this was the proverbial "$64,000 question." Nevertheless, at the time Dr. Skinner last evaluated the Claimant, he did not believe him to have any evidence of physical brain damage. Dr. Skinner further testified that at no time during his treatment of the Claimant did he ever complain of his work environment impacting his headaches.

On cross-examination, the Claimant's attorney asked Dr. Skinner about his awareness of lead paint regulation, lead poisoning, and mercury toxicity in the brain. Dr. Skinner was also asked about arsenic poisoning. Dr. Skinner was subsequently asked about his understanding of the Claimant's job duties and was also asked to review MSDS provided by the Claimant's attorney. Dr. Skinner was asked to read from the MSDS and agreed that they list routes of exposure may be inhalation or eye or skin contact and suggest that repeated overexposure can cause brain and nervous system damage. Subsequently, Dr. Skinner was asked what types of headaches affect attention, memory, concentration, and fatigue and Dr. Skinner testified that any type of headaches could affect those things. Dr. Skinner was then asked to describe all of the types of headaches.

Dr. Nicholas Lind

Nicholas Lind is a psychologist in private practice in Columbia who evaluated the Claimant at the request of his attorney on December 16, 2015. Dr. Lind's report of his one-time evaluation is contained in the record as APA # 2 and he was deposed by the parties prior to the hearing. According to Dr. Lind's deposition testimony, he reviewed the records of Dr. White, but did not review any of the Claimant's other medical records. Dr. Lind administered neuropsychological testing. The results of these tests were considered valid, but demonstrated that the Claimant could be affected by a somatoform disorder, which could in turn affect his test results. The tests also revealed a severe level of depression, which Dr. Lind believed was a long-standing problem for the Claimant. Dr. Lind explained that depression and anxiety (which the Claimant also has) affect the results of neuropsychological testing by way of inattention.

Dr. Lind also tested the Claimant's intelligence and found it to be average. Dr. Lind did not believe there had been any change in the Claimant's intellectual functioning. Dr. Lind explained that the Claimant's processing speed was also within the low average range, but could be affected by stress, pain, and depression. The Claimant reportedly performed "very well" on the Weschler Memory Scale and average to above average on the Rey Complex Figure Test and the Hopkins Verbal Learning Test. According to Dr. Lind "all the tests of memory, there was no compromise." (Lind T. p.13, lines 4—5). Therefore, Dr. Lind was asked:

> Q. Is there any objective evidence of any memory loss or memory impairment in Mr. Barr's case?
>
> A. No. Not from this testing.

Q. Would his memory testing be consistent with dementia or severe cognitive impairment?

A. No. (Lind T. p.14, lines 7—12).

Dr. Lind discussed the Exide battery factory and studies of toxic lead exposure in Korea, neither of which were "relevant for this case." Dr. Lind also admitted that he only has an "assumption" that the Claimant was exposed to anything. (Lind T. p.16, p.17). Dr. Lind further acknowledged that any abnormalities revealed on his testing for be explained by things other than the Claimant's alleged exposure at work.

Regarding the test of executive functioning, Dr. Lind was forced to concede that the Claimant's performance was only "abnormal" on a single sub-test, which had not been validated by retest. Dr. Lind was also forced to concede that while testing suggested disinhibition, neither the Claimant, nor his wife complained of any symptoms of disinhibition or impulse control, and the Claimant demonstrated good impulse control in his interview with Dr. Lind. With respect to impaired motor control, Dr. Lind acknowledged that there are multiple possible explanations unrelated to any alleged chemical exposure and that, not only did the Claimant not complain about any problem with coordination, the Claimant had been treated for a complex tendon laceration in his dominate hand, of which Dr. Lind was not previously aware. In addition, Dr. Lind admitted that "disinhibition" and "impaired dexterity" were the only parameters he measured that are even potentially consistent with an alleged brain injury, and he further admitted that he can't specifically relate these issues to any toxic exposure -- they may, in fact, simply represent a constellation of unrelated symptoms. Lastly, Dr.

Lind testified that the Claimant's cognitive function is not preventing him from working or earning wages. (Lind T. p.39, lines 10—19).

On cross-examination, the Claimant's attorney asked Dr. Lind about his participation in the Exide battery cases and his "exposure with [sic] people with toxic problems." (Lind T. pp.40—41). Dr. Lind was also asked to clarify that he was "not professing to express medical opinions concerning whether or not what caused his actual problem." (Lind T.p.42, lines 7—10). Dr. Lind was then asked to explain depression and anxiety and the degrees of brain damage. Dr. Lind also stated he would defer to a neurologist regarding the Claimant's complaints of headaches.

On redirect, Dr. Lind admitted that his tests results were no consistent with a diagnosis of memory impairment.

Dr. Marshall Allyn White

Dr. White was deposed on November 23, 2015. Dr. White is a neurologist who first evaluated the Claimant on October 17, 2012, at which time the Claimant complained of a two and a half year history of headaches and back pain. While Dr. White was aware that the Claimant was previously treated by Dr. Skinner for headaches, Dr. White did not review those records. According to the new patient questionnaire the Claimant completed for Dr. White, the Claimant was actually waking up in the morning with his headache. The Claimant also admitted to being a cigarette smoker, which Dr. White admitted can cause or exacerbate headaches. According to Dr. White, after his initial evaluation of the Claimant,

"...he just complained of headache. I mean, I wasn't that concerned about it." (White T. p.9, lines 7–9).

The Claimant apparently complained about paint fumes, so Dr. White recommended that he stay away from paint fumes for six weeks to see if his headaches went away. Despite staying out of work for 6 weeks, the Claimant's headaches were unchanged when he returned to Dr. White in November 2012, so Dr. White prescribed medication used to treat migraines. When the Claimant returned to Dr. White in January 2013, the Claimant's headaches had improved with the use of Topomax and Dr. White added Clonazepam to treat the Claimant's anxiety. When Dr. White prescribed these medications, he was unaware of the Claimant's use of other prescribed medications, including Klonopin and narcotic pain medications. In addition, Dr. White did not place the Claimant on any work restrictions.

The Claimant did not return to Dr. White until April 2015, after an absence of over two years. Dr. White testified that the Claimant returned because he was continuing to have headaches, in addition to complaints of memory loss, fatigue, disorientation, and confusion. When pressed to explain the nature of the Claimant's headaches, Dr. White admitted that he didn't know how frequently the Claimant was experiencing headaches, he couldn't describe the headaches, and he "didn't document" any symptoms associated with the Claimant's headaches. (White T. p.19). Dr. White admitted that did not review any of the Claimant's prior medical records an dhad no idea about why the Claimant was taking Lorcet, Tramadol, Meloxicam, and Tizanidine in 2015 or who was prescribing them, nor did he inquire about the Claimant's use of over-the-counter analgesics.

Dr. White then prescribed Klonopin and Topirimate for the Claimant, as well as a steroid dose pack. On follow up in May 2015, the Claimant's headaches were apparently unchanged; however, the Claimant was complaining of more memory loss and fatigue and he discussed the Claimant's workplace exposures, which the Claimant felt were "making him sick."

According to Dr. White, it is his opinion that the Claimant's "symptomatology and his syndrome is the result of VOC exposure." (White T. p.26, lines 17—21). When asked if he had any objective evidence to support his opinion, Dr. White testified that he "used [his] experience and the pattern of illness" to reach his conclusion. Dr. White then suggested that the Claimant's headaches could not be due to muscle contraction headaches, because muscle contraction headaches are not associated with memory loss, Dr. White suggested that the Claimant's headaches weren't due to analgesic rebound, because he believed they were stable and because the Claimant believed they were work-related and because analgesic rebound does not cause memory loss. Dr. White further suggested that the Claimant's cigarette smoking was not a cause of his headaches because smoking doesn't cause memory loss. Of course, objective testing showed the Claimant to have no evidence of memory loss. (*See* Lind T. p.13, lines 4—5; Pritchard T. p.12, lines 13—19).

Dr. White admits that he knows nothing about the personal protective equipment used by the Claimant at work; however, he speculates that the Claimant has been exposed to volatile organic compounds on a near daily basis for years. Dr. White further admits that there is no evidence of the alleged dose or duration of any exposure, but believed that his opinion as to cause was more important than evidence of exposure. In fact, when confronted with the fact that the Claimant testified to wearing a respirator

and asked how the Claimant could be exposed to volatile organic compounds while wearing a respirator, Dr. White testified,

> "I'm not going to make a comment in that regard. That's not, that's not within the purview of my testimony. My opinion is that there was an exposure, and how that exposure took place is not for me to determine." (White T. p.31, liens 19—25).

Dr. White further testified that he diagnosed the Claimant with encephalopathy based upon Dr. White's personal opinion that the Claimant has memory deficits and slow processing speeds. In fact, Dr. White testified that he ordered neuropsychological testing to objectively evaluate the Claimant's memory and processing speed. Of course, neuropsychological testing done by the Claimant's own psychiatrist, Dr. Lind, revealed average processing speeds and normal memory. According to Dr. Lind:

> "Q. Is there any objective evidence of any memory loss or memory impairment in Mr. Barr's case?
>
> A. No. Not from this testing.
>
> Q. Would his memory testing be consistent with dementia or severe cognitive impairment?
>
> A. No." (Lind T. p.14, lines 7—12).

Dr. White did not have benefit of Dr. Lind's testing or testimony at the time he rendered his speculative opinions about the Claimant's neuropsychological functioning.

However, he was specifically asked whether any objective evidence supported his opinions at the time:

> "Q. Because at this point there's no objective evidence he has neuropsychiatric or neuropsychological or memory deficits?
> A. You're here today to hear my opinions and, you know, as an expert, I'm free to opine, and I would assume that's true." (White T. p.32, line 22 – p.33, line 2).

Instead of providing evidence to support his opinion about alleged exposure and alleged memory loss, Dr. White continued to deflect by stating that he didn't believe the Claimant "is sophisticated enough to carry on a charade like this." (White T. p.33, lines 13-14). According to Dr. White, "his story and the evolution of his symptoms over the years is entirely consistent with exposure to a toxin." (White T. p.33, lines 17—19). Dr. White was then questioned as follows:

> "Q. Well, tell me what else other than the subjective statements of [the Claimant] have you based your opinions on?
> A. It's based upon the pattern of the illness. I think I've answered those questions.
> Q. All right. So what evidence is there that he has suffered any memory loss or currently has any memory problems?
> A. My observations." (White T. p.34, lines 8—14).

According to Dr. White, he has given his opinions regarding a diagnosis and causation "before [he] finished working him up." (White T. p.34, lines 24—25). Dr. White then suggested that he was still "working him up" and had ordered neuropsychological testing to provide objective evidence: "If there are signs of dementia, then that's going to show up. If there's signs of encephalopathy or dementia, that's going to show up." (White T. p.40, lines 14—18). Dr. White believed that neuropsychological testing would "validate" his opinions; however, it did not, despite Dr. White's claim that

> "...I really can't recall but on rare occasion the neuropsychiatric testing or the neuropsychological testing was substantially different from what my opinions are. So my opinions are typically right on target with respect to neuropsych testing." (White T. p.44, lines 12—17).

Dr. White last saw the Claimant on July 16, 2015. At that time, Dr. White prescribed Topomax, on top of the Prozac and Tramadol and Adderall the Claimant was already taking, which Dr. White admits put the Claimant at risk of developing Seratonin Syndrome, which causes headaches, confusion, elevated blood pressure, potentially seizures and even death. (White T. p.47--49). Dr. White does not know why the Claimant never returned to him and has no knowledge of his condition after July 2015. Despite prescribing a six month supply of Topomax, he never follow-up with the Claimant.

Dr. White was then asked,

"Q. Is there any objective evidence that he has brain damage at all of any degree?

A. Well, there hopefully will be after neuropsychology testing." (White T. p.53, lines 16—19).

Dr. White further volunteered that "neuropsych testing is the best objective measure we have for evaluating patients with encephalopathic conditions." (White T. p.54, lines 10-12).

On cross-examination, Dr. White was asked about commercial versus residential painting and how many hours per day the Claimant worked. Dr. White was asked about respirators and replied that he was not "an expert in respiratory or respirator technology." (White T. p.69, lines 22—23). Dr. White affirmed his previous opinions, including his opinion that the Claimant's "fatigue, migraines and memory loss are due to the VOC's." (APA p.6). The serial records of Dr. White are contained in the record in APA page one through 75c.

Dr. L. Randolph Waid

Dr. Waid is a private-practice neuropsychologist who reviewed and evaluated the Claimant's neuropsychological test data and medical records. Dr. Waid opined that the Claimant's neuropsychological evaluation by Dr. Lind

"revealed [the Claimant] to perform well, particularly on tests assessing anterograde memory. Indeed, [the Claimant's] performance of a battery of neuropsychological tests failed to reveal evidence of severe impairment

affecting brain behavior functioning. Some of the test performances that were in the low average range would be considered as being consistent with [the Claimant's] premorbid intellectual abilities." (APA p.446).

In fact, Dr. Waid specifically disagreed with the speculative opinions offered by Dr. White. According to Dr. Waid:

> "Review of the records including previous reports of evaluations conducted by multiple practitioners as well as Dr. Lind's neuropsychological test results simply do not support Dr. Marshall White's opinion that [the Claimant] suffers from an encephalopathic condition that has led to severe permanent brain damage with severe compromise in brain behavior functions. As noted above, [the Claimant's] performance on objective tests assessing anterograde memory was in the average to above average range. Review of records failed to reveal any biological markers to support that [the Claimant] is suffering from a neurobehavioral syndrome consistent with VOC exposure. [The Claimant] is not suffering from a dementing disorder as that would involve evidence of severe cognitive impairments via conduction of neuropsychological testing...Indeed, [the Claimant's] primary complaint is one of disruptive headaches that existed prior to his engagement in employment with Darlington County School District." (APA p. 446).

In summation, Dr. Waid concluded,

"there is no evidence to indicate that [the Claimant] suffered physical brain injury as a direct result of his employment...Nor is there any compelling evidence that [the Claimant] currently suffers from an encephalopathic condition that has resulted in severe brain damage." (APA p.446).

Dr. Mark T. Wagner

Dr. Wagner is a neuropsychiatrist at the MUSC Department of Neurology. The Defendants attempted to have the Claimant tested and evaluated by Dr. Wagner; however, the Claimant refused. Therefore, Dr. Wagner reviewed the Claimant's medical records and Dr. Lind's neuropsychological test data and offered his opinions regarding the claim. According to Dr. Wagner, the Claimant's

"neuropsychologic test scores are highly consistent with his prior academics, and more importantly his standardized test scores, all obtained well before any alleged exposure...While it is my opinion that [the Claimant's] neuropsychological test scores are primarily related to below average intellect and poor academic standing, one can not ignore other confounding factors, notably the abnormal MRI with hyperintensities mostly in the frontal white matter bilaterally and chronic noncompliance with smoking cessation. This area of the brain is responsible for deficits in disinhibition and other executive function. Likewise, slow processing speed is a cardinal symptom of clinical depression and would result in

slow performance on fine motor and psychomotor tasks." (APA pp.418–419).

With regard to the speculative opinions of Dr. White, Dr. Wagner offered the following:

> "With the exception of Dr. White's opinions, all objective basic neurologic exams with associated mental status examination by numerous physicians that have examined [the Claimant] have been unremarkable from a neuropsychiatric perspective. Even Dr. White's examination failed to demonstrate any objective neurological findings and his documentation is so limited that his nots do not allow for peer-review of his opinions. Additionally, his documentation does not allow for any other doctors to replicate abnormal findings to confirm or refute his opinions...To the extent that Dr. White relied on the neuropsychological test results to form his opinions, those findings were also normal...Indeed, [the Claimant's] objective memory performance was exceptionally strong and exceeded that of most neurologically intact people in the US reference population." (APA p.419)

Dr. Wagner ultimately concluded that there

> "was no objective evidence in the examinations or reports that [he] reviewed that would support a neurobehavioral syndrome consistent with

VOC exposure. There were not biological markers to support exposure. There is no document of any other organ system involvement to support exposure. Additionally, not only is there no objective evidence of any distinctive neuropsychiatric assessment there is no evidence to support that [the Claimant] has dementia related to severe encephalopathy as opined by Dr. White. Dementia requires **severe** [emphasis original] cognitive impairment (not documented in any of the objective cognitive testing by Lind, Pritchard, White)..." (APA pp. 419—420).

Dr. Wagner went on to explain that the episodic memory loss the Claimant' described as having with his headaches "is a common complaint with anyone that experiences severe headaches." (APA p. 420).

Dr. William Woodbury

The Claimant was evaluated by Dr. William Woodbury in April 2005 – years prior to his employment with the School District. Even at that time, the Claimant complained of a four year history of Vertigo. (APA p.247). Apparently, the Claimant was experiencing dizziness, imbalance, trouble walking and nausea, for which he was treated with the prescription medical Anitvert.

Robert Bennett

The first witness called by the Claimant at the August 31, 2016 hearing was a Dr. Robert Bennett. Dr. Bennett has a pharmacy degree from the Medical University of South Carolina and a doctorate in pharmaceutical sciences. According to Dr. Bennett,

he practices as a forensic toxicologist. However, Dr. Bennett admitted that he is not a medical doctor and has no professional licenses whatsoever, as his pharmacy license has expired. Dr. Bennett also admitted that the South Carolina Department of Labor has issued a "Cease and Desist" Order against him, prohibiting Dr. Bennett from holding himself out as a pharmacist. Apparently, the bulk of his work is in drug, alcohol, and DNA testing. No organization has certified Dr. Bennett as a specialist in toxicology. Over the objection of the Defendants, Dr. Bennett was permitted to testify at the hearing.

According to Dr. Bennett, he was given documents by the Claimant's attorney to review, including medical records, material safety data sheets ("MSDS"), and the Claimant's job description. Dr. Bennett believed that the Claimant worked as a commercial painter "and used chemicals that are required in performing those duties." (Hrg. T. p.33, liens 18—20). Dr. Bennett testified that the Claimant primarily used brushes and rollers to paint, as opposed to aerosol spray tools, and worked both inside and outside. Dr. Bennett further testified that the Claimant used a respirator while working inside buildings, which were also ventilated.

Dr. Bennett opined that based upon his review of the Claimant's job description and the MSDS sheets, he believes the Claimant was exposed to volatile organic compounds. Dr. Bennett described volatile organic compounds as being fat soluble and suggested that fat soluble compounds can cross the blood/brain barrier and affect the brain. Dr. Bennett believes that the most important factor "is what quantity does get into the brain." (Hrg. T. p.37, lines 9—10). Apparently, the Claimant could have his blood or urine or hair tested to check for the presence of volatile organic compounds, but he did not.

Dr. Bennett suggested that one could be exposed to volatile organic compounds through inhalation, absorption through the skin or eyes, or by swallowing. Dr. Bennett testified that even if a person uses protective gear, one could still be exposed to volatile organic compounds because "no device is perfect." (Hrg. T. p.46, lines 10—11). Dr. Bennett testified that acute exposure to volatile organic compounds can cause disorientation, dizziness, nausea, headaches, and sometimes vomiting, but these effects are "short lived" and "go away and the patient returns to normal" once the person is removed from the environment. (Hrg. T. p.48, lines 4-10). However, Dr. Bennett testified that if there is repeated exposure to volatile organic compounds, the toxic effects can be cumulative – it's "a dose-related response." (Hrg. T. p. 56, lines 16—25). Dr. Bennett believes it is important to have CT and MRI scans and neuropsychological testing to determine if there is any permanent disability.

Ultimately, Dr. Bennett testified that he believes the Claimant was exposed to volatile organic compounds "to some degree or extent" and subsequently exhibited symptoms consistent with exposure to volatile organic compounds. (Hrg. T. p.61, lines 4—9). Dr. Bennett went on to describe at length different types of headaches and the medications used to treat them. Dr. Bennett also gave testimony regarding terms used on the MSDS, including "percent by weight" and "evaporation rate."

On cross-examination, Dr. Bennett admitted that he cannot objectively quantify the degree or extent to which the Claimant may have been exposed to volatile organic compounds at the School District, or in his work as a private painter. Dr. Bennett conceded that "dose" is the most relevant factor in determining whether an alleged exposure was toxic, but he cannot quantify "dose" in this claim.

Dr. David H. Eagerton

Dr. David Eagerton is an Assistant Professor of Pharmacology at Presbyterian College and former Chief Toxicologist for the South Carolina Law Enforcement Division. Dr. Eagerton reviewed voluminous records in this claim, including the MSDS for the product the Claimant used most often at work – DTM and Pre-catalyzed epoxy. According to Dr. Eagerton, these products

> "contain compounds that have a relatively low vapor pressure and are not considered by some sources to be a VOC." (APA p.448).

Dr. Eagerton noted that the Claimant's professed to using a respirator on inside jobs and that "[u]tilization of a properly fitted air-purifying respirator (APR) eliminates the exposure to VOCs."

After reviewing and summarizing the Claimant's medical and vocational records, Dr. Eagerton issued the following statement:

> "It is my opinion that, within a reasonable degree of scientific and medical certainty, [the Claimant's] symptoms are not likely due to exposure of VOCs while he was employed by the Darlington County School District. This is based on the fact that 1) there is no toxicological evidence of exposure; 2) there is no definitive medical evidence that VOC exposure occurred; 3) there is no definitive medical evidence that [the Claimant's] symptoms are caused by exposure to VOCs; 4) the products that were used most frequently by [the Claimant] did not contain highly volatile

VOCs; 5) when [the Claimant] was painting inside, he used an APR and the area was ventilated; 6) [the Claimant's] headaches are not associated with exposure to pain fumes; 7) [the Claimant's] medications can cause impairment of neurologic functions; 8) [the Claimant] suffered no ill effects that are commonly seen with acute exposure to VOCs; 9) [the Claimant] has no renal or hepatic injury which can be attributed to VOC exposure; and 10) even if [the Claimant] had an exposure to VOCs, it is more likely that it occurred at a previous job or while he was moonlighting as a self-employed painter..." (APA p. 449).

Carolina Pines Regional Medical Center

Records from Carolina Pines are contained in the record at APA #3. According to a report dated March 16, 2015, the Claimant reported to the Emergency Room with complaints of dizziness, confusion, hand pain, and headache on that date, which "[o]curred at home." (APA p.88).

Hartsville Medical Group

Records from Hartsville Medical Group (Dr. Raymond Chapman) are contained in the record at APA #4 and APA #11. These detail the Claimant's history of anxiety, depression, right arm pain, stomach problems, sinus issues, neck pain, back pain, and chest pain, as well as his tobacco dependence. Regarding his headaches, Dr. Chapman noted on April 14, 2015 that the Claimant

"Has seen 4 neurologist....didn't like any. They told him they had nothing to offer him. Will start decreasing meds as he has had no real improvement clinically when any meds were increased." (APA p.105).

In addition, Dr. Chapman's records detail the Claimant's health problems prior to his work at the School District. As early as May 12, 2006, Dr. Chapman believed that the Claimant's complaints of fatigue were due to sleep apnea and a sleep study was recommended on February 2, 2007. (APA p. 250). Apparently, the Claimant never obtained this sleep study or treatment for sleep apnea until he started seeing Dr. Healy in 2016. (APA p.224). In 2007, Dr. Chapman treated the Claimant for vertigo and by 2008 Dr. Chapman had prescribed Voltaren for the Claimant's headaches. (APA p.252). According to Dr. Chapman's May 2, 2011 office note, he had diagnosed the Claimant with tension headaches which "occur for no reason." (APA p.260). Dr. Chapman referred the Claimant to Dr. Skinner for treatment of his tension headaches.

Dr. Joseph Healy

Records of Dr. Joseph Healy are contained in the Record at APA #8 and Dr. Healy gave deposition testimony on September 27, 2016. According to Dr. Healy's records, the Claimant has been diagnosed with "severe" Obstructive Sleep Apnea. (APA p.223). In fact, the Claimant's sleep apnea is so severe, he required an emergency CPAP during his sleep study. (APA p.223, 224). In addition to obstructive sleep apnea, Dr. Healy's records reveal that analgesic rebound headaches were being treated in April 2016, at which time the Claimant was also referred to a pulmonologist for possible Chronic Obstructive Pulmonary Disease secondary to his cigarette abuse. (APA p.225).

At his deposition, Dr. Healy testified that he initially evaluated the Claimant on March 31, 2016 for complaints of headache and fatigue. Dr. Healy explained that the Claimant's smoking addiction could be affecting the both the headache and fatigue symptoms the Claimant described. (Healy T. pp.8--9). At the time he came to Dr. Healy, the Claimant was taking prescription medications for Hyperthyroidism, High Blood Pressure, and the prescription pain-killer Hydrocodone. (Healy T. pp.9—10). It was unclear who was prescribing the Hydrocodone, or for what purpose, but Dr. Healy explained that chronic daily headaches can be related to too much medication, whether prescribed or over-the-counter. (Healy T. p.10). Dr. Healy testified that he performed a mini-mental exam, on which the Claimant obtained a perfect score, meaning he had normal cognition. (Healy T. pp.11—12). According to Dr. Healy, he didn't see any evidence of dementia or cognitive impairment. (Healy T. p.12, lines 14—18).

Dr. Healy saw the Claimant on follow-up on April 19, 2016, at which time the Claimant was apparently taking "[a] lot of over-the-counter medications." (Healy T. p. 13, lines 1—6). Dr. Healy felt that the Claimant may have "chronic daily headaches," which is also known as rebound or "medication overuse" headaches. (Healy T. p.13). Dr. Healy noted that the Claimant often woke in the morning with headaches, which and testified that:

> "...the whole time I'm thinking, you know, this fellow's breathing is bad. He's got a lot of reasons to be relatively hypoxic, which leads to stress, fatigue and that might be what causes his headache." (Healy T. p.15, lines 20—24).

As a result, Dr. Healy ordered a sleep study on April 27, 2016, which showed two different sleep disorders :

> "that he had severe sleep apnea, and so, I mean, in anybody that has headaches, you got to correct your sleep, you got to correct your breathing and then, too, it showed that he was a kicker...He kicks all night long which is a pattern that means you have a periodic leg movements of sleep...then I put him on Requip at bedtime..." (Healy T. p.17 lines 4—14).

Dr. Healy was testified that with sleep apnea, "you stop breathing," which can cause headaches and fatigue and lead to mental effects, including confusion, and problems with concentration. (Healy T. p.18). Dr. Healy noted that the symptoms of sleep apnea often mimic dementia or Alzheimer's. (Healy T. p.18, lines 22—25).

When the Claimant returned to Dr. Healy on May 4, 2016, Dr. Healy prescribed Requip for the restless leg issues and a CPAP machine for his sleep apnea. In addition, Dr. Healy diagnosed the Claimant abnormal arterial blood gas, which is due to structural lung disease. (Healy T. pp.19—20). Dr. Healy was asked about this abnormal arterial blood gas due to lung disease and its relationship with the Claimant's complaints of headache and fatigue:

> "Q...As so could that be playing a role in his headaches and fatigue as well?
> A. Oh, I think it definitely is."

(Healy T. p.20, lines 11—16). As a result, Dr. Healy referred the Claimant to a Pulmonologist.

In addition to the sleep apnea, the restless leg, and the low arterial blood gas, Dr. Healy also found the Claimant to have problems with his vision, which he described as "very poor and getting worse." (Healy T. p.21, lines 6—7). Poor vision, in turn, can contribute to headaches, and; therefore, Dr. Healy referred the Claimant to an eye doctor. Dr. Healy also prescribed an iron supplement because his iron level was borderline. (Healy T. p.21, lines 21—22).

On June 28, 2016, the Claimant

> "was having [heart] palpitations. He was having episodes where he would get palpitations. He would get chest discomfort. He would start to and then get disoriented and have his headache worsening. He'd had two episodes the day before and then I started wondering since he was such a heavy smoker and whether or not he had any cardiac issue."

(Healy T. p.22, lines 10—16). Dr. Healy believed he may have Coronary Artery Disease and he told the Claimant he needed to see a Cardiologist.

Apparently, the last time the Claimant saw Dr. Healy was July 21, 2016. At that time, the Claimant was still smoking and had not seen a Pulmonologist as recommended. (Healy T. p.24--25). Dr. Healy testified that the Claimant did not ever take the Requip he prescribed for the Claimant's restless leg (Periodic Limb Movement Syndrome, or PLMS) and it is unclear whether he ever took his prescribed iron supplement. Apparently, the Claimant had seen an eye doctor and was diagnosed with bilateral retinal hemorrhages, the cause of which he left to the opthamologists. (Healy T. p.38, lines 7—10).

According to Dr. Healy, he believes that the Claimant has primarily a pulmonary problem, which has led to his other problems, including fatigue and headaches. Dr. Healy acknowledged that pulmonary disease not uncommon for heavy smokers and that he could not say with any certainty what portion of any pulmonary problems are caused by smoking, as opposed to other alleged exposures: "that would be a question for the pulmonologist." (Healy T. p.28, lines 23--24).

While Dr. Healy endorsed a questionnaire prepared by the Claimant's attorney indicating that the Claimant's headaches and fatigue was causally-related to the alleged exposure to volatile organic compounds, he admitted on direct examination that alleged VOC exposure was merely "contributory" and given the smoking history, he would defer to a pulmonologist as to "which is felt to be the larger issue." (Healy T. p.30, lines 16—21).

On cross-examination, Dr. Healy was asked if anything other than medication excess could cause the Claimant's chronic daily headaches. Dr. Healy responded:

> "Well, I'm sure there's a lot of... I think this fellow walks around relatively hypoxic. He retains carbon dioxide. The blood chemistry isn't exactly ideal for a properly functioning [sic] in any organ system you can name."

(Healy T. p.36, lines 4—11). Dr. Healy also explained that the Claimant's elevated carbon dioxide levels

> "doesn't produce a milieu for the brain to exactly work properly and from a metabolic standpoint, headache is the end result. So that, that's my reason

for thinking that his breathing is contributory to his headaches. But what's to his breathing beyond smoking, **again I would defer to a pulmonologist...**"

(Healy T. p.38, lines 17—25; emphasis added).

Dr. Healy was also asked about the Claimant's "spells" of dizziness and headache. Dr. Healy testified that:

> "...he was having these episodes where he would get headache. He would then get anxious, palpitations, and they he would stutter and have trouble talking. And so it was almost like a ITA, which he's at risk of because of his vascular...You do see people with underlying lung disease who will get an area of mucus...and that's enough to kick him over into being hypoxic...so **I was curious about what was causing these spells, although didn't' turn up a neurologic cause.**

(Healy T. p.42, lines 4—20; emphasis added).

Dr. Healy was also asked on cross-examination whether he had treated painters in the past with chronic headaches, to which he responded, "you don't see it a lot." (Healy T. p.43, line 4).

Findings of Fact

1. The Claimant alleges that he sustained injuries to his brain, central nervous system, and psyche as a result of repetitive exposure to volatile organic compounds (VOCs) arising out of and the course of his employment on May 21, 2015. The Claimant alleges that he either sustained these alleged injuries by accident, repetitive trauma, or occupational disease. His Form 58 describes his alleged symptoms as headaches, memory, fatigue, and confusion. Apparently, the only significance of the May 21, 2015 date is that Dr. White evaluated the Claimant and issued a work excuse on this date.

2. Prior to the Claimant's employment with the School District, which began in 2009, he had been diagnosed with Chemical Pneumonitis, Agoraphobia, Fatigue, Chronic Obstructive Pulmonary Disease, Headaches, Anxiety, Depression, back pain, and possible Obstructive Sleep Apnea by his family physician, Dr. Chapman.

3. Since May 21, 2015, the Claimant has been evaluated by Dr. White, Dr. Lind, Dr Chapman, Dr. Healy, and Dr. Pritchard and has undergone a Neuropsychological testing, an EEG, and Sleep Study.

4. Although Dr. White has not evaluated the Claimant since July 2015, he opined on September 10, 2015, that the Claimant's "fatigue, migraines, and memory loss" were due to the VOCs in the paint from work to a "reasonable degree of medical certainty." (APA p.6). In October 2015, Dr. White opined that the Claimant "has suffered an encephalic condition which has led to severe permanent brain damage." However, at his deposition on November 23, 2015, Dr. White admitted that he had no expertise in toxicology and no direct knowledge of any alleged VOC exposure, but only *assumed* that there had been such an exposure in rendering his opinions as to causation. (White T. p.31, liens 19—25). According to Dr. White, he discounted all of

the other possible causes of fatigue and headaches because he assumed/believed that the Claimant's fatigue and headaches were accompanied by memory loss. Dr. White further admitted that he had no objective evidence to support his opinion regarding encephalopathy or brain damage because he was still "working him up" and had ordered neuropsychological testing to provide objective evidence, stating that "[i]f there are signs of dementia, then that's going to show up. If there's signs of encephalopathy or dementia, that's going to show up." (White T. p.40, lines 14—18). Dr. White believed that neuropsychological testing would "validate" his opinions ((White T. p.53, lines 16—19); however, the neuropsychological testing performed by Dr. Lind showed no evidence of any memory loss or memory impairment and no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7—12). Therefore, Dr. White's opinions as to the cause of the Claimant's fatigue and headaches, as well as his opinion that he has encephalopathy, dementia, and/or brain damage, are based upon hypothetical facts that have been disproven with neuropsychological testing according to three neuropsychologists (Dr. Lind, Dr. Waid, and Dr. Wagner) and more recent neurological examinations by Dr. Pritchard and Dr. Healy, both of whom disagreed with Dr. White's opinions. Because Dr. White's opinions are speculative, based upon disproven hypotheticals, uncorroborated, and are otherwise without objective basis, the statements and opinions of Dr. White are given little weight.

5. Dr. Lind conducted neuropsychological testing on December 16, 2015 to determine if the Claimant had any objective evidence of memory loss or dementia. According to Dr. Lind, "all the tests of memory, there was no compromise." (Lind T. p.13, lines 4—5). In fact, Dr. Lind further testified that, not only was there no objective

evidence that the Claimant had any memory loss or impairment, but objective testing showed no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7–12).

6. Neurologist Dr. Paul Pritchard of MUSC evaluated the Claimant on February 2, 2016. According to Dr. Pritchard, "didn't have encephalopathy. His neurological exam was normal. His memory was normal. His language, his calculation, all the things we do on a neurological exam were normal." Dr. Pritchard's testimony is consistent with his medical report in this regard. While Dr. Pritchard admitted that he could not speak authoritatively on the potential impairment from the various paint and other compounds to which the Claimant was allegedly exposed, the fact remained that, to a reasonable degree of medical certainty, the Claimant did not have encephalopathy, or any evidence of memory problems, or any evidence of any neurological impairment or injury from any cause. Dr. Pritchard further testified that, to a reasonable degree of medical certainty, the Claimant does <u>not</u> have physical brain damage as a result of his alleged exposure to volatile organic compounds at the School District. (Pritchard T. p.27, lines 8-15).

7. Dr. Mark Wagner, also of MUSC, reviewed the Claimant's medical records and the data from Dr. Lind's neuropsychological testing after the Claimant refused an evaluation by Dr. Wagner. Dr. Wagner concluded that, based upon Dr. Lind's test data, the Claimant's "objective memory performance was exceptionally strong and exceeded that of most neurologically intact people in the US reference population." (APA p.419). In the opinion of Dr. Wagner, "was no objective evidence in the examinations or reports that [he] reviewed that would support a neurobehavioral syndrome consistent with VOC exposure. There were no biological markers to

support exposure. There is no document of any other organ system involvement to support exposure. Additionally, not only is there no objective evidence of any distinctive neuropsychiatric assessment there is no evidence to support that [the Claimant] has dementia related to severe encephalopathy as opined by Dr. White. Dementia requires **severe** [emphasis original] cognitive impairment (not documented in any of the objective cognitive testing by Lind, Pritchard, White)..." (APA pp. 419—420).

8. Likewise, Dr. Randolph Waid, reviewed the Claimant's medical records and Dr. Lind's neuropsychological test data. According to Dr. Waid, "Review of the records including previous reports of evaluations conducted by multiple practitioners as well as Dr. Lind's neuropsychological test results simply do not support Dr. Marshall White's opinion that [the Claimant] suffers from an encephalopathic condition that has led to severe permanent brain damage with severe compromise in brain behavior functions. As noted above, [the Claimant's] performance on objective tests assessing anterograde memory was in the average to above average range. Review of records failed to reveal any biological markers to support that [the Claimant] is suffering from a neurobehavioral syndrome consistent with VOC exposure. [The Claimant] is not suffering from a dementing disorder as that would involve evidence of severe cognitive impairments via conduction of neuropsychological testing...Indeed, [the Claimant's] primary complaint is one of disruptive headaches that existed prior to his engagement in employment with Darlington County School District." (APA p. 446). In summation, Dr. Waid concluded, "there is no evidence to indicate that [the Claimant] suffered physical brain injury as a direct result of his employment...Nor is

there any compelling evidence that [the Claimant] currently suffers from an encephalopathic condition that has resulted in severe brain damage." (APA p.446).

9. On February 14, 2016, Dr. David Eagerton of Presbyterian College opined to a reasonable degree of medical certainty that the Claimant's symptoms are not likely caused by any alleged exposure to VOCs at work. Dr. Eagerton further opined that any VOC exposure would have been limited due to the low vapor pressure of the substances most commonly used by the Claimant and due to his use of a respirator. (APA pp. 448--449).

10. Dr. Robert Bennett testified that he believes the Claimant was exposed to volatile organic compounds "to some degree or extent" and subsequently exhibited symptoms consistent with exposure to volatile organic compounds. (Hrg. T. p.61, lines 4—9). However, the greater weight of the evidence that the Claimant does not have a brain or neurological injury from any cause outweighs the testimony of Dr. Bennett regarding the Claimant's alleged exposure.

11. On August 16, 2016, in a questionnaire from the Claimant's attorney, Dr. R. Joseph Healy endorsed an opinion that, to a reasonable degree of medical certainty, the Claimant's chronic daily headaches and fatigue were causally-related to his alleged exposure to VOCs between 2009 and 2015. (APA pp.219—220). However, when Dr. Healy was deposed on September 29, 2016, Dr. Healy testified that he believed that alleged VOC exposure was merely "contributory" and he could not state with any certainty what was causing the underlying pulmonary problems he felt were causing the Claimant's headaches and fatigue and would, instead, defer to a pulmonologist. (Healy T. p.30; p.38, lines 17—25). In fact, Dr. Healy testified that he could not find any neurological cause for the Claimant's symptoms. (Healy T. p.42, lines 4—20).

Instead, Dr. Healy believed the Claimant to have pulmonary problems for which he referred him to a Pulmonologist, cardiac problems for which he referred him to a Cardiologist, severe vision problems for which he referred him to an Opthamologist, all in addition to the severe sleep disorders (Obstructive Sleep Apnea and Periodic Limb Movement Syndrome) and abnormal arterial blood gas he had diagnosed. Dr. Healy admitted that the Claimant's severe sleep disorders, in combination, with the Claimant's abuse of cigarettes, could be causing or contributing to his symptoms of headache, fatigue, and even confusion. (Healy T. pp.8—9; Healy T. p.18; p.20). More importantly, Dr. Healy, testified that the Claimant showed no evidence of dementia or cognitive impairment. (Healy T. p.12, lines 14—18). Therefore, greater weight is given to the actual testimony of Dr. Healy than to the questionnaire he endorsed.

12. There was no evidence presented that the conditions of the Claimant's employment with the School District were either extraordinary, or unusual, in comparison to the normal conditions of the employment and I find that the conditions of the Claimant's employment with the School District were not extraordinary and not unusual, in comparison to the normal conditions of the employment of a painter, based upon the greater weight of the evidence in the record.

13. Based upon the greater weight of the evidence in the record, as described more fully herein above, the Claimant did not sustain any injury by accident, repetitive trauma, or occupational disease arising out of or in the course of his employment. The greater weight of the evidence in the record indicates that the Claimant's personal health conditions were neither caused, nor aggravated by any workplace accident or exposure.

Conclusions of Law

1. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant did not sustain any injury to his brain, central nervous system, or psyche by accident arising out of or in the course of his employment on May 21, 2015 (or any other time) and his complaints of headaches, memory loss, fatigue, and confusion are otherwise not causally-related to any accident at work based upon the greater weight of the evidence. The Claimant describes no event or work conditions on May 21, 2015, or any other time, that could have caused or aggravated his condition. More importantly, the Claimant alleges that his condition was gradual in onset and due to repeated alleged exposures over time; therefore, his alleged injuries cannot be considered injuries by "accident" pursuant to the plain terms of S.C. Code Ann. § 42-1-160(F). Furthermore, the overwhelming weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, do not support a finding that the Claimant has any injury to his brain or nervous system, or that his headaches, fatigue, or confusion are causally-related to his employment generally, or any alleged accident on May 21, 2015 specifically. Regarding the Claimant's allegation of an accidental injury to his "memory," the objective evidence in the record shows that the Claimant has no loss or impairment of his memory from any cause.
2. Pursuant to S.C. Code Ann. § 42-11-10, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) do not qualify as an "occupational disease." Specifically, the greater weight of the evidence indicates that the conditions for which the Claimant seeks benefits do not "result directly and naturally from exposure... to the hazards

peculiar to the particular employment." Furthermore, the greater weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicates that the Claimant does not suffer from any disease of his brain or nervous system (or psyche). To the extent that the Claimant's condition could be attributed to some pulmonary or cardiac disease (as suggested by Dr. Healy), the Claimant has made no claim for any pulmonary or cardiac disease and any such disease would otherwise not be compensable as an "occupational disease" pursuant to S.C. Code Ann. § 42-11-10(B)(5).

3. Pursuant to S.C. Code Ann. § 42-1-172, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) were not caused by a compensable "repetitive trauma." Specifically, the preponderance of the medical evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicate that the Claimant does not have any injury to his brain, nervous system, or psyche from any cause. Furthermore, there is no credible evidence of a "direct causal relationship" between the Claimant's work conditions and his alleged injuries. While Dr. White has opined as to the existence of such a relationship, the opinions of Dr. White are given little weight, as they have no objective basis and they are otherwise contradicted by the overwhelming weight of the credible evidence in the record, including the opinions of the other neurologists who evaluated the Claimant and found him to have no evidence of any brain or other neurologic injury. In addition, the greater weight of the evidence, including the

opinions of Dr. Eagerton, indicate that the Claimant's alleged workplace exposures were neither repetitive, nor traumatic.

4. Pursuant to S.C. Code Ann. § 42-9-35, the Claimant's pre-existing psychological problems were not aggravated by any alleged accident, repetitive trauma, or occupational disease on May 21, 2015 based upon the greater weight and preponderance of the medical evidence. Furthermore, the Claimant's alleged psychological injury was not accompanied by any physical injury and was otherwise not caused by extraordinary or unusual employment conditions and; therefore, his alleged psychological injury is not compensable pursuant to S.C. Code Ann. § 42-1-160(B).

5. Pursuant to S.C. Code Ann. § 42-15-60, the Claimant is not entitled to any medical benefits, as the greater weight of the evidence indicates that the Claimant does not require any medical care or treatment as a result of any alleged workplace accident or exposure and any alleged period of disability is otherwise not causally-related to his employment.

6. Pursuant to S.C. Code Ann. §§ 42-9-10, 42-9-20, and 42-9-260, the Claimant is not entitled to any temporary or permanent disability benefits, as the greater weight of the evidence indicates that the Claimant does not have any loss of wage-earning capacity as a result of any alleged workplace accident or exposure and the Claimant otherwise refused offers of suitable employment.

7. Pursuant to S.C. Code Ann. § 42-9-30 and S.C. Code Reg. 67-1101, the Claimant has no permanent loss of use of any scheduled body member as a result of any alleged workplace accident or exposure.

Order

IT IS, THEREFORE, HEREBY ORDERED that the Claimant is not entitled to, and the Defendants are not responsible for, any medical or compensation benefits under the South Carolina Workers' Compensation Act;

IT IS FURTHER ORDERED that W.C.C. Claim Number 1507304 is hereby DENIED and DISMISSED WITH PREJUDICE.

IT IS SO ORDERED!

Mike Campbell

Commissioner Mike Campbell

September 20, 2017

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

September 20, 2017

By: Barbara Cheeseboro, Administrative Assistant to Commissioner Campbell

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION'S APPELLATE PANEL

KENNETH L. BARR, Claimant/Appellant, v. DARLINGTON COUNTY SCHOOL DISTRICT, Employer, and S.C. SCHOOL BOARDS INSURANCE TRUST, Carrier, Respondents.	W.C.C. FILE No. 1507304 **FINAL DECISION & ORDER**

STATEMENT OF THE CASE

This matter originally came before Hearing Commissioner Campbell for a hearing on August 31, 2016 in Florence, South Carolina, pursuant to the Forms 50 and 51. The Claimant alleged that he sustained injuries, described as "Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning," as a result of either an accident, repetitive trauma, or occupational disease on May 21, 2015. At the hearing, the Claimant alleged that he was entitled to benefits for permanent and total disability as a result of alleged brain damage; however, on appeal to the Appellate Panel, the Claimant abandoned his claims for encephalopathy, brain damage, memory loss, fatigue, confusion, and his claim for injuries to the "neurological/central nervous system." The Claimant now alleges that he is entitled to past and future temporary disability compensation and medical treatment for headaches.

The Respondents deny that the Claimant sustained any injury or disease arising out of or in the course of his employment, whether by accident, repetitive trauma, or occupational disease, and deny that his headaches are causally-related to his employment. The Respondents further deny that the Claimant's working conditions were either repetitive or traumatic and deny the Claimant has satisfied the mandatory elements of the Occupational Disease statute.

By Order dated September 20, 2017, the Hearing Commissioner entered the following:

Findings of Fact

1. *The Claimant alleges that he sustained injuries to his brain, central nervous system, and psyche as a result of repetitive exposure to volatile organic compounds (VOCs) arising out of and the course of his employment on May 21, 2015. The Claimant alleges that he either sustained these alleged injuries by accident, repetitive trauma, or occupational disease. His Form 58 describes his alleged symptoms as headaches, memory, fatigue, and confusion. Apparently, the only significance of the May 21, 2015 date is that Dr. White evaluated the Claimant and issued a work excuse on this date.*

2. *Prior to the Claimant's employment with the School District, which began in 2009, he had been diagnosed with Chemical Pneumonitis, Agoraphobia, Fatigue, Chronic Obstructive Pulmonary Disease, Headaches, Anxiety, Depression, back pain, and possible Obstructive Sleep Apnea by his family physician, Dr. Chapman.*

3. *Since May 21, 2015, the Claimant has been evaluated by Dr. White, Dr. Lind, Dr. Chapman, Dr. Healy, and Dr. Pritchard and has undergone a Neuropsychological testing, an EEG, and Sleep Study.*

4. *Although Dr. White has not evaluated the Claimant since July 2015, he opined on September 10, 2015, that the Claimant's "fatigue, migraines, and memory loss" were due to the VOCs in the paint from work to a "reasonable degree of medical certainty." (APA p.6). In October 2015, Dr. White opined that the Claimant "has suffered an*

encephalic condition which has led to severe permanent brain damage." However, at his deposition on November 23, 2015, Dr. White admitted that he had no expertise in toxicology and no direct knowledge of any alleged VOC exposure, but only assumed that there had been such an exposure in rendering his opinions as to causation. (White T. p.31, liens 19-25). According to Dr. White, he discounted all of the other possible causes of fatigue and headaches because he assumed/believed that the Claimant's fatigue and headaches were accompanied by memory loss. Dr. White further admitted that he had no objective evidence to support his opinion regarding encephalopathy or brain damage because he was still "working him up" and had ordered neuropsychological testing to provide objective evidence, stating that "[i]f there are signs of dementia, then that's going to show up. If there's signs of encephalopathy or dementia, that's going to show up." (White T. p.40, lines 14-18). Dr. White believed that neuropsychological testing would "validate" his opinions (White T. p.53, lines 16-19); however, the neuropsychological testing performed by Dr. Lind showed no evidence of any memory loss or memory impairment and no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7-12).

Therefore, Dr. White's opinions as to the cause of the Claimant's fatigue and headaches, as well as his opinion that he has encephalopathy, dementia, and/or brain damage, are based upon hypothetical facts that have been disproven with neuropsychological testing according to three neuropsychologists (Dr. Lind, Dr. Waid, and Dr. Wagner) and more recent neurological examinations by Dr. Pritchard and Dr. Healy, both of whom disagreed with Dr. White's opinions. Because Dr. White's opinions are speculative, based upon disproven hypotheticals, uncorroborated, and are otherwise without objective basis, the statements and opinions of Dr. White are given little weight.

5. *Dr. Lind conducted neuropsychological testing on December 16, 2015 to determine if the Claimant had any objective evidence of memory loss or dementia. According to Dr. Lind, "all the tests of memory, there was no compromise." (Lind T. p.13, lines 4-5). In fact, Dr. Lind further testified that, not only was there no objective evidence that the Claimant had any memory loss or impairment, but objective testing showed no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7-12).*

6. *Neurologist Dr. Paul Pritchard of MUSC evaluated the Claimant on February 2, 2016. According to Dr. Pritchard, "didn't have encephalopathy. His neurological exam was normal. His memory was*

normal. His language, his calculation, all the things we do on a neurological exam were normal." Dr. Pritchard's testimony is consistent with his medical report in this regard. While Dr. Pritchard admitted that he could not speak authoritatively on the potential impairment from the various paint and other compounds to which the Claimant was allegedly exposed, the fact remained that, to a reasonable degree of medical certainty, the Claimant did not have encephalopathy, or any evidence of memory problems, or any evidence of any neurological impairment or injury from any cause. Dr. Pritchard further testified that, to a reasonable degree of medical certainty, the Claimant does not have physical brain damage as a result of his alleged exposure to volatile organic compounds at the School District. (Pritchard T. p.27, lines 8-15).

7. *Dr. Mark Wagner, also of MUSC, reviewed the Claimant's medical records and the data from Dr. Lind's neuropsychological testing after the Claimant refused an evaluation by Dr. Wagner. Dr. Wagner concluded that, based upon Dr. Lind's test data, the Claimant's "objective memory performance was exceptionally strong and exceeded that of most neurologically intact people in the US reference population." (APA p.419). In the opinion of Dr. Wagner, "was no objective evidence in the examinations or reports that [he] reviewed that would support a neurobehavioral syndrome consistent with VOC exposure. There were no biological markers to support exposure. There is no documentation of any other organ system involvement to support exposure. Additionally, not only is there no objective evidence of any distinctive neuropsychiatric assessment there is no evidence to support that [the Claimant] has dementia related to severe encephalopathy as opined by Dr. White. Dementia requires **severe** [emphasis original] cognitive impairment (not documented in any of the objective cognitive testing by Lind, Pritchard, White)..." (APA pp. 419-420).*

8. *Likewise, Dr. Randolph Waid reviewed the Claimant's medical records and Dr. Lind's neuropsychological test data. According to Dr. Waid, "[r]eview of the records including previous reports of evaluations conducted by multiple practitioners as well as Dr. Lind's neuropsychological test results simply do not support Dr. Marshall White's opinion that [the Claimant] suffers from an encephalopathic condition that has led to severe permanent brain damage with severe compromise in brain behavior functions. As noted above, [the Claimant's] performance on objective tests assessing anterograde memory was in the average to above average range. Review of records*

failed to reveal any biological markers to support that [the Claimant] is suffering from a neurobehavioral syndrome consistent with VOC exposure. [The Claimant] is not suffering from a dementing disorder as that would involve evidence of severe cognitive impairments via conduction of neuropsychological testing...Indeed, [the Claimant's] primary complaint is one of disruptive headaches that existed prior to his engagement in employment with Darlington County School District." (APA p. 446). In summation, Dr. Waid concluded, "there is no evidence to indicate that [the Claimant] suffered physical brain injury as a direct result of his employment...Nor is there any compelling evidence that [the Claimant] currently suffers from an encephalopathic condition that has resulted in severe brain damage." (APA p.446).

9. *On February 14, 2016, Dr. David Eagerton of Presbyterian College opined to a reasonable degree of medical certainty that the Claimant's symptoms are not likely caused by any alleged exposure to VOCs at work. Dr. Eagerton further opined that any VOC exposure would have been limited due to the low vapor pressure of the substances most commonly used by the Claimant and due to his use of a respirator. (APA pp. 448-449).*

10. *Dr. Robert Bennett testified that he believes the Claimant was exposed to volatile organic compounds "to some degree or extent" and subsequently exhibited symptoms consistent with exposure to volatile organic compounds. (Hrg. T. p.61, lines 4-9). However, the greater weight of the evidence that the Claimant does not have a brain or neurological injury from any cause outweighs the testimony of Dr. Bennett regarding the Claimant's alleged exposure.*

11. *On August 16, 2016, in a questionnaire from the Claimant's attorney, Dr. R. Joseph Healy endorsed an opinion that, to a reasonable degree of medical certainty, the Claimant's chronic daily headaches and fatigue were causally-related to his alleged exposure to VOCs between 2009 and 2015. (APA pp.219-220). However, when Dr. Healy was deposed on September 29, 2016, Dr. Healy testified that he believed that alleged VOC exposure was merely "contributory" and he could not state with any certainty what was causing the underlying pulmonary problems he felt were causing the Claimant's headaches and fatigue and would, instead, defer to a pulmonologist. (Healy T. p.30; p.38, lines 17-25). In fact, Dr. Healy testified that he could not find any neurological cause for the Claimant's symptoms. (Healy T. p.42, lines 4-20). Instead, Dr. Healy believed the Claimant to have pulmonary problems for which he referred him to a*

Pulmonologist, cardiac problems for which he referred him to a Cardiologist, severe vision problems for which he referred him to an Ophthalmologist, all in addition to the severe sleep disorders (Obstructive Sleep Apnea and Periodic Limb Movement Syndrome) and abnormal arterial blood gas he had diagnosed. Dr. Healy admitted that the Claimant's severe sleep disorders, in combination, with the Claimant's abuse of cigarettes, could be causing or contributing to his symptoms of headache, fatigue, and even confusion. (Healy T. pp.8-9; Healy T. p.18; p.20). More importantly, Dr. Healy, testified that the Claimant showed no evidence of dementia or cognitive impairment. (Healy T. p.12, lines 14-18). Therefore, greater weight is given to the actual testimony of Dr. Healy than to the questionnaire he endorsed.

12. *There was no evidence presented that the conditions of the Claimant's employment with the School District were either extraordinary, or unusual, in comparison to the normal conditions of the employment and I find that the conditions of the Claimant's employment with the School District were not extraordinary and not unusual, in comparison to the normal conditions of the employment of a painter, based upon the greater weight of the evidence in the record.*

13. *Based upon the greater weight of the evidence in the record, as described more fully herein above, the Claimant did not sustain any injury by accident, repetitive trauma, or occupational disease arising out of or in the course of his employment. The greater weight of the evidence in the record indicates that the Claimant's personal health conditions were neither caused, nor aggravated by any workplace accident or exposure.*

Conclusions of Law

1. *Pursuant to S.C. Code Ann. § 42-1-160, the Claimant did not sustain any injury to his brain, central nervous system, or psyche by accident arising out of or in the course of his employment on May 21, 2015 (or any other time) and his complaints of headaches, memory loss, fatigue, and confusion are otherwise not causally-related to any accident at work based upon the greater weight of the evidence. The Claimant describes no event or work conditions on May 21, 2015, or any other time, that could have caused or aggravated his condition. More importantly, the Claimant alleges that his condition was gradual in onset and due to repeated alleged exposures over time; therefore, his alleged injuries cannot be considered injuries by "accident" pursuant to the plain terms of S.C. Code Ann. § 42-1-160(F). Furthermore, the*

overwhelming weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, do not support a finding that the Claimant has any injury to his brain or nervous system, or that his headaches, fatigue, or confusion are causally-related to his employment generally, or any alleged accident on May 21, 2015 specifically. Regarding the Claimant's allegation of an accidental injury to his "memory," the objective evidence in the record shows that the Claimant has no loss or impairment of his memory from any cause.

2. *Pursuant to S.C. Code Ann. § 42-11-10, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) do not qualify as an "occupational disease." Specifically, the greater weight of the evidence indicates that the conditions for which the Claimant seeks benefits do not "result directly and naturally from exposure... to the hazards peculiar to the particular employment." Furthermore, the greater weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicates that the Claimant does not suffer from any disease of his brain or nervous system (or psyche). To the extent that the Claimant's condition could be attributed to some pulmonary or cardiac disease (as suggested by Dr. Healy), the Claimant has made no claim for any pulmonary or cardiac disease and any such disease would otherwise not be compensable as an "occupational disease" pursuant to S.C. Code Ann. § 42-11-10(B)(5).*

3. *Pursuant to S.C. Code Ann. § 42-1-172, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) were not caused by a compensable "repetitive trauma." Specifically, the preponderance of the medical evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicate that the Claimant does not have any injury to his brain, nervous system, or psyche from any cause. Furthermore, there is no credible evidence of a "direct causal relationship" between the Claimant's work conditions and his alleged injuries. While Dr. White has opined as to the existence of such a relationship, the opinions of Dr. White are given little weight, as they have no objective basis and they are otherwise contradicted by the overwhelming weight of the credible evidence in the record, including the opinions of the other neurologists*

who evaluated the Claimant and found him to have no evidence of any brain or other neurologic injury. In addition, the greater weight of the evidence, including the opinions of Dr. Eagerton, indicate that the Claimant's alleged workplace exposures were neither repetitive, nor traumatic.

4. Pursuant to S.C. Code Ann. § 42-9-35, the Claimant's pre-existing psychological problems were not aggravated by any alleged accident, repetitive trauma, or occupational disease on May 21, 2015 based upon the greater weight and preponderance of the medical evidence. Furthermore, the Claimant's alleged psychological injury was not accompanied by any physical injury and was otherwise not caused by extraordinary or unusual employment conditions and; therefore, his alleged psychological injury is not compensable pursuant to S.C. Code Ann. § 42-1-160(B).

5. Pursuant to S.C. Code Ann. § 42-15-60, the Claimant is not entitled to any medical benefits, as the greater weight of the evidence indicates that the Claimant does not require any medical care or treatment as a result of any alleged workplace accident or exposure and any alleged period of disability is otherwise not causally-related to his employment.

6. Pursuant to S.C. Code Ann. §§ 42-9-10, 42-9-20, and 42-9-260, the Claimant is not entitled to any temporary or permanent disability benefits, as the greater weight of the evidence indicates that the Claimant does not have any loss of wage-earning capacity as a result of any alleged workplace accident or exposure and the Claimant otherwise refused offers of suitable employment.

7. Pursuant to S.C. Code Ann. § 42-9-30 and S.C. Code Reg. 67-1101, the Claimant has no permanent loss of use of any scheduled body member as a result of any alleged workplace accident or exposure.

Order

IT IS, THEREFORE, HEREBY ORDERED that the Claimant is not entitled to, and the Defendants are not responsible for, any medical or compensation benefits under the South Carolina Workers' Compensation Act;

IT IS FURTHER ORDERED that W.C.C. Claim Number 1507304 is hereby DENIED and DISMISSED WITH PREJUDICE.

IT IS SO ORDERED!

Within the time permitted, the Claimant filed a Form 30 alleging the following errors and exceptions:

1. *That pursuant to S.C. Code of Laws §42-17-40, the Claimant requests a review of all of the Findings of Fact, the Conclusions of Law, the Order and Award and of all Rulings and Decisions made by the Commissioner at the hearing, as contained in the Record or as made at any unrecorded pre-hearing conference, and in any communications concerning the claim, Order, Award and Decision rendered by the Hearing Commissioner or assigned Commissioner in this matter.*

2. *That where the Defendants had sought to require the Claimant, who lives and worked for his employer in Darlington County to be evaluated not by a medical doctor but by a psychologist in Charleston, SC; and wherein the Claimant agreed to appear before a medical doctor for an independent medical evaluation pursuant to S.C. Code § 42-15-80 by a local physician at reasonable times and places; and wherein an Order was issued without hearing granting the Defendant's Motion to Compel; and wherein the Claimant filed Writs of Mandamus and Prohibition before the Fourth Judicial Circuit Court alleging that the Defendants were not entitled to an evaluation by a psychologist but only by a qualified physician or surgeon at reasonable times and places, and wherein the Complaint sets forth that reasonable times and places has been interpreted by the SC Supreme Court to be in the Claimant's locality where he lives and works; and wherein the Circuit Court issued a temporary Restraining Order based on that verified complaint; and wherein after a telephone conference with the Defendants and the Commission, the Claimant agreed to dismiss the Writs of Mandamus and Prohibition (without an Order of the Circuit Court as requested by the Commission) and agreed to return jurisdiction to the Commission and file a Motion for. Reconsideration which was filed on December 22, 2015; and wherein thereafter the Commission issued a specific Order December 22, 2015 denying the Defendants' right to the evaluation by a psychologist but reaffirmed the right of the Defendants to an independent medical evaluation by a, "properly qualified examiner at reasonable time and place"; and wherein the hearing set for January 7, 2016 was postponed and reset for February 24, 2016; and wherein the Defendants took no action and did not notify the Claimant of an independent medical evaluation until January 25,*

2016 setting an independent medical evaluation with Dr. Paul Pritchard again in Charleston, South Carolina for February 2, 2016 to which the Claimant renewed his objection on the basis that the examination was not at reasonable times and places as required by the Act to which Defendants filed another Motion to Compel without an Affidavit as to no qualified physician or surgeon being available in Darlington/Florence area for the S.C. Code § 42-15-80; and wherein Commissioner Beck notified the parties that the Commissioner would grant the Motion; and wherein the examination was conducted on February 2, 2016; and wherein after formal written objections with supporting Memorandum of Law from Claimant were made as to numerous reports and documentary evidence offered by Defendants from out of area experts both prior to and at the February 24, 2016 scheduled hearing; and wherein on February 24, 2016 after those objections and at the time of the hearing, the Hearing Commissioner instead of excluding the evidence pursuant to Reg. 67-623 and S.C. Code § 1-23-330 and proceeding with the hearing, continued the hearing to allow the Defendants time to take the deposition of Dr. Paul Pritchard and telling the Claimant he could exercise his due process right to cross-examine these out of the area alleged experts by taking their depositions at his expense, based on the above, the Commissioner(s) erred as a matter of law:

A. By allowing an examination which was not at reasonable times and places as is required by the Act and as was set forth in Commissioner Beck's Order as part of the agreement returning jurisdiction to the Commission, wherein the Commissioner's Order specifically noted that the examination was to be at, "reasonable times and places" and where such examination was not in accordance with the Supreme Court Decisions interpreting reasonable times and places;

B. By postponing the hearing set for February 24, 2016 where the Defendants had specifically violated the directives of the Commission as to the performance of an independent medical evaluation and where the Commission had granted the Defendants the right to an independent medical evaluation on December 22, 2015 but Defendants did not schedule it and give notice to the Claimant until January 24, 2016 and wherein knowing about the objection to the report and even though the examination was conducted on February 2nd, there is no evidence in the Record that there was any attempt to take the deposition prior to the February 24th hearing;

C. By postponing the hearing on February 24, 2016 without Motion as required by Rule 67-613 to allow the Defendants to take the deposition;

D. By postponing the hearing on February 24, 2016 and not proceeding with a hearing at that time excluding the documentary evidence as specifically objected to for numerous reasons including those as set forth in the Memorandum which was before the Commissioner, before and at, the Prehearing conference;

F. By not sustaining the objection to the submission of documentary evidence from several experts that had neither seen nor evaluated the Claimant and had no personal knowledge of the Claimant and/or which was not based on properly phrased hypotheticals and by continuing the hearing shifting the expense of cross-examination to the Claimant thus violating the Claimant's due process rights by requiring the Claimant to take the deposition of the Defendants' witnesses whose written reports the Defendants sought to submit into evidence, and which later and now serve as the very basis for the denial of the Claimant's right to benefits under the Act.

3. That the Commissioner erred as a matter of law by continuing the hearing set for February 24, 2016, and overruling objections to the documentary evidence sought to be admitted and specifically the documentary evidence from Dr. Paul Pritchard, M.D., Dr. Mark T. Wagner, Ph.D., Dr. L. Randolph Waid, Ph.D., and Dr. David H. Eagerton, Ph.D. and by the denying the Claimant due process of law by shifting the responsibility and expense of taking the depositions of these witnesses to the Claimant wherein this evidence was specifically and highly prejudicial to the Claimant in that these reports served as the very basis for a denial of benefits. It is improper to shift the burden of expense for any testimony or evidence sought to be admitted by any party to the opposing party. The right to cross-examination of your accusers and/or opposing witnesses is one of the most fundamental rights guaranteed by due process.

4. That the Commissioner erred as a matter of law by continuing the February 24, 2016 hearing and allowing the submission of reports from Dr. Mark Wagner, Ph.D., Dr. L. Randolph Waid, Ph.D., and Dr. David H. Eagerton, Ph.D. whose reports were dated February 12, 2016, February 12, 2016 and February 14, 2016 respectively wherein the reports of Dr. Wagner, Ph.D. and Dr. Waid, Ph.D. were submitted under cover letter dated February 13, 2016 (Saturday) but with an Affidavit of Service on February 12u and which was not received until February 16th, the day after a Federal holiday

on Monday the 15th. The report of Dr. Eagerton, Ph.D. was not mailed and filed, allegedly in accordance with the Administrative Procedures Act and the Rules of this Commission, until February 15th, again which was a Federal holiday, but was not received until February 16th for the February 24th hearing. Although an Order denying the right to send Mr. Barr to Dr. Wagner, Ph.D. was entered December 22, 2015 and Depositions were taken of Dr. White, November 23, 2015; Dr. Skinner, December 10, 2015 and Dr. Lind, Ph.D., February 19, 2016, the reports of Dr. Wald, Ph.D., Dr. Wagner, Ph.D. and Dr. Eagerton, Ph.D. were not provided to the Claimant until February 16th, eight (8) days before the hearing. Those untimely reports then served as the very basis for denial of the Claimant's entitlement to benefits. Thus, a continuance was highly prejudicial to the rights of the Claimant to due process of law. There is no provision under the Workers' Compensation Act for the submission of documentary evidence except by Subpoena (§ 42-3-150) and the only exception is contained with the Administrative Procedures Act which provides that documentary evidence may only be submitted where it will not substantially prejudice the interest of any party.

5. That the Commissioner erred as a matter of law by granting a Motion to Compel the Claimant and requiring the Claimant to sign a Release of Information Form wherein the Commission has no right under its statutory authority to require or compel the Claimant to sign such a form and wherein the Motion was granted without a hearing and wherein the Claimant forwarded an Authorization to Release Form directly to the medical group in question authorizing the specific release directly to Defense Counsel of all requested medical records. The Motion to Compel and Rule to Show Cause resulted in prejudice to the Claimant and a hearing not being held on his claim from May through August 31, 2016.

6. That the Commissioner erred as a matter of law by issuing the 2nd Amended Order submitted by the Defendants wherein the Commissioner had issued his directives for an Order on November 17, 2016; and the Claimant immediately thereafter brought to the attention of the Commissioner that he did not address the alternative basis for Claimant's claim; that being that his exposure to VOCs in the workplace had resulted in causing and/or aggravating and causing to become symptomatic his chronic headaches. Nowhere in his directives had the Commissioner addressed this proposition and upon wherein upon bringing this to the attention of Defense Counsel and without further directive of the Commissioner, Defense Counsel amended the Order and made her own

unsupported Findings of Fact and Conclusions of Law addressing the alternative claim for benefits, which is in violation of S.C. Code § 42-9-5 and § 42-17-40 and the prior Decisions of the SC Supreme Court.

7. That based upon the reliable, probative and substantial evidence in the Record, the Hearing Commissioner erred by not awarding the Claimant benefits where there is absolutely no evidence in the Record, expert of otherwise, that the Claimant's problems with headaches, memory, fatigue and confusion and psychological functioning are not causally related to his exposure to VOCs in the workplace.

8. That the Hearing Commissioner erred as a matter of law by considering and basing his opinion on the medical report and deposition of Dr. Paul Pritchard wherein the Record establishes that in violation of S.C. Code § 42-15-95 the Defendants submitted letters and extensive medical records to Dr. Pritchard, without notifying the Claimant and pursuant to statute, all such evidence should have been excluded.

9. That the Hearing Commissioner erred as a matter of law where there is absolutely no expert medical opinion other than that the Claimant's headaches, memory, fatigue, confusion, neurological, and psychological problems stem from his exposure to VOCs from his job as a painter with the School District. Even Dr. Pritchard who opined in his report that he did not find that the Claimant had suffered from an encephalopathy; opined: that he could not, "speak authoritatively on the potential for impairment from the various paints and other compounds to which he reports on-the-job exposure"; that he recommended that he should be, "evaluated by an occupational medicine physician who has training and experience in toxicology"; that VOC exposure would cause acute headaches; and also opined and agreed that by history that his headaches were consistent with chronic daily headache.

10. That the Hearing Commissioner erred as a matter of law in his Statement of the Case in that it is an inaccurate summary of the testimony and evidence submitted.

11. That the Hearing Commissioner erred as a matter of law by not amending his Statement of the Case to add and/or to amend the Statement to accurately reflect in the summary of the evidence, for example, after going to work for the School. District as a painter using commercial paints, the Claimant did not continue to operate his painting business but only performed

several side jobs. He also did not use commercial paints in his residential painting business.

12. That the Hearing Commissioner erred as a matter of law by considering the opinion of Dr. Eagerton, Ph.D. who as is admitted is not a medical doctor, but, yet who stated his opinion to a reasonable degree of scientific and "medical "certainty. The Commissioner erred by considering this as a medical opinion for which the Ph. D. is not qualified.

13. That the Hearing Commissioner erred as a matter of law in making Finding of Fact #1 as written in that it misstates the position of the Claimant and does not represent an appropriate view of the evidence in the Record.

14. That the Hearing Commissioner erred as a matter of law by making Finding of Fact #2 which implies that the Claimant prior to his employment was diagnosed on a continual basis with conditions as outlined in that Finding of Fact. There is no evidence in the Record of a continuing diagnosis of or any treatment for any of those problems. The last medical report dated May 27, 2009 was for treatment of left arm pain; an September 19, 2008, upper respiratory infection with chest congestion; and on May 15, 2009, indigestion and prostrate [sic].

15. That the Hearing Commissioner erred as a matter of law and fact in making Finding of Fact #4 in that it does not properly reflect the evidence and it ignores the initial opinion Dr. White expressed on May 21st of 2015 that the Claimant was suffering from, "fatigue, migraines and memory loss" due to exposure to VOCs in the commercial paints used by the Claimant.

16. That the Hearing Commissioner erred as a matter of law and fact in his Finding of Fact #5 in that it improperly states the psychological opinions and findings based on the neuropsychological testing conducted by Dr. Lind. Contrary to the Finding, it was Dr. Lind's opinions stated to a reasonable degree of psychological certainty that the test results were consistent with mild organic brain damage and he recommended repeat testing in one year as to whether or not that was progressive.

17. That the Hearing Commissioner erred as a matter of law and fact in referencing the testimony and opinions of Dr. Pritchard whose testimony and evidence should not have been admitted; however his testimony establishes that he found the Claimant's history to be consistent with chronic headaches; that he found the Claimant to be an accurate

reporter; that he did not deny or dispute that the Claimant was having severe chronic headaches; that VOC exposure will cause acute headaches and that in reference to objective tests to confirm or deny headache's, Dr. Pritchard confirmed and stated the medical opinion that there were no objective medical tests which will either confirm or deny headaches and specifically stated, "I would say none at all."

18. That the Hearing Commissioner erred as a matter of law and fact in reference to Finding of Fact #7 for the reasons as stated in the other Exceptions but in addition thereto, there is no evidence that Dr. Mark Wagner, Ph.D. had any personal knowledge of the Claimant nor was his report based upon actual examination, nor is there any evidence that his reports are based upon properly phrased hypotheticals and in addition thereto, he expresses no opinion as to whether or not the Claimant is suffering from severe disabling headaches.

19. That the Hearing Commissioner erred as a matter of law, in addition to all the foregoing reasons in reference to the consideration of the report by Dr. Randolph Waid, by considering his report in that there is no evidence that he expressed any opinion concerning the Claimant's headaches nor did he make any statement that the Claimant was not factually and truthfully reporting and was not suffering from severe disabling headaches. In addition to the foregoing reasons for not finding this report to be not supportive of the denial of benefits based on severe chronic disabling headaches, and while it is true that the Claimant's primary complaint was and is one of disruptive headaches, Dr. Waid states that his headaches existed, "prior to his engagement in employment with Darlington County School District." There is absolutely no evidence in the Record that the Claimant was suffering from headaches or chronic headaches at all prior to him going to work for the School District.

20. That the Hearing Commissioner erred as a matter of law and fact in making Finding of Fact #9 in that in addition to the objections as set forth hereinabove and that this Commissioner should not have considered this evidence at all based on the violation of the Claimant's due process right to cross-examine this Ph.D., here again in this Finding the Commissioner notes specifically, that Dr. Eagerton, who is admittedly not a medical doctor, states a medical opinion to a reasonable degree of medical certainty.

21. That the Hearing Commissioner erred as a matter of law and fact in that his decision does not address Dr. Bennett's toxicological findings

in reference to the Claimant's exposure and Dr. Bennett's opinion that Mr. Barr's severe disabling headaches stern from his exposure to VOCs in the paints with which he worked with the School District. The finding of Dr. Bennett in reference to headaches and his supportive toxicological opinions are not even referenced in reference to headaches.

22. That the Hearing Commissioner erred as a matter of law by making Finding of Fact #11. In addition to the Finding as set out not being factually accurate as to Dr. Healy's testimony in his deposition, the Finding of Fact does not address Dr. Healy's opinion that the Claimant's disabling headaches were caused by his exposure to VOCs and that that opinion was reaffirmed under oath at his deposition.

23. That the Hearing Commissioner erred as a matter of law in making Finding of Fact #12 and particularly specifically committed an error of law in this Finding by referring to there being no unusual or extraordinary conditions to his employment as there was no claim being made for any type of stress related claim or claim unrelated to physical inhalation or absorption exposure injury.

24. That the Hearing Commissioner erred as a matter of law in making Finding of Fact #13 wherein the greater weight of the evidence clearly establishes that the Claimant was daily exposed to VOCs in the commercial paints with which he worked; that he had never had a problem prior to the time that he went to work with the School District in 2009 and first reported with headaches in 2010; and that his consistent complaint throughout and since 2010 has been severe chronic headaches; and wherein all of the lay and medical testimony and evidence supports that his chronic headaches are due to his exposure to VOCs.

25. That the Hearing Commissioner erred as a matter of law by making Conclusion of Law #1 wherein the Commissioner found that the evidence was not consistent with a Finding as a matter of Law that the Claimant had sustained injury by accident wherein the evidence specifically establishes that under subsection 42-1-160(f) combined with either in both § 42-1-172 and § 42-11-10, et. seq., that it is consistent with establishing that the Claimant sustained injury by accident in the nature of repetitive inhalation and absorption exposure. It also establishes that due to his inhalation exposure and absorption exposure to VOCs compounds in the workplace on a continual and consistent basis from the normal exposure to

Claimant as a commercial painter to commercial paints as part of his job that he suffers from an occupational disease.

26. That the Hearing Commissioner erred as a matter of law by not finding that the Claimant has an occupational disease as defined under S.C. Code § 42-11-10, et. seq. The Claimant is a commercial painter and was exposed to commercial paints on a continual and daily basis in his job and was exposed, according to the evidence, to VOCs as part of the commercial paints he used continually throughout the day. The Claimant's job was that of a commercial painter and in that job and as part of that job, he was exposed to VOCs which are in excess of those hazards that are ordinarily incident to employment and which are peculiar to the employment in which he was engaged. His condition of severe chronic headaches stems directly from his exposure to VOCs in the workplace as part of the normal working conditions of his job due to his exposure to hazards peculiar to that particular employment as established by medical opinion evidence stated to a reasonable degree of medical certainty to which there is no contrary opinion in reference to the particular opinion that his chronic residual headaches are caused by his exposure to VOCs in the workplace.

27. That the Hearing Commissioner erred as a matter of law by not finding that the Claimant had sustained a repetitive trauma injury as defined under § 42-1-172 and by failing to find as a matter of law that the Claimant has sustained repetitive trauma. The Commissioner's Conclusion of Law ignores the evidence in that Dr. White stated the opinion to a reasonable degree of medical certainty that in his opinion the Claimant's headaches, memory problems and fatigue were caused by his exposure to VOCs in the workplace on a daily and repetitive basis. Dr. Healy also expresses the same opinion that the Claimant's severe chronic headaches were caused by his repetitive exposure to VOCs in the workplace. In fact, Dr. Pritchard also expressed the same opinion and the Commissioner's Conclusion of Law to the contrary is an inaccurate statement of the facts and evidence presented. Dr. Nicholas Lind, Ph.D., according to the neuropsychological testing performed by Dr. Lind, found and stated the opinion to a reasonable degree of psychological certainty that Mr. Barr's cognitive complaints were secondary to his exposure to organic compounds. He also stated the opinion to a reasonable degree of psychological certainty that the Claimant's psychological problems were causally related to his exposure to VOCs in the workplace. He stood by those opinions in his deposition.

28. *That the Hearing Commissioner erred as a matter of law in Conclusion of Law #4 in that the evidence clearly establishes both from a psychological standpoint of Dr. Lind's treatment and evaluation and the opinions of Dr. Marshall White, and more importantly, of the opinions of Dr. Healy that the Claimant's psychological problems stemmed from his exposure to volatile organic compounds and the severe chronic headaches that he had sustained as a result of that repetitive exposure.*

29. *That the Hearing Commissioner erred as a matter of law in making Conclusions of Law #5, #6, #7 which are based on and are a restatement of his denial of benefits, wherein the substantial evidence and all of the medical opinion evidence establishes that the Claimant has sustained a repetitive trauma injury and/or occupational disease resulting and arising out of his repetitive and continual exposure to VOCs in the workplace. He should be placed under the care of Dr. Healy, found to be not at maximum medical improvement, and allowed to treat for these residual severe problems in reference to his chronic severe headaches and fatigue and memory loss.*

STANDARD OF REVIEW

Pursuant to the statute governing review, the Full Commission shall review the award and, if good grounds be shown therefor, reconsider the evidence, receive further evidence, rehear the parties or their representatives, and if proper, amend the award. S.C. Code Ann. Section 42-17-50. The Full Commission shall weigh the evidence as presented at the initial hearing and, if good grounds are shown, make its own findings of fact and reach its own conclusions of law consistent or inconsistent with those of the Single Commissioner. *Pack v. State Dept. Of Transp.*, 381 S.C. 526, 673 S.E.2d 461 (Ct. App. 2009).

FULL COMMISSION REVIEW AND DECISION

After briefing was complete, oral arguments were held on February 20, 2018. Pursuant to S.C. Code Ann. Section 42-17-50, we, the Appellate Panel of the Full Commission, have reviewed the award, weighed the evidence as presented and considered all issues raised on appeal. After careful review in the instant case, the Full Commisison has determined that all of the Single Commissioner's Findings of Fact and Conclusions of Law are correct as stated. Accordingly, the Findings of Fact and Conclusions of Law by the Single Commissioner are adopted verbatim by the Appellate Panel of the Full Commission and are incorporated herein by reference and full set forth below. Therefore, the Decision and Order of the Single Commissioner is AFFIRMED in its entirety as set forth below.

FINDINGS OF FACT OF THE FULL COMMISSION

1. The Claimant alleges that he sustained injuries to his brain, central nervous system, and psyche as a result of repetitive exposure to volatile organic compounds (VOCs) arising out of and the course of his employment on May 21, 2015. The Claimant alleges that he either sustained these alleged injuries by accident, repetitive trauma, or occupational disease. His Form 58 describes his alleged symptoms as headaches, memory, fatigue, and confusion. Apparently, the only significance of the May 21, 2015 date is that Dr. White evaluated the Claimant and issued a work excuse on this date.
2. Prior to the Claimant's employment with the School District, which began in 2009, he had been diagnosed with Chemical Pneumonitis, Agoraphobia, Fatigue,

Chronic Obstructive Pulmonary Disease, Headaches, Anxiety, Depression, back pain, and possible Obstructive Sleep Apnea by his family physician, Dr. Chapman.

3. Since May 21, 2015, the Claimant has been evaluated by Dr. White, Dr. Lind, Dr. Chapman, Dr. Healy, and Dr. Pritchard and has undergone a Neuropsychological testing, an EEG, and Sleep Study.

4. Although Dr. White has not evaluated the Claimant since July 2015, he opined on September 10, 2015, that the Claimant's "fatigue, migraines, and memory loss" were due to the VOCs in the paint from work to a "reasonable degree of medical certainty." (APA p.6). In October 2015, Dr. White opined that the Claimant "has suffered an encephalic condition which has led to severe permanent brain damage." However, at his deposition on November 23, 2015, Dr. White admitted that he had no expertise in toxicology and no direct knowledge of any alleged VOC exposure, but only assumed that there had been such an exposure in rendering his opinions as to causation. (White T. p.31, liens 19-25). According to Dr. White, he discounted all of the other possible causes of fatigue and headaches because he assumed/believed that the Claimant's fatigue and headaches were accompanied by memory loss. Dr. White further admitted that he had no objective evidence to support his opinion regarding encephalopathy or brain damage because he was still "working him up" and had ordered neuropsychological testing to provide objective evidence, stating that "[i]f there are signs of dementia, then that's going to show up. If there's signs of encephalopathy or dementia, that's going to show up." (White T. p.40, lines 14-18). Dr. White believed that neuropsychological testing would "validate" his

opinions (White T. p.53, lines 16-19); however, the neuropsychological testing performed by Dr. Lind showed no evidence of any memory loss or memory impairment and no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7-12).

Therefore, Dr. White's opinions as to the cause of the Claimant's fatigue and headaches, as well as his opinion that he has encephalopathy, dementia, and/or brain damage, are based upon hypothetical facts that have been disproven with neuropsychological testing according to three neuropsychologists (Dr. Lind, Dr. Waid, and Dr. Wagner) and more recent neurological examinations by Dr. Pritchard and Dr. Healy, both of whom disagreed with Dr. White's opinions. Because Dr. White's opinions are speculative, based upon disproven hypotheticals, uncorroborated, and are otherwise without objective basis, the statements and opinions of Dr. White are given little weight.

5. Dr. Lind conducted neuropsychological testing on December 16, 2015 to determine if the Claimant had any objective evidence of memory loss or dementia. According to Dr. Lind, "all the tests of memory, there was no compromise." (Lind T. p.13, lines 4-5). In fact, Dr. Lind further testified that, not only was there no objective evidence that the Claimant had any memory loss or impairment, but objective testing showed no evidence of dementia or cognitive impairment. (Lind T. p.14, lines 7-12).
6. Neurologist Dr. Paul Pritchard of MUSC evaluated the Claimant on February 2, 2016. According to Dr. Pritchard, "didn't have encephalopathy. His neurological exam was normal. His memory was normal. His language, his calculation, all the things we do on a neurological exam were normal." Dr.

Pritchard's testimony is consistent with his medical report in this regard. While Dr. Pritchard admitted that he could not speak authoritatively on the potential impairment from the various paint and other compounds to which the Claimant was allegedly exposed, the fact remained that, to a reasonable degree of medical certainty, the Claimant did not have encephalopathy, or any evidence of memory problems, or any evidence of any neurological impairment or injury from any cause. Dr. Pritchard further testified that, to a reasonable degree of medical certainty, the Claimant does not have physical brain damage as a result of his alleged exposure to volatile organic compounds at the School District. (Pritchard T. p.27, lines 8-15).

7. Dr. Mark Wagner, also of MUSC, reviewed the Claimant's medical records and the data from Dr. Lind's neuropsychological testing after the Claimant refused an evaluation by Dr. Wagner. Dr. Wagner concluded that, based upon Dr. Lind's test data, the Claimant's "objective memory performance was exceptionally strong and exceeded that of most neurologically intact people in the US reference population." (APA p.419). In the opinion of Dr. Wagner, "was no objective evidence in the examinations or reports that [he] reviewed that would support a neurobehavioral syndrome consistent with VOC exposure. There were no biological markers to support exposure. There is no documentation of any other organ system involvement to support exposure. Additionally, not only is there no objective evidence of any distinctive neuropsychiatric assessment there is no evidence to support that [the Claimant] has dementia related to severe encephalopathy as opined by Dr. White. Dementia requires **severe** [emphasis original] cognitive impairment

(not documented in any of the objective cognitive testing by Lind, Pritchard, White)..." (APA pp. 419-420).

8. Likewise, Dr. Randolph Waid reviewed the Claimant's medical records and Dr. Lind's neuropsychological test data. According to Dr. Waid, "[r]eview of the records including previous reports of evaluations conducted by multiple practitioners as well as Dr. Lind's neuropsychological test results simply do not support Dr. Marshall White's opinion that [the Claimant] suffers from an encephalopathic condition that has led to severe permanent brain damage with severe compromise in brain behavior functions. As noted above, [the Claimant's] performance on objective tests assessing anterograde memory was in the average to above average range. Review of records failed to reveal any biological markers to support that [the Claimant] is suffering from a neurobehavioral syndrome consistent with VOC exposure. [The Claimant] is not suffering from a dementing disorder as that would involve evidence of severe cognitive impairments via conduction of neuropsychological testing...Indeed, [the Claimant's] primary complaint is one of disruptive headaches that existed prior to his engagement in employment with Darlington County School District." (APA p. 446). In summation, Dr. Waid concluded, "there is no evidence to indicate that [the Claimant] suffered physical brain injury as a direct result of his employment...Nor is there any compelling evidence that [the Claimant] currently suffers from an encephalopathic condition that has resulted in severe brain damage." (APA p.446).

9. On February 14, 2016, Dr. David Eagerton of Presbyterian College opined to a reasonable degree of medical certainty that the Claimant's symptoms are not likely caused by any alleged exposure to VOCs at work. Dr. Eagerton further opined that any VOC exposure would have been limited due to the low vapor pressure of the substances most commonly used by the Claimant and due to his use of a respirator. (APA pp. 448-449).

10. Dr. Robert Bennett testified that he believes the Claimant was exposed to volatile organic compounds "to some degree or extent" and subsequently exhibited symptoms consistent with exposure to volatile organic compounds. (Hrg. T. p.61, lines 4-9). However, the greater weight of the evidence that the Claimant does not have a brain or neurological injury from any cause outweighs the testimony of Dr. Bennett regarding the Claimant's alleged exposure.

11. On August 16, 2016, in a questionnaire from the Claimant's attorney, Dr. R. Joseph Healy endorsed an opinion that, to a reasonable degree of medical certainty, the Claimant's chronic daily headaches and fatigue were causally-related to his alleged exposure to VOCs between 2009 and 2015. (APA pp.219-220). However, when Dr. Healy was deposed on September 29, 2016, Dr. Healy testified that he believed that alleged VOC exposure was merely "contributory" and he could not state with any certainty what was causing the underlying pulmonary problems he felt were causing the Claimant's headaches and fatigue and would, instead, defer to a pulmonologist. (Healy T. p.30; p.38, lines 17-25). In fact, Dr. Healy testified that he could not find any neurological cause for the Claimant's symptoms. (Healy T. p.42, lines 4-20). Instead, Dr. Healy believed the Claimant to have pulmonary problems for which he referred him to a

Pulmonologist, cardiac problems for which he referred him to a Cardiologist, severe vision problems for which he referred him to an Ophthalmologist, all in addition to the severe sleep disorders (Obstructive Sleep Apnea and Periodic Limb Movement Syndrome) and abnormal arterial blood gas he had diagnosed. Dr. Healy admitted that the Claimant's severe sleep disorders, in combination, with the Claimant's abuse of cigarettes, could be causing or contributing to his symptoms of headache, fatigue, and even confusion. (Healy T. pp.8-9; Healy T. p.18; p.20). More importantly, Dr. Healy, testified that the Claimant showed no evidence of dementia or cognitive impairment. (Healy T. p.12, lines 14-18). Therefore, greater weight is given to the actual testimony of Dr. Healy than to the questionnaire he endorsed.

12. There was no evidence presented that the conditions of the Claimant's employment with the School District were either extraordinary, or unusual, in comparison to the normal conditions of the employment and I find that the conditions of the Claimant's employment with the School District were not extraordinary and not unusual, in comparison to the normal conditions of the employment of a painter, based upon the greater weight of the evidence in the record.

13. Based upon the greater weight of the evidence in the record, as described more fully herein above, the Claimant did not sustain any injury by accident, repetitive trauma, or occupational disease arising out of or in the course of his employment. The greater weight of the evidence in the record indicates that the Claimant's personal health conditions were neither caused, nor aggravated by any workplace accident or exposure.

CONCLUSIONS OF LAW OF THE FULL COMMISSION

1. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant did not sustain any injury to his brain, central nervous system, or psyche by accident arising out of or in the course of his employment on May 21, 2015 (or any other time) and his complaints of headaches, memory loss, fatigue, and confusion are otherwise not causally-related to any accident at work based upon the greater weight of the evidence. The Claimant describes no event or work conditions on May 21, 2015, or any other time, that could have caused or aggravated his condition. More importantly, the Claimant alleges that his condition was gradual in onset and due to repeated alleged exposures over time; therefore, his alleged injuries cannot be considered injuries by "accident" pursuant to the plain terms of S.C. Code Ann. § 42-1-160(F). Furthermore, the overwhelming weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, do not support a finding that the Claimant has any injury to his brain or nervous system, or that his headaches, fatigue, or confusion are causally-related to his employment generally, or any alleged accident on May 21, 2015 specifically. Regarding the Claimant's allegation of an accidental injury to his "memory," the objective evidence in the record shows that the Claimant has no loss or impairment of his memory from any cause.
2. Pursuant to S.C. Code Ann. § 42-11-10, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) do not qualify as an "occupational disease."

Specifically, the greater weight of the evidence indicates that the conditions for which the Claimant seeks benefits do not "result directly and naturally from exposure... to the hazards peculiar to the particular employment." Furthermore, the greater weight of the evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicates that the Claimant does not suffer from any disease of his brain or nervous system (or psyche). To the extent that the Claimant's condition could be attributed to some pulmonary or cardiac disease (as suggested by Dr. Healy), the Claimant has made no claim for any pulmonary or cardiac disease and any such disease would otherwise not be compensable as an "occupational disease" pursuant to S.C. Code Ann. § 42-11-10(B)(5).

3. Pursuant to S.C. Code Ann. § 42-1-172, the Claimant's alleged injuries to the brain, central nervous system, and psyche (including his alleged headaches, memory loss, fatigue, and confusion) were not caused by a compensable "repetitive trauma." Specifically, the preponderance of the medical evidence, including the opinions of Dr. Paul Pritchard, Dr. Joseph Healy, Dr. Mark Wagner, Dr. Nicholas Lind, and Dr. Randolph Waid, indicate that the Claimant does not have any injury to his brain, nervous system, or psyche from any cause. Furthermore, there is no credible evidence of a "direct causal relationship" between the Claimant's work conditions and his alleged injuries. While Dr. White has opined as to the existence of such a relationship, the opinions of Dr. White are given little weight, as they have no objective basis and they are otherwise contradicted

by the overwhelming weight of the credible evidence in the record, including the opinions of the other neurologists who evaluated the Claimant and found him to have no evidence of any brain or other neurologic injury. In addition, the greater weight of the evidence, including the opinions of Dr. Eagerton, indicate that the Claimant's alleged workplace exposures were neither repetitive, nor traumatic.

4. Pursuant to S.C. Code Ann. § 42-9-35, the Claimant's pre-existing psychological problems were not aggravated by any alleged accident, repetitive trauma, or occupational disease on May 21, 2015 based upon the greater weight and preponderance of the medical evidence. Furthermore, the Claimant's alleged psychological injury was not accompanied by any physical injury and was otherwise not caused by extraordinary or unusual employment conditions and; therefore, his alleged psychological injury is not compensable pursuant to S.C. Code Ann. § 42-1-160(B).

5. Pursuant to S.C. Code Ann. § 42-15-60, the Claimant is not entitled to any medical benefits, as the greater weight of the evidence indicates that the Claimant does not require any medical care or treatment as a result of any alleged workplace accident or exposure and any alleged period of disability is otherwise not causally-related to his employment.

6. Pursuant to S.C. Code Ann. §§ 42-9-10, 42-9-20, and 42-9-260, the Claimant is not entitled to any temporary or permanent disability benefits, as the greater weight of the evidence indicates that the Claimant does not have any loss of wage-earning capacity as a result of any alleged workplace accident or exposure and the Claimant otherwise refused offers of suitable employment.

7. Pursuant to S.C. Code Ann. § 42-9-30 and S.C. Code Reg. 67-1101, the Claimant has no permanent loss of use of any scheduled body member as a result of any alleged workplace accident or exposure.

ORDER OF THE FULL COMMISSION

IT IS, THEREFORE, HEREBY ORDERED that the Claimant is not entitled to, and the Defendants are not responsible for, any medical or compensation benefits under the South Carolina Workers' Compensation Act;

IT IS FURTHER ORDERED that W.C.C. Claim Number 1507304 is hereby DENIED and DISMISSED WITH PREJUDICE.

IT IS SO ORDERED!

6-5, 2018

The Honorable Aisha Taylor
S.C. Workers' Compensation Commissioner

WE CONCUR:

The Honorable Susan S. Barden
S.C. Workers' Compensation Commissioner

The Honorable Gene McCaskill
S.C. Workers' Compensation Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Valerie Deller on June 5, 2018

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov

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

Claimant's Name: Kenneth Barr SSN: _____
Address: _____
City: _____ State: SC Zip: _____
Home Phone: _____ Work Phone: ( ) -

Employer's Name: Darlington County Schools
Address: 120 E. Smith Avenue
City: Darlington State: SC Zip: 2953
Insurance Carrier: SCSBIT

Preparer's Name: Preston McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness:** 5/21/15

X Injury ☐ Illness X Repetitive Trauma X Occupational Disease X Physical Brain Injury ☐ Concurrent Jurisdiction

1. ~~The claimant sustained an injury to Head/Brain (Part(s) of Body Injured) on 05/21/2015 (Month/Day/Year) in Darlington county, state of SC.~~
2. Body part(s) affected are: Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system.
   Briefly describe how the accident occurred. See Attachment A
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 05/26/2015 (Month/Day/Year) in the following manner:
   Supervisor Larry Stegner (Previous medical notes to be removed from fumes for periods of time)

X 7. Due to injury, the claimant is in need of (check one):

X (a) medical examination and treatment for: Migraines; neurological

☐ (b) additional medical examination and treatment for: _____

X 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
5-21-15 and continuing

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

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

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

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

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
None

11. Further grounds or unusual aspects of claim:

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
1. Dr. Marshall White, 312 Broad Street, Sumter, SC 29150 2. Carolina Pines RMC, 1304 W. BoBo Newsom Hwy, Hartsville, SC 29550

11b. To the best of your knowledge, did you have any prior permanent disability? no
If yes, describe: _____

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

X 13a. **I am filing a claim: I am not requesting a hearing at this time.**

14. Estimated time needed for hearing: _____

☐ 13b. **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

RECEIVED
JUN 15 2015
Division of Claims
Claims Administration
SC Workers' Comp Comm

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
address _____ **on the** ___ **day of** _____, **20**15 **by** ☐ **first class postage** ☐ **certified mail** ☐ **personal service.**

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

Preparer's Signature _____ Title _____ Email _____ Date 6/17/15

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50 **Employee's Notice of Claim and/or Request for Hearing**

ATTACHMENT A

Mr. Barr is a painter for the District who continually paints five days a week Monday - Friday during the School Year and Monday through Thursday during the summer using industrial paints; Pre-Catalyzed Epoxy (PCE) and oil based paints. Oil based painting and conversions to pre-catalyzed epoxy are usually done during summers (due to children's allergies), as is concentrated school painting projects. (Ex: whole classrooms, gyms, cafeterias) (Mr. Barr uses a NIOSH respirator while painting).

In August, 2010, Claimant developed migraines which have progressively worsened since that time. After an initial MRI he was referred for treatment to a neurologist whom he saw every 6 months with no DX. After over a year and a F/U MRI he transferred his treatment in October, 2012 to Dr. White. Thereafter, some association by Dr. White with fumes as aggravating migraines, but not as a cause of condition and no diagnosis as to cause of migraines. On March 16, 2015 he was doing a conversion from oil to PCE. While driving to pick up more paint, he became disoriented, dizzy, developed a severe migraine, became confused, stopped his truck and notified his supervisor. He was sent to the emergency room at Carolina Pines Regional Medical Center. Thereafter, on May 21, 2015, Dr. Marshall White opined and told Mr. Barr for the first time in a note to his employer his opinion on crusation: "migraines, fatigue, and memory loss due to VOCs in paint at work". He immediately took note and reported this to his employer. He was taken out of work indefinitely by Dr. White. (Voc's = Volitile Organic Compounds)

RECEIVED
JUN 19 2015
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675

WCC File #: 1507304
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kenneth Barr SSN: Employer's Name: Darlington County School Dsitrict
Address: Address: 120 E. Smith Avenue
City: Hartsville State: SC Zip: City: Darlington State: SC Zip:
Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier:
Preparer's Name: Preston F. McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

SUBPOENA

To: LARRY STEGNER, C/O KIRSTEN L. BARR, ATTORNEY; COUNSEL FOR THE DEFENDANTS:

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.
PLACE OF TESTIMONY: ROOM:
DATE AND TIME:

☑ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: **Malloy Law Firm, 108 Cargill Way, Hartsville, SC 29551** DATE AND TIME: **8/4/15 2:00 o'clock p.m.**

☐ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS:
PLACE: DATE AND TIME:

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: DATE AND TIME: July 27, 2015

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE | (803) 771 - 7211 PHONE NUMBER | July 27, 2015 DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov

WCC File #: 1507304
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Kenneth Barr SSN:
Address:
City: State: SC Zip:
Home Phone: Work Phone: ( ) -

Employer's Name: Darlington County Schools
Address: 120 E. Smith Avenue
City: Darlington State: SC Zip: 29532
Insurance Carrier: SCSBIT

Preparer's Name: Preston McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: 5/21/15**

☒ Injury ☒ Illness ☒ Repetitive Trauma ☒ Occupational Disease ☒ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Head/Brain (Part(s) of Body Injured) on 05/21/2015 (Month/Day/Year) in Darlington county, state of SC.
2. Body part(s) affected are: Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning.
   Briefly describe how the accident occurred. See Attachment
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 05/26/2015 (Month/Day/Year) in the following manner:
   Supervisor Larry Stegner (Previous medical notes to be removed from fumes for periods of time)

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: Migraines; neurological

☒ (b) additional medical examination and treatment for: See #1

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
5-21-15 and continuing

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

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

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

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

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim: This is a denied claim - Mediation is not required.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
1. Dr. Marshall White, 312 Broad Street, Sumter, SC 29150 2. Carolina Pines RMC, 1304 W. BoBo Newsom Hwy, Hartsville, SC 29550

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____

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

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

14. Estimated time needed for hearing: 1.0 hour

☒ 13b **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

SCWCC
OCT 01 2015
JUDICIAL

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___day of ____20__, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature	Attorney for Claimant Title	preston@pfmcdlaw.com Email	9/29/15 Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

ATTACHMENT TO FORM 50

Mr. Barr is a painter for the District who continually paints five days a week Monday - Friday during the School Year and Monday through Thursday (10 hrs./day) during the summer using industrial paints; Pre-Catalyzed Epoxy (PCE) and oil based paints. Oil based painting and conversions to pre-catalyzed epoxy are usually done during summers (due to children's allergies), as is concentrated school painting projects. (Ex: whole classrooms, gyms, cafeterias). (Mr. Barr uses a NIOSH respirator while painting).

In August, 2010, Claimant developed migraines which have progressively worsened since that time. After an initial MRI he was referred for treatment to a neurologist whom he saw every 6 months with no DX. After over a year and a F/U MRI he transferred his treatment in October, 2012 to Dr. White. Thereafter, some association by Dr. White with fumes as aggravating his migraines, but not as a cause of the condition and no diagnosis was made as to the cause of his migraines. In October of 2012, he was placed in another job for six (6) weeks away from painting to see if that would help. However, the employer and everyone agrees there was nothing substantive or stating the painting was the cause. On March 16, 2015 Mr. Barr was doing a conversion from oil to PCE. While driving to pick up more paint, he became disoriented, dizzy, developed a severe migraine, became confused, stopped his truck and notified his supervisor. He was sent to the Emergency Room at Carolina Pines Regional Medical Center and consulted with Dr. White. As recorded by his supervisor in May, in March the supervisor and the Claimant discussed that Dr. White was "speculating this was related to your painting environment."

Thereafter, on May 21, 2015, Dr. Marshall White opined and told Mr. Barr for the first time in a note to his employer his opinion on causation: "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = Volatile Organic Compounds). He immediately took the note and reported this to his employer. He was taken out of work indefinitely by Dr. White.



Preston F. McDaniel
Attorney for the Claimant

September 29, 2015

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739

WCC File # 1507304
Carrier File # WC016314
Carrier Code #
Employer FEIN

Kenneth L. Barr	Darlington County School District
Claimant's Name SSN	Employer's Name
Address City State Zip	120 East Smith Avenue Darlington, SC 29532 Address City State Zip
Home Phone Work Phone	SC School Boards Insurance Trust Insurance Carrier:
Date of Injury: May 21, 2015	

Preparer's Name: Kirsten L. Barr Law Firm: Trask & Howell, LLC Preparer's Phone #: (843) 881-4228

Date of Injury or Illness: May 21, 2015 **Estimated time for hearing: One hour**

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer / carrier in answer to the claim, respectfully shows:

1. It is ☐ **Admitted** ☒ **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants deny Claimant sustained any injury by accident, repetitive trauma or occupational disease arising out of or during the course of his employment.
2. It is ☒ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☒ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☐ **Admitted** ☒ **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are: See #1, above.
5. It is ☐ **Admitted** ☒ **Denied** notice of injury was given the employer. The reasons for denial are: See #1, above.
6. It is ☐ **Admitted** ☒ **Denied** the employee ☒ **Needs** ☒ **Is Entitled to Additional** medical care as a result of injury. The reason for denial are: See #1, above.
7. It is ☐ **Admitted** ☒ **Denied** the employee is entitled to temporary total disability for the period(s) of: See #1, above.
8. It is ☐ **Admitted** ☒ **Denied** the employee is permanently disabled. The reasons for denial are: See #1, above.
9. It is ☐ **Admitted** ☒ **Denied** the employee has a serious disfigurement. See #1, above.
10. It is contended that an average weekly wage of $ See Form 20 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: Reserve the right to amend. See attached Occupational Disease Defenses.

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
- ☐ b. Mediation is required pursuant to Reg. 67-1802
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I certify that I have served this document pursuant to R.67-212 by delivering a copy to: Ms. Amy Bracy, SCWCC, P. O. Box 1715, Columbia, SC 29202-1715, Preston F. McDaniel, Esq., 1315 Elmwood Avenue, Columbia, SC 29201, and Gerald Malloy, Esq., 108 Cargill Way, Hartsville, SC 29550

on the 28th day of October ,2015 by ☒ first class mail; ☐ personal service; ☒ certified mail.

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

Kirsten L Barr	Attorney for Defendants.	kbarr@trask-howell.com	October 28, 2015
Preparer's Signature	Title	Email	Date

Refer to R.67-204 through R.67-210 and R.67-601through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215, S.C. Code Ann. §42-15-80, and S.C. Code Ann. §42-15-60 for an Order compelling the Claimant, Kenneth L. Barr, to attend a medical appointment with Dr. Mark Wagner on December 10, 2015. This Motion is based on the following:

1. By Form 50 dated September 29, 2015, the Claimant alleges an injury to the head/brain as a result of an injury, illness, repetitive trauma, and occupational disease related to an alleged May 21, 2015 date of injury/illness. He further alleges a physical brain injury, encepholapathy, and effects to the brain, neurological/central nervous system, and

psychological functioning. The alleged injury/illness/repetitive trauma/occupational disease is due to exposure to paint fumes.

2. By Form 51 dated October 28, 2015, the Defendants deny the Claimant sustained any injury by accident, repetitive trauma, or occupational disease arising out of or during the course of his employment.
3. A hearing is currently scheduled before Commissioner T. Scott Beck on January 7, 2016 in Florence, SC.
4. Based upon the Claimant's alleged injury to his head and brain, allegedly affecting his brain, neurological/central nervous system, and psychological functioning, the Defendants scheduled an evaluation with Dr. Mark Wagner at MUSC on December 10, 2015. The appointment is scheduled for 8:30 a.m. at Dr. Wagner's office at MUSC in Charleston.
5. Dr. Wagner is the director of Neuropsychological Services and Professor of Neurology at MUSC. He specializes in neurology and neuropsychology.
6. The Defendants arranged to provide transportation for the Claimant (and his wife) to and from Charleston for the appointment with Dr. Wagner.
7. On November 4, 2015, the Claimant's attorney sent correspondence to the Defendants, informing them that he objects to an evaluation outside of the Florence/Darlington area. The Claimant's attorney claims that the Defendants "can't send [the Claimant] directly to a neuropsychologist if that is what this is about."
8. S.C. Code Ann. § 42-15-80 states that "after an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the commission, shall submit himself to examination, at reasonable times and places, by a qualified physician or surgeon designated and paid by the employer or the commission."

9. According to S.C. Code Ann. §42-15-60, if the Claimant refuses to accept medical treatment when provided by the Defense, it shall bar the Claimant from further compensation until such refusal ceases.

10. The Defendants have a right to send the Claimant for an independent medical evaluation prior to a hearing in this matter.

11. The Claimant is not able to dictate medical treatment in terms of the location of appointments, when reasonable, or the specialty of the evaluating doctor.

12. The evaluation with Dr. Wagner is clearly relevant to this matter given the alleged injuries, including an effect on the Claimant's neurologic and psychologic functioning.

13. The Defendants contend that a one-time evaluation at MUSC, less than 2 ½ hours from the Claimant's home, with the Defendants providing transportation, is reasonable in time and place under § 42-15-80.

14. It is not at all unusual for Claimants across the state to be evaluated, at the request of their attorney or the Defendants, at MUSC, as it is a regionally and nationally recognized research hospital.

15. The Claimant's attorney's attempt to limit the Defendants to an evaluation in the Darlington/Florence area is clearly overly restrictive, as the number of specialists in that area is drastically smaller than those available in a larger city, such as Charleston. By the Claimant's attorney's logic, the Defendants are not even able to schedule an evaluation in Columbia, which is where the Claimant's attorney himself is located.

16. If the Defendants are not afforded the opportunity to have the Claimant undergo an independent medical evaluation to evaluate his alleged injuries, the Defendants will be

prevented from preparing an adequate defense prior to the hearing. This is especially prejudicial considering the fact that physical brain damage and dementia have been alleged.

17. Should the Claimant fail to attend the December 10, 2015 appointment with Dr. Wagner, Section 42-15-60 bars him from "further compensation." Therefore, he cannot be awarded any benefits at the January 7, 2016 hearing.

18. The Defendants request an order compelling the Claimant to submit to an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

THEREFORE, the Defendants respectfully request that the Commission issue an Order compelling the Claimant to attend an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kirsten L. Barr
Kirsten L. Barr
Attorney for the Defendants

November 6, 2015

STATE OF SOUTH CAROLINA)) COUNTY OF DARLINGTON)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 1507304
Kenneth L. Barr, Employee, CLAIMANT, v. Darlington County School District, EMPLOYER, and SC School Boards Insurance Trust, INSURANCE CARRIER, DEFENDANTS.	**REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST**

TO: COMMISSIONER T. SCOTT BECK, SC WORKERS' COMPENSATION COMMISSION, AND KIRSTEN L. BARR, ATTORNEY FOR THE DEFENDANTS:

By way of Reply, the Respondent would respectfully submit to the Commission:

1. That by note from Dr. Marshall White, dated May 21, 2015, Dr. White, the Claimant's treating neurologist at the time gave a note to Mr. Barr which was taken to his employer and given to his supervisor, and then to the District Administration stating his opinion on causation stating that the Claimant had "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = volatile organic compounds). On that same date by separate written note, Dr. White took the Claimant out of

work which was also given to the Claimant's supervisor and to the Administration.

2. That on June 17, 2015, the Claimant filed a claim with the Commission noting that he had suffered injury, repetitive trauma, and/or occupational disease and has sustained "physical brain injury". The Claimant listed as body parts affected: encephalopathy, brain (headaches, memory, fatigue, confusion), neurological/central nervous system. That Form 50 is on file with the Commission and was served on the Defendants at that time. **Therefore, as of June 17th the Defendants were on notice that this was a physical brain injury/brain damage case.**

3. That on June 30, 2015, Counsel for the Claimant was notified that Kirsten L. Barr, Attorney at Law, had been retained to represent the Defendants in the above-referenced claim.

4. That prior to instituting proceedings by the filing of a request for hearing, by agreement the Defendants took the deposition of the Claimant and the Claimant took the deposition of his supervisor, Mr. Larry Stegner, which was scheduled for August 4th and then taken September 9th.

5. That the Commission Record will show that the Claimant filed for a hearing on September 29th and would submit to the Commission that all statements from the treating neurologist,

Dr. Marshall A. White, had been forwarded to and received by and are in the possession of the Defendants.

6. That at no time after being advised of the treating physician's Opinion in May, nor after the filing of a claim in June for physical brain damage, and at no time up until notification on or about November 4th by a transportation company directly with the Claimant, scheduling a pick up time for the Claimant at 5:30 o'clock a.m. in the morning to be taken to Charleston, SC for eight (8) hours of testing was any request for examination made by the Defendants. Counsel for the Claimant immediately notified Counsel for the Defendants of objection to any such evaluation and the grounds for such objection as set forth under SC Code §42-15-80. See Exhibit "A".

7. That the Defendants in their Motion cite two legal bases for the Motion; one being SC Code §42-15-60 and the other being SC Code §42-15-80. As to any allegation under SC Code §42-15-60 as to a right of the Defendants to schedule any kind of an evaluation, that statute simply does not apply since that section applies to cases in which an accident or injury has been accepted and/or has been ordered and found compensable by the Commission and the Defendants are providing medical care.

8. That as to Defendants' allegation and basis under §42-15-80, the Defendants have not requested an examination of a,

"qualified physician or surgeon" as provided for under SC Code §42-15-80, nor have they requested such evaluation in the location where Mr. Barr lives, that being the Hartsville /Darlington/Florence area. Instead, they have scheduled an appointment with Dr. Mark Wagner, Ph.D., a psychologist for neuropsychological testing in Charleston, SC.

9. That SC Code §42-15-80 in pertinent part provides that:

> "A. After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission, shall submit himself to examination, at <u>reasonable times and places,</u> by a <u>qualified physician or surgeon</u> designated and paid by the employer or the Commission. . . "

First that statute specifically provides that such examination shall be at, "reasonable times and places", and the Claimant would submit that requiring him to leave at 5:00 o'clock a.m. to attend an eight (8) hour examination in Charleston, SC when he lives in Florence, where there are numerous qualified physicians or surgeons that can perform an Independent Medical Evaluation in the Florence/Darlington/Hartsville area does not meet the standards of the Act in reference to being at a reasonable time and place. In fact the Supreme Court has specifically held that requiring a claimant to attend an evaluation in Charleston, SC when the claimant lived in Beaufort, SC does not constitute an

evaluation at reasonable times and places. Singleton v. Young Lumber Company, 236 S.C. 454, 114 S.E.2d 837 (1960).

Further, and more importantly, the Supreme Court has specifically held under identical wording in reference to Circuit Court Rule SCRCP, Rule 35(a) which provides that the Defendants in a civil action are entitled to an examination by a, "physician" that the limitation on examination by a, "physician" is limited strictly to that and that a,

> "clinical psychologist is not a physician . . . . Therefore, Rule 35 does not allow a Judge to order a mental examination by a clinical psychologist. Accordingly, the Order compelling the mental examination and Order of Contempt are REVERSED." Green, by Green v. Lewis Truck Lines, Inc., 314 S.C. 303, 443 S.E.2d, 906 (1994).

A copy of the Green decision is attached hereto and incorporated herein by reference as Exhibit "B". Therefore the Defendants have no right to nor are they entitled to send the Claimant to anyone other than a licensed, "physician or surgeon" for examination and specifically not a psychologist.

10. That as set forth in the Claimant's objection sent to Defense Counsel that the Claimant readily admits and will agree to attend any examination scheduled in the Florence/Darlington/Hartsville area by a physician or surgeon and of course as part of that examination if that physician or surgeon orders any objective testing to be performed in the Florence/Darlington/Hartsville area, the Claimant will comply

and agrees that the Defendants have the right under the statute to have such independent medical examination performed; but again, at reasonable times and places by a licensed, "physician or surgeon".

11. That after this issue was raised and this improper examination for neurological testing was made, Claimant's Counsel contacted the treating physician (who has been the treating physician way before any claim was ever filed and of which the employer has been aware for years) to which he responded with a prescription for neuropsychological testing to be conducted by a local psychologist, Dr. Avie Rainwater, Ph.D., who practices in Florence, SC. A copy of that prescription is attached hereto and incorporated herein by reference as Exhibit "C". The Claimant has no objections to undergoing such testing as recommended/provided by the treating physician with Dr. Rainwater, Ph.D. pursuant to that prescription and referral made by the treating neurologist should the Commission choose to order this pursuant to SC Code §42-17-30 and since the Defendants have requested that neuropsychological testing be performed.

Wherefore, the Claimant would respectfully request that the Motion be denied because it does not request an evaluation by a licensed physician or surgeon at reasonable times or places. Also, since the Defendants want neuropsychological testing

performed and a licensed physician or surgeon, that being Dr. Marshall A. White, the Claimant's treating neurologist, has issued a specific prescription for a specific local designated psychologist to perform such testing, that the Commission order such testing be performed pursuant to the prescription of Dr. White.

Respectfully submitted,

Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

November 13, 2015

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years

Preston F. McDaniel
Matthew C. Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 4, 2015

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I just received a call from Ken's wife, that some transportation service had contacted them about setting up transportation at 5:30 o'clock a.m. to take him to an appointment at the Neurology Department at MUSC on December 10th. I have received nothing about this to my knowledge. If this is for some type of an IME, please note that I have no objection to an IME pursuant to §42-15-80 with any qualified, "physician or surgeon" in the Florence/Darlington area. However, I will object to any evaluation outside of that area and I am sure you are aware that there is case law that says that you are not entitled to send him for any kind of evaluation by anyone other than a licensed physician or surgeon at "reasonable times and places". I have an Order from the Commission to that effect and actually brought a Writ of Mandamus in the Circuit Court over that issue. In other words, you can't send him directly to a neuropsychologist if that is what this is about.

I look forward to hearing from you and moving forward.

Sincerely yours,

Preston F. McDaniel

PFM/kth

cc: Gerald Malloy, Esquire

EXHIBIT
A

H

Supreme Court of South Carolina.
Darrell GREEN, By and Through his Guardian ad Litem, Lethea GREEN, and Lethea Green, as legal guardian for Darrell Green, Appellants,
v.
LEWIS TRUCK LINES, INC., Phillip Brown, and South Carolina Department of Education, Respondents.

No. 24058.
Submitted April 19, 1994.
Decided May 4, 1994.

After guardian ad litem refused to produce her grandson for court ordered mental examination, the Circuit Court, Horry County, Sidney T. Floyd, J., held guardian in civil contempt, and guardian appealed. The Supreme Court held that rule permitting circuit court to order compulsory physical or mental examination did not allow court to order mental examination by clinical psychologist.

Reversed.

West Headnotes

[1] Courts 106 ⇐85(2)

106 Courts
106II Establishment, Organization, and Procedure
106II(F) Rules of Court and Conduct of Business
106k85 Operation and Effect of Rules
106k85(2) k. Construction and Application of Rules in General. Most Cited Cases
In interpreting language of court rule, Supreme Court applies same rules of construction used in interpreting statutes.

[2] Pretrial Procedure 307A ⇐455

307A Pretrial Procedure
307AII Depositions and Discovery
307AII(F) Examination of Person
307Ak455 k. Proceedings, Order, and Examination. Most Cited Cases
Rule permitting circuit court to order party to submit to compulsory physical or mental examination does not allow judge to order mental examination by clinical psychologist but, rather, examination must be made by physician; clinical psychologist is not a "physician." Rules Civ.Proc., Rule 35(a).

**907*303 Ronald J. Jebaily, of Jebaily & Glass, P.A., of Florence, and Ray P. McClain, Charleston, for appellants.

Victoria T. Vaught, of Battle & Vaught, Conway, for respondents Lewis Truck Lines, Inc. and Phillip Brown.

Phillip Luke Hughes, of Nelson, Mullins, Riley & Scarborough, P.A., Myrtle Beach, for respondent South Carolina Dept. of Educ.

*304 PER CURIAM:
Pursuant to Rule 35, SCRCP, the trial judge ordered Appellant Darrell Green, a minor, to undergo a mental examination by a clinical psychologist. After the guardian ad litem refused to produce her grandson for this examination, the judge held her in civil contempt, and this appeal follows. Appellant Lethea Green has now filed a petition for a writ of supersedeas to stay the contempt order. After hearing oral argument on the petition, we have decided to determine the merits of this appeal since it raises solely a question of law.

Appellants assert Rule 35 does not authorize the circuit court to order a mental examination to be conducted by a clinical psychologist. We agree and reverse the orders on appeal.

[1] Rule 35(a) states in pertinent part that the circuit court "may order [a] party to submit to a

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EXHIBIT B

physical or mental examination *by a physician....*" (emphasis added). In interpreting the language of a court rule, we apply the same rules of construction used in interpreting statutes. *Garner v. Houck*, 312 S.C. 481, 435 S.E.2d 847 (1993); *Perry v. Minit Saver Food Stores of S.C., Inc.*, 255 S.C. 42, 177 S.E.2d 4 (1970). Therefore, the words of Rule 35 must be given their plain and ordinary meaning without resort to subtle or forced construction to limit or expand the rule. *Greenwood Mills, Inc., v. Second Injury Fund*, 315 S.C. 256, 433 S.E.2d 846 (1993).

[2] A clinical psychologist is not a physician. *Landry v. Green Bay & Western Railroad Co.*, 121 F.R.D. 400 (E.D.Wis 1988); *Comastro v. Tourtelot*, 118 F.R.D. 442 (N.D.Ill.1987); *Coates v. Whittington*, 758 S.W.2d 749 (Tex.1988); *compare* S.C.Code Ann. §§ 40-47-5 to -660 (1986 & Supp.1993) (regulating physicians, surgeons and osteopaths) *with* S.C.Code Ann. §§ 40-55-20 to -180 (1986 & Supp.1993) (regulating psychologists). Therefore, Rule 35 does not allow a judge to order a mental examination by a clinical psychologist. Accordingly, the order compelling the mental examination and the order of contempt are

REVERSED.

S.C.,1994.
Green By and Through Green v. Lewis Truck Lines, Inc.
314 S.C. 303, 443 S.E.2d 906

END OF DOCUMENT

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MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

☐ 1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 698-3705
Fax: (843) 388-5839

Name. . . . Kenneth Barr . . . . . DOB . . . . . .

Address. . . . . 3 Nov 15 . . .

℞

Neuro & testing

Dr Rainwater PhD

Florence, S.C.

☐ Label

Refill_____times PRN NR

Dispense as Written MD

Substitution Permitted MD

SCRIPT140750

FileRx.com 800-307-7717 RxPads.com

Order # 1758511-1

SAFETY FEATURES: COUSELLED YOKO SACKBARCAND - MICROPRINT LINES - DYPANT ERASURE PROTECTION
NO VERSE Rx - THERMOCHROMIC INK - CHEMICAL, ARTIFICIAL WATERMARK - NON REACTIVE INK

EXHIBIT
C

STATE OF SOUTH CAROLINA)
)
COUNTY OF DARLINGTON)
)
KENNETH L. BARR)
Plaintiff,)
vs.)
)
SC WORKERS' COMPENSATION COMMISSION)
Defendant.)

IN THE COURT OF COMMON PLEAS
FOURTH JUDICIAL CIRCUIT

CASE NO.: _____-CP-_____-_____

MOTION AND ORDER INFORMATION FORM AND COVERSHEET

15CP160913

Plaintiff's Attorney:	Defendant's Attorney:
PRESTON F. MCDANIEL, Bar No. 3770 Address: 1315 ELMWOOD AVENUE, COLUMBIA, SC 29201 Phone: 803-771-7211Fax _____ E-mail: PRESTON@PFMCDLAW.COMOther:	_____, Bar No. _____ Address: _____ Phone: _____ Fax_____ E-mail: _____Other: _____

2015 DEC -9 PM 5:08
CLERK OF COURT
DARLINGTON COUNTY, S.C.

☐ **MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)**
☐ **FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)**
☑ **PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)**

SECTION I: Hearing Information

Nature of Motion: _____
Estimated Time Needed: _____ Court Reporter Needed: ☐YES/☐ NO

SECTION II: Motion/Order Type

☑ Written motion attached
☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

Harold Mallory 12/9/15
Signature of Attorney for ☑ Plaintiff /☐ Defendant Date submitted

SECTION III: Motion Fee

☐ PAID – AMOUNT: $_____
☐ EXEMPT: (check reason)
☐ Rule to Show Cause in Child or Spousal Support
☐ Domestic Abuse or Abuse and Neglect
☐ Indigent Status ☐ State Agency v. Indigent Party
☐ Sexually Violent Predator Act ☐ Post-Conviction Relief
☐ Motion for Stay in Bankruptcy
☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP)
☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions.
Name of Court Reporter: _____
☐ Other: _____

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.
☐ Other: _____

JUDGE CODE _____
Date: _____

TRUE COPY
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

CLERK'S VERIFICATION

Collected by:_____ Date Filed: _____
☐ MOTION FEE COLLECTED: $ _____
☐ CONTESTED – AMOUNT DUE: $ _____

STATE OF SOUTH CAROLINA)
COUNTY OF DARLINGTON)

KENNETH L. BARR,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION COMMISSION,

and

DARLINGTON COUNTY SCHOOL DISTRICT, Employer,

and

SC SCHOOL BOARDS INSURANCE TRUST, Carrier,

Defendants.

IN RE:

KENNETH L. BARR, Employee,

Claimant,

v.

DARLINGTON COUNTY SCHOOL DISTRICT,

Employer, and

SC SCHOOL BOARDS INSURANCE TRUST,

Insurance Carrier,

Defendants.

BEFORE THE COURT OF COMMON PLEAS
FOR THE FOURTH JUDICIAL CIRCUIT

C/A No.:

15CP160913

NOTICE OF MOTION AND MOTION PURSUANT TO SCRCP RULE 65(f)(1)

2015 DEC -9 PM 5:08
CLERK OF COURT/R.M.C.
DARLINGTON COUNTY, S.C.

TO: GARY M. CANNON, EXECUTIVE DIRECTOR, SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION; AND KIRSTEN L. BARR, ATTORNEY OF RECORD FOR THE DARLINGTON COUNTY SCHOOL DISTRICT, EMPLOYER, AND THE SC SCHOOL BOARDS INSURANCE TRUST, CARRIER, DEFENDANTS; AND ALAN T. WILSON, ATTORNEY GENERAL FOR THE STATE OF SOUTH CAROLINA:

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

YOU WILL PLEASE TAKE NOTICE that on the tenth (10th) day after service hereof or as soon thereafter as Counsel may be heard or at such other designated time as the Court may direct, Counsel for the

Plaintiff will move for a Writ of Mandamus and a Writ of Prohibition directed to the SC Workers' Compensation Commission prohibiting the Commission and directing that the Commission perform its ministerial acts as more fully set out in the Complaint which is attached hereto and incorporated herein by reference in support of the Motion made in this matter. This Motion is made pursuant to SC Rules of Civil Procedure, Rule 65(f)(1) as is the Verification of Counsel of Record for the Plaintiff, attached to the Complaint.

WE SO MOVE.

Respectfully submitted,

FILED
CLERK OF COURT/RMC
DARLINGTON COUNTY, S.C.
2015 DEC -9 PM 5:08

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
(843) 339-3000

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803)771-7211

Attorneys for Petitioner/Plaintiff

Dated: December 9, 2015

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF DARLINGTON) FOR THE FOURTH JUDICIAL CIRCUIT

KENNETH L. BARR,)
Plaintiff(s))
) CIVIL ACTION COVERSHEET
vs.)
) -CP- -
SC WORKERS' COMPENSATION)
COMMISSION, et. al.)
) 15CP160913
Defendant(s))

(Please Print)
Submitted By: Preston F. McDaniel, Esquire
Address: McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

SC Bar #: 3770
Telephone #: 803-771-7211
Fax #: 803-252-0709
Other:
E-mail: preston@pfmcdlaw.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION *(Check all that apply)*

**If Action is Judgment/Settlement do not complete*

☐ **JURY TRIAL** demanded in complaint. ☑ **NON-JURY TRIAL** demanded in complaint.
☐ This case is subject to **ARBITRATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is subject to **MEDIATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☑ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION *(Check One Box Below)*

Contracts
- ☐ Constructions (100)
- ☐ Debt Collection (110)
- ☐ Employment (120)
- ☐ General (130)
- ☐ Breach of Contract (140)
- ☐ Other (199)

Torts - Professional Malpractice
- ☐ Dental Malpractice (200)
- ☐ Legal Malpractice (210)
- ☐ Medical Malpractice (220)

Previous Notice of Intent Case # 20___-CP-____-_____
- ☐ Notice/ File Med Mal (230)
- ☐ Other (299)

Torts – Personal Injury
- ☐ Assault/Slander/Libel (300)
- ☐ Conversion (310)
- ☐ Motor Vehicle Accident (320)
- ☐ Premises Liability (330)
- ☐ Products Liability (340)
- ☐ Personal Injury (350)
- ☐ Wrongful Death (360)
- ☐ Other (399)

Real Property
- ☐ Claim & Delivery (400)
- ☐ Condemnation (410)
- ☐ Foreclosure (420)
- ☐ Mechanic's Lien (430)
- ☐ Partition (440)
- ☐ Possession (450)
- ☐ Building Code Violation (460)
- ☐ Other (499)

Inmate Petitions
- ☐ PCR (500)
- ☐ Mandamus (520)
- ☐ Habeas Corpus (530)
- ☐ Other (599)

Judgments/Settlements
- ☐ Death Settlement (700)
- ☐ Foreign Judgment (710)
- ☐ Magistrate's Judgment (720)
- ☐ Minor Settlement (730)
- ☐ Transcript Judgment (740)
- ☐ Lis Pendens (750)
- ☐ Transfer of Structured Settlement Payment Rights Application (760)
- ☑ Other (799)

Administrative Law/Relief
- ☐ Reinstate Driver's License (800)
- ☐ Judicial Review (810)
- ☐ Relief (820)
- ☐ Permanent Injunction (830)
- ☐ Forfeiture-Petition (840)
- ☐ Forfeiture—Consent Order (850)
- ☐ Other (899)

Appeals
- ☐ Arbitration (900)
- ☐ Magistrate-Civil (910)
- ☐ Magistrate-Criminal (920)
- ☐ Municipal (930)
- ☐ Probate Court (940)
- ☐ SCDOT (950)
- ☐ Worker's Comp (960)
- ☐ Zoning Board (970)
- ☐ Public Service Commission (990)
- ☐ Employment Security Comm (991)
- ☐ Other (999)

Special/Complex /Other
- ☐ Environmental (600)
- ☐ Automobile Arb. (610)
- ☐ Medical (620)
- ☐ Other (699)
- ☐ Pharmaceuticals (630)
- ☐ Unfair Trade Practices (640)
- ☐ Out-of State Depositions (650)
- ☐ Motion to Quash Subpoena in an Out-of-County Action (660)
- ☐ Sexual Predator (510)

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

Submitting Party Signature: _____ **Date:** 12-9-15

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

STATE OF SOUTH CAROLINA)
)
COUNTY OF DARLINGTON)

BEFORE THE COURT OF COMMON PLEAS
FOR THE FOURTH JUDICIAL CIRCUIT

KENNETH L. BARR,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION COMMISSION,

and

DARLINGTON COUNTY SCHOOL DISTRICT, Employer,

and

SC SCHOOL BOARDS INSURANCE TRUST, Carrier,

Defendants.

IN RE:

KENNETH L. BARR, Employee,

Claimant,

v.

DARLINGTON COUNTY SCHOOL DISTRICT,

Employer, and

SC SCHOOL BOARDS INSURANCE TRUST,

Insurance Carrier,

Defendants.

C/A No.: _____

15CP160913

SUMMONS

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

TO: THE DEFENDANTS ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer to the Complaint on the Plaintiff's attorney, Preston F. McDaniel, at his office, 1315 Elmwood Avenue, Columbia, South Carolina 29201, within thirty (30) days after the

date of service hereof, exclusive of the day of such service, unless pursuant to SCRCP Rule 65(f)(1), "Remedial Writs", a different time is prescribed by the Court and in such case, the adverse party shall plead to the Complaint and respond to such Motion in such time as is prescribed by the Order of the Court, and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the Court for the relief demanded in the Complaint.

Respectfully submitted,

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
(843) 339-3000

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803)771-7211

Attorneys for Petitioner/Plaintiff

December 9, 2015

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

STATE OF SOUTH CAROLINA)
)
COUNTY OF DARLINGTON)

BEFORE THE COURT OF COMMON PLEAS
FOR THE FOURTH JUDICIAL CIRCUIT

KENNETH L. BARR,

Petitioner/Plaintiff,

v.

SC WORKERS' COMPENSATION COMMISSION,

and

DARLINGTON COUNTY SCHOOL DISTRICT, Employer,

and

SC SCHOOL BOARDS INSURANCE TRUST, Carrier,

Defendants.

C/A No.: _____

15CP160913

COMPLAINT FOR WRIT(S) OF PROHIBITION AND MANDAMUS

IN RE:

KENNETH L. BARR, Employee,

Claimant,

v.

DARLINGTON COUNTY SCHOOL DISTRICT,

Employer, and

SC SCHOOL BOARDS INSURANCE TRUST,

Insurance Carrier,

Defendants.

TRUE CERTIFIED COPY,
CLERK OF COURT/RMC
DARLINGTON COUNTY, SC

The Plaintiff complaining of the Defendants would petition and would show unto this Court that:

1. The Plaintiff is a citizen and resident of the County of Darlington, State of South Carolina, and he is the injured worker/claimant in the matter of Kenneth L. Barr, Claimant v.

Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants; SCWCC File No. 1507304.

2. That the Defendant, Workers' Compensation Commission, is an Agency and Commission of the State of South Carolina charged with administering the Workers' Compensation Laws of our State, SC Code §42-1-10, et. seq. with its principle place of business and operation being in Richland County, South Carolina, located at 1333 Main Street, Suite 500, Columbia, South Carolina, 29202-1715, with Gary M. Cannon being the Executive Director of the Commission and is required by law to hold all hearings in this matter in Darlington County.

3. That the Defendants Darlington County School District and SC School Boards Insurance Trust are the employer and its insurance carrier, and are parties to the workers' compensation claim pursuant to the SC Workers' Compensation Act, §42-1-10, et. seq. They are Defendants in this action due to the filing of the Request for Examination and the Motion to Compel and the setting of the examination on December 10, 2015 for the Claimant that resulted in the Order which is the subject of the Writ of Mandamus and Writ of Prohibition in this Petition and Complaint.

4. That on June 17, 2015, the Claimant, Kenneth L. Barr (Petitioner hereinafter), filed a claim for benefits alleging an onset of disability on May 21, 2015 and alleging injury to the head and brain and listing as body parts affected: encephalopathy,

brain (headaches, memory loss, fatigue, confusion), neurological/central nervous system. On June 30th, Kirsten L. Barr, Attorney at Law, notified the Commission and Counsel for the Petitioner that she had been retained to represent the employer and its insurance carrier in the claim. A copy of that notice is attached hereto and incorporated herein by reference as Exhibit "A". Thereinafter on September 29, 2015, the Claimant filed a Request for Hearing on his request for benefits under the Workers' Compensation Act.

5. That subsequent to the filing of the claim for benefits on September 29th, on November 4th the Petitioner received a telephone call from a transportation company notifying him that he had been set up for an appointment in Charleston, SC for eight (8) hours of testing. According to the records of the SC Workers' Compensation Commission, Counsel for the Petitioner immediately notified Counsel for the Defendants of his objection to the evaluation setting forth the grounds for the objection, including that the examination with Dr. Mark Wagner, Ph.D. was not with a medical doctor as allowed for by the Act and that it was not at reasonable times and places. These facts are set out with specificity in the attached Reply to the Motion to Compel, which is attached to this Complaint and incorporated herein by reference as Exhibit "B".

6. That according to the Motion to Compel, attached hereto and incorporated herein by reference as Exhibit "C" filed with the SC Workers' Compensation Commission on November 6, 2015 and served by mail on that same date, Counsel for the Defendants in the workers' compensation claim filed a Motion to Compel the Petitioner to attend a medical evaluation. The Motion specifically requested the relief that the Commission issue an Order, "compelling the Claimant to attend an independent medical evaluation with Dr. Mark Wagner on December 10, 2015". Thereinafter as set forth above on November 13th, as received by the Workers' Compensation Commission on November 17th, the Petitioner filed his Reply to the Motion to Compel, which was filed and properly served.

7. That as set forth in the Commission Record without hearing, the Commissioner, T. Scott Beck, Commissioner, issued what is captioned as an "Administrative Order" granting the Motion, "Motion to Compel Claimant to attend medical evaluation" (emphasis added). A copy of that Administrative Order is attached hereto and incorporated herein by reference as Exhibit "D".

8. That subsequent to the issuance of the Order, on November 24th Counsel for the Petitioner contacted the Commissioner and again specifically noted that Dr. Mark Wagner, Ph.D. was not a medical doctor but was in fact a psychologist and further noted that the Administrative Order had been issued

without a hearing which violated the requirements of the Act and also due process by issuing an Order without a hearing. The Request for Reconsideration which is attached hereto and incorporated herein by reference as Exhibit "E" also noted that Petitioner's Counsel had previously filed an objection to a similar Order ordering an evaluation by a non-medical provider, that being a psychologist in that case as in this case, and that the Commission had ruled that that was an interlocutory Order and not subject to appeal. As noted the Request requested reconsideration. By email on November 30, 2015, forwarded at 3:56 p.m., the Commissioner through his Administrative Assistant notified Counsel for the Petitioner that he had reviewed the Request but would require a proper Motion for Reconsideration. Under the Commissioner Rules, Rule 67-215, any Motion filed requires ten (10) days for response prior to the time that it may be considered, excluding the date of service; therefore in this case making a Reply to a Motion not due until the date of the contested examination on December 10th.

9. That the Supreme Court of South Carolina has previously ruled that the requirements of due process of notice and opportunity to be heard apply to workers' compensation claims. Hamm v. Mullins Lumber Co., 193 S.C. 66, 7 S.E.2d 712 (1940); Halks v. Rust Engineering Co., 208 S.C. 39, 36 S.E.2d 852 (1946) (hearing required). Further, SC Code §42-17-20 specifically

requires a hearing before the Commission can issue a decision on contested issues. The Supreme Court has further ruled that since the Workers' Compensation Act creates an exclusive compensatory system in derogation of common law rights, the Court must strictly construe such statutes and the wording of those statutes. The Commission's authority is limited strictly to the authority granted to it under the provisions of the Act. Cox v. BellSouth Communications, 356 S.C. 468, 589 S.E.2d 766 (SC App. 2003).

10. That a review of the wording of SC Code §42-15-60 specifically establishes that that section applies to where a claim has been accepted and/or awarded and the employer has chosen to provide medical care and services as a result of the injuries sustained. In that regard, that section provides in pertinent part following the general provision for such medical care that:

> "During any period of disability resulting from the injury, the employer at its own option may continue to furnish or cause to be furnished . . ."

It is after the provisions that the employer is required to provide medical care for a period of time in an accepted or awarded case and after this provision that the employer may at its own option continue to provide medical care that any reference is made to a refusal of such medical care. However, under the provisions of that section there is no allowance for the Commission to have authority to compel but only to grant the following:

"The refusal of an employee to accept any medical, hospital, surgical, or other treatment or evaluation when provided by the employer or ordered by the Commission bars the employee **from further compensation** until the refusal ceases and **compensation is not paid for the period of refusal** unless in the opinion of the Commission circumstances justified the refusal, in which case the Commission may **order a change in the medical or hospital service.**"

There is simply no right of the Commission to compel a Claimant to attend an evaluation but a hearing is required by that section.

11. That the provision of SC Code §42-15-80, which the Petitioner would submit can be read that it applies to an accepted case, but assuming arguendo it applies to contested cases, specifically provides in pertinent part that:

"after injury or so long as he claims compensation, the employee if so requested by his employer or ordered by the Commission shall submit himself to examination, **at reasonable times and places, by a qualified physician or surgeon** designated and paid for by the employer or the Commission . . . if the employee refuses to submit himself to or in any way obstructs the examination requested by and provided for by the employer, his right to compensation and his right to take or prosecute a proceeding under this title must be suspended until the refusal or objection ceases and compensation is not payable at any time for a period of suspension **unless in the opinion of the Commission the circumstances justify the refusal or obstruction** . . .". (Emphasis added).

Therefore the statute gives no right to the Commission to compel the attendance but only the right to suspend proceedings in a case where it has held a hearing "on the contested issues" and found that the refusal is not justified. As noted above, that section

specifically allows only an examination by a, "qualified physician or surgeon" and only at "reasonable times and places". As noted in the Reply to the Motion, the Supreme Court has specifically ruled that a psychologist, which is what Dr. Mark Wagner, Ph.D. is, does not qualify as a qualified physician or surgeon and that the Defendants are only entitled to an examination by a medical doctor.

12. That the Administrative Order issued without a hearing violates the requirements of the Act and of due process by failing to give the Petitioner a hearing and an opportunity to be heard on the issues. Further, it specifically is in violation of Supreme Court Decision defining a qualified physician and surgeon. Further, since there was no hearing there is no decision on whether or not this constituted a reasonable time and place for an examination even if Dr. Wagner, Ph.D. was a qualified physician or surgeon; and the granting of a Writ of Prohibition is appropriate where an Order or action taken is in violation of law to prohibit any rights or remedies created, established or ordered under such act or Order to prevent those from occurring, being enforced, or taking place. A Writ of Mandamus is appropriate to order an Administrative or public Agency, Commission or other body to perform administerial acts pursuant to its authority and responsibility under law.

13. That the evaluation that is the subject of this Administrative Order, which is not in accordance with law; and over which the Commission has no jurisdiction pursuant to its authority under the Workers' Compensation Act to issue; and which is in violation of its authority granted to it by the Act was set to occur on December 10, 2015. The Petitioner notified Defendants' Counsel and the Commission on December 3rd of his intent to file this Complaint and request for a Temporary Restraining Order and requested to be informed as to whether the Defendants and the Commission would agree to accept service without Service of Process once the Complaint was filed.

14. That on Friday, December 4th, 2015, Counsel for the Defendants sent an email to the Hearing Commissioner attaching a motion, "Motion to Postpone Hearing based on Claimant's refusal to comply with the Motion to Compel" and requesting that the Commissioner postpone the Hearing and advice as to whether she could cancel the appointment with Dr. Mark Wagner, Ph.D. set for December 10th. The email and Motion are attached hereto and incorporated herein by reference as Exhibit "F". Petitioner's Counsel responded by email that he was out of town at a conference and would respond on Monday, December 7th. The emails and Motion were forwarded to the Commissioner who advised by email that he had considered the emails and advised Defense Counsel to cancel the appointment and that he would "deal with all issues at the

hearing currently scheduled for January 7, 2016." The emails are attached hereto and incorporated herein by reference as Exhibit "G". Commission Regulation 67-215 requires ten (10) days' notice before a Motion may be considered by a Commissioner and that the Motion be served on the Judicial Department.

15. That as is set out in the Motion, it requests a continuance of the January 7th hearing due to the Petitioner's failure to comply with the Order compelling his attendance at an evaluation of Dr. Mark Wagner, Ph.D. and forbidding him from proceeding with his claim. It cites no other basis for continuance or requests any other or additional discovery.

16. That as set forth hereinabove and in the Exhibits, this is a denied claim and the Petitioner has a wife and children and due to the loss of income to the family and to his disability he has lost his health insurance and any means of income to pay for healthcare; he is behind in his house and automobile payments; and he has been forced to obtain predatory loans to provide for his family. The Defendants, although knowing the opinion of the Petitioner's treating medical doctor since May of 2015, did not notify the Petitioner of any request for evaluation until November 2015 and did not schedule any evaluation until December 2015. The Petitioner has complied with every appropriate discovery requests including: depositions; subpoenas; etc. and assuming that the Commission exceeded its jurisdiction and/or authority in issuing

an Order compelling the attendance at the evaluation, there is no prejudice to the Defendants by being required to proceed to hearing on January 7, 2016 as all other discovery is completed. Further, since the Defendants have known about the opinion of the Petitioner's doctor since May 2015 and did not schedule the evaluation, any prejudice has been caused by the Defendants' dilatory actions in waiting for approximately seven (7) months before scheduling any evaluation. The Petitioner filed his claim in June and his Request for Hearing in September 2015; he fully cooperated with all discovery requests allowed under the Act and is financially destitute and any delay in Hearing would be highly detrimental and prejudicial to the Petitioner and his family.

17. That since the Defendants notified the Hearing Commissioner of a potential action to overturn his Administrative Order, have sought another Order by Motion to delay the Hearing without an Order of any Court on the original issues and have sought sanctions from that Commissioner based on the Petitioner's execution of his right to seek extraordinary Writs under our law, the Petitioner veribly believes that a determination as to whether the Defendants' actions have prejudiced the Hearing Commissioner, and since all documents are contained in the Commission file, a determination as to whether the Commission as a whole has been prejudiced and whether a special Commissioner and/or an

Administrative Law Judge should be appointed to hear this claim should be made by this Court.

WHEREFORE, the Petitioner would pray for:

1. A Temporary Restraining Order issued without notice ordering that the examination which is the subject of the Administrative Order that is the subject of this Petition be cancelled and no evaluation be scheduled or held and no action be taken on the subsequent Motion for Continuance pending a decision by this Court on that temporary Order; and thereafter until a hearing is held on this Petition for a Writ of Prohibition and Mandamus.

2. After due and after proper notice for a hearing to be held on a Temporary Restraining Order suspending the Administrative Order already issued and enjoining any further Order by the Commission in this matter;

3. Pursuant to its authority under SCRCP, Rule 65(f)(1), setting a specific date for the Answer to be filed by the Defendants and to be set based on the date of service and Petitioner would request that it be no more than twelve (12) days from the date of service due to the delay caused by the subsequent Motion filed December 4th which delayed this action being filed for more than five (5) days;

4. Enjoining the Commission from granting any continuance of the Hearing set for January 7th for any additional discovery

based on the Defendants' request for such continuance being only based on the request for an examination of Dr. Mark Wagner, Ph.D.;

5. A finding that the Administrative Order which is the subject of this Petition for a Writ of Prohibition and Mandamus is in violation of the statutory authority and jurisdiction of the Commission and due process, and issuing its Order granting a Writ of Prohibition and a Writ of Mandamus vacating the Administrative Order of Commissioner T. Scott Beck, Commissioner filed November 23, 2015, prohibiting the enforcement of such Order and remanding this matter to the Commission to perform the administrative act of notifying the parties that the Motion is denied pursuant to the decision of this Court on the Writ of Prohibition, and all other ministerial acts necessary to administer and comply with the Court's Order;

6. Because this matter is set for hearing before the Commission for January 7, 2016 and based on the Order of this Court granting the Writ of Prohibition and the Writ of Mandamus, ordering that this matter proceed to hearing on January 7th on the issues joined in this matter for hearing before the Workers' Compensation Commission;

7. For a finding as to whether the Hearing Commissioner and the Commission have been prejudiced by the actions and filings of the Defendants to the workers' compensation claim, and if so, prohibiting the Commission from hearing this claim and ordering

that this matter be set for hearing, either on January 7th or within two (2) weeks of that date or at such other time as the Court deems reasonable, before this Court or a Judge of the Circuit Court or an Administrative Law Judge and with such hearing to be based on the evidence properly and timely filed for the Hearing set for January 7th, 2016 pursuant to the Workers' Compensation Act, the Administrative Procedures Act, and the Rules and Regulations of the Workers' Compensation Commission; and

8. The Petitioner would request attorney's fees for the prosecution of this Petition for a temporary injunction and for a Writ of Prohibition and a Writ of Mandamus and for the costs of this action, and for such other and further relief as the Court deems just and appropriate under the facts and circumstances set forth in the Petition and based on its hearing and decision in this matter.

Respectfully submitted by:

Preston F. McDaniel
McDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
(803)771-7211
Co-Counsel for Petitioner

Gerald Malloy
MALLOY LAW FIRM
Post Office Box 1200
Hartsville, SC 29551
(843) 339-3000
Attorney for Petitioner

December 9, 2015

HAROLD E. TRASK
ROY A. HOWELL II
KIRSTEN L. BARR
JAMIE C. GUERRERO
WILLIAM F. LYON

JILL W. KING
D. ALAN WESTENLUND, JR.
GEOFFREY L. WEND

TRASK & HOWELL, L.L.C.
Workers' Compensation Defense

763 JOHNNIE DODDS BOULEVARD
P. O. BOX 2167
MT. PLEASANT, SC 29465

PHONE
843.881.4226
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E-MAIL
KBARR@TRASK-HOWELL.COM
DIRECT DIAL (843) 881-1027

June 30, 2015

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Re: Kenneth L. Barr v. Darlington County School District
W.C.C. File No.: 1507304
Carrier File No.: WC016314
Date of Accident: May 21, 2015

Dear Preston:

This office has been retained to represent the above-named Employer and their insurance carrier in this claim, and we have filed our notice of representation with the Workers' Compensation Commission electronically. Please direct all further communications regarding this claim to our office. I look forward to working with you to bring this matter to an amicable conclusion.

Yours very truly,

Kirsten

Kirsten L. Barr

KLB/cnd/les
cc: Eric Mayer, SC School Boards Insurance Trust
Gerald Malloy, Esq.
0560.8861-rep ltr

EXHIBIT
1
A

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 13, 2015

Commissioner T. Scott Beck, Chairman
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29201

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Commissioner Beck:

Enclosed herewith for filing, please find Claimant's **REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST** in the above-referenced matter.

By copy of this letter, I am serving the Defense Counsel with a copy of same.

Sincerely yours,

Preston F. McDaniel

PFM/kch
Enclosures

cc: Gerald Malloy, Esquire
Kirsten L. Barr, Attorney

EXHIBIT B

STATE OF SOUTH CAROLINA

COUNTY OF DARLINGTON

Kenneth L. Barr, Employee,

CLAIMANT,

v.

Darlington County School District,

EMPLOYER, and

SC School Boards Insurance Trust,

INSURANCE CARRIER,

DEFENDANTS.

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1507304

REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST

TO: COMMISSIONER T. SCOTT BECK, SC WORKERS' COMPENSATION COMMISSION, AND KIRSTEN L. BARR, ATTORNEY FOR THE DEFENDANTS:

By way of Reply, the Respondent would respectfully submit to the Commission:

1. That by note from Dr. Marshall White, dated May 21, 2015, Dr. White, the Claimant's treating neurologist at the time gave a note to Mr. Barr which was taken to his employer and given to his supervisor, and then to the District Administration stating his opinion on causation stating that the Claimant had "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = volatile organic compounds). On that same date by separate written note, Dr. White took the Claimant out of

SCWCC NOV 17 2015 JUDICIAL

work which was also given to the Claimant's supervisor and to the Administration.

2. That on June 17, 2015, the Claimant filed a claim with the Commission noting that he had suffered injury, repetitive trauma, and/or occupational disease and has sustained "physical brain injury". The Claimant listed as body parts affected: encephalopathy, brain (headaches, memory, fatigue, confusion), neurological/central nervous system. That Form 50 is on file with the Commission and was served on the Defendants at that time. **Therefore, as of June 17th the Defendants were on notice that this was a physical brain injury/brain damage case.**

3. That on June 30, 2015, Counsel for the Claimant was notified that Kirsten L. Barr, Attorney at Law, had been retained to represent the Defendants in the above-referenced claim.

4. That prior to instituting proceedings by the filing of a request for hearing, by agreement the Defendants took the deposition of the Claimant and the Claimant took the deposition of his supervisor, Mr. Larry Stegner, which was scheduled for August 4th and then taken September 9th.

5. That the Commission Record will show that the Claimant filed for a hearing on September 29th and would submit to the Commission that all statements from the treating neurologist,

Dr. Marshall A. White, had been forwarded to and received by and are in the possession of the Defendants.

6. That at no time after being advised of the treating physician's Opinion in May, nor after the filing of a claim in June for physical brain damage, and at no time up until notification on or about November 4th by a transportation company directly with the Claimant, scheduling a pick up time for the Claimant at 5:30 o'clock a.m. in the morning to be taken to Charleston, SC for eight (8) hours of testing was any request for examination made by the Defendants. Counsel for the Claimant immediately notified Counsel for the Defendants of objection to any such evaluation and the grounds for such objection as set forth under SC Code §42-15-60. See Exhibit "A"

7. That the Defendants in their Motion cite two legal bases for the Motion; one being SC Code §42-15-60 and the other being SC Code §42-15-80. As to any allegation under SC Code §42-15-60 as to a right of the Defendants to schedule any kind of an evaluation, that statute simply does not apply since that section applies to cases in which an accident or injury has been accepted and/or has been ordered and found compensable by the Commission and the Defendants are providing medical care.

8. That as to Defendants' allegation and basis under §42-15-80, the Defendants have not requested an examination of a,

"qualified physician or surgeon" as provided for under SC Code §42-15-60, nor have they requested such evaluation in the location where Mr. Barr lives, that being the Hartsville /Darlington/Florence area. Instead, they have scheduled an appointment with Dr. Mark Wagner, Ph.D., a psychologist for neuropsychological testing in Charleston, SC.

9. That SC Code §42-15-60 in pertinent part provides that:

> "A After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission, shall submit himself to examination, at **reasonable times and places,** by a **qualified physician or surgeon** designated and paid by the employer or the Commission. . . ."

First that statute specifically provides that such examination shall be at, "reasonable times and places", and the Claimant would submit that requiring him to leave at 5:00 o'clock a.m. to attend an eight (8) hour examination in Charleston, SC when he lives in Florence, where there are numerous qualified physicians or surgeons that can perform an Independent Medical Evaluation in the Florence/Darlington/Hartsville area does not meet the standards of the Act in reference to being at a reasonable time and place. In fact the Supreme Court has specifically held that requiring a claimant to attend an evaluation in Charleston, SC when the claimant lived in Beaufort, SC does not constitute an

evaluation at reasonable times and places. Singleton v. Young Lumber Company, 236 S.C. 454, 114 S.E.2d 837 (1960).

Further, and more importantly, the Supreme Court has specifically held under identical wording in reference to Circuit Court Rule SCRCP, Rule 35(a) which provides that the Defendants in a civil action are entitled to an examination by a "physician" that the limitation on examination by a, "physician" is limited strictly to that and that a,

> **"clinical psychologist is not a physician . . . . Therefore, Rule 35 does not allow a Judge to order a mental examination by a clinical psychologist. Accordingly, the Order compelling the mental examination and Order of Contempt are REVERSED."** Green, by Green v. Lewis Truck Lines, Inc., 314 S.C. 303, 443 S.E.2d, 906 (1994).

A copy of the Green decision is attached hereto and incorporated herein by reference as Exhibit "B". Therefore the Defendants have no right to nor are they entitled to send the Claimant to anyone other than a licensed, "physician or surgeon" for examination and specifically not a psychologist.

10. That as set forth in the Claimant's objection sent to Defense Counsel that the Claimant readily admits and will agree to attend any examination scheduled in the Florence/Darlington/Hartsville area by a physician or surgeon and of course as part of that examination if that physician or surgeon orders any objective testing to be performed in the Florence/Darlington/Hartsville area, the Claimant will comply

and agrees that the Defendants have the right under the statute to have such independent medical examination performed; but again, at reasonable times and places by a licensed, "physician or surgeon".

11. That after this issue was raised and this improper examination for neurological testing was made, Claimant's Counsel contacted the treating physician, who has been the treating physician way before any claim was ever filed and of which the employer has been aware for years) to which he responded with a prescription for neuropsychological testing to be conducted by a local psychologist, Dr. Avie Rainwater, Ph.D., who practices in Florence, SC. A copy of that prescription is attached hereto and incorporated herein by reference as Exhibit "C". The Claimant has no objections to undergoing such testing as recommended/provided by the treating physician with Dr. Rainwater, Ph.D. pursuant to that prescription and referral made by the treating neurologist should the Commission choose to order this pursuant to SC Code §42-17-30 and since the Defendants have requested that neuropsychological testing be performed.

Wherefore, the Claimant would respectfully request that the Motion be denied because it does not request an evaluation by a licensed physician or surgeon at reasonable times or places. Also, since the Defendants want neuropsychological testing

performed and a licensed physician or surgeon, that being Dr. Marshall A. White, the Claimant's treating neurologist, has issued a specific prescription for a specific local designated psychologist to perform such testing, that the Commission order such testing be performed pursuant to the prescription of Dr. White.

Respectfully submitted,

Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

November 13, 2015

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years

Preston F McDaniel
Matthew C Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 4, 2015

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I just received a call from Ken's wife, that some transportation service had contacted them about setting up transportation at 5:30 o'clock a.m. to take him to an appointment at the Neurology Department at MUSC on December 10th. I have received nothing about this to my knowledge. If this is for some type of an IME, please note that I have no objection to an IME pursuant to §42 15-90 with any qualified, "physician or surgeon" in the Florence/Darlington area. However, I will object to any evaluation outside of that area and I am sure you are aware that there is case law that says that you are not entitled to send him for any kind of evaluation by anyone other than a licensed physician or surgeon at "reasonable times and places". I have an Order from the Commission to that effect and actually brought a Writ of Mandamus in the Circuit Court over that issue. In other words, you can't send him directly to a neuropsychologist if that is what this is about.

I look forward to hearing from you and moving forward.

Sincerely yours,

Preston F McDaniel

PFM/klt

cc: Gerald Malloy, Esquire

EXHIBIT A

Westlaw.

443 S.E.2d 906
314 S.C. 303, 443 S.E.2d 906
(Cite as: 314 S.C. 303, 443 S.E.2d 906)

H

Supreme Court of South Carolina.
Darrell GREEN, By and Through his Guardian ad Litem, Lethea GREEN, and Lethea Green, as legal guardian for Darrell Green, Appellants,
v.
LEWIS TRUCK LINES, INC., Phillip Brown, and South Carolina Department of Education, Respondents.

No. 24058.
Submitted April 19, 1994.
Decided May 4, 1994.

After guardian ad litem refused to produce her grandson for court ordered mental examination, the Circuit Court, Horry County, Sidney T. Floyd, J., held guardian in civil contempt, and guardian appealed. The Supreme Court held that rule permitting circuit court to order compulsory physical or mental examination did not allow court to order mental examination by clinical psychologist.

Reversed.

West Headnotes

[1] Courts 106 ⟸85(2)

106 Courts
106II Establishment, Organization, and Procedure
106II(F) Rules of Court and Conduct of Business
106k85 Operation and Effect of Rules
106k85(2) k. Construction and Application of Rules in General. Most Cited Cases

In interpreting language of court rule, Supreme Court applies same rules of construction used in interpreting statutes.

[2] Pretrial Procedure 307A ⟸455

307A Pretrial Procedure
307AII Depositions and Discovery
307AII(F) Examination of Person
307Ak455 k. Proceedings, Order, and Examination. Most Cited Cases

Rule permitting circuit court to order party to submit to compulsory physical or mental examination does not allow judge to order mental examination by clinical psychologist but, rather, examination must be made by physician; clinical psychologist is not a "physician." Rules Civ.Proc., Rule 35(a).

**907*303 Ronald J. Jebaily, of Jebaily & Glass, P.A., of Florence, and Ray P. McClain, Charleston, for appellants.

Victoria T. Vaught, of Battle & Vaught, Conway, for respondents Lewis Truck Lines, Inc. and Phillip Brown.

Phillip Luke Hughes, of Nelson, Mullins, Riley & Scarborough, P.A., Myrtle Beach, for respondent South Carolina Dept. of Educ.

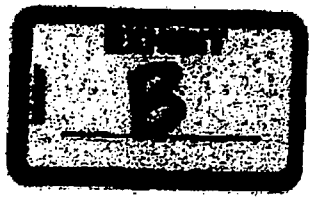
*304 PER CURIAM:

Pursuant to Rule 35, SCRCP, the trial judge ordered Appellant Darrell Green, a minor, to undergo a mental examination by a clinical psychologist. After the guardian ad litem refused to produce her grandson for this examination, the judge held her in civil contempt, and this appeal follows. Appellant Lethea Green has now filed a petition for a writ of supersedeas to stay the contempt order. After hearing oral argument on the petition, we have decided to determine the merits of this appeal since it raises solely a question of law.

Appellants assert Rule 35 does not authorize the circuit court to order a mental examination to be conducted by a clinical psychologist. We agree and reverse the orders on appeal.

[1] Rule 35(a) states in pertinent part that the circuit court "may order [a] party to submit to a

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443 S.E.2d 906
314 S.C. 303, 443 S.E.2d 906
(Cite as: 314 S.C. 303, 443 S.E.2d 906)

physical or mental examination *by a physician*...." (emphasis added). In interpreting the language of a court rule, we apply the same rules of construction used in interpreting statutes. *Garner v. Houck*, 312 S.C. 481, 435 S.E.2d 847 (1993); *Perry v. Minit Saver Food Stores of S.C., Inc.*, 255 S.C. 42, 177 S.E.2d 4 (1970). Therefore, the words of Rule 35 must be given their plain and ordinary meaning without resort to subtle or forced construction to limit or expand the rule. *Greenwood Mills, Inc. v. Second Injury Fund*, 315 S.C. 256, 433 S.E.2d 846 (1993).

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REVERSED.

S.C.,1994.
Green By and Through Green v. Lewis Truck Lines, Inc.
314 S.C. 303, 443 S.E.2d 906

END OF DOCUMENT

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MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
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Name Kenneth Bann DOB 3 Nov 15

Address

℞

Neuro cf testing

Dr Rainwater PhD

Florence, S.C.

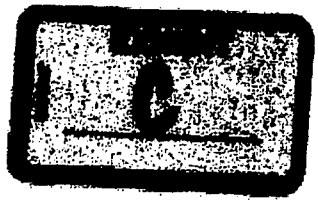
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Dispense as Written MD

Substitution Permitted MD

SCRIPT 40750



TRASK & HOWELL, L.L.C.
Workers' Compensation Defense

763 JOHNNIE DODDS BOULEVARD
P. O. Box 2167
MT. PLEASANT, SC 29465

November 6, 2015

Commissioner T. Scott Beck
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Re: Kenneth L. Barr v. Darlington County School District
W.C.C. File No.: 1507304
Carrier File No.: WC016314
Date of Accident: May 21, 2015

Dear Commissioner Beck:

Enclosed herewith for filing, please find a Motion to Compel Claimant to Attend Medical Evaluation in regard to the above-referenced matter. By a copy of this letter, I am serving the Claimant's counsel with a copy of the Motion. Also enclosed is our check in the amount of $25.00 for the filing of this Motion.

Yours very truly,

Kirsten L. Barr

Kirsten L. Barr

KLB/cnd/les
Enc.
cc: Eric Mayer, SC School Boards Insurance Trust (w/enc.)
Christy Sandifer, Darlington County School District (w/enc.)
Preston F. McDaniel, Esq. (w/enc.)
Gerald Malloy, Esq. (w/enc.)
6801-8860-wcc motion to compel to attend med eval

EXHIBIT C

BEFORE THE:

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215, S.C. Code Ann. §42-15-80, and S.C. Code Ann. §42-15-60 for an Order compelling the Claimant, Kenneth L. Barr, to attend a medical appointment with Dr. Mark Wagner on December 10, 2015. This Motion is based on the following:

1. By Form 50 dated September 29, 2015, the Claimant alleges an injury to the head/brain as a result of an injury, illness, repetitive trauma, and occupational disease related to an alleged May 21, 2015 date of injury/illness. He further alleges a physical brain injury, encepholapathy, and effects to the brain, neurological/central nervous system, and

psychological functioning. The alleged injury illness/repetative trauma/occupational disease is due to exposure to paint fumes.

2. By Form 51 dated October 28, 2015, the Defendants deny the Claimant sustained any injury by accident, repetitive trauma, or occupational disease arising out of or during the course of his employment.

3. A hearing is currently scheduled before Commissioner T. Scott Beck on January 7, 2016 in Florence, SC.

4. Based upon the Claimant's alleged injury to his head and brain, allegedly affecting his brain, neurological/central nervous system, and psychological functioning, the Defendants scheduled an evaluation with Dr. Mark Wagner at MUSC on December 10, 2015. The appointment is scheduled for 8:30 a.m. at Dr. Wagner's office at MUSC in Charleston.

5. Dr. Wagner is the director of Neuropsychological Services and Professor of Neurology at MUSC. He specializes in neurology and neuropsychology.

6. The Defendants arranged to provide transportation for the Claimant (and his wife) to and from Charleston for the appointment with Dr. Wagner.

7. On November 4, 2015, the Claimant's attorney sent correspondence to the Defendants, informing them that he objects to an evaluation outside of the Florence/Darlington area. The Claimant's attorney claims that the Defendants "can't send [the Claimant] directly to a neuropsychologist if that is what this is about."

8. S.C. Code Ann. § 42-15-80 states that "after an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the commission, shall submit himself to examination, at reasonable times and places, by a qualified physician or surgeon designated and paid by the employer or the commission."

9. According to S C Code Ann §42-15-60, if the Claimant refuses to accept medical treatment when provided by the Defense, it shall bar the Claimant from further compensation until such refusal ceases.

10. The Defendants have a right to send the Claimant for an independent medical evaluation prior to a hearing in this matter

11. The Claimant is not able to dictate medical treatment in terms of the location of appointments, when reasonable, or the specialty of the evaluating doctor.

12. The evaluation with Dr. Wagner is clearly relevant to this matter given the alleged injuries, including an effect on the Claimant's neurologic and psychologic functioning

13. The Defendants contend that a one-time evaluation at MUSC, less than 2 ½ hours from the Claimant's home, with the Defendants providing transportation, is reasonable in time and place under § 42-15-80.

14. It is not at all unusual for Claimants across the state to be evaluated, at the request of their attorney or the Defendants, at MUSC, as it is a regionally and nationally recognized research hospital.

15. The Claimant's attorney's attempt to limit the Defendants to an evaluation in the Darlington/Florence area is clearly overly restrictive, as the number of specialists in that area is drastically smaller than those available in a larger city, such as Charleston. By the Claimant's attorney's logic, the Defendants are not even able to schedule an evaluation in Columbia, which is where the Claimant's attorney himself is located.

16. If the Defendants are not afforded the opportunity to have the Claimant undergo an independent medical evaluation to evaluate his alleged injuries, the Defendants will be

prevented from preparing an adequate defense prior to the hearing. This is especially prejudicial considering the fact that physical brain damage and dementia have been alleged

17. Should the Claimant fail to attend the December 10, 2015 appointment with Dr. Wagner, Section 42-15-60 bars him from "further compensation." Therefore, he cannot be awarded any benefits at the January 7, 2016 hearing.

18 The Defendants request an order compelling the Claimant to submit to an independent medical evaluation with Dr Mark Wagner on December 10, 2015

THEREFORE, the Defendants respectfully request that the Commission issue an Order compelling the Claimant to attend an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kristen L. Barr
Kirsten L. Barr
Attorney for the Defendants

November 6, 2015

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1507304

Kenneth L. Barr,

Claimant,
vs.

Darlington County School District,

Employer,

SC School Boards Insurance Trust,

Carrier,
Defendants

ADMINISTRATIVE ORDER

A Motion regarding the following issue(s) has been received.

___ Discovery or Subpoena
___ Appointment of guardian Ad Litem
___ Attorney's appearance before the Commission
___ Withdrawal of Representation
___ Attorney's Fee
___ Claim Pending Commission Review
___ Postpone
___ Adjourned the Scheduled Hearing
___ Self Insurance Privileges
___ Penalties and Interest
___ Third Party Practice
__X__ Other: **Motion to Compel Claimant to attend Medical Evaluation**

EXHIBIT 1 D

The following disposition has been made. __X__ Granted ___ Denied

___ Set for Hearing
___ Have Attorneys brief the issue

Reasons:

T. Scott Beck, Commissioner

Columbia, SC

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on November 23, 2015

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215, S.C. Code Ann §42-15-80, and S.C. Code Ann. §42-15-60 for an Order compelling the Claimant, Kenneth L. Barr, to attend a medical appointment with Dr. Mark Wagner on December 10, 2015. This Motion is based on the following.

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psychological functioning The alleged injury/illness/repetitive trauma/occupational disease is due to exposure to paint fumes.

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5. Dr. Wagner is the director of Neuropsychological Services and Professor of Neurology at MUSC He specializes in neurology and neuropsychology.

6. The Defendants arranged to provide transportation for the Claimant (and his wife) to and from Charleston for the appointment with Dr. Wagner.

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8 S.C. Code Ann. § 42-15-80 states that "after an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the commission, shall submit himself to examination, at reasonable times and places, by a qualified physician or surgeon designated and paid by the employer or the commission."

9. According to S.C. Code Ann. §42-15-60, if the Claimant refuses to accept medical treatment when provided by the Defense, it shall bar the Claimant from further compensation until such refusal ceases.

10. The Defendants have a right to send the Claimant for an independent medical evaluation prior to a hearing in this matter.

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12 The evaluation with Dr. Wagner is clearly relevant to this matter given the alleged injuries, including an effect on the Claimant's neurologic and psychologic functioning

13. The Defendants contend that a one-time evaluation at MUSC, less than 2 ½ hours from the Claimant's home, with the Defendants providing transportation, is reasonable in time and place under § 42-15-80.

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15. The Claimant's attorney's attempt to limit the Defendants to an evaluation in the Darlington/Florence area is clearly overly restrictive, as the number of specialists in that area is drastically smaller than those available in a larger city, such as Charleston. By the Claimant's attorney's logic, the Defendants are not even able to schedule an evaluation in Columbia, which is where the Claimant's attorney himself is located.

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prevented from preparing an adequate defense prior to the hearing. This is especially prejudicial considering the fact that physical brain damage and dementia have been alleged

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18. The Defendants request an order compelling the Claimant to submit to an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

THEREFORE, the Defendants respectfully request that the Commission issue an Order compelling the Claimant to attend an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kirsten L. Barr
Kirsten L. Barr
Attorney for the Defendants

November 6, 2015

STATE OF SOUTH CAROLINA COUNTY OF DARLINGTON	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 1807304
Kenneth L. Barr, Employee, CLAIMANT, v. Darlington County School District, EMPLOYER, and SC School Boards Insurance Trust, INSURANCE CARRIER, DEFENDANTS.	REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST

TO: COMMISSIONER T. SCOTT BECK, SC WORKERS' COMPENSATION COMMISSION, AND KIRSTEN L. BARR, ATTORNEY FOR THE DEFENDANTS:

By way of Reply, the Respondent would respectfully submit to the Commission:

1. That by note from Dr. Marshall White, dated May 21, 2015, Dr. White, the Claimant's treating neurologist at the time gave a note to Mr. Barr which was taken to his employer and given to his supervisor, and then to the District Administration stating his opinion on causation stating that the Claimant had "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = volatile organic compounds). On that same date by separate written note, Dr. White took the Claimant out of

work which was also given to the Claimant's supervisor and to the Administration.

2. That on June 17, 2015, the Claimant filed a claim with the Commission noting that he had suffered injury, repetitive trauma, and/or occupational disease and has sustained "physical brain injury". The Claimant listed as body parts affected: encephalopathy, brain (headaches, memory, fatigue, confusion), neurological/central nervous system. That Form 50 is on file with the Commission and was served on the Defendants at that time. **Therefore, as of June 17th the Defendants were on notice that this was a physical brain injury/brain damage case.**

3. That on June 30, 2015, Counsel for the Claimant was notified that Kiraten L. Barr, Attorney at Law, had been retained to represent the Defendants in the above-referenced claim.

4. That prior to instituting proceedings by the filing of a request for hearing, by agreement the Defendants took the deposition of the Claimant and the Claimant took the deposition of his supervisor, Mr. Larry Stegner, which was scheduled for August 4th and then taken September 9th.

5. That the Commission Record will show that the Claimant filed for a hearing on September 29th and would submit to the Commission that all statements from the treating neurologist,

Dr. Marshall A. White, had been furnished to and received by and are in the possession of the Defendants.

6. That at no time after being advised of the Treating Physician's Opinion in May, nor after the filing of a claim in June for physical brain damage, and at no time up until notification on or about November 4th by a transportation company directly with the Claimant, scheduling a pick up time for the Claimant at 5:30 o'clock a.m. in the morning to be taken to Charleston, SC for eight (8) hours of testing was any request for examination made by the Defendants. Counsel for the Claimant immediately notified Counsel for the Defendants of objection to any such evaluation and the grounds for such objection as set forth under SC Code §42-15-60. See Exhibit "B"

7. That the Defendants in their Motion cite two legal bases for the Motion; one being SC Code §42-15-60 and the other being SC Code §42-15-80. As to any allegation under SC Code §42-15-60 as to a right of the Defendants to schedule any kind of an evaluation, that statute simply does not apply since that section applies to cases in which an accident or injury has been accepted and/or has been ordered and found compensable by the Commission and the Defendants are providing medical care.

8. That as to Defendants' allegation and basis under §42-15-80, the Defendants have not requested an examination of a,

and agrees that the Defendants have a right under the statute to have such independent medical examination performed, but again, at reasonable times and places by a licensed, 'physician or surgeon'.

11. That after this issue was raised and this improper examination for neurological testing was made, Claimant's Counsel contacted the treating physician (who has been the treating physician way before any claim was ever filed and of which the employer has been aware for years) to which he responded with a prescription for neuropsychological testing to be conducted by a local psychologist, Dr. Avie Rainwater, Ph.D., who practices in Florence, SC. A copy of that prescription is attached hereto and incorporated herein by reference as Exhibit "C". The Claimant has no objections to undergoing such testing as recommended/provided by the treating physician with Dr Rainwater, Ph.D. pursuant to that prescription and referral made by the treating neurologist should the Commission choose to order this pursuant to SC Code §42-17-30 and since the Defendants have requested that neuropsychological testing be performed.

Wherefore, the Claimant would respectfully request that the Motion be denied because it does not request an evaluation by a licensed physician or surgeon at reasonable times or places. Also, since the Defendants want neuropsychological testing

[illegible] a proposed [illegible] form of, that being Dr. Marshall A. White, the Claimant's treating neurologist, has issued a specific prescription for a specific local designated psychologist to perform such testing, that the Commission order such testing be performed pursuant to the prescription of Dr. White.

Respectfully submitted,

Preston F. McDaniel
MCDANIEL LAW FIRM
1319 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

November 13, 2015

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
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for over 30 years

Preston F. McDaniel
Matthew F. Peterson
Telephone (803) 771-7211
Facsimile (803) 252-0781

November 4, 2015

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I just received a call from Ken's wife, that some transportation service had contacted them about setting up transportation at 5:30 o'clock a.m. to take him to an appointment at the Neurology Department at MUSC on December 10th. I have received nothing about this to my knowledge. If this is for some type of an IME, please note that I have no objection to an IME pursuant to §42-15-80 with any qualified, "physician or surgeon" in the Florence/Darlington area. However, I will object to any evaluation outside of that area and I am sure you are aware that there is case law that says that you are not entitled to send him for any kind of evaluation by anyone other then a licensed physician or surgeon at "reasonable times and places". I have an Order from the Commission to that effect and actually brought a Writ of Mandamus in the Circuit Court over that issue. In other words, you can't send him directly to a neuropsychologist if that is what this is about.

I look forward to hearing from you and moving forward.

Sincerely yours,

Preston F. McDaniel

PFM/klh

cc: Gerald Malloy, Esquire

EXHIBIT
A

H

Supreme Court of South Carolina.
Darrell GREEN, By and Through his Guardian ad Litem, Lethea GREEN, and Lethea Green, as legal guardian for Darrell Green, Appellants,
v.
LEWIS TRUCK LINES, INC., Phillip Brown, and South Carolina Department of Education, Respondents.

No. 24058.
Submitted April 19, 1994.
Decided May 4, 1994.

After guardian ad litem refused to produce her grandson for court ordered mental examination, the Circuit Court, Horry County, Sidney T. Floyd, J., held guardian in civil contempt, and guardian appealed. The Supreme Court held that rule permitting circuit court to order compulsory physical or mental examination did not allow court to order mental examination by clinical psychologist

Reversed

West Headnotes

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In interpreting language of court rule, Supreme Court applies same rules of construction used in interpreting statutes

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**907*303 Ronald J. Jebaily, of Jebaily & Glass, P.A., of Florence, and Ray F. McClain, Charleston, for appellants

Victoria T. Vaught, of Battle & Vaught, Conway, for respondents Lewis Truck Lines, Inc. and Phillip Brown.

Phillip Luke Hughes, of Nelson, Mullins, Riley & Scarborough, P.A., Myrtle Beach, for respondent South Carolina Dept. of Educ

*304 PER CURIAM:
Pursuant to Rule 35, SCRCP, the trial judge ordered Appellant Darrell Green, a minor, to undergo a mental examination by a clinical psychologist. After the guardian ad litem refused to produce her grandson for this examination, the judge held her in civil contempt, and this appeal follows. Appellant Lethea Green has now filed a petition for a writ of supersedeas to stay the contempt order. After hearing oral argument on the petition, we have decided to determine the merits of this appeal since it raises solely a question of law.

Appellants assert Rule 35 does not authorize the circuit court to order a mental examination to be conducted by a clinical psychologist. We agree and reverse the orders on appeal.

[1] Rule 35(a) states in pertinent part that the circuit court "may order [a] party to submit to a

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EXHIBIT B

physical or mental examination *by a physician...*" (emphasis added) In interpreting the language of a court rule, we apply the same rules of construction used in interpreting statutes. *Garner v. Houck*, 312 S.C. 481, 435 S.E.2d 847 (1993); *Perry v. Minit Saver Food Stores of S.C., Inc.*, 255 S.C. 42, 177 S.E.2d 4 (1970). Therefore, the words of Rule 35 must be given their plain and ordinary meaning without resort to subtle or forced construction to limit or expand the rule. *Greenwood Mills, Inc. v. Second Injury Fund*, 315 S.C. 256, 433 S.E.2d 846 (1993).

[3] A clinical psychologist is not a physician. *Landry v. Green Bay & Western Railroad Co.*, 121 F.R.D. 400 (E.D.Wis.1988); *Cymanski v. Tourtelot*, 118 F.R.D. 462 (N.D.Ill.1987); *Coates v. Whittington*, 758 S.W.2d 749 (Tex.1988); *compare* S.C.Code Ann. §§ 40-47-5 to -660 (1986 & Supp.1993) (regulating physicians, surgeons and osteopaths) *with* S.C.Code Ann. §§ 40-55-20 to -380 (1986 & Supp.1993) (regulating psychologists) Therefore, Rule 35 does not allow a judge to order a mental examination by a clinical psychologist. Accordingly, the order compelling the mental examination and the order of contempt are

REVERSED.

S.C.,1994
Green By and Through Green v. Lewis Truck Lines, Inc.
314 S.C. 303, 443 S.E.2d 906

END OF DOCUMENT

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1-1-16

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Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0700

November 13, 2015

Commissioner M. Scott Beck, Chairman
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29201

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Commissioner Beck:

Enclosed herewith for filing, please find Claimant's REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST in the above-referenced matter.

By copy of this letter, I am serving the Defense Counsel with a copy of same.

Sincerely yours,

Preston F. McDaniel

4247
eF

PFM/ktn
Enclosures

cc: Gerald Malloy, Esquire
Kirsten L. Barr, Attorney

SCWCC
NOV 17 2015
JUDICIAL

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
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Proudly representing injured workers
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Telephone (803) 771-7211

Facsimile (803) 252-0702

November 24, 2015

VIA EMAIL - sdebruhl@wcc.sc.gov
AND US MAIL
Commissioner T. Scott Beck
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Commissioner Beck:

I am in receipt of the Administrative Order compelling Mr. Barr to appear before Dr. Mark Wagner, Ph.D. in Charleston, SC for a, "medical examination". I would respectfully request that the Order be withdrawn or stayed and that we be granted at least a telephone conference concerning the Motion before issuance.

As I know you are aware, this is an Administrative Order which is not directly appealable but more importantly as I know you are aware, I previously filed a Writ of Mandamus over this same issue, requiring my client attend an examination by a non-medical doctor, and because the Full Commission ruled it was interlocutory and I could not appeal it directly.

The same exact issue was involved in that case as is involved in this case. Dr. Mark Wagner, Ph.D. is not a medical doctor. The Supreme Court has specifically ruled concerning an IME that the defendants are not entitled to send a plaintiff to a anyone other than a licensed physician or surgeon for evaluation. In this case, my client has been out there without any benefits, totally disabled, ever since May and to order this without a hearing or at least a telephone conference in light of the wording of the statute, the previous Supreme Court decision, and assuming the hearing is delayed because of having to challenge this, most respectfully this would be a violation of my client's constitutional rights under color of State Law.

EXHIBIT
E

I would most respectfully request at least a telephone conference on the Record before making a decision. By copy of this letter, I am notifying and serving a copy of this Request for Reconsideration and for a telephone conference and/or hearing before you on this issue.

Sincerely yours,

Preston F. McDaniel

FFM/kth
Enclosure

cc: Gerald Malloy, Esquire (Via email and US Mail)
Kirsten L. Barr, Attorney (Via email and US Mail)

CERTIFICATE OF SERVICE

WCC FILE NO.: 1507304

I hereby certify that I have on this day served the following in the matter of Kenneth Barr v. Darlington County Schools with a copy of the REQUEST FOR RECONSIDERATION by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

VIA EMAIL - sdebruhl@wcc.sc.gov
AND US MAIL
Commissioner T. Scott Beck
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirster L. Barr, Attorney at Law
Trask & Howell
P.O. Box 2167
Mt. Pleasant, SC 29465

Kimberley T. Hinkle

SWORN TO BEFORE ME this
24th day of November 2015.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

Kim Hinkle

From: Kirsten Barr <kbarr@trask-howell.com>
Sent: Friday, December 04, 2015 10:46 AM
To: DeBruhl, Shawn
Cc: Kim Hinkle; gmalloy@bellsouth.net
Subject: Kenneth Barr WCT File No. 1507304
Attachments: [illegible] to postpone hearing.pdf

Importance: High

Shawnee,

Attached is a Motion to Postpone that we have mailed to the Commission today with the appropriate filing fee. I am sending it to you (and to the Claimant's attorneys) via email due to the urgent nature of this Motion.

Commissioner Beck issued an Order on November 23, 2015 granting my Motion to Compel the Claimant to attend an appointment with Dr. Wagner which is scheduled for December 10, 2015. Mr. McDaniel has now informed me that he is seeking a Temporary Restraining Order in the Darlington County Court of Common Pleas to avoid having the Claimant attend appointment with Dr. Wagner on December 10th.

Unfortunately, if I do not cancel the appointment with Dr. Wagner by Tuesday, December 8th, the Darlington County School District will have to forfeit the cost of the evaluation and scheduled testing (approximately $2,500) -- obviously, I would love to see the Claimant attend the appointment as ordered, I am prejudiced by the fact that he has given me every indication that he will not attend and that a hearing on the merits is still scheduled for January 7, 2015. If the hearing is postponed as requested in my Motion, we could go ahead and reschedule the appointment with Dr. Wagner without the prejudice of delay or undue expense while Mr. McDaniel goes forward with his proceedings in Circuit Court on the issue.

Thank you and Commissioner Beck for your time and attention to this matter.

Yours very truly,

Kirsten L. Barr
Trask & Howell, LLC

EXHIBIT P

HAROLD E. TRASK
ROY A. HOWELL, II
KIRSTEN L. BARR
JAMES C. GUERRERO
WILLIAM H. LYON

JOE W. KING
D. ALAN WESTERLUND, OF
GEOFFREY L. WEND

TRASK & HOWELL, L.L.C.
Workers' Compensation Defense

763 JOHNNIE DODDS BOULEVARD
P. O. BOX 2167
MT. PLEASANT, SC 29465

PHONE
(843) 881-4226
FAX
(843) 881-6784

E-MAIL
KBARR@TRASK-HOWELL.COM
DIRECT DIAL: (843) 881-1027

December 4, 2015

Commissioner T. Scott Beck
S. C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Re: Kenneth L. Barr v. Darlington County School District
W.C.C. File No.: 1507304
Carrier File No.: WC016314
Date of Accident: May 21, 2015

Dear Commissioner Beck:

Enclosed herewith for filing, please find a Motion to Postpone Hearing in regard to the above-referenced matter. By a copy of this letter, I am serving the Claimant's counsel with a copy of the Motion. Also enclosed is our check in the amount of $25.00 for the filing of this Motion.

Yours very truly,

Kirsten L. Barr

KLB/end/les
Enc.
cc: Eric Mayer, SC School Boards Insurance Trust (w/enc.)
Christy Sandifer, Darlington County School District (w/enc.)
Preston F. McDaniel, Esq. (w/enc.) (email/mail)
Gerald Malloy, Esq. (w/enc.) (email/mail)
6300-8801-wcc motion to postpone hearing

DATE	DESCRIPTION	INVOICE #	CHECK AMOUNT	DEDUCTION	NET AMOUNT
12/04/15	27 S. C. Workers' Compensation Commission 6860.0886 Fee for filing Motion to Postpone Hearing	K BARR	25.00		25.00

CHECK DATE	CONTROL NUMBER	TOTALS					
12/04/15	46663	Gross	25.00	Ded	0.00	Net	25.00

TRASK & HOWELL, L.L.C.
ATTORNEYS AT LAW
763 Johnnie Dodds Blvd
P.O. Box 2167
Mt. Pleasant, SC 29465-2167

WACHOVIA BANK, NA
DIVISION OF WELLS FARGO BANK, NA
67-7/253

46663

DATE 12/04/15

AMOUNT *****$25.00

PAY *** TWENTY-FIVE & 00/100 DOLLARS

TO THE ORDER OF S. C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

AUTHORIZED SIGNATURE

Trask & Howell, L.L.C.

46663

Vendor: 27 S. C. Workers' Compensation Commission

Date	Description	Invoice #	Amount	Disc	Net Amt
12/04/15	6860.0886 Fee for filing Motion to Postpone Hearing	K BARR	25.00		25.00

Check Date	Check #	Gross Amt	Disc Amt	Net Amt
12/04/15	46663	25.00	0.00	25.00

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee-Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 **MOTION TO POSTPONE HEARING BASED ON CLAIMANT'S REFUSAL TO COMPLY WITH MOTION TO COMPEL**

To: Commissioner J. Scott Beck, South Carolina Workers' Compensation Commission and Preston S. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant:

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to S.C. Code Reg. 67-215(A)(5), S.C. Code Reg. 67-611, S.C. Code Ann. § 42-15-80, and S.C. Code Ann. § 42-15-60 for an Order suspending the Claimant's right to prosecute a proceeding under Title 42 and POSTPONING THE HEARING currently scheduled for January 7, 2016 until such reasonable time after the Claimant, Kenneth L. Barr, complies with the Commission's Order dated November 23, 2015, which compels him to attend a medical appointment with Dr. Mark Wagner, based upon the following:

1. The Claimant alleges an injury to his brain as a result of an alleged injury, illness, repetitive trauma, and/or occupational disease which occurred on May 21, 2015 while working for the Darlington County School District.

2. In order to assess his brain damage claim, the Defendants scheduled a neuropsychological evaluation with Dr. Mark Wagner, director of Neuropsychological Services and Professor of Neurology at the Medical University of South Carolina, to take place on December 10, 2015, with transportation to and from the appointment provided.

3. The Claimant's own personal physician, Dr. Marshall White, ordered such neuropsychological testing, and testified that such neuropsychological testing was necessary to determine whether and to what extent the Claimant has any injury to his brain. (Exhibit "A")

4. By letter dated November 4, 2015, counsel for the Claimant informed the Defendants that he would not submit to the evaluation by Dr. Wagner on December 10, 2015. (Exhibit "B").

5. On November 6, 2015, the Defendants filed a Motion to Compel the Claimant to attend a neuropsychological evaluation by Dr. Mark Wagner, director of Neuropsychological Services and Professor of Neurology at the Medical University of South Carolina. (Exhibit "C")

6. On November 13, 2015, the Claimant filed a "Reply" to the Motion to Compel and stipulated that the Workers' Compensation Commission has the authority to order a neuropsychological evaluation pursuant to its discretionary authority under S.C. Code Ann. § 42-17-30. (Exhibit "D").

7. By Order dated November 23, 2015, the Workers' Compensation Commission granted the Motion to Compel the Claimant to attend the December 10, 2015 neuropsychological evaluation with Dr. Wagner. (Exhibit "E").

8. On December 3, 2015, counsel for the Claimant informed the Defendants that he has filed a Motion for a Temporary Restraining Order, to be issued without Notice to the Defendants,

and "requested a Writ of Prohibition and Mandamus concerning the upcoming evaluations scheduled with Dr. Mark Wagner" in the Darlington County Court of Common Pleas. As of this time, the Claimant has not served the Defendants with a copy of the motion or his summons and complaint. (Exhibit "F").

9. Because the Claimant continues to give every indication that he will not submit to the neuropsychological evaluation with Dr. Wagner, and otherwise seeks to obstruct this evaluation by filing a Motion for a Temporary Restraining Order and Summons and Complaint in the Court of Common Pleas, the Defendants respectfully request that the hearing scheduled for January 7, 2016 be postponed pursuant to S.C. Code Ann. § 42-15-80(A). That statute specifically states that:

> "If the employee refuses to submit himself to or in any way obstructs the examination requested by and provided for by the employer, his right to compensation **and his right to take or prosecute a proceeding under this title must be suspended** until the refusal or objection ceases..." (emphasis added)

This language makes the suspension of proceedings mandatory based on the Claimant's refusal to submit to the evaluation by Dr. Wagner and his refusal to comply by the Commission's Order of November 23, 2015. *See* South Carolina Police Officers Retirement Sys. v. City of Spartanburg, 301 S.C. 188, 391 S.E.2d 239 (1990) (holding that use of the term "must" in a statute indicates the action is mandatory). In addition, his filing of a Motion for a Temporary Restraining Order and Summons and Complaint over his

refusal to submit to the evaluation by Dr. Wagner is certainly obstructing this evaluation, with no end in sight, that the hearing currently scheduled for January 7, 2016 be postponed and his Form 50 hearing request suspended.

6. Furthermore, because Dr. Wagner's evaluation is currently scheduled for December 10, 2015 and the Claimant continues to refuse to submit to the evaluation, the Defendants are faced with either forfeiting the cost of the neuropsychological evaluation and testing ($2,500), or attempting to cancel the December 10, 2015 appointment (which must be done prior to December 8, 2015 to avoid forfeiting the cost of the evaluation and testing) and then reschedule the evaluation for a later date. Obviously, both options are highly prejudicial to the Defendants, as they must submit any and all APA submissions to the Claimant no later than December 28, 2015, when the Pre-Hearing Brief is due to be filed in anticipation of the January 7, 2016 hearing. If the hearing is immediately postponed, the Defendants can avoid this situation and reschedule the evaluation with Dr. Wagner without unnecessary cost or loss of preparation due to undue delay caused solely by the Claimant's actions and refusal to comply with the Commission's November 23, 2015 Order.

THEREFORE, because the Claimant has indicated his continued refusal to submit to the neuropsychological evaluation with Dr. Wagner and a refusal to comply with the Commission's Order to compel this evaluation, and because the Claimant has otherwise sought to obstruct this evaluation by filing a Motion for a Restraining Order regarding the evaluation in the Court of Common Pleas, the Defendants respectfully request that his right to pursue other proceedings under Title 42 be suspended pursuant to S.C. Code Ann. § 42-15

so and that the hearing currently scheduled for January 7, 2016 be postponed for good cause shown pursuant to S.C. Code Reg. 67-613

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465
By Kristen L. Barr
Kirsten L. Barr
Attorney for the Defendants

December 4, 2015

CERTIFICATE OF SERVICE

I hereby certify that on this 4th day of December 2015, I have caused a true and correct copy of the Motion to Postpone Hearing to be emailed to the Claimant's attorneys of record as follows:

kim@pfmedlaw.com (for Mr. McDaniel)

gmalloy@bellsouth.net (for Mr. Malloy)

I further hereby certify that on this 4th day of December 2015, I have caused a true and correct copy of the Motion to Postpone Hearing to be mailed postage prepaid to the Claimant's attorney addressed as follows:

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Gerald Malloy, Esq.
108 Cargill Way
Hartsville, SC 29550

Kirsten L. Barr

Kirsten L. Barr

[illegible]

MARSHALL A. WHITE, MD

Marshall A. White, MD
Hematology & Pain Management
LIC #: SC 14431 • DEA #: BW9514240

1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 856-3705
Fax: (843) 388-5636

Name: Kenneth Barr DOB: 3 Nov 15

Address:

Nurse to testify

Dr. Rainwater PhD
Florence, SC

☐ Label

Rx#: _____ Gross PRN NR

MD

MD

SCRIPT140750

Ex. A

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years

Preston F. McDaniel
Matthew T. Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

November 4, 2015

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I just received a call from Ken's wife, that some transportation service had contacted them about setting up transportation at 5:30 o'clock a.m. to take him to an appointment at the Neurology Department at MUSC on December 16th. I have received nothing about this to my knowledge. If this is for some type of an IME, please note that I have no objection to an IME pursuant to §42-15-60 with any qualified, "physician or surgeon" in the Florence/Darlington area. However, I will object to any evaluation outside of that area and I am sure you are aware that there is case law that says that you are not entitled to send him for any kind of evaluation by anyone other than a licensed physician or surgeon at "reasonable times and places". I have an Order from the Commission to that effect and actually brought a Writ of Mandamus in the Circuit Court over that issue. In other words, you can't send him directly to a neuropsychologist if that is what this is about.

I look forward to hearing from you and moving forward.

Sincerely yours,

Preston F. McDaniel

PFM/klb

cc: Gerald Malloy, Esquire

Ex. B

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215, S.C. Code Ann. §42-15-80, and S.C. Code Ann. §42-15-60 for an Order compelling the Claimant, Kenneth L. Barr, to attend a medical appointment with Dr. Mark Wagner on December 10, 2015. This Motion is based on the following:

1. By Form 50 dated September 29, 2015, the Claimant alleges an injury to the head/brain as a result of an injury, illness, repetitive trauma, and occupational disease related to an alleged May 21, 2015 date of injury/illness. He further alleges a physical brain injury, encepholapathy, and effects to the brain, neurological/central nervous system, and

EX. C

psychological functioning. The alleged injury/illness/repetitive trauma/occupational disease is due to exposure to paint fumes.

2. By Form 51 dated October 28, 2015, the Defendants deny the Claimant sustained any injury by accident, repetitive trauma, or occupational disease arising out of or during the course of his employment.

3. A hearing is currently scheduled before Commissioner T. Scott Beck on January 7, 2016 in Florence, SC.

4. Based upon the Claimant's alleged injury to his head and brain, allegedly affecting his brain, neurological/central nervous system, and psychological functioning, the Defendants scheduled an evaluation with Dr. Mark Wagner at MUSC on December 10, 2015. The appointment is scheduled for 8:30 a.m. at Dr. Wagner's office at MUSC in Charleston.

5. Dr. Wagner is the director of Neuropsychological Services and Professor of Neurology at MUSC. He specializes in neurology and neuropsychology.

6. The Defendants arranged to provide transportation for the Claimant (and his wife) to and from Charleston for the appointment with Dr. Wagner.

7. On November 4, 2015, the Claimant's attorney sent correspondence to the Defendants, informing them that he objects to an evaluation outside of the Florence/Darlington area. The Claimant's attorney claims that the Defendants "can't send [the Claimant] directly to a neuropsychologist if that is what this is about."

8. S.C. Code Ann. § 42-15-80 states that "after an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the commission, shall submit himself to examination, at reasonable times and places, by a qualified physician or surgeon designated and paid by the employer or the commission."

9. According to S.C. Code Ann. §42-15-60, if the Claimant refuses to accept medical treatment when provided by the Defense, it shall bar the Claimant from further compensation until such refusal ceases.

10. The Defendants have a right to send the Claimant for an independent medical evaluation prior to a hearing in this matter.

11. The Claimant is not able to dictate medical treatment in terms of the location of appointments, when reasonable, or the specialty of the evaluating doctor.

12. The evaluation with Dr. Wagner is clearly relevant to this matter given the alleged injuries, including an effect on the Claimant's neurologic and psychologic functioning.

13. The Defendants contend that a one-time evaluation at MUSC, less than 2 ½ hours from the Claimant's home, with the Defendants providing transportation, is reasonable in time and place under § 42-15-80.

14. It is not at all unusual for Claimants across the state to be evaluated, at the request of their attorney or the Defendants, at MUSC, as it is a regionally and nationally recognized research hospital.

15. The Claimant's attorney's attempt to limit the Defendants to an evaluation in the Darlington/Florence area is clearly overly restrictive, as the number of specialists in that area is drastically smaller than those available in a larger city, such as Charleston. By the Claimant's attorney's logic, the Defendants are not even able to schedule an evaluation in Columbia, which is where the Claimant's attorney himself is located.

16. If the Defendants are not afforded the opportunity to have the Claimant undergo an independent medical evaluation to evaluate his alleged injuries, the Defendants will be

prevented from preparing an adequate defense prior to the hearing. This is especially prejudicial considering the fact that physical brain damage and dementia have been alleged.

17. Should the Claimant fail to attend the December 10, 2015 appointment with Dr. Wagner, Section 42-15-60 bars him from "further compensation." Therefore, he cannot be awarded any benefits at the January 7, 2016 hearing.

18. The Defendants request an order compelling the Claimant to submit to an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

THEREFORE, the Defendants respectfully request that the Commission issue an Order compelling the Claimant to attend an independent medical evaluation with Dr. Mark Wagner on December 10, 2015.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kirsten L. Barr
Kirsten L. Barr
Attorney for the Defendants

November 6, 2015

STATE OF SOUTH CAROLINA) COUNTY OF DARLINGTON	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 1507304
Kenneth L. Barr, Employee, CLAIMANT v Darlington County School District, EMPLOYER, and SC School Boards Insurance Trust, INSURANCE CARRIER, DEFENDANTS.	**REPLY TO MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION BY A NEUROPSYCHOLOGIST**

TO: COMMISSIONER T. SCOTT BECK, SC WORKERS' COMPENSATION COMMISSION, AND KIRSTEN L. BARR, ATTORNEY FOR THE DEFENDANTS:

By way of Reply, the Respondent would respectfully submit to the Commission:

1. That by note from Dr. Marshall White, dated May 21, 2015, Dr. White, the Claimant's treating neurologist at the time gave a note to Mr. Barr which was taken to his employer and given to his supervisor, and then to the District Administration stating his opinion on causation stating that the Claimant had "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = volatile organic compounds). On that same date a separate written note, Dr. White took the Claimant out of

EX D

work which was also given to the Claimant's supervisor and to the Administration.

2. That on June 17, 2015, the Claimant filed a claim with the Commission noting that he had suffered injury, repetitive trauma, and/or occupational disease and has sustained "physical brain injury". The Claimant listed as body parts affected: encephalopathy, brain (headaches, memory, fatigue, confusion), neurological/central nervous system. That Form 50 is on file with the Commission and was served on the Defendants at that time. **Therefore, as of June 17th the Defendants were on notice that this was a physical brain injury/brain damage case.**

3. That on June 30, 2015, Counsel for the Claimant was notified that Kirsten L. Barr, Attorney at Law, had been retained to represent the Defendants in the above-referenced claim.

4. That prior to instituting proceedings by the filing of a request for hearing, by agreement the Defendants took the deposition of the Claimant and the Claimant took the deposition of his supervisor, Mr. Larry Stegner, which was scheduled for August 4th and then taken September 5th.

5. That the Commission Record will show that the Claimant filed for a hearing on September 29th and would submit to the Commission that all statements from the treating neurologist,

Dr Marshall A. White, had been forwarded to and received by and are in the possession of the Defendants.

6. That at no time after being advised of the treating physician's Opinion in May, nor after the filing of a claim in June for physical brain damage, and at no time up until notification on or about November 4th by a transportation company directly with the Claimant, scheduling a pick up time for the Claimant at 5:30 o'clock a.m. in the morning to be taken to Charleston, SC for eight (8) hours of testing was any request for examination made by the Defendants. Counsel for the Claimant immediately notified Counsel for the Defendants of objection to any such evaluation and the grounds for such objection as set forth under SC Code §42-15-80. See Exhibit "A".

7. That the Defendants in their Motion cite two legal bases for the Motion; one being SC Code §42-15-60 and the other being SC Code §42-15-80. As to any allegation under SC Code §42-15-60 as to a right of the Defendants to schedule any kind of an evaluation, that statute simply does not apply since that section applies to cases in which an accident or injury has been accepted and/or has been ordered and found compensable by the Commission and the Defendants are providing medical care.

8. That as to Defendants' allegation and basis under §42-15-80, the Defendants have not requested an examination of a,

"qualified physician or surgeon" as provided for under SC Code §42-15-60, nor have they requested such evaluation in the location where Mr. Parr lives, that being the Hartsville /Darlington/Florence area. Instead, they have scheduled an appointment with Dr. Mark Wagner, Ph.D., a psychologist for neuropsychological testing in Charleston, SC.

9. That SC Code §42-15-60 in pertinent part provides that:

> "A. After an injury and so long as he claims compensation, the employee, if so requested by his employer or ordered by the Commission, shall submit himself to examination, at <u>reasonable times and places</u>, by a <u>qualified physician or surgeon</u> designated and paid by the employer or the Commission. . .

That statute specifically provides that such examination shall be at "reasonable times and places", and the Claimant would submit that requiring him to leave at 5:00 o'clock a.m. to attend an eight (8) hour examination in Charleston, SC when he lives in Florence, where there are numerous qualified physicians or surgeons that can perform an Independent Medical Evaluation in the Florence/Darlington/Hartsville area does not meet the standards of the Act in reference to being at a reasonable time and place. In fact the Supreme Court has specifically held that requiring a claimant to attend an evaluation in Charleston, SC when the claimant lived in Beaufort, SC does not constitute an

evaluation at reasonable times and places. Singleton v. Young Lumber Company, 236 S.C. 454, 114 S.E.2d 837 (1960).

Further, and more importantly, the Supreme Court has specifically held under identical wording in reference to Circuit Court Rule SCRCP, Rule 35(a) which provides that the Defendants in a civil action are entitled to an examination by a, "physician" that the limitation on examination by a, "physician" is limited strictly to that and that a,

> "clinical psychologist is not a physician . . . . Therefore, Rule 35 does not allow a Judge to order a mental examination by a clinical psychologist. Accordingly, the Order compelling the mental examination and Order of Contempt are REVERSED." Green, by Green v. Lewis Truck Lines, Inc., 314 S.C. 303, 443 S.E.2d, 906 (1994).

A copy of the Green decision is attached hereto and incorporated herein by reference as Exhibit "B". Therefore the Defendants have no right to nor are they entitled to send the Claimant to anyone other than a licensed, "physician or surgeon" for examination and specifically not a psychologist.

10. That as set forth in the Claimant's objection sent to Defense Counsel that the Claimant readily admits and will agree to attend any examination scheduled in the Florence/Darlington/Hartsville area by a physician or surgeon and of course as part of that examination if that physician or surgeon orders any objective testing to be performed in the Florence/Darlington/Hartsville area, the Claimant will comply

and agrees that the Defendants have a right under the statute to have such independent medical examination performed; but again, at reasonable times and places by a licensed, "physician or surgeon".

11. That after this issue was raised and this improper examination for neurological testing was made, Claimant's Counsel contacted the treating physician (who has been the treating physician way before any claim was ever filed and of which the employer has been aware for years) to which he responded with a prescription for neuropsychological testing to be conducted by a local psychologist, Dr. Avie Rainwater, Ph.D., who practices in Florence, SC. A copy of that prescription is attached hereto and incorporated herein by reference as Exhibit "C". The Claimant has no objections to undergoing such testing as recommended/provided by the treating physician with Dr. Rainwater, Ph.D. pursuant to that prescription and referral made by the treating neurologist should the Commission choose to order this pursuant to SC Code §42-17-30 and since the Defendants have requested that neuropsychological testing be performed.

Wherefore, the Claimant would respectfully request that the Motion be denied because it does not request an evaluation by a licensed physician or surgeon at reasonable times or places. Also, since the Defendants want neuropsychological testing

performed by a licensed physician or surgeon, that being Dr. Kenneth A. White, the Claimant's treating neurologist, has issued a specific prescription for a specific local designated neurologist to perform such testing, that the Commission order such testing be performed pursuant to the prescription of Dr. White.

Respectfully submitted,

Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

September 23, 2015

EX E

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1507304

Kenneth L. Barr,

Claimant,
vs.

Darlington County School District,

Employer,

SC School Boards Insurance Trust,

Carrier,
Defendants

ADMINISTRATIVE ORDER

A Motion regarding the following issue(s) has been received.

____ Discovery or Subpoena
____ Appointment of guardian Ad Litem
____ Attorney's appearance before the Commission
____ Withdrawal of Representation
____ Attorney's Fee
____ Claim Pending Commission Review
____ Postpone
____ Adjourned the Scheduled Hearing
____ Self Insurance Privileges
____ Penalties and Interest
____ Third Party Practice
__X__ Other: **Motion to Compel Claimant to attend Medical Evaluation**

The following disposition has been made: __X__ Granted ____ Denied

____ Set for Hearing
____ Have Attorneys brief the Issue

Reasons:

T. Scott Beck, Commissioner

Columbia, SC

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Shawn Debruhl on November 23, 2015

Ex. F

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years

Preston F. McDaniel
Matthew C. Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

December 3, 2015

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I have drafted and have forwarded to Gerald's office for filing in the Circuit Court a Motion for a Temporary Restraining Order issued without Notice and a Summons and Complaint requesting a Writ of Prohibition and Mandamus concerning the upcoming evaluations scheduled with Dr. Mark Wagner, PhD. Starting today immediately after I issue this email I will be out of town at a convention in Atlanta and I am simply writing you to ask you to prevent us from having to pay the cost of service personally on you on Monday, whether you will accept service on the Summons and Complaint. Of course the Temporary Injunction issued without Notice will be issued if the Judge in Darlington decides to issue it and then we will have to have a Hearing within 10 days of the date and time of that Temporary Restraining Order issued without Notice so we can then have a Temporary Restraining Order issued; again assuming he issues that postponing the Deposition until after a Hearing and Decision on the Writ of Mandamus and Prohibition.

I look forward to hearing from you and if you have any questions I will be available by cell phone at 803-606-2107.

As always it is a pleasure working with you and while I have always known you are an outstanding lawyer, I was very impressed with your examination of Dr. Marshall White. I was impressed with your knowledge and understanding of all of that and was super impressed and I am still impressed, but I found out where you got all of that information when I contacted Dr. Randolph Wald, PhD. I was impressed, but actually also I was

Kim Hinkle

From: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>
Sent: Friday, December 04, 2015 1:19 PM
To: Kim Hinkle; PRESTON@PFMCDLAW.COM
Cc: gmalloy@bellsouth.net; Greta Elliotte; Kirsten L. Barr
Subject: RE: URGENT - RE: Kenneth Barr WCC File No. 1507304

Good afternoon. Thank you for your email. I have shared the below email correspondence with Commissioner Beck. Per Commissioner Beck, Ms. Barr, out of an abundance of caution please cancel the appointment with Dr. Wagner. Commissioner Beck will deal with all issues at the hearing currently scheduled for January 7, 2016.

Thanks,

Shawn

Shawnee DeBruhl
Administrative Coordinator to
Commissioner Beck
S.C. Workers' Compensation Commission
803.737-5668

From: Kim Hinkle [mailto:kim@pfmcdlaw.com]
Sent: Friday, December 04, 2015 12:34 PM
To: DeBruhl, Shawn
Cc: gmalloy@bellsouth.net; Greta Elliotte; Kirsten L. Barr
Subject: URGENT - RE: Kenneth Barr WCC File No. 1507304
Importance: High

NOTE FROM MR. MCDANIEL

Shawnee

Mr. McDaniel is in a seminar in Atlanta, Georgia today as Ms. Barr is well aware of. I forwarded this email to him and Mr. McDaniel asked me to email you to advise that he will respond to Ms. Barr's Motion first thing Monday morning when he is back in the office. Should you have any questions, please let me know. Have a good weekend.

Thanks, Kim

[redacted]

From: Kirsten Barr [mailto:kbarr@barkbrowell.com]
Sent: Friday, December 04, 2015 10:46 AM
To: DeBruhl, Shawn
Cc: Kim Hinkle; gmalloy@bellsouth.net

EXHIBIT 1 G

Subject: Kenneth Barr WCC File No. 1507304
Importance: High

Shawnee,

Attached is a Motion to Postpone that we have mailed to the Commission today with the appropriate filing fee. I am sending it to you (and to the Claimant's attorneys) via email due to the urgent nature of this Motion.

Commissioner Beck issued an Order on November 23, 2015 granting my Motion to Compel the Claimant to attend an appointment with Dr. Wagner, which is scheduled for December 10, 2015. Mr. McDaniel has now informed me that he is seeking a Temporary Restraining Order in the Darlington County Court of Common Pleas to avoid having the Claimant attend appointment with Dr. Wagner on December 10th.

Unfortunately, if I do not cancel the appointment with Dr. Wagner by Tuesday, December 8th, the Darlington County School District will have to forfeit the cost of the evaluation and scheduled testing (approximately $2,500) -- obviously, I would love to see the Claimant attend the appointment as ordered. I am prejudiced by the fact that he has given me every indication that he will not attend and that a hearing on the merits is still scheduled for January 7, 2015. If the hearing is postponed as requested in my Motion, we could go ahead and reschedule the appointment with Dr. Wagner without the prejudice of delay or undue expense while Mr. McDaniel goes forward with his proceedings in Circuit Court on the issue.

Thank you and Commissioner Beck for your time and attention to this matter.

Yours very truly,

Kirsten L. Barr
Frask & Howell, LLC

CONFIDENTIAL & PRIVILEGED

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STATE OF SOUTH CAROLINA)
) IN THE COURT OF COMMON PLEAS
COUNTY OF DARLINGTON) FOURTH JUDICIAL CIRCUIT
)
) CASE NO.: 15-CP-16-0913
KENNETH L. BARR)
Plaintiff,) **MOTION AND ORDER INFORMATION FORM AND COVERSHEET**
vs.)
)
SC WORKERS COMPENSATION COMM'N, et al.)
Defendant.)

Plaintiff's Attorney:	Defendant's Attorney:
_____, Bar No. _____ Address: _____ Phone: _____Fax _____ E-mail: _____Other: _____	Kirsten L Barr, Bar No. 15525 Address: PO Box 2167, MT PLEASANT, SC 29465 Phone: _843-881-1027____ Fax843-881-8784 E-mail: KBARR@TRASK-HOWELL.COMOther:

☒ **MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)**
☐ **FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)**
☐ **PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)**

SECTION I: Hearing Information

Nature of Motion: MOTION FOR DISSOLUTION OF TRO
Estimated Time Needed: 30 Court Reporter Needed: ☒ YES/☐ NO

SECTION II: Motion/Order Type

☒ Written motion attached
☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

Kirsten L Barr
Signature of Attorney for ☐ Plaintiff /☒ Defendant

DECEMBER 21, 2015
Date submitted

SECTION III: Motion Fee

☒ PAID – AMOUNT: $ 25
☐ EXEMPT: (check reason)
- ☐ Rule to Show Cause in Child or Spousal Support
- ☐ Domestic Abuse or Abuse and Neglect
- ☐ Indigent Status ☐ State Agency v. Indigent Party
- ☐ Sexually Violent Predator Act ☐ Post-Conviction Relief
- ☐ Motion for Stay in Bankruptcy
- ☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP)
- ☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions
  Name of Court Reporter: _____
- ☐ Other: _____

JUDGE'S SECTION	
☐ Motion Fee to be paid upon filing of the attached order. ☐ Other: _____	JUDGE CODE _____ Date: _____

CLERK'S VERIFICATION

Collected by:_____ Date Filed: _____
☐ MOTION FEE COLLECTED: $ _____
☐ CONTESTED – AMOUNT DUE: $ _____

STATE OF SOUTH CAROLINA) **)** **COUNTY OF DARLINGTON)**	**BEFORE THE COURT OF COMMON PLEAS FOR THE FOURTH JUDICIAL CIRCUIT**
KENNETH L. BARR, Petitioner/Plaintiff, -vs- S.C. WORKERS' COMPENSATION COMMISSION, and DARLINGTON COUNTY SCHOOL DISTRICT, Employer and S.C. SCHOOL BOARDS INSURANCE TRUST, Carrier, Defendants.	CASE NO. 15-CP160913 **MOTION FOR DISSOLUTION OF TEMPORARY RESTRAINING ORDER ISSUED WITHOUT NOTICE**
IN RE: KENNETH L. BARR, Employee/Claimant, -vs- DARLINGTON COUNTY SCHOOL DISTRICT Employer, and SC SCHOOL BOARDS INSURANCE TRUST Carrier, Defendants.	

TO: The Honorable Scott B. Suggs, Darlington Country Clerk of Court; The South Carolina Workers' Commission; The Honorable Alan T. Wilson, Attorney General of South Carolina; Preston B. McDaniel and Gerald Malloy, Attorneys of record for the Petitioner/Plaintiff,

PLEASE TAKE NOTICE that Defendants Darlington County School District and S.C. School Boards Insurance Trust hereby move for an Order of Dissolution, dissolving and rescinding the Temporary Restraining Order Issued without Notice by The Honorable Paul M. Burch on

December 11, 2015 and extended on December 21, 2015 pursuant to Rule 65(b), S.C.A.C.R. and based upon the following:

1. The Petitioner, Kenneth L. Barr, has a workers' compensation claim against the Darlington County School District and the South Carolina School Boards Insurance Trust (hereinafter "the School District" and "the Trust") pending before the Workers' Compensation Commission.
2. On December 11, 2015, the Honorable Paul M. Burch issued a Temporary Restraining Order without Notice against the Workers' Compensation Commission and the "School Boards Insurance Trust by and through its attorney." The Temporary Restraining Order fails to specify any evidence of "immediate and irreparable injury, loss or damage" that could justify its issuance without notice to the Defendants, in direct contravention of Rule 65(b), S.C.R.C.P..
3. The December 11, 2015 Restraining Order was further issued without requiring the posting of any security, which is also specifically required by Rule 65(b), S.C.R.C.P..
4. The December 11, 2015 Temporary Restraining Order further purports to declare an Order of the Workers' Compensation Commission "void ad initio" [sic] and to otherwise restrain the Workers' Compensation Commission "from issuing any Order" on procedural Motions currently pending before the Commission or from "taking any further action to enforce" prior Commission Orders However, the Circuit Court has no power, authority, or jurisdiction to review, vacate, restrain, or prohibit any Order by or action of the South Carolina Workers' Compensation Commission regarding the administration or adjudication of a workers' compensation claim. Pursuant to S.C. Code Ann. § 42-17-60, orders of the Workers' Compensation Commission are not reviewed by the Circuit Court, but are

reviewed by the Court of Appeals. Furthermore, there is no statute or case law which authorizes the Circuit Court to review or restrain any decision of the Workers' Compensation Commission or to usurp the Commission's exclusive jurisdiction over workers' compensation claims, which is expressly granted by S.C. Code Ann. § 42-3-180.

5. On December 21, 2015, the December 11, 2015 Temporary Restraining Order was extended for an additional ten (10) days, again without notice to the Defendants or any opportunity to be heard. The December 21, 2015 Temporary Restraining Order again fails to elucidate the authority by which the Circuit Court purports to review, vacate, restrain, or prohibit any Order by or action of the South Carolina Workers' Compensation Commission regarding the administration or adjudication of a workers' compensation claim.

THEREFORE, for the reasons set forth herein above, the Darlington County School District and the South Carolina School Boards Insurance Trust respectfully request that the December 11, 2015 and December 21, 2015 Temporary Restraining Orders be dissolved and that the Petitioner's Motion and Complaint for Writs of Prohibition and Mandamus be dismissed for lack of jurisdiction or otherwise denied and dismissed with prejudice.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kirsten K. Barr
Kirsten L. Barr
Attorney for Defendants Darlington County School District and S.C. School Boards Insurance Trust

December 21, 2015

STATE OF SOUTH CAROLINA)) COUNTY OF DARLINGTON)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 1507304
Kenneth L. Barr, Employee, CLAIMANT, v. Darlington County School District, EMPLOYER, and SC School Boards Insurance Trust, INSURANCE CARRIER, DEFENDANTS.	MOTION FOR RECONSIDERATION

TO: COMMISSIONER T. SCOTT BECK, SC WORKERS' COMPENSATION COMMISSION, AND KIRSTEN L. BARR, ATTORNEY FOR THE DEFENDANTS:

YOU WILL PLEASE TAKE NOTICE that per the direction of the Commission, Counsel for the Claimant formally moves for Reconsideration of the Administrative Order issued as to the Defendants' Motion to Compel the attendance of the Claimant at an evaluation on December 10th, 2015 with Dr. Mark Wagner, Ph.D. Said Motion is based upon the following:

1. That the Claimant, by and through his attorneys had filed and has now dismissed (Notice of Dismissal attached) a Complaint for a Writ of Prohibition and Writ of Mandamus filed in the Circuit Court which resulted in a Temporary Restraining

Order restraining the Commission from taking any further action in this matter which Temporary Restraining Order was initially issued on December 11th and was extended by Order of the Court on December 21st until December 31st.

2. That the Commission was therefore restrained and without jurisdiction was to entertain a Motion for Reconsideration as to the original Administrative Order until the withdrawal of the Circuit Court Petition.

3. That the Claimant with jurisdiction being returned to the Commission, hereby formally moves for reconsideration of the original Administrative Order issued in this matter for the reasons as set forth in the attached letter requesting Reconsideration, which is incorporated herein by reference and based on the original timely filed Reply to the original Motion to Compel that was filed with the Commission's Judicial Department.

I SO MOVE.

Respectfully submitted,

Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

December 22, 2015

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

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for over 30 years.

Preston F. McDaniel

Matthew C. Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

November 24, 2015

VIA EMAIL - sdebruhl@wcc.sc.gov
AND US MAIL
Commissioner T. Scott Beck
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Commissioner Beck:

I am in receipt of the Administrative Order compelling Mr. Barr to appear before Dr. Mark Wagner, Ph.D. in Charleston, SC for a, "medical examination". I would respectfully request that the Order be withdrawn or stayed and that we be granted at least a telephone conference concerning the Motion before issuance.

As I know you are aware, this is an Administrative Order which is not directly appealable but more importantly as I know you are aware, I previously filed a Writ of Mandamus over this same issue, requiring my client attend an examination by a non-medical doctor, and because the Full Commission ruled it was interlocutory and I could not appeal it directly.

The same exact issue was involved in that case as is involved in this case. Dr. Mark Wagner, Ph.D. is not a medical doctor. The Supreme Court has specifically ruled concerning an IME that the defendants are not entitled to send a plaintiff to a anyone other than a licensed physician or surgeon for evaluation. In this case, my client has been out there without any benefits, totally disabled, ever since May and to order this without a hearing or at least a telephone conference in light of the wording of the statute, the previous Supreme Court decision, and assuming the hearing is delayed because of having to challenge this, most respectfully this would be a violation of my client's constitutional rights under color of State Law.

EXHIBIT

I would most respectfully request at least a telephone conference on the Record before making a decision. By copy of this letter, I am notifying and serving a copy of this Request for Reconsideration and for a telephone conference and/or hearing before you on this issue.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosure

cc: Gerald Malloy, Esquire (Via email and US Mail)
Kirsten L. Barr, Attorney (Via email and US Mail)

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ATTORNEYS AND COUNSELORS AT LAW
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Matthew Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

December 22, 2015

VIA EMAIL - pburchlc@sccourts.org
AND US MAIL
The Honorable Paul M. Burch
Resident Circuit Court
Post Office Box 276
Pageland, SC 29728-0276

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304; C/A No.: 2015-CP-16-0913

Dear Judge Burch:

Based on further negotiations between the parties, I am effective immediately withdrawing the Petition for a Writ of Prohibition and Mandamus returning this matter to the jurisdiction of the SC Workers' Compensation Commission. I just received notice that this matter had been set on the Motions Roster for January 4th at 9:30 am and obviously with the withdrawal of the Complaint, this can be removed from the Docket by the Clerk.

I want to tell you how much I appreciate the Court's time and consideration of the Motion, the Temporary Restraining Order Issued Without Notice and of the Complaint. The Court's attention to this matter helped us reach a resolution in this matter which is in the best interest of my client. Since I am simply withdrawing the Motion, I do not believe we need anything other than a Form Order of Dismissal, which I would request be issued without prejudice, but if the Court requires or would request a formal Order, I would be glad to draft the same for the Court's consideration. By copy of this letter, I am advising all parties of this withdrawal

Sincerely yours,

Preston F. McDaniel

PFM/kth

cc: The Honorable Roger E. Henderson (Via email - rhendersonj@sccourts.org and US Mail)
Jennifer Sanders, Darlington County Deputy Clerk of Court (Via email -jsandersdarcosc.com and US Mail)
Gerald Malloy, Esquire (Via email and US Mail)
A. Camden Lewis, Esquire (Via email and US Mail)
Kirsten L. Barr, Attorney (Via email and US Mail)
Alan T. Wilson, Attorney General for the State of SC (Via Facsimile and US Mail)

CERTIFICATE OF SERVICE

WCC FILE NO.: 1507304

I hereby certify that I have on this day served the following in the matter of Kenneth Barr v. Darlington County Schools with a copy of the REQUEST FOR RECONSIDERATION by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

VIA EMAIL - sdebruhl@wcc.sc.gov
AND US MAIL
Commissioner T. Scott Beck
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
P.O. Box 2167
Mt. Pleasant, SC 29465

Kimberley T. Hinkle

SWORN TO BEFORE ME this
24th day of November 2015.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/8/18

CERTIFICATE OF SERVICE

WCC FILE NO.: 1507304

I hereby certify that I have on this day served the following in the matter of Kenneth Barr v. Darlington County Schools with a copy of the MOTION FOR RECONSIDERATION by depositing the same in the United States Mail, with adequate postage thereon, addressed as follows:

VIA EMAIL - sdebruhl@wcc.sc.gov
AND US MAIL
Commissioner T. Scott Beck, Chairman
SC Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

VIA EMAIL - kbarr@trask-howell.com
AND US MAIL
Kirsten L. Barr, Attorney at Law
Trask & Howell
P.O. Box 2167
Mt. Pleasant, SC 29465

Kimberley T. Hinkle

SWORN TO BEFORE ME this
22nd day of December, 2015.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 10/28/18

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 **MOTION TO COMPEL CLAIMANT TO ATTEND MEDICAL EVALUATION WITH PAUL PRITCHARD, M.D.**

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215, S.C. Code Ann. §42-15-80, and S.C. Code Ann. §42-15-60 for an Order compelling the Claimant, Kenneth L. Barr, to attend a medical appointment with Dr. Paul Pritchard, M.D. on February 2, 2016, based upon the following:

1. The Claimant alleges "physical brain injury," "encephalopathy," and other unspecified injuries to the "neurological/central nervous system" as a result of painting at the School District. This claim is denied.
2. The Defendants previously scheduled the Claimant to be evaluated by Dr. Mark Wagner, a neuropsychologist at MUSC, on December 11, 2015. The Claimant's personal physician,

Dr. White recommended (and prescribed) neuropsychological testing as the only "objective" way to determine whether the Claimant has any injury to the brain. Unfortunately, the Claimant refused the evaluation with Dr. Wagner, arguing that neuropsychologists are not "qualified." The Defendant's Motion to Compel the evaluation with Dr. Wagner was granted by Commission Order dated November 23, 2015.

3. Despite the Order compelling the Claimant to attend the evaluation by Dr. Wagner on December 11, 2015, the Clamant maintained his refusal, ostensibly because Dr. Wagner is not a medical doctor and obtained a Temporary Restraining Order in the Court of Common Pleas against the Commission, without notice to the Commission or the Defendants. Following the issuance of the Restraining Order, the Commission withdrew the previous order by Administrative Order dated December 23, 2015, concluding that the Defendants were not entitled to a neuropsychological evaluation.

4. On December 31, 2015, the Claimant's attorney informed the Defendants that, despite his persistent protestations (including Motions, Restraining Orders, and a civil law suit) regarding the neuropsychological evaluation requested by the Defendants, the Claimant actually obtained his own neuropsychological evaluation with a neuropsychologist in Columbia on December 16, 2015. (Exhibit A).

5. Because neuropsychological testing has now been performed, the Defendants scheduled the Claimant to be evaluated by a neurologist, Dr. Paul Pritchard, M.D., for interpretation of these test results in conjunction with a thorough neurological examination. The Claimant was notified of said appointment by letter dated January 19, 2016 and the appointment is scheduled for February 2, 2016 at MUSC and transportation will be provided to and from the appointment. (Exhibit B). On January 27, 2016, the Claimant informed the Defendants

that he will not attend the neurological evaluation by Dr. Pritchard unless ordered to do so by the Commission. (Exhibit C).

6. A hearing is currently scheduled for February 24, 2016. Unless and until the Claimant submits to an independent medical evaluation, the Defendants are unable to prepare a defense of his very serious allegations. Therefore, the Defendants respectfully request that any hearing in this matter be postponed until such reasonable time after the Claimant submits to a neurological evaluation with Dr. Pritchard.

THEREFORE, the Defendants respectfully request that the Commission issue an Order compelling the Claimant to attend an independent medical evaluation with Dr. Paul Pritchard on February 2, 2016 and, in the alternative, postponing the scheduled hearing until such reasonable time after the Claimant has submitted to a neurological evaluation by Dr. Pritchard.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By Kirsten L. Barr
Kirsten L. Barr
Attorney for the Defendants

January 27, 2016

CERTIFICATE OF SERVICE

I hereby certify that on this 27th day of January 2016, I have caused a true and correct copy of Motion to Compel Claimant to Attend Medical Evaluation with Paul Pritchard, M.D., to be mailed postage prepaid to the Claimant's attorney addressed as follows:

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Gerald Malloy, Esq.
108 Cargill Way
Hartsville, SC 29550

Kirsten L. Barr

Kirsten L. Barr

6860/886\motion to compel Pritchard

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Preston F. McDaniel
Matthew C. Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

December 31, 2015

VIA EMAIL ONLY - kbarr@trask-howell.com
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

I hope this finds that you had a very Merry Christmas and a Happy New Year. I have attached two items, first being neuropsychological testing that we had performed under the prescription of Dr. White. We initially tried to have those performed by Dr. Avie Rainwater, PhD. but Dr. Rainwater, PhD. could not conduct those tests before Christmas by the time we initially needed those for submission as part of the APA Submissions. The second item is an Addendum Report from Dr. White where he has reviewed the neuropsychological testing results of Dr. Nicholas Lind, PsY. which reaffirmed his opinions.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosures

cc: Gerald Malloy, Esquire (Via Email)
Chrystal Dively, Paralegal (via email: cdively@trask-howell.com)

Ex. A

HAROLD E. TRASK
ROY A. HOWELL, III
KIRSTEN L. BARR
JAMIE C. GUERRERO
WILLIAM H. LYON

JILL W. KING
D. ALAN WESTERLUND, JR.
GEOFFREY L. WENDT

TRASK & HOWELL, L.L.C.
Workers' Compensation Defense

763 JOHNNIE DODDS BOULEVARD
P. O. BOX 2167
MT. PLEASANT, SC 29465

PHONE
(843) 881-4228
FAX
(843) 881-8784

E-MAIL
KBARR@TRASK-HOWELL.COM
DIRECT DIAL: (843) 881-1027

January 19, 2016

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Re: Kenneth L. Barr v. Darlington County School District
W.C.C. File No.: 1507304
Carrier File No.: WC016314
Date of Accident: May 21, 2015

Dear Preston:

This is to advise you of the appointment we have made for your client, Kenneth L. Barr, to be evaluated by Dr. Paul Pritchard. The appointment has been scheduled for February 2, 2016 at 12:00 p.m. Dr. Pritchard's office is located at MUSC, The Rutledge Towers, 135 Rutledge Avenue, Second Floor in Charleston. If your client cannot keep this appointment, please give at least two business days advance notice, otherwise, you may be charged a cancellation fee.

Please have your client take with him to this appointment all X-rays, MRIs, and CT scans.

If your client cannot keep this appointment, please advise us as soon as possible.

Yours very truly,

Kirsten L. Barr

Kirsten L. Barr

KLB/cnd/les
cc: Eric Mayer, SC School Boards Insurance Trust
Christy Sandifer, Darlington County School District
Gerald Malloy, Esq.
6860\886\l-dr Pritchard appt aty

Ex. B

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
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Preston F. McDaniel
Matthew C. Robertson

Telephone (803) 771-7211
Facsimile (803) 252-0709

January 27, 2016

VIA EMAIL ONLY - kbarr@trask-howell.com
Kirsten L. Barr, Attorney at Law
Trask & Howell
PO Box 2167
Mt. Pleasant, SC 29465

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Kirsten:

Here we are at the end of January and we are just getting a notice (dated 1/19/16) receive via email 1/25 at 4:24 p.m. and via fax at 4:57 p.m.; in other words effectively yesterday, 1/26, for an IME set in Charleston for February 2nd. Remember the Commissioner's Order says, "reasonable times and reasonable places". I think you should request a telephone conference because I take that to mean in the Florence area. If the Commissioner says Charleston is reasonable, we will go. Otherwise this has been my position throughout. I look to hear from you.

Sincerely yours,

Preston F. McDaniel

PFM/kth

cc: Gerald Malloy, Esquire (Via Email gmalloy@bellsouth.net)
Chrystal Dively, Paralegal (via email: cdively@trask-howell.com)

Ex. C

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
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Preston F. McDaniel

Matthew C. Robertson

Telephone (803) 771-7211

Facsimile (803) 252-0709

January 27, 2016

VIA EMAIL ONLY - sdebruhl@wcc.sc.gov
AND US MAIL
Ms. Shawnee DeBruhl
SC Workers' Compensation Commission
PO Box 1715
Columbia, SC 29201

RE: Kenneth Barr v. Darlington County Schools
WCC File No.: 1507304

Dear Shawnee:

For time sake, my reply to the Motion will be simple and since Kirsten has already attached my January 27th letter to her Motion, I will rely on it and the following:

1. Most of paragraphs 1-4 are inaccurate and actually untrue. The Record will reflect that we have never objected to either a local evaluation by a medical doctor or neuropsychological testing by a local qualified psychologist as part of an evaluation if ordered by their doctor.

2. When this first started the defendants tried to set the claimant up directly in Charleston, SC with a neuropsychologist. We objected, notified them they had the right to an Independent Medical Evaluation within the Florence area by a medical doctor and that we would attend any such evaluation. They did not avail themselves of that and instead:

A. Insisted and tried to Compel a direct evaluation by a neuropsychologist. Thus delaying for a significant amount of time in obtaining an IME to which they are entitled by a medical doctor.

B. Further, when and after the Defendants brought up the issue of neuropsychological testing, at that point Dr. White on November 2nd, issued a prescription for testing by a local psychologist, Dr. Avie Rainwater, PhD. There is nothing in the

Record to reflect that the Defendants ever agreed or would agree to Dr. Rainwater or any other local psychologist to perform the testing per the prescription of Dr. White.

C. Further the Record will show that even though Commissioner Beck moved the case over to allow the Defendants to have an opportunity to have an Independent Medical Evaluation performed, it was not until over a month later that the defendants then availed themselves of that oportunity. Commissioner Beck's Order specifically states that that evaluation was to be and he quoted and he put in quotes at "reasonable times and places". The Claimant from the very beginning has consistently maintained the position that any evaluations to which the Defendants are entitled and/or any evaluations must be conducted at reasonable times and places, and that means the Florence, SC area.

D. Again, the Defendants did not notify the Claimant of this appointment until the earliest, January 25th for an evaluation to be conducted on February 2nd.

3. The Claimant would point out that it was at his recommendation, even though the Defendants have failed to avail themselves of their rights under the Order until this late date and have delved in dilatory tactics, that the Defendants request a telephone conference and that the Claimant will abide by the decision of the Hearing Commissioner.

I look forward to hearing from you as to the conference.

Respectfully Submitted,

Preston F. McDaniel
Co-Counsel for the Claimant

PFM/rmt/abh

cc: Gerald Malloy, Esquire (via email gmalloy@bellsouth.net)
Kirsten L. Barr, Attorney (via email kbarr@trask-howell.com)

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

W C File # 1507304
Carrier File # WC016314
Carrier Code #
Employer FEIN

Kenneth L. Barr
Claimant's Name SSN

Hartsville, SC 29550
Address City State Zip

Home Phone Work Phone

Darlington County School District
Employer's Name
120 East Smith Avenue Darlington, SC 29532
Address City State Zip
SC School Boards Insurance Trust
Insurance Carrier

Kirsten L. Barr (843) 881-4228
Preparer's Name Phone #

To: Dr. Paul Pritchard, MUSC- Dept. of Neurosciences, 96 Jonathan Lucas Street, CSB 307, Charleston, SC 29425

☐ **YOU ARE COMMANDED** to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: Office of Dr. Paul Pritchard DATE AND TIME: March 3, 2016 @ 2:00 p.m.
MUSC-Dept. of Neurosciences
96 Jonathan Lucas Street, CSB, Room 424
Charleston, SC

☐ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

PLACE: _____ DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.

Kirsten L. Barr Attorney for the Defendant(s) (843) 881-4228 February 17, 2016
ISSUING OFFICER'S SIGNATURE AND TITLE PHONE# DATE

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 NOTICE OF TAKING DEPOSITION

TO: Preston F. McDaniel, Esq. and Gerald Malloy, Esq.

YOU WILL PLEASE TAKE NOTICE that the Employer and Carrier, by their undersigned attorneys, will take the ***de bene esse*** deposition of Dr. Paul Pritchard on March 3, 2016, at 2:00 p.m., at the Office of Dr. Paul Pritchard, Dept. of Neurosciences, 96 Jonathan Lucas Street, CSB 424, Charleston, South Carolina, pursuant to the provisions of Section 42-3-160 of the Code of Laws of South Carolina, 1976, and the Circuit Court Rules.

TRASK & HOWELL, L.L.C.
763 Johnnie Dodds Blvd.
P. O. Box 2167
Mt. Pleasant, SC 29465-2167
(843) 881-4228

By Kirsten L. Barr
Kirsten L. Barr
Attorneys for the Defendants

February 17, 2016

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739

PRE-HEARING BRIEF
WCC FILE NO: 1507304

Kenneth L. Barr	Darlington County School District
Claimant's Name	Employer's Name
	120 East Smith Avenue
Address	Address
	Darlington, SC 29532
City State Zip	City State Zip
	SC School Boards Insurance Trust
Home Phone Work Phone	Carrier

Kirsten L. Barr — (843) 881-4228
Preparer's Name — Phone #

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury (Alleged) ☒ Illness (Alleged) ☒ Repetitive Trauma (Alleged)

1. Compensation Rate: $407.76 2. AWW: $611.61 Date of Injury: May 21, 2015 (alleged)

3. Type of injury and body part(s):

Claimant alleges "Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning." Claimant argues that these alleged injuries were either caused by an accident, repetitive trauma, or an occupational disease. Defendants deny Claimant has encephalopathy, any injury to his brain or nervous system, and deny his pre-existing psychological issues are causally-related to his employment. Defendants further deny that Claimant's working conditions were either repetitive or traumatic and deny that the Claimant can satisfy the mandatory elements of the Occupational Disease statute.

4. Facts in controversy:

Claimant claims to have "encephalopathy" as a result of his work as a painter at the Darlington County School District. The Claimant admits that, not only does he always work in a well-ventilated area, and not only does he always paint with a brush and roller (as opposed to sprayers), but that he always wears a respirator, with fume and particulate filters, while painting indoors. There is simply no evidence that any "exposure" he may have had at work was injurious or traumatic.

Perhaps more importantly, there is no objective evidence that Claimant has "severe permanent

brain damage" or "encephalopathy," as alleged. While Claimant relies on the vague, speculative opinions of a Dr. White, Dr. White is simply not credible and he, himself, was forced to concede that his opinions are not based on any objective evidence. When asked how he "diagnosed encephalopathy in [Claimant's] case, Dr. White responded: *"It's based on his history of memory deficits. The fact that I've observed him to be forgetful. I've observed him to have slow processing speeds."* (White depo p. 32, lines 12—16). Dr. White admitted that *"neuropsych testing is the best objective measure we have for evaluating patients with encephalopathic conditions."* (White depo p. 54, lines 8—12).

Claimant vehemently objected to Defendants' scheduling him for neuropsychological testing, arguing that neuropsychologists are somehow not "qualified;" however, Claimant's attorney obtained his own neuropsychological testing with Dr. Lind, which showed absolutely no evidence of slowed processing speed and no evidence of memory deficits. In fact, Dr. Lind's testing proved that Claimant's memory was average or above average on all tests, despite Dr. White's speculation to the contrary. According to Dr. Mark Wagner, Claimant's *"memory performance was his major area of cognitive strength and greatly exceeds his IQ. Memory impairment is the most vulnerable domain with chronic toxic solvent exposure. There was no objective evidence of any hint of memory impairment."* (APA p. 380).

Dr. Paul Pritchard, a neurologist at MUSC, evaluated Claimant on February 2, 2016. According to Dr. Pritchard, *"the neurological exam today was normal, including normal scores for orientation, memory, calculations, and language function on exam and the Montreal Cognitive Assessment. [Claimant] did not have findings to support a diagnosis of encephalopathy on today's exam."* (APA p. 373) (emphasis added).

With respect to Claimant's complaint of headache, this complaint pre-dates his employment with the School District. He has been treated for many years for what his prior neurologist, Dr. Skinner, described as tension-type headaches, which are aggravated by analgesic rebound caused by the multiple pain medications Claimant takes for various orthopaedic complaints (neck, low back, knees, right arm, hand, etc...). (APA pp. 172, 183, 186, 187, 1919, 349). At no time did Dr. Skinner ever relate the Claimant's headaches to his employment. In fact, not even the Claimant described his work environment as a factor in his headaches, stating to his family physician "[t]hey occur for no reason." (APA p. 232). Claimant even sought treatment with

pain management for "severe headaches" in May 2012 – after he had been completely out of work for 5 months due to a non-work-related hand injury. (APA p. 342). At that time, Claimant complained that his headaches started in 2010 "when awoke with a severe headache and was noted to have mini strokes." (APA p. 232). When asked about aggravating factors, Claimant reported "stress makes headaches worse." (APA p. 343).

Likewise, Claimant's complaints of "fatigue" and psychological issues also predate his employment with the School District. (APA p. 222--227). In fact, Claimant began taking Prozac in 2005 and Celexa in 2009. There is no evidence that these pre-existing conditions were aggravated by his employment with the School District. In fact, neither Dr. White, nor Dr. Lind, even reviewed Claimant's prior medical records.

5. Legal issues involved:

Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-1-160, as he alleges his injuries were due to cumulative events. Furthermore, his alleged mental injury is unaccompanied by any physical injury and there was nothing extraordinary or unusual about the circumstances of Claimant's employment.

Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-1-172 because his employment was neither repetitive, nor traumatic. There is no competent evidence of any traumatic or injurious "exposure" at work. Furthermore, Claimant cannot establish a "direct causal connection" between his employment and his exposure to paints and solvents, because Claimant admits that he has been exposed to paints and solvents for many years outside of his employment with the School District with his side business, Kenny's Painting. Not even Claimant's expert, Dr. White, was willing to differentiate Claimant's alleged exposures.

Defendants deny Claimant has or can satisfy his burden of proof under S.C. Code Ann. § 42-9-35, as there is no medical evidence to support a finding that his alleged "exposure" at work aggravated his documented pre-existing conditions.

Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-11-10, most obviously because Claimant does not have any disease and certainly does not have any "occupational disease." Neuropsychological testing has confirmed that Claimant does not have memory loss, cognitive dysfunction, or any other brain injury or disease. Headaches, fatigue,

and psychological issues are not considered "diseases" and are otherwise "ordinary diseases of life to which the general public is equally exposed." Finally, Claimant has produced no evidence that he was exposed to "hazards in excess of those ordinarily incident to employment" or "peculiar to the occupation" of painter.

Defendants deny Claimant has met his burden of proof under S.C. Code Ann. § 42-15-60, as there is no evidence that he requires any medical care or treatment to lessen the period of alleged disability. While Dr. White vaguely suggested treatment for encephalopathy and dementia, Claimant does not have either encephalopathy or dementia. In addition, Dr. White has not even seen Claimant since July 2015 and; therefore, has no knowledge of Claimant's current condition.

6. Unusual aspects:

The deposition of Dr. Paul Pritchard is currently scheduled for March 3, 2016 and the deposition of Dr. Nicholas Lind is scheduled for February 19, 2016. Defendants respectfully request that the record remain open for the transcripts of the same.

7. Witnesses (designate if expert*):

Claimant, Larry Stegner, Dr. Marshall White (via deposition), Dr. Roland Skinner* (via deposition); Dr. Nicholas Lind (via deposition); Dr. Paul Pritchard* (via deposition)

8. Exhibits:

Please see attached Notice of Submissions; Claimant's personnel file; Claimant's medical records; Claimant's discovery deposition; Toxicology Report

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance)

Please see attached Notice of Submissions; Depositions of Dr. Lind and Dr. Pritchard to be submitted upon receipt

10. Name, address, and specialty, if any, of the treating physician: N/A

11. Impairment rating(s); body part(s); physician and date of opinion:

Per Dr. Paul Pritchard, neurologist, on February 2, 2016, *"the neurological exam today was normal, including normal scores for orientation, memory, calculations, and language function on exam and the Montreal Cognitive Assessment. [Claimant] did not have findings to support a diagnosis of encephalopathy on today's exam."* (APA p. 373)

12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation N/A**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
☐b. Mediation is required pursuant to Reg. 67-1802
☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Preston F. McDaniel, Esq., 1315 Elmwood Avenue, Columbia, SC 29201 and Gerald Malloy, Esq., 108 Cargill Way, Hartsville, SC 29550.

on the 12th day of February 2016
by ☒ first class postage ☐ certified mail ☐ personal service.

Signature: Kristen L. Barr Email: kbarr@trask-howell.com

Date of hearing: February 24, 2016 Time needed for hearing: one hour

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA COUNTY OF DARLINGTON	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
Kenneth L. Barr, Claimant, -vs- Darlington County School District, Employer, -and- SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE

TO: South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Kenneth L. Barr

YOU ARE HEREBY NOTIFIED THAT Kirsten L. Barr, pursuant to the provisions of the South Carolina Workers' Compensation Act, S. C. Code Ann. § 41-1-160, *et seq.* and the South Carolina Administrative Procedures Act, S. C. Code Ann. § 1-23-330, herewith submits the following evidence on behalf of the Defendants, to wit:

APA #	DESCRIPTION	DATES	PAGES
9	William H. Woodbury, M.D.	4/20/05	219-220
10	Raymond M. Chapman, M.D. The Medical Group	6/29/05—3/6/13	221-236
11	Carolina Pines Radiology	9/15/10—11/1/13	237-238
12	Terrence Hassler, M.D. Hartsville Orthopaedic Sports Medicine	1/26/12—8/29/13	239-269

13	McLeod Health Rehab Services	2/21/12—5/3/12	270-329
14	Joseph Jackson, Jr., M.D. Camden Orthopaedic Associates	5/2/12—6/29/12	330-340
15	Thomas E. Brandt, Jr., D.O. Center for Pain Control	5/9/12—5/24/12	341-367
16	Avie J. Rainwater, III, Ph.D.	5/30/12	368
17	Paul B. Pritchard, M.D. MUSC	2/2/16	369-374
18	Mark T. Wagner, Ph.D. MUSC	2/12/16	375-410

EXHIBITS# DESCRIPTION DATES PAGES

19	Emmanuel Baptist School	9/1975—5/1987	411-433
20	Employer Records re: FMLA	4/8/09—6/4/12	434-441

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 purpose of cross-examination.

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

Claimant
Larry Stegner
Dr. Marshall White* (via deposition)
Dr. Roland Skinner* (via deposition)
Dr. Nicholas Lind* (via deposition)
Dr. Paul Pritchard* (via deposition)

Kirsten L. Barr
Attorney for the Defendants

Date: February 12, 2016

PROOF OF SERVICE

I hereby certify that on this 12th day of February 2016, I served the foregoing Claimant, Kenneth L. Barr, with copies of the attached Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports and attached records which are being submitted to be made a part of the record in the case under the Administrative Procedures Act, by having mailed first class postage pre-paid, to the Claimant's attorneys addressed as follows:

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Gerald Malloy, Esq.
108 Cargill Way
Hartsville, SC 29550

Kirsten L. Barr
TRASK & HOWELL, L.L.C.
Attorneys for Defendants
Mt. Pleasant, South Carolina

6860\886\POS-PHB

South Carolina Workers' Compensation Commission
1333 Marion Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739

PRE-HEARING BRIEF
WCC FILE NO: 1507304

Kenneth L. Barr Claimant's Name	Darlington County School District Employer's Name
 Address	120 East Smith Avenue Address
City State Zip	Darlington, SC 29532 City State Zip
Home Phone Work Phone	SC School Boards Insurance Trust Carrier

Kirsten L. Barr — Preparer's Name
(843) 881-4228 — Phone #

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury (Alleged) ☒ Illness (Alleged) ☒ Repetitive Trauma (Alleged)

1. Compensation Rate: $407.76 2. AWW: $611.61 Date of Injury: May 21, 2015 (alleged)

3. Type of injury and body part(s):

Claimant alleges "Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning." Claimant argues that these alleged injuries were either caused by an accident, repetitive trauma, or an occupational disease. Defendants deny Claimant has encephalopathy, any injury to his brain or nervous system, and deny his pre-existing psychological issues are causally-related to his employment. Defendants further deny that Claimant's working conditions were either repetitive or traumatic and deny that the Claimant can satisfy the mandatory elements of the Occupational Disease statute.

4. Facts in controversy:

Claimant claims to have "encephalopathy" as a result of his work as a painter at the Darlington County School District. The Claimant admits that, not only does he always work in a well-ventilated area, and not only does he always paint with a brush and roller (as opposed to sprayers), but that he always wears a respirator, with fume and particulate filters, while painting indoors. There is simply no evidence that any "exposure" he may have had at work was injurious or traumatic.

Perhaps more importantly, there is no objective evidence that Claimant has "severe permanent

brain damage" or "encephalopathy," as alleged. While Claimant relies on the vague, speculative opinions of a Dr. White, Dr. White is simply not credible and he, himself, was forced to concede that his opinions are not based on any objective evidence. When asked how he "diagnosed encephalopathy in [Claimant's] case, Dr. White responded: *"It's based on his history of memory deficits. The fact that I've observed him to be forgetful. I've observed him to have slow processing speeds."* (White depo p. 32, lines 12—16). Dr. White admitted that *"neuropsych testing is the best objective measure we have for evaluating patients with encephalopathic conditions."* (White depo p. 54, lines 8—12).

Claimant vehemently objected to Defendants' scheduling him for neuropsychological testing, arguing that neuropsychologists are somehow not "qualified;" however, Claimant's attorney obtained his own neuropsychological testing with Dr. Lind, which showed absolutely no evidence of slowed processing speed and no evidence of memory deficits. In fact, Dr. Lind's testing proved that Claimant's memory was average or above average on all tests, despite Dr. White's speculation to the contrary. According to Dr. Mark Wagner, Claimant's *"memory performance was his major area of cognitive strength and greatly exceeds his IQ. Memory impairment is the most vulnerable domain with chronic toxic solvent exposure. There was no objective evidence of any hint of memory impairment."* (APA p. 380). Dr. Randolph Waid concurred with Dr. Wagner's opinions and further stated that *"there is no evidence to indicated that [Claimant] suffered physical brain injury as a direct result of his employment with the Darlington County School District."* (APA p. 410c).

Dr. Paul Pritchard, a neurologist at MUSC, evaluated Claimant on February 2, 2016. According to Dr. Pritchard, *"the neurological exam today was normal, including normal scores for orientation, memory, calculations, and language function on exam and the Montreal Cognitive Assessment. [Claimant] did not have findings to support a diagnosis of encephalopathy on today's exam."* (APA p. 373) (emphasis added).

With respect to Claimant's complaint of headache, this complaint pre-dates his employment with the School District. He has been treated for many years for what his prior neurologist, Dr. Skinner, described as tension-type headaches, which are aggravated by analgesic rebound caused by the multiple pain medications Claimant takes for various orthopaedic complaints (neck, low back, knees, right arm, hand, etc...). (APA pp. 172, 183, 186, 187, 1919, 349). At no

time did Dr. Skinner ever relate the Claimant's headaches to his employment. In fact, not even the Claimant described his work environment as a factor in his headaches, stating to his family physician "[t]hey occur for no reason." (APA p. 232). Claimant even sought treatment with pain management for "severe headaches" in May 2012 – after he had been completely out of work for 5 months due to a non-work-related hand injury. (APA p. 342). At that time, Claimant complained that his headaches started in 2010 "when awoke with a severe headache and was noted to have mini strokes." (APA p. 232). When asked about aggravating factors, Claimant reported "stress makes headaches worse." (APA p. 343).

Likewise, Claimant's complaints of "fatigue" and psychological issues also predate his employment with the School District. (APA p. 222--227). In fact, Claimant began taking Prozac in 2005 and Celexa in 2009. There is no evidence that these pre-existing conditions were aggravated by his employment with the School District. In fact, neither Dr. White, nor Dr. Lind, even reviewed Claimant's prior medical records.

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Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-1-160, as he alleges his injuries were due to cumulative events. Furthermore, his alleged mental injury is unaccompanied by any physical injury and there was nothing extraordinary or unusual about the circumstances of Claimant's employment.

Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-1-172 because his employment was neither repetitive, nor traumatic. There is no competent evidence of any traumatic or injurious "exposure" at work. Furthermore, Claimant cannot establish a "direct causal connection" between his employment and his exposure to paints and solvents, because Claimant admits that he has been exposed to paints and solvents for many years outside of his employment with the School District with his side business, Kenny's Painting. Not even Claimant's expert, Dr. White, was willing to differentiate Claimant's alleged exposures.

Defendants deny Claimant has or can satisfy his burden of proof under S.C. Code Ann. § 42-9-35, as there is no medical evidence to support a finding that his alleged "exposure" at work aggravated his documented pre-existing conditions.

Defendants deny Claimant is entitled to any benefits under S.C. Code Ann. § 42-11-10, most obviously because Claimant does not have any disease and certainly does not have any "occupational disease." Neuropsychological testing has confirmed that Claimant does not have memory loss, cognitive dysfunction, or any other brain injury or disease. Headaches, fatigue, and psychological issues are not considered "diseases" and are otherwise "ordinary diseases of life to which the general public is equally exposed." Finally, Claimant has produced no evidence that he was exposed to "hazards in excess of those ordinarily incident to employment" or "peculiar to the occupation" of painter.

Defendants deny Claimant has met his burden of proof under S.C. Code Ann. § 42-15-60, as there is no evidence that he requires any medical care or treatment to lessen the period of alleged disability. While Dr. White vaguely suggested treatment for encephalopathy and dementia, Claimant does not have either encephalopathy or dementia. In addition, Dr. White has not even seen Claimant since July 2015 and; therefore, has no knowledge of Claimant's current condition.

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7. Witnesses (designate if expert*):

Claimant, Larry Stegner, Dr. Marshall White (via deposition), Dr. Roland Skinner* (via deposition); Dr. Nicholas Lind (via deposition); Dr. Paul Pritchard* (via deposition); Dr. David Eagerton*

8. Exhibits:

Please see attached Notice of Submissions; Claimant's personnel file; Claimant's medical records; Claimant's discovery deposition; Toxicology Report

9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance)

Please see attached Notice of Submissions; Depositions of Dr. Lind and Dr. Pritchard to be submitted upon receipt

10. Name, address, and specialty, if any, of the treating physician: N/A

11. Impairment rating(s); body part(s); physician and date of opinion:

Per Dr. Paul Pritchard, neurologist, on February 2, 2016, "*the neurological exam today was normal, including normal scores for orientation, memory, calculations, and language function on exam and the Montreal Cognitive Assessment. [Claimant] did not have findings to support a diagnosis of encephalopathy on today's exam.*" (APA p. 373)

12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation N/A**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
☐b. Mediation is required pursuant to Reg. 67-1802
☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803
☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Preston F. McDaniel, Esq., 1315 Elmwood Avenue, Columbia, SC 29201 and Gerald Malloy, Esq., 108 Cargill Way, Hartsville, SC 29550.

on the 12th **day of** February 2016
by ☒ **first class postage** ☐ **certified mail** ☐ **personal service.**

Signature: _____ Email: kbarr@trask-howell.com

Date of hearing: February 24, 2016 Time needed for hearing: One hour

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

STATE OF SOUTH CAROLINA COUNTY OF DARLINGTON	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
Kenneth L. Barr, Claimant, -vs- Darlington County School District, Employer, -and- SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE

TO: South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Kenneth L. Barr

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19	L. Randolph Waid, Ph.D.	2/12/16	410a-c

EXHIBITS# DESCRIPTION DATES PAGES

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Larry Stegner
Dr. Marshall White* (via deposition)
Dr. Roland Skinner* (via deposition)
Dr. Nicholas Lind* (via deposition)
Dr. Paul Pritchard* (via deposition)
Dr. David Eagerton*

Kirsten L. Barr

Attorney for the Defendants

Date: February 12, 2016
6860\886\notice

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

The Oaks Business Center
1459 Stuart Engals Blvd.
Suite 204-A
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
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Kirsten L. Barr, Esquire
P.O. Box 2167
Mt. Pleasant, SC 29465

February 12, 2016

RE: Kenneth L. Barr

Dear Ms. Barr:

Per your request, I reviewed records regarding Mr. Kenneth L. Barr, a ' -year-old male who was previously employed as a maintenance painter for the Darlington County School District. Mr. Barr has been employed with the school district since June, 2009. Currently, Mr. Barr has filed a Workers' Compensation claim alleging that he suffers from physical brain injury. Mr. Barr has been under the care of Dr. Marshall White, neurologist, who has opinioned that Mr. Barr suffers from an encephalopathic condition which has rendered him with severe permanent brain damage. Dr. White also assessed Mr. Barr as being totally and permanently disabled. There was review of extensive records including the following:

1. Medical records from The Medical Group/Raymond M. Chapman, M.D.
2. Medical records from McLeod Urgent Care Center.
3. Medical records from Camden Orthopedics.
4. Medical records from Hartsville Orthopedics.
5. Medical records from Florence Neurosurgery and Spine Clinic.
6. Report from Avie J. Rainwater, III, Ph.D.
7. Medical records from McLeod Regional Medical Center.
8. Medical records from Roland L. Skinner, III, neurologist.
9. Medical records from Thomas Brandt, M.D.
10. Report of deposition conducted with Larry Stegner, 09/09/15.
11. Report of deposition conducted with Kenneth L. Barr, 09/09/15.
12. Report of deposition conducted with Rowland L. Skinner, III, 12/10/15.
13. Medical records from Marshall A. White, M.D., neurologist.
14. Report of CT scan of the brain conducted on Mr. Barr on 03/16/15.
15. Report of evaluation conducted by Nicholas A. Lind, Psy.D.
16. Mr. Barr's educational records from Darlington County School District.
17. Report of review of medical records conducted by Mark Wagner, Ph.D.

Review of extensive records revealed Mr. Kenneth Barr to have a history for psychological and somatic difficulties that proceeded his being hired by the Darlington County School District. Commencing in 2006, there was placement on psychotropic medications for assistance with Mr. Barr's disruptive pain and psychological difficulties. Review of records from Dr. Thomas Brandt revealed the onset of low back pain to be around 1992 secondary to a fall injury. There was report of chronic neck pain dating back to 2002. Mr. Barr also complained of headache difficulties to his primary care physician in 2007.

Mr. Barr commenced in neurological intervention with Dr. Roland Skinner, III, in September, 2010. Intervention was directed toward headaches and dizziness. There was also complaint with regard to difficulties concentrating, lack of energy, lack of interest in activities that were previously enjoyed, and feelings of depression. Neurological examination conducted by Dr. Skinner was normal as was the mental status component of the examination. Neuroradiographic studies revealed hyperintensities on T2 noticed mostly in the frontal white matter bilaterally. The findings are nonspecific and generally associated with ischemic disease. Angiogram showed a questionable aneurysm that was later determined to not be significant nor in need of any surgical procedure. Dr. Skinner expressed concerns regarding Mr. Barr's

analgesic usage leading to rebound headaches. Mr. Barr was warned regarding excessive usage of over the counter analgesics.

Mr. Barr commenced in neurological intervention with Marshall White, M.D. in late 2012. The focus of intervention was again directed toward headaches and there was use of medications. Dr. White came to believe that Mr. Barr's headaches were related to exposure to volatile organic compounds (VOC) at work. There was recommendation to cease employment and avoid exposure to such agents. There was report by Dr. White that Mr. Barr was experiencing poor memory and fatigue. Yet, that report was inconsistent with records from other physicians who were involved in evaluation/intervention of Mr. Barr. There was concern regarding anxiety, though it is evident that Mr. Barr has a long history for anxiety/depressive difficulties. Dr. White opinioned that Mr. Barr suffering from VOC related encephalopathy that had led to severe permanent brain damage and dementia.

More recently, Kenneth Barr was evaluated by Nicholas Lind, Psy.D. As was amply pointed out in Dr. Mark Wagner's review of the records, Mr. Barr did quite well on tests assessing anterograde memory. The finding is inconsistent with Dr. White's opinion that Mr. Barr suffers from memory impairment or has severe encephalopathy. Review of Mr. Barr's performance across tests assessing attention/concentration revealed variable results. Overall, there was no compelling evidence that Mr. Barr's neuropsychological test results were representative of severe impairment in brain behavior functioning.

Review of deposition conducted with Kenneth Barr revealed him to report that the main reason he was out of work was due to disruptive headaches. Mr. Barr described having memory difficulties when experiencing the interfering aspects of headaches. During the conduction of the deposition, Mr. Barr demonstrated a good ability to recall the details of his history as well as the ability to sustain his attention/focus to the demands of the deposition.

More recently, Mr. Barr underwent an independent medical examination conducted by Paul Pritchard, M.D. (02/02/16). Dr. Pritchard reported that Mr. Barr performed quite well on the Montreal Cognitive Assessment Exam. Dr. Pritchard's neurological examination failed to reveal any evidence for encephalopathy or dementia. Dr. Pritchard assessed Mr. Barr's headaches to be consistent with the chronic daily variety. He also opinioned that the neuropsychological test results were inconsistent with a diagnosis of encephalopathy or dementia.

Review of Dr. Lind's evaluation of Mr. Barr revealed that he was unaware that Mr. Barr's headaches actually commenced well before the starting of employment with Darlington County School District. It was also noted that during Dr. Thomas Brandt's evaluation of Mr. Barr, he was experiencing disruptive headaches, though Mr. Barr had been away from the school district property for 6 months. Dr. Lind did note Mr. Barr's history for depression and panic attacks that were troublesome prior to his commencing of employment capacities at Darlington County School District. Dr. Lind's evaluation included psychological testing which was revealing of an individual who was experiencing somatic symptoms and being highly focused on his health/somatic problems. There was also report of experiencing disruptive depression and anxiety. As mentioned, Dr. Lind's evaluation of Mr. Barr's anterograde memory revealed him to be functioning in the average to above average range. There was variability noted on tests assessing attention/concentration. There was report of some reduced motor dexterity that Dr. Lind viewed as being consistent with prolonged exposure to volatile organic compounds. Yet, records reveal that Mr. Barr has a well documented history for hand pain. Dr. Lind also estimated Mr. Barr's intellectual functioning to be in the average range, though review of the educational school records certainly raised concerns that Mr. Barr's premorbid intellectual functioning was below the average range. In Dr. Wagner's review of the records, he fully discussed Mr. Barr's educational history that was poor as well as his significantly below average performance on standardized testing such as the Scholastic Aptitude Test.

Opinions:

1. I am in agreement with my colleague, Dr. Mark Wagner, that Mr. Barr has long history for neuropsychiatric symptoms that pre-dated his commencing of employment capacities at Darlington

County School District where there was potential for exposure to volatile organic compounds. Disruptive symptoms included headaches, anxiety, chronic pain, fatigue, chest pain with negative cardiac work up, as well as MRI study revealing evidence of small vessel cerebrovascular disease. There were also complaints as they related to panic attacks, irritability, narcotic pain issues, and analgesic over-the-counter rebound issues.

2. Dr. Lind's neuropsychological evaluation revealed Mr. Barr to perform well, particularly on tests assessing anterograde memory. Indeed, Mr. Barr's performance on a battery of neuropsychological tests failed to reveal evidence of severe impairment affecting brain behavior functioning. Some of the test performances that were in the low average range would be considered as being consistent with Mr. Barr's premorbid intellectual abilities. There is also the potential possibility that Mr. Barr's hyperintensities that are mostly located in the frontal lobe white matter bilaterally could be contributing to the subtle findings of deficits in disinhibition and other executive functions. Likewise, depression and emotional difficulties can also contribute significantly to the findings of mild compromise with regard to processing speed.

3. Review of the records including previous reports of evaluations conducted by multiple physicians as well as Dr. Lind's neuropsychological test results simply do not support Dr. Marshall White's opinion that Mr. Barr suffers from an encephalopathic condition that has led to severe permanent brain damage with severe compromise in brain behavior functions. As noted above, Mr. Barr's performance on objective tests assessing anterograde memory was in the average to above average range. Review of records failed to reveal any biological markers to support that Mr. Barr is suffering from a neurobehavioral syndrome consistent with VOC exposure. Mr. Barr is not suffering from a dementing disorder as that also would involve evidence of severe cognitive impairments via conduction of neuropsychological testing. Evaluation of Mr. Barr as well as review of his provision of a deposition is also inconsistent with him being severely compromised in his brain behavior functioning. Indeed, Mr. Bower's primary complaint is one of disruptive headaches that existed prior to his engagement in employment with Darlington County School District.

In closing, review of records reveal that Mr. Kenneth Barr continues to be disrupted by headaches that have been fairly refractory to treatment. Yet, review of records failed to provide compelling evidence that exposure to volatile organic compounds resulted in biological makers or that exposure was causal for Mr. Barr's current somatic, emotional, or cognitive complaints. While there is evidence of ischemic changes in the bifrontal white matter, these are nonspecific and are not attributable to exposure to volatile organic compounds. Thus, there is no evidence to indicate that Mr. Barr suffered physical brain injury as a direct result of his employment with the Darlington County School District. Nor is there any compelling evidence that Mr. Barr currently suffers from an encephalopathic condition that has resulted in severe brain damage.

Please feel free to contact me if you have any questions regarding the review of records that was performed regarding Kenneth L. Barr.

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist (SC License #333)

LRW/cmf

PROOF OF SERVICE

I hereby certify that on this 13th day of February 2016, I served the foregoing Claimant, Kenneth L. Barr, with copies of the attached Pre-Hearing Brief, Notice of Witnesses and Written Medical Reports and attached records which are being submitted to be made a part of the record in the case under the Administrative Procedures Act, by having mailed first class postage pre-paid, to the Claimant's attorneys addressed as follows:

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Gerald Malloy, Esq.
108 Cargill Way
Hartsville, SC 29550

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February 15, 2016

Via Email Only
Commissioner T. Scott Beck
S.C. Workers' Compensation Commission
P. O. Box 1715
Columbia, SC 29202-1715

Re: Kenneth L. Barr v. Darlington County School District
W.C.C. File No.: 1507304
Carrier File No.: WC016314
Date of Accident: May 21, 2015

Dear Commissioner Beck:

The following medical report will be submitted to become part of the record in the above-referenced workers' compensation claim under the Administrative Procedures Act:

1. David H. Eagerton, Ph.D., F-ABFT's report (including his CV), dated 2/14/16, 21 total pages.

By Proof of Service to the Claimant's attorneys, I am this date providing them with a copy of the above-stated medical report and CV.

Yours very truly,

Kirsten L. Barr

KLB/cnd/les
Enc.
cc: Eric Mayer cc, SC School Boards Insurance Trust (w/enc.) (email only)
Christy Sandifer, Darlington County School District (w/enc.) (email only)
Preston F. McDaniel, Esq. (w/enc.) (email/mail)
Gerald Malloy, Esq. (w/enc.) (email/mail)
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STATE OF SOUTH CAROLINA COUNTY OF DARLINGTON COMMISSION	)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION
Kenneth L. Barr, Claimant, -vs- Darlington County School District, Employer, -and- SC School Boards Insurance Trust, Carrier, Defendants.	)	W.C.C. FILE NO. 1507304 SUPPLEMENTAL NOTICE OF WITNESSES AND WRITTEN MEDICAL REPORTS TO BE INTRODUCED AS DIRECT EVIDENCE

TO: South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Kenneth L. Barr

YOU ARE HEREBY NOTIFIED THAT Kirsten L. Barr, pursuant to the provisions of the South Carolina Workers' Compensation Act, S. C. Code Ann. § 41-1-160, *et seq.* and the South Carolina Administrative Procedures Act, S. C. Code Ann. § 1-23-330, herewith submits the following evidence on behalf of the Defendants, to wit:

APA #	DESCRIPTION	DATES	PAGES
9	William H. Woodbury, M.D.	4/20/05	219-220
10	Raymond M. Chapman, M.D. The Medical Group	6/29/05—3/6/13	221-236
11	Carolina Pines Radiology	9/15/10—11/1/13	237-238

12	Terrence Hassler, M.D. Hartsville Orthopaedic Sports Medicine	1/26/12—8/29/13	239-269
13	McLeod Health Rehab Services	2/21/12—5/3/12	270-329
14	Joseph Jackson, Jr., M.D. Camden Orthopaedic Associates	5/2/12—6/29/12	330-340
15	Thomas E. Brandt, Jr., D.O. Center for Pain Control	5/9/12—5/24/12	341-367
16	Avie J. Rainwater, III, Ph.D.	5/30/12	368
17	Paul B. Pritchard, M.D. MUSC	2/2/16	369-374
18	Mark T. Wagner, Ph.D. MUSC	2/12/16	375-410
19	L. Randolph Waid, Ph.D.	2/12/16	410a-c

EXHIBITS# DESCRIPTION DATES PAGES

20	Emmanuel Baptist School	9/1975—5/1987	411-433
21	Employer Records re: FMLA	4/8/09—6/4/12	434-441

ADDITIONAL APA

EXHIBITS# DESCRIPTION DATES PAGES

22	David H Eagerton, Ph.D., F-ABFT, Presbyterian College	2/14/16	442-462

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 purpose of cross-examination.

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

Claimant
Larry Stegner
Dr. Marshall White* (via deposition)
Dr. Roland Skinner* (via deposition)
Dr. Nicholas Lind* (via deposition)
Dr. Paul Pritchard* (via deposition)

Kirsten L. Barr

Kirsten L. Barr
Attorney for the Defendants

Date: February 15, 2016
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PROOF OF SERVICE

I hereby certify that on this 15th day of February 2016, I served the foregoing Claimant, Kenneth L. Barr, with a copy of the attached report (including CV) of David H. Eagerton, Ph.D., F-ABFT, dated 2/14/16 (21 total pages) and by emailing/mailing a copy of the same, first class, postage pre-paid, to the Claimant's counsel addressed as follows:

Preston F. McDaniel, Esq.
1315 Elmwood Avenue
Columbia, SC 29201

Gerald Malloy, Esq.
108 Cargill Way
Hartsville, SC 29550

Kirsten L. Barr

Kirsten L. Barr
TRASK & HOWELL, L.L.C.
Attorneys for Defendants
Mt. Pleasant, South Carolina

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STATE OF SOUTH CAROLINA)) COUNTY OF DARLINGTON)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC FILE NO.: 1507304
Kenneth L. Barr, Employee, CLAIMANT, v. Darlington County School District, EMPLOYER, and SC School Boards Insurance Trust, INSURANCE CARRIER, DEFENDANTS.	**MEMORANDUM OF OBJECTIONS TO SPECIFIC EVIDENCE SOUGHT TO BE INTRODUCED BY DEFENDANTS AT HEARING**

The Claimant would submit the following objections and basis for the objections to the following documents sought to be admitted by the Defendants as documentary evidence pursuant to the Administrative Procedures Act and Rules of the SC Workers' Compensation Commission.

Rule 67-612, is a regulation and not a statute. The evidence sought to be admitted has not been submitted pursuant to deposition de bene esse or by witness testimony, either of which preserves the Claimant's right to due process and cross-examination. Reg. 67-612 refers to the submission of experts reports into evidence pursuant to the Administrative Procedures Act, which is the controlling statutory authority for the submission of documents. All regulations must be based upon and

subject to statutory authority. A regulation cannot add to nor subtract from the authority granted to an agency. Under the SC Workers' Compensation Act, SC Code §42-3-10, et seq., the Commission is granted the authority to subpoena witnesses, to administer oaths and affirmations, take depositions, issue subpoenas to compel the attendance of witnesses, and for the production of books, papers, correspondence, memoranda, or other records deems necessary in connection with any proceeding under this title, and specifically under SC Code §42-3-130, 140, 150 and 160. The authority of the Commission to receive documentary evidence at any time and in any fashion is not contained in the Workers' Compensation Act but is contained under the statutory authority pursuant to the Administrative Procedures Act, SC Code §1-23-330.

Before listing the specific objections to each report and document sought to be admitted as documentary evidence at the hearing, as to the Claimant's fundamental due process right of cross-examination since the Defendants sought to submit this evidence in documentary form; and the Claimant has moved for its exclusion and has requested subpoenas for the attendance of these witnesses at the hearing, and thus has specifically requested pursuant to Statute the right to exercise his fundamental due process right of cross-examination of the witnesses that evidence cannot be admitted without such right being granted.

In Richardson v. Perales, 402 U.S. 389, 91 S.Ct. 1420, 28 Law. Ed.2d. 842 (1971), in a Social Security Administration hearing the Court applied the Federal Administrative Procedures Act and the fundamental right to cross-examination and held that documentary evidence may be received into evidence, however only where the Claimant did not exercise his right to request the witnesses be subpoenaed to the hearing from the Administration. Where the Claimant requests Subpoenas to exercise his right to cross-examination, such documentary evidence cannot be admitted nor can it be considered as substantial evidence in the case and is to be excluded. The Claimant would also note that in this case the Defendants have not sought to take the de bene esse depositions of the witness.

In reference to due process and the right of cross-examination, SC Code §1-23-330 provides that in an Administrative Proceeding documentary evidence may only be admitted where the, "hearing will be expedited and the interest of the parties will not be prejudiced substantially". That statute further preserves to the parties the right of cross-examination which is guaranteed to all parties under that statute and under SC Constitution, Article I, Sec. 3, which guarantees to all citizens in all proceedings due process of law. Further, Article I, Sec. 22 of the SC Constitution requires that in an Administrative Procedures Action, that no person shall be finally bound by the quasi-judicial decision of an

Administration Agency affecting private rights except on due notice and opportunity to be heard. In interpreting the requirements of due process and specifically the right to be heard, our Supreme Court has stated that at a minimum certain elements must be present in order to comply with the procedural requirements of due process including notice and **the right to confront and examine witnesses**; In Re: Vora, 354 S.C. 590, 582 S.E.2d 413 (2003). In multiple cases in administrative settings, our Supreme Court has upheld the right to cross-examination:

> "Where important decisions turn on questions of fact, **due process requires an opportunity to confront and cross-examine adverse witnesses.** Procedural due process often requires confrontation and cross-examination **of one whose word deprives a person of his or her livelihood.**" Brown v. State Bd. of Education., 301 S.C. 326, 391 S.E.2d 866 (1990).

Administrative agencies are required to meet minimum standards of due process and the Courts have applied this specifically to the SC Workers' Compensation Commission and requires that the parties be given required notice and an opportunity to present evidence and to, "cross-examine witnesses" regarding the merits of the case. Smith v. SC Dept. of Mental Health, 494 S.E.2d 630, 329 S.C. 485, reh. den., cert. granted., affirmed, 335 S.C. 396, 517 S.E.2d 694 (1997). Citing Stono River Environmental Protection Assoc. v. SC Dept. of

Health & Environmental Control, 305 S.C. 90, 406 S.E.2d, 340 (1991).

Again, in accordance with Richardson v. Perales, supra, the Claimant has specifically objected to the submission of this documentary evidence and has asserted his right to cross-examine the witnesses at the hearing pursuant to his claim.

Prior to the advent of current Reg. 67-612 and under Reg. 67-612 **as it existed until the 1998 amendment**, a party offering a written report had to move for its admission at the hearing and it was within the Commissioner's discretion whether to order the party submitting the written report to take the deposition of the expert before the report could be admitted. Prior to that under regulation 67-612, prior to the 1992 amendment, under the original recodification of the Commission's regulations, an expert's report could only be admitted with the consent of the opposing party and if not consented to, **the party seeking to have that report admitted had to take the deposition or procure the testimony of the expert**. Therefore, from 1936 until 1998, written documentary evidence could only be admitted by agreement and if not agreed to the party seeking to admit that evidence had to ensure the opposing party's right to cross-examination by taking the deposition as is done in every other civil case to preserve that party's right of cross-examination. The statute granting the authority to this Commission concerning depositions and the submission of evidence has still to this day never been

changed and the same general contemplation is provided for under that statute; in other words, that a party seeking to submit evidence will either have the witness appear or will present the witness' testimony by de bene esse deposition.

Again, in compliance with not only Richardson v. Perales, supra, but with the Court of Appeals' decision in Gadson v. Mikasa Corp., 368 S.C. 214, 628 S.E.2d 262 (SC App. 2006), the Claimant has specifically requested that Subpoenas be issued by the Commission requiring the attendance of these witnesses at the hearing so that he may exercise his right of cross-examination and barring that, that any documentation be disallowed into evidence. In Gadson, the Court specifically held that by giving notice of the submission of a report in written form, and not attempting to have the witness subpoenaed to the hearing to exercise the right of cross-examination allowed for the submission of the document into evidence.

On a general basis as will set forth more fully as to each document objected to and documentary evidence presented by the Defendants from certain witnesses, there are only two bases for an expert to give expert opinion testimony and evidence; the expert must either have personal knowledge or the expert's opinion must be based on a properly phrased hypothetical question.

First, in reference to personal knowledge, neither a lay nor expert witness may testify as to a matter unless evidence is

introduced sufficient to support a finding that the witness has personal knowledge of the matter. In reference to personal knowledge as stated by Professors Thames and Dreher, "through question and answer at the trial or hearing and after it is established that the expert witness has personal knowledge of the facts about which he is supposed to testify and after a rendition of those facts by the witness, the expert witness may testify such as in this case, that he personally examined Mr. Barr and revised all of the objective testing results and information concerning and express opinions on his exposure and medical condition.

The second way that an expert witness may testify is again through, "question and answer" at the hearing or trial that the witness is examined concerning his knowledge of and the underlying facts or data upon which his opinion is based and then after that, he states his opinion in reference to a properly phrased hypothetical question containing all of that data and information. "A Guide to Evidence Law in South Carolina" by Professor James F. Dreher, as revised by Professor Jon P. Thames, 1979 Ed. and SC Rules of Evidence, Rule 602, Rule 702, 703 and 705. SCRCP Rule 705 specifically provides in reference to the expert's testimony that the expert would be required to disclose the underlying facts and data, "on cross-examination".

Two of the most precedential cases in reference to the submission of expert opinion testimony based on either personal knowledge or by properly phrased hypothetical cases are in fact workers' compensation cases. See: Chapman v. Foremost Dairies, Inc., 249 S.C. 438, 154 S.E.2d 845 (1967); Wright v. Graniteville Co. Vaucluse Div., 266 S.C. 88, 221 S.E.2d 777 (1976). Either way, but especially in reference to opinions based on data, it is blackletter law that the factual underlying basis for the expert's opinion must be set out in detail otherwise the opinion of the expert lacks probative value.

Next, general principles is that any finding of fact by the SC Workers' Compensation Commission will be and should be upheld if there is substantial evidence in the Record upon which it is founded but the decision and factual findings of the Commission cannot rest upon surmise, speculation or innuendo. Rudd v. Fair Forrest Finishing Co., 189 S.C. 189, 200 S.E.2d 727 (1939).

Next, and finally all evidence must be relevant and material and the relevancy and materiality of evidence cannot be outweighed by its prejudicial effect.

With those general provisions, the Claimant would specifically object to the following documentary evidence sought to be submitted into evidence:

1. Documentary evidence submitted from David H. Eagerton, Ph.D., F.ABFT - first, this group of documents was not served on

the Claimant until February 15, 2016 and were thus not timely submitted and must be excluded pursuant to WCC Reg. 67-612.

Further, the submission of this alleged expert opinion into evidence in documentary form would deny the Claimant due process of law by denying him his right, which he has requested, to cross-examine the expert.

Next, the documentation provided that is sought to be admitted into evidence sets forth that his opinions are based upon a review of records and no personal knowledge of Mr. Barr or his job, job duties or exposure and there is no properly phrased hypothetical question in reference or as a background for the provision of his opinions as expressed in the documentation. Therefore, it is neither based on personal knowledge nor is it based on a properly phrased hypothetical question. [Legal note: It would be noted as to both personal knowledge and particularly as to a properly phrased hypothetical questions that those hypothetical questions in both Chapman and Wright were presented either at a hearing or at a deposition for consideration and answer by the expert and presented to the Commission.]

Next, in the actual statement of the opinion the alleged expert states that "it is my opinion that, within a reasonable degree of scientific **and medical certainty** . . ." there is nothing in the documentation that would establish Dr. Eagerton, Ph.D. as a medical doctor or that he has any

background or experience or credentials or training as a medical doctor that would allow him to express a medical opinion.

Next, there is no specific attachment with all records allegedly reviewed by the expert in preparation for submitting this summary report. In addition, the summary is inaccurate as to the history available from the evidence that will be presented at the hearing.

2. Documentary evidence sought to be submitted concerning L. Randolph Waid, Ph.D., dated February 12, 2016 - This document starts out with "per your request, I reviewed records concerning Mr. Kenneth L. Barr . . .". Further in the report he states that he is concurring with the opinions expressed by Dr. Mark Wagner, Ph.D.

First, the submission of this documentary evidence would deny the Claimant due process of law because of his inability to cross-examine this expert who conducted a, "records review."

Next, this documentary report clearly indicates that there is no personal knowledge, nor is there any properly formulated hypothetical question and therefore there is no basis for the submission of this expert's opinions into evidence. The documents alleged to have been reviewed are not attached and therefore there is no evidence of the data reviewed or personal knowledge nor is there a properly phrased hypothetical question

and/or opinions expressed in response to that or those hypothetical questions.

There is no evidence that Dr. Waid, Ph.D. is a medical doctor but yet he tends to set forth medical opinions in reference to the documents reviewed.

This being a records review and there being absolutely no evidence of the specific records reviewed and/or, "medical" credentials of the alleged expert, the documents should not be admitted.

In addition, to the documents constituting hearsay, the document contains hearsay within hearsay. It is not based upon a review of objective medical test results but is in fact based upon numerous statements made within the documents alleged reviewed that are hearsay in nature and constitute hearsay on hearsay. Further, as noted in expressing his findings, there is clear-cut reference to and reliance upon another records review by Dr. Mark Wagner, which clearly indicates that this expert's opinion is based upon and is biased and prejudiced and based upon the opinion of Dr. Wagner.

3. Documents purported to be submitted from Dr. Mark T. Wagner, Ph.D. - The submission of these documents would deny the Claimant the right of cross-examination which has been requested and should not be admitted.

The documents clearly state that it is a records review and that Dr. Wagner, Ph.D. does not have any personal

knowledge of Mr. Barr. The records allegedly reviewed by Dr. Wagner, Ph.D. are not attached and there is no way of verifying what records were specifically reviewed and again the Claimant's right of cross-examination to test the credibility, voracity, bias and prejudice of this report is called into question. It is particularly the case wherein the Defendants attempted to obtain a direct referral to Dr. Mark Wagner, Ph.D. in lieu of a medical examination, which the Commission ruled was improper. The need to test the credibility, voracity and bias and prejudice of Dr. Wagner is evident and paramount.

Further, a review of the documents reveals that this Ph.D. did not have copies of the MSDS sheets.

The documents clearly establish that they are based on a records review and that Dr. Wagner, Ph.D. had specifically no personal knowledge of Mr. Barr, nor are his opinions based upon any properly phrased hypothetical questions, nor are the documents that he allegedly reviewed attached to this report with any certification as to his review of those documents and/or that he reviewed a complete set of documents from each source.

4. Dr. Paul B. Pritchard, M.D. - The submission of these documents from Dr. Paul Pritchard, M.D. would deny the Claimant the right of cross-examination as to Dr. Pritchard's examination and opinions. While Dr. Pritchard personally examined the Claimant, there are no attached documents to his report

verifying and certifying as to the specific documents that he reviewed during or after the evaluation. As provided for in Rule 704, the Claimant through cross-examination may require the specific explanatory and detail documentation of the documents and data referred to and used in expressing opinions. This is another reason as to why this group of documents should not be admitted and that the Claimant should be allowed the right of cross-examination of this witness.

In addition, the Claimant would specifically request that this document not be submitted into evidence for reasons previously submitted to the Commission concerning this evaluation. As previously noted as a basis for the objection, on December 23, 2015, the Hearing Commissioner granted the Claimant's Motion for Reconsideration and the Claimant would be only compelled to attend an evaluation by a properly qualified medical doctor at, "reasonable times and places". Almost a month later on January 19th, the Claimant received a letter without any accompanying records or anything else addressed to Dr. Paul Pritchard setting up an appointment for the Claimant in Charleston, South Carolina (the Claimant lives in Hartsville) on February 2, 2016. Because no records were attached to that notification and subsequent thereto the Claimant pursuant to SC Code §42-15-95 specifically requested a copy of all records, if any, submitted to Dr. Pritchard as part of his examination. In response, on February 4th, <u>two (2) days</u> after the examination,

Claimant's Counsel received a stack of documentation purportedly to have been submitted to Dr. Pritchard on December 8, 2015. Those documents contained a cover letter sent to Dr. Pritchard dated December 8, 2015 requesting an independent medical evaluation be scheduled for Mr. Barr. Attached to that letter, Claimant's Counsel was advised for the first time on February 4th, that an almost three (3) inch stack of records had been forwarded to Dr. Pritchard for review and evaluation. Based on this communication without the knowledge of Counsel for the Claimant and also based on the submission of all of these records without the knowledge of the Claimant, Claimant's Counsel objected and objects to the submission of those records into evidence as being in violation of §42-15-95. SC Code §42-15-80 specifically gives the employer and its insurance carrier the right to have an independent medical evaluation and examination conducted by a qualified physician or surgeon as designated and paid for by the employer or the Commission. SC Code §42-15-95(B) provides that a health care provider who provides examination or treatment for any injury, disease or condition for which compensation is sought under the provisions of this Title, may communicate on various listed items/issues such as medical history, diagnosis, and causation with the insurance carrier or the employer without the employee's consent. However, in order to comply with the statute concerning a physician who performed an examination, "the employee must

be:" notified that the discussion or communication is going to take place and this notification **"must occur prior to the actual discussion or communication"** or advised of the nature of the discussion or communication, "**prior to the discussion or communication**" and the employee must be "provided with a copy of the written questions **at the same time the questions are submitted to the healthcare provider**." An employee must also be provided with the response of the healthcare provider and the report of Dr. Pritchard dated February 2, 2016 was not received until February 16 when it was submitted as part of the APA Submissions by the Defendants. More importantly, the statute further provides that any discussion or communication, medical reports or opinions obtained, "in accordance with this section" will not constitute a breach of the physician's duty of confidentiality **but** any discussions, communications, **medical reports, or opinions** obtained in violation of this section **must be excluded from any proceeding** under the provisions of this Title."

5. Medical records submitted from various providers prior to the employment of the Claimant in 2009 - As a general objection, the Claimant objects to the submission of all of these because it denies him the right of cross-examination as to these medical records. This in particular goes to the way that any records were submitted prior to 1998. Prior to that date, any records that were submitted into evidence independently were

agreed upon and if the parties could not agree upon their submission, the party that wanted those records into evidence would have to take the deposition necessary for their submission. The Claimant would request the Commission may take judicial notice that medical records are notorious for containing inaccurate hearsay statements outside of the objective part of records. The Supreme Court of South Carolina has specifically ruled in reference to the submission of medical records under the Business Records Act that while such records are admissible under the Business Records Act, that any hearsay statements in those records should be redacted. See: State v. Key, 277 S.C. 214, 284 S.E.2d 781 (1981). Up until 1998 (and the problem with the current procedure) is that all of this type hearsay evidence would be redacted by agreement of the parties and then submitted to any expert for use. If the hearsay statements were thought to be necessary by either party and the parties could not agree on their submission, then the party wanting that hearsay into evidence or to determine its truth and accuracy would take the deposition of the appropriate doctor or medical provider, or person involved with making the Record initially. For example, there is a tremendous amount of difference between the terms two weeks, two months and two years and there are many times that medical records are inaccurate as to time periods. This is the basic reason that all hearsay statements are not admitted into evidence.

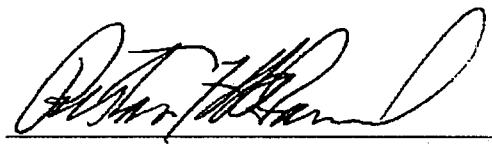
Based on this, the Claimant would object based on the fact that these items are all hearsay, are not subject to verification as to their truth and accuracy and that they are irrelevant and immaterial and/or that their prejudicial value far exceeds any probative value, they should not be admitted. In addition, Mr. Barr's inability to conduct, cross-examination under his due process rights to conduct such examination denies him due process of law and also makes the Commission decision and even the experts' opinions based on surmise, speculation and innuendo. For these documents to be submitted to the Commission, which are not even within the time frame of the employment of the Claimant during which the exposure is claimed, makes the Commission's decision when presented with these the subject of surmise, speculation and innuendo. For example, if the Commissioner is presented with these past medical records and the Commission were to base a decision based on the fact that the Claimant had pre-existing psychological problems and there is not specific medical testimony that his alleged exposure and/or injury did not either cause, aggravate, accelerate or cause that pre-existing psychological problem to become symptomatic, and the Commissioner were to make such a determination without that evidence, the decision would be the subject of speculation, conjecture and innuendo.

Further, while there is specific exceptions under the HIPPA statute and regulations that allows for medical doctors to

release and for insurance carriers and employers to obtain the medical records of a claimant in reference to the workers' compensation proceeding, that exception does not extend to the entire medical history of the Claimant. Many providers are providing these records in violation of HIPPA statute but more importantly, they are being obtained in violation of HIPPA statute and without any authority through the Act.

For all the foregoing reasons, the records should be excluded from consideration.

Respectfully submitted,



Preston F. McDaniel
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, South Carolina 29201
(803) 771-7211

Attorney for Employee/Claimant

February 19, 2016

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Kenneth L. Barr, Employee/Claimant, -vs- Darlington County School District, Employer, and SC School Boards Insurance Trust, Carrier, Defendants.	W.C.C. FILE NO. 1507304 **MOTION TO COMPEL CLAIMANT TO EXECUTE AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

To: Commissioner T. Scott Beck, South Carolina Workers' Compensation Commission and Preston F. McDaniel, Esq. and Gerald Malloy, Esq., attorneys of record for Claimant.

PLEASE TAKE NOTICE that the above-named Defendants hereby move the South Carolina Workers' Compensation Commission, pursuant to Reg. 67-215 and S.C. Code Ann. §42-15-95, for an Order compelling the Claimant, Kenneth L. Barr, to execute an Authorization to Disclose Health Information for medical records from LifeCare Psychology Group, based upon the following:

1. The Claimant alleges an injury to the head/brain, which affects his brain, neurological/central nervous system, and psychological functioning, as a result of painting for Darlington County School District.
2. The Defendants deny the Claimant sustained any injury by accident, repetitive trauma, or occupational disease arising out of or occurring in the course and scope of his employment.

3. There is a hearing set on the Claimant's Form 50 before Commissioner T. Scott Beck on April 20, 2016 in Columbia, SC.
4. The Defendants are informed and believe that the Claimant has seen Dr. Avie Rainwater, a psychologist with LifeCare Psychology Group, in the past.
5. In addition, on November 3, 2015, Dr. Marshall White, a neurologist, referred the Claimant to Dr. Rainwater for neuropsychological testing.
6. The Defendants sent Dr. Rainwater a Form 27 Subpoena on January 4, 2016.
7. Dr. Rainwater's office informed the Defendants that they will not release the Claimant's medical records without an Authorization executed by the Claimant.
8. By correspondence dated January 21, 2016, the Defendants provided the Claimant's attorney with an Authorization to Disclose Health Information for LifeCare Psychology Group and requested that the Claimant execute and return the Authorization.
9. The Defendants inquired about the status of the Claimant executing the Authorization by electronic correspondence on March 24, 2016.
10. By electronic correspondence dated March 30, 2016, the Claimant's attorney informed the Defendants that "We will not be signing anymore HIPPA (sic) Forms."
11. Because the Claimant has failed to execute an Authorization for records from LifeCare Psychology Group, the Defendants have been unable to obtain records relevant to this claim from Dr. Rainwater.
12. The Claimant's failure to comply with the Defendants' request to sign the Authorization prevents the Defendants from exercising their right granted by S.C. Code Ann. § 42-15-95 to obtain all relevant medical records.

13. Pursuant to S.C. Code Ann. § 42-15-95, "[a]ll information compiled by a health care facility . . . or a health care provider . . . pertaining directly to a workers' compensation claim must be provided to the insurance carrier, the employer, the employee, their respective attorneys or certified rehabilitation professionals, or the South Carolina Workers' Compensation Commission, within fourteen days after receipt of written request."

14. The Claimant now alleges a psychological injury and entitlement to treatment for such injury, yet refuses to allow the Defendants to obtain records related to his psychological condition and treatment.

15. The Defendants maintain that the medical records from LifeCare Psychology Group are necessary to prepare a defense of the claim, and the Claimant's refusal to execute an Authorization to Disclose Health Information materially prejudices the Defendants.

16. Should the Claimant maintain his refusal to execute the Authorization to Disclose Health Information and the Defendants not be afforded the right to obtain records from LifeCare Psychology Group, the Defendants contend that any records from LifeCare Psychology Group which the Claimant attempts to submit into evidence at the April 20, 2016 hearing should be inadmissible.

WHEREFORE, the Defendants respectfully request the South Carolina Workers' Compensation Commission to issue an Order compelling the Claimant to execute an Authorization to Disclose Health Information for any and all records from LifeCare Psychology Group.

WE HEREBY SO MOVE.

TRASK & HOWELL, L.L.C.
P. O. Box 2167
Mt. Pleasant, SC 29465

By D. Alan Whitehead Jr.
FOR Kirsten L. Barr
Attorney for the Defendants

April 13, 2016

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov

WCC File #: **1507304**
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Kenneth Barr SSN: _____ Employer's Name: Darlington County Schools
Address: _____ Address: 120 E. Smith Avenue
City: _____ State: ___ Zip: _____ City: Darlington State: SC Zip: 29532
Home Phone: (843) 858 - 2266 Work Phone: ( ) - Insurance Carrier: SCSBIT
Preparer's Name: Preston McDaniel Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771 - 7211

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: 5/21/15**
☒ Injury ☒ Illness ☒ Repetitive Trauma ☒ Occupational Disease ☒ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to Head/Brain (Part(s) of Body Injured) on 05/21/2015 (Month/Day/Year) in Darlington county, state of SC.
2. Body part(s) affected are: Encephalopathy, Brain (headaches, memory, fatigue, confusion), neurological/central nervous system, psychological functioning.
   Briefly describe how the accident occurred. See Attachment
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 05/26/2015 (Month/Day/Year) in the following manner:
   Supervisor Larry Stegner (Previous medical notes to be removed from fumes for periods of time)

☒ 7. Due to injury, the claimant is in need of (check one):
   ☒ (a) medical examination and treatment for: Migraines; neurological
   ☒ (b) additional medical examination and treatment for: See #1

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
   5-21-15 and continuing

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

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

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: N/A

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

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim: This is a denied claim - Mediation is not required.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
1. Dr. Marshall White, 312 Broad Street, Sumter, SC 29150 2. Carolina Pines RMC, 1304 W. BoBo Newsom Hwy, Hartsville, SC 29550

11b. To the best of your knowledge, did you have any prior permanent disability? NO
If yes, describe: _____

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

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.**

14. Estimated time needed for hearing: 1.0 hour

☒ 13b **I am requesting a hearing. A $25 fee is required.**

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

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

SCWCC
MAY 03 2016
JUDICIAL

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ___ day of 2016, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature	Attorney for Claimant (Title)	preston@pfmcdlaw.com (Email)	4/29/16 (Date)

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

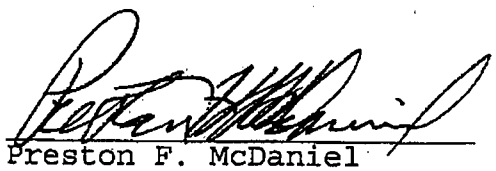
Employee's Notice of Claim and/or Request for Hearing

ATTACHMENT TO FORM 50H

2. Mr. Barr is a painter for the District who continually paints five days a week Monday - Friday during the School Year and Monday through Thursday (10 hrs./day) during the summer using industrial paints; Pre-Catalyzed Epoxy (PCE) and oil based paints. Oil based painting and conversions to pre-catalyzed epoxy are usually done during summers (due to children's allergies), as is concentrated school painting projects. (Ex: whole classrooms, gyms, cafeterias). (Mr. Barr uses a NIOSH respirator while painting).

In August, 2010, Claimant developed migraines which have progressively worsened since that time. After an initial MRI he was referred for treatment to a neurologist whom he saw every 6 months with no DX. After over a year and a F/U MRI he transferred his treatment in October, 2012 to Dr. White. Thereafter, some association by Dr. White with fumes as aggravating his migraines, but not as a cause of the condition and no diagnosis was made as to the cause of his migraines. In October of 2012, he was placed in another job for six (6) weeks away from painting to see if that would help. However, the employer and everyone agrees there was nothing substantive or stating the painting was the cause. On March 16, 2015 Mr. Barr was doing a conversion from oil to PCE. While driving to pick up more paint, he became disoriented, dizzy, developed a severe migraine, became confused, stopped his truck and notified his supervisor. He was sent to the Emergency Room at Carolina Pines Regional Medical Center and consulted with Dr. White. As recorded by his supervisor in May, in March the supervisor and the Claimant discussed that Dr. White was "speculating this was related to your painting environment."

Thereafter, on May 21, 2015, Dr. Marshall White opined and told Mr. Barr for the first time in a note to his employer his opinion on causation: "migraines, fatigue, and memory loss due to VOCs in paint at work". (VOCs = Volatile Organic Compounds). He immediately took the note and reported this to his employer. He was taken out of work indefinitely by Dr. White.



Preston F. McDaniel
Attorney for the Claimant

April 29, 2016

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No: 1507304

AMENDED

Claimant's Name: Kenneth Barr
Address:
City: State: Zip:
Home Phone: ( ) - Work Phone: ( ) -

Employer's Name: Darlington County School District
Address: 120 E. Smith Avenue
City: Darlington State: SC Zip: 29532
Carrier: SCSBIT

Preparer's Name: Preston F. McDaniel
Preparer's Phone #: (803) 771-7211

A claim for workers' compensation benefits is made based on the following grounds:
☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: TO BE DETERMINED 2. AWW: SEE ATTACHED 1 + 2 **Date of Injury:** 5/21/15
3. Type of injury and body part(s): BRAIN (HEADACHES, MEMORY, FATIGUE, CONFUSION), NEUROLOGICAL/CENTRAL NERVOUS SYSTEM, PSYCHOLOGICAL FUNCTIONING
4. Facts in controversy: SEE ATTACHMENT.
5. Legal issues involved: SEE ATTACHMENT
6. Unusual aspects: CLAIMANT MAY OBJECT TO ANY REPORT FROM DR. PRITCHARD PURSUANT TO 42-15-95 AS CLAIMANT WAS NOT PROVIDED WITH MEDICAL RECORDS AND CORRESPONDENCE WITH DR. PRITCHARD PRIOR TO SAME BEING PROVIDED TO DR. PRITCHARD FOR EVALUATION.
7. Witnesses (designate if expert):* SEE NOTICE OF WITNESSES.
8. Exhibits: CLAIMANT REQUESTS THAT WCC FILE NO. 1507304 BE MADE A PART OF THE RECORD.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
   SEE NOTICE OF WRITTEN REPORTS/PHYSICIANS; DR. ROBERT BENNETT, PH.D., TOXICOLOGIST, BY APPEARANCE
10. Name, address, and specialty, if any, of the treating physician: SEE ATTACHMENT.
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner:

☒ **Mediation**
- ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐b. Mediation is required pursuant to Reg. 67-1802.
- ☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I verify the contents of this form are accurate and true to the best of my knowledge.
I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SEE ATTACHED CERTIFICATE OF SERVICE on the ____day of ___20____by; ☒ first class postage ☐ certified mail ☐ personal service.

Signature:
Date of hearing: 08/31/2016
Email: preston@pfmcdlaw.com
Time needed for hearing: 3.0 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Revised 7/13

58

PRE-HEARING BRIEF

ATTACHMENT TO FORM 58

Kenneth Barr v. Darlington County School District
WCC FILE NO: 1507304

1+2. School records show an annual salary of $33,516.29 as of 07/01/2014 resulting in an AWW $644.54 and a C/R of $429.71.

4. **Facts in controversy:**

a. Whether the Claimant sustained injury by accident, repetitive trauma and/or occupational disease under the Act.

Mr. Barr was employed as a commercial painter for the District who continually painted five days a week Monday - Friday during the School Year and Monday through Thursday (10 hrs./day) during the summer using industrial paints; Pre-Catalyzed Epoxy (PCE) and oil based paints. Oil based painting and conversions to pre-catalyzed epoxy are usually done during summers (due to children's allergies), as is concentrated school painting projects. (Ex: whole classrooms, gyms, cafeterias). [Mr. Barr used a NIOSH respirator while painting inside most of the time, but sometimes not if he could open windows and achieve what he believed to be adequate ventilation. He did not wear gloves or any other protective clothing including long sleeve clothing.]

Occupational Disease:

Mr. Barr was continually exposed to VOCs (Volatile Organic Compounds) in the commercial paints and solvents used in his job as a commercial painter for the School District.

His exposure as a commercial painter to VOCs is a hazard which is peculiar to particular trades and occupations that use substances and chemicals that contain VOCs and his occupational disease (toxic encephalopathy) is a direct result of his exposure to VOCs. At least five products for which MSDS Sheets were provided by the School District to which Mr. Barr was continually and repeatedly exposed state that "routes of exposure: inhalation of vapor or mist"; EYE

or SKIN contact with the product, vapor or spray mist and that "**repeated and prolonged overexposure" to the chemical is associated with causing "permanent brain and nervous system damage**".

Continual exposure to VOCs was part of his normal working conditions of his occupation as a commercial painter for the District and caused his occupational disease, "encephalopathic condition" due to "VOC exposure".

His disease is directly and naturally from his exposure to VOCs in the workplace.

His disease does not and did not result from outside climatic conditions.

His disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which he was equally exposed outside of his employment.

His disease is not a disease of the cardiac, pulmonary or circulatory system; not resulting from external gaseous pressure, but is a condition resulting from natural entrance through the skin and cellular membranes of foreign organic/inorganic materials, VOCs, through circumstances peculiar to the employment.

His disease is not a chronic disease of the skeletal joints.

b. The evidence will show that the Claimant sustained severe permanent damage and injury to his brain which was gradual in onset and was caused by the cumulative effects of repetitive traumatic events, repetitive exposure to VOCs, continually during work through repetitive contact and/or inhalation of VOCs in his job as a commercial painter and which is also based on the medical opinion of his treating neurologists stated to a reasonable degree of medical certainty.

c. The Claimant notified his employer within days of being definitively diagnosed with an occupational disease and his last repetitive traumatic exposure due to continual and repeated exposure to VOCs in his job as a commercial painter. He did not become disabled until after notice of his condition.

d. The evidence will establish that the Claimant is totally and permanently disabled due solely to "severe, permanent brain damage caused by both repetitive and continual exposure to VOCs in his employment with the District as a commercial painter.

e. If after review of the evidence the Commissioner determines that the Claimant is not at maximum medical improvement, the Claimant is entitled to an Award for temporary total disability benefits starting from May 21, 2015 when he went out of work and continuing until the Claimant reaches maximum medical improvement. If the Commission determines that he is at MMI and he is totally and permanently disabled as per the opinion of his treating neurologist, Dr. Marshall White and the other evidence presented, the Claimant is entitled to an Award for total and permanent disability with the lifetime payment of weekly compensation benefits due to his total and permanent disability being as a direct result of severe and permanent brain damage.

f. The Claimant's entitlement to all medical care provided by Dr. White, Dr. R. Joseph Healy, MD, and other medical providers since his diagnosis resulting from the injury by accident, repetitive trauma and/occupational disease. If the Commission determines that he has not reached maximum medical improvement, his entitlement to such medical care until he reaches maximum medical improvement that will have a tendency to reduce the degree of disability for all causally related medical conditions stemming from the work-related injury, repetitive injury and/or occupational disease.

In the event that the Claimant is determined to be totally and permanently disabled, the Claimant is entitled to lifetime medical care for all such medical care as will effect a cure or provide relief from the disability symptoms stemming from the work-related condition, injuries and problems that he has related to the work-related accident, repetitive injury and/or occupational disease. Claimant requests that Dr. Healy be designated as the authorized treating physician along with such other authorized medical providers as he deems appropriate to treat the Claimant's causally

related medical problems stemming from his work related accident, injury and/or disease.

5. **Legal issues involved:**

IN CORRELATION WITH RESPONSES UNDER NUMBER 4:

a+b. SC Code §42-1-160, §42-1-172 and §42-11-10, et. seq.;

As to §42-1-160 - Sturkie v. Ballenger Corp. 268 S.C. 536, 235 S.C.2d. 120 (1960); Strawhorn v. Chapman Construction Co., 202 S.C. 43, 24 S.E.2d 116 (1943);

As to §42-1-172 - Pee v. AVM, 352 S.C. 167, 573 S.E.2d 785 (2002); Murphy v. Owings Cornings, 393 S.C. 77, 710 S.E.2d 454 (SC App. 2011); Michau v. Georgetown County Ex. Rel. S.C. Counties Workers' Compensation Trust, 396 S.C. 589, 723 S.E.2d 805 (2012);

As to §42-11-10, et seq., Mohasco Corp. Dixianna Mill Div. v. Rising, 292 S.C. 489, 357 S.E.2d 456 (1987); Fox v. Newberry County Memorial Hosp., 316 S.C. 537, 451 S.E.2d 28, rev. in part, 319 S.C. 278, 461 S.E.2d 392 (1995).

c. SC Code §42-15-20 and §42-15-40. Cases: White v. Orr Lyons Mills, 287 S.C. 174, 336 S.E.2d 467 (1985); Drake v. Raybestos-Manhattan, Inc., 241 S.C. 116, 127 S.E.2s 288 (1962); Hanks v. Blair Mills, Inc., 286 S.C. 378, 335 S.E.2d 91 (SC App. 1985).

d. The Claimant's entitlement to an award for total and permanent disability based on:

1) §42-9-10 and §42-1-120 defines total disability under §42-9-10; Coleman v. Quality Concrete Products, Inc., 245 S.C. 645, 142 S.E.2d 43 (1965); Colvin v. E.I. Dupont DeNemours Co., 227 S.C. 465, 88 S.E.2d 581 (1955); Stephenson v. Rice Services, 323 S.C. 113, 473 S.E.2d 699; in Stephenson the Supreme Court specifically held that even if the claimant is employed is irrelevant to the decision of whether the claimant is totally disabled under the Act. The question is whether based on the claimant's age, education, background and experience and the physical facts of the injury the services a claimant can perform are so limited in quality, quantity or

dependability that a reasonably stable market for them does not exist;

2) §42-11-20 - Occupational Disease - defining total disability;

3) §42-9-10(C) The Supreme Court and Court of Appeals have held that where the Commission determines that the Claimant is totally and permanently disabled under the Act and has suffered physical brain damage the Claimant is entitled to weekly compensation benefits for life. Pearson v. JPS Converter, 327 S.C. 393, 489 S.E.2d 219 (SC App. 1997) Reh. den., cert. den. (2/5/98).

In Sparks v. Palmetto Hardwood Inc., 406 S.C. 124, 750 S.E.2d 61 (2013) and in Crisp v. Southco, Inc., 401 S.C. 627, 738 S.E.2d 835 (2013) the Court then defined physical brain damage for the Commission to apply to the facts before it which requires an award of Life Time Benefits where those facts are proved by a preponderance of the evidence:

> "We conclude, therefore, the General Assembly intended "physical brain damage" in §42-9-10C **to have a meaning consonant with §42-9-400(d) of permanent physical damage to the brain.**" Sparks, supra, 750 S.E.2d at P63-64.
>
> "S.C. Code Ann. §42-9-400(d) (Supp. 2011) ("As used in this section, 'permanent physical impairment' means any permanent condition, whether congenital or due to injury or disease, of such seriousness **as to constitute a hindrance or obstacle to employment or to obtaining reemployment** if the employee should become unemployed.") Crisp, 738 S.E.2d at 843 (Emphasis added).
>
> "The General Assembly meant to require severe permanent impairment of **normal brain function.**) in order for an injured worker to be deemed physically brain damaged under §42-9-10(C)." Sparks, 750 S.E.2d at P64.
>
> But the Supreme Court declined,

"To impose a requirement that the damage be proved through an 'objective diagnostic medium' **since some indisputably physical brain damage may not be revealed by diagnostic instruments that can detect only relatively gross physical abnormalities.**" Sparks, 750 S.E.2d at P64.

Applying Sparks and Crisp in Baker v. Hilton Hotels 406 S.C. 395, 752 S.E.2d 279 (SC App 2013), the Commission found that the Claimant was totally and permanently disabled but that he did not sustain physical brain damage. The Commission relied on the report of a psychologist Dr. Deysach's report (not a medical doctor or medical opinion) that also included the opinion that the Claimant had sustained an injury to the head with post-concussive symptoms but no restriction as, "a result of the physical brain damage." The Court remanded the case to the Commission requiring the Commission to,

"cite **specific evidence** to support its determination as to whether Baker sustained physical brain damage." Baker, 752 S.E.2d at P283. (Emphasis added).

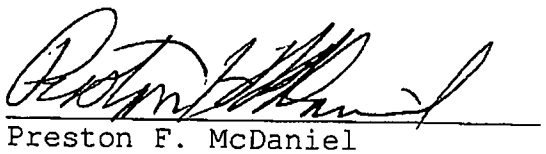
e. Claimant's entitlement, if not at MMI, to Temporary Total Disability under SC Code §42-9-10 and 42-1-120; Last v. MSI Const. Co. Inc., 305 S.C. 349, 409 SE2d 334 (1991);

f. Claimant's entitlement to medical care if not at MMI under §42-15-60 and/or due to being totally and permanently to lifetime medical care under §42-15-60; and/or under Dykes v. Daniel Construction Co., 262 S.C. 98, 202 S.E.2d 646; Dodge v. Bruccoli, et al., 334 S.C. 574, 514 S.E.2d 593 (SC App 1999);

10. Dr. Marshall White, 312 Broad Street, Sumter, SC 29150; Carolina Pines RMC, 1304 W. BoBo Newsom Hwy, Hartsville, SC 29550; Dr. Raymond Chapman, Hartsville Medical Group, 701 Medical Park Drive, Hartsville, SC 29550; Dr. Roland Skinner, III, M.D., McLeod Medical Plaza, 800 E. Cheves Street, Suite 380, Florence, SC 29506; Dr. R. Joseph

Healy, 805 Pamplico Highway, Suite A130, Florence, SC 29505.

Respectfully Submitted,



Preston F. McDaniel
Attorney for Claimant

August 16, 2016

STATE OF SOUTH CAROLINA)) COUNTY OF DARLINGTON) KENNETH BARR,)) Employee Claimant,)) v.)) DARLINGTON COUNTY) SCHOOL DISTRICT,)) as Employer, and)) SCSBIT,)) as Carrier,)) Defendants.)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No: 1507304 **AMENDED** **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT, KENNETH BARR** **HEARING DATE: 8/31/16**

TO: KIRSTEN L. BARR, ATTORNEY, ATTORNEY FOR THE DEFENDANTS:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Kenneth Barr, 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 reports/physician or other evidence on behalf of the Claimant, to wit:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Dr. Marshall A. White, M.D. Neurology & Pain Management	10/17/12-12/23/15	1-75(A-D)
2	Dr. Nicholas Lind, Psy. Post Trauma Resources	12/16/15	76-83
3	Carolina Pines Hospital	03/16/15	84-98
4	Dr. Raymond Chapman, M.D. The Medical Group	02/10/10-04/07/15	99-170
5	Dr. Roland Skinner, III, M.D.	09/23/10-10/16/12	171-192
6	Darlington School District Records	05/27/09-07/01/15	193-207
7	Article from Occupational & Environmental Medicine entitled "Solvent Neurotoxicity"	March 2006	208-218

8	Dr. R. Joseph Healy, M.D.	03/31/16-08/16/16	219-229
9	Carolinas Hospital System	07/05/16-07/06/16	230-246

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 deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred 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 evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Mrs. Anna Barr, Mr. Larry Stegner, Dr. Robert Bennett, Ph.D., any witness listed, named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211
Attorney for the Claimant

August 16, 2016

STATE OF SOUTH CAROLINA)) COUNTY OF DARLINGTON)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File No: 1507304
KENNETH BARR,)) Employee Claimant,)) v.)) DARLINGTON COUNTY)) as Employer, and)) SCSBIT,)) as Carrier,)) Defendants.)	**HEARING DATE: 8/31/16** **APA SUBMISSIONS**

Pursuant to South Carolina Code §1-23-330 and Commission Rule 67-612 Preston F. McDaniel, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Dr. Marshall A. White, M.D. Neurology & Pain Management	10/17/12-12/23/15	1-75(A-D)
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5	Dr. Roland Skinner, III, M.D.	09/23/10-10/16/12	171-192
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7	Article from Occupational & Environmental Medicine entitled "Solvent Neurotoxicity"	March 2006	208-218
8	**Dr. R. Joseph Healy, M.D.**	**03/31/16-08/16/16**	**219-229**
9	**Carolinas Hospital System**	**07/05/16-07/06/16**	**230-246**

RE: Kenneth Barr

Dear Dr. White:

I would appreciate it if you would provide answers and opinions to the following questions based on your medical records and review of Peer Review articles concerning solvent neurotoxicity:

1. Based on your review of the Material Safety Data Sheets (MSDS) that are contained within your medical records and which were provided to you and Mr. Barr by the School District after his request, do you agree that at least five (5) of those MSDS sheets for the various chemicals and solvents to which he was exposed state that the routes of exposure are through, "INHALATION of vapor or mist, and EYE or SKIN contact with the product, vapor or spray mist, and that, "repeated and prolonged over-exposure to solvents" are associated, "with permanent brain and nervous system damage?

✓ Yes _____ No

MAW (initials)

2. Based on your research and knowledge in this area and review of the MSDS sheets, and the Peer Reviewed article entitled "Solvent Neurotoxicity" published by the National Institute of Health and found in Occupational Environmental Medicine, 2006, 63(3): 221-226 which states that, "dermal exposure is important in some industries such as painting and industrial degreasing. Dermal uptake may contribute a significant fraction of the total body burden of solvents in workers employed in these sectors; Semple gives the example of a worker whose dermal exposure to solvent xylene would contribute more than 50% of their total body burden (Semple S, "Dermal exposure to chemicals in the workplace: just how important is skin absorption? Occup. Environ. Med. 200461376-382.382 (Pub. Med.)) and figure 1 of that article which states that, "industrial spray painters may have significant dermal exposure to solvents. This is due both to overspray and to the use of solvents such as white spirits as cleaning agents" does all of this confirm your own personal knowledge of Mr. Barr, his job, and your opinion that his encephalopathic condition was caused by exposure to VOCs in his job, as a Board Certified Neurologist?

✓ Yes _____ No

MAW (initials)

3. Based on your review of the MSDS Sheets and your discussions with your patient, Mr. Kenneth Barr, concerning his work as a commercial painter with the School District, and assuming as a fact that he never wore gloves nor wore any other type of protective clothing, and that he did not wear a respirator when he was outside but did wear a NIOSH respirator when he was inside (generally, except in well ventilated open air areas or rooms), in your opinion is it more probably than not that his exposure to Volatile Organic Compounds came from dermal, or in other skin exposure, as much as it did from inhalation exposure based on this description, and the lack of protective clothing and the use of a respirator?

✓
Yes

No

MAW (initials)

The above referenced opinions and answers to the questions posed are stated to a reasonable degree of medical certainty and are based upon my personal knowledge and review of the MSDS Sheets, my conversations and treatment of Mr. Kenneth Barr, and my review of the articles referred to.

Marshall A. White, M.D.

9 Feb 16
Date:

Marshall Allyn White, MD
Board Certified Neurologist

23 December 2015

To: Preston F. McDaniel
From: Dr. Marshall A. White, MD

Re: Kenneth Barr – Neuropsychological Testing

Dear Mr. McDaniel:

I have received and reviewed the neuropsychological test results and the report of Dr. Nicholas Lind, Clinical Psychologist and based on my review of the test results and Dr. Lind's opinion, the neurological test results confirm my previous opinions expressed concerning Mr. Barr and this affirmation of my previous opinions constitute my opinions to a reasonable degree of medical certainty concerning Mr. Kenneth Barr.

Sincerely,

Marshall A. White, MD

1275 Ben Sawyer Blvd., Suite
Mount Pleasant, SC 294(
Main: 843-216-7311 ~ Fax: 843-388-58

October 21, 2015

To: Preston McDaniel
Re: Barr, Kenneth

Dear Mr. McDaniel:

Thank you for your inquiry regarding Kenneth Barr. Kenneth Barr has been a patient of mine for the last several months and was referred by Dr. Raymond M. Chapman, MD. Initially, I saw him for headaches, but his condition over time became more significant. In October of 2012, I recommended that he avoid exposure to volatile organic compounds, including paint fumes, for six weeks. I ordered this in response to his complaint that headaches and other neurologic symptoms were occurring as a result of inhaling paint fumes. His initial complaint to me, in October of 2012, was back pain and severe headaches. He reports that he had been experiencing these symptoms for two and a half years prior to his October 17, 2012 appointment. He indicated that his headaches were getting worse over time; he was awakening in the morning with headaches and was experiencing psychiatric symptoms. These symptoms include depression and anxiety. He had been placed on medications for this disorder by his family physician. I raised the possibility of migraine headache, but I was concerned from the start about his exposure to volatile organic compounds. As I followed Mr. Barr over time, it became clear to me that the source of his medical problems was his exposure to these chemicals. His condition progressed to the point that I insisted that he avoid these exposures. He was developing an encephalopathy where he was having memory difficulties, forgetfulness, depression, anxiety and slow processing speeds. Essentially, he was becoming demented as a result of exposure to VOCs at his job as a painter.

Mr. Barr discontinued follow-up visits for a period of time, but reemerged in my practice in April of 2015. He had continued to work and expose himself to volatile organic compounds and was complaining again of severe headache, memory loss, fatigue, confusion and disorientation. A review of his systems was positive for numbness and tingling in his right arm, memory loss, dizzy spells, blurred vision, headaches, difficulty sleeping, drowsiness, loss of appetite, nausea and others. The symptoms mentioned are directly related to exposure to volatile organic compounds. In May of 2015, I put him out of work until further notice as he was not provided with any relief from these exposures in the context of his employment.

I noted in the spring of 2015 that he continued to experience worsening symptoms of VOC exposure, including severe headaches, fatigue, memory loss, flatness of affect, slow mental processing speeds and anxiety. His wife reported that his personality had changed and that he was experiencing memory lapses. I insisted that he stop his exposure to these compounds. Over the summer of 2015, I placed him on a psychostimulant and Topamax to see if this would help with some of his symptoms and, while it may have helped to some degree, he continued to suffer the affects of VOC exposure.

It is my opinion, to a reasonable degree of medical certainty, that Mr. Barr has suffered an encephalopathic condition which has led to severe permanent brain damage. He will require ongoing neurological care for static encephalopathy and dementia, which has resulted from these exposures. Medications such as psychostimulants, antidepressants, anxiety agents, sleep aids and headache medications will more likely than not be utilized in the treatment of his condition over

1275 Ben Sawyer Blvd., Suit
Mount Pleasant, SC 294
Main: 843-216-7211 – Fax: 843-388-58

time. It is further my opinion that Mr. Barr is totally and permanently disabled and unsuited for any rehabilitation that would enable him to re-enter the workforce.

Sincerely,

Marshall A. White, MD

/mti/81001//21237/1014722
D: 10/21/2015 09:57
T: 10/21/2015 12:01

1275 Ben Sawyer Blvd., Suit
Mount Pleasant, SC 294
Main: 843-216-

Re: Kenneth Barr

From Dr. Marshall A. White, MD

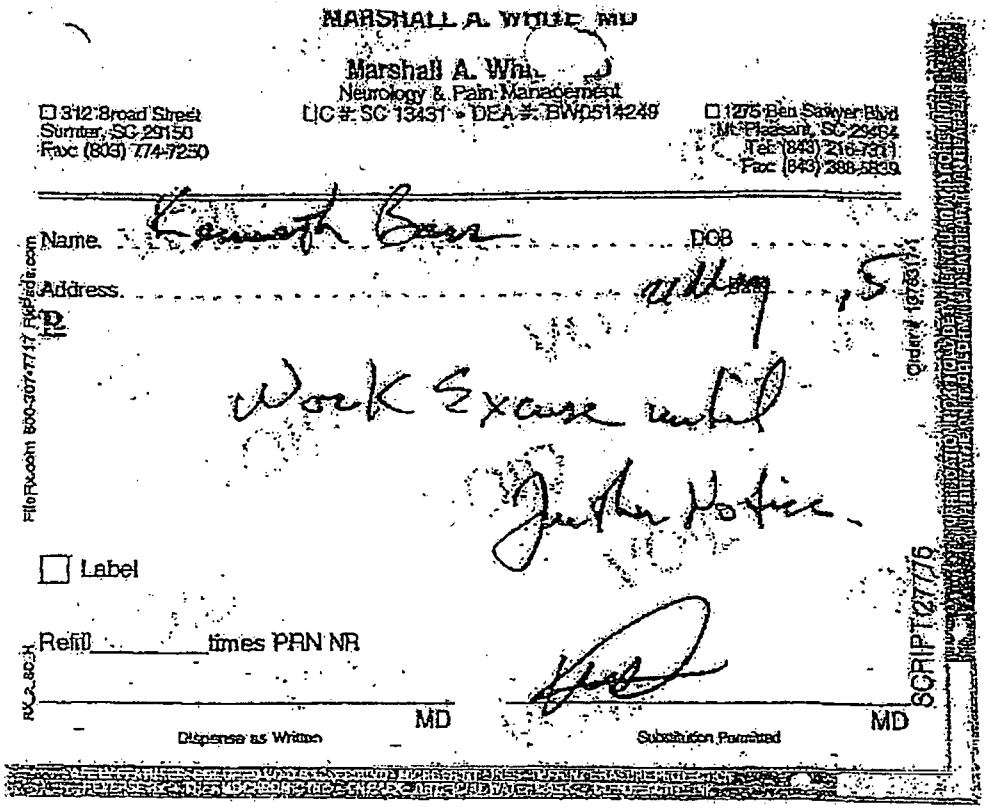
To Whom It May Concern:

This will confirm that my opinion as stated in my May 21, 2015 note given to my patient Kenneth Barr that his, "fatigue, migraines and memory loss are due to the VOC's (volatile organic compounds) in the paint from work," is my opinion stated to a reasonable degree of medical certainty as to the cause of those problems for which I am treating him. Another copy of that statement is attached to this statement.

Dr. Marshall A. White, MD

10 Sept 15
Date

1 of 2



MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

Name: Kenneth Base DOB

Address: Date: 21 May 15

℞

Work Excuse until
further Notice.

☐ Label

Refill _____ times PRN NR

_____ MD

Dispense as Written

_____ MD

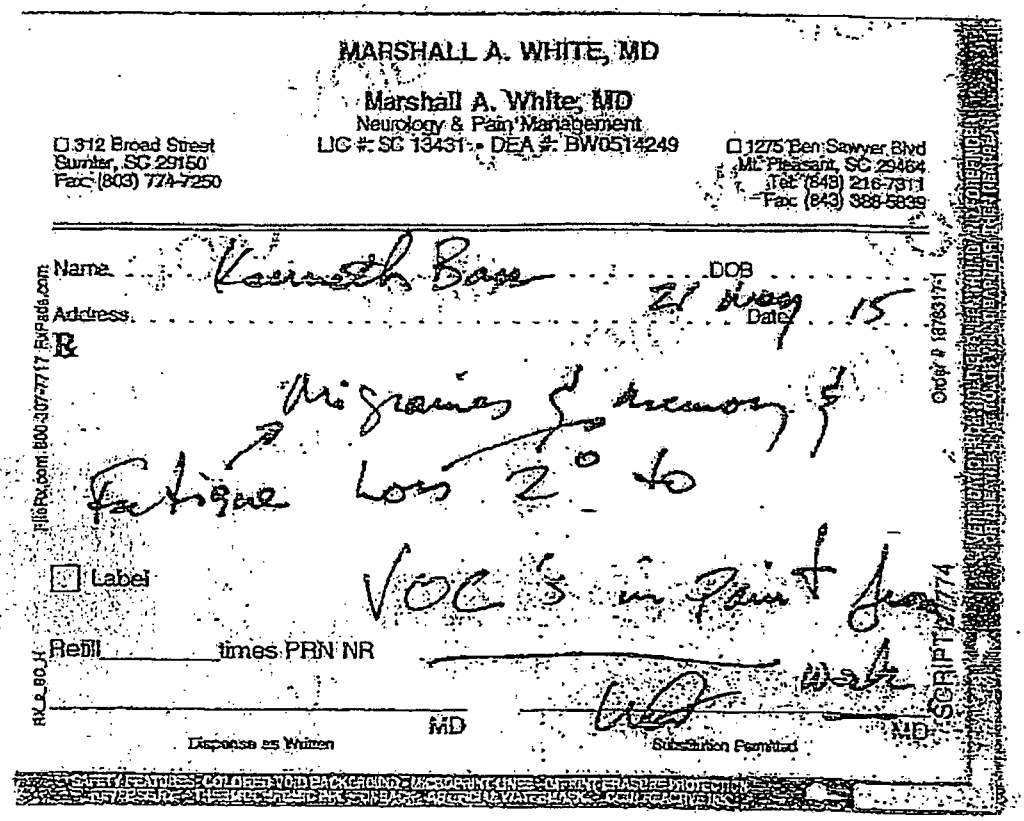
Substitution Permitted

FileRx.com 800-307-7717 RxPads.com

RX-S_80_H

Order # 1878317-1

SCRIPT 27776



MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

Name: Kenneth Base DOB

Address: Date: 21 May 15

℞

Migraines & Chronic Fatigue Loss 2° to

VOC's in Pain Mgt

☐ Label

Refill _____ times PRN NR

_____ MD

Dispense as Written

_____ MD

Substitution Permitted

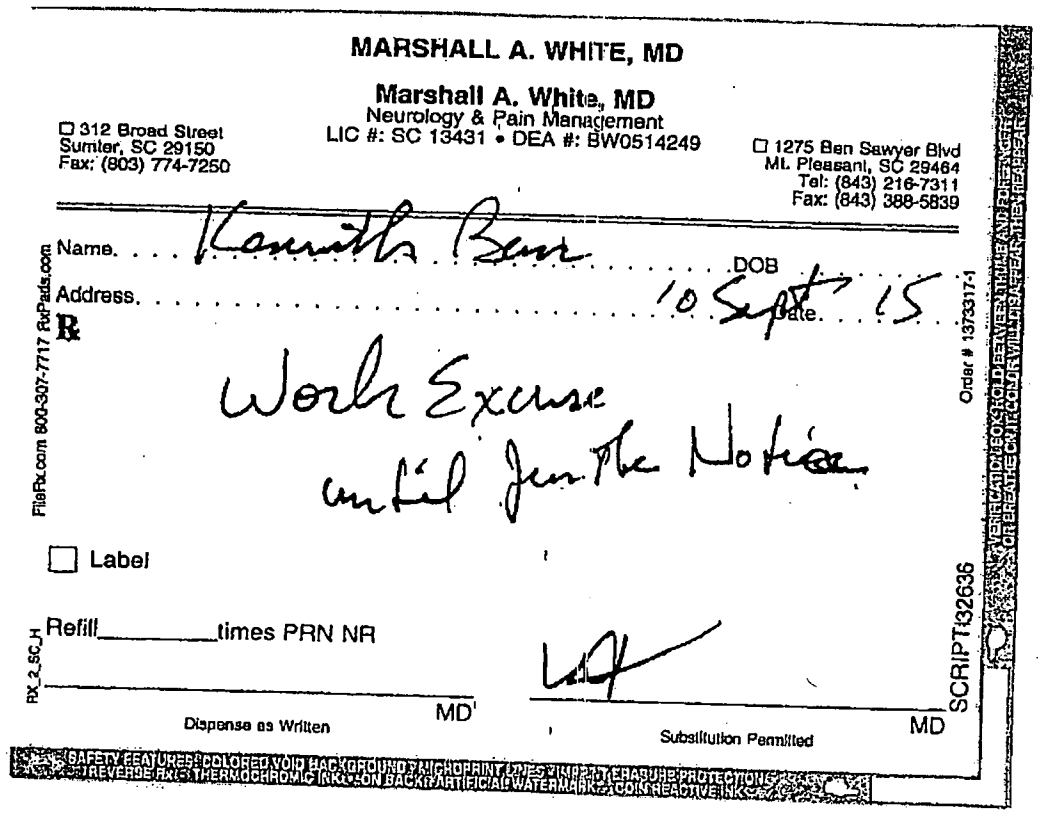
FileRx.com 800-307-7717 RxPads.com

RX-S_80_H

Order # 1878317-1

SCRIPT 27774

2-7-2



MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

☐ 1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

Name. . . . Kenneth Bess . . . . . DOB . . . .

Address. . . . . Date. 10 Sept 15

℞

Work Excuse
until further Notice

☐ Label

Refill_____times PRN NR

Dispense as Written MD

Substitution Permitted MD

FileRx.com 800-307-7717 RxPads.com

RX_2_SC_H

Order # 1373117-1

SCRIPT32636

SAFETY FEATURES: COLORED VOID BACKGROUND • HIGH PRINT DENSITY • TAMPER PROTECTIONS
REVERSE: THERMOCHROMIC INK • ON BACK: ARTIFICIAL WATERMARK • COIN REACTIVE INK

MARSHALL A. W[illegible]E, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

☐ 1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

FileRx.com 800-307-7717 RxPads.com

Name. Kenneth Barr DOB

Address. Date. 16 Feb 15

℞

Work Excuse until
further Notice.

☐ Label

Refill_____times PRN NR

Dispense as Written MD

Substitution Permitted MD

RX_2_SC_H

Order # 13733

SCRIPT30014

MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 312 Broad Street
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☐ 1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

FileRx.com 800-307-7717 RxPads.com

Name. Kenneth Barr DOB

Address. Date. 16 Feb 15

℞

Holderall 20 ml
#30
Take 1 PO q AM or ½ PO BID

☑ Label

Refill 0 times PRN NR

Dispense as Written MD

Substitution Permitted MD

RX_2_SC_H

Order # 13733

SCRIPT30013

Standard Insurance Company
800.368.1135 Tel 800.378.6053 Fax
PO Box 2800 Portland, OR 97208

Disability Insurance
Employee's Statement

To Be Completed By Employee

For a prompt review of your claim, ALL of this form must be thoroughly completed by the appropriate persons.

Employee's Full Name	Employer Name	Plan number
KENNETH BARR	DARLINGTON COUNTY SCHOOL	1

Social Security No.	Phone No.	Birthday	Sex	Birthdate of Youngest Child
[illegible]	([illegible]	/ - ,	☑ M ☐ F	

Address	City	State	Zip Code
5			

1. Is your disability work related? ☑ Yes ☐ No If yes, have you filed a Workers' Compensations claim? ☑ Yes ☐ No

2. Last date at work before disability 5-26-15 Date you returned or expect to return to work has not been determined by docto

3. Cause of Disability: ☑ Accident ☑ Illness ☐ Pregnancy If accident or illness, please explain (include date and location, if applicable)

Dr. says overexposure and inhalation of prolonged ~~[illegible]~~ V.O.C.'s in paints.

4. Please describe all work activity, including self employment, since the start of your disability. If none, initial here _____

none

Acknowledgement - I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.

Signature Kenneth Barr Date June 5, 2015

Standard Insurance Compa

800.368.1135 Tel 800.378.6053 Fax
PO Box 2800 Portland, OR 97208

Disability Insurance
Attending Physician's Statement

To Be Completed By Employee

Employee's Full Name	Employer Name	Plan No.
KENNETH BARR	DARLINGTON COUNTY SCHOOL DISTRICT	Claim No.

To Be Completed By The Attending Physician

The following information is needed to document the patient's inability to work. The patient is responsible for obtaining a complete form without expense to The Standard. Please complete this form and mail or fax it to The Standard using the contact information listed above.

1. Diagnosis A. Diagnosis: Encephalopathy — ICDA Classification:

B. Symptoms: HA MEMORY LOSS — Height: 5'10" Weight: 138 B/P: 118/72

2. Pregnancy (if applicable) A. Expected date of delivery: B. Actual date of delivery: ☐ Vaginal ☐ C-section

3. History and Treatment A. Date you recommended the patient stop work: 21 MAY 15 B. When did symptoms appear or accident happen? OVER SEVERAL YEARS

C. Has the patient ever had the same or similar conditions? ☐ Yes ☒ No If yes, when?

D. Is this condition related to the patient's employment? ☒ Yes ☐ No E. Did you complete a Workers' Compensation claim form? ☐ Yes ☒ No

F. Date of first visit for this condition: 10-17-12 G. Frequency of subsequent visits: ☐ Weekly ☐ Monthly ☒ Other _____ H. Date of most recent visit: 4 JUNE 15

I. Describe planned course and duration of treatment: STOP EXPOSURE TO VOC's TOPAMAX

J. Hospitalization? ☐ Yes ☒ No K. Date Admitted: Date Discharged: L. Surgery? ☐ Yes ☐ No M. Date Surgery Completed/Scheduled:

N. Reason/Surgery Type: O. Surgery/Post Surgery Complications? ☐ Yes ☐ No If yes, please describe _____

4. Level of Functional Impairment *Please attach recent chart notes/pertinent records*

A. Describe patient's physical and/or mental limitations and restrictions (functional capacity): SLOW MENTAL PROCESSING SPEED

B. Factors Delaying Recovery (if applicable)

C. How long do you expect these limitations and restrictions to impair your patient? ☐ Date _____ ☐ Unable to determine, follow up in _____ Weeks ☒ Permanently

D. Is the patient competent to manage insurance benefits? ☒ Yes ☐ No
If no, is the patient competent to appoint someone to help manage the insurance benefits? ☐ Yes ☐ No

5. Physician Information *Please type or print*

Name of physician completing this form	Specialty	Phone No.
M A WHITE	NEUROLOGY	843 216 7311
Address	**City**	**State** / **Zip** / **Fax No.**
1275 BENSAWYER BLVD	MT PLEASANT	SC 29464 ( )

Acknowledgement - I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.

Signature _____ Date 4 June 15

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy or other medical or medically related facility or association.
- Kaiser Permanente.
- Any insurance company or annuity company.
- Any employer, policyholder or plan sponsor.
- Any organization or entity administering a benefit or leave program (including statutory benefits) or an annuity program
- Any educational, vocational or rehabilitation counselor, organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (*for example, Social Security Administration, Public Retirement System, Railroad Retirement Board, Workers' Compensation Board, etc.*).

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Prognosis and treatment of any physical or mental condition, including:
  - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
  - Any communicable disease or disorder.
  - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.
  - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.

and:

- Any non-medical information requested about me, including such things as education, employment history, earnings or finances, return to work accommodation discussions or evaluations and eligibility for other benefits or leave periods including but not limited to claims status, benefit amount, payments, settlement terms, effective and termination dates, plan or program contributions, etc.

TO STANDARD INSURANCE COMPANY, THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK, THE STANDARD BENEFIT ADMINISTRATORS AND THEIR AUTHORIZED REPRESENTATIVES (referred to as "The Companies", individually and collectively), AND MY EMPLOYER'S ABSENCE MANAGEMENT PROGRAM ADMINISTRATOR ("Absence Manager").

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without without restriction.
- I understand that each of The Companies and Absence Manager will gather my information only if they are administering or deciding my disability or leave of absence claim(s), and will use the information to determine my eligibility or entitlement for benefits or leave of absence.
- I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to The Companies and Absence Manager, except to the extent the authorization has been relied upon to disclose requested records. A revocation of the authorization, or the failure to sign the authorization, may impair The Companies and Absence Manager's ability to evaluate or process my claim(s), and may be a basis for denying or closing my claim(s) for benefits or leave of absence.
- I understand that in the course of conducting its business The Companies and Absence Manager may disclose to other parties information about me. They may release information to a reinsurer, a plan administrator, plan sponsor, or any person performing business or legal services for them in connection with my claim(s). I understand that The Companies and Absence Manager will release information to my employer necessary for absence management, for return to work and accommodation discussions, and when performing administration of my employer's self-funded (and not insured) disability plans.
- I understand that The Companies and Absence Manager comply with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to them pursuant to this authorization may be subject to redisclosure with my authorization or as otherwise permitted or required by law. Information retained and disclosed by The Companies and Absence Manager may not be protected under the Health Insurance Portability and Accountability Act [HIPAA].
- I understand and agree that this authorization as used to gather information shall remain in force from the date signed below:
  - For Standard Insurance Company, the duration of my claim(s) or 24 months, whichever occurs first.
  - For The Standard Life Insurance Company of New York, the duration of my claim(s) or 24 months, whichever occurs first.
  - For The Standard Benefit Administrators, the duration of my claim(s) administered by The Standard Benefit Administrators or 24 months, whichever occurs first.
  - For Absence Manager, 24 months.
- I understand and agree that The Companies and Absence Manager may share information with each other regarding my disability and leave of absence claim(s). This authorization to share information shall remain valid for 12 months from the date signed below.
- I acknowledge that I have read this authorization and the New Mexico notice on page 2. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

Name (please print) Kenneth Barr Social Security No. [redacted]

Signature of Claimant/Representative Kenneth Barr Date June 5- 2015

MARSHALL ALLYN WHITE, MD
NEUROLOGY & PAIN MANAGEMENT

OFFICE ASSESSMENT

NAME: [illegible] CHART# _____ DATE: 10 July 15

CHIEF COMPLAINT: PAIN LEVEL 0 1 2 3 4 5 6 7 8 9 10/10
MEDICATIONS SIDE EFFECTS: Y (N) _____
FUNCTIONAL LEVEL _____ WHEN IS YOUR WORST PAIN? _____
ANY TYPE OF RASH ___ VOIDING? _____
ANY SEIZURES? _____ HOW MANY? _____
ANY TESTING DONE? (MRI, CT, BLOODWORK) _____
DID YOU GO TO ER OF HAVE YOU BEEN ADMITTED TO HOSPITAL? Y (N) FACILITY _____
DATE _____

_____ [illegible] _____
LABS: _____ worse in _____

REVIEW OF SYSTEMS: _____
PAST MEDICAL HISTORY: UNCHANGED _____
FAMILY/SOCIAL HISTORY: (UNCHANGED) _____
MEDICATIONS:

PHYSICAL EXAMINATION

VITALS: BP _____ PULSE 70 TEMP Afr WT _____ RESP. IC
APPEARANCE _____

HEET: UNREMARKABLE _____ ABDOMEN: BENIGN _____
NECK: _____ GU: _____
BREAST: _____ MS: _____
CV: REGULAR RATE & RHYTHM _____ SLR: _____ CLS _____
LUNGS: CLEAR _____ EXT _____
NEUROLOGICAL NO FOCAL ABNORMALITY: _____
CN II-XII _____
SENSORY _____
MOTOR _____
CEREBELLAR _____
REFLEXES _____
IMPRESSION: _____
PLAN: _____
MARSHALL A. WHITE, MD _____

1275 Ben Sawyer Blvd., Suite B
Mount Pleasant, SC 29464
(843) 216-7311 Fax: (843) 388-5839
www.DrMWhite.com

NEUROLOGY PAIN MANAGEMEN

Account #	DOb	Age	Appt Date/Time

Patient Name

Insurance

Office Services-New Referral	EEG	Diagnosis/ICD-9
99241- LEVEL I-BRIEF	24 hour EEG 95956	OFFICE VISIT DX:
99242- LEVEL II EXPANDED	Digital Analysis of EEG 95957	
99243 LEVEL III DETAILED		PROCEDURE #1 DX:
99244- LEVEL IV COMPREHENSIVE		
99245- LEVEL V COMPLEX		PROCEDURE#2 DX:
OFFICE SERVICES-NEW (NON-REFERRAL)	OTHER SERVICES	
99201 LEVEL I	80104 URINE DRUG SCREEN	J3420 B12 INJECTION
99202 LEVEL II	99354 GILENYA	FORMS
99203 LEVEL III	99355 X 10 GILENYA MONITORING	99455 WORK RELATED/MED DISABILITY
99204 LEVEL IV	L1832 WARRIOR KNEE BRACE	TREATING PHYSICIAN
99205 LEVEL V	L0631 BACK BRACE	99456 WORK RELATED/MED DISABILITY
OFFICE FOLLOW UPS	L0637 BACK BRACE	NON TREATING PHYSICIAN
99211 LEVEL I	3-10 MIN SMOKING CESSATION	99080 SPECIAL REPORT
99212 LEVEL II	EMG/NERVE CONDUCTIONS	MISC.
99213 LEVEL III	95907 1-2 NERVE CONDUCTION STUDIES	A4550 SURGICAL TRAY/SUPPLIES
99214 LEVEL IV	95908 3-4 NERVE CONDUCTION STUDIES	64612 RT Botox Head
99215 LEVEL V	95909 5-6 NERVE CONDUCTION STUDIES	64612 LT Botox Head
INJECTIONS	95910 7-8 NERVE CONDUCTION STUDIES	64613-RT Botox Neck
20552 TRIGGER PT INJECTION	95911 9-10 NERVE CONDUCTION STUDIES	64613-LR Botox Neck
64405 OCCIPITAL NERVE	95912 11-12 NERVE CONDUCTION STUDIES	
62272 LUMBAR PUNCTURE (DX)	95913 13 OR MORE NERVE COND. STUDIES	
62311 EPIRDURAL STEROID BLOCK	95903 MOTOR W/F REFLEX	
62273 BLOOD PATCH	95937 REPETITIVE STIMULATION TEST	
64445 SCIATIC N. BLOCK	95934 H REFLEX	
J1040 METHYLPREDNISONE 80MG	A4649 TECA NEEDLE	
JOINT INJECTIONS	95860 EMG 1 EXTREMITY W/PSM	
27096 SI JOINT	95861 EMG 2 EXTREMITY W/PSM	RETURN: TOTAL FEE:
20610 LARGE(SHOULDER, HIP, KNEE)	95863 EMG 3 EXTREMITY W/PSM	81.59
MARCAINE 4/5CC'S	95864 EMG 4 EXTREMITY W/PSM	PAYMENT:
	95867 EMG CRANIAL, UNILATERAL	81.59
	95868 EMG CRANIAL BILATERAL	BALANCE:
	95869 EMG THORACIC PARASPINAL MUSCLES	0
	95870 LTD MUSCLE NON PARASPINAL	SIGNATURE: DATE:

1275 BLK SAWYER BLVD. SUITE 8, MOUNT PLEASANT, SC 29464

843-216-7311

Premier Medical
LABORATORY SERVICES

Laboratory Report

306 Wilson Bridge Rd, Fountain Inn, SC. 29644
Phone: 877-335-2455 | Fax: 877-889-9157
http://www.premedinc.com

Patient's Name	Date of Birth	Gender	Patient Id	Accession Number
Barr, Kenneth		Male		
Ordering Physician	**Collected Date**	**Date Received**	**Reported Date**	**Printed Date/Time**
WHITE, MARSHAL (1500)	4/23/2015	4/28/2015	4/30/2015	4/30/2015 17:47

Prescribed Medication(s):

Test Screen	Results	Cutoff	Conc
Tramadol	POS/Inconsistent	10 ng/mL	1393.0 ng/mL
O-desmethyl-cis-tramadol	POS/Inconsistent	10 ng/mL	22.0 ng/mL
Hydrocodone	POS/Inconsistent	10 ng/mL	115.0 ng/mL
Alprazolam	NEG	3 ng/mL	
alpha-OH Alprazolam	NEG	4 ng/mL	
Nordiazepam-Diazepam	NEG	4 ng/mL	
Oxazepam	NEG	4 ng/mL	
Temazepam	NEG	4 ng/mL	
Lorazepam	NEG	4 ng/mL	
7-Amino Clonazepam	NEG	4 ng/mL	
2-OH Ethyl Flurazepam	NEG	4 ng/mL	
THC	NEG	10 ng/mL	
THC-COOH	NEG	10 ng/mL	
Phencyclidine	NEG	1 ng/mL	
Cocaine	NEG	5 ng/mL	
Meperidine	NEG	5 ng/mL	
Pentazocine	NEG	5 ng/mL	
Tapentadol	NEG	5 ng/mL	
Benzoylecgonine	NEG	5 ng/mL	
Normeperidine	NEG	5 ng/mL	
Clonazepam	NEG	4 ng/mL	
Methamphetamine	NEG	10 ng/mL	
Amphetamine	NEG	10 ng/mL	
MDMA (Ecstacy)	NEG	10 ng/mL	
Carisoprodol	NEG	10 ng/mL	
Meprobamate	NEG	10 ng/ml	
Heroin	NEG	2 ng/mL	
Oxycodone	NEG	10 ng/mL	
Noroxycodone	NEG	10 ng/mL	
Oxymorphone	NEG	10 ng/mL	
Fentanyl	NEG	2 ng/mL	
Norfentanyl	NEG	1 ng/mL	
Methadone	NEG	10 ng/mL	
EDDP	NEG	10 ng/mL	
Codeine	NEG	10 ng/mL	
Morphine	NEG	10 ng/mL	
Hydromorphone	NEG	10 ng/mL	
Norhydrocodone	NEG	10 ng/mL	
Buprenorphine	NEG	2 ng/mL	
Norbuprenorphine	NEG	8 ng/mL	

MARSHALL ALLYN WHITE, MD
NEUROLOGY & PAIN MANAGEMENT

OFFICE ASSESSMENT

NAME: [illegible] CHART#_____ DATE: 4/[illegible]/15

CHIEF COMPLAINT: PAIN LEVEL 0 1 2 3 4 5 6 7 8 9 10/10
MEDICATIONS SIDE EFFECTS: Y N _____
FUNCTIONAL LEVEL_____ WHEN IS YOUR WORST PAIN?_____
ANY TYPE OF RASH_____ VOIDING?_____
ANY SEIZURES?_____HOW MANY?_____
ANY TESTING DONE? (MRI, CT, BLOODWORK)_____
DID YOU GO TO ER OF HAVE YOU BEEN ADMITTED TO HOSPITAL? Y N FACILITY_____
DATE_____

LABS:

REVIEW OF SYSTEMS:
PAST MEDICAL HISTORY: UNCHANGED
FAMILY/SOCIAL HISTORY: UNCHANGED
MEDICATIONS:

PHYSICAL EXAMINATION

VITALS:BP _____ PULSE_____ TEMP_____WT_____ RESP.____
APPEARANCE
HEET: UNREMARKABLE_____ABDOMEN: BENIGN_____
NECK:_____ GU:_____
BREAST:_____MS:_____
CV:REGULAR RATE & RHYTHM_____SLR:_____CLS_____
LUNGS: CLEAR_____ EXT_____
NEUROLOGICAL NO FOCAL ABNORMALITY:
CN II-XII
SENSORY
MOTOR
CEREBELLAR
REFLEXES
IMPRESSION:
PLAN:
MARSHALL A. WHITE, MD

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Marshall A. Whi[illegible]D
Neurology & Pain Mar[illegible]ment
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Sumter, SC 29150
Fax (803) 774-7250

1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax (843) 388-5839

Name. Kenneth Barr DOB

Address. [illegible] Date 21 May 15

Rx

Work Excuse until further Notice.

Label

Refill_____times PRN NR

Dispense as Written MD

Substitution Permitted MD

FileRx.com 800-307-7717 RxPads.com RX_2_SC_H

Order # 1373817-1

SCRIPT27775

MARSHALL A. WHITE, MD

Marshall A. White, MD
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Tel: (843) 216-7311
Fax (843) 388-5839

Name. Kenneth Barr DOB

Address. [illegible] Date 21 May 15

Rx

Migraines & Insomnia & Fatigue Loss 2° to VOC's in Paint fumes

Label

Refill_____times PRN NR

Dispense as Written MD

Substitution Permitted MD

FileRx.com 800-307-7717 RxPads.com RX_2_SC_H

Order # 1373817-1

SCRIPT27774

NEUROLOGY PAIN MANAGEMENT

Account #	DOB	Age	Appt Date/Time

Patient Name

Insurance

Office Services-New Referral	EEG	Diagnosis/ICD-9
99241- LEVEL I-BRIEF	24 hour EEG 95956	OFFICE VISIT DX:
99242- LEVEL II EXPANDED	Digital Analysis of EEG 95957	
99243 - LEVEL III DETAILED		PROCEDURE #1 DX:
99244- LEVEL IV COMPREHENSIVE		
99245- LEVEL V COMPLEX		PROCEDURE#2 DX:
OFFICE SERVICES-NEW (NON-REFERRAL)	OTHER SERVICES	
99201 LEVEL I	80104 URINE DRUG SCREEN	J3420 B12 INJECTION
99202 LEVEL II	99354 GILENYA	FORMS
99203 LEVEL III	99355 X 10 GILENYA MONITORING	99455 WORK RELATED/MED DISABILITY
99204 LEVEL IV	L1832 WARRIOR KNEE BRACE	TREATING PHYSICIAN
99205 LEVEL V	L0631 BACK BRACE	99456 WORK RELATED/MED DISABILITY
OFFICE FOLLOW UPS	L0637 BACK BRACE	NON TREATING PHYSICIAN
99211 LEVEL I	3-10 MIN SMOKING CESSATION	99080 SPECIAL REPORT
99212 LEVEL II	EMG/NERVE CONDUCTIONS	MISC.
99213 LEVEL III	95907 1-2 NERVE CONDUCTION STUDIES	A4550 SURGICAL TRAY/SUPPLIES
99214 LEVEL IV	95908 3-4 NERVE CONDUCTION STUDIES	
99215 LEVEL V	95909 5-6 NERVE CONDUCTION STUDIES	
INJECTIONS	95910 7-8 NERVE CONDUCTION STUDIES	
20552 TRIGGER PT INJECTION	95911 9-10 NERVE CONDUCTION STUDIES	
64405 OCCIPITAL NERVE	95912 11-12 NERVE CONDUCTION STUDIES	
62272 LUMBAR PUNCTURE (DX)	95913 13 OR MORE NERVE COND. STUDIES	
62311 EPIRDURAL STEROID BLOCK	95903 MOTOR W/F REFLEX	
62273 BLOOD PATCH	95937 REPETITIVE STIMULATION TEST	
64445 SCIATIC N. BLOCK	95934 H REFLEX	
J1040 METHYLPREDNISONE 80MG	A4649 TECA NEEDLE	
JOINT INJECTIONS	95860 EMG 1 EXTREMITY W/PSM	
27096 SI JOINT–	95861 EMG 2 EXTREMITY W/PSM	RETURN:
20610 LARGE(SHOULDER, HIP, KNEE)	95863 EMG 3 EXTREMITY W/PSM	TOTAL FEE:
MARCAINE 4/5CC'S	95864 EMG 4 EXTREMITY W/PSM	150
	95867 EMG CRANIAL, UNILATERAL	PAYMENT:
	95868 EMG CRANIAL BILATERAL	
	95869 EMG THORACIC PARASPINAL MUSCLES	
	95870 LTD MUSCLE NON PARASPINAL	BALANCE: 0
		SIGNATURE: DATE: 6 Jan 15

1275 BEN SAWYER BLVD. SUITE B, MOUNT PLEASANT, SC 29464

843-216-7311

NEUROLOGY & PAIN MANAGEMENT

OFFICE ASSESSMENT

NAME Barr, Kenneth CHART _____ DATE 21 May 15

CHIEF COMPLAINT. PAIN LEVEL 0 1 2 3 4 5 6 7 8 9 10/10 HA Pain.
MEDICATIONS SIDE EFFECTS: Y (N) _____
FUNCTIONAL LEVEL _____ WHEN IS YOUR WORST PAIN? _____
ANY TYPE OF RASH (Y) _____ VOIDING? _____
ANY SEIZURES? (Y) _____ HOW MANY? _____
ANY TESTING DONE? (MRI, CT, BLOODWORK) _____
DID YOU GO TO ER OF HAVE YOU BEEN ADMITTED TO HOSPITAL? Y (N) FACILITY _____
DATE _____

LABS: Migraine Fatigue & Memory loss.

REVIEW OF SYSTEMS: WNL's
PAST MEDICAL HISTORY: UNCHANGED
FAMILY/SOCIAL HISTORY: UNCHANGED
MEDICATIONS: WNL's

PHYSICAL EXAMINATION

VITALS: BP _____ PULSE _____ TEMP AV WT _____ RESP. 16
APPEARANCE _____
HEET: UNREMARKABLE _____ ABDOMEN: BENIGN _____
NECK: Supple GU: DI
BREAST: DI MS: Abnl Flat
CV: REGULAR RATE & RHYTHM _____ SLR: _____ CLS _____ Allect
LUNGS: CLEAR _____ EXT SCC
NEUROLOGICAL NO FOCAL ABNORMALITY Slow
CN II-XII Process
SENSORY
MOTOR Speed
CEREBELLAR WNL's.
REFLEXES
IMPRESSION:
PLAN: VOC Related Neurologic Sx.
MARSHALL A. WHITE, MD

Cont Topamax - Not Helpful But Still Working VOC's! Must Stop Exposure!

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MARSHALL A. WH

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Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

FileRx.com 800-307-7717 RxPads.com

Name Kenneth Barr DOB

Address 23 April 15

℞

Topamax 50mg

#90 1 tab

Label

Refill 6 times PRN NR

RX_2_SC_H

Dispense as Written MD

Substitution Permitted MD

Order # 1373317-1

SCRIPT27595

VERIFICATION BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR

SAFETY FEATURE: COLOR-FLOYD BACKGROUND ANCHORING TWO-SIMULTANEOUS SCREEN PATTERN

MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
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Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-5839

FileRx.com 800-307-7717 RxPads.com

Name Kenneth Barr DOB

Address 23 April 15

℞

Medrol Dose Pack 4mg

- 1 unit

as Directed

☑ Label

Refill 0 times PRN NR

RX_2_SC_H

Dispense as Written MD

Substitution Permitted MD

Order # 1373317-1

SCRIPT27596

VERIFICATION BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR

SAFETY FEATURE: COLOR-FLOYD BACKGROUND ANCHORING TWO-SIMULTANEOUS SCREEN PATTERN

NEUROLOGY & PAIN MANAGEMENT

OFFICE ASSESSMENT

NAME: Barr, Kenneth CHART#_____ DATE 23 April 15

CHIEF COMPLAINT: PAIN LEVEL 0 1 2 3 4 5 6 7 8 9 10/10
MEDICATIONS SIDE EFFECTS: Y N _____
FUNCTIONAL LEVEL_____ WHEN IS YOUR WORST PAIN?_____
ANY TYPE OF RASH_____ VOIDING?_____
ANY SEIZURES?_____ HOW MANY?_____
ANY TESTING DONE? (MRI, CT, BLOODWORK)_____
DID YOU GO TO ER OF HAVE YOU BEEN ADMITTED TO HOSPITAL? Y N FACILITY_____
DATE_____

LABS:_____

REVIEW OF SYSTEMS:_____
PAST MEDICAL HISTORY: UNCHANGED _____
FAMILY/SOCIAL HISTORY: UNCHANGED _____
MEDICATIONS:
_____ See H&P
_____

PHYSICAL EXAMINATION

VITALS: BP _____ PULSE_____ TEMP 98.1 WT_____ RESP.___
APPEARANCE:_____

HEET: UNREMARKABLE_____ ABDOMEN: BENIGN_____

NECK:_____ GU:_____

BREAST:_____ MS:_____

CV: REGULAR RATE & RHYTHM_____ SLR:_____ CLS_____

LUNGS: CLEAR_____ EXT_____

NEUROLOGICAL NO FOCAL ABNORMALITY:_____
CN II-XII_____
SENSORY_____
MOTOR_____
CEREBELLAR_____
REFLEXES_____
IMPRESSION:_____

PLAN:_____

MARSHALL A. WHITE, MD

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Report:PAB120
03/17/2015 11:14:17
Requested By: JARMSTRONG

Radiology Results
CAROLINA PINES REG MED CENTER
1304 W. BOBO NEWSOM HWY
HARTSVILLE SC 29550

RADIOLOGY TEST INFORMATION

Type/source: RAD CT HEAD/BRAIN W/O CONTRAST
Medical Record Number:
Status: Final
Result Date/Time: 03/16/2015 14:50
Account:
DOB:
Order Date: 03/16/2015
Order Time: 12:23
Patient Name: BARR, KENNETH L
Gender: MALE
Order #: 8080429
Admit Date: 03/16/2015

PHYSICIANS Dictating: ENTERKIN, JACOB ELIDGE
Signature: ENTERKIN, JACOB ELIDGE

RESULT TEXT
DIZZINESS/HEADACHE/LFT HAND PAIN
Reason;Confused;Dizziness;Headache; Mode Of Transportation:;WC

Procedure Acknowledge Date: 03/16/2015 12:46 PM

HEAD CT 03/16/2015
INDICATION: Confusion.
COMPARISON: Brain MRI dated 11/01/2013.
TECHNIQUE: Multiple axial CT images were obtained through the brain without contrast. The examination was performed within 24-hours of admission to the emergency department.
FINDINGS: No evidence of acute intracranial hemorrhage or extra-axial collection. Ventricles and CSF spaces are symmetric and appropriate. No evidence of midline shift or mass effect. No evidence of acute infarct. Osseous structures are without acute abnormality.
IMPRESSION: NO EVIDENCE OF ACUTE INTRACRANIAL ABNORMALITY.
PB 3/16/2015 2:47 PM

DT: 03/16/2015 02:47 PM Dictated By: ENTERKIN, JACOB ELIDGE MD
DF: 03/16/2015 02:50 PM Signed By: ENTERKIN, JACOB ELIDGE MD

CAROLINA PINES REGIONAL MC

16-MAR-2015 13:36:23

ENNETH

Caucasian

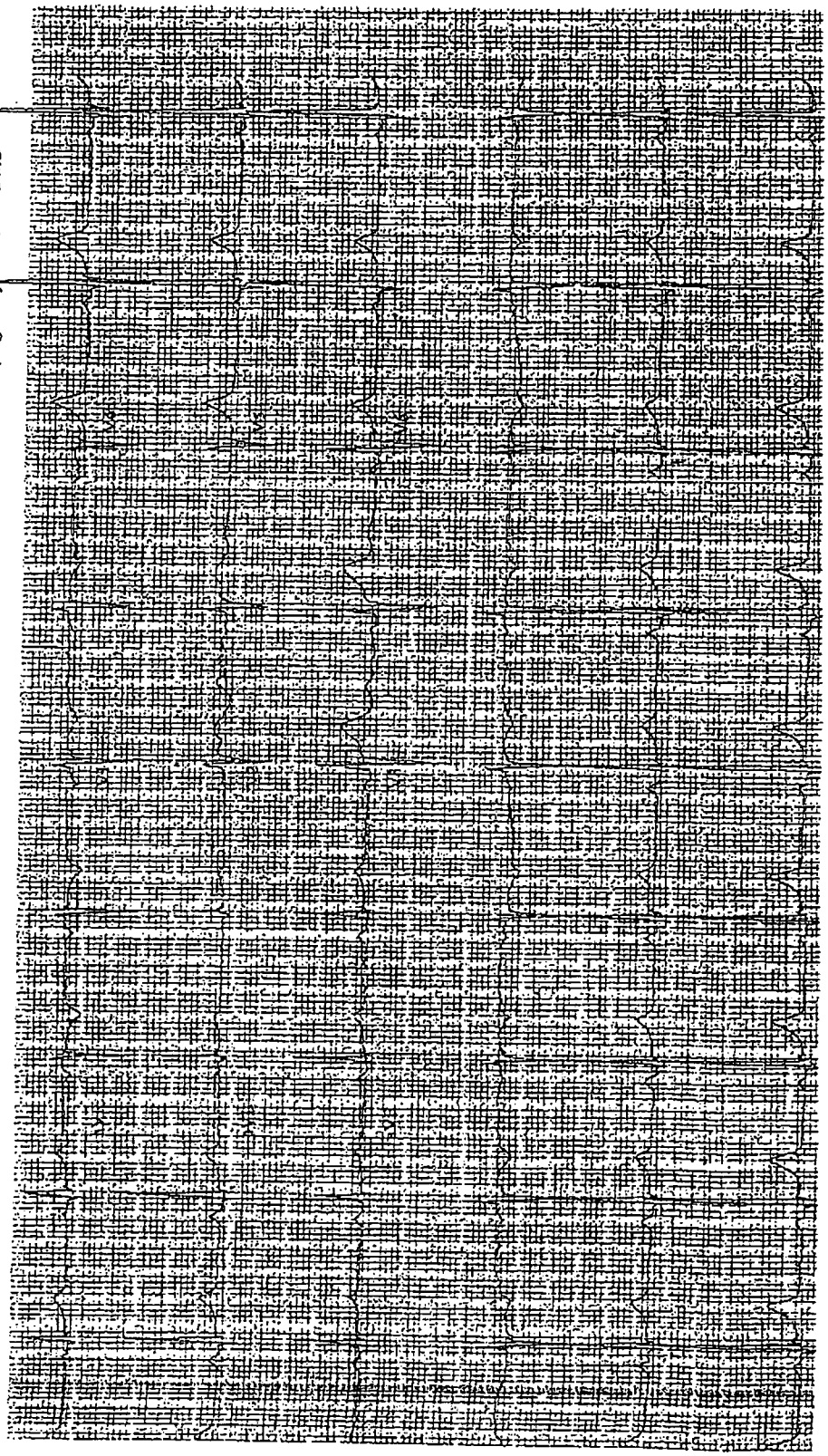
Vent. rate	55	BPM
PR interval	176	ms
QRS duration	100	ms
QT/QTc	434/415	ms
P-R-T axes	66 60	47

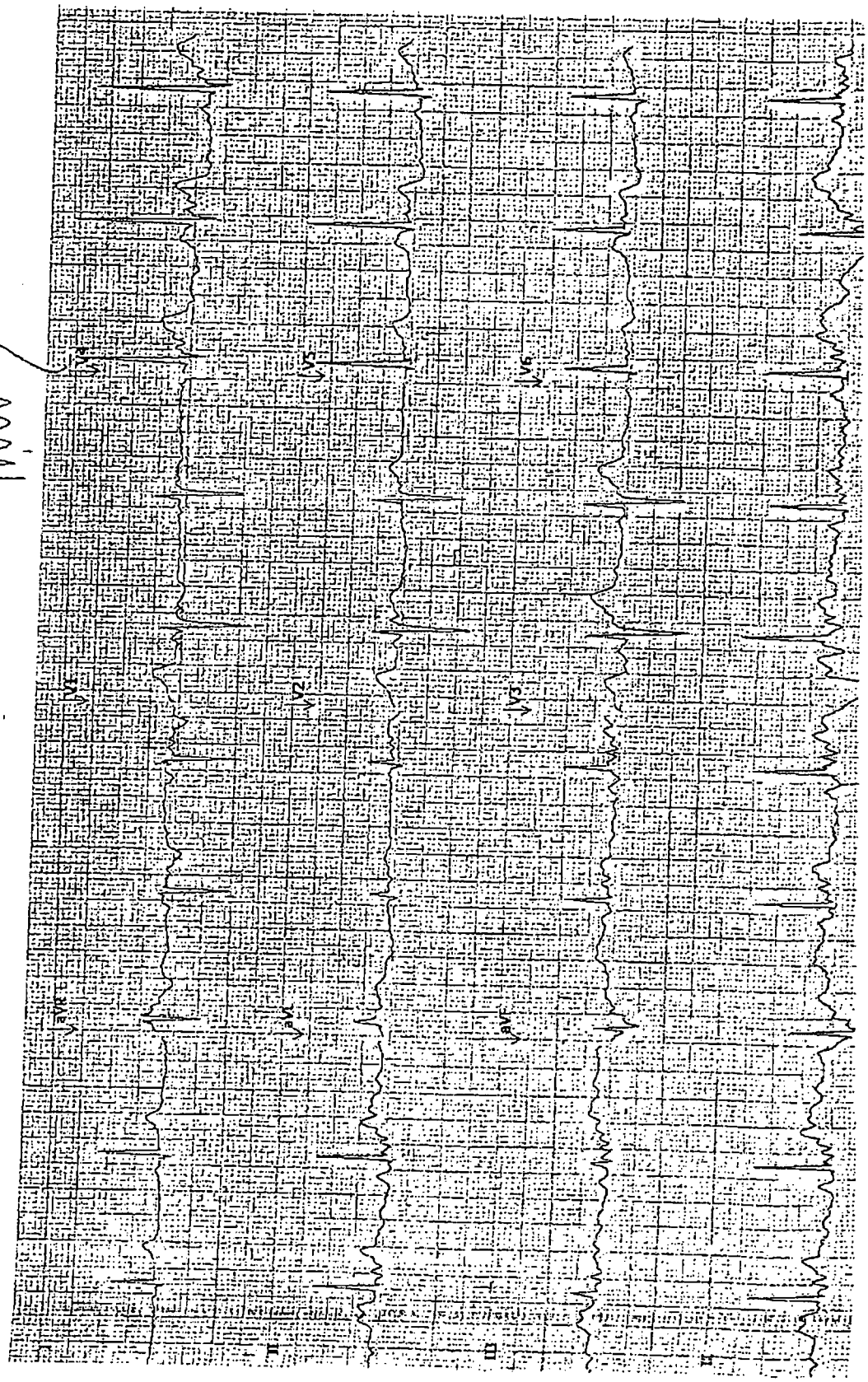
Sinus bradycardia
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG
When compared with ECG of 22-APR-2013 10:57,
PR interval has decreased
Confirmed by Jokl MD, Rudolf (34041) on 3/16/2015 5:15:34 PM

Technician: DLS
Test ind:DIZZINESS/ALTERED ME

Referred by: RUDOLF JOKL

Electronically signed by Rudolf Jokl MD




sinus rhythm
Normal ECG
Unconfirmed Report
PR: 98/156 ms
QRS: 86 ms
QT/QTc: 412/415 ms
P/QRS/T axes: 59/49/31 deg
Heart rate: 61 bpm
Gender: Male
111111111
BARR, KENNETH
aVR
V1
V2
V3
V4
V5
V6
I
II
III

25-15

THE MEDICAL GROUP
701 MEDICAL PARK DRIVE
HARTSVILLE SC 29550

NAME: BARR, KENNETH DOB: ---- DR: POWELL

EXAM: CHEST RADIOGRAPH, 10/14/2014.

INDICATION: COUGH

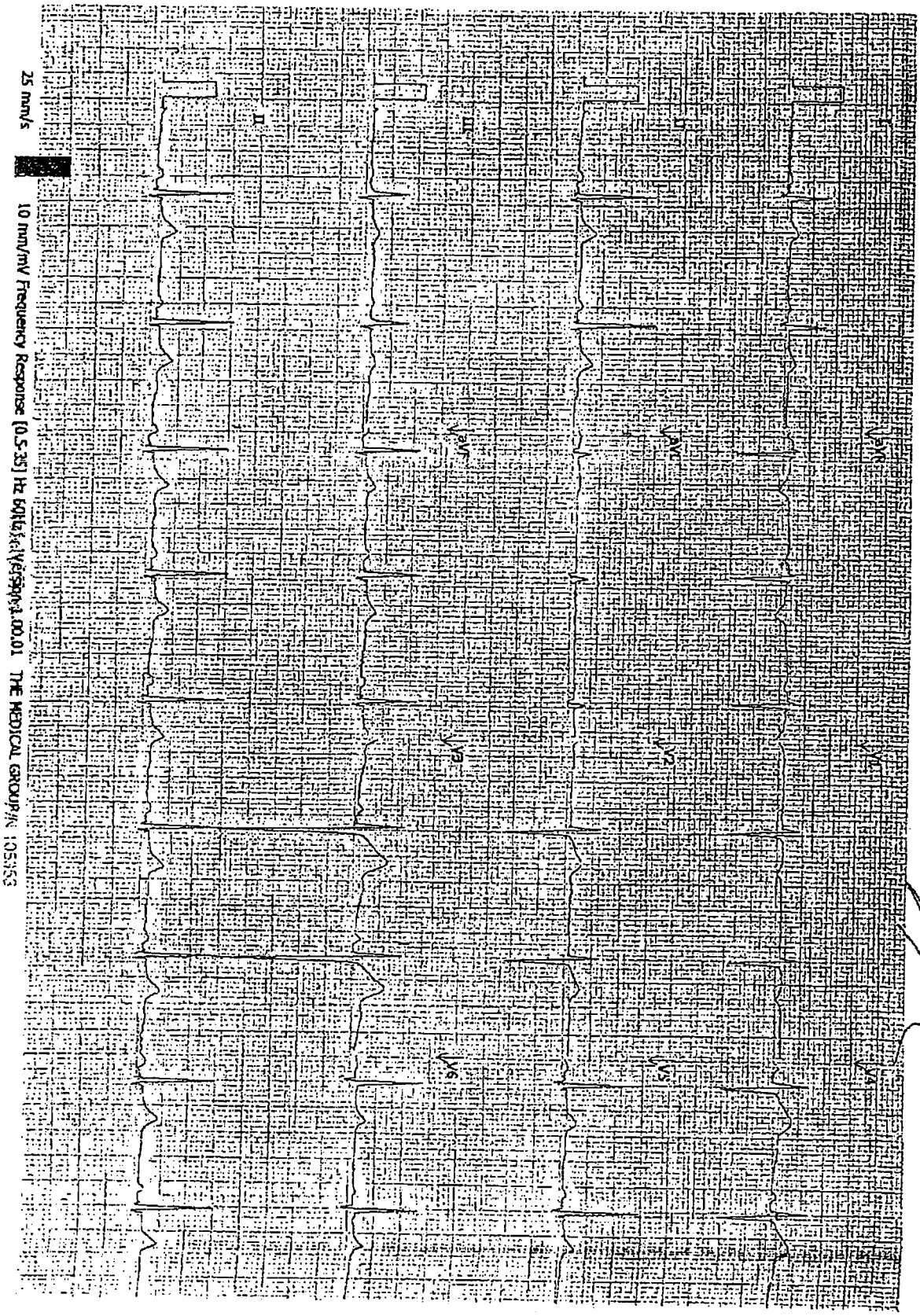
COMPARISON: None.

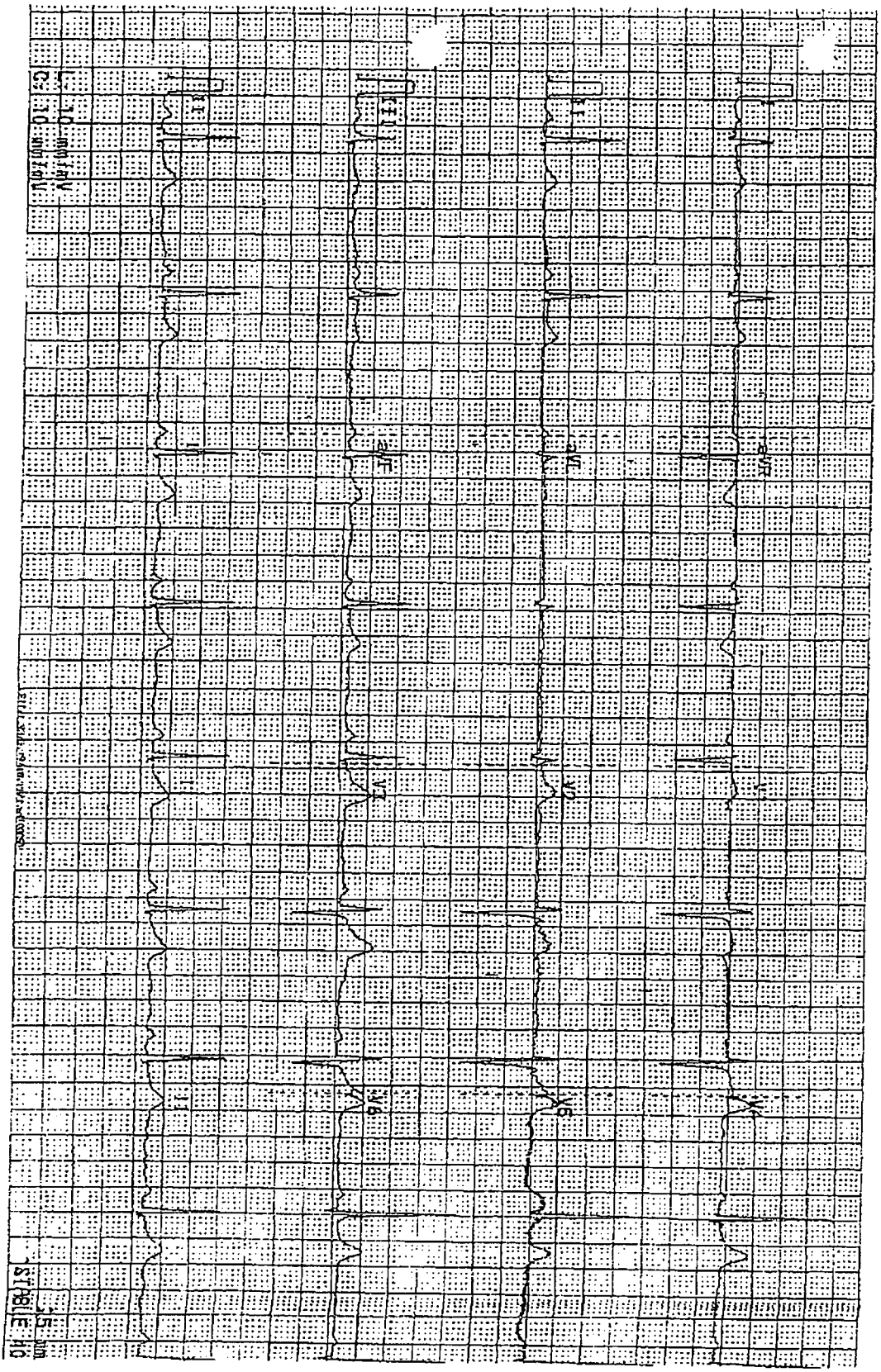
FINDINGS: Frontal and lateral views of the chest demonstrate normal cardiomediastinal silhouette. Lungs are clear without focal airspace disease or pleural effusions.

IMPRESSION: No evidence of acute cardiopulmonary process.

These films were interpreted at Carolina Pines Regional Medical Center.

JACOB ENTERKIN, M.D.


I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25 mm/s
10 mm/mV Frequency Response [0.5-35] Hz
THE MEDICAL GROUP


Class:
Loc: 1
Dr: CHAPMAN
Tech: GM
PR Interval: 172 ms
QT Interval: 424 ms
QTc Interval: 409 ms
QT Dispersion: 16 ms
P-R-T AXIS: 61° 60° 51°
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
STANDARD
25 mm/s
10 mm/mV
0.10 mV/mm

Radiology Results

Carolina Pines Regional Medical Center

Patient Name: BARR, KENNETH L

DOB:		Age:	Patient Status:	O	Patient Type: O
Visit #:	2926236	Sex: M	Patient Location:	OP	
Acc.:			Completed:	11/01/2013	
Exam:	(833) MRBRWW -	- MR BRAIN W&WO CONT			

Requesting Provider: CHAPMAN, RAYMOND MAC, MD MRN/Pt Num: 0000014905

Attending Provider: CHAPMAN, RAYMOND, MD
701 MEDICAL PARK DRIVE
HARTSVILLE, SC 29550

Diagnostic Report Text:

BRAIN MRI 11/01/2013

INDICATION: Occipital headache. Headache for several weeks.

COMPARISON: Brain MRI dated 09/15/2010. Head CT dated 08/30/2010.

TECHNIQUE: Multiplanar, multi-sequence T1 and T2 images were obtained through the brain without contrast.

FINDINGS: Nonspecific periventricular and subcortical white matter T2 hyperintensities remain unchanged compared to the study. No diffusion weighted imaging abnormalities to suggest acute infarct or acute abnormality. Some mucosal thickening right greater than left maxillary sinuses. No midline shift or evidence of mass effect. No intracranial hemorrhage. No abnorm post-contrast enhancement visualized. No midline shift or evidence of mass effect.

IMPRESSION: Nonspecific white matter changes as previously seen. This can be seen in the setting of migraine headaches. Otherwise, no acute abnormality or abnormal post-contrast enhancement.

PB 11/1/2013 11:02 AM

End of diagnostic report for accession: 4727052

Dictated By:	ENTERKIN, JACOB, MD	
Transcribed By:	Blais, Pat, 833Trans	11/01/2013 11:02 AM EDT
Edited By:	ENTERKIN, JACOB, MD	11/01/2013 2:17 PM EDT
Signed By:	ENTERKIN, JACOB, MD	11/01/2013 2:17 PM EDT

The Medical Group

701 Medical Park Drive, Ste 300 ◆ Hartsville, SC 29550 ◆ 843-656-1200 Ext 257

Nuclear Medicine Myocardial Perfusion

Patient Name:	**Barr , Kenneth**	**Study Date:**	**01-Jul-2013**
Patient ID:		**Referring Physician:**	**Chapman, MD**
Age/Sex:		**Reporting Physician:**	**Aileen Ingal, MD**
Height: 71 in	**Weight: 143 lbs**	**BSA: 1.83 m^2**	

INDICATIONS: Chest pain.

STRESS PROTOCOL: Bruce

The patient was exercised on a treadmill for 3.0 minutes at stage IV of the Bruce protocol, for a total exercise duration of 12.0 minutes. The patient achieved a maximal workload of 13.5 METs, functional class I. Exercise was discontinued due achievement target hr. The patient's heart rate increased from 49 bpm at rest to 166 at peak stress. 94% of age predicted maximum. The patient's blood pressure at rest was 110/78 mmHg and increased to 142/70 mmHg at peak stress for a rate pressure product of 23572. Blood pressure response was normal. Chest pain symptoms did not occur.

STRESS TEST FINDINGS: Adequacy of Stress: adequate

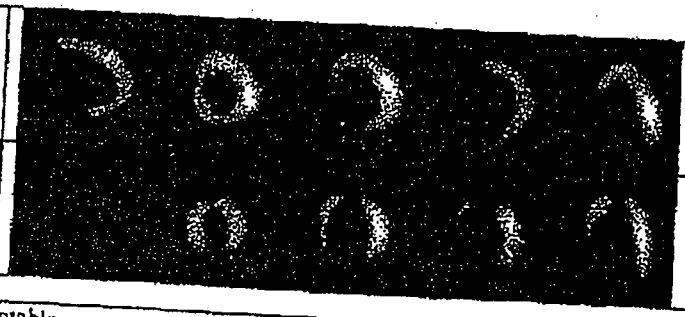
	STRESS EKG DATA	REST EKG DATA
Test Status	normal	normal
Rhythm	sinus tachycardia	normal sinus rhythm
AV Block	none	none
IV Conduction	normal	normal
Arrhythmias	none	none
ST Response	Normal	
Repolarization		normal repolarization

IMAGING PROTOCOL: Ungated Rest Tc-99m Tetrofosmin / Gated Stress Tc-99m Tetrofosmin

Rest imaging was performed with the patient in the incline position approximately 114 minutes following the intravenous injection of 10.5 mCi of Tc-99m Tetrofosmin at rest. Stress imaging was performed: 26.1 mCi of Tc-99m Tetrofosmin we injected intravenously approximately one minute prior to the termination of Bruce stress. The heart was imaged with the patient in the incline positon, beginning approximately 19 minutes post-injection.

	STRESS Study	REST Study
Date	01-Jul-2013	01-Jul-2013
Radiopharmaceutical	Tc-99m Tetrofosmin	Tc-99m Tetrofosmin
Dosage (mCi)	26.1	10.5
Injection Time	11:22	08:55
Imaging Time	11:41:13	10:49:26

PERFUSION FINDINGS

Stress Images	
Rest Images	

Overall Study Quality:	acceptable
Extra Cardiac Activity:	normal
Study Artifacts:	Diaphragmatic attenuation

LV Myocardial Perfusion Defects:
(1) Medium sized defect involving the apical inferior, mid inferior, basal inferior, and basal inferoseptal walls. Mild de
photon reduction. Fixed at rest.

Scan Significance: normal and indicates a very low risk for hard cardiac events
Stress/Rest LV Volume Ratio: 0.70, normal

LV PERFUSION QUANTITATIVE RESULTS

Coronary Territory	Stress Extent	Rest Extent	Ischemic Extent
LAD	0%	4%	0.0%
LCx	0%	0%	0.0%
RCA	0%	0%	0.0%
% of LV	0%	1%	0.0%

Summed Stress Score =	0
Summed Rest Score =	1
Summed Difference Score =	0

LV FUNCTION FINDINGS AND INTERPRETATION

	Stress	Rest
Ejection Fraction	63%	[RST_EF]%
ED Volume, EDv Index	111 ml, 61 ml/m²	[RST_EDV] ml, [RST_EDVI] ml/m²
ES Volume, ESv Index	41 ml, 23 ml/m²	[RST_ESV] ml, [RST_ESVI] ml/m²
Cardiac Output	5.3 l/min	[RST_CO] l/min
Myocardial Mass	143 g	[RST_MYOMASS] g
Summed WTHK Score	0	[STS_R]
Summed WMOT Score	9	[SMS_R]

Global Function: normal
LV Volume: [LV_VOLUME]
Regional Function: Unknown

RV FINDINGS AND INTERPRETATION

RV Perfusion: [RV_PERFUSION]

RV Volume: [RV_VOLUME]
Regional Function: Unknown

SUMMARY

Stress was judged to be adequate. Stress had a normal blood pressure response. Stress had a Normal ST response. Chest did not occur.

LV myocardial perfusion showed a medium sized, mild intensity, fixed inferior/inferoseptal perfusion defect, likely diaphragmatic attenuation artifact. No ischemia on this study. Global Stress LV function was normal.

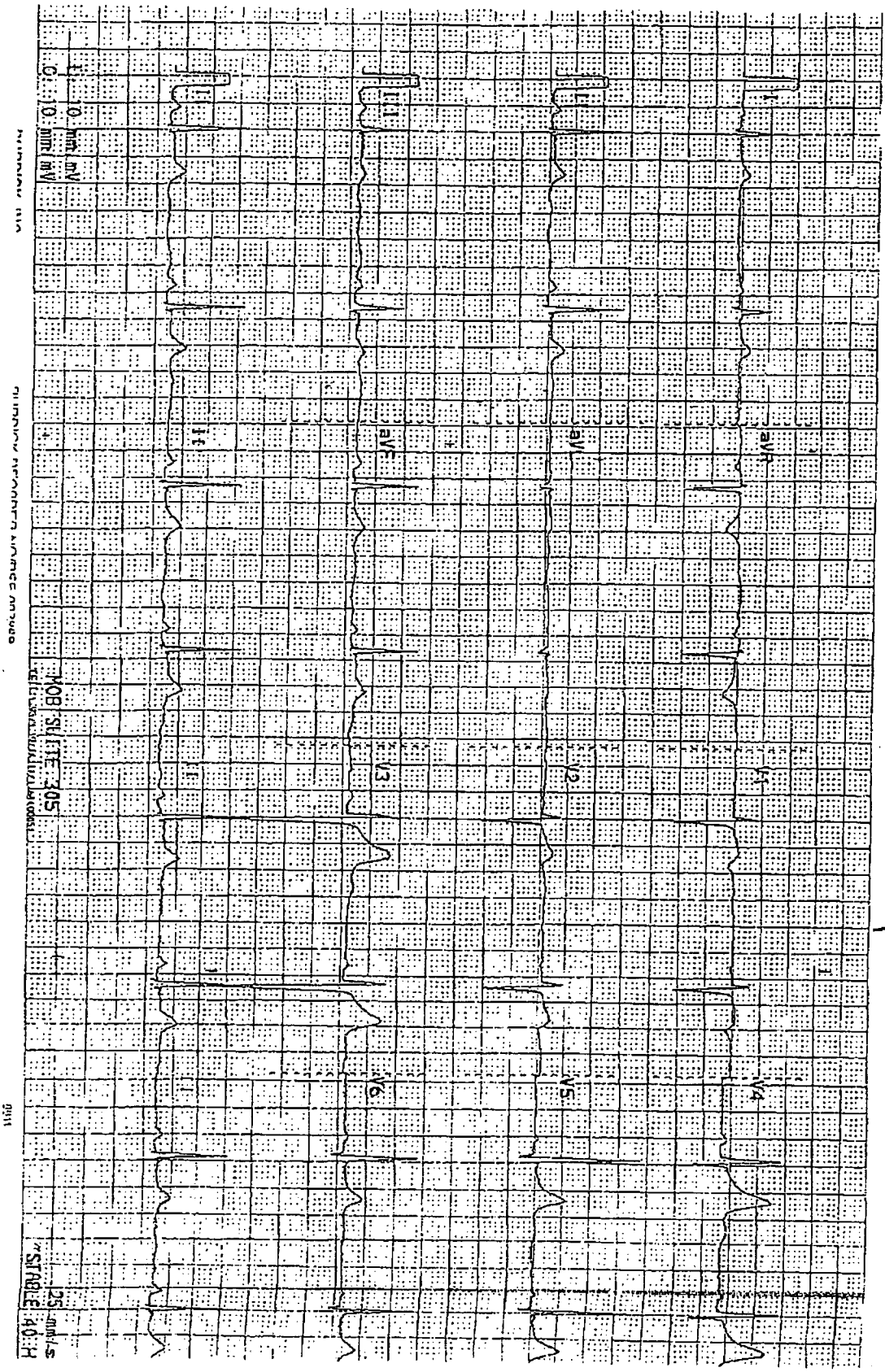
[RV_FINDINGS_SUMMARY]

Scan significance was normal and indicates a low risk for hard cardiac events. LV dilation was normal.

REPORTING

The study interpretation occurred on 2013-07-02 11:25:14.
Status of the report is final.

Reporting Physician: Aileen Ingal, MD



Class:
Loc: 1
Dr:
Tech:
User Field :

PR Interval:	180 ms
QT Interval:	446 ms
QTc Interval:	422 ms
QT Dispersion:	28 ms
P-R-T AXIS:	60° 68° 53°

Sumter Urology & Pain Management

Marshall A. White, MD

OFFICE ASSESSMENT

NAME: Kenneth Bass CHART #_____ DATE: 16 Jan 13

CHIEF COMPLAINT: Pain level 0 1 2 3 4 5 6 7 8 9 10/10 Medications: Side Effects Y N _____

Functional Level_____ When is your worst pain?_____ Any type of rash?_____ Voiding?___

Any seizures?_____ How many?_____ Any testing done? (MRIs, X-rays, CT, Blood Work)_____

Did you go to the ER or have you been admitted to the hospital? Y N Hospital_____ Date_____

LABS: 3-4 wks

REVIEW OF SYSTEMS: WD

PAST MEDICAL HISTORY: Unchanged

FAMILY/SOCIAL HISTORY: Unchanged

MEDICATIONS: WD

PHYSICAL EXAMINATION

VITALS: BP_____ PULSE 76 TEMP AP WT_____ RESP. 16

APPEARANCE_____

HEET: Unremarkable _____ ABDOMEN: Benign _____

NECK: Supple GU: Def

BREAST: Def MS: OAx3

CV: Regular rate and rhythm_____ SLR:_____ CLS_____

LUNGS: Clear_____ EXT: SCL 2

NEUROLOGICAL NO NEW FOCAL ABNORMALITY:_____

CN II-XII_____

SENSORY_____

MOTOR_____

CEREBELLAR_____ non-lat non-focal

REFLEXES_____

IMPRESSION:_____

Tension HA Anxiety

PLAN:_____

Add Klonopin

Marshall A. White, MD _____

Mobile Diagnostics, LLC d/b/a Sumter Neurology & Pain Management
Lake City Neurology & Pain Management
Triad Neurological Pain Management
312 Broad Street
Sumter, SC 29150
(803) 774-7246 Fax: (803) 774-7250
Fed. Tax ID No.: 20-0799928

FM Flexs

Sumter Neurology & Pain Management

Marshall A. White, MD

OFFICE ASSESSMENT

NAME: Kenneth Barr CHART #_____ DATE: 10-28-12

CHIEF COMPLAINT: Pain level 0 1 2 3 4 5 6 7 8 9 10/10 Medications: Side Effects Y N _____
Functional Level_____ When is your worst pain?_____ Any type of rash?_____ Voiding?___
Any seizures?_____ How many?_____ Any testing done? (MRIs, X-rays, CT, Blood Work)_____
Did you go to the ER or have you been admitted to the hospital? Y N Hospital_____ Date_____
Patient her for 6wk f/u. Patient still having HA's.
Accupuncture 10x20

LABS:

REVIEW OF SYSTEMS: HA's
PAST MEDICAL HISTORY: Unchanged
FAMILY/SOCIAL HISTORY: Unchanged
MEDICATIONS:
HA's

PHYSICAL EXAMINATION

VITALS: BP_____ PULSE 68 TEMP AT WT_____ RESP. 16
APPEARANCE Nl

HEET: Unremarkable ABDOMEN: Benign

NECK: Supple GU: Ref

BREAST: Ref MS: A o x 3

CV: Regular rate and rhythm SLR: CLS

LUNGS: Clear EXT: Trace

NEUROLOGICAL NO NEW FOCAL ABNORMALITY:
CN II-XII
SENSORY
MOTOR
CEREBELLAR Non focal Mini Ex
REFLEXES

IMPRESSION:
Migraine?

PLAN: Trial to try Topamax
Marshall A. White, MD 6 wk f/u

Mobile Diagnostics, LLC d/b/a Sumter Neurology & Pain Management
Lake City Neurology & Pain Management
Triad Neurological Pain Management
312 Broad Street
Sumter, SC 29150
(803) 774-7246 Fax: (803) 774-7250
Fed. Tax ID No.: 20-0799928

Sumter Neurology & Pain Management

Marshall A. White, MD

OFFICE ASSESSMENT

NAME: Kenneth Barr CHART #_____ DATE: 10-17-2012

CHIEF COMPLAINT: Pain level 0 1 2 3 4 5 6 7 8 9 10/10 Medications: Side Effects Y N _____
Functional Level_____ When is your worst pain?_____ Any type of rash?_____ Voiding?___
Any seizures?_____ How many?_____ Any testing done? (MRIs, X-rays, CT, Blood Work)_____
Did you go to the ER or have you been admitted to the hospital? Y N Hospital_____ Date_____
NKA 64. ♂ c/o h/a's & backache. Referred by Dr. M. Chapman. Patient is getting 2nd opinion, was seen by Dr. Roland Skinner in Florence.

LABS: LA Spinal

REVIEW OF SYSTEMS: WDL
PAST MEDICAL HISTORY: Unchanged
FAMILY/SOCIAL HISTORY: Unchanged
MEDICATIONS: WDL

PHYSICAL EXAMINATION

VITALS: BP 140/90 PULSE 64 TEMP / WT 146 RESP. 16
APPEARANCE

HEET: Unremarkable ABDOMEN: Benign

NECK: Supple GU: Deferred

BREAST: Deferred MS: A O x 3

CV: Regular rate and rhythm SLR: CLS

LUNGS: Clear EXT: SCCE

NEUROLOGICAL NO NEW FOCAL ABNORMALITY:
CN II-XII
SENSORY
MOTOR
CEREBELLAR
REFLEXES
IMPRESSION:

PLAN: WDL

Marshall A. White, MD

Mobile Diagnostics, LLC d/b/a Sumter Neurology & Pain Management
Lake City Neurology & Pain Management
Triad Neurological Pain Management
312 Broad Street
Sumter, SC 29150
(803) 774-7246 Fax: (803) 774-7250
Fed. Tax ID No.: 20-0799928



Fax Message

To:	SUMTER NEUROL	From:	Doris Mckenzie
Company:	SUMTER NEUROL	Company:	McLeod Health
Fax:	843-339-4193	Fax:	1-843-7775042
Voice:		Voice	1-843-777-2000
E-mail:		E-mail:	

Date: 10/17/2012 2:21 PM
Pages: 1 of 9 (including this page)

Re: BARR

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RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2387

PATIENT NAME: BARR, KENNETH LEE DISCHARGE DATE:
PT ACCOUNT: ME/RAD#: 76498
ACCESSION #: 4884137 CID#: 1166985

DOB: AGE: SEX: M RACE: W
PHONE: PT CLASS: O FIN CLASS: I
ADDRESS: PT TYPE: R PT NS/ROOM: MRMC

ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
COPY TO:
DIAGNOSIS: ANEURYSM
ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
TRANSCRIBED D/T: Sep 23 2011 3:41PM
PROCEDURE: CTA HEAD W/WO CONTRP. / ORD #: 90C02. Accession#: 4884137
CPT: 70496
ORDERED FOR: Sep 23 2011 10:26AM COMPLETED: Sep 23 2011 11:33AM
INDICATIONS/COMMENTS: ANEURYSM

COMPARISON: None 29 2000

HISTORY: Headaches.

RESULT:

CTA of the Circle of Willis was performed following the administration of 50 of Omnipaque 350. Images are reviewed in multiplanar reformats, MIP images and volume renderings using the Vitrea 3D software.

CIRCLE OF WILLIS:
The vertebral arteries are patent bilaterally.
The basilar artery is normal in appearance. The posterior cerebral arteries are patent. The distal internal carotid arteries are patent at the siphon. The middle cerebral and anterior cerebral arteries are patent bilaterally. The anterior communicating artery is patent. The posterior communicating arteries are patent on the left.

1 mm focal protrusion from the distal ICA on the left is stable in appearance and is likely a small calcification and not an aneurysm.

Printed: September 23, 2011 (3:47PM) Page 1
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McLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2587

PATIENT NAME: BARR, KENNETH LEE DISCHARGE DATE:
PT ACCOUNT#: ME/RAD#: 76499
ACCESSION#: 4884137 CID#: 466933

There is no evidence of an intracranial aneurysm, vascular malformation or abnormal enhancement.

CONCLUSION:
NORMAL CIRCLE OF WILLIS.

READING DR: MARY BETH LEWIS M.D.
READING DATE: Sep 23 2011 3:41PM

Final Result
ELECTRONICALLY SIGNED BY:
MARY BETH LEWIS, M.D.
On: Sep 23 2011 3:42PM

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RADIOLOGY REPORT
McLEOD REGIONAL MEDICAL CENTER
[illegible] HEMBY STREET - FLORENCE, SC 29506-2[illegible]
PHONE: (843) 777-2087

PATIENT NAME: CARR, KENNETH LEE DISCHARGE DATE: 04/08/2011
PT ACCOUNT#: 0001193330830 MR/FAC#: 76435
TAX POSITION: CID#: 465935
DOB: AGE: SEX: M RACE: W
PHONE: PT CLASS: O FIN CLASS: V
ADDRESS: PT TYPE: Q PT NS/ROOM: 3ESI-303-01

ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
COPY TO:
DIAGNOSIS: INTRACTABLE HA
ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
TRANSCRIBED D/T: Apr 8 2011 2:10PM
PROCEDURE: LP W/FLUORO GUIDE (DIAG) / ORD #: 90001 Accession#: 4704138 CPT: 77003 62270
ORDERED FOR: Apr 8 2011 8:07AM COMPLETED: Apr 8 2011 10:31AM
INDICATIONS/COMMENTS: HEADACHE

PROCEDURE: DIAGNOSTIC LUMBAR PUNCTURE

INDICATION: Intractable headaches.

RESULT: After obtaining informed consent, local prep was performed and infiltration with 1 % Lidocaine. Under fluoroscopic guidance a puncture was performed with 20 gauge spinal needle. at L2-3.
8 cc of clear spinal fluid remove and sent for laboratory studies ordered. the patient tolerated the procedure well.

CONCLUSION: Diagnostic lumbar puncture without difficulty

Fluoroscopy time: 4 second .

READING DR: RAYMOND L THOMAS M.D.
READING DATE: Apr 8 2011 2:10PM

Printed: April 8, 2011 (2:15PM)
FLORENCE RADIOLOGICAL ASSOCIATES Page 1

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MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2617
PHONE (843) 777-2087

PATIENT NAME: BARR, KENNETH LEE DISCHARGE DATE: 04/08/2011
PT ACCOUNT#: 000119330330 MR/RAD#: 76439
ACCESSION#: 1704138 CID#: 466833

Final Result

ELECTRONICALLY SIGNED BY
RAYMOND L THOMAS, M.D.
On: Apr 8 2011 2:11PM

Printed: April 8, 2011 (2:15PM)

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RADIOLOGY REPORT
MCLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2761
PHONE (843) 777-2067

PATIENT NAME: BARR, KENNETH LEE DISCHARGE DATE:
PT ACCOUNT#: 00C1182136[illegible] MR#: 76199
ACCESSION#: 4494512 CID#: 16699

DOB: AGE: SEX: M RACE: W
PHONE: PT CLASS: O FIN CLASS: V
ADDRESS: PT TYPE: R PT NS/ROOM: MRNC

ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
COPY TO:
DIAGNOSIS: INTRACTABLE HEADACHE/CEREBRAL
ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
TRANSCRIBED D/T: Sep 30 2010 1:23PM
PROCEDURE: CTA HEAD W?WO CON+PF / ORD #: 90C01 Accession#: 4494512
CPT: 70496
ORDERED FOR: Sep 29 2010 8:10AM COMPLETED: Sep 29 2010 8:53AM
INDICATIONS/COMMENTS: INTRACTABLE HEADACHE INCLUDE SINUS

RESULT: COMPARISON: None.

HISTORY: Headache.

CTA of the Circle of Willis was performed following the administration of 48 mL of Optiray 350. Images are reviewed in multiplanar reformats, MIP images and volume renderings using the Vitrea 3D software.

CIRCLE OF WILLIS:
The vertebral arteries are patent bilaterally.
The basilar artery is normal in appearance. The posterior cerebral arteries are patent. The distal internal carotid arteries are patent. There is a very tiny focal protrusion of the distal ICA on the left measuring about a millimeter in size. This could represent a small aneurysm. Followup CT angiograms may be useful. The middle cerebral and anterior cerebral arteries are patent bilaterally. The anterior communicating artery is patent. The posterior communicating artery is patent left. The P1 segment on the left is a atretic.

There is no evicence of a vascular malformation or of abnormal enhancement.

Printed: September 30, 2010 (1:37PM)
FLORENCE RADIOLOGICAL ASSOCIATES

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RADIOLOGY REPORT
McLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2604
PHONE (843) 777-2337

PATIENT NAME: BARR, KENNETH LEE
PT ACCOUNT#: 00C1182198495
ACCESSION#: 2194512

DISCHARGE DATE:
ME/RADE: 76499
CID#: 466933

CONCLUSION:
Essentially normal circle of Willis. There is a 2 mm focal protrusion from the distal left ICA which may represent a small aneurysm. Recommend follow up imaging with CTA as clinically indicated.

READING DR: MARY BETH LEWIS M.D.
READING DATE: Sep 30 2010 1:22PM

Final Result
ELECTRONICALLY SIGNED BY:
MARY BETH LEWIS, M.D.
On: Sep 30 2010 1:32PM

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RADIOLOGY REPORT
McLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2687
PHONE (843) 777-2087

PATIENT NAME: BARR, KENNETH LEE DISCHARGE DATE:
PT ACCOUNT#: 0001182219849 MR/FAC#: 76499
ACCESSION#: 0029597B CID/#: 466098
DOB: AGE: SEX: M RACE: W
PHONE: PT CLASS: O FIN CLASS:
ADDRESS: PT TYPE: R PT LOC/ROOM: RADC

ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
COPY TO:
DIAGNOSIS: INTRACTABLE HEADACHE/CEREBRAL
ORDER DR: ROLAND L. SKINNER III M.D.
ATTEND DR: ROLAND L. SKINNER III M.D.
TRANSCRIBED D/T: Sep 29 2010 9:41AM
PROCEDURE: CT SINUS WO CON / ORD #: 90003 Accession#: 4494578 CPT: 70486
ORDERED FOR: Sep 29 2010 8:58AM COMPLETED: Sep 29 2010 9:12AM
INDICATIONS/COMMENTS: HAS DIZZY NAUSEA FOR 5 WEEK

INDICATION: Intractable headache

TECHNIQUE: Direct coronal 3 mm images obtained through the paranasal sinuses using bone and soft tissue windowing.

RESULT: Small focal area of mucosal thickening in the left frontal sinus. No fluid levels. The ethmoid and sphenoid sinuses are clear. Left maxillary sinus clear. Ostiomeatal complexes are patent. There is a 2.3 cm probable retention cyst in the right maxillary sinus. No bony changes. The orbits are normal. There is 5 mm of leftward nasal septal deviation with a 3 mm spur. Middle ears and mastoid air cells are clear.

CONCLUSION: No acute disease. Retention cyst right maxillary sinus.

READING DR: SCOTT H. ALLEN M.D.
READING DATE: Sep 29 2010 9:41AM

Printed: September 29, 2010 (9:49AM)

FLORENCE RADIOLOGICAL ASSOCIATES

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RADIOLOGY REPORT
McLEOD REGIONAL MEDICAL CENTER
555 E. CHEVES STREET FLORENCE, SC 29506-2677
PHONE (843) 777-2000

PATIENT NAME: BAER, KENNETH LEE
PT ACCOUNT#: 000118219849
ACCESSION#: 4:34578
DISCHARGE DATE:
MR/RAD#: 76499
CID#: 466938

Final Results
ELECTRONICALLY SIGNED BY
SCOTT H. ALLEN, M.D.
On Sep 29 2010 9:44AM

Printed: September 29, 2010 (9:49AM)
FLORENCE RADIOLOGICAL ASSOCIATES
Page 2

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B4

MATERIAL SAFETY DATA SHEET

B65C60
11 00

DATE OF PREPARATION
Aug 13, 2014

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B65C60
PRODUCT NAME
ARMORSEAL® REXTHANE™ I Urethane Floor Coating, Clear
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
1	100-41-4	Ethylbenzene		
		ACGIH TLV	20 PPM	7.1 mm
		OSHA PEL	100 PPM	
		OSHA PEL	125 PPM STEL	
6	1330-20-7	Xylene		
		ACGIH TLV	100 PPM	5.9 mm
		ACGIH TLV	150 PPM STEL	
		OSHA PEL	100 PPM	
		OSHA PEL	150 PPM STEL	
1	64742-95-6	Light Aromatic Hydrocarbons		
		ACGIH TLV	Not Available	3.8 mm
		OSHA PEL	Not Available	
2	95-63-6	1,2,4-Trimethylbenzene		
		ACGIH TLV	25 PPM	2.03 mm
		OSHA PEL	25 PPM	
8	110-43-0	Methyl n-Amyl Ketone		
		ACGIH TLV	50 PPM	3.855 mm
		OSHA PEL	100 PPM	
2	763-69-9	Ethyl 3-Ethoxypropionate		
		ACGIH TLV	Not Available	1.11 mm
		OSHA PEL	Not Available	
4	123-86-4	n-Butyl Acetate		
		ACGIH TLV	150 PPM	10 mm
		ACGIH TLV	200 PPM STEL	
		OSHA PEL	150 PPM	
		OSHA PEL	200 PPM STEL	
0.1	822-06-0	Hexamethylene Diisocyanate (max.)		
		ACGIH TLV	0.005 PPM	0.05 mm
		OSHA PEL	Not Available	
72	28182-81-2	Hexamethylene Diisocyanate Polymer		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	

SECTION 3 — HAZARDS IDENTIFICATION

HMIS Codes	
Health	2*
Flammability	2
Reactivity	1

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.
Prolonged overexposure to hazardous ingredients in Section 2 may cause adverse chronic effects to the following organs or systems:
- the liver
- the urinary system
- the hematopoietic (blood-forming) system
- the reproductive system

SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
May cause allergic respiratory and/or skin reaction in susceptible persons or sensitization. This effect may be delayed several hours after exposure.
Persons sensitive to isocyanates will experience increased allergic reaction on repeated exposure.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
Remove contaminated clothing and launder before re-use.
INHALATION: If any breathing problems occur during use, **LEAVE THE AREA** and get fresh air. If problems remain or occur later, **IMMEDIATELY** get medical attention.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

FLASH POINT	LEL	UEL	FLAMMABILITY CLASSIFICATION
109 °F PMCC	0.7	7.9	Combustible. Flash above 99 and below 200 °F

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Foam
UNUSUAL FIRE AND EXPLOSION HAZARDS
Closed containers may explode when exposed to extreme heat.
Application to hot surfaces requires special precautions.
During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.
SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used.
Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

SECTION 6 — ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate the area.
All personnel in the area should be protected as in Section 8.
Cover spill with absorbent material. Deactivate spilled material with a 10% ammonium hydroxide solution (household ammonia). After 10 minutes, collect in open containers and add more ammonia. Cover loosely. Wash spill area with soap and water.

SECTION 7 — HANDLING AND STORAGE

STORAGE CATEGORY
DOL Storage Class II
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE
Contents are COMBUSTIBLE. Keep away from heat and open flame.
Consult NFPA Code. Use approved Bonding and Grounding procedures.
Keep container closed when not in use. Transfer only to approved containers with complete and appropriate labeling. Do not take internally.
Keep out of the reach of children.

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

PRECAUTIONS TO BE TAKEN IN USE

NO PERSON SHOULD USE THIS PRODUCT, OR BE IN THE AREA WHERE IT IS BEING USED, IF THEY HAVE CHRONIC (LONG-TERM) LUNG OR BREATHING PROBLEMS OR IF THEY EVER HAD A REACTION TO ISOCYANATES.

Use only with adequate ventilation.

Avoid contact with skin and eyes. Avoid breathing vapor and spray mist.

Wash hands after using.

This coating may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg/m3 (total dust), 3 mg/m3 (respirable fraction), OSHA PEL 15 mg/m3 (total dust), 5 mg/m3 (respirable fraction).

VENTILATION

Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.

RESPIRATORY PROTECTION

Where overspray is present, a positive pressure air supplied respirator (TC19C NIOSH/MSHA approved) should be worn. If unavailable, a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2 may be effective. Follow respirator manufacturers directions for use. Wear the respirator for the whole time of spraying and until all vapors and mists are gone. **NO PERSONS SHOULD BE ALLOWED IN THE AREA WHERE THIS PRODUCT IS BEING USED UNLESS EQUIPPED WITH THE SAME RESPIRATOR PROTECTION RECOMMENDED FOR THE PAINTERS.**

When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.

PROTECTIVE GLOVES

To prevent skin contact, wear gloves which are recommended by glove supplier for protection against materials in Section 2.

EYE PROTECTION

Wear safety spectacles with unperforated sideshields.

OTHER PROTECTIVE EQUIPMENT

Use barrier cream on exposed skin.

OTHER PRECAUTIONS

Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

SECTION 9 — PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	8.88 lb/gal	1064 g/l
SPECIFIC GRAVITY	1.07	
BOILING POINT	255 - 360 °F	123 - 182 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	31%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

2.26 lb/gal	271 g/l	Less Water and Federally Exempt Solvents
2.26 lb/gal	271 g/l	Emitted VOC

SECTION 10 — STABILITY AND REACTIVITY

STABILITY — Stable

CONDITIONS TO AVOID

None known.

INCOMPATIBILITY

Contamination with Water, Alcohols, Amines and other compounds which react with isocyanates, may result in dangerous pressure in, and possible bursting of, closed containers.

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 — TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.

Ethylbenzene is classified by IARC as possibly carcinogenic to humans (2B) based on inadequate evidence in humans and sufficient evidence in laboratory animals. Lifetime inhalation exposure of rats and mice to high ethylbenzene concentrations resulted in increases in certain types of cancer, including kidney tumors in rats and lung and liver tumors in mice. These effects were not observed in animals exposed to lower concentrations. There is no evidence that ethylbenzene causes cancer in humans.

TOXICOLOGY DATA

CAS No.	Ingredient Name			
100-41-4	Ethylbenzene			
		LC50 RAT	4HR	Not Available
		LD50 RAT		3500 mg/kg
1330-20-7	Xylene			
		LC50 RAT	4HR	5000 ppm
		LD50 RAT		4300 mg/kg
64742-95-6	Light Aromatic Hydrocarbons			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
95-63-6	1,2,4-Trimethylbenzene			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
110-43-0	Methyl n-Amyl Ketone			
		LC50 RAT	4HR	Not Available
		LD50 RAT		1670 mg/kg
763-69-9	Ethyl 3-Ethoxypropionate			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
123-86-4	n-Butyl Acetate			
		LC50 RAT	4HR	2000 ppm
		LD50 RAT		13100 mg/kg
822-06-0	Hexamethylene Diisocyanate (max.)			
		LC50 RAT	4HR	Not Available
		LD50 RAT		738 mg/kg
28182-81-2	Hexamethylene Diisocyanate Polymer			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 — ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 — DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261.
Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers.
Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 — TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)

May be Classed as a Combustible Liquid for U.S. Ground.
UN1263, PAINT, 3, PG III, (ERG#128)

DOT (Dept of Transportation) Hazardous Substances & Reportable Quantities

Xylenes (isomers and mixture) 100 lb RQ

Bulk Containers may be Shipped as (check reportable quantities):

RQ, UN1263, PAINT, 3, PG III, (XYLENES (ISOMERS AND MIXTURE)), (ERG#128)

Canada (TDG)

May be Classed as a Combustible Liquid for Canadian Ground.
UN1263, PAINT, CLASS 3, PG III, (ERG#128)

IMO

5 Liters (1.3 Gallons) and Less may be Shipped as Limited Quantity.
UN1263, PAINT, CLASS 3, PG III, (43 C c.c.), EmS F-E, S-E

IATA/ICAO

UN1263, PAINT, 3, PG III

Section 3 — Physical Data

PRODUCT WEIGHT	See TABLE	*EVAPORATION RATE*	Faster than Ether
SPECIFIC GRAVITY	0.73-0.79	*VAPOR DENSITY*	Heavier than Air
BOILING RANGE	40 - 395 °F	*MELTING POINT*	N.A.
VOLATILE VOLUME	87-95 %	*SOLUBILITY IN WATER*	N.A.

Section 4 — Fire And Explosion Hazard Data

FLASH POINT
See TABLE *LEL* 1.0 *UEL* 12.8

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Foam

UNUSUAL FIRE AND EXPLOSION HAZARDS
Isolate from heat, electrical equipment, sparks, and open flame. Closed containers may explode when exposed to extreme heat. Application to hot surfaces requires special precautions. During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.

SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used. Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

Section 5 — Health Hazard Data

ROUTES OF EXPOSURE
Exposure may be by INHALATION and/or SKIN or EYE contact, depending on conditions of use. To minimize exposure, follow recommendations for proper use, ventilation, and personal protective equipment.

ACUTE Health Hazards

EFFECTS OF OVEREXPOSURE
Irritation of eyes, skin and respiratory system. May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.

SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.

EMERGENCY AND FIRST AID PROCEDURES
If INHALED: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
If on SKIN: Wash affected area thoroughly with soap and water. Remove contaminated clothing and launder before re-use.
If in EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
If SWALLOWED: Never give anything by mouth to an unconscious person. DO NOT INDUCE VOMITING. Give conscious patient several glasses of water. Seek medical attention

CHRONIC Health Hazards
Carbon Black is classified by IARC as possibly carcinogenic to humans (Group 2B) based on experimental animals data, however, there is inadequate evidence in humans for its carcinogenicity.
Prolonged overexposure to solvent ingredients in Section 2 may cause adverse effects to the liver, urinary, cardiovascular and reproductive systems.
Rats exposed to titanium dioxide dust at 250 mg./m3 developed lung cancer, however, such exposure levels are not attainable in the workplace.
Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.

Section 6 — Reactivity Data

STABILITY – Stable
CONDITIONS TO AVOID – None known.
INCOMPATIBILITY – None known.
HAZARDOUS DECOMPOSITION PRODUCTS – By fire: Carbon Dioxide, Carbon Monoxide, Oxides of Metals in Section 2
HAZARDOUS POLYMERIZATION – Will Not Occur

Section 7 — Spill Or Leak Procedures

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate and remove with inert absorbent.

WASTE DISPOSAL METHOD
Waste from these products may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers. Waste from products containing Barium must also be tested for extractability.
Do not incinerate. Depressurize container. Dispose of in accordance with Federal, State, and Local regulations regarding pollution.

Section 8 — Protection Information

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation. Avoid breathing vapor and spray mist. Avoid contact with skin and eyes. Wash hands after using.
These products may contain materials classified as nuisance particulates (listed as Dust* in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg./m3 (total dust), 3 mg./m3 (respirable fraction), OSHA PEL 15 mg./m3 (total dust), 5 mg./m3 (respirable fraction).

VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.

RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.

PROTECTIVE GLOVES
None required for normal application of aerosol products where minimal skin contact is expected. For long or repeated contact, wear chemical resistant gloves.

EYE PROTECTION
Wear safety spectacles with unperforated sideshields.

Section 9 — Precautions

DOL STORAGE CATEGORY – 1A

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Keep away from heat, sparks, and open flame. Vapors will accumulate readily and may ignite explosively.
During use and until all vapors are gone: Keep area ventilated - Do not smoke - Extinguish all flames, pilot lights, and heaters - Turn off stoves, electric tools and appliances, and any other sources of ignition.
Consult NFPA Code. Use Approved Bonding and Grounding procedures.
Contents under pressure. Do not puncture, incinerate, or expose to temperature above 120F. Heat from sunlight, radiators, stoves, hot water, and other heat sources could cause container to burst. Do not take internally. Keep out of the reach of children.

OTHER PRECAUTIONS
Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

Section 10 — Other Regulatory Information

CALIFORNIA PROPOSITION 65
WARNING: These products contain chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.

TSCA CERTIFICATION
All chemicals in these products are listed, or are exempt from listing, on the TSCA Inventory

The above information pertains to these products as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to these products may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

covers MSDS pages PAINTALL1/KRI & PAINTALL2/KRI 2

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— Section 1 —
Product Identification

Material Safety Data Sheet

The Sherwin-Williams Company
Krylon Products Group
101 Prospect Avenue N.W.
Cleveland, OH 44115

Emergency telephone numbers | (216) 566-2917 United States

Information telephone number | (800) 251-2486
July 24, 2000

©2000, The Sherwin-Williams Co.

KRYLON® PAINT ALL® Fast Dry Enamel - 2

PAINTALL2/KRI

— Section 2 —
Hazardous Ingredients (percent by weight)

CAS No.	Hazardous Ingredients (percent by weight)	ACGIH TLV <STEL>	OSHA PEL <STEL>	Units	Vapor Pressure (mm Hg)	S04109 Pink	S04110 Chrome Aluminum	S04113 Gloss White	S04114 Gloss Black	S04115 Gray	S04116 Cherry Red	S04120 Red Oxide Primer
98-6	Propane	2500	1000	PPM	760.0	14	16	14	14	14	14	14
106-97-8	Butane	800	800	PPM	760.0	13	16	13	13	13	13	13
64742-88-7	Mineral Spirits.	100	100	PPM	2.0		1					2
108-88-3 §	Toluene.	50	100 <150>	PPM (Skin)	22.0	3	37					
100-41-4 §	Ethylbenzene	100 <125>	100 <125>	PPM	7.1	3		3	3	3	3	3
1330-20-7 §	Xylene.	100 <150>	100 <150>	PPM	5.9	20	4	16	15	16	19	18
67-64-1	Acetone.	500 <750>	1000	PPM	180.0	27	5	39	47	42	39	30
14807-96-6	Talc	2	2	Mg/M3	as Resp. Dust							3
7727-43-7	Barium Sulfate.	10	10[5]	Mg/M3	(Resp. as Dust Fraction)							5
13463-67-7	Titanium Dioxide.	10	10[5]	Mg/M3	(Resp. as Dust Fraction)	5		6		3		
1333-86-4	Carbon Black.	3.5	3.5	Mg/M3					0.3			
	[% Barium]											[3.0]
	Weight per Gallon (lbs.)					6.44	6.25	6.34	6.03	6.19	6.12	6.59
	VOC Less Federally Exempt Solvents - (percent by weight)					53.6	75.3	45.8	44.7	46.5	49.9	50.5
	Flash Point (°F)					< 0	< 0	< 0	< 0	< 0	< 0	< 0
	HMIS (NFPA) Rating (health - flammability - reactivity)					2 - 4 - 0	2 - 4 - 1	2 - 4 - 0	2* - 4 - 0	2 - 4 - 0	2 - 4 - 0	2 - 4 - 0

PERCENT BY WEIGHT

§ Ingredient subject to the reporting requirements of the Superfund Amendments and Reauthorization Act (SARA) Section 313, 40 CFR 372.65 C

→→→ MSDS Text Page Follows →→→

Section 3 — Physical Data

PRODUCT WEIGHT	See TABLE	EVAPORATION RATE	Faster than Ether
SPECIFIC GRAVITY	0.73-0.79	VAPOR DENSITY	Heavier than Air
BOILING RANGE	<0 - 395 °F	MELTING POINT	N.A.
VOLATILE VOLUME	87-95 %	SOLUBILITY IN WATER	N.A.

Section 4 — Fire And Explosion Hazard Data

FLASH POINT
See TABLE LEL 1.0 UEL 12.8

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Foam

UNUSUAL FIRE AND EXPLOSION HAZARDS
Isolate from heat, electrical equipment, sparks, and open flame. Closed containers may explode when exposed to extreme heat. Application to hot surfaces requires special precautions. During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.

SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used. Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

Section 5 — Health Hazard Data

ROUTES OF EXPOSURE
Exposure may be by INHALATION and/or SKIN or EYE contact, depending on conditions of use. To minimize exposure, follow recommendations for proper use, ventilation, and personal protective equipment.

ACUTE Health Hazards

EFFECTS OF OVEREXPOSURE
Irritation of eyes, skin and respiratory system. May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.

SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.

EMERGENCY AND FIRST AID PROCEDURES
If INHALED: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
If on SKIN: Wash affected area thoroughly with soap and water. Remove contaminated clothing and launder before re-use.
If in EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
If SWALLOWED: Never give anything by mouth to an unconscious person. DO NOT INDUCE VOMITING. Give conscious patient several glasses of water. Seek medical attention.

CHRONIC Health Hazards
Carbon Black is classified by IARC as possibly carcinogenic to humans (Group 2B) based on experimental animals data, however, there is inadequate evidence in humans for its carcinogenicity.
Prolonged overexposure to solvent ingredients in Section 2 may cause adverse effects to the liver, urinary, cardiovascular and reproductive systems.
Rats exposed to titanium dioxide dust at 250 mg./m3 developed lung cancer, however, such exposure levels are not attainable in the workplace.
Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.

Section 6 — Reactivity Data

STABILITY - Stable
CONDITIONS TO AVOID - None known.
INCOMPATIBILITY - None known.
HAZARDOUS DECOMPOSITION PRODUCTS - By fire: Carbon Dioxide, Carbon Monoxide, Oxides of Metals in Section 2
HAZARDOUS POLYMERIZATION - Will Not Occur

Section 7 — Spill Or Leak Procedures

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate and remove with inert absorbent.

WASTE DISPOSAL METHOD
Waste from these products may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers. Waste from products containing Barium must also be tested for extractability.
Do not incinerate. Depressurize container. Dispose of in accordance with Federal, State, and Local regulations regarding pollution.

Section 8 — Protection Information

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation. Avoid breathing vapor and spray mist. Avoid contact with skin and eyes. Wash hands after using.
These products may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg./m3 (total dust), 3 mg./m3 (respirable fraction), OSHA PEL 15 mg./m3 (total dust), 5 mg./m3 (respirable fraction).

VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.

RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.

PROTECTIVE GLOVES
None required for normal application of aerosol products where minimal skin contact is expected. For long or repeated contact, wear chemical resistant gloves.

EYE PROTECTION
Wear safety spectacles with unperforated sideshields.

Section 9 — Precautions

DOL STORAGE CATEGORY - 1A

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Keep away from heat, sparks, and open flame. Vapors will accumulate readily and may ignite explosively
During use and until all vapors are gone: Keep area ventilated - Do not smoke - Extinguish all flames, pilot lights, and heaters - Turn off stoves, electric tools and appliances, and any other sources of ignition.
Consult NFPA Code. Use approved Bonding and Grounding procedures.
Contents under pressure. Do not puncture, incinerate, or expose to temperature above 120F. Heat from sunlight, radiators, stoves, hot water, and other heat sources could cause container to burst. Do not take internally. Keep out of the reach of children.

OTHER PRECAUTIONS
Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

Section 10 — Other Regulatory Information

CALIFORNIA PROPOSITION 65
WARNING: These products contain chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.

TSCA CERTIFICATION
All chemicals in these products are listed, or are exempt from listing, on the TSCA Inventory

The above information pertains to these products as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to these products may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

MATERIAL SAFETY DATA SHEET

475
05 00

DATE OF PREPARATION
Jul 19, 2014

SECTION 1 – PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
475
PRODUCT NAME
MINWAX® POLYSHADES® Interior Stain & Polyurethane Gloss Finish, American Chestnut
MANUFACTURER'S NAME
MINWAX Company
10 Mountainview Road
Upper Saddle River, NJ 07458

Telephone Numbers and Websites

Product Information	(800) 523-9299 www.minwax.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 – COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
15	64742-88-7	Med. Aliphatic Hydrocarbon Solvent		
		ACGIH TLV	100 PPM	1.27 mm
		OSHA PEL	100 PPM	
29	64741-65-7	Mineral Spirits (Odorless)		
		ACGIH TLV	100 PPM	1 mm
		OSHA PEL	100 PPM	
3	64742-47-8	Aliphatic Solvent		
		ACGIH TLV	Not Available	0.1 mm
		OSHA PEL	Not Available	
0.1	136-52-7	Cobalt 2-Ethylhexanoate		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	
0.2	61789-51-3	Cobalt Naphthenate		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	

SECTION 3 – HAZARDS IDENTIFICATION

HMIS Codes

Health	2*
Flammability	2
Reactivity	0

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

OTHER PRECAUTIONS

Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

SECTION 9 — PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	7.65 lb/gal	916 g/l
SPECIFIC GRAVITY	0.92	
BOILING POINT	300 - 495 °F	148 - 257 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	56%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

3.63 lb/gal	435 g/l	Less Water and Federally Exempt Solvents
3.63 lb/gal	435 g/l	Emitted VOC

SECTION 10 — STABILITY AND REACTIVITY

STABILITY — Stable

CONDITIONS TO AVOID

- None known.

INCOMPATIBILITY

None known

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 — TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.

Cobalt and cobalt compounds are classified by IARC as possibly carcinogenic to humans (group 2B) based on experimental animal data, however, there is inadequate evidence in humans for its carcinogenicity.

TOXICOLOGY DATA

CAS No.	Ingredient Name			
64742-88-7	Med. Aliphatic Hydrocarbon Solvent			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
64741-65-7	Mineral Spirits (Odorless)			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
64742-47-8	Aliphatic Solvent			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
136-52-7	Cobalt 2-Ethylhexanoate			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
61789-51-3	Cobalt Naphthenate			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 — ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 — DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261.

Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers.

Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 — TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)

May be Classed as a Combustible Liquid for U.S. Ground.
UN1263, PAINT, 3, PG III, (ERG#128)

Bulk Containers may be Shipped as:

UN1263, PAINT, COMBUSTIBLE LIQUID, PG III, (ERG#128)

Canada (TDG)

May be Classed as a Combustible Liquid for Canadian Ground.
UN1263, PAINT, CLASS 3, PG III, (ERG#128)

IMO

5 Liters (1.3 Gallons) and Less may be Shipped as Limited Quantity.
UN1263, PAINT, CLASS 3, PG III, (41 C c.c.), EmS F-E, S-E

IATA/ICAO

UN1263, PAINT, 3, PG III

SECTION 15 — REGULATORY INFORMATION

SARA 313 *(40 CFR 372.65C)* SUPPLIER NOTIFICATION

CAS No.	CHEMICAL/COMPOUND	% by Wt	% Element
	Cobalt Compound	0.3	0.02

CALIFORNIA PROPOSITION 65

WARNING: This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.

TSCA CERTIFICATION

All chemicals in this product are listed, or are exempt from listing, on the TSCA Inventory.

SECTION 16 — OTHER INFORMATION

This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

The above information pertains to this product as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to this product may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

MATERIAL SAFETY DATA SHEET

B66W501
13 00

DATE OF PREPARATION
Feb 23, 2015

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B66W501

PRODUCT NAME
PRO INDUSTRIAL™ Multi-Surface Acrylic Coating, Extra White

MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
4	111-76-2	2-Butoxyethanol		
		ACGIH TLV	20 PPM	0.68 mm
		OSHA PEL	25 PPM	
1	112-34-5	2-(2-Butoxyethoxy)-ethanol		
		ACGIH TLV	Not Available	0.06 mm
		OSHA PEL	Not Available	
23	13463-67-7	Titanium Dioxide		
		ACGIH TLV	10 mg/m3 as Dust	
		OSHA PEL	10 mg/m3 Total Dust	
		OSHA PEL	5 mg/m3 Respirable Fraction	

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.

EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

HMIS Codes

Health	2*
Flammability	0
Reactivity	0

In a confined area vapors in high concentration may cause headache, nausea or dizziness.
Prolonged overexposure to hazardous ingredients in Section 2 may cause adverse chronic effects to the following organs or systems:
- the liver
- the urinary system
- the hematopoietic (blood-forming) system

SIGNS AND SYMPTOMS OF OVEREXPOSURE
Redness and itching or burning sensation may indicate eye or excessive skin exposure.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.

CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
Remove contaminated clothing and launder before re-use.
INHALATION: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

FLASH POINT	LEL	UEL	FLAMMABILITY CLASSIFICATION
Not Applicable	Not Applicable	Not Applicable	Not Applicable

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Alcohol Foam
UNUSUAL FIRE AND EXPLOSION HAZARDS
Closed containers may explode (due to the build-up of pressure) when exposed to extreme heat.
During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.
SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used.
Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

SECTION 6 — ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate the area.
Remove with inert absorbent.

SECTION 7 — HANDLING AND STORAGE

STORAGE CATEGORY
Not Applicable
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE
Keep container closed when not in use. Transfer only to approved containers with complete and appropriate labeling. Do not take internally. Keep out of the reach of children.

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation.
Avoid contact with skin and eyes. Avoid breathing vapor and spray mist.
Wash hands after using.
This coating may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg/m3 (total dust), 3 mg/m3 (respirable fraction), OSHA PEL 15 mg/m3 (total dust), 5 mg/m3 (respirable fraction).
VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.
RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.
PROTECTIVE GLOVES
Wear gloves which are recommended by glove supplier for protection against materials in Section 2.
EYE PROTECTION
Wear safety spectacles with unperforated sideshields.

SECTION 9 — PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	10.36 lb/gal	1241 g/l
SPECIFIC GRAVITY	1.25	
BOILING POINT	212 - 448 °F	100 - 231 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	58%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	
pH	> 2.0, < 11.5	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

1.12 lb/gal	134 g/l	Less Water and Federally Exempt Solvents
0.54 lb/gal	65 g/l	Emitted VOC

SECTION 10 — STABILITY AND REACTIVITY

STABILITY — Stable

CONDITIONS TO AVOID

None known.

INCOMPATIBILITY

None known.

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 — TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

IARC's Monograph No. 93 reports there is sufficient evidence of carcinogenicity in experimental rats exposed to titanium dioxide but inadequate evidence for carcinogenicity in humans and has assigned a Group 2B rating. In addition, the IARC summary concludes, "No significant exposure to titanium dioxide is thought to occur during the use of products in which titanium is bound to other materials, such as paint."

TOXICOLOGY DATA

CAS No.	Ingredient Name			
111-76-2	2-Butoxyethanol			
		LC50 RAT	4HR	Not Available
		LD50 RAT		470 mg/kg
112-34-5	2-(2-Butoxyethoxy)-ethanol			
		LC50 RAT	4HR	Not Available
		LD50 RAT		5660 mg/kg
13463-67-7	Titanium Dioxide			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 — ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 — DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product is not hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 — TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)
Not Regulated for Transportation.
Canada (TDG)
Not Regulated for Transportation.
IMO
Not Regulated for Transportation.
IMO
Not Regulated for Transportation.
IATA/ICAO
Not Regulated for Transportation.

SECTION 15 – REGULATORY INFORMATION

SARA 313 *(40 CFR 372.65C)* SUPPLIER NOTIFICATION

CAS No.	CHEMICAL/COMPOUND	% by WT	% Element
	Glycol Ethers	5	

CALIFORNIA PROPOSITION 65
WARNING: This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.
TSCA CERTIFICATION
All chemicals in this product are listed, or are exempt from listing, on the TSCA Inventory.

SECTION 16 – OTHER INFORMATION

This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

The above information pertains to this product as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to this product may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

MATERIAL SAFETY DATA SHEET

B54W101
47 00

DATE OF PREPARATION
Mar 5, 2015

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B54W101
PRODUCT NAME
Industrial Enamel, Pure White
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300

*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
40	64742-88-7	Med. Aliphatic Hydrocarbon Solvent		
		ACGIH TLV	100 PPM	1.27 mm
		OSHA PEL	100 PPM	
0.1	100-41-4	Ethylbenzene		
		ACGIH TLV	20 PPM	7.1 mm
		OSHA PEL	100 PPM	
		OSHA PEL	125 PPM STEL	
6	14807-96-6	Talc		
		ACGIH TLV	2 mg/m3 as Resp. Dust	
		OSHA PEL	2 mg/m3 as Resp. Dust	
14	13463-67-7	Titanium Dioxide		
		ACGIH TLV	10 mg/m3 as Dust	
		OSHA PEL	10 mg/m3 Total Dust	
		OSHA PEL	5 mg/m3 Respirable Fraction	

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

HMIS Codes

Health	2*
Flammability	2
Reactivity	0

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
Remove contaminated clothing and launder before re-use.
INHALATION: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

FLASH POINT	LEL	UEL	FLAMMABILITY CLASSIFICATION
101 °F PMCC	1.0	6.0	Combustible. Flash above 99 and below 200 °F

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Foam
UNUSUAL FIRE AND EXPLOSION HAZARDS
Closed containers may explode when exposed to extreme heat.
Application to hot surfaces requires special precautions.
During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.
SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used.
Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

SECTION 6 — ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate the area.
Remove with inert absorbent.

SECTION 7 — HANDLING AND STORAGE

STORAGE CATEGORY
DOL:Storage Class II
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE
Contents are COMBUSTIBLE. Keep away from heat and open flame.
Consult NFPA Code. Use approved Bonding and Grounding procedures.
Keep container closed when not in use. Transfer only to approved containers with complete and appropriate labeling. Do not take internally.
Keep out of the reach of children.

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation.
Avoid contact with skin and eyes. Avoid breathing vapor and spray mist.
Wash hands after using.
This coating may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg/m3 (total dust), 3 mg/m3 (respirable fraction), OSHA PEL 15 mg/m3 (total dust), 5 mg/m3 (respirable fraction).
VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.
RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.
PROTECTIVE GLOVES
Wear gloves which are recommended by glove supplier for protection against materials in Section 2.
EYE PROTECTION
Wear safety spectacles with unperforated sideshields.
OTHER PRECAUTIONS
Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.

SECTION 9 – PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	8.78 lb/gal	1051 g/l
SPECIFIC GRAVITY	1.06	
BOILING POINT	300 - 395 °F	148 - 201 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	57%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

3.68 lb/gal	441 g/l	Less Water and Federally Exempt Solvents
3.68 lb/gal	441 g/l	Emitted VOC

SECTION 10 – STABILITY AND REACTIVITY

- STABILITY – Stable

CONDITIONS TO AVOID

None known.

INCOMPATIBILITY

None known.

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 – TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.

Ethylbenzene is classified by IARC as possibly carcinogenic to humans (2B) based on inadequate evidence in humans and sufficient evidence in laboratory animals. Lifetime inhalation exposure of rats and mice to high ethylbenzene concentrations resulted in increases in certain types of cancer, including kidney tumors in rats and lung and liver tumors in mice. These effects were not observed in animals exposed to lower concentrations. There is no evidence that ethylbenzene causes cancer in humans.

IARC's Monograph No. 93 reports there is sufficient evidence of carcinogenicity in experimental rats exposed to titanium dioxide but inadequate evidence for carcinogenicity in humans and has assigned a Group 2B rating. In addition, the IARC summary concludes, "No significant exposure to titanium dioxide is thought to occur during the use of products in which titanium is bound to other materials, such as paint."

TOXICOLOGY DATA

CAS No.	Ingredient Name			
64742-88-7	Med. Aliphatic Hydrocarbon Solvent			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
100-41-4	Ethylbenzene			
		LC50 RAT	4HR	Not Available
		LD50 RAT		3500 mg/kg
14807-96-6	Talc			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
13463-67-7	Titanium Dioxide			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 – ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 – DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261.

Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers.

Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 – TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)

May be Classed as a Combustible Liquid for U.S. Ground.
UN1263, PAINT, 3, PG III, (ERG#128)

DOT (Dept of Transportation) Hazardous Substances & Reportable Quantities

Xylenes (isomers and mixture) 100 lb RQ

Bulk Containers may be Shipped as (check reportable quantities):

UN1263, PAINT, COMBUSTIBLE LIQUID, PG III, (ERG#128)

Canada (TDG)

May be Classed as a Combustible Liquid for Canadian Ground.
UN1263, PAINT, CLASS 3, PG III, (ERG#128)

IMO

5 Liters (1.3 Gallons) and Less may be Shipped as Limited Quantity.
UN1263, PAINT, CLASS 3, PG III, (38 C c.c.), EmS F-E, S-E

IMO

5 Liters (1.3 Gallons) and Less may be Shipped as Limited Quantity.
UN1263, PAINT, CLASS 3, PG III, (38 C c.c.), EmS F-E, S-E

IATA/ICAO

UN1263, PAINT, 3, PG III

SECTION 15 – REGULATORY INFORMATION

SARA 313 *(40 CFR 372.65C)* SUPPLIER NOTIFICATION

CAS No.	CHEMICAL/COMPOUND	% by WT	% Element
100-41-4	Ethylbenzene	0.1	

CALIFORNIA PROPOSITION 65

WARNING: This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.

TSCA CERTIFICATION

All chemicals in this product are listed, or are exempt from listing, on the TSCA Inventory.

SECTION 16 – OTHER INFORMATION

This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

The above information pertains to this product as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to this product may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

MATERIAL SAFETY DATA SHEET

B66W211
32 00

DATE OF PREPARATION
Feb 25, 2015

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B66W211
PRODUCT NAME
DTM ACRYLIC Semi-Gloss Acrylic Coating, Extra White
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
4	111-77-3	2-(2-Methoxyethoxy)-ethanol		
		ACGIH TLV	Not Available	1 mm
		OSHA PEL	Not Available	
0.1	14464-46-1	Cristobalite		
		ACGIH TLV	0.025 mg/m3 as Resp. Dust	
		OSHA PEL	0.05 mg/m3 as Resp. Dust	
16	13463-67-7	Titanium Dioxide		
		ACGIH TLV	10 mg/m3 as Dust	
		OSHA PEL	10 mg/m3 Total Dust	
		OSHA PEL	5 mg/m3 Respirable Fraction	

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

In a confined area vapors in high concentration may cause headache, nausea or dizziness.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

HMIS Codes

Health	2*
Flammability	0
Reactivity	0

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
Remove contaminated clothing and launder before re-use.
INHALATION: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

FLASH POINT	LEL	UEL	FLAMMABILITY CLASSIFICATION
Not Applicable	Not Applicable	Not Applicable	Not Applicable

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Alcohol Foam
UNUSUAL FIRE AND EXPLOSION HAZARDS
Closed containers may explode (due to the build-up of pressure) when exposed to extreme heat.
During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.
SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used.
Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

SECTION 6 — ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate the area.
Remove with inert absorbent.

SECTION 7 — HANDLING AND STORAGE

STORAGE CATEGORY
Not Applicable
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE
Keep container closed when not in use. Transfer only to approved containers with complete and appropriate labeling. Do not take internally.
Keep out of the reach of children.

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation.
Avoid contact with skin and eyes. Avoid breathing vapor and spray mist.
Wash hands after using.
This coating may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg/m3 (total dust), 3 mg/m3 (respirable fraction), OSHA PEL 15 mg/m3 (total dust), 5 mg/m3 (respirable fraction).
VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.
RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.
PROTECTIVE GLOVES
Wear gloves which are recommended by glove supplier for protection against materials in Section 2.
EYE PROTECTION
Wear safety spectacles with unperforated sideshields.

SECTION 9 – PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	10.03 lb/gal	1202 g/l
SPECIFIC GRAVITY	1.21	
BOILING POINT	212 - 500 °F	100 - 260 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	62%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	
pH	> 2.0, < 11.5	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

1.45 lb/gal	173 g/l	Less Water and Federally Exempt Solvents
0.66 lb/gal	80 g/l	Emitted VOC

SECTION 10 – STABILITY AND REACTIVITY

STABILITY — Stable

CONDITIONS TO AVOID

None known.

INCOMPATIBILITY

None known.

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 – TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

Crystalline Silica (Quartz, Cristobalite) is listed by IARC and NTP. Long term exposure to high levels of silica dust, which can occur only when sanding or abrading the dry film, may cause lung damage (silicosis) and possibly cancer.

IARC's Monograph No. 93 reports there is sufficient evidence of carcinogenicity in experimental rats exposed to titanium dioxide but inadequate evidence for carcinogenicity in humans and has assigned a Group 2B rating. In addition, the IARC summary concludes, "No significant exposure to titanium dioxide is thought to occur during the use of products in which titanium is bound to other materials, such as paint."

TOXICOLOGY DATA

CAS No.	Ingredient Name			
111-77-3	2-(2-Methoxyethoxy)-ethanol			
		LC50 RAT	4HR	Not Available
		LD50 RAT		5500 mg/kg
14464-46-1	Cristobalite			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
13463-67-7	Titanium Dioxide			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 – ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 – DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product is not hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 251. Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

MATERIAL SAFETY DATA SHEET

B66W1
27 00

DATE OF PREPARATION
Feb 25, 2015

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B66W1
PRODUCT NAME
DTM Acrylic Primer/Finish, White
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
1	112-34-5	2-(2-Butoxyethoxy)-ethanol		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	0.06 mm
0.1	14808-60-7	Quartz		
		ACGIH TLV	0.025 mg/m3 as Resp. Dust	
		OSHA PEL	0.1 mg/m3 as Resp. Dust	
9	13463-67-7	Titanium Dioxide		
		ACGIH TLV	10 mg/m3 as Dust	
		OSHA PEL	10 mg/m3 Total Dust	
		OSHA PEL	5 mg/m3 Respirable Fraction	

% by Weight	Ingredient
2.61	Barium (as Ba; total)

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

In a confined area vapors in high concentration may cause headache, nausea or dizziness.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

HMIS Codes

Health	2*
Flammability	0
Reactivity	0

MATERIAL SAFETY DATA SHEET

B97C150
06 00

DATE OF PREPARATION
Jul 19, 2014

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
B97C150
PRODUCT NAME
Anti-Graffiti Coating, Clear
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300
*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)	

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
18	64742-88-7	Med. Aliphatic Hydrocarbon Solvent		
		ACGIH TLV	100 PPM	1.27 mm
		OSHA PEL	100 PPM	

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.

HMIS Codes

Health	2
Flammability	2
Reactivity	0

EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

May cause nervous system depression. Extreme overexposure may result in unconsciousness and possibly death.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Headache, dizziness, nausea, and loss of coordination are indications of excessive exposure to vapors or spray mists.
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
May cause allergic skin reaction in susceptible persons or skin sensitization.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
If irritation persists or occurs later, get medical attention.
Remove contaminated clothing and launder before re-use.
INHALATION: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

1.44 lb/gal 173 g/l Emitted VOC

SECTION 10 – STABILITY AND REACTIVITY

STABILITY – Stable
CONDITIONS TO AVOID
None known.
INCOMPATIBILITY
None known.
HAZARDOUS DECOMPOSITION PRODUCTS
By fire: Carbon Dioxide, Carbon Monoxide
HAZARDOUS POLYMERIZATION
Will not occur

SECTION 11 – TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS
No ingredient in this product is an IARC, NTP or OSHA listed carcinogen.
Reports have associated repeated and prolonged overexposure to solvents with permanent brain and nervous system damage.
TOXICOLOGY DATA

CAS No.	Ingredient Name			
64742-88-7	Med. Aliphatic Hydrocarbon Solvent			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 – ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION
No data available.

SECTION 13 – DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD
Waste from this product may be hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261.
Waste must be tested for ignitability to determine the applicable EPA hazardous waste numbers.
Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 – TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)
May be Classed as a Combustible Liquid for U.S. Ground.
UN1263, PAINT, 3, PG III, (ERG#128)
Bulk Containers may be Shipped as:
UN1263, PAINT, COMBUSTIBLE LIQUID, PG III, (ERG#128)
Canada (TDG)
May be Classed as a Combustible Liquid for Canadian Ground.
UN1263, PAINT, CLASS 3, PG III, (ERG#128)
IMO
5 Liters (1.3 Gallons) and Less may be Shipped as Limited Quantity.
UN1263, PAINT, CLASS 3, PG III, (41 C c.c.), EmS F-E, S-E
IATA/ICAO
UN1263, PAINT, 3, PG III

SECTION 15 – REGULATORY INFORMATION

SARA 313 *(40 CFR 372.65C)* SUPPLIER NOTIFICATION

CAS No.	CHEMICAL/COMPOUND	% by WT	% Element

No ingredients in this product are subject to SARA 313 (40 CFR 372.65C) Supplier Notification.
TSCA CERTIFICATION
All chemicals in this product are listed, or are exempt from listing, on the TSCA Inventory.

SECTION 16 – OTHER INFORMATION

This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

The above information pertains to this product as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to this product may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

MATERIAL SAFETY DATA SHEET

K46W51
09 00

DATE OF PREPARATION
Feb 25, 2015

SECTION 1 — PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NUMBER
K46W51
PRODUCT NAME
PRO INDUSTRIAL™ Pre-Catalyzed Waterbased Semi-Gloss Epoxy, Extra White
MANUFACTURER'S NAME
THE SHERWIN-WILLIAMS COMPANY
101 Prospect Avenue N.W.
Cleveland, OH 44115

Telephone Numbers and Websites

Product Information	(800) 524-5979 www.sherwin-williams.com
Regulatory Information	(216) 566-2902 www.paintdocs.com
Medical Emergency	(216) 566-2917
Transportation Emergency*	(800) 424-9300

*for Chemical Emergency ONLY (spill, leak, fire, exposure, or accident)

SECTION 2 — COMPOSITION/INFORMATION ON INGREDIENTS

% by Weight	CAS Number	Ingredient	Units	Vapor Pressure
2	111-77-3	2-(2-Methoxyethoxy)-ethanol		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	1 mm
3	29911-28-2	1-(2-Butoxymethylethoxy)-propanol		
		ACGIH TLV	Not Available	
		OSHA PEL	Not Available	0.06 mm
22	13463-67-7	Titanium Dioxide		
		ACGIH TLV	10 mg/m3 as Dust	
		OSHA PEL	10 mg/m3 Total Dust	
		OSHA PEL	5 mg/m3 Respirable Fraction	

SECTION 3 — HAZARDS IDENTIFICATION

ROUTES OF EXPOSURE
INHALATION of vapor or spray mist.
EYE or SKIN contact with the product, vapor or spray mist.
EFFECTS OF OVEREXPOSURE
EYES: Irritation.
SKIN: Prolonged or repeated exposure may cause irritation.
INHALATION: Irritation of the upper respiratory system.

In a confined area vapors in high concentration may cause headache, nausea or dizziness.
SIGNS AND SYMPTOMS OF OVEREXPOSURE
Redness and itching or burning sensation may indicate eye or excessive skin exposure.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE
None generally recognized.
CANCER INFORMATION
For complete discussion of toxicology data refer to Section 11.

HMIS Codes

Health	2*
Flammability	0
Reactivity	0

SECTION 4 — FIRST AID MEASURES

EYES: Flush eyes with large amounts of water for 15 minutes. Get medical attention.
SKIN: Wash affected area thoroughly with soap and water.
Remove contaminated clothing and launder before re-use.
INHALATION: If affected, remove from exposure. Restore breathing. Keep warm and quiet.
INGESTION: Do not induce vomiting. Get medical attention immediately.

SECTION 5 — FIRE FIGHTING MEASURES

FLASH POINT	LEL	UEL	FLAMMABILITY CLASSIFICATION
Not Applicable	Not Applicable	Not Applicable	Not Applicable

EXTINGUISHING MEDIA
Carbon Dioxide, Dry Chemical, Alcohol Foam
UNUSUAL FIRE AND EXPLOSION HAZARDS
Closed containers may explode (due to the build-up of pressure) when exposed to extreme heat.
During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.
SPECIAL FIRE FIGHTING PROCEDURES
Full protective equipment including self-contained breathing apparatus should be used.
Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

SECTION 6 — ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Remove all sources of ignition. Ventilate the area.
Remove with inert absorbent.

SECTION 7 — HANDLING AND STORAGE

STORAGE CATEGORY
Not Applicable
PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE
Keep container closed when not in use. Transfer only to approved containers with complete and appropriate labeling. Do not take internally.
Keep out of the reach of children.

SECTION 8 — EXPOSURE CONTROLS/PERSONAL PROTECTION

PRECAUTIONS TO BE TAKEN IN USE
Use only with adequate ventilation.
Avoid contact with skin and eyes. Avoid breathing vapor and spray mist.
Wash hands after using.
This coating may contain materials classified as nuisance particulates (listed "as Dust" in Section 2) which may be present at hazardous levels only during sanding or abrading of the dried film. If no specific dusts are listed in Section 2, the applicable limits for nuisance dusts are ACGIH TLV 10 mg/m3 (total dust), 3 mg/m3 (respirable fraction), OSHA PEL 15 mg/m3 (total dust), 5 mg/m3 (respirable fraction).
VENTILATION
Local exhaust preferable. General exhaust acceptable if the exposure to materials in Section 2 is maintained below applicable exposure limits. Refer to OSHA Standards 1910.94, 1910.107, 1910.108.
RESPIRATORY PROTECTION
If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against materials in Section 2.
When sanding or abrading the dried film, wear a dust/mist respirator approved by NIOSH/MSHA for dust which may be generated from this product, underlying paint, or the abrasive.
PROTECTIVE GLOVES
Wear gloves which are recommended by glove supplier for protection against materials in Section 2.
EYE PROTECTION
Wear safety spectacles with unperforated sideshields.

SECTION 9 — PHYSICAL AND CHEMICAL PROPERTIES

PRODUCT WEIGHT	10.37 lb/gal	1242 g/l
SPECIFIC GRAVITY	1.25	
BOILING POINT	212 - 449 °F	100 - 231 °C
MELTING POINT	Not Available	
VOLATILE VOLUME	63%	
EVAPORATION RATE	Slower than ether	
VAPOR DENSITY	Heavier than air	
SOLUBILITY IN WATER	Not Available	
pH	> 2.0, < 11.5	

VOLATILE ORGANIC COMPOUNDS (VOC Theoretical - As Packaged)

1.47 lb/gal	177 g/l	Less Water and Federally Exempt Solvents
0.67 lb/gal	80 g/l	Emitted VOC

SECTION 10 — STABILITY AND REACTIVITY

STABILITY — Stable

CONDITIONS TO AVOID

None known.

INCOMPATIBILITY

None known.

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide

HAZARDOUS POLYMERIZATION

Will not occur

SECTION 11 — TOXICOLOGICAL INFORMATION

CHRONIC HEALTH HAZARDS

IARC's Monograph No. 93 reports there is sufficient evidence of carcinogenicity in experimental rats exposed to titanium dioxide but inadequate evidence for carcinogenicity in humans and has assigned a Group 2B rating. In addition, the IARC summary concludes, "No significant exposure to titanium dioxide is thought to occur during the use of products in which titanium is bound to other materials, such as paint."

TOXICOLOGY DATA

CAS No.	Ingredient Name			
111-77-3	2-(2-Methoxyethoxy)-ethanol			
		LC50 RAT	4HR	Not Available
		LD50 RAT		5500 mg/kg
29911-28-2	1-(2-Butoxymethylethoxy)-propanol			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available
13463-67-7	Titanium Dioxide			
		LC50 RAT	4HR	Not Available
		LD50 RAT		Not Available

SECTION 12 — ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

No data available.

SECTION 13 — DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD

Waste from this product is not hazardous as defined under the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State/Provincial, and Local regulations regarding pollution.

SECTION 14 — TRANSPORT INFORMATION

Multi-modal shipping descriptions are provided for informational purposes and do not consider container sizes. The presence of a shipping description for a particular mode of transport (ocean, air, etc.), does not indicate that the product is packaged suitably for that mode of transport. All packaging must be reviewed for suitability prior to shipment, and compliance with the applicable regulations is the sole responsibility of the person offering the product for transport.

US Ground (DOT)
Not Regulated for Transportation.
Canada (TDG)
Not Regulated for Transportation.
IMO
Not Regulated for Transportation.
IMO
Not Regulated for Transportation.
IATA/ICAO
Not Regulated for Transportation.

SECTION 15 – REGULATORY INFORMATION

SARA 313 *(40 CFR 372.65C)* SUPPLIER NOTIFICATION

CAS No.	CHEMICAL/COMPOUND	% by WT	% Element
	Glycol Ethers	3	

CALIFORNIA PROPOSITION 65
WARNING: This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.
TSCA CERTIFICATION
All chemicals in this product are listed, or are exempt from listing, on the TSCA Inventory.

SECTION 16 – OTHER INFORMATION

This product has been classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

The above information pertains to this product as currently formulated, and is based on the information available at this time. Addition of reducers or other additives to this product may substantially alter the composition and hazards of the product. Since conditions of use are outside our control, we make no warranties, express or implied, and assume no liability in connection with any use of this information.

Sumter Neurology & Pain Management

Marshall A. White, MD

OFFICE ASSESSMENT

NAME: Kenneth Barr CHART #_____ DATE: 11-28-17

CHIEF COMPLAINT: Pain level 0 1 2 3 4 5 6 7 8 9 10/10 Medications: Side Effects Y N _____
Functional Level_____ When is your worst pain?_____ Any type of rash?_____ Voiding?____
Any seizures?_____ How many?_____ Any testing done? (MRIs, X-rays, CT, Blood Work)_____
Did you go to the ER or have you been admitted to the hospital? Y N Hospital_____ Date_____
Patient Doc for 6 wk f/u. Patient still having HA's
Acupuncture helped x 2d.

LABS:

REVIEW OF SYSTEMS: Unchanged
PAST MEDICAL HISTORY: Unchanged
FAMILY/SOCIAL HISTORY: Unchanged
MEDICATIONS: Unchanged

PHYSICAL EXAMINATION

VITALS: BP_____ PULSE 68 TEMP AF WT_____ RESP. 16
APPEARANCE Nl

HEET: Unremarkable ABDOMEN: Benign

NECK: Supple GU: Deferred

BREAST: Deferred MS: 4 of 5

CV: Regular rate and rhythm SLR:_____ CLS

LUNGS: Clear EXT: 3+ edema

NEUROLOGICAL NO NEW FOCAL ABNORMALITY:
CN II-XII
SENSORY
MOTOR
CEREBELLAR
REFLEXES

IMPRESSION:

PLAN: Migraine? Time to try meds

Marshall A. White, MD

Mobile Diagnostics, LLC d/b/a Sumter Neurology & Pain Management
Lake City Neurology & Pain Management
Triad Neurological Pain Management
312 Broad Street
Sumter, SC 29150
(803) 774-7246 Fax: (803) 774-7250
Fed. Tax ID No.: 20-0799928

Sumter Neurology & Pain Management

Marshall A. White, MD

OFFICE ASSESSMENT

NAME: Kenneth Barr CHART #_____ DATE: 10-17-2012

CHIEF COMPLAINT: Pain level 0 1 2 3 4 5 6 7 8 9 10/10 Medications: Side Effects Y N _____
Functional Level____ When is your worst pain?_____ Any type of rash?_____ Voiding?___
Any seizures?_____ How many?_____ Any testing done? (MRIs, X-rays, CT, Blood Work)_____
Did you go to the ER or have you been admitted to the hospital? Y N Hospital_____ Date_____
New pt. c/o h/a's & backache. Referred by Dr. M. Chapman. Patient is getting 2nd opinion, was seen by Dr. Roland Skinner in Florence.

LABS: LA Spine

REVIEW OF SYSTEMS: WDL
PAST MEDICAL HISTORY: Unchanged
FAMILY/SOCIAL HISTORY: Unchanged
MEDICATIONS:
WDL

PHYSICAL EXAMINATION

VITALS: BP 148/90 PULSE 64 TEMP ✓ WT 146 RESP. 16
APPEARANCE

HEET: Unremarkable ABDOMEN: Benign

NECK: Supple GU: Deferred

BREAST: Deferred MS: A O x 3

CV: Regular rate and rhythm SLR: CLS

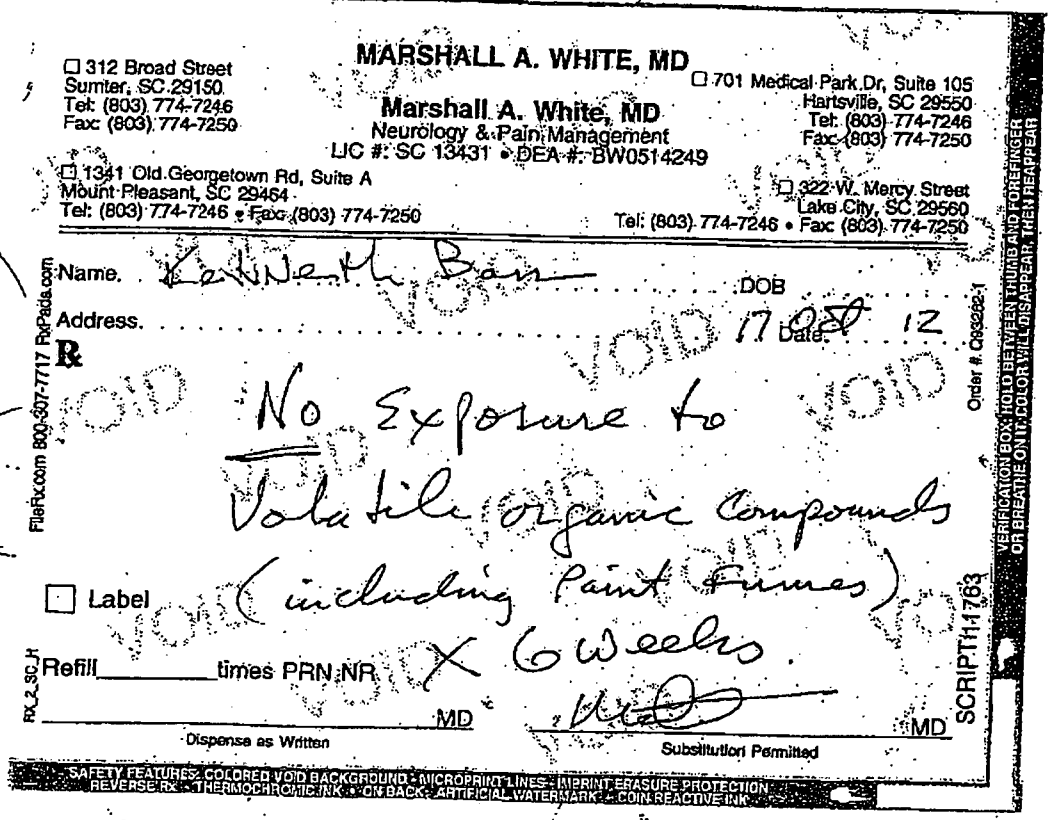
LUNGS: Clear EXT: SCCE

NEUROLOGICAL NO NEW FOCAL ABNORMALITY:
CN II-XII
SENSORY
MOTOR
CEREBELLAR WDL
REFLEXES
IMPRESSION:

PLAN: WDL

Marshall A. White, MD

Mobile Diagnostics, LLC d/b/a Sumter Neurology & Pain Management
Lake City Neurology & Pain Management
Triad Neurological Pain Management
312 Broad Street
Sumter, SC 29150
(803) 774-7246 Fax: (803) 774-7250
Fed. Tax ID No.: 20-0799928



MARSHALL A. WHITE, MD

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Sumter, SC 29150
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Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 701 Medical Park Dr, Suite 105
Hartsville, SC 29550
Tel: (803) 774-7246
Fax: (803) 774-7250

☐ 1341 Old Georgetown Rd, Suite A
Mount Pleasant, SC 29464
Tel: (803) 774-7246 • Fax: (803) 774-7250

☐ 322 W. Mercy Street
Lake City, SC 29560
Tel: (803) 774-7246 • Fax: (803) 774-7250

Name. [illegible] DOB

Address. Date 12

℞

No Exposure to
Volatile Organic Compounds
(including Paint Fumes)
x 6 Weeks.

☐ Label

Refill _____ times PRN NR

MD

Dispense as Written

MD

Substitution Permitted

FileRx.com 800-307-7717 RxPads.com

RX_2_SC_H

Order # C8328-1

SCRIPTH1763

VERIFICATION BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR

SAFETY FEATURES: COLORED VOID BACKGROUND • MICROPRINT LINES • IMPRINT ERASURE PROTECTION
REVERSE Rx • THERMOCHROMIC INK • ON BACK: ARTIFICIAL WATERMARK • COIN REACTIVE INK

MARSHALL ALLYN WHITE, MD
NEUROLOGY & PAIN MANAGEMENT

PATIENT NAME: Kenneth L Barr DATE: 4-23-15

DATE OF BIRTH: ___ MARITAL STATUS: Married

CHIEF COMPLAINT(REASON FOR VISIT): Severe headache's, memory loss, fatigue, confusion, disoriented.

HISTORY OF YOUR PRESENT ILLNESS(EXPLAIN PROBLEM IN DETAIL): Been having severe headaches for almost 5 yrs. Had gotten better under Dr. White's care few yrs ago. Now doctor can't find anything wrong having severe headaches again, health has gone downhill, job performance & attendance has decreased, so doctor wanted me to follow up with Neurologist.

HAVE YOU HAD TESTING OR TREATMENT FOR THIS PROBLEM?(MRI, CT, LABWORK, ETC.) Yes

TEST/PROCEDURE	FACILITY	DATE

REVIEW OF SYSTEMS

(PLEASE CHECK ALL THAT YOU HAVE HAD OR MAY BE EXPERIENCING)

✓ NAUSEA	RECENT WEIGHT LOSS	✓ NUMBNESS (WHERE Arm (R.))
VOMITING	✓ LOSS OF APPETITE	✓ TINGLING (WHERE Arm (R.))
FEVER	RASH/HIVES	BURNING (WHERE ___)
CHILLS	BRUISING	✓ MEMORY LOSS
DIARRHEA	EDEMA (SWELLING) WHERE? ___	✓ DIZZY SPELLS
CONSTIPATION	SLEEP DISORDER	✓ BLURRED VISION
✓ SHORTNESS OF BREATH	✓ DIFFICULTY SLEEPING	OTHER
✓ CHEST PAIN	✓ DROWSINESS	
✓ LEG PAIN	LOSS OF CONSCIOUSNESS	
✓ MUSCLE WEAKNESS	✓ HEADACHES	✓ ARM PAIN
✓ BACK PAIN	✓ NECK PAIN	CHRONIC COUGH
HYPERHIDROSIS (WHICH AREA OF THE BODY ___)		

1275 Ben Sawyer Blvd, Suite B
Mount Pleasant, SC 29464
843-216-7311

MARSHALL ALLYN WHITE, MD
NEUROLOGY & PAIN MANAGEMENT

FAMILY HISTORY

(IF ANY BLOOD RELATIVE HAS SUFFERED FROM ANY OF THE FOLLOWING, PLEASE CHECK)

SEIZURE DISORDER	ANEMIA	HIGH CHOLESTEROL
MIGRAINES	✓ mom BLOOD DISORDER (WHICH? Lupus)	ALCOHOLISM
MENTAL ILLNESS (WHICH?)	ASTHMA	✓ Dad CANCER
DIABETES	OSTEOPOROSIS	✓ Mom ARTHRITIS
GLAUCOMA	✓ Dad HIGH BLOOD PRESSURE	KIDNEY DISEASE
HYPERTHYROIDISM	HEART DISEASE/FAILURE	LIVER DISEASE
HYPOTHYROIDISM	STROKE	OTHER
HYPERHIDROSIS (EXCESSIVE SWEATING)	WHICH AREA OF THE BODY?	

CURRENT MEDICATIONS

1.	Tizanidine 4mg	9.	
2.	Tramadol 50mg	10.	
3.	Prozac 40mg	11	
4.	Nexium 40mg	12.	
5.	Klonopin .5mg	13.	
6.	meloxicam 7.5mg	14.	
7.	aspirin 81mg	15.	
8.	Lorcet 5-325	16.	

MEDICAL HISTORY

HEART ATTACK (#?)	ANEMIA	THYROID DISEASE (HYPO HYPER)
RENAL DISEASE/FAILURE	ASTHMA	BLEEDING DISORDERS
CANCER (TYPE)	LOWER GI DISORDER (WHICH?)	✓ mini TIA's STROKE
GOUT	SEIZURE DISORDER	✓ ARTHRITIS
SINUS TROUBLE	RHEUMATISM	✓ CHEST PAIN
ANEURYSM (WHERE?)	TUBERCULOSIS	LEG PAIN (PHLEBITIS?)
✓ DEPRESSION/ANXIETY	MENTAL ILLNESS (WHICH?)	HISTORY OF STDs (WHICH?)
HIGH CHOLESTEROL	AIDS/HIV POSITIVE	OTHER

SOCIAL HISTORY:

DO DRINK ALCOHOL? YES (NO) HOW MANY DRINKS PER WEEK?

DO YOU USE TOBACCO? (YES) NO WHICH TYPE? Cigarettes HOW OFTEN/HOW MUCH? 1½ ppk daily everyday pouches

DO YOU USE ANY OTHER RECREATIONAL DRUGS? YES (NO) IF SO, WHICH TYPE?

OCCUPATIONAL STATUS: (FULL TIME) PART TIME RETIRED DISABLED

WHAT IS/WAS YOUR OCCUPATION? Painter

1275 Ben Sawyer Blvd, Suite B
Mount Pleasant, SC 29464
843-216-7311

MARSHALL ALLYN WHITE, MD
NEUROLOGY & PAIN MANAGEMENT

SURGICAL HISTORY

PLEASE LIST ANY SURGERIES THAT YOU HAVE HAD PERFORMED IN THE PAST.

1. R knee Surgery DATE: 2013
2. hand Surgery (2) DATE: 2012
3. DATE:

PLEASE LIST ANY ALLERGIES THAT YOU MAY HAVE

1. None
2.
3.

VITALS (TO BE FILLED OUT BY NURSE):

BP: 120/80 PULSE: 90
RESPIRATIONS: 16
HEIGHT: WEIGHT:

NOTES(TO BE FILLED OUT BY NURSE/PHYSICIAN):

ASSESSMENT:

PLAN:

Restart
Topamax
Trileptal
@ 150
hs
4 wks

Meds: ASA
Nexium
Prozac
Klonopin
Mobic

Marshall Allyn White, MD

1275 Ben Sawyer Blvd, Suite B
Mount Pleasant, SC 29464
843-216-7311

Post Trauma Resources

"Solutions for Life's Toughest Problems"

16 December 2015

The McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

VIA FACSIMILE: 252-0709

Attention: Preston McDaniel, Attorney at Law

Re: Kenneth Barr

Thank you for allowing me to meet with Mr. Barr for a neuropsychological evaluation. My responsibilities were to clinically interview Mr. Barr and his wife, conduct neuropsychological testing, and offer an opinion concerning the following questions:

Are Mr. Barr's cognitive complaints consistent with brain damage secondary to volatile organic compound exposure?

Does Mr. Barr evidence emotional impairment secondary to such exposure?

Records Reviewed

Records from neurologist Marshall Allyn White were reviewed. Dr. White noted that Mr. Barr was developing encephalopathy secondary to volatile organic compound (VOC) exposure at work.

History of Reported Complaints

Mr. Barr is a 46-year-old right-handed male who has worked as a maintenance painter for the Darlington County School District for approximately six years. "I painted about every day," he said, "and about 1½ years after I started working there I began having headaches." On 17 October of 2012, his neurologist restricted him from working around paint and paint fumes for six weeks. Mr. Barr returned, however, and in or around March of this year, he reportedly became disoriented while getting supplies at Lowes. He said that, although he was about a block away from the school, he got lost and called his wife. She reportedly called the school, who encouraged him to go to the doctor. On 26 May 2015, his neurologist again recommended that he not work out of concern of continued exposure to volatile organic compounds.

Mr. Barr reported his headaches never truly go away and that, on average, they are experienced at the intensity of "eight or nine" on a 10-point scale (with 10 being "overwhelmed with pain" and zero being "no pain at all"). He also notes back pain at the average intensity of five out of 10, numbness in his right arm, nausea, and blurred vision.

Mr. Barr reported that he currently sleeps about eight hours each night with the use of medication. He noted decreased interest in previously enjoyed activities, such as spending time with family, cooking, and crafts such as building birdhouses. "I'm just too disorganized," he said. He reported feeling guilty for his current inability to engage with his wife and family and noted decreased energy, ability to concentrate, appetite (he has lost approximately 20 pounds, he said), and sex drive. He noted that he is more easily frustrated and acknowledged fleeting suicidal thoughts such as, "I'd be better off dead." He denied intentions or plans to commit suicide, however, and protective factors include his support system. Risk factors include his noted headaches and cognitive/emotional dysfunction. Based on Rudd et al's 2001 criteria for determining suicide risk assessment, Mr. Barr is currently at No Risk for self-harm. The corresponding level of appropriate medical treatment is outpatient care with recurrent risk assessment.

Mr. Barr reported that he takes daily naps, which is a change for him. He said that he struggles with recent memories ("Like what we ate last night") and often feels lost within his own house. He no longer reads due to problems concentrating, he said, and finds word puzzles frustrating because his "mind is too jumbled." He noted that he fell on ice and struck the back of his head approximately six years ago and, while he felt dizzy, denied a loss of consciousness, headache, or noticeable impairment. He denied a history of seizures.

Regarding educational history, Mr. Barr graduated high school in 1987 and described himself to be an average student. He was never held back but was required to take summer school in order to pass the 12th grade. He said that, as far as he knows, there is no family history of dementia.

Current Medications

1. Klonopin, .5 mg three times per day
2. Prozac, 40 mg
3. Depakote, 200 mg at night
4. Nexium 40 mg

Mr. Barr denied any noticeable side effects with any of his medications.

Previous Mental Health Treatment

Mr. Barr reported that his family doctor placed him on antidepressant medication approximately 10 years ago. He experienced frequent panic attacks, and the medication normalized his mood. He said that, since being out of work, he experiences panic "every now and then."

Mental Status
Mr. Barr appears older than stated age. He is oriented to time and person but not place. Regarding level of consciousness, he appears lethargic. Reported mood is "tired," which is consistent with his flat affect. He became tearful when describing his feelings of guilt associated with inability to engage with his wife, but was otherwise composed. He presented himself in a well-groomed fashion. Eye contact can be described as fair. His speech is normal. Evidence of recent memory impairment included his deferring to his wife regarding his medical history. No evidence of remote memory difficulties. Psychomotor activity is slow but he walked unassisted. There is a negligible degree of conceptual disorganization evident. Regarding perceptual functioning, the examinee denies hallucinations and none are evident. Attitude can be described as cooperative but discouraged. As far as insight is concerned, the examinee appears aware of the problems that he has. Judgment appears fair. Attention/Concentration is characterized by difficulty attending and maintaining focus. Regarding impulse control the examinee appears reflective and able to resist urges.

Quality of Historian. Mr. Barr's self-reporting of symptoms appeared consistent with his affect, presentation, and testing.

Results of Psychological Testing
Mr. Barr articulated understanding of each instrument. His responses appeared to be consistent within and among the measures. The results of the psychological and cognitive measures were determined to be valid.

Validity of Cognitive Test Performance. Mr. Barr achieved perfect scores of 50/50 on the Test of Memory Malingering's first and second trials, which suggests that he was exerting appropriate effort on this task. He performed as expected on the embedded measures and he appeared to be putting forth appropriate effort throughout the testing battery.

Personality. Mr. Barr was administered the MMPI-2-RF. He appeared to approach the measure in an open and honest manner and the resulting profile was determined to be valid. Individuals with similar profiles have been found to be experiencing significant emotional distress; they perceive themselves to be in a crisis. They report multiple somatic complaints and are preoccupied with physical health concerns. Similar individuals lack interest in activities and note persistent negative emptions such as anxiety, anger, and fear.

Mood/Emotional Symptoms. Mr. Barr was administered the Beck Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing depressive symptoms in the time frame of the "past two weeks including today." Scores range from Minimal, Mild, Moderate to Severe levels of depressive symptoms. Each item was read aloud to him by the examiner. There is no validity measure. Compared to the normal population, he reported experiencing Severe levels of depression (BDI-II=31).

The examinee was administered the Beck Anxiety Inventory, a 21-item scale which measures the severity of anxiety in the time frame of the "past two weeks including

today." Scores range from Minimal, Mild, Moderate to Severe levels of anxiety symptoms. Each item was read aloud to him by the examiner. There is no validity measure. Compared to the outpatient population, he reported experiencing Moderate levels of anxiety (BAI=17).

The P3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The results suggest that Mr. Barr approached the test items in an open and honest manner. The profile suggests that he is higher-than-average levels of depression, anxiety, and somatization when compared to the typical pain patient. These emotional symptoms are likely to interfere with his physical treatment program.

Intelligence. On a measure of Intelligence, Mr. Barr performed in the Low Average range of intellectual functioning with a stronger ability to think without than with words. He performed in the Average range on a task requiring knowledge of information typically learned within the US school system (the Information subtask). The results suggest that his intellectual functioning prior to any existing brain dysfunction was in the average range.

Memory. Mr. Barr demonstrated no significant difficulty learning or recalling word lists or details of prose passages. He was able to recall details both immediately and after a 25 minute delay.

Visuospatial Ability and Memory. On the RCFT, Mr. Barr's ability to copy a complex figure was well preserved, as was his ability to recreate it from memory both immediately and after a 25-minute delay. He also demonstrated no difficulty distinguishing among details that were and were not on the original drawing.

Attention. The Brief Test of Attention is designed to assess auditory divided attention. The examinee listens to a voice read lists of numbers and letters that increase in length from four to 18 elements and must count how many numbers (Form N) and letters (Form L) in each. Mr. Barr performed in the Average range on this task.

The CPT3 is a computerized assessment of an individual's response time to a task of prolonged visual attention. During the 14-minute, 360-trial administration, respondents are required to respond when any letter appears, except the non-target letter "X." The test indexes the respondents' inattentiveness, impulsivity, sustained attention, and vigilance. He demonstrated a liberal response style, which emphasizes speed over accuracy. This moderate level of inattention is suggestive of disinhibition.

Executive Functions: Forethought and reasoning in a tower construction task was well preserved, as was his ability to learn and adapt to the changing demands of the novel Wisconsin Card Sort Task. Mr. Barr demonstrated impaired lower-level scanning, which is as consistent with pain and emotional distress as it is organic brain damage. His compromised verbal fluency and inhibition, however, cannot be accounted for by pain, distress, or combination of the two.

Language. Mr. Barr demonstrated Above Average ability to name common objects.

Cancellation. The Star Cancellation Test was developed to detect the presence or absence of unilateral spatial neglect by having the examinee cross out smaller stars among an array of small stars, large stars, words and letters. Mr. Barr performed in the Average range, suggesting no unilateral neglect.

Motor Coordination. On a manipulative dexterity task in which Mr. Barr was instructed to insert 25 pegs into a pegboard, he performed in the Impaired range with both his dominant right non-dominant left hands.

Responses to Specific Questions

Are Mr. Barr's cognitive complaints consistent with brain damage secondary to volatile organic compound exposure? Yes. Mr. Barr presents with disinhibition and impaired dexterity, which is consistent with dysfunction secondary to prolonged exposure to volatile organic compounds. If VOC exposure is determined to be a causal factor in Mr. Barr's current symptoms, it is also more likely than not responsible for these cognitive deficits as well.

Does Mr. Barr evidence emotional impairment secondary to such exposure? Yes. In my opinion Mr. Barr's emotional symptoms were more likely than not, with as much certainty reasonable in the field of psychology, aggravated by his prolonged exposure to volatile organic compounds. Individuals with similar difficulties have benefitted from combined psychological/psychiatric treatment to include individual counseling and medications such as anxiolytics, antidepressants, and psychostimulants.

Respectfully submitted,

Nicholas A. Lind, PsyD

Summary of Scores
Kenneth Barr
12/16/15

I. Validity Scores
   a. MMPI-2-RF
      L-r= 52
      F-r= 92
      Fp-r= 42
   b. Test of Memory Malingering (TOMM)
      Trial 1 50/50
      Trial 2 50/50
   c. WAIS-IV Longest Digits
      i. Forward 7
      ii. Backward 5
      iii. Sequencing 6
   d. WMS-IV LM Rec 28/30
   e. RCFT Infrequent Item Recognition 0/7
   f. HVLT-R Recognition 12/12

II. Intelligence: Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)

	Raw	Composite Score	Description
Verbal Comprehension	19	80	Low Average
Perceptual Reasoning	30	100	Average
Working Memory	19	97	Average
Processing Speed	15	86	Low Average
Full Scale	83	88	Low Average

Verbal Comprehension	Raw	Scaled	Description
Similarities	11	3	Impaired
Vocabulary	27	7	Low Average
Information	12	9	Average
Perceptual Reasoning			
Block Design	46	11	Average
Matrix Reasoning	17	10	Average
Visual Puzzles	13	9	Average
(Picture Completion)	7	6	Borderline
Working Memory			
Digit Span	31	12	High Average
Arithmetic	10	7	Low Average
Processing Speed			
Symbol Search	26	8	Low Average
Coding	49	7	Low Average

III. Memory

a. Wechsler Memory Scale-Third Edition (WMS-IV)

	Raw	Scaled Score	Description
Logical Memory I (AM)	25	10	Average
Logical Memory II (AM)	19	9	Average

b. Rey Complex Figure Test (RCFT)

	Raw	T-Score/ Percentile		Description
Copy	36		>16%	Normal
Immediate Recall	30	70	98%	Superior
Delayed Recall	26	62	88%	Above Average
Recognition	21	51	54%	Average

c. Hopkins Verbal Learning Test-Revised (HVLT-R)

	Raw	T-Score	Description
Total Recall	26	44	Average
Delayed Recall	12	59	Above Average
Retention	120	68	Above Average
Recognition Discrimination Index	11	49	Average

IV. Attention

a. Brief Test of Attention (BTA)

Raw	Mean (SD)	Description
19	16.5 (3.3)	Average

b Conner's Continuous Performance Test 3rd Edition (CPT3)
Likelihood of significant attention problem: Kenneth response pattern indicates that he may have issues related to: Inattentiveness (Some Indication)

V. Executive Functions

a. Delis-Kaplan Executive Functioning System (D-KEFS)

	Raw	Scaled Score	Description
Trail-Making			
Visual Scanning	45	1	Impaired
Number Sequencing	47	6	Borderline
Letter Sequencing	51	5	Borderline
Number-Letter Sequencing	118	7	Low Average
Motor Speed	43	8	Low Average
Verbal Fluency			
Letter Fluency	20	4	Impaired
Category Fluency	28	5	Borderline
Color-Word Interference			
Color Naming	37	6	Borderline
Word Reading	27	7	Low Average
Inhibition	93	1	Impaired
Tower	22	14	Superior

b. Wisconsin Card Sort Task (WCST)

	Raw	T-Score/ Percentile	Description
Categories Completed	6	>16%	Normal
Trials to Complete 1st Category	11	>16%	Normal
Failure to Maintain Set	0	>16%	Normal
Total Errors	15	51 55%	Average
Perseverative Responses	8	53 61%	Average
Perseverative Errors	8	52 58%	Average
Nonperseverative Errors	7	52 58%	Average

VI. Language: Boston Naming

Raw	Mean (SD)	Description
59	56.8 (3.0)	Above Average

VII. Unilateral Neglect: Star Cancellation Test 55/55

VIII. Motor Skills: Grooved Pegboard Test

	Score	Mean/(SD)	Description
Right (Dominate)	93	63.50 (7.20)	Impaired
Left (Non Dominate)	89	69.05 (9.80)	Impaired

CAROLINA PINES
REGIONAL MEDICAL CENTER
1304 West Bo Bo Newsom Hwy
Hartsville, SC 29550
Telephone: 843-339-2100

ADMISSION RECORD

ACCOUNT NO. 9147945 | MEDICAL RECORDS NO. 0000014905

ADMIT DATE / TIME	ROOM NO.	PT	PC	AGE	DATE OF BIRTH	SEX	RA	INS	LOCATION	PROGRAM
03/16/2015 11:44	0	E	B	045		M	1	M	ERD	

PATIENT
PATIENT NAME & ADDRESS: [redacted]
SS NUMBER:
PHONE NUMBER: (
PATIENT EMPLOYER: DARLINGTON CO SCHOOL
EMPLOYER PHONE NO.: (999)999-9999
COUNTY: 16DARLINGTON

GUAR
RESPONSIBLE PARTY & ADDRESS: BARR, KENNETH I
SS NUMBER:
BIRTH DATE:
RESPONSIBLE PARTY EMPLOYER: DARLINGTON CO SCHOOL
EMPLOYER PHONE: (999)999-9999
RELATIONSHIP TO PATIENT:

EMERGENCY CONTACT NAME: BARR, ANNA T
EMERGENCY CONTACT PHONE: (
EMERGENCY CONTACT RELATIONSHIP TO PATIENT: SPOUSE

COMMENTS:
MSP: ☐Y ☒N | MED. KEY: ☐Y ☒N | PRIVACY: DO NOT PUBL | ADMIT. BY: PET

INSURANCE

1 | PAYER: 200 | PLAN: SC2 | POLICY NUMBER: ZCS03636250
INSURANCE CO. NAME & ADDRESS: BLUE CROSS STATE PLAN, PO BOX 100605, COLUMBIA SC 292600605, (800)444-4311
INSURED'S NAME: BARR, KENNETH L | 08/17/1969
GROUP NUMBER: 002132900 | GROUP NAME:
AUTHORIZATION:

2 | PAYER: | PLAN: | POLICY NUMBER:
INSURANCE CO. NAME & ADDRESS:
INSURED'S NAME:
GROUP NUMBER: | GROUP NAME:
AUTHORIZATION:

3 | PAYER: | PLAN: | POLICY NUMBER:
INSURANCE CO. NAME & ADDRESS:
INSURED'S NAME:
GROUP NUMBER: | GROUP NAME:
AUTHORIZATION:

MISC
DR. ATTENDING / ADMITTING: JOKL, RUDOLF
DR. FAMILY / PRIMARY CARE: CHAPMAN, RAYMOND MAC
DIAGNOSIS / SIGNS & SYMPTOMS: DIZZINESS/HEADACHE/LFT HAND PAIN
ACCIDENT: | ACCIDENT DATE:
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).
DISCHARGE CODE: DISCHARGED TO HOME | DISCHARGE DATE/TIME: 03/16/2015 16:52

Diagnosis Codes (Primary) (2) (3) (4) (5) (6) (7) (8) (9)

COMPLICATIONS

COMORBIDITY(IES)

PRINCIPAL PROCEDURE

Procedure Codes/Dates (1)CPT:99284:03/16/2015 (2): (3):
(4): (5): (6):

ADDTIA

9147945 0000014905

Patient:BARR, KENNETH L MRN:8330000014905 Encounter:9147945 Page 1 of 1

Nurse's Notes
Carolina Pines Regional Medical Center
Name: Kenneth Barr
Age:
Sex: Male
DOB:
MRN: 000001490S
Arrival Date: 03/16/2015
Time: 11:43
Account#:
Bed 1
Private MD:
Diagnosis: Dizziness - Vertigo;Acute Headache

Presentation:
03/16
12:15 Presenting complaint: Patient states: headache came on pretty quick this morning, dizziness and confusion, disoriented for a bit and pain in left hand Dr Chapman sent him here. Risk considerations: patient denies sudden onset-of-headache, syncopal episode, and "worst headache of life". Transition of care: patient was not received from another setting of care. vj
12:15 Method Of Arrival: Walk-in vj
12:15 Acuity: ESI 3 vj

Triage Assessment:
12:20 Headache History: The patient has had previous headaches and this one is more severe than previous episodes. General: Appears uncomfortable, Behavior is cooperative. Pain: Complains of pain in entire head Pain currently is 8 out of 10 on a pain scale. Quality of pain is described as sharp. Pain: Complains of pain in left hand Pain currently is 4 out of 10 on a pain scale. Pain began 4 hours ago Also complains of no other associated symptoms. Ebola Screening: Has patient lived in or traveled to a country with widespread Ebola transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days? No. Suicide Risk Assessment: Suicidal Thinking Present No (0 points). Neuro: Level of Consciousness is awake, alert, Oriented to person, place, time. vj

Historical:
- Allergies: No known drug Allergies;
- Home Meds:
  1. asa 81mg daily for Blood Thinner
  2. meloxicam 7.5 mg oral tab 2 tabs once daily
  3. BuSpar Oral 30 mg twice a day
  4. Klonopin 1 mg oral tab 1 tab 3 times per day
  5. Prozac 40 mg oral cap 1 cap once daily in the morning
  6. Nexium 40 mg oral cpDR
  7. tramadol 100 mg oral TM24 2 tabs twice daily and 50 mg at-alunch for Chronic Pain
- PMHx: Hand Laceration - rt hand and extensor tendon (January 26, 2012); anxiety and depression; GERD; TIA;
- PSHx: Appendectomy; lung collapse; carpel tunnel; foot and hand surger;
- History obtained from: patient.
- Immunization history: Last tetanus immunization: up to date. Pneumococcal vaccine is not up to date. Patient has never been vaccinated. Flu vaccine is not up to date. Patient has never been vaccinated.

- Social history: Smoking status: unknown if patient ever smoked tobacco. Preferred Language: English No barriers to communication noted, The patient speaks fluent English, Speaks appropriately for age.
- Family history: No immediate family members are acutely ill.
- Hospitalizations: : No recent hospitalization is reported.

Screening:
12:22 Sepsis Protocol: Sepsis screening is not applicable to patient's presentation. Exposure risk/Travel Screening: None identified. Abuse screen: Denies threats or abuse. Denies injuries from another. Tuberculosis screening: Never had TB. Fall Risk: Gait-Weak (10 points). Total Morse Fall Scale indicates No Risk (0-24 points). Pneumonia Screening: Total Score: 0 Pts., no action required at this time. — vj

Assessment:
13:20 Pain: Complains of pain in head Pain currently is 9 out of 10 on a pain scale. Present on Arrival: Central Line: NO. Foley Catheter: NO. Wound/Pressure Ulcer: NO. Nursing diagnosis: Alteration in comfort: actual. Patient/family educated on and included in the plan of care related to dizziness and headache. Neuro: Level of Consciousness is awake, alert, Oriented to person, place, time. Neuro: Reports dizziness. Cardiovascular: Capillary refill < 3 seconds is brisk in bilateral fingers toes. Respiratory: Airway is patent Trachea midline Respiratory effort is even, unlabored, Respiratory pattern is regular, symmetrical. — ec

Vital Signs:
12:21 BP 125 / 78; Pulse 54; Resp 18; Temp 97.8; Pulse Ox 99% on R/A; Weight 68.04 kg; Height 5 ft. 10 in. (177.80 cm); Pain 8/10; — vj
14:00 Pain 0/10; — ec
16:50 BP 131 / 89; Pulse 51; Resp 14; Pulse Ox 98% ; — sk3
16:50 BP 144 / 67; Pulse 60; Resp 18; Temp 98.; Pulse Ox 100% on R/A; — ec
12:21 Body Mass Index 21.52 (68.04 kg, 177.80 cm) — vj

ED Course:
11:43 Patient arrived in ED. — pg
12:13 Johnson, Valerie, RN is Primary Nurse. — vj
12:16 Triage completed. — vj
12:22 Arm band placed on right wrist. Patient placed in wheelchair to CT. — vj
12:47 CT HEAD W/O CONTRAST+RADIOLOGY - CT SCAN returned. — EDMS
13:07 Campbell, Edie, RN is Primary Nurse. — ec
13:12 Jokl, Rudolf, MD is Attending Physician. — rj
13:20 Patient has correct armband on for positive identification. Bed in low position. Call light in reach. Adult w/ patient. NIBP on. Door closed. Moved to private room. Verbal reassurance given. Warm blanket given. — ec
13:20 Labs drawn. (by ED staff). Sent per order to lab. Inserted peripheral IV: 20 gauge in left antecubital area and blood collected. — ec
13:31 CBC Complete Automated Returned. — EDMS
13:35 ED Rounding: Pain Reassessment: remains unchanged at this time Call light is within patient's reach, and patient has been educated on it's use. Family Update: Family remains at patient's bedside and has been updated on status of patient's condition Pending Items and/or Delays: Patient awaiting physician at this time Patient has been instructed that nurse will re-visit within 30 minutes. — ec
13:36 EKG done. (by ED staff). Reviewed by Rudolf Jokl MD. — ec

13:43	PT Returned.	EDMS
13:43	PTT Returned.	EDMS
13:57	CMP Returned.	EDMS
13:57	GFR DUMMY CODE Returned.	EDMS
13:57	GFRA DUMMY CODE Returned.	EDMS
14:50	CT HEAD W/O CONTRAST+RADIOLOGY - CT SCAN returned.	EDMS
16:50	No procedures required assistance by the nurse. Discontinued IV intact, bleeding controlled, pressure dressing applied, No redness/swelling at site.	ec

Administered Medications:

13:28	Drug: Zofran 4 mg; Route: IVP; Site: left antecubital;	ec
14:00	Follow up: Response: No adverse reaction; Nausea is decreased	ec
13:30	Drug: morphine 4 mg; Route: IVP; Site: left antecubital;	ec
14:00	Follow up: Pain 0/10 Adult; Response: No adverse reaction; Pain is decreased	ec
16:48	Drug: Aspirin 324 mg; Route: PO;	sk3
16:50	Follow up: Response: No adverse reaction	ec

Outcome:

16:25	Discharge ordered by MD.	rj
16:50	Discharged to home ambulatory, with family.	ec
16:50	Braden Scale-Adult not applicable, the patient was discharged.	
16:50	Discharge instructions given to patient, Instructed on discharge instructions, follow up and referral plans, medication usage, Demonstrated understanding of instructions, medications, Prescriptions given X 2	
16:50	Discharge Assessment: Vital signs assessed, Skin Assessment completed, N/A Patient discharged, patient awake and alert no apparent distress	
16:50	Valuables List: Valuable Disposition: remains with patient.	
16:52	Patient left the ED.	sk3

Signatures:

Dispatcher MedHost		EDMS
Campbell, Edie, RN	RN	ec
Griggs, Petina, Reg	Reg	pg
Johnson, Valerie, RN	RN	vj
Sutton, Dora		ds
Jokl, Rudolf, MD	MD	rj
Kuriger, Kyle, RN	RN	sk3

Corrections: (The following items were deleted from the chart)

14:01	13:36 EKG done. (by ED staff). Reviewed by Rudolf Jokl MD ds	ec

****

Physician Documentation
Carolina Pines Regional Medical Center
Name: Kenneth Barr
Age: 45 yrs
Sex: Male
DOB: 08/17/1969
MRN: 0000014905
Arrival Date: 03/16/2015
Time: 11:43
Account#: 9147945
Bed 1
Private MD:
ED Physician Jokl, Rudolf
HPI:
03/16
16:25 This 45 yrs old Caucasian Male presents to ER via Walk-in with complaints of Dizziness - confusion, Hand Pain, Headache. rj
16:25 The patient presents with dizziness. Onset: The symptoms/episode began/occurred this morning. Context: occurred at home, just prior to the episode the patient experienced no apparent symptoms. Modifying factors: The symptoms are alleviated by nothing. Associated signs and symptoms: Pertinent positives: headache. Severity of symptoms: in the emergency department the symptoms are unchanged. The patient has experienced similar episodes in the past, multiple times. The patient has not recently seen a physician. rj

Historical:
- Allergies: No known drug Allergies;
- Home Meds:
  1. asa 81mg daily for Blood Thinner
  2. meloxicam 7.5 mg oral tab 2 tabs once daily
  3. BuSpar Oral 30 mg twice a day
  4. Klonopin 1 mg oral tab 1 tab 3 times per day
  5. Prozac 40 mg oral cap 1 cap once daily in the morning
  6. Nexium 40 mg oral cpDR
  7. tramadol 100 mg oral TM24 2 tabs twice daily and 50 mg at alunch for Chronic Pain
- PMHx: Hand Laceration - rt hand and extensor tendon (January 26, 2012); anxiety and depression; GERD; TIA;
- PSHx: Appendectomy; lung collapse; carpel tunnel; foot and hand surger;
- History obtained from: patient.
- Immunization history: Last tetanus immunization: up to date. Pneumococcal vaccine is not up to date. Patient has never been vaccinated. Flu vaccine is not up to date. Patient has never been vaccinated.
- Social history: Smoking status: unknown if patient ever smoked tobacco. Preferred Language: English No barriers to communication noted, The patient speaks fluent English, Speaks appropriately for age.
- Family history: No immediate family members are acutely ill.
- Hospitalizations: : No recent hospitalization is reported.

Disposition:
16:24 Electronically authenticated by: Electronically signed. Rudolf Jokl, MD. rj

Disposition Summary:
03/16/15 16:25 Discharged to Home/Self Care. MSE completed.. Impression:

Dizziness - Vertigo, Acute Headache.
- Condition is Stable.
Discharge Instructions: Dizziness, Headache, FAQs.

- Work release form, Medication Reconciliation Form form.
- Follow up: Private Physician; When: 1 - 2 days; Reason: Recheck today's complaints.
- Problem is an acute exacerbation.
- Symptoms have improved.

ROS:
16:26 Constitutional: Negative for fever, chills, and weight loss, Eyes: Negative for injury, pain, redness, and discharge, ENT: Negative for injury, pain, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for pain, distension or abnormal bowel movement Back: Negative for injury and pain, GU: Negative for injury, bleeding, discharge, and swelling, MS/Extremity: Negative for injury and deformity, Skin: Negative for injury, rash, and discoloration, Psych: Negative for depression, anxiety, suicide ideation, homicidal ideation, and hallucinations, Allergy/Immunology: Negative for acute rash ro swelling. Endocrine: Negative for neck swelling, polydipsia, polyuria, polyphagia, and marked weight changes, Hematologic/Lymphatic: Negative for swollen nodes, abnormal bleeding, and unusual bruising. All other systems are reviewed and negative. Neuro: Positive for dizziness, headache. rj

Exam:
16:27 Constitutional: Alert and in no distress. rj
Head/Face: Normocephalic, atraumatic.
Eyes: No signs of injury or acute changes.
ENT: No signs of injury or acute changes.
Neck: No signs of injury or acute changes.
Chest/axilla: No signs of deformity or mass.
Cardiovascular: Regular rate and rhythm. No gallops, murmurs, or rubs.
Respiratory: Lungs are clear to auscultation.
Abdomen/GI: Abdomen soft, not tender, without organomegaly, without peritoneal signs, without tender or pulsatile mass.
Back: No signs of injury.
Skin: No acute abnormality.
MS/ Extremity: Neurovascular intact. No edema.
16:27 Psych: Behavior, mood and affect are within normal limits. rj
16:27 Neuro: Exam negative for acute changes, Orientation: is normal, Cerebellar function: no acute changes, Gait: is steady.

Vital Signs:
12:21 BP 125 / 78; Pulse 54; Resp 18; Temp 97.8; Pulse Ox 99% on R/A; Weight 68.04 kg; Height 5 ft. 10 in. (177.80 cm); Pain 8/10; vj
14:00 Pain 0/10; ec
16:50 BP 131 / 89; Pulse 51; Resp 14; Pulse Ox 98% ; sk3
16:50 BP 144 / 67; Pulse 60; Resp 18; Temp 98.; Pulse Ox 100% on R/A; ec
12:21 Body Mass Index 21.52 (68.04 kg, 177.80 cm) vj

MDM:

13:12 Patient medically screened. rj
16:27 Differential diagnosis: cardiac arrhythmia, CVA, TIA, vertigo. Data rj
reviewed: vital signs, nurses notes, old medical records, lab test result(s), EKG, radiologic studies. ECG:. Response to treatment: the patient's symptoms have resolved after treatment.

03/16
13:17 Order name: CBC Complete Automated; Complete Time: 16:24 rj
03/16
13:17 Order name: CMP; Complete Time: 16:24 rj
03/16
13:17 Order name: PT; Complete Time: 16:24 rj
03/16
13:17 Order name: PTT; Complete Time: 16:24 rj
03/16
13:18 Order name: GFR DUMMY CODE; Complete Time: 16:24 EDMS
03/16
13:18 Order name: GFRA DUMMY CODE; Complete Time: 16:24 EDMS
03/16
12:23 Order name: Ct Head W/o Contrast; Complete Time: 16:24 vj
03/16
13:17 Order name: Ekg Electrocardiogram; Complete Time: 13:17 rj
03/16
13:17 Order name: *Ekg; Complete Time: 13:57 rj

Dispensed Medications:
13:28 Drug: Zofran 4 mg; Route: IVP; Site: left antecubital; ec
14:00 Follow up: Response: No adverse reaction; Nausea is decreased ec
13:30 Drug: morphine 4 mg; Route: IVP; Site: left antecubital; ec
14:00 Follow up: Pain 0/10 Adult; Response: No adverse reaction; Pain is decreased ec
16:48 Drug: Aspirin 324 mg; Route: PO; sk3
16:50 Follow up: Response: No adverse reaction ec

ECG:
16:27 Rate is 55 beats/min. Rhythm is regular. QRS Axis is Normal. No Q waves. T waves are Normal. No ST changes noted. rj

Signatures:

Dispatcher MedHost		EDMS
Campbell, Edie, RN	RN	ec
Johnson, Valerie, RN	RN	vj
Jokl, Rudolf, MD	MD	rj
Kuriger, Kyle, RN	RN	sk3

****

Discharge Summary
Carolina Pines Regional Medical Center
Name:Kenneth Barr
Emergency Department
Age:
Sex:Male
DOB:
MRN:00000149U5
Arrival:03/16/2015
11:43
Account#:9147945
Departure Date03/16/2015
Departure Time16:52
Private MD:
Outcome: Discharge
Location: Home/Self Care. MSE completed.
Condition: Stable
Chief Complaint: Dizziness - confusion, Hand Pain, Headache
Diagnosis: Dizziness - Vertigo, Acute Headache
Prescriptions:
Custom Notes:
Attending Physician: Jokl, Rudolf, MD
Private MD:
Mid Level Provider:
Orders: CBC Complete Automated, CMP, PT, PTT, GFR DUMMY CODE, GFRA DUMMY CODE, Ct Head W/o Contrast, morphine, Zofran, Aspirin, Ekg Electrocardiogram, *Ekg
Discharge Instruction: Discharge Summary Sheet, Dizziness, Headache, FAQs, Work release form, Medication Reconciliation Form
****

Order Summary
Name: Kenneth Barr
MRN: 0000014905

/ Caucasian
/ Male
Arrival: 03/16/2015
11:43
Chief Complaint: Dizziness - confusion, Hand Pain, Headache
Departure Date 03/16/2015
Departure Time 16:52
Orders:
Medication
Order: Aspirin 324 mg PO once; (81 mg x 4 tablets); Ordered: 03/16 16:24; By: rj; For: rj; Administered: 03/16 16:48 By: sk3; Frequency: once; Order Method: Electronic Administration: Aspirin 324 mg PO Follow Up: 03/16 16:50 Response: No adverse reaction
Order: morphine 4 mg IVP once; Ordered: 03/16 13:17; By: rj; For: rj; Administered: 03/16 13:30 By: ec; Frequency: once; Order Method: Electronic Administration: morphine 4 mg IVP in left antecubital Follow Up: 03/16 14:00 Pain 0/10 Adult; Response: No adverse reaction; Pain is decreased
Order: Zofran 4 mg IVP once; over 2 minutes; Ordered: 03/16 13:17; By: rj; For: rj; Administered: 03/16 13:28 By: ec; Frequency: once; Order Method: Electronic Administration: Zofran 4 mg IVP in left antecubital Follow Up: 03/16 14:00 Response: No adverse reaction; Nausea is decreased
Lab
Order: GFRA DUMMY CODE; Ordered: 03/16 13:18; By: EDMS; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Order: GFR DUMMY CODE; Ordered: 03/16 13:18; By: EDMS; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Order: CBC Complete Automated; Ordered: 03/16 13:17; By: rj; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Order: CMP; Ordered: 03/16 13:17; By: rj; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Order: PT; Ordered: 03/16 13:17; By: rj; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Order: PTT; Ordered: 03/16 13:17; By: rj; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Electronic
Radiology
Order: Ct Head W/o Contrast; Ordered: 03/16 12:23; By: vj; For: rj; Reviewed: 03/16 16:24; By: rj; Order Method: Verbal - Read back; Sign Off: Jokl, Rudolf, MD - 03/16 13:16
Nursing
Order: *Ekg; Ordered: 03/16 13:17; By: rj; For: rj; Completed: 03/16 13:57; By: ec; Order Method: Electronic
Other
Order: Ekg Electrocardiogram; Ordered: 03/16 13:17; By: rj; For: rj; Completed: 03/16 13:17; By: EDMS; Order Method: Electronic

Order Signatures:
Jokl, Rudolf, MD, MD, rj;
Dispatcher MedHost, EDMS;
Johnson, Valerie, RN, RN, vj;
****

Discharge

CAROLINA PINES REGIONAL MEDICAL CENTER

1304 West Bobo Newsom Highway, Hartsville, SC 29550

Tarek M. Bishara, M.D., Pathologist

PATIENT: BARR, KENNETH L MRN: 0000014905 LOCATION: ERD--

I.D.#: 9147945 DISCH.: 03/16/15 DOB: AGE: SEX: M

COAGULATION STUDIES

	03160305	
COLLECTED	03/16/15 13:20	
PRIORITY, PHYSICIAN	STAT JOKL, RUDOLF	REFERENCE RANGE
VERIFIED	03/16/2015 13:36	
COLLECTED	03/16/15 13:20 ERD	
PROTHROMBIN, PATIENT	10.4	9.6-13.4 seconds
INR	0.9	M1
APTT	33.7	M1 24.7-37.1 seconds

M1: Interpret INR with caution; applicable for stabilized patients only

Standard Anticoagulated Patients - 2.0-3.0

Patients with Mechanical Heart Valves - 2.5-3.5

M2: Therapeutic range for APTT is 58.0-72.2 seconds.

* - RESULT REPORTED FIRST TIME

ATT.PHYS.: JOKL, RUDOLF MRN: 0000014905

LOCATION: ERD-- PATIENT: BARR, KENNETH L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

COAGULATION STUDIES

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order number represents the Collected Date/Time.

Discharge

CAROLINA PINES REGIONAL MEDICAL CENTER

1304 West Bobo Newsom Highway, Hartsville, SC 29550

Tarek M. Bishara, M.D., Pathologist

PATIENT: BARR, KENNETH L MRN: G0000014905 LOCATION: ERD--

I.D.#: 9147945 DISCH.: 03/16/15 DOB: AGE: SEX: M

HEMATOLOGY

	03160306	
COLLECTED	03/16/15 13:20	
PRIORITY, PHYSICIAN	STAT JOHL, RUDOLF	REFERENCE RANGE
VERIFIED	03/16/2015 13:26	
COLLECTED	03/16/15 13:20 ERD	
AUTOMATED HEMATOLOGY		
COLLECTED	03/16/15 13:20 ERD	
WBC	10.0	3.6-11.1 10^3/uL
RBC	4.36	4.06-5.49 10^6/uL
HEMOGLOBIN	13.4	12.5-16.2 g/dL
HEMATOCRIT	40.3	36.7-48.5 %
MCV	92.5	79.3-94.8 fL
MCH	30.7	23.8-33.1 pg
MCHC	33.2 L	33.5-35.5 g/dl
PLATELET COUNT, AUTO	287	152-353 10^3/uL
RDW	16.3	11.9-15.1 %
MPV	7.3 L	7.5-10.7 fL
% LYMPHOCYTES	17.1 L	20.5-51.1 %
% MONOCYTES	6.6	5.1-10.9 %
% GRANULOCYTES	75.3 H	43.2-71.5 %
% EOSINOPHILS	0.9	0.0-8.0 %
% BASOPHILS	0.3	0.0-1.2 %
ABSOLUTE LYMPHOCYTES	1.7	10^3/uL
ABSOLUTE GRANULOCYTES	7.5	10^3/uL
DIFFERENTIAL/MORPHOLOGY		
COLLECTED	03/16/15 13:20 ERD	
NUCLEATED RBC	0	/100 wbc

> - RESULT REPORTED FIRST TIME

ATT.PHYS.: JOHL, RUDOLF MRN: 0000014905

LOCATION: ERD-- PATIENT: BARR, KENNETH L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

HEMATOLOGY

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order

number represents the Collected Date/Time.

Discharge

CAROLINA PINES REGIONAL MEDICAL CENTER

1304 West Bobo Newsom Highway, Hartsville, SC 29550

Tarek M. Bishara, M.D., Pathologist

PATIENT: BARR, KENNETH L MRN: 0000014905 LOCATION: ERD--

I.D.#: 9147945 DISCH.: 03/16/15 DOB: AGE: SEX: M

CHEMISTRY

	03160306	
COLLECTED	03/16/15 13:20	
PRIORITY, PHYSICIAN	STAT JOKL, RUDOLF	REFERENCE RANGE
VERIFIED	03/16/2015 13:53	
COLLECTED	03/16/15 13:20 ERD	
GENERAL CHEMISTRY		
COLLECTED	03/16/15 13:20 ERD	
SODIUM	139	135-147 meq/L
POTASSIUM	4.2	3.3-5.5 mEq/L
CHLORIDE	105	100-110 meq/L
CARBON DIOXIDE	29	24-32 mEq/L
ANION GAP	9.2	16.0-20.0
CALCIUM	9.3	8.4-10.7 mg/dL
GLUCOSE	99	70-110 mg/dL
BLOOD UREA NITROGEN	15	6-22 mg/dL
CREATININE SERUM	0.62	0.60-1.50 mg/dL
PROTEIN TOTAL, SERUM	7.5	6.2-8.0 g/dL
ALBUMIN SERUM	4.2	3.4-5.1 g/dL
BILIRUBIN TOTAL	0.8	0.4-1.7 mg/dL
ALKALINE PHOSPHATASE	70	40-130 U/L
SGOT	19	15-40 U/L
SGPT	15	15-40 U/L
GFR NON-AFRICAN AMERICA	>60.0	60.0-120.0 mL/min/1.73m2
GFR AFRICAN AMERICAN	>60.0	M160.0-120.0 mL/min/1.73m2

MI: Normal >or=60
Abnormal <60
MDRD equation has not been validated in patients >70 yrs.
Providers should use caution as equation is not valid for
certain clinical conditions and age groups.

* - RESULT REPORTED FIRST TIME

ATT.PHYS.: JOKL, RUDOLF MRN: 0000014905

LOCATION: ERD-- PATIENT: BARR, KENNETH L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

CHEMISTRY

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order
number represents the Collected Date/Time.

670 of 730 Report Printed Date and Time: 03/17/2015 10:16 Page: 3 of 3

Report:PAB120
03/16/2015 18:55:36
Requested By: WEBUSER

Radiology Results
CAROLINA PINES REG MED CENTER
1304 W. BOBO NEWSOM HWY
HARTSVILLE SC 29550

Coid:833
Page:1

RADIOLOGY TEST INFORMATION

Type/source: RAD CT HEAD/BRAIN W/O CONTRAST
Medical Record Number: 0000014905
Status:F
Result Date/Time: 03/16/2015 14:50
DOB:
Order Date: 03/16/2015
Order Time: 12:23
Account: 9147945
Gender: MALE
Patient Name: BARR, KENNETH L
Admit Date: 03/16/2015

PHYSICIANS Dictating: ENTERKIN, JACOB ELIDGE
Signature: ENTERKIN, JACOB ELIDGE

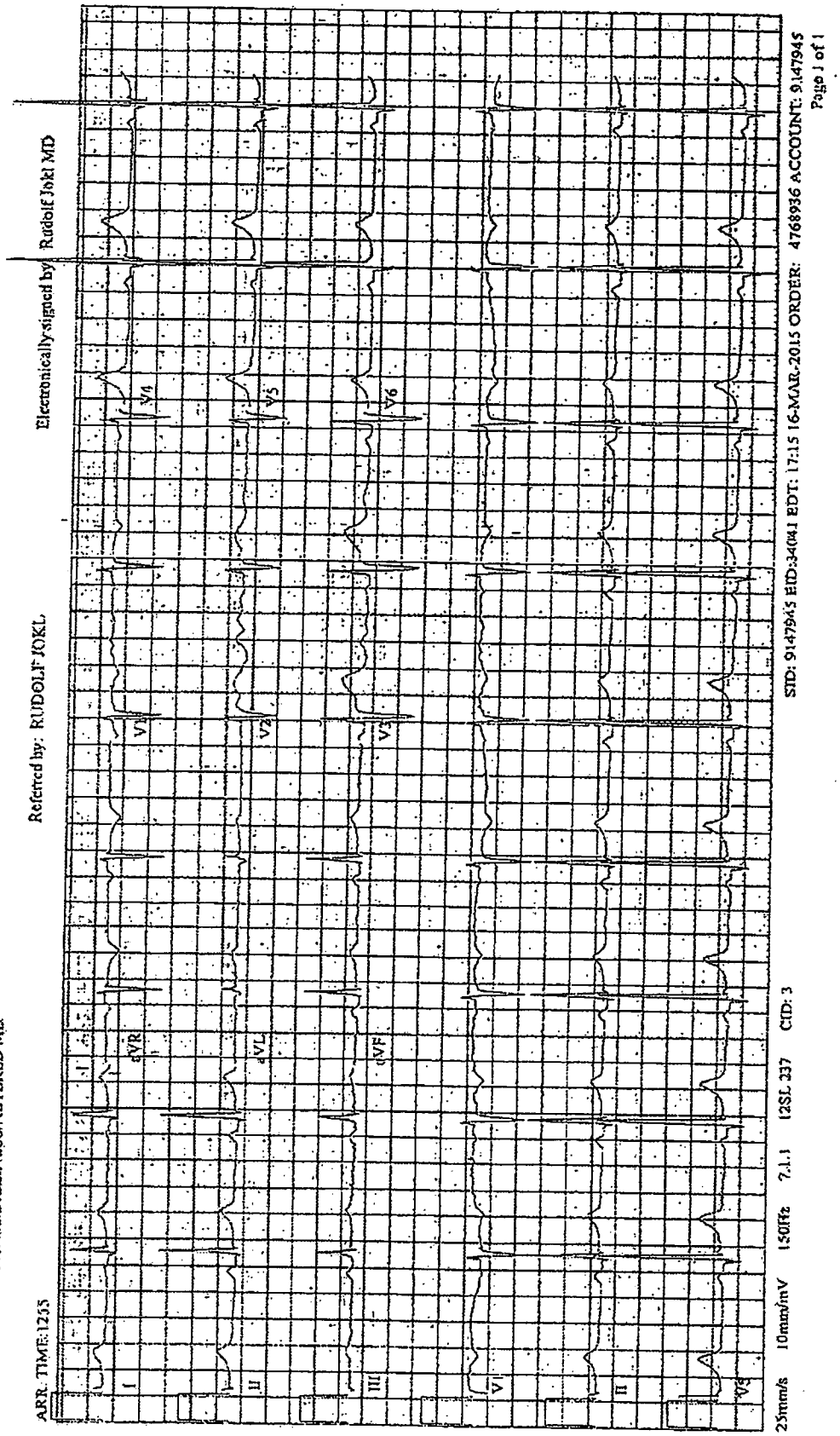
RESULT TEXT

DIZZINESS/HEADACHE/LFT HAND PAIN
Reason;Confused;Dizziness;Headache; Mode Of Transportation:;WC

Procedure Acknowledge Date: 03/16/2015 12:46 PM

HEAD CT 03/16/2015
INDICATION: Confusion.
COMPARISON: Brain MRI dated 11/01/2013.
TECHNIQUE: Multiple axial CT images were obtained through the brain without contrast. The examination was performed within 24-hours of admission to the emergency department.
FINDINGS: No evidence of acute intracranial hemorrhage or extra-axial collection. Ventricles and CSF spaces are symmetric and appropriate. No evidence of midline shift or mass effect. No evidence of acute infarct. Osseous structures are without acute abnormality.
IMPRESSION: NO EVIDENCE OF ACUTE INTRACRANIAL ABNORMALITY.
PB 3/16/2015 2:47 PM

DT: 03/16/2015 02:47 PM Dictated By: ENTERKIN, JACOB ELIDGE MD
DF: 03/16/2015 02:50 PM Signed By: ENTERKIN, JACOB ELIDGE MD


CAROLINA PINES REGIONAL MC
BARR, KENNETH
ID:8330000014905
16-MAR-2015 13:36:23
Male Caucasian
Room:ER1
Loc:2
Vent rate 55 BRM
PR interval 176 ms
QRS duration 100 ms
QT/QTc 434/415 ms
P-R-T axes 56 60 47
Sinus bradycardia
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG
When compared with ECG of 22-APR-2013 10:57,
PR interval has decreased
Confirmed by Jokl MD, Rudolf (34041) on 3/16/2015 5:15:34 PM
Technician: DLS
Test Ind:DIZZINESS/ALTERED ME
Referred by: RUDOLF JOKL
Electronically signed by Rudolf Jokl MD
ARR. TIME:1255
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 3
SID: 9147945 EID:34041 EDT: 17:15 16-MAR-2015 ORDER: 4768936 ACCOUNT: 9147945
Page 1 of 1

HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr, HARTSVILLE SC 29550-4778

BARR, KENNETH L (id #997, dob: 08/17/1969)
Encounter Summary

Patient

Name	BARR, KENNETH L (M) ID# 997	Appt Date/Time	04/07/2015 09:40AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN, MD		
Insurance	Med Primary BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 Prescription: SURESCRIPTS LLC This member could not be found in the payer's files Please verify coverage and all member demographic information		

Chief Complaint

C/O RIGHT ARM PAIN. STATES THE VEINS IN HIS NECK HURT

HPI

Anxiety/Depression
Reported by patient.

Quality: increased anxiety
Severity: denies suicidal ideations; able to maintain relationships
Duration: symptoms lasting over 2 weeks
Onset/Timing: gradual
Context: major life stressors; family problems; trouble at work
Modifying Factors: medications as directed
Associated Symptoms: denies homicidal ideations, no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; mood good; no crying spells, no panic; no isolation; sleeping well; appetite good; energy good, no apathy; maintaining functionality; depression; anxiety with muscle tension

Neck Pain
Reported by patient.

Trauma: no
Neurological Complaints: tingling of the arms; weakness of the arms
Pain: aching
Pain Duration: months

Problems

Problems not reviewed (last reviewed 03/17/2015)
- Anxiety
- Generalized anxiety disorder - Onset: 10/21/2014
- Tobacco dependence syndrome - Onset: 10/21/2014
- Occipital headache - Onset: 10/21/2014
- Acute bronchitis
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Osteoarthritis - Onset: 10/21/2014
- Degeneration of lumbar intervertebral disc - Onset: 10/21/2014
- Neck pain
- Headache disorder - Onset: 10/21/2014
- Cough
- Chest pain - Onset: 10/21/2014

BARR, KENNETH L (id #997, dob:)

- Current tear of medial cartilage AND/OR meniscus of knee - Onset: 10/21/2014

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	10/20/14 entered
buspirone 30 mg tablet 1/2 tab bid x 10 d then q day then d/c	03/17/15 prescribed
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route as directed for 30 days. **Internal Note:** called in	04/07/15 prescribed
fluoxetine 40 mg capsule 1 po qod	03/17/15 prescribed
meloxicam 7.5 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY WITH FOOD	02/04/15 prescribed
Nexium 40 mg capsule,delayed release take 1 capsule by mouth once daily	02/25/15 prescribed
tizanidine 4 mg capsule Take 1 capsule(s) every day by oral route at bedtime	11/07/14 prescribed
topiramate 200 mg tablet TAKE 1 TABLET(S) TWICE A DAY BY ORAL ROUTE.	10/20/14 entered
tramadol 50 mg tablet TAKE 1 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED	04/07/15 prescribed

Social History

Reviewed Social History
General IM
Occupation: Maintenance and repair workers, general
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol intake: None

Past Medical History

Reviewed Past Medical History
Allergies: Y
Anxiety/Depression: Y
Arthritis: Y
GERD/Reflux: Y

BARR, KENNETH L (id #997, dob: .)
Muscle, Joint, or bone Problems: Y
Vision or Eye Problems: Y - glasses

Family History

Reviewed Family History
Father - Malignant neoplastic disease
- prostates cancer
Mother - Lupus erythematosus

Surgical History

Reviewed Surgical History
- Appendectomy
- Knee Surgery - right knee 4/23/13
- Orthopaedic Surgery
- Other - right ung

Vitals

04/07/2015 10:00 am

Wt: 146 lbs
BP: 122/74
Pulse: 68 bpm
Ht: 5 ft 8 in
BMI: 22.2

ROS

Patient reports muscle aches, muscle weakness, and back pain but reports no arthralgias/joint pain and no swelling in the extremities. He reports weakness and numbness but reports no loss of consciousness, no seizures, no dizziness, and no headaches He reports depression but reports no sleep disturbances, feeling safe in a relationship, and no alcohol abuse. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance He reports no dry eyes, no vision change, and no irritation. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds, no nose problems, and no sinus problems He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, and not vomiting blood. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
ROS as noted in the HPI

Physical Exam

Patient is a · ·year-old male.

Constitutional: General Appearance: well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

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

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. EOM: EOMI. Sclerae: non-icteric. Vision: acuity grossly intact.

ENMT: Ears: no lesions on external ear. Nose no lesions on external nose.

Neck: Neck supple, trachea midline, and muscle rigidity. Lymph Nodes: no cervical LAD or supraclavicular LAD. Thyroid: non-tender and no enlargement.

BARR, KENNETH L (id #997, dob: [redacted])

Lungs: Respiratory effort: no dyspnea. Auscultation: breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2 and RRR.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait. Coordination and Cerebellum no tremor

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar.Appearance: normal curvature.

Assessment / Plan

1. Anxiety

300.00: Anxiety state, unspecified

- tramadol 50 mg tablet - TAKE 1 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED Qty: 180 tablet(s) Refills: 2 Pharmacy: RITE AID-844 SOUTH 5TH STREET Note to Pharmacy: DO NOT FILL UNTIL 4/17/15

2. Headache disorder

784.0: Headache

- clonazepam 0.5 mg tablet - Take 1 tablet(s) 3 times a day by oral route as directed for 30 days. Qty: 90 tablet(s) Refills: 2 Pharmacy: RITE AID-844 SOUTH 5TH STREET Note to Pharmacy: DO NOT FILL UNTIL 4/19/15

3. Tobacco dependence syndrome

305.1: Tobacco use disorder

4. Neck pain

723.1: Cervicalgia

- dexamethasone 4 mg/mL injection solution - Take by injection route. Administer Route: INTRAMUSC. Administer Qty: 2 mL
- Depo-Medrol 80 mg/mL suspension for injection - Take by injection route. Administer Route: INTRAMUSC. Administer Qty: 1 mL

Discussion

Discussion Notes

Disc pain managemt form . He had lots of questions. Disc his currewnt meds. Buspar stopped sec it not really working well. May change jobs. Counselling and coordination of care greater than 50% of time with pt. Total time with pt 30 mins

Return to Office

- Raymond Chapman, MD for ESTABLISHED PATIENT 20 at TMG_The Medical Group Suite 305 on 04/14/2015 at 09:40 AM
- as needed

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD, 04/07/2015.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 04/07/2015 at 11:02am

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BARR, KENNETH L (id #997, dob:)
Encounter Summary

Patient

Name	BARR, KENNETH (-, M) ID# 997	Appt Date/Time	03/17/2015 11:00AM
DOB		Service Dept	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN, MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

Chief Complaint

ER follow up.

HPI

Anxiety/Depression

Reported by patient.

Quality: **symptoms worse during the day; increased anxiety**
Severity: denies suicidal ideations; able to maintain relationships
Duration symptoms lasting over 2 weeks
Onset/Timing: gradual
Context: **major life stressors; family problems; trouble at work**
Modifying Factors: medications as directed
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss, no visual/auditory hallucinations; no delusions; no shortness of breath; mood good; no crying spells; no panic; no isolation; sleeping well; appetite good; energy good; no apathy; maintaining functionality; **depression, anxiety with muscle tension**

Problems

Reviewed Problems
- Anxiety
- Generalized anxiety disorder - Onset 10/21/2014
- Tobacco dependence syndrome - Onset: 10/21/2014
- Occipital headache - Onset: 10/21/2014
- Acute bronchitis
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Osteoarthritis Onset: 10/21/2014
- Degeneration of lumbar intervertebral disc - Onset 10/21/2014
- Headache disorder - Onset: 10/21/2014
- Cough
- Chest pain - Onset: 10/21/2014
- Current tear of medial cartilage AND/OR meniscus of knee Onset 10/21/2014

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

BARR, KENNETH L (id #997, dob:)

Medications

Reviewed Medications

Name	Date
aspirin 81 mg tablet,delayed release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE.	10/20/14 entered
buspirone 30 mg tablet 1/2 tab bid x 10 d then q day then d/c	03/17/15 prescribed
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route as directed **Internal Note:** called in	12/19/14 prescribed
fluoxetine 40 mg capsule 1 po qod	03/17/15 prescribed
meloxicam 7.5 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY WITH FOOD	02/04/15 prescribed
Nexium 40 mg capsule,delayed release take 1 capsule by mouth once daily	02/25/15 prescribed
tizanidine 4 mg capsule Take 1 capsule(s) every day by oral route at bedtime	11/07/14 prescribed
topiramate 200 mg tablet TAKE 1 TABLET(S) TWICE A DAY BY ORAL ROUTE	10/20/14 entered
tramadol 50 mg tablet TAKE 1 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED	03/17/15 prescribed

Social History

Reviewed Social History
General IM
Occupation: Maintenance and repair workers, general
Marital status: Married
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD)
Alcohol intake: None

Past Medical History

Reviewed Past Medical History
Anxiety/Depression: Y
GERD/Reflux: Y
Vision or Eye Problems: Y - **glasses**

Family History

Reviewed Family History
Father — Malignant neoplastic disease - prostates cancer
Mother — Lupus erythematosus

Surgical History

BARR, KENNETH L (id #997, dob: [redacted])

Reviewed Surgical History
- Appendectomy
- Knee Surgery - right knee 4/23/13
- Orthopaedic Surgery
- Other - right lung

Vitals

03/17/2015 11 24 am

Wt: 145 lbs
Ht: 5 ft 8 in
BP: 122/74
BMI: 22
Pulse: 76 bpm

ROS

ROS as noted in the HPI

Physical Exam

Patient is a [redacted]-year-old male.

Constitutional: General Appearance: well-nourished. Level of Distress: NAD. Ambulation: ambulating normally

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

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. EOM: EOMI. Sclerae: non icteric Vision: acuity grossly intact

ENMT: Ears: no lesions on external ear. Nose: no lesions on external nose.

Neck: Neck: supple and trachea midline. Lymph Nodes: no cervical LAD or supraclavicular LAD. Thyroid: non-tender and no enlargement

Lungs: Respiratory effort: no dyspnea. Auscultation: breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2 and RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature

Assessment / Plan

1. **Anxiety**

300.00: Anxiety state, unspecified
- buspirone 30 mg tablet - 1/2 tab bid x 10 d then q day then d/c Qty: 60 tablet(s) Refills: 5 Pharmacy RITE AID-844 SOUTH 5TH STREET
- fluoxetine 40 mg capsule - 1 po qod Qty: 30 capsule(s) Refills: 5 Pharmacy: RITE AID-844 SOUTH 5TH STREET

BARR, KENNETH L (id #997, dob: [redacted])

- tramadol 50 mg tablet - TAKE 1 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED Qty: 180 tablet(s)
  Refills: 2 Pharmacy: RITE AID-844 SOUTH 5TH STREET

2. Headache disorder
784.0 Headache

Discussion

Discussion Notes

Has seen 4 neurologist....did not like any. They told him they had nothing to offer him.Will start decreasing meds as he has had no real improvemt clinically when any meds were increased.

Return to Office

- to see Raymond Chapman, MD at TMG_The Medical Group Suite 305 on or around 04/14/2015
- Raymond Chapman, MD for ESTABLISHED PATIENT 20 at TMG_The Medical Group Suite 305 on 04/14/2015 at 09:40 AM

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD, 03/17/2015.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 03/17/2015 at 12:33pm

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BARR, KENNETH L (id #997, dob: [redacted])
Encounter Summary

Patient

Name	BARR, KENNETH (, M) ID# 997	Appt. Date/Time	02/25/2015 03.00PM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN, MD		
Insurance	Med Primary: BCBS-SC STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files Please verify coverage and all member demographic information.		

Chief Complaint

fatigue, headache, sinus drainage
chest pain that radiates to right shoulder

HPI

Anxiety/Depression

Reported by patient.

Quality: symptoms worse during the day; increased anxiety
Severity: denies suicidal ideations; able to maintain relationships
Duration: symptoms lasting over 2 weeks
Onset/Timing: gradual
Context: major life stressors: family problems, trouble at work
Modifying Factors: medications as directed
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; mood good; no crying spells, no panic, no isolation; sleeping well; appetite good; energy good; no apathy; maintaining functionality; depression, anxiety with muscle tension

Chest Pain

Reported by patient.

Location: chest; back
Severity: moderate
Duration: lasts minutes
Onset/Timing: abrupt onset without warning
Context: at rest
Alleviating Factors: nothing gives relief (resolves after a few mins)
Aggravating Factors: nothing makes it worse
Associated Symptoms: no decrease in exercise capacity; no nocturnal episodes; fatigue

Problems

Reviewed Problems
- Anxiety
- Generalized anxiety disorder - Onset: 10/21/2014
- Tobacco dependence syndrome - Onset: 10/21/2014
- Occipital headache - Onset: 10/21/2014
- Acute bronchitis
- Gastroesophageal reflux disease - Onset: 10/21/2014
- Osteoarthritis Onset: 10/21/2014

BARR, KENNETH L (id #997, dob:)

- Headache disorder Onset: 10/21/2014
- Cough
- Chest pain - Onset: 10/21/2014
- Current tear of medial cartilage AND/OR meniscus of knee - Onset: 10/21/2014
- Degeneration of intervertebral disc - Onset: 10/21/2014

Allergies

Allergies not reviewed (last reviewed 10/14/2014)
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release TAKE 1 TABLET(S) EVERY DAY BY ORAL ROUTE	10/20/14 entered
buspirone 15 mg tablet take 1 tablet by mouth three times a day	12/22/14 changed
buspirone 30 mg tablet Take 1 tablet(s) twice a day by oral route.	02/25/15 prescribed
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route as directed **Internal Note:** called in	12/19/14 prescribed
fluoxetine 20 mg capsule Take 1 capsule(s) every day by oral route for 30 days.	12/08/14 prescribed
fluoxetine 40 mg capsule Take 1 capsule(s) every day by oral route.	02/25/15 prescribed
meloxicam 7.5 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY WITH FOOD	02/04/15 prescribed
Nexium 40 mg capsule,delayed release take 1 capsule by mouth once daily	02/25/15 prescribed
tizanidine 4 mg capsule Take 1 capsule(s) every day by oral route at bedtime.	11/07/14 prescribed
topiramate 200 mg tablet TAKE 1 TABLET(S) TWICE A DAY BY ORAL ROUTE.	10/20/14 entered
tramadol 50 mg tablet TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED	02/25/15 prescribed

Social History

General IM
Occupation. Maintenance and repair workers, general.
Marital status: Married.
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol intake: None.

BARR, KENNETH L (id #997, dob: ( )

Past Medical History

Past Medical History not reviewed (last reviewed 10/14/2014)
Anxiety/Depression: Y
GERD/Reflux: Y
Vision or Eye Problems: Y - glasses

Family History

Family History not reviewed (last reviewed 10/14/2014)
Father - Malignant neoplastic disease
- prostates cancer
Mother - Lupus erythematosus

Surgical History

Surgical History not reviewed (last reviewed 10/14/2014)
- Appendectomy
- Knee Surgery - right knee 4/23/13
- Orthopaedic Surgery
- Other - right lung

Document Review

Discussed the following orders:
- meloxicam 7.5 mg tablet 02/04/15
- tizanidine 4 mg tablet - 02/03/15
- tizanidine 4 mg tablet - 01/21/15
- clonazepam 0.5 mg tablet - 12/19/14
  Notes - called in
- buspirone 15 mg tablet - 12/19/14
- fluoxetine 20 mg capsule - 12/08/14
- clonazepam 0.5 mg tablet - 11/10/14
- tizanidine 4 mg capsule - 11/07/14

Vitals

Wt: 153 lbs 02/25/2015 03:14 pm	**BP:** 118/74 02/25/2015 03:16 pm	**Pulse:** 78 bpm 02/25/2015 03:16 pm
Ht: 5 ft 8 in 02/25/2015 03:16 pm	**BMI:** 23.3 02/25/2015 03:16 pm	

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 45-year-old male.

Constitutional: General Appearance: well-developed and too thin. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: normal mood and affect and active and alert. Memory: recent memory normal and remote memory normal

Head: Head: normocephalic and atraumatic.

Eyes: Vision: peripheral vision grossly intact.

ENMT: Oropharynx: no erythema or exudates and moist mucous membranes

Neck: Neck: supple and trachea midline.

Lungs: Respiratory effort: no dyspnea. Auscultation: no rales/crackles or rhonchi and good air movement and decreased breath sounds.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

Musculoskeletal:: Motor Strength and Tone: normal tone and motor strength. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait.

Assessment / Plan

1. **Gastroesophageal reflux disease**
   530.81: Esophageal reflux
   - Nexium 40 mg capsule,delayed release - take 1 capsule by mouth once daily Qty: 30 capsule(s) Refills: 5
     DAW:Y Pharmacy: RITE AID-844 SOUTH 5TH STREET

2. **Headache disorder**
   784.0: Headache
   - tramadol 50 mg tablet - TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY IF NEEDED Qty: 180 tablet(s)
     Refills: 2 Pharmacy: RITE AID-844 SOUTH 5TH STREET

3. **Anxiety**
   300.00: Anxiety state, unspecified
   - buspirone 30 mg tablet - Take 1 tablet(s) twice a day by oral route. Qty: 60 tablet(s) Refills: 5
     Pharmacy: RITE AID-844 SOUTH 5TH STREET
   - fluoxetine 40 mg capsule - Take 1 capsule(s) every day by oral route. Qty: 30 capsule(s) Refills: 5
     Pharmacy: RITE AID-844 SOUTH 5TH STREET

4. **Chest pain - Signif stress at home. Had EST last year neg. Doubt cardiac etiol. cont to monitor**
   786.50: Chest pain, unspecified
   - ELECTROCARDIOGRAM

Return to Office

- Raymond Chapman, MD for ESTABLISHED PATIENT 20 at TMG_The Medical Group Suite 305 on 03/12/2015 at 09:20 AM
- to see Raymond Chapman, MD at TMG_The Medical Group Suite 305 on or around 03/25/2015

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD 02/25/2015

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 02/25/2015 at 10:19pm

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BARR, KENNETH L (id #997, dob: ( )
Encounter Summary

Patient

Name	BARR, KENNETH , M) ID# 997	Appt. Date/Time	10/14/2014 02:00PM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	JOSEPH POWELL, MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

dizziness, lower back pain, insomnia, chest pain, headache, wt. loss, chills

HPI

Coughing for past 4-5 days. productive at time, constant. feels weak and tired, chest pain w/ coughing, some sob noted, not sleeping. no n/v/d. NOthing helps sx

anxiety still requires daily klonopin which relieves the sx

Problems

- Anxiety
- Acute bronchitis
- Cough

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
Asprin Ec Low Dose 81 mg tablet,delayed release Take 1 tablet(s) every day by ora route	10/14/14 entered
buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route.	10/14/14 entered
Cheratussin AC 10 mg-100 mg/5 mL oral liquid Take 10 mL every 4 hours by oral route.	10/14/14 prescribed
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route	10/14/14 prescribed
doxycycline hyclate 100 mg capsule Take 1 capsule(s) twice a day by oral route for 7 days. stop 10/21/2014	10/14/14 prescribed

BARR, KENNETH L (id #997, dob: [redacted])

fluoxetine 20 mg tablet Take 1 tablet(s) every day by oral route	10/14/14 entered
hydrocodone 5 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	10/14/14 entered
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route.	10/14/14 entered
Nexium 40 mg capsule,delayed release Take 1 capsu e(s) every day by oral route.	10/14/14 entered
Relpax 40 mg tablet 1-2 po q day pm	10/14/14 entered
tizanidine 4 mg tablet Take 2 tablet(s) every day by oral route at bedtime as needed	10/14/14 entered
topiramate 200 mg tablet Take 1 tab et(s) twice a day by oral route.	10/14/14 entered
tramadol 50 mg tablet Take 2 tab et(s) 3 times a day by oral route as needed	10/14/14 entered

Social History

General IM
Marital status: Married.
Smoking Status: Current some day smoker.
Smoker (1 1/2 PPD)
Alcohol intake: None.

Past Medical History

Reviewed Past Medical History
GERD/Reflux: Y
Vision or Eye Problems. Y - glasses

Family History

Reviewed Family History
Father - Malignant neoplastic disease - prostates cancer
Mother - Lupus erythematosus

Surgical History

Reviewed Surgical History
- Appendectomy
- Knee Surgery - right knee 4/23/13
- Orthopaedic Surgery
- Other - right lung

Document Review

Discussed the following orders:
- TWO VIEW- X-RAY, CHEST - 10/14/14
- clonazepam 0.5 mg tablet - 10/14/14

Discussed the following results:
- CBC W/ AUTO DIFF - 10/14/14

BARR, KENNETH L (id #997, dob:)

Results:
- **WBC: 12.6 High**
- RBC: 4.45
- HEMOGLOBIN: 13.7
- HEMATOCRIT: 40.6
- MCV: 91.3
- MCH: 30 8
- MCHC: 33.8
- PLATELET COUNT, AUTO: 309
- RDW: 13.3
- **MPV: 7.4 Low**
- **% LYMPHOCYTES: 12.5 Low**
- % MONOCYTES: 5.9
- **% GRANULOCYTES: 80.9 High**
- % EOSINOPHILS: 0.3
- % BASOPHILS 0.4
- ABSOLUTE LYMPHOCYTES: 1.6
- ABSOLUTE GRANULOCYTES: 10.2

Vitals

Wt: 130 lbs 10/14/2014 02 35 pm

BP: 120/82 sitting R arm 10/14/2014 02 39 pm

Pulse: 72 bpm 10/14/2014 02:39 pm

T: 98.2 F° 10/14/2014 02.39 pm

Ht: 5 ft 8 in 10/14/2014 02 39 pm

BMI: 19.8 10/14/2014 02 39 pm

ROS

ROS as noted in the HPI

Physical Exam

Patient is a - -year-old male.

Constitutional: General Appearance: well-developed and too thin. Level of Distress: NAD and acutely ill.

Lungs: Auscultation: no rales/crackles or rhonchi, decreased breath sounds and expiratory wheezing, and good air movement.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

Musculoskeletal:: Extremities: no edema.

Assessment / Plan

1. Cough

786.2: Cough
- CBC W/AUTO DIFF - Priority: STAT
- TWO VIEW- X-RAY, CHEST

Possibility of Pregnancy?: N

2. Anxiety

300.00: Anxiety state, unspecified
- clonazepam 0.5 mg tablet - Take 1 tablet(s) 3 times a day by oral route. Qty: 90 tablet(s) Refills: 0

Pharmacy: RITE AID-844 SOUTH 5TH STREET

3. Acute bronchitis

466.0: Acute bronchitis

BARR, KENNETH L (id #997, dob:)

- Cheratussin AC 10 mg-100 mg/5 mL oral liquid - Take 10 mL every 4 hours by oral route. Qty: 480 mL
  Refills: 0 Pharmacy: RITE AID-844 SOUTH 5TH STREET
- doxycycline hyclate 100 mg capsule - Take 1 capsule(s) twice a day by oral route for 7 days. Qty: 14 capsule
  (s) Refills: 0 Pharmacy: RITE AID-844 SOUTH 5TH STREET

Discussion

Discussion Notes

CXR w/ inflammation bronchial
EKG w/ NSR, no acute ST-T wave changes noted
start abx, work excuse
FU Dr. Chapman Thurs AM unless sx worsen, then FU sooner

Return to Office

- Raymond Chapman, MD for ESTABLISHED PATIENT 20 at TMG_The Medical Group Suite 305 on 10/16/2014 at 10:40 AM
- as needed

Encounter Sign-Off

Encounter signed-off by Joseph Powell, MD, 10/14/2014.

Encounter performed and documented by Joseph Powell, MD
Encounter reviewed & signed by Joseph Powell, MD on 10/14/2014 at 3:23pm

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BARR, KENNETH L (id #89639, dob: ')
Encounter Summary

Patient

Name	BARR, KENNETH (, M) ID# 89639	Appt Date/Time	05/02/2014 08:40AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: SURESCRIPTS LLC - This patient could not be found on the payor's files. Either the patient is ineligible or demographic information included in the inquiry (e.g., member ID) does not match the payor's files.		

Chief Complaint

med refill
increased stress level & smoking

HPI

Headache - Neurology
Reported by patient.

Location generalized
Quality: steady; dull/aching/boring
Severity: pain level 5/10
Duration more than a week
Alleviating Factors: medication
Aggravating Factors: not worse with coughing or straining not worse with exertion; no change with different seasons no changes in sleep; normal frequency of meals
Associated Symptoms: no preceeding aura; no sleep disturbances; no vomiting; no nausea; no sensitivity to light; no sensitivity to sound; no sensitivity to smell; no sinus pressure; no congestion, no runny nose no tearing/watery eyes; no red eyes; no drooping eyelids; no numbness; no tingling; no weakness; no dizziness, no vertigo; no fainting, no confusion; no vision distortion; no neck pain; no neck stiffness; no tmj joint pain; no flashing lights; normal mood; no changes in sleep; no yawning; rate of thinking has not slowed down
Prior Imaging: MRI
Medical History: ER visits due to headache; OTC medications
Notes: out of Klonipin x 3-4 days

Problems

Problems not reviewed (last reviewed 08/29/2013)
- Generalized anxiety disorder
- Tobacco dependence syndrome
- Occipital headache
- Gastroesophageal reflux disease
- Osteoarthritis
- Headache disorder
- Chest pain
- Current tear of medial cartilage AND/OR meniscus of knee
- Degeneration of intervertebral disc

Allergies

BARR, KENNETH L (id #89639, dob:)

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release Take 1 tablet(s) every day by oral route	04/25/13 entered
buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route for 30 days	05/02/14 prescribed
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route as directed for 30 days. **Internal Note:** CALLED IN	05/02/14 prescribed
fluoxetine 20 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY DAY **Note:** called in on 4/25/14	05/02/14 prescribed
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route with FOOD for 30 days	12/12/13 prescribed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days. **Internal Note:** uses when possible - too expensive	11/12/13 filled
Prevacid 15 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	01/15/14 prescribed
Relpax 40 mg tablet take 1-2 tablets by mouth once daily if needed HEADACHE	03/19/14 filled
tizanidine 4 mg tablet Take 2 tablet(s) by oral route at bedtime PRN	02/06/14 prescribed
topiramate 200 mg tablet Take 1 tablet(s) twice a day by oral route.	04/07/14 filled
tramadol 50 mg tablet Take 2 tablet(s) 3 times a day by oral route as needed	05/02/14 prescribed

Vaccines

Vaccines not reviewed (last reviewed 12/02/2013)
refued

Social History

Reviewed Social History
General IM
Smoking Status Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol Intake. None.
Marital status Married.

Past Medical History

BARR, KENNETH L (id #89639, dob:)

Reviewed Past Medical History
GERD/Reflux: Y - Reflux
Other: Y - Anxiety

Family History

Reviewed Family History
Father - Malignant neoplastic disease (died age: 72)
- previously recorded as Cancer
Mother - Problem
- lupus

Surgical History

Reviewed Surgical History
- Appendectomy
- Orthopaedic Surgery Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Vitals

05/02/2014 09:12 am.

Wt: 136 lbs
BP: 108/70 sitting R arm
Pulse: 64 bpm
Ht: 5 ft 11 in
BMI: 19

ROS

ROS as noted in the HPI

Physical Exam

Patient is a year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation ambulating normally

Psychiatric: Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. Corneas: grossly intact. EOM: EOMI. Sclerae: non-icteric. Vision: acuity grossly intact.

ENMT: Ears: EACs clear. Hearing: no hearing loss. Nose: no lesions on external nose and nares patent. Lips, Teeth, and Gums: no mouth or lip ulcers. Oropharynx: no erythema.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, CTA except as noted, and clear to auscultation.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Rate And Rhythm RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

BARR, KENNETH L (id #89639, dob:)

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no cyanosis, edema, varicosities or palpable cord.

Neurologic: Gait and Station: normal gait and station.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature

Assessment / Plan

1. **Generalized anxiety disorder**
   300.02: Generalized anxiety disorder
   - clonazepam 0.5 mg tablet - Take 1 tablet(s) 3 times a day by oral route as directed for 30 days Qty: 90 tablet(s) Refills: 3 Pharmacy: RITE AID-844 SOUTH 5TH STREET
   - buspirone 15 mg tablet - Take 1 tablet(s) 3 times a day by oral route for 30 days. Qty: 90 tablet(s) Refills: 5 Pharmacy: RITE AID 844 SOUTH 5TH STREET-
   - fluoxetine 20 mg capsule - TAKE ONE CAPSULE BY MOUTH EVERY DAY Qty: 30 capsule(s) Refills: 5 Pharmacy: RITE AID-844 SOUTH 5TH STREET

2. **Headache disorder**
   784.0: Headache
   - tramadol 50 mg tablet - Take 2 tablet(s) 3 times a day by oral route as needed Qty: 120 tablet(s) Refills: 2 Pharmacy: RITE AID-844 SOUTH 5TH STREET

3. **Tobacco dependence syndrome**
   305.1: Tobacco use disorder

4. **Fatigue**
   780.79: Other malaise and fatigue
   - CHEM 20,LIPID PANEL - To be submitted on or around 06/27/2014
   - CBC COMPLETE AUTOMATED - To be submitted on or around 06/27/2014
   - THYROID STIMULATING HORMONE (TSH) - To be submitted on or around 06/27/2014
   - UA DIPSTICK WITH MICROSCOPIC - To be submitted on or around 06/27/2014
   - PREALBUMIN - To be submitted on or around 06/27/2014

5. **Allergic rhinitis**
   477.9: Allergic rhinitis, cause unspecified

Return to Office

- to see Raymond Chapman, MD at TMG_The Medical Group Suite 305 on or around 07/02/2014
- to see Raymond Chapman, MD at TMG_The Medical Group Suite 305 on or around 07/02/2014

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD 05/02/2014.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 05/02/2014 at 10:14am

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BARR, KENNETH L (id #89639, dob:)
Encounter Summary

Patient

Name	BARR, KENNETH L (M) ID# 89639	Appt. Date/Time	12/02/2013 02:20PM
DOB	08/17/1969	Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: MHS - Member is eligible.		

Chief Complaint

migrane

HPI

Headache - Neurology
Reported by patient.

Location: generalized
Quality: steady; dull/aching/boring
Severity: pain level 5/10
Duration: more than a week
Alleviating Factors: medication
Aggravating Factors: not worse with coughing or straining; not worse with exertion; no change with different seasons; no changes in sleep; normal frequency of meals
Associated Symptoms: no preceeding aura; no sleep disturbances; no vomiting; no nausea; no sensitivity to light; no sensitivity to sound; no sensitivity to smell; no sinus pressure; no congestion; no runny nose; no tearing/watery eyes; no red eyes; no drooping eyelids, no numbness; no tingling; no weakness; no dizziness; no vertigo; no fainting; no confusion; no vision distortion; no neck pain; no neck stiffness; no tmj joint pain; no flashing lights; normal mood; no changes in sleep; no yawning; rate of thinking has not slowed down
Prior Imaging: MRI
Medical History: **ER visits due to headache**; OTC medications

Problems

Problems not reviewed (last reviewed 08/29/2013)
- Gastroesophageal reflux disease
- Occipital headache
- Headache disorder
- Generalized anxiety disorder
- Degeneration of intervertebral disc
- Current tear of medial cartilage AND/OR meniscus of knee
- Tobacco dependence syndrome
- Osteoarthritis
- Chest pain

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

BARR, KENNETH L (id #89639, dob: [redacted])

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release Take 1 tablet(s) every day by oral route.	04/25/13 entered
buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route.	11/21/13 filled
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route for 30 days., CALLED IN	11/22/13 prescribed
fluoxetine 20 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY DAY	11/21/13 filled
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route with FOOD for 30 days	10/29/13 prescribed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	11/12/13 filled
prednisone 10 mg tablet Take 4 tablet(s) every day by oral route for 4 days., stop 11/16/2013	11/12/13 prescribed
tizanidine 4 mg tablet Take 2 tablet(s) by oral route at bedtime PRN.	11/29/13 filled
Topamax 200 mg tablet Take 1 tablet(s) twice a day by oral route., increased per neurologist	12/02/13 entered
tramadol 50 mg tablet Take 1 tablet(s) 3 times a day by oral route as needed for 5 days then 2 po TID	12/02/13 prescribed

Vaccines

Reviewed Vaccines
refued

Social History

Reviewed Social History
General IM
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD)
Alcohol intake: None
Marital status: Married.

Past Medical History

Reviewed Past Medical History
GERD/Reflux: Y - Reflux
Other: Y - Anxiety

Family History

Reviewed Family History
Father - Malignant neoplastic disease (died age: 72)
- previously recorded as Cancer
Mother - Problem
- lupus

BARR, KENNETH L (id #89639, dob:)

Surgical History

Reviewed Surgical History
- Appendectomy
- Orthopaedic Surgery - Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Vitals

12/02/2013 02.50 pm

Wt: 139 lbs	**BP:** 110/80 sitting L arm	**BP Cuff Size:** adult
Pulse: 60 bpm	**Ht:** 5 ft 11 in	**BMI:** 19 4

ROS

ROS as noted in the HPI

Physical Exam

Patient is a -year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. Pupils: PERRLA Corneas: grossly intact EOM: EOMI. Sclerae: non-icteric. Vision: acuity grossly intact.

ENMT: Ears: EACs clear. Hearing: no hearing loss. Nose: no lesions on external nose and nares patent. Lips, Teeth, and Gums no mouth or lip ulcers. Oropharynx: no erythema.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, CTA except as noted, and clear to auscultation.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Rate And Rhythm RRR

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no cyanosis, edema, varicosities, or palpable cord

Neurologic: Gait and Station: normal gait and station.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Headache disorder**

BARR, KENNETH L (id #89639, dob:)

784.0: Headache

- tramadol 50 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed for 5 days then 2 po TID Qty: 120 tablet(s) Refills: 1 Pharmacy: RITE AID-844 SOUTH 5TH STREET

Discussion

Discussion Notes

Avoid narcotics

Return to Office

- as needed

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD, 12/02/2013.

Encounter performed and documented by Raymond Chapman, MD -
Encounter reviewed & signed by Raymond Chapman, MD on 12/02/2013 at 4 21pm

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BARR, KENNETH L (id #89639, dob:)
Encounter Summary

Patient

Name	BARR, KENNETH , M) ID# 89639	Appt. Date/Time	11/12/2013 08:20AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription. MHS - Member is eligible.		

Chief Complaint

sinus problems and sore throat, headache, cough

HPI

Upper Respiratory Symptoms
Reported by patient.

Location: sinus
Severity: mild
Duration: < 1 week
Onset/Timing: sudden
Context: smoker
Associated Symptoms: no chest pain; no chills; no diarrhea; no ear drainage; no earache; no epistaxis; no eye itchiness; no eyes watering/discharge, no fever; no generalized pain; no malaise; no nausea; no rash; no shortness of breath; no sore throat; no vomiting; no wheezing

Problems

Problems not reviewed (last reviewed 08/29/2013)
- Gastroesophageal reflux disease
- Occipital headache
- Headache disorder
- Generalized anxiety disorder
- Degeneration of intervertebral disc
- Current tear of medial cartilage AND/OR meniscus of knee
- Tobacco dependence syndrome
- Osteoarthritis
- Chest pain

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release Take 1 tablet(s) every day by oral route.	04/25/13 entered

buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route.	10/13/13 filled
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route for 30 days., CALLED IN	08/09/13 prescribed
fluoxetine 20 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY DAY	10/21/13 filled
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route with FOOD for 30 days.	10/29/13 prescribed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	11/12/13 prescribed
prednisone 10 mg tablet Take 4 tablet(s) every day by oral route for 4 days., stop 11/16/2013	11/12/13 prescribed
tizanidine 4 mg tablet Take 2 tablet(s) by oral route at bedtime PRN.	08/29/13 filled
topiramate 50 mg tablet Take 3 tablet(s) every day by oral route at bedtime for 30 days., changed per neurologist 3 tabs hs 2 in am	10/29/13 prescribed

Vaccines

Reviewed Vaccines
refued

Social History

Reviewed Social History
General IM
Smoking Status: Current every day smoker
Smoker (1 1/2 PPD).
Alcohol intake: None.
Marital status: Married.

Past Medical History

Reviewed Past Medical History
GERD/Reflux: Y - Reflux
Other: Y - Anxiety

Family History

Reviewed Family History
Father - Malignant neoplastic disease (died age. 72)
- previously recorded as Cancer
Mother - Problem
- lupus

Surgical History

Reviewed Surgical History
- Appendectomy
- Orthopaedic Surgery - Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

BARR, KENNETH L (id #89639, dob:)

Vitals

11/12/2013 08 52 am

Wt: 138 lbs

BP: 112/80 sitting R arm

BP Cuff Size: adult

Pulse: 68 bpm

T: 98.1 F°

BMI: 19 2

Ht: 5 fl 11 in

ROS

ROS as noted in the HPI

Physical Exam

Patient is a year-old male.

Constitutional: General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: normal mood and affect and active and alert.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. Pupils: PERRLA. Corneas: grossly intact. EOM: EOMI. Sclerae non-icteric. Vision: acuity grossly intact.

ENMT: Ears: EACs clear. Hearing: no hearing loss. Nose: **sinus tenderness, erythematous nasal mucosa, and maxillary sinus tenderness.** Lips, Teeth, and Gums: no mouth or lip ulcers. Oropharynx: no erythema.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, CTA except as noted, and clear to auscultation.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Rate And Rhythm RRR

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails normal

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Gastroesophageal reflux disease**
   530.81: Esophageal reflux
   - Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days. Qty: 30 capsule(s) Refills: 3 Pharmacy: RITE AID-844 SOUTH 5TH STREET

2. **Acute sinusitis**
   461.9: Acute sinusitis, unspecified

BARR, KENNETH L (id #89639, dob:

- prednisone 10 mg tablet - Take 4 tablet(s) every day by oral route for 4 days Qty: 16 tablet(s) Refills: 0

Pharmacy: RITE AID-844 SOUTH 5TH STREET

3. Headache disorder

784.0: Headache

Discussion

Discussion Notes

Disc poss of enviroment contributing to his tension HAs. Unsure of this, but a possibility. Lengthy disc on tobacco cessation. Disc options- Chantix,patches,spray,gum,zyban,hypnosis. CLEARLY understnds danger to his health

Return to Office

- as needed

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD, 11/12/2013.

Encounter performed and documented by Raymond Chapman, MD

Encounter reviewed & signed by Raymond Chapman, MD on 11/12/2013 at 9:40am

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BARR, KENNETH L (id #89639, dob: ( )
Encounter Summary

Patient

Name	BARR, KENNETH (M) ID# 89639	Appt. Date/Time	10/29/2013 10:00AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: MHS - Member is eligible.		

Chief Complaint

headache

HPI

Headache

Reported by patient.

Location bilateral· occipital; temporal; parietal; deep
Quality: not the worst headache ever; similar to previous headaches
Severity: moderate
Duration occur many times in groups or clusters; intermittent
Onset/Timing: gradual; still present; occur daily
Context: not related to trauma
Aggravating factors: nothing makes it worse
Alleviating factors: OTC medication
Associated Symptoms: no vomiting; no confusion; no slurred speech; no preceeding aura; no double vision; no motor paralysis; no dizziness; no sleep disturbances; no nosebleeds; no hoarseness; no sore throat

Problems

Problems not reviewed (last reviewed 08/29/2013)
- Headache disorder
- Generalized anxiety disorder
- Degeneration of intervertebral disc
- Current tear of medial cartilage AND/OR meniscus of knee
- Tobacco dependence syndrome
- Osteoarthritis
- Chest pain

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release Take 1 tablet(s) every day by oral route.	04/25/13 entered

BARR, KENNETH L (id #89639, dob:)

buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route.	10/13/13 filled
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route for 30 days., CALLED IN	08/09/13 prescribed
fluoxetine 20 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY DAY	10/21/13 filled
ketorolac 60 mg/2 mL intramuscular solution Inject 2 mL as needed by intramuscular route.	10/29/13
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route with FOOD for 30 days.	10/29/13 prescribed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days	10/07/13 filled
promethazine 50 mg/mL injection solution Inject 1 mL every 4 hours by intramuscular route.	10/29/13
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) every 12 hours by oral route.	10/23/13 filled
tizanidine 4 mg tablet Take 2 tablet(s) by oral route at bedtime PRN	08/29/13 filled
topiramate 50 mg tablet Take 3 tablet(s) every day by oral route at bedtime for 30 days	10/29/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 06/28/2013)
refued

Social History

Social History not reviewed (last reviewed 08/29/2013)
General IM
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol Intake None
Marital status Married.

Past Medical History

Past Medical History not reviewed (last reviewed 08/29/2013)
GERD/Reflux: Y - Reflux
Other: Y - Anxiety

Family History

Family History not reviewed (last reviewed 08/29/2013)
Father - Malignant neoplastic disease (died age: 72)
- previously recorded as Cancer
Mother - Problem
- lupus

Surgical History

Surgical History not reviewed (last reviewed 08/29/2013)

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BARR, KENNETH L (id #89639, dob:)

- Appendectomy
- Orthopaedic Surgery - Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Vitals

10/29/2013 10:13 am

Wt: 135 lbs

BP: 140/82 sitting R arm

BP Cuff Size: adult

Pulse: 74 bpm

Ht: 5 ft 9 in

BMI: 19.9

ROS

ROS as noted in the HPI

Physical Exam

Patient is a year-old male

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: **abnormal affect.** Orientation: to time, place, and person. Memory recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. Corneas: grossly intact. EOM: EOMI. Vision: acuity grossly intact.

ENMT: Ears. no lesions on external ear. Hearing: no hearing loss. Nose: no lesions on external nose and nares patent. Oropharynx: moist mucous membranes.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD or supraclavicular LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: **decreased breath sounds.**

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails, normal.

Back: Thoracolumbar Appearance normal curvature.

Assessment / Plan

1. Headache disorder

784.0: Headache

- topiramate 50 mg tablet - Take 3 tablet(s) every day by oral route at bedtime for 30 days. Qty: 90 tablet(s)

Refills: 5 Pharmacy: RITE AID-844 SOUTH 5TH STREET

BARR, KENNETH L (id #89639, dob: 1)

- promethazine 50 mg/mL injection solution - Inject 1 mL every 4 hours by intramuscular route. Administer
  Lot #: 121321 Route: INJECTION Exp Date: 12/01/2014 Administer Qty: 50 mg
- ketorolac 60 mg/2 mL intramuscular solution - Inject 2 mL as needed by intramuscular route. Administer
  Lot #: DM12289 Route: INTRAMUSC. Exp Date: 08/01/2014 Administer Qty: 60 mg

2. Osteoarthrit s

715.90 Osteoarthrosis, unspecified whether generalized or localized, site unspecified

- meloxicam 7.5 mg tablet - Take 1 tablet(s) twice a day by oral route with FOOD for 30 days. Qty: 60 tablet(s)
  Refills: 5 Pharmacy: RITE AID-844 SOUTH 5TH STREET

Discussion

Discussion Notes

Wife will drive him home. Has appt w/neuro next week--instructed pt and wife to go to MRMC and pick up disc on prior MRIs but most likely will need further imaging studies

Return to Office

- as needed

Encounter Sign-Off

Encounter signed off by Raymond Chapman, MD, 10/29/2013.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 10/29/2013 at 11:36am

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BARR, KENNETH L (id #89639, dob: .....)
Encounter Summary

Patient

Name	BARR, KENNETH (• M) ID# 89639	Appt. Date/Time	10/23/2013 08:00AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: MHS - Member is eligible.		

Chief Complaint

headache
constipation

check right hand

HPI

Sinusitis/Allergy
Reported by patient.

Onset/Timing: new onset; initially started 2weeks ago; progressively worse over last 3days
Location **headache forehead; facial pain bilaterally; sinus pain cheek; sore throat; thick phlegm in throat; constantly clearing the throat**
Quality: **worsening; hoarseness**
Severity: does not limit daily activities
Context: no recent upper respiratory infection, no recent sick contacts, **worse with seasonal allergen exposure**
Risk Factors: **current smoking or tobacco use; increased stress**
Associated Symptoms: no fever; no hemoptysis, no hematemesis; **weight loss**

Problems

Problems not reviewed (last reviewed 08/29/2013)
- Generalized anxiety disorder
- Degeneration of intervertebral disc
- Current tear of medial cartilage AND/OR meniscus of knee
- Tobacco dependence syndrome
- Osteoarthritis
- Chest pain

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
aspirin 81 mg tablet,delayed release	04/25/13 entered

Take 1 tablet(s) every day by oral route.	
buspirone 15 mg tablet Take 1 tablet(s) 3 times a day by oral route.	10/13/13 filled
clonazepam 0.5 mg tablet Take 1 tablet(s) 3 times a day by oral route for 30 days., CALLED IN	08/09/13 prescribed
Depo-Medrol 80 mg and Decadron 8 mg Depo Medrol 80 mg and Decadron 8 mg im, im in office	10/23/13 prescribed
fluoxetine 20 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY DAY	10/21/13 filled
meloxicam 7.5 mg tablet Take 1 tablet(s) twice a day by oral route with FOOD for 30 days.	08/09/13 prescribed
Nexium 40 mg capsule,delayed release Take 1 capsule(s) every day by oral route for 30 days.	10/07/13 filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet Take 1 tablet(s) every 12 hours by oral route	10/23/13 prescribed
tizanidine 4 mg tablet Take 2 tablet(s) by oral route at bedtime PRN.	08/29/13 filled
topiramate 50 mg tablet Take 3 tablet(s) every day by oral route at bedtime for 30 days.	08/12/13 prescribed

Vaccines

Vaccines not reviewed (last reviewed 06/28/2013)
refued

Social History

Social History not reviewed (last reviewed 08/29/2013)
General IM
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD)
Alcohol intake: None
Marital status: Married.

Past Medical History

Past Medical History not reviewed (last reviewed 08/29/2013)
GERD/Reflux: Y - **Reflux**
Other: Y - **Anxiety**

Family History

Family History not reviewed (last reviewed 08/29/2013)
Father - Malignant neoplastic disease (died age: 72)
- previously recorded as Cancer
Mother - Problem
- lupus

Surgical History

Surgical History not reviewed (last reviewed 08/29/2013)

BARR, KENNETH L (id #89639, dob:)

- Appendectomy
- Orthopaedic Surgery Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Vitals

10/23/2013 08 22 am

Wt: 140 lbs

BP: 132/82 sitting R arm

BP Cuff Size: adult

Pulse: 84 bpm

Ht: 5 ft 9 in

BMI: 20 7

ROS

ROS as noted in the HPI

Physical Exam

Patient is a year-old male.

Constitutional General Appearance: healthy-appearing and well-nourished. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected. Pupils: PERRLA. Corneas: grossly intact. EOM: EOMI. Sclerae: non-icteric Vision: acuity grossly intact.

ENMT: Ears: EACs clear. Hearing: no hearing loss. Nose: **sinus tenderness, erythematous nasal mucosa, and maxillary sinus tenderness.** Lips, Teeth, and Gums: no mouth or lip ulcers. Oropharynx: no erythema

Neck: Neck: FROM, trachea midline, no masses, and **tender.** Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, CTA except as noted, and clear to auscultation.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR Rate And Rhythm RRR

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft and non-distended.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. Acute sinusitis

461.9: Acute sinusitis, unspecified

- sulfamethoxazole 800 mg-trimethoprim 160 mg tablet - Take 1 tablet(s) every 12 hours by oral route tablet(s) Refills: 0 Pharmacy: RITE AID-844 SOUTH 5TH STREET Qty: 20

BARR, KENNETH L (id #89639, dob: 1)

- Depo-Medrol 80 mg and Decadron 8 mg - Depo-Medrol 80 mg and Decadron 8 mg im Qty: 1 Refills: 0
  Pharmacy: RITE AID-844 SOUTH 5TH STREET Note to Pharmacy: im in office

2. Headache disorder

784.0: Headache

- NEUROLOGY REFERRAL - Schedule Within: provider's discretion

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Raymond Chapman, MD, 10/23/2013.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman MD on 10/23/2013 at 8:52am

TMG_HARTSVILLE MEDICAL GROUP LLC • 701 Medical Park Dr, Hartsville SC 29550-4778

BARR, KENNETH L (id #89639, dob: (1)
Encounter Summary

Patient

Name	BARR, KENNETH (M) ID# 89639	Appt. Date/Time	07/19/2013 08 40AM
DOB		Service Dept.	TMG_The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: MHS - Member is eligible.		

Chief Complaint

recheck

HPI

Anxiety/Depression
Reported by patient.

Quality: symptoms improved
Severity: denies suicidal ideations; able to maintain relationships; does not interfere with activities of daily living
Duration frequent
Onset/Timing: gradual
Context: **major life stressors**
Modifying Factors: medications as directed
Associated Symptoms: denies homicidal ideations; no significant weight gain; no significant weight loss; no visual/auditory hallucinations; no delusions; no shortness of breath; mood good; no crying spells; no panic; no isolation; sleeping well; appetite good; no apathy; maintaining functionality

Problems

- Generalized anxiety disorder (300.02)
- Nondependent abuse of drugs; tobacco use disorder (305.1)
- Osteoarthrosis, unspecified whether generalized or localized; site unspecified (715.90)
- Degeneration of thoracic or lumbar intervertebral disc; lumbar or lumbosacral intervertebral disc (722.52)
- Chest pain, unspecified (786.50)
- Tear of medial cartilage or meniscus of knee, current (836.0)

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
ASPIRIN 81 MG TABLET,DELAYED RELEASE Take 1 tablet(s) every day by oral route.	04/25/13 entered
BUSPIRONE 15 MG TABLET	07/03/13 filled

BARR, KENNETH L (id #89639, dob:)

Take 1 tablet(s) 3 times a day by oral route.	
CLONAZEPAM 0 5 MG TABLET 1/2 po tid	07/04/13 filled
FLUOXETINE 20 MG CAPSULE Take 1 capsu e(s) every day by oral route.	07/11/13 filled
MELOXICAM 7.5 MG TABLET Take 1 tablet(s) every day by oral route as directed.	06/13/13 entered
NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) every day by oral route for 30 days	07/17/13 filled
TIZANIDINE 4 MG TABLET Take 2 tablet(s) by oral route at bedtime PRN.	05/03/13 prescribed
TOPIRAMATE 50 MG TABLET	06/25/13 filled

Vaccines

Vaccines not reviewed (last reviewed 06/28/2013)
refued

Social History

Social History not reviewed (last reviewed 05/16/2013)
General IM
Marital status: Married
Smoking Status: Current every day smoker.
Smoker (1 1/2 PPD)
Alcohol intake: None.

Past Medical History

Past Medical History not reviewed (last reviewed 05/16/2013)
GERD/Reflux: Y - **Reflux**
Other Y - **Anxiety**

Family History

Family History not reviewed (last reviewed 06/28/2013)
Father - Cancer (died age 72)
Mother - lupus

Surgical History

Surgical History not reviewed (last reviewed 05/16/2013)
- Appendectomy
- Orthopaedic Surgery - Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Document Review

Discussed the following orders:
- FLUOXETINE 20 MG CAPSULE - 07/11/13

Discussed the following results:
- CARDIOLITE STRESS TEST - 07/01/13
- ELECTROCARDIOGRAM - 06/28/13

BARR, KENNETH L (id #89639, dob:)

Vitals

Ht: 5 ft 9 in
BP: 130/70
Wt: 135 lbs
Pulse: 64 bpm
BMI: 19.9

ROS

ROS as noted in the HPI

Physical Exam

Patient is a -year-old male.

Constitutional: General Appearance: healthy-appearing, well-developed, and too thin. Level of Distress: NAD Ambulation: ambulating normally.

Psychiatric: Mental Status: active and alert. Orientation: to time, place and person Memory: recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA Corneas: grossly intact. EOM: EOMI. Vision: acuity grossly intact.

ENMT: Hearing: no hearing loss. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: moist mucous membranes.

Neck: Neck supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft.

Musculoskeletal:: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicos ties or palpable cord.

Neurologic: Gait and Station: normal gait and station. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **GENERALIZED ANXIETY DISORDER (300.02)**
   - CHEM 20,LIPID PANEL - To be submitted on or around 10/17/2013

2. **OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED; SITE UNSPECIFIED (715.90)**

3. **NONDEPENDENT ABUSE OF DRUGS; TOBACCO USE DISORDER (305.1)**

Discussion: Disc reducing stress in life. Rec he write down things that he enjoys doing

Return to Office

- to see Raymond Chapman, MD at TMG_The Medical Group Suite 305 on or around 10/19/2013

Encounter Sign-Off

BARR, KENNETH L (id #89639, dob:
Encounter signed-off by Raymond Chapman, MD, 07/20/2013.

Encounter performed and documented by Raymond Chapman, MD
Encounter reviewed & signed by Raymond Chapman, MD on 07/20/2013 at 1:52pm

TMG_HARTSVILLE MEDICAL GROUP LLC - 701 Medical Park Dr, Hartsville SC 29550-4778

BARR, KENNETH L (id #89639, dob:)
Encounter Summary

Patient

Name	BARR, KENNETH (, M) ID# 89639	Appt. Date/Time	06/28/2013 08:20AM
DOB		Service Dept.	TMG. The Medical Group Suite 305
Provider	RAYMOND CHAPMAN MD		
Insurance	Med Primary: BCBS-SC: STATE HEALTH PLAN Insurance # : ZCS03635250 Policy/Group # : 002132900 PCP : CHAPMAN, RAYMOND M Prescription: MHS - Member is eligible.		

Chief Complaint

feels stress and chest pain when he starts to go to work

HPI

Chest Pain

Reported by patient.

Location left arm
Quality: pressure
Severity: not limiting
Duration lasts minutes
Onset/Timing: abrupt onset without warning
Context: exertional; at rest; occurs with emotional stress
Alleviating Factors: nothing gives relief
Associated Symptoms: no dyspnea, no decrease in exercise capacity, no nocturnal episodes; no resting episodes; no associated palpitations; no associated dizziness; fatigue

Problems

- Generalized anxiety disorder (300.02)
- Nondependent abuse of drugs; tobacco use disorder (305.1)
- Osteoarthrosis, unspecified whether generalized or localized; site unspecified (715.90)
- Degeneration of thoracic or lumbar intervertebral disc; lumbar or lumbosacral intervertebral disc (722.52)
- Chest pain, unspecified (786.50)
- Tear of medial cartilage or meniscus of knee, current (836.0)

Allergies

Reviewed Allergies
MORPHINE
PENICILLINS

Medications

Reviewed Medications	
Name	Date
ASPIRIN 81 MG TABLET,DELAYED RELEASE Take 1 tablet(s) every day by oral route.	04/25/13 entered
BUSPIRONE 15 MG TABLET	05/30/13 filled

BARR, KENNETH L (id #89639, dob: .....)

Take 1 tablet(s) 3 times a day by oral route.	
CLONAZEPAM 0.5 MG TABLET 1/2 po tid	05/14/13 filled
FLUOXETINE 20 MG CAPSULE 1 po q day	06/10/13 filled
MELOXICAM 7.5 MG TABLET Take 1 tablet(s) every day by oral route as directed.	06/13/13 entered
NEXIUM 40 MG CAPSULE,DELAYED RELEASE Take 1 capsule(s) every day by oral route for 30 days	06/17/13 filled
TIZANIDINE 4 MG TABLET Take 2 tablet(s) by oral route at bedtime PRN	05/03/13 prescribed
TOPIRAMATE 50 MG TABLET	06/25/13 filled

Vaccines

Reviewed Vaccines
refued

Social History

Social History not reviewed (last reviewed 05/16/2013)
General IM
Marital status: Married.
Smoking Status. Current every day smoker.
Smoker (1 1/2 PPD).
Alcohol Intake: None.

Past Medical History

Past Medical History not reviewed (last reviewed 05/16/2013)
GERD/Reflux: Y **Reflux**
Other: Y - **Anxiety**

Family History

Reviewed Family History
Father - Cancer (died age: 72)
Mother - lupus

Surgical History

Surgical History not reviewed (last reviewed 05/16/2013)
- Appendectomy
- Orthopaedic Surgery - Both feet
- Other - Right Lung
- Knee Surgery - 04/23/2013 - Right Knee Scope

Document Review

Discussed the following orders:
- CARDIOLITE STRESS TEST - 06/28/13
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE - 06/17/13
- BUSPIRONE 15 MG TABLET - 05/30/13
- TIZANIDINE 4 MG TABLET - 05/03/13

BARR, KENNETH L (id #89639, dob: 1)

Vitals

Ht. 6 ft 8 in Wt: 134 lbs BMI: 14.7 BP: 132/74 Pulse: 64 bpm

ROS

ROS as noted in the HPI

Physical Exam

Patient is a · -year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Mental Status: active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Pupils: PERRLA. Corneas: grossly intact. EOM: EOMI. Vision: acuity grossly intact.

ENMT: Hearing no hearing loss. Oropharynx: moist mucous membranes

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes no cervical LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Auscultation: breath sounds normal.

Cardiovascular: Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops, and RRR.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: soft.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station Coordination and Cerebellum no tremor.

Skin: Inspection and palpation no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor Nails: normal

Back: Thoracolumbar Appearance: normal curvature

Results / Interpretations

ELECTROCARDIOGRAM

- Appointment Date: 06/28/2013, Appointment Time: 9:00

Review of electrocardiogram taken on 06/28/2013 at IN-OFFICE ORDER shows:

Rate & Rhythm: Rate & Rhythm: **sinus bradycardia (46 bpm).**

Axis: QRS: normal.

Intervals: PR Interval: normal. QRS Duration: normal. QT Interval normal QTc.

sinus brady

Assessment / Plan

1. **CHEST PAIN, UNSPECIFIED** (786.50)
   - ELECTROCARDIOGRAM - Priority: **STAT**

   Appointment Date: 06/28/2013 Appointment Time: 9:00
   - CARDIOLITE STRESS TEST

2. **NONDEPENDENT ABUSE OF DRUGS; TOBACCO USE DISORDER** (305.1)

PATIENT: BARR, KENNETH
CHART#:
DOB:
DATE: 11/19/2012

SUBJECTIVE: A -year-old white male with a 3-4 day history of sinus congestion and scratchy throat. He unfortunately continues to smoke but states he is cutting down. He states he had fever on Monday. No nausea or vomiting but throat very scratchy yesterday. No OTC medicines from home. He did not work on Friday. States "I am having a hard time traveling and would like to see Dr. Brodie again." He states his anxiety has increased.

HABITS: Smokes a half pack per day. No alcohol use. No illicit drug use.

ALLERGIES: PENICILLIN AND MORPHINE.

CURRENT MEDICATIONS: Listed at left and reviewed.

REVIEW OF SYSTEMS: As above, otherwise noncontributory.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 14. Blood pressure 130/72. Pulse 72. Weight 148.
GENERAL: A pleasant white male. He is alert and responds appropriately. Voice is very nasally.
SKIN: Warm and dry. Good turgor.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact. Eyes are watery but clear. very tender over the maxillary sinuses bilaterally, left greater than right. Nasal mucosa is boggy. Oral mucosa moist and pink. Posterior pharynx with thick mucus streaks and not injected. Tongue is midline.
NECK: Supple with enlarged nodes more prominent on the left at the angle of the jaw. Trachea midline.
LUNGS: Clear bilaterally.
CARDIAC: Regular rate and rhythm.

ASSESSMENT:
1. Acute sinusitis.
2. Generalized anxiety disorder.
3. Smoker.

PLAN: Septra DS b.i.d. for 10 days. Decadron 8/Depo-Medrol 80 IM. Work excuse today and tomorrow. I have provided him with Dr. Brodie's phone number as he can schedule this appointment for his anxiety. May need psychiatric evaluation.

PATIENT: BARR, KENNETH
CHART#:
DOB:
DATE: 10/10/2012

SUBJECTIVE: A -year-old white male maintenance worker at a local high school in today with chief complaint of chest pain, back pain and headaches. He describes the pain as pressure-like occurring across his upper chest. It has radiated into the back. At times, it is associated with some shortness of breath but no nausea or vomiting. Some diaphoresis. It occurs with exertion and not. It does not occur during the night.

HABITS: A half pack per day tobacco use. No alcohol use.

ALLERGIES: Intolerant to **PENICILLIN AND MORPHINE.**

CURRENT MEDICATIONS: Listed at left and reviewed.

REVIEW OF SYSTEMS: GENERAL: Extreme fatigue. No fever or chills. Appetite pretty good but comes-and-goes at times. HEENT: Chronic headaches. No vision or hearing changes. No tinnitus, dysphagia or odynophagia. NECK: No stiffness, pain or swelling. CARDIAC: Chest pain as noted above. No palpitations or edema. RESPIRATORY: Some shortness of breath associated with chest discomfort. No wheezing, hemoptysis or chest congestion. GI: Some nausea but no vomiting. No diarrhea or constipation. GU: No hematuria, frequency or hesitancy. MUSCULOSKELETAL: Muscle achiness but no joint pain, redness, swelling or increased warmth. NEURO: No syncope or seizures. The above noted headaches. SKIN: No rash, lesions, pruritus or bruising.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 18. Blood pressure 139/78. Pulse 62. Weight 148.
GENERAL: A thin white male who smells strongly of cigarettes. He is alert and responds appropriately.
SKIN: Warm and dry. Good turgor.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact. Oral mucosa moist and pink. Posterior pharynx is clear.
NECK: Supple. No JVD. No adenopathy. Trachea midline. No thyromegaly.
LUNGS: Clear in all fields.
CARDIAC: Regular rate and rhythm. No S3.
ABDOMEN: Soft, nontender. Bowel sounds are present. Nontender. No masses. Moves all appropriately. Hand grasp is 5/5.
EXTREMITIES: Calves are soft. No peripheral edema.

ASSESSMENT:
1. Chest pain.
2. Fatigue.
3. Chronic headaches.

4. Anxiety.
5. Smoker.
6. Hyperglycemia.

PLAN: Another lengthy conversation about smoking cessation. He clearly understands the dangers to his health. He is married and has children and I have stressed the importance of being there for them even in his old age. We have discussed options including Chantix, Wellbutrin and nicotine patches and gums and he states he will try to wean down further and stop altogether.

With the chest discomfort in this patient with multiple medical issues, we will proceed with EKG, echocardiogram and Cardiolite stress test.

Lab work is reviewed with the patient. Cholesterol 168, HDL of 49, LDL is 98 with an overall ratio of 2.0. CBC within normal limits. His glucose is 139. Remainder of CMP within normal limits. Testosterone in the low normal range of 248 mg/dL, TSH normal at 0.64.

We will obtain glucose fingerstick today and also and reevaluate once these tests have been completed. I have discussed options as it relates to neurological evaluation. He has an appointment to see Dr. White a neurologist here rather than traveling to Florence and hopefully this will be a little easier for him to accomplish as it relates to taking off of work.

A very complicated patient with numerous medical issues. Also, associated with vague complaints. I wonder about secondary gain. Followup in 2 weeks.

Raymond M. Chapman, M.D.

RMC/jg

D: 10/10/12
T: 10/11/12

PATIENT: BARR, KENNETH
CHART#:
DOB:
DATE: 9-12-12

SUBJECTIVE: A -year-old white male who comes in today with a page of concerns including back ache, sinus problems and recurrent stomach problems with epigastric pain and abdominal cramping.

Patient has been on Zanaflex and Mobic but ran out of these a few days ago. He did state he got some relief with using the Zanaflex on a nightly basis and taking Mobic 7.5 mg during the day.

For the past 4-5 days has had a problem with sinus congestion. He feels very fatigued at times. Denies any fever or chills. Has had some postnasal drainage mostly clear drainage from the nose whenever he blows his nose. Occasionally has seen some blood tinged green mucus. Throat scratchy but sore. No nausea, vomiting, neck stiffness.

Patient states the Nexium helped with stomach cramping and nausea but he ran out and he has not been able to afford it. He denies any vomiting. He states he has been somewhat nauseated and has had diarrhea last week x2 or x3 but no blood per rectum.

HABITS: Continues to smoke a half to 1 pack per day. No alcohol use. No illicit drug use.

ALLERGIES: Intolerant to **PENICILLIN AND MORPHINE.**

CURRENT MEDICATIONS: Prozac 20 mg daily by Dr. Rainwater, Mobic 7.5 mg daily, BuSpar by Dr. Brandt and was on 15 mg a half tab t.i.d., in addition to Zanaflex 4 mg nightly and p.r.n. Nexium.

REVIEW OF SYSTEMS: GENERAL: Increased fatigue. No fever or chills. Increased anxiety at times. Describes appetite as good. HEENT: Some chronic headaches though they really have not increased in intensity, frequency or duration. No vision changes. No hearing changes or tinnitus. No dysphagia or odynophagia. NECK: No stiffness, pain or swelling. CARDIAC: No chest pains, palpitations, fluttering or edema. RESPIRATORY: No cough, hemoptysis, sputum production, shortness of breath or dyspnea on exertion. GI: Epigastric pain with occasional abdominal cramping which was basically relieved with use of a PPI and has returned since he has taken none. No blood per rectum. An episode or 2 of diarrhea last week as noted above. No blood per rectum. GU: No hematuria, frequency or hesitancy. MUSCULOSKELETAL: No joint redness, swelling or increased warmth.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 14. Blood pressure 116/70. Pulse 64. Weight 145.
GENERAL: A thin white male who is alert and responds appropriately. He is tired looking but in no acute distress.
SKIN: Leathery, warm and dry with the smell of nicotine.

HEENT: Atraumatic, normocephalic. He wears glasses. Extraocular muscles intact. Tender over the maxillary and frontal sinuses. Nasal mucosa is boggy. Oral mucosa moist and pink. Posterior pharynx with thick mucus streaks but not injected.
NECK: Supple, a few shotty nodes anteriorly. Trachea midline.
LUNGS: Clear in all fields.
CARDIAC: Regular rate and rhythm. No murmurs.
ABDOMEN: Soft. Diffusely tender mostly in the epigastrium. No guarding or rebound. Bowel sounds are present.
EXTREMITIES: Moves all appropriately. Overall motor strength is 5/5.

ASSESSMENT:

1. Acute sinusitis – over-the-counter antihistamine such as Claritin, Allegra or Zyrtec. In addition to Z-Pak. Could use Tylenol on a p.r.n. basis and plenty of liquids and rest.
2. Abdominal pain likely secondary to reflux/dyspepsia issues. He had significant relief when he was on a PPI. I have provided him samples of Nexium 40 mg daily x30 days and he will certainly let us know if this does not change.
3. Fatigue likely multifactorial. We will obtain lab work to include testosterone, TSH, CBC, CMP and lipid.
4. Anxiety chronic and relatively stable. It seems to have improved on the BuSpar 15 mg a half tab t.i.d. We discussed options and at this point I would simply increase the BuSpar to 1 tablet #90 with 5 refills. Continue the Prozac 20 mg daily as per Dr. Rainwater.
5. Musculoskeletal pain. This was relieved well with the Mobic 7.5 mg daily and Zanaflex 4 mg nightly and we will renew both of these meds x30 days with 5 refills.

PLAN: We will plan followup in a few weeks to reevaluate this complicated patient with multiple ongoing medical problems. Certainly discussed the importance of smoking cessation again. I have provided him literature on Chantix in addition to discussing other options including nicotine patches, gums, spray, etc.

Raymond M. Chapman, M.D.

RMC/jg

D:
T: 09/16/12

PATIENT: BARR, KENNETH
CHART#:
DOB:
DATE:

SUBJECTIVE: A year-old white male with a history of chronic headaches, GERD, anxiety, who of course continues to smoke. He has not been seen here since 10/05/11. He states in January while working at home he sustained a laceration to his right hand, cutting some tendons. He had surgery by Dr. Hassler and has followed up with him. He went through physical therapy postop and states "it did not work." Dr. Hassler referred him to a hand surgeon in Camden but he does not remember the name. He states the pain went back into his right hand and distal forearm in mid May. He started back to work on 06/04. He has seen Dr. Rainwater, a psychologist, in addition to Dr. Brandt at the pain clinic Lugoff. I have no records from any of these doctors. He comes in today complaining of persistent fatigue.

HABITS: Continues to smoke at least 1 pack per day. No alcohol use. No illicit drug use.

ALLERGIES: MORPHINE, PENICILLIN.

CURRENT MEDICATIONS: Prozac 20 mg daily by Dr. Rainwater, Mobic p.r.n., aspirin p.r.n., Lorcet p.r.n. and in addition Dr. Brandt provided him with BuSpar 15 mg, currently taking 1/2 tablet t.i.d. He also has had some Zanaflex for muscle aches but he states it just ran out.

REVIEW OF SYSTEMS: Pertinent positives include intermittent chronic headaches, the same as they have been in the past. No fever or chills, nausea or vomiting. He has some generalized arthralgias and myalgias, mostly in the back and the most recent problem involving his right hand and forearm from the laceration, which occurred at home. No joint redness, swelling or increased warmth.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations: 16. Blood pressure: 120/70. Pulse: 74. Weight: 140, down from 159 in October of 2011.
GENERAL: A thin white male who looks older than his age. He is alert and oriented x3, responds appropriately.
SKIN: Warm and leathery, intact. Relatively good turgor.
HEENT: Atraumatic. Extraocular muscles are intact.
NECK: Supple, nontender. Trachea midline.
LUNGS: Clear in all fields.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Flat, soft, nontender.
EXTREMITIES: Moves all slowly but appropriately. He has relatively good motor tone, weaker hand grasp on the right with some well-healed incisions noted on the hand and distal right forearm.

ASSESSMENT:

1. Recent injury to his right hand.
2. Chronic headaches, likely tension.
3. Smoker.
4. GERD.
5. Anxiety.
6. Fatigue, likely multifactorial

PLAN: We will renew his BuSpar 15 mg 1/2 tablet t.i.d. #45 with 5 refills. I recommend no further Zanaflex use. To help with sleep we recommend over-the-counter melatonin 6 mg at bedtime. We will obtain records from the surgeon in Camden and from Dr. Brandt, pain management physician. We will plan followup in 4 weeks with lab work prior to include CBC, CMP, lipids and TSH.

Raymond M. Chapman, M.D.

RMC/mc

D:
T:

PATIENT: BARR, KENNETH
CHART#:
DOB:
DATE: 10/05/2011

SUBJECTIVE: A __-year-old white male who works in the Maintenance Department of The Public School System. He has a history of chronic headaches. He is also followed by neurologist Dr. Roland Skinner whom he last saw in mid-August. At that point, his nortriptyline was decreased from 100 mg to 50 mg a day and Depakote was started initially at 500 mg and up to 1000 mg nightly. He states he continues with headaches, in addition has been more irritable and has had increased anxiety. His 6-year-old daughter was hospitalized at McLeods Hospital for pneumonia a week ago and he states I was so anxious I could not even go to the hospital by myself. No suicidal thoughts though he states "I am anxious and tired all the time." He continues with intermittent headaches. Also, with chronic back pain though recent MRI was unremarkable except for very mild early degenerative disk changes and osteoarthritis.

HABITS: He continues to smoke. No alcohol use. No illicit drug use.

ALLERGIES: PENICILLIN, MORPHINE AND DEMEROL.

CURRENT MEDICATIONS: Nexium 40 mg daily. Depakote 1000 mg nightly, nortriptyline 50 mg daily.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 132/74. Pulse 76. Weight 159.
GENERAL: A pleasant white male. He is alert and looks slightly anxious. He smells strongly of cigarettes.
SKIN: Warm and dry.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: Moves all appropriately. Motor strength 5/5. No clubbing, cyanosis or edema.
NEURO: No focal deficits.

ASSESSMENT:
1. Chronic headaches likely tension.
2. ? Cerebral aneurysm though I do not have report of recent CTA.
3. Smoker.
4. Gastroesophageal reflux disease.
5. Anxiety.

PLAN: He states the nortriptyline "does not do a thing" and it has been decreased from 100 mg to 50 mg nightly. We will increase this to 25 mg nightly for 1 week and then stop altogether. Start Cymbalta 30 mg daily x1 week and then increase to 60 mg daily with samples x5 weeks provided.

Continue with the Depakote 1000 mg nightly and Nexium 40 mg daily. Avoid use of narcotics in this patient as they have offered no benefit whatsoever in the past. Encourage him to keep appointment with Dr. Roland Skinner as previously scheduled. May need psychiatric evaluation. Follow up in 4 weeks.

Raymond M. Chapman, M.D.

RMC/jg

D: 10/05/11
T: 10/05/11

PATIENT: Kenneth Barr
CHART:
DATE: 08/24/11

SUBJECTIVE: A .. -year-old white male seen on Monday for acute bronchitis. Was given Decadron, Rocephin and placed on Septra. States he is some better today. Chest x-ray at a local urgent care showed nothing acute.

Today complaining of pain in the lower back. States he has had ESIs in the distant past but none in several years.

HABITS: Continues to smoke but has not smoked in several days. No alcohol use.

ALLERGIES: MORPHINE AND PENICILLIN.

CURRENT MEDICATIONS: Listed at left and reviewed. The neurologist has decreased his nortriptyline to 50 mg nightly and placed him on Depakote which he started several days ago and will increase after 2 weeks from 500 mg to 1000 mg daily.

REVIEW OF SYSTEMS: Pain in the lower back radiating into the buttocks.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 110/74. Pulse 76. Weight 151.
GENERAL: A relatively comfortable appearing white male though tired in no acute distress.
SKIN: Warm and dry. Good turgor.
LUNGS: A few scattered rhonchi but good airflow bilaterally. No wheezes, crackles or rhonchi.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
BACK: The paravertebral muscles in the lumbar area are moderately tight and tender. Hamstring and quadriceps function normal.
EXTREMITIES: Calves are soft. No edema.

ASSESSMENT:
1. Bronchitis - improving slowly.
2. Lumbar radiculopathy.

PLAN: Complete the Septra and use Tessalon Perles p.r.n. Plenty of liquids and rest. Continue with Dr. Skinner's plan to decrease nortriptyline and increase Depakote.

We will schedule lumbar MRI to see what, if any, further intervention needs to be entertained except for NSAIDs and physical therapy.

The patient seems to want to have something wrong and quite frankly I really cannot understand that.

Raymond M. Chapman, M.D.

RMC/jg

D: 08/24/11
T: 08/25/11

PATIENT: Kenneth Barr
CHART:
DATE: 08/22/11

SUBJECTIVE: A -year-old white male with a 10 day history of congestion and cough. He was seen at Urgent Care at McLeod's on 08/15/11. He was written a prescription for Duricef which he completed this morning. He states he is no better. Chest x-ray was performed but he does not know the results and was told he had bronchitis. His cough is mostly hacking and minimally productive. No wheezing. Has a headache from coughing so much and aches. In addition, was moving from one house to another when he lifted a box and pulled a muscle in his left arm.

HABITS: Continues to smoke but has cut down over the last week. No alcohol use.

ALLERGIES: PENICILLIN, MORPHINE AND DEMEROL.

CURRENT MEDICATIONS: Listed at left and reviewed with him. In additional ones include Duricef and Tessalon Perles.

REVIEW OF SYSTEMS: As above.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 120/80. Pulse 80. Weight 152.
GENERAL: A tired looking white male. He is alert and responds appropriately. Hacking cough during the exam.
SKIN: Warm and dry.
HEENT: Atraumatic, normocephalic. There is no tenderness over the maxillary or frontal sinuses. Eyes are watery but clear. Oral mucosa moist and pink. Posterior pharynx is clear.
NECK: Supple, nontender. No adenopathy. Trachea midline.
LUNGS: A few scattered rhonchi. No wheezing. Good airflow bilaterally.
CARDIAC: Regular rate and rhythm.
EXTREMITIES: Examination of the left upper extremity: Diffusely tender over the proximal forearm and distal left brachial area. Hand grasp is normal. Flexion-extension of the wrist normal. Distal pulses are easily palpable and strong. Calves are soft. No peripheral edema.

ASSESSMENT:
1. Acute bronchitis.
2. Musculoskeletal strain left upper extremity.

PLAN: Rocephin 1 gm IM. Decadron 8/Depo-Medrol 80 IM x1. Continue with the Tessalon Perles. Use Septra DS b.i.d. for 10 days. Work excuse through Wednesday. Reevaluate on Wednesday.

ADDENDUM: Reports from McLeod's Urgent Care in Darlington include chest x-ray which was unremarkable. White count 10,200. Hemoglobin 13.7 and hematocrit 41.1 with a platelet count of 358,000.

Raymond M. Chapman, M.D.

RMC/jg

D: 08/22/11
T: 08/22/11

PATIENT: Kenneth Barr
CHART:
DATE: 07/15/11

SUBJECTIVE: A year-old white male smoker with history of tension headaches, anxiety, and musculoskeletal pain was in today complaining of some padding in the lower back which he states "makes the muscles feel tight and occasionally will radiate into the legs." He states at times his left leg has become weak while walking up some steps.

Also complaining of some pain in the base of the right thumb. States a couple of weeks ago he jammed it and it has been very painful since. He is able to oppose to the other digits but states it pops with movement at times and is quite painful. He has run out of Celebrex.

Also, complaining of increased anxiety at times. States he has been under a good bit of stress at work and has been having to travel to Lamar to do work for the school system and at times "he feels more anxious when he leaves the comfort zone of the Hartsville School District."

HABITS: A half to one pack per day. No alcohol use.

ALLERGIES: PENICILLIN AND MORPHINE.

CURRENT MEDICATIONS: Listed at left and reviewed.

REVIEW OF SYSTEMS: GENERAL: Some fatigue. Increased anxiety at times. Appetite good. Has lost some weight but "is trying." No fever or chills. HEENT: Chronic tension headaches which really have not increased in intensity, frequency or duration. No vision changes. No tinnitus, dysphagia or odynophagia. NECK: No stiffness, pain or swelling. CARDIAC: No chest pains, palpitations, fluttering or edema. RESPIRATORY: No cough, hemoptysis, sputum production, shortness of breath or dyspnea on exertion. GI: No nausea, vomiting, diarrhea, constipation, abdominal pain or masses. GU: No hematuria, frequency, hesitancy or nocturia. MUSCULOSKELETAL: As above, but no joint redness, swelling or increased warmth. SKIN: No rash, pruritus, lesions or bruising. NEURO: Chronic headaches. No syncope or seizures.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 120/74. Pulse 67. Weight 148 down from 161 in May.
GENERAL: A pleasant well-nourished white male. He is alert, oriented and responds appropriately. He ambulates normally.
SKIN: Warm and dry. Very tan and intact. No rashes.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact.
NECK: Supple. No JVD. Trachea midline. No thyromegaly.
LUNGS: Clear in all fields though distant.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
BACK: The paravertebral muscles in the lumbar area are tight and tender bilaterally.

EXTREMITIES: Good tone. No atrophy. No edema. Calves are soft and nontender. Examination of the right hand reveals normal flexion-extension. Hand grasp is strong. Opposition of the thumb is normal. The thumb is tender over the thenar eminence. No bony abnormalities palpated. With flexion-extension there seems to be a popping at the PIP.

ASSESSMENT:

1. Lumbar strain.
2. Right thumb pain secondary to trauma.
3. Tension headaches.
4. Increased anxiety.
5. Smoker.

PLAN: Decadron 8/Depo-Medrol 80 IM. Also x-rays of the lumbar area and right thumb. Renewal of Celebrex 200 mg daily #30 with refills.

Recommend routine exercise which may very well help with headaches and increased anxiety. He states he does not exercise on a regular basis and I have provided him with literature about wellness and have renewed it with him.

Renewal of routine medications with refills. We will plan followup in several months to reevaluate. Counseling and coordination of care greater than 50% of time with patient. Total time with patient 25-30 minutes.

Raymond M. Chapman, M.D.

RMC/jg

D: 07/15/11
T: 07/15/11

The patient asked about being referred to The Headache Center at MUSC. I have asked him to mention this to Dr. Skinner but will be happy to followup on this.

Raymond M. Chapman, M.D.

RMC/jg

D: 05/02/11
T: 05/04/11

PATIENT: BARR, KENNETH
CHART:
DATE: 04/19/11

CHIEF COMPLAINT: A -year-old white male school district employee with a history of tension headaches. States his present one started last week. We prescribed Ultram 25 mg t.i.d. He states it has not helped. He called the office Friday and a prescription for Prodrin 1 q.4 h. p.r.n. headache #30 was called in though he states this has not helped either. He called his neurologist who is on vacation this week. He is scheduled to see Dr. Skinner on 05/18. He describes the headache as the usual tension headache around the head. No vision loss or changes. He states he feels very tired. He is irritable towards his wife. He has gone about his business but was unable to work today.

ALLERGIES: PENICILLIN, MORPHINE, AND DEMEROL though he states he has tolerated Lorcet without any problems in the past.

HABITS: Smoker. No alcohol use.

CURRENT MEDICATIONS: Listed at left and reviewed.

PHYSICAL EXAMINATION:
VITAL SIGNS: Afebrile. Respirations 16. Blood pressure 100/62. Pulse 74. Weight 156.
GENERAL: A thin white male. He looks comfortable. Ambulates normally
SKIN: Warm and dry. Good turgor.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact. Pupils are round and react normally. Visual acuity grossly normal.
NECK: Supple, nontender, no adenopathy.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft. Nontender.
NEURO: No focal deficits.

ASSESSMENT: Tension headache.

PLAN: Work excuse for today. Prescription for Lorcet Plus 1 p.o. q.6 h. p.r.n. #30 one refill. Aware this is a narcotic and should use as infrequently as possible. Increase Ultram to 50 mg t.i.d. prescription for #90 one refill written.

A headache is a common side effect from Zoloft and we will try weaning him from 50 mg daily to 25 mg daily for 1 week and then 25 mg every other day for 1 week and then discontinue altogether and reevaluate him in 2 weeks.

Raymond M. Chapman, M.D.

RMC/lr

D: 04/19/11
T: 04/20/11

PATIENT: BARR, KENNETH
CHART:
DATE: 03/30/11

CHIEF COMPLAINT: A · -year-old white male with headaches followed by Dr. Skinner. He last saw Dr. Skinner in late February with recommendations then to be tapered off the Nucynta, to obtain lab work to include ANA, sed rate, CRP and thyroid studies. His nortriptyline was increased to 75 to 100 mg nightly. It was also recommended that he consider having a spinal tap performed. He informs me today he will get back in touch with Dr. Skinner. I have recommended he follow up with this, and I told him that I would proceed with this to complete the workup of his headaches though I doubt any underlying infectious or neoplastic etiology.

ALLERGIES: PENICILLIN AND MORPHINE.

HABITS: No alcohol use. Continues to smoke.

CURRENT MEDICATIONS: Nortriptyline 100 mg daily, Nexium 40 mg daily, Nucynta 100 mg b.i.d., Zoloft 50 mg daily.

REVIEW OF SYSTEMS:
GENERAL: No fever. He does note some fatigue. Appetite described as good.
HEENT: No vision or hearing changes. Chronic headaches as noted above. No dysphagia, odynophagia.
NECK: Some pain in the back of the neck which does radiate down into the upper extremities at time but he states this has been present for "years" but seems to have worsened somewhat.
CARDIAC: No chest pain, palpitations, fluttering or edema.
RESPIRATORY: No cough, hemoptysis, sputum production or shortness of breath or DOE.
GI: No nausea, vomiting, diarrhea, constipation, abdominal pain or masses.
GU: No hematuria, frequency or nocturia.
MUSCULOSKELETAL: No joint redness, swelling or increased warmth. He does note the neck pain and lower back pain but again states these have been present for 8-10 years though they seem to be perhaps some worse.
NEURO: Every now and then he states he feels confused and "I can't think straight." He states his wife gets mad with him for being forgetful.

PHYSICAL EXAMINATION:
VITAL SIGNS: Afebrile. Respirations 16. Blood pressure 120/74. Pulse 90. Weight 162.
GENERAL: Pleasant white male who smells strongly of cigarettes. He is alert, oriented, responds appropriately.
SKIN: Warm and dry. Good turgor.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact. Visual acuity grossly normal. Tongue is midline.

NECK: Overall is supple. Trachea midline. There is no JVD. No thyromegaly. The posterior cervical muscles are a little tight and moderately tender.
LUNGS: Clear in all fields though distant.
CARDIAC: Regular rate and rhythm.
BACK: The upper thoracic paravertebral muscles are mild to moderately tight and only minimally tender. Normal back curvatures.
EXTREMITIES: He moves all appropriately. Hand grasp is 5/5. Calves are soft. There is no edema.
NEURO: He is alert, oriented, normal speech. No facial asymmetry. Affect appropriate. Recall of recent events appears grossly intact.

ASSESSMENT:

1. Chronic headaches, likely tension.
2. Cervical pain with radiculopathy.
3. Smoker.

PLAN: We will obtain blood work recommended by Dr. Skinner to include T3, T4, TSH, C-reactive protein, ANA, and sed rate. We will wean the Nucynta as strongly recommended by Dr. Skinner. He is currently on 100 mg b.i.d. We will decrease to 50 mg b.i.d. for 1 week and then 50 mg nightly for 1 week and then stop altogether. Start Celebrex 200 mg b.i.d. for 3 days and then daily thereafter #15 samples provided plus prescription for #30, five refills along with coupon to help with these medicines. I recommend that he call Dr. Skinner and proceed with lumbar puncture to complete his workup though I am not highly concerned that there is neoplastic or infectious etiology causing his headaches. We will plan follow up in a few months or sooner if warranted. Counseling and coordination of care greater than 50% of time with the patient, total time with the patient 25 or 30 minutes.

Raymond M. Chapman, M.D.

RMC/lr

D: 03/30/11
T: 03/31/11

PATIENT: Kenneth Barr
CHART:
DATE: 12/13/10

SUBJECTIVE: A -year-old white male who works for the school district who continues to smoke and has a history of anxiety disorder. Some chronic headaches but followed by Dr. Skinner. MRI revealed micro ischemic changes of the brain. In today with a chief complaint of some low back pain. Denies any dysuria, frequency, hesitancy, nocturia, fever or chills. States he has had back problems before and it may be a flare up of this. Has taken occasional Tylenol only.

Also having some postnasal drainage and a scratchy throat. Unfortunately, continues to smoke though he states "I am cutting back."

HABITS: Continues to smoke. No alcohol use.

ALLERGIES: PENICILLIN, MORPHINE AND DEMEROL.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 100/60. Pulse 74. Weight 158.
GENERAL: A pleasant white male. He is alert, oriented and responds appropriately.
SKIN: Warm and dry.
HEENT: Atraumatic, normocephalic. No tenderness over the maxillary or frontal sinuses. Eyes are watery but clear. Oral mucosa moist and pink. Posterior pharynx with scant mucus streaks but not injected.
NECK: Supple, nontender. No adenopathy. Trachea midline.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: Moves all appropriately. Motor strength 5/5. No clubbing, cyanosis or edema.
BACK: Normal curvatures. The paravertebral muscles in the lower back are minimally tight and tender. Hamstring and quadriceps function normal.

ASSESSMENT:
1. Lumbosacral strain.
2. Upper respiratory infection.

PLAN: UA dip is negative in the office. Certainly needs to stop smoking and discussed this at length as we have today and has we have on numerous previous occasions. He seems to be cutting down slowly and I have encouraged him to continue along this path.

PATIENT: Kenneth Barr
CHART:
DATE: 12/13/10
PAGE 2

Celebrex 200 mg daily #12 samples provided. For the URI, Xyzal 5 mg daily #5 samples provided plus script for a Z-Pak but I have asked him to not take this unless symptoms do not improve within 48 hours.

Raymond M. Chapman, M.D.

RMC/jg

D: 12/13/10
T: 12/14/10

PATIENT: Kenneth Barr
CHART:
DATE: 11/16/10

SUBJECTIVE: A -year-old white male with chronic headaches. He has been evaluated by the neurologist with plans for a followup in December with Dr. Roland Skinner a neurologist in Florence. He comes in today complaining of intermittent headaches. He states the Nucynta worked well for him but "I believe someone stole #18 of my tablets at work." Understands I will be unable to refill this medication currently. Does note a couple of panic attacks over the past couple of days. At one point, he was on Celexa but stopped it because he thought it was causing the headaches. He wants to consider going back on some type of medicine to "cut the edge." States he is very irritable at home and has a short fuse. He is not physically abusive but sometimes will raise his voice against family members. Also complaining of some sleep issues at night.

HABITS: Continues to smoke. No alcohol use.

ALLERGIES: Intolerant to MORPHINE, DEMEROL AND PENICILLIN.

CURRENT MEDICATIONS: Listed at left and reviewed.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 120/74. Pulse 76. Weight 149.
GENERAL: A pleasant white male who smells of cigarettes. He is alert, oriented and responds appropriately.
SKIN: Warm and dry. Good turgor.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: Calves are soft. No edema.
NEURO: Intact.

ASSESSMENT:
1. Headaches likely tension followed by Dr. Roland Skinner neurologist in Florence
2. Micro ischemic changes of the brain.
3. Anxiety disorder.
4. Smoker.

PLAN: Another lengthy conversation about smoking cessation. He clearly understands the dangers to his health.

We will try Zoloft 50 mg a half tab nightly x7 days and then increase to 1 tab nightly #30 with 5 refills. Follow up in 4 weeks to reevaluate.

Raymond M. Chapman, M.D.

RMC/jg

D: 11/16/10
T: 11/17/10

PATIENT: Kenneth Barr
CHART:
DATE: 10/22/10

SUBJECTIVE: A -year-old white male in today for followup. He has been seen by a neurologist and neurosurgeon. Headaches were thought to be tension headaches. CT scan showed questionable aneurysm, however. He had a follow up with the neurosurgeon who told him that it was only a shadow. I have no official reports of this from the neurosurgeon, however. There is a note from Dr. Skinner the neurologist who saw him in late September with plans to followup. He still is complaining of some headaches. He states he was exposed to some lead paint in the summer and wonders if this is a contributing factor.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 122/74. Pulse 64. Weight 150.
GENERAL: A pleasant white male who looks comfortable. He is alert, oriented and ambulates normally.
SKIN: Warm and dry.
HEENT: Atraumatic, normocephalic. Oral mucosa moist and pink. Minimally tender over the frontal sinuses. No tenderness over the maxillary sinuses.
NECK: Supple, nontender. No adenopathy.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.

ASSESSMENT:
1. Sinus remnants though no evidence of acute sinusitis.
2. Headaches likely tension.

PLAN: Xyzal 5 mg daily #7 samples provided. See no need for antibiotics at this point Stop the Celexa. Trial of Nucynta 100 mg b.i.d. #60 with 1 refill. Lead level today. Follow up in 2 weeks.

Raymond M. Chapman, M.D.

RMC/jg

D: 10/22/10
T: 10/25/10

PATIENT: Kenneth Barr
CHART:
DATE: 09/16/10

SUBJECTIVE: A -year-old white male who returns today for followup of his headache and fatigue evaluation. Wife states that she took him to the ER a few nights ago and waited several hours and left without being seen. She states he had a severe dizzy spell with facial pain and pressure and "looked like he was out of it." Denied any drug use or even OTC medicines. He recently had a MRI which showed microvascular ischemic changes with evidence of sinus disease. There was no evidence of an acute event. I reviewed these results with him with an emphasis on smoking cessation.

HABITS: One pack per day tobacco. No alcohol. No illicit drug use.

ALLERGIES: PENICILLIN, MORPHINE AND DEMEROL.

CURRENT MEDICATIONS: Listed at left and reviewed.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 130/70. Pulse 60. Weight 145.
GENERAL: A thin white male who smells strongly of cigarettes. He is alert, oriented and looks tired but in no acute distress.
SKIN: Warm and dry.
HEENT: Atraumatic, normocephalic. Tender over both maxillary and frontal sinuses. Oral mucosa moist and pink. Posterior pharynx with mucus streaks and not injected.
NECK: Supple, diffusely tender with some shotty nodes anteriorly.
LUNGS: Clear.
CARDIAC: Regular rate and rhythm.

ASSESSMENT:
1. Microischemia changes of the brain.
2. Sinusitis.
3. History of anxiety disorder.
4. Smoker.

PLAN: Lengthy discussion with the patient and his wife about options for smoking cessation ranging from quitting cold turkey to use of OTC nicotine patches/gum or prescription Chantix. I have provided him with literature on Chantix and asked that he read it carefully along with a prescription. Certainly he understands the importance of smoking cessation including early disease, lung disease and premature death and he clearly understands nicotine may be a contributing cause to his underlying microischemia in the brain.

For the sinuses, Biaxin 500 mg b.i.d. x10 days, Lodrane 24 hour once daily #20 with no refills and Veramyst nasal spray 2 sprays each nostril daily with sample vial given and I instructed the patient on its use. Work excuse is given for the rest of this week with a return to work on 09/20/10 unless changes are needed and he is to call us.

As young as this patient is with his abnormal brain MRI, I recommend aspirin 81 mg daily for now in addition to further neurological evaluation. Plavix may be a better option. We will plan followup in a few weeks. Counseling and coordination of care greater than 50% of time with patient. Total time with patient and wife 30 minutes.

Raymond M. Chapman, M.D.

RMC/jg

D: 09/16/10
T: 09/17/10

PATIENT: Kenneth Barr
CHART:
DATE: 09/13/10

SUBJECTIVE: A -year-old white male transferring records from Dr. Long. Chief complaint is a headache. He states the headache started about 4 weeks ago. He had a CT scan on 09/02/10 and he reports to me that this was negative though I have no old records. He was given a prescription for Lorcet #20 and states he has taken these. Unfortunately, the headache has persisted. He returned to work on 09/07/10 and worked through Thursday and was released from work with the school district because of dizziness, fatigue and balance issues. He has missed September 10th and the 13th and states "I do not think I can go to work right now."

Describes the headache as pressure like and located all over the head. At times, he has taken some Goody Powders which helped a little initially but now offer no relief. It persists throughout the day.

HABITS: Smokes 1 pack per day cigarettes use. No alcohol use. No illicit drug use.

OPERATIONS IN THE PAST: Appendectomy, right carpal tunnel surgery, surgery on both ankles and was hospitalized for spontaneous pneumothorax requiring a thoracostomy.

FAMILY HISTORY: Father died with colon and prostate issues. Several relatives with diabetes and hypertension. No early heart disease.

ALLERGIES: PENICILLIN AND MORPHINE.

CURRENT MEDICATIONS: Nexium 40 mg daily, Klonopin 0.5 mg a half to 1 b.i.d. and Celexa 40 mg daily.

REVIEW OF SYSTEMS: GENERAL: Fatigue. No fever or chills. Appetite described as good. HEENT: Headache as noted above. No dysphagia or odynophagia. Blurred vision but no vision loss. NECK: No stiffness, pain or swelling. CARDIAC: No chest pains, palpitations, fluttering or edema. RESPIRATORY: No cough, hemoptysis, sputum production or shortness of breath. GI: No nausea, vomiting, diarrhea, constipation, abdominal pain or masses. GU: No hematuria, frequency, hesitancy or nocturia. MUSCULOSKELETAL: Some joint achiness but no joint pain, redness, swelling or increased warmth. NEURO: Dizziness and at times he feels disconnected and very off balance whenever he walks. No syncope or seizures.

PHYSICAL EXAMINATION:
VITAL SIGNS: Vitals by JA. Afebrile. Respirations 16. Blood pressure 110/60. Pulse 70. Weight 146.
GENERAL: A comfortable appearing white male. He is alert and responds appropriately. He ambulates normally.
SKIN: Warm and dry. Good turgor.
HEENT: Atraumatic, normocephalic. Extraocular muscles intact. Visual acuity grossly normal. Oral mucosa moist and pink. Posterior pharynx clear. Tongue is midline.

NECK: Supple, nontender. No adenopathy. Trachea midline. No thyromegaly.
LUNGS: Clear in all fields.
CARDIAC: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: Moves all appropriately. Motor strength 5/5 and equal.
NEURO: Cranial nerves II-XII are grossly intact. Positive Romberg sign with the patient almost toppling over after he closed his eyes. Affect somewhat flattened.

ASSESSMENT:

1. Persistent headache.
2. Ataxia.
3. Fatigue.
4. History of anxiety disorder.

PLAN: We will obtain the CT report from the hospital. We will proceed with MRI of the head. Also lab work to include testosterone, PSA, TSH, lipid, CBC, CMP and sed rate with plans to reevaluate within a week or so. Counseling and coordination of care greater than 50% of time with patient. Total time with patient 30 minutes.

RMC
Raymond M. Chapman, M.D.

RMC/jg

D: 09/13/10
T: 09/14/10

The Medical Group

Name: Kenneth Bass Date: 8 9-1-10

Race: W Sex: M Age:

Chief Complaint/Present Illness: Discuss results of CT Scan
Management of GAD · persistent HA & occ. classical migraine sx's and nausea GI discomfort, & Ophthophobia

ROS CT head - nl

Vitals: T 97.0 P 52 R 16 B/P 116/74 Weight 146 g. Chapman, CMA

General Apperance: NAD, Alert, Lucid, Oriented
HEENT: NCAT, PERRL, TM's clear, Oraphanynx benign
Neck: Supple, no LAD, no Bruits
Lungs: (CTA) no wheeze, rale, rhonchi (WRR)
Heart: (RRR) no MRG
Abd: soft, nt, ND, bowel sounds, no rebound/guard
Ext: FROM, no edema
Skin: NI, no rash
Neuro NI, motor, sensation, reflexes

	Reviewed
PMH	✓
SH	
FH	
MEDS	✓
SURGERY	

allergies
NKDA

refill
Celexa 40mg #30
x 5RF

LABS:

ASSESSMENT/PLAN:
1) GAD
2) LBP
3) H/A (? migraine) — refills as noted — Toradol 60 mg IM (R) deltoid per Long / a. Chapman RTC prn
4)

Work excuse from 8/23/10 – 9/6/10
RTW 9/7/10

Name: Date:

Race: Sex: Age:

Chief Complaint/Present Illness:

ROS.

Vitals: T P R B/P Weight

General Apperance: NAD, Alert, Lucid, Oriented
HEENT- NCAT, PERRL, TM's clear, Oraphanynx benign
Neck: Supple, no LAD, no Bruits
Lungs: CTA, no wheeze, rale, rhonchi (WRR)
Heart: RRR, no MRG
Abd: soft, nt, ND, bowel sounds, no rebound/guard
Ext: FROM, no edema
Skin: NI, no rash
Neuro: NI, motor, sensation, reflexes

	Reviewed
PMH	
SH	
FH	
MEDS	
SURGERY	

LABS:

ASSESSMENT/PLAN:
1)
2)
3)
4)

P O

The Medical Grou

Name: Kenneth Barr Date: 2-10-10

Race: W Sex: M Age:

Chief Complaint/Present Illness: (R) ankle discomfort; twisted ankle 12/25; seeing chiropractor & relief

ROS:

allergy Morphine

Vitals: T 98° P 61 R 16 B/P 120/79 Weight 157

General Apperance: NAD, Alert, Lucid, Oriented
HEENT: NCAT, PERRL, TM's clear, Oraphanynx benign
Neck: Supple, no LAD, no Bruits
Lungs: CTA, no wheeze, rale, rhonchi (WRR)
Heart: RRR, no MRG
Abd: soft, nt, ND, bowel sounds, no rebound/guard
Ext: FROM, no edema
Skin: NI, no rash
Neuro: NI, motor, sensation, reflexes

	Reviewed
PMH	✓
SH	✓
FH	
MEDS	✓
SURGERY	

LABS: (R) ankle pain at prox ankle; pain c dorsiflexion

ASSESSMENT/PLAN:
1) (R) ankle pain
2) GAD
3)
4)

- Xray (R) ankle
- ACE wrap
- Celexa + Klonopin
- Diclofenac 75g BID c food
- Lorcet 5/500 BID p pain #60; 0RF

RTC as direct

Name: Kenneth Barr Date: 6-15-10

Race: W Sex: M Age:

allergy MSO4

Chief Complaint/Present Illness: c/o HA off/on x 2-3 wks; fatigue; taking Tylenol everyday; occ. indigestion

ROS:

Vitals: T 97° P 66 R 16 B/P 116/79 Weight 150

General Apperance: NAD, Alert, Lucid, Oriented
HEENT: NCAT, PERRL, TM's clear, Oraphanynx benign
Neck: Supple, no LAD, no Bruits
Lungs: CTA, no wheeze, rale, rhonchi (WRR)
Heart: RRR, no MRG
Abd: soft, nt, ND, bowel sounds, no rebound/guard
Ext: FROM, no edema
Skin: NI, no rash
Neuro: NI, motor, sensation, reflexes

	Reviewed
PMH	✓
SH	✓
FH	
MEDS	✓
SURGERY	

LABS:

ASSESSMENT/PLAN
1) H/A
2) gastritis
3) all. rhinitis
4)

- Nexium 40g QD
- Cephadyn QID p H/A #90; 1-RF
- Zyrtec 10g QD

RTC as directed

McLeod

Physician Associates

McLeod Neurological Associates
Dr. Roland L. Skinner, III
Fellow, American Academy of Neurology
Fellow, American Academy of Sleep Medicine
Certified by the American Boards of Psychiatry/Neurology and Sleep Medicine

September 23, 2010

Mack Chapman, MD
PO Box 2882
Hartsville, SC 29551

RE: KENNETH BARR (2626)

Dear Dr. Chapman:

Mr. Barr was seen in our office today. As you know, he is a //o right-handed white male we are asked to see for dizziness and headache. The patient states he has had severe headache for the last five weeks. Prior to that he states he would have an occasional headache, usually relieved by over the counter analgesics. However, since five weeks ago the headache has never let up. He states it is there all day. He has some nausea with it but no vomiting, no real photophobia or phonophobia. He states when he looks down it makes him feel off balance. He has had some dizziness off and on. When he leans down and stands back up it makes him dizzy. The headache feels like something is squeezing his head. During this time he has also noted he has difficulty concentrating. He has a lack of energy and has no interest is any of his usual activities. He has had some difficulty at work. He denies feeling depressed but is on an anti-depressant medication chronically. He has a history of chronic anxiety problems. He has had no fever but has had some night sweats. He has had an MRI of his brain, read to show some micro-vascular ischemic changes and bilateral maxillary sinus disease. He has been placed on antibiotic for this as well as a decongestant.

PAST MEDICAL HISTORY is significant for anxiety and gastroesophageal reflux. He has had surgery on his feet, treatment of collapsed lung, surgery on the wrist and an appendectomy.

MEDICATIONS include Biaxin, Nexium, Aspirin, Celexa, and Loratadine.

FAMILY HISTORY: Significant for Lupis, Cancer, Diabetes, thyroid disease.

ALLERGIES: PCN, Morphine and Demerol.

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MEDICAL REVIEW OF SYSTEMS: A 14-point review of systems is documented on the chart and is reviewed by me. Pertinent positives include that he has had the night sweats. He has had the eye pain. He wears glasses. He has had some rhinitis and seasonal allergy symptoms. He has had some back pain in the past. He has had some weight loss over the last few months. He is sensitive to heat. He has some shortness of breath with productive cough. He has been a smoker, quit about a week ago. He has had some chest pain and palpitations. He has had some diarrhea off and on.

SOCIAL HISTORY: He has been a chronic smoker of a pack of cigarettes per day but quit about a week ago. He does not use alcohol. He works for the school district as a handyman and painter. He is married and lives with his spouse.

On EXAMINATION today, he is generally a thin male in no acute distress. BP:130/84, Pulse 72, Weight 147, Height 5'11". Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam reveals flat optic discs, no hemorrhages. Visual fields are wide to confrontation. Visual acuity is generally intact with glasses. Neck is supple, no bruits heard. Heart is regular in rhythm. Extremities are benign with full distal pulses and no edema.

NEUROLOGICAL EXAMINATION: He is alert, oriented, clear sensorium, clear fluent speech. Concentration and memory are intact. Fund of knowledge is intact to current events. Cranial nerves II, III, IV, and VI are as noted under ENT above. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech. IX/X: speech articulation and phonation are normal. Palate midline. No dysphagia. XI: sternocleidomastoid and trapezius muscle strength is symmetrical. XII: tongue midline, protrudes in the midline. Motor exam: normal strength in all extremities, normal bulk and tone, normal stance and gait. Coordination testing shows no focal cerebellar signs on finger-to-nose, heel-to-shin, or rapid alternating movements. Deep tendon reflexes are symmetrical with flexor plantar responses bilaterally. Sensory examination is intact to pinprick, gross touch, position, vibration throughout. Graphesthetic sensation is also intact in both hands.

MRI of the brain is reviewed. It shows bilateral maxillary mucoinflammatory change. There also are a few, scattered, little punctate areas of increased T2 signal, mostly in the frontal white matter bilaterally. These look relatively benign. They are certainly nonspecific in appearance.

IMPRESSION:
1. Headaches (784.0)
2. Dizziness (780.4)
3. Abnormal MRI scan (793.0)

His headaches sound like tension headaches to me. It may be that he has a sinus problem and that the dizziness and some of the headache are related to that. He is being treated for that.

Because of the changes on his MRI scan and the question of whether they represent some sort of ischemic problem and because of his relative lack of other risk factors except for smoking, and because of the intractable nature of his headaches I am going to have him have a CT Angiogram of his head. Will also do a CT scan of his paranasal sinuses to see if the sinus inflammation is clearing up.

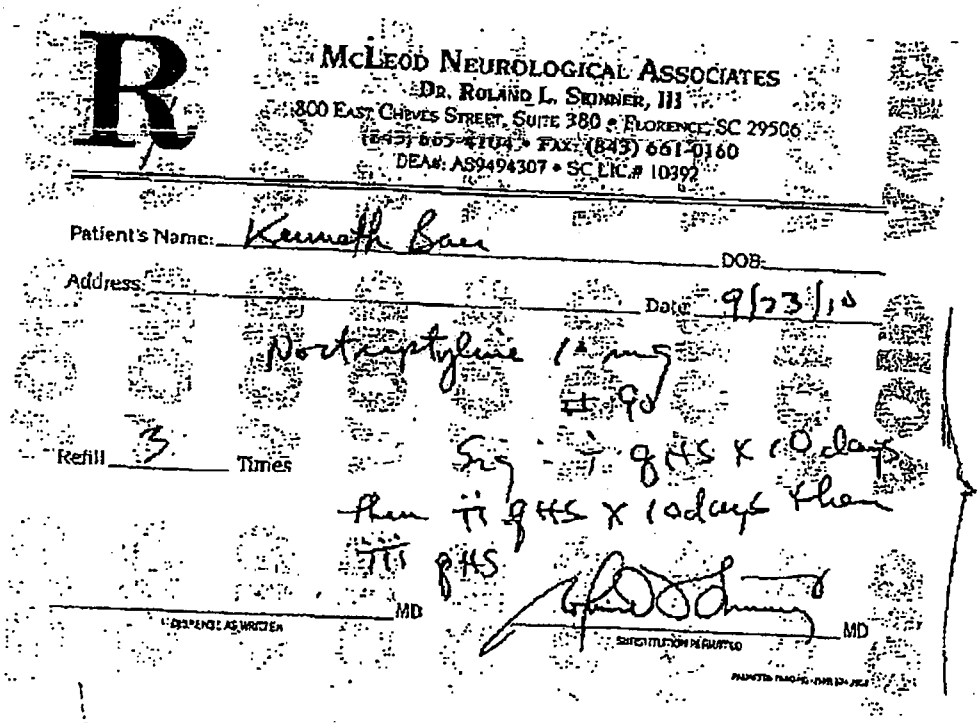
I am going to start him on Nortriptyline 10mg at night and increasing by 10mg per week up to 30mg over the next several weeks. We will follow him up in several weeks.

You had done some blood work on him and I would like to review the results of that.

I appreciate the opportunity of seeing him.

Sincerely,

Roland L. Skinner III, MD, FAAN
RLS/sej



McLeod Neurological Associates
Dr. Roland L. Skinner, III
800 East Cheves Street, Suite 380 • Florence, SC 29506
(843) 665-4104 • FAX: (843) 661-0160
DEA#: AS9494307 • SC Lic.# 10392

Patient's Name: Kenneth Baer DOB:

Address: Date: 9/23/10

Nortriptyline 10 mg
#90

Refill 3 Times Sig: i qHS x 10 days
then ii qHS x 10 days then
iii qHS

MD

DISPENSE AS WRITTEN

MD

SUBSTITUTION PERMITTED

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FAMILY HISTORY

Mother: Age 68 Known Illness Lupus

Living ✓ Dead ____ Cause of death ____

Father: Age 73 Known Illness Cancer [redacted]

Living ____ Dead ✓ Cause of death Cancer

Siblings: No. of sisters ____ No. of brothers 1

Ages 47 Ages 50

Known Illnesses or diseases:

Diabetes ✓ Nervous/mental ____

Hypertension ✓ Institutionalized ____

Thyroid ____ Lived in a wheel chair ✓

Cancer ✓ Fever Fits ____

Seizures or Convulsions ____

Any other disease or illness Lupus

Headaches ✓

Patient's Past History

Operative Surgery on both feet, right wrist, gyn hx?

Hospitalizations collapse of lung

Major Illness none

Patient has had

Measles ✓ Rheumatic Fever ____

Mumps ✓ Scarlet Fever ____

Chicken Pox ✓ Fever of unknown etiology ____

Malaria Fever ____

Patient has had

Pneumonia ____ Hepatitis ____

Meningitis ____ Other Liver Disease ____

Encephalitis ____ Jaundice ____

Patient has had - does have:

Diabetes ____ Cancer ____

Hypertension ____ Neurological or mental ____

Heart attack ____ Paralysis ____

Thyroid disease ____ Blindness ____

Patient is now taking this medicine Biaxin, Arcium, aspirin, celexa, loratadine

PD 14

FOLLOW-UP SHEET DATE: 9-23-10

#1

PATIENT: Kenneth Bair

REFERRING MD: _____ FAMILY MD: _____

Right-Handed ✓ Left _____ Ambidextrous _____ Tobacco Smokes PPD Alcohol A

BP: 130/84 Pulse 72 Weight 147 Height 5'11 Age _____

ALLERGIES: PCN, Morphine Demerol

MEDICATIONS: Biaxen
Nexium
ASA
celexa
Loratadine

TESTING: MRI ✓

mm 30

C/O microischemia changes in brain - Series
Severe HA x 5 weeks
- different places on head - but mostly behind eyes & back of head.
Eyesight making him feel off balance. Dot ava to look down for a long time.
Nausea - no vomiting
Some ringing in ears

ROS: Nausea Vomiting Fevers Sweats Chills Chest Pain
Cough SOB Limb Pain or Swelling Mental Status Eyesight Hearing
severe pounding HA. feels like something squeezing head.
Speech Bowel or Bladder Function Dizziness LOC
problems c memory · concentration
- no interest in activities

FLORENCE NEUROLOGIC CLINIC

DAILY SHEET

PATIENTS NAME: Kenneth Barr

PHONE #:

DATE	INFORMATION
9/27/10	Pt called C/O HA this AM. Was told to go ahead w/ Nortriptyline 10mg to 2 HS. AW

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Physician Associates

McLeod Neurological Associates

Dr. Roland L. Skinner, III

Fellow, American Academy of Neurology

Fellow, American Academy of Sleep Medicine

Certified by the American Boards of Psychiatry/Neurology and Sleep Medicine

FOLLOW-UP NOTE

DATE: December 20, 2010
PATIENT: Kenneth Barr (2626)
REFERRING MD: Mack Chapman, MD

Mr. Barr returns for follow-up of headaches. He is still having headaches on an almost daily basis. He ran out of the Nortriptyline and did not get it refilled, was not sure whether he was suppose to continue it. He apparently did not have any significant side effects from it. The headaches are pretty much the same as what they were back in September when we saw him. He had a CT Angiogram done that showed a questionable small 1mm aneurysm in the distal left ICA. We did go ahead with a full arteriogram and it did show a small left cavernous carotid aneurysm. He was seen by neurosurgery and they did not suggest any other intervention at this time. He also had a CT scan of his paranasal sinuses that was normal except for a small retention cyst.

His current medications are Nexium, Zoloft, Norvasc.

His MEDICAL REVIEW OF SYSTEMS is otherwise negative and documented on the chart.

On EXAMINATION today, his BP:128/70, Pulse 72, Weight 158. Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam reveals flat optic discs, no hemorrhages. Neck is supple, no bruits heard. Heart is regular in rhythm.

NEUROLOGICAL EXAMINATION: He is alert, oriented x 3. Fluent speech. Concentration, memory and fund of knowledge are generally normal. Cranial nerves II, III, IV, and VI are as noted under ENT above. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech. IX/X: speech articulation and phonation are normal. Palate midline. XI: sternocleidomastoid and trapezius symmetrical. XII: tongue midline, protrudes in the midline. Motor exam: he has normal strength in his extremities. Normal bulk and tone of muscles in the extremities. Normal stance and gait. Coordination exam: he has no focal cerebellar signs. Reflexes are 2+ and symmetrical in the limbs. Sensory intact to gross touch throughout.

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IMPRESSION:
1. Headaches (784.0)
2. Abnormal radiological procedure (793.0)

I explained to him that his aneurysm, if it is indeed an aneurysm and not just an infadibulum, is not big enough to warrant any surgical attention at this time but that we will be following it up with a repeat CTA in about six months from the original study in order to re-evaluate it for any enlargement.

Since it is in the cavernous portion of the carotid artery, it is doubtful that anything would need to be done about it unless it grew to a large size, in which case probably an indovascular procedure would be the best way to handle it. They seemed satisfied with this explanation. They were seeking a second neurosurgical opinion but after explanation and assurance that this will be followed along and to be sure there was no intervention that would be necessary in the future they appeared to be satisfied.

I am going to place him back on the Nortriptyline and will start with 25mg at bedtime and go up towards 50-75mg. He needs to get off of the Nucynta which is a opioid narcotic that is suppose to be used on a short term basis. I would be very concerned about the possibility of dependence or even addiction with this medication. I would not recommend its continued use for chronic headache. I have suggested that once the Nortriptyline is in his system doing its work which we hope it will do to decrease his headaches, that he should seek Dr. Chapman's advice about tapering off of that.

I will plan to see him back again in about 8 weeks and we will get him scheduled for his repeat CTA in March.

Roland L. Skinner III, MD, FAAN
RLS/sej

FOLLOW-UP SHEET DATE: 12-20-10

#1

PATIENT: Kenneth Barr

REFERRING MD: _____ FAMILY MD: _____

Right-Handed ____ Left ____ Ambidextrous ____ Tobacco ____ Alcohol ____

BP: 128/70 Pulse 72 Weight 158 Height _____ Age _____

ALLERGIES: _____

MEDICATIONS: ~~Diovan~~

✓Nexium

~~ASA~~

~~Celexa 20 mg daily~~

~~Loratadine~~

✓Nyceinta 100 HS

TESTING: _____

C/O dizziness, H/A

? H/A better - but continues to have H/A.

Wants 2nd Opinion -

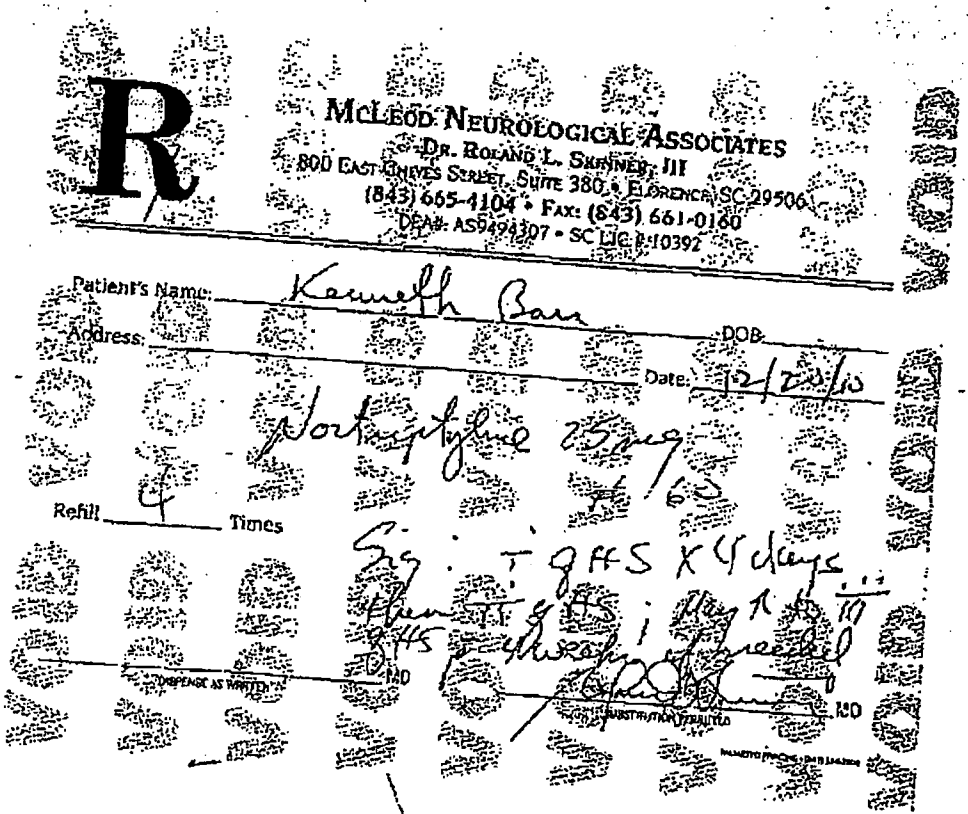
ROS: Nausea Vomiting Fevers Sweats Chills Chest Pain

Cough SOB Limb Pain or Swelling Mental Status Eyesight Hearing

Speech Bowel or Bladder Function Dizziness LOC

2105 P 0 VOID

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McLEOD NEUROLOGICAL ASSOCIATES
DR. ROLAND L. SKINNER, III
800 EAST CHEVES STREET, SUITE 380 • FLORENCE, SC 29506
(843) 665-4104 • FAX: (843) 661-0180
DEA#: AS0494307 • SC LIC.#: 10392

Patient's Name: Kenneth Barr DOB:
Address: Date: 12/28/10

Nortriptyline 25mg #60
Sig: 1 qHS x 4 days, then 2 qHS
Refill 4 Times

DISPENSE AS WRITTEN — MD — SUBSTITUTION PERMITTED — MD

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Physician Associates

McLeod Neurological Associates

Dr. Roland L. Skinner, III

Fellow, American Academy of Neurology

Fellow, American Academy of Sleep Medicine

Certified by the American Boards of Psychiatry/Neurology and Sleep Medicine

FOLLOW-UP NOTE

DATE:	February 22, 2011
PATIENT:	Kenneth Barr (2626)
REFERRING MD:	Mack Chapman, MD

Mr. Barr returns for follow-up of headaches. He reports he is still using the Nucynta for the headaches. He is taking Nortriptyline 75mg a day. He thinks it has helped some but he is still having headaches. He reports intermittently some feelings of confusion and disorientation and forgetfulness. He complains of neck and back pain.

PAST MEDICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY: are all unchanged.

Other MEDICATIONS include Zoloft, Nexium and Aspirin.

REVIEW OF SYSTEMS: Otherwise negative except as already documented.

On EXAMINATION today, his BP:120/70, Pulse 72, Weight 158. ENT: Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam benign, flat optic discs, no hemorrhages. Neck is supple, no bruits heard. Heart is regular in rhythm. Extremities are benign.

NEUROLOGICAL EXAMINATION: He is alert, oriented, clear sensorium, clear fluent speech. Concentration and memory are intact. Fund of knowledge is intact to current events. Cranial nerves II, III, IV, and VI are as noted under ENT above. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech. IX/X: speech articulation and phonation are normal. Palate midline. No dysphagia. XI: sternocleidomastoid and trapezius muscle strength is symmetrical. XII: tongue midline, protrudes in the midline. Motor exam: normal strength in all extremities, normal bulk and tone, normal stance and gait. Coordination testing shows no focal cerebellar signs on finger-to-nose, heel-to-shin, or rapid alternating movements. Deep tendon reflexes are symmetrical with flexor plantar responses bilaterally. Sensory examination is intact to pinprick, gross touch, position, vibration throughout. Graphesthetic sensation is also intact in both hands.

IMPRESSION: Chronic Headaches.

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I think these are tension type headaches. I think that this patient probably has an underlying depression that is affecting him. Fibromyalgia I suppose could be considered as he has a lot of somatic complaints and really focuses in on things. He asks me if I think he could have a spinal cord tumor. He has no signs of myelopathy on exam today.

I did tell him that from a neurodiagnostic standpoint, the only thing else we can do to further investigate his symptoms would be to perhaps consider spinal fluid studies. I discussed this with him in full including the procedure itself, the risks and benefits of the procedure, and what we would be looking for.

In the meantime I am going to get an ANA, Sed-Rate, CRP and thyroid functions. We will increase his Nortriptyline to 100mg a day.

I would strongly recommend that he be tapered off of the Nucynta. I do not believe that chronic narcotic use is going to be helpful for his headaches.

He will return to see me in about three to four months depending on what he decides to do about the spinal tap.

Roland L. Skinner III, MD, FAAN
RLS/sej

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DAILY SHEET

PATIENTS NAME: Kenneth Barr

PHONE #:

DATE	INFORMATION
4/18/11	Dlc Ducynta- ~~Has getting worse again~~ If he coughs, sneezes - head feels like it will split. family phy changed his meds. On Tramadol - ~~Fainted at home from work~~ Was told to call family Physician since Dr (family Dr) Skinner off & he has changed meds. Aw ok

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Dr. Roland L. Skinner, III

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FOLLOW-UP NOTE

DATE: May 18, 2011
PATIENT: Kenneth Barr (2626)
REFERRING MD: Mack Chapman, MD

Mr. Barr returns for follow-up of intractable headaches. Since last seen he feels that he is doing a little bit better. He did have a lumbar puncture done. Results of the spinal fluid were unremarkable. However, he had a CBC done prior to having the LP and he had an elevated white count of 20,000 on that. It is unclear why that was elevated. He has not been sick in any other way.

He is currently taking Nortriptyline 100mg at bedtime, Aspirin, Nexium and Tramadol 50-100mg three times a day. He does feel that his headaches are doing somewhat better.

PAST MEDICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY: are all unchanged.

REVIEW OF SYSTEMS: otherwise negative except as already documented.

On EXAMINATION today, BP:130/70, Pulse 72, Weight 158. ENT: Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam reveals flat optic discs, no hemorrhages. Neck is supple, no bruits heard. Heart is regular in rhythm.

NEUROLOGICAL EXAMINATION: He is alert, oriented x 3. Fluent speech. Concentration, memory and fund of knowledge are normal. Cranial nerves II, III, IV, and VI: visual acuity is functionally normal. Visual fields are intact. Extraocular movements are full. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech bilaterally. IX/X: speech articulation and phonation are normal. Palate midline. XI: sternocleidomastoid and trapezius symmetrical bilaterally. XII: tongue midline, protrudes in the midline. No fasciculations were seen. Motor exam: normal strength, bulk, tone, stance and gait. Coordination: no cerebellar signs. No abnormal movements. Deep tendon reflexes are symmetrical. Sensory intact to gross touch throughout.

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IMPRESSION:
1. Headaches (784.0)
2. Abnormal radiological procedure (793.0)

For now he will continue on current medications. We will plan to see him back again in about three months or so. I think his headaches are primarily tension type headaches. He did have the small aneurysm noted on the CTA and cerebral angiogram. That appears to be asymptomatic and too small really to do anything about. We will plan to repeat his CTA in September or so to be sure it is not enlarging.

He will return to see me in about three months.

Roland L. Skinner III, MD, FAAN
RLS/scj

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Physician Associates

McLeod Neurological Associates

Dr. Roland L. Skinner, III

Fellow: American Academy of Neurology

Fellow: American Academy of Sleep Medicine

Certified by the American Boards of Psychiatry/Neurology and Sleep Medicine

FOLLOW-UP NOTE

DATE: August 18, 2011
PATIENT: Kenneth Barr (2626)
REFERRING MD: Mack Chapman, MD

Mr. Barr returns for follow-up of headaches. He continues to have headaches on an almost daily basis. The headaches have not really changed much. The Nortriptyline doesn't seem to be helping. He is still taking a lot of over the counter analgesics though he has been warned about analgesic rebound. He has no other new symptoms.

MEDICATIONS are Nortriptyline 100mg at bedtime, Aspirin, Nexium, Tramadol 50mg three times a day.

PAST MEDICAL HISTORY/FAMILY HISTORY/SOCIAL HISTORY: are all unchanged.

REVIEW OF SYSTEMS: Otherwise negative.

On EXAMINATION today, his BP:120/80, Pulse 76, Weight 160lbs. ENT: Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam reveals flat optic discs, no hemorrhages. Neck is supple, no bruits heard. Heart is regular in rhythm.

NEUROLOGICAL EXAMINATION: He is alert, oriented x 3. Fluent speech. Concentration, memory and fund of knowledge are normal. Cranial nerves II, III, IV, and VI: visual acuity is functionally normal. Visual fields are intact. Extraocular movements are full. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech bilaterally. IX/X: speech articulation and phonation are normal. Palate midline. XI: sternocleidomastoid and trapezius symmetrical bilaterally. XII: tongue midline, protrudes in the midline. No fasciculations were seen. Motor exam: he has normal strength, normal bulk and tone of muscles, normal stance and gait. Reflexes are symmetrical. Coordination: no cerebellar signs. Sensory intact to gross touch.

IMPRESSION:
1. Headaches (784.0)
2. Cerebral Aneurysm (437.3)

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PLAN will be to drop back on his Nortriptyline to 50mg a day and add Depakote. We will check a CBC and liver profile after he has been on that a couple of weeks. He will start with 500mg at supper time and increase that after two weeks to 1000mg.

He will return to see me in about 8-10 weeks. He will have a repeat CTA done to follow up on his aneurysm.

Roland L. Skinner III, MD, FAAN
RLS/sej

4:00

FOLLOW-UP SHEET DATE: 11/15/11

PATIENT: Kenneth Bass

REFERRING MD: FAMILY MD:

Right-Handed ____ Left ____ Ambidextrous ____ Tobacco ____ Alcohol ____

BP: 120/80 Pulse 72 Weight 160 Height: ____ Age ____

ALLERGIES:

MEDICATIONS: Nortriptyline 100 HS 30?
ASA
Nexium 40
Flomaxde 30 Ad
Depakote 1000 HS
Aleve
Cymbalta 60

goody Powder 3 daily 4 days/week
Tylenol - 4 occ
Ibuprofen - 8 occ

TESTING: CTA

C/O H/As
Has H/A qd - good & bad days
sensitive to smells, cold & heat,
Rainy days

ROS: Nausea Vomiting Fevers Sweats Chills Chest Pain
Cough SOB Limb Pain or Swelling Mental Status Eyesight Hearing
Speech Bowel or Bladder Function Dizziness LOC

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Dr. Roland L. Skinner, III

Fellow, American Academy of Neurology

Fellow, American Academy of Sleep Medicine

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FOLLOW-UP NOTE

DATE: November 15, 2011
PATIENT: Kenneth Barr ~~(2727)~~ 2626
REFERRING MD: Mack Chapman, MD

Mr. Barr returns for follow-up of headaches. He is having headaches pretty much every day. He states that he has good days and bad days. I suppose this seems to be perhaps in relationship to whether how severe the headache is. Changes in temperature, changes in atmospheric pressure, and certain smells will trigger the headaches. He does state that he has been discovered to have some arthritis in his neck and wonders if that could contribute.

MEDICATIONS: Currently he is taking Aspirin, Nexium, Depakote 1000mg a day, Aleve, Cymbalta, Goody Powders, three daily about four days a week, Tylenol (4) tablets intermittently, and Ibuprofen (8) tablets intermittently.

REVIEW OF SYSTEMS: Negative except as stated previously.

On EXAMINATION today, his BP:120/80, Pulse 72, Weight 160. ENT: Pupils are round and reactive to light. Extraocular movements are full. Funduscopic exam reveals flat optic discs, no hemorrhages. Visual fields are wide. Neck is supple, no bruits heard. Heart is regular in rhythm.

NEUROLOGICAL EXAMINATION: He is alert, oriented, clear sensorium, clear fluent speech. Concentration and memory are intact. Fund of knowledge is intact to current events. Cranial nerves II, III, IV, and VI: visual acuity is functionally normal. Visual fields are intact. Extraocular movements are full. V: sensation is intact over the face to pin. VII: muscles of facial expression symmetrical. VIII: hearing intact to conversational speech. IX/X: speech articulation and phonation are normal. Palate midline. No dysphagia. XI: sternocleidomastoid and trapezius muscle strength is symmetrical. XII: tongue midline, protrudes in the midline. No tongue fasciculations. Motor exam: normal strength in all extremities, normal bulk and tone, normal stance and gait. Coordination testing shows no focal cerebellar signs on finger-to-nose, heel-to-shin, or rapid alternating movements. Deep tendon reflexes are symmetrical with flexor plantar responses bilaterally. Sensory examination is intact to pinprick, gross touch, position, vibration throughout. Graphesthetic sensation is also intact in both hands.

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IMPRESSION: Headache (784.0)

I think a good bit of his problem may be analgesic rebound. He needs to completely stop intermittent Tylenol, Ibuprofen and Goody Powders.

I would recommend that we also stop the Aleve and try him on Nabumetone 500mg twice a day with meals and Gabapentin 300mg at bedtime, titrating up over four weeks to 600mg twice a day.

We had a long conversation with him about the dangers of analgesic rebound. He seems to understand this. We will see how he does on this regimen and I will plan to see him back again in about two to three months.

Roland L. Skinner III, MD, FAAN
RLS/sej

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Physician Associates

BARR, KENNETH L
old Male, DOB:
Number: e6g667
Home:
Guarantor: BARR, KENNETH L Insurance: BCBS STATE
GROUP Payer ID: S
PCP: R Mac Chapman, MD
Appointment Facility: McLeod Neurological Associates

10/16/2012

Roland L Skinner, MD

Current Medications
None

Past Medical History
Aneurysm
Anxiety disorder
Back pain
Osteoarthritis

Surgical History
appendectomy
carpal tunnel release
lung resection

Family History
Father: deceased, cancer
Mother: alive, Lupus, cancer

Social History
Tobacco Use:
Smoking: yes Are you a:: current smoker , How often do you smoke cigarettes?: some days, but not every day, How many cigarettes a day do you smoke?: 11-20.
Drug/Alcohol:
no Drugs.
Alcohol Points: 0.

Allergies
Cymbalta
ASA-APAP-Salicyl-Caff

Hospitalization/Major Diagnostic Procedure
see surgeries

Review of Systems
General/Constitutional:
Vision changes No. Fever no. Chills no. Sweats no.
Ophthalmologic:
Double vision no. Photophobia No.
Respiratory:
Cough no. Phelgm no. Shortness of breath no.

Reason for Appointment
1. FU/4 MONTHS

Examination
General Examination:
GENERAL APPEARANCE: Well nourished, no acute distress.
EYES: Pupils, equal, round, reactive to light and accommodation (PERRLA). Extraocular movements intact. Funduscopic, flat optic disk. Normal eye grounds .Visual acuity functionally intact. Visual fields wide to confrontation.
NECK/THYROID: Supple, no bruits.
CARDIOVASCULAR: RRR.
EXTREMITIES: Full distal pulses, no edema.
Neurological:
CORTICAL FUNCTIONS: Alert and oriented X 3. Speech fluent. Normal memory recent and remote. Normal concentration and attention span. Normal/intact fund of knowledge.
CRANIAL NERVES: II, III, IV and VI: pupils equally reactive ,normal extraocular movements and alignment to gaze, normal acuity. V: facial sensation, intact corneal reflex normal, VII: facies symmetric, facial muscles intact. VIII: hearing intact to voice. IX and X: palate midline, no dysarthria, dysphonia, or dysphagia. XI: Sternocleidomastoid and trapezius strength equal. XII: tongue midline, normal protrusion no fasciculations.
MOTOR STRENGTH: Normal strength in all extremities. Normal muscle bulk and tone. Normal stance and gait. Rhomberg normal coordination-no cerebellar signs on fingers-to-nose, heel-to-shin, rapid alternating and repetitive movements.
SENSORY: Intact to pin prick, vibration and position, gross touch graphesthesia normal both hands.
REFLEXES: Symmetrical, 2+ biceps, triceps, brachioradialis, knee and ankle jerks, plantar responses flexor.

Stegner, Larry

From: Stegner, Larry
Sent: Wednesday, July 01, 2015 2:32 PM
To: Sandifer, Christy
Subject: RE: Kenneth Barr

Mr. Barr's work classification is as a District Painter and therefor is his primary job responsibility. He paints both inside and outside depending on weather conditions and building occupancy. When painting inside, the HVAC is allowed to operate in his work space, windows and doors are allowed to opened at his discretion, Fans are available for his use and he has the purchasing authority for any personal protective equipment that he may deem necessary. In a typical 8 hour work day, he may spend less than 6 hours applying paint. The remainder of the time is spend in mobilization, setup preparations and cleanup.

From: Sandifer, Christy
Sent: Tuesday, June 23, 2015 9:57 AM
To: Stegner, Larry
Cc: Grooms, Debra
Subject: Kenneth Barr

Mr. Stegner,

In addition to the safety data sheets/information you are currently putting together on the paint that Mr. Barr uses, please also provide any information related to the extent of the exposure he had to paint, his painting assignments, and estimated time of exposure to paint in a typical work day. Any of that information would be very helpful in the claim.

Thank you so much!

Christy Sandifer
Benefits Coordinator
Darlington County School District
Phone: (843) 398-2308
Fax: (843) 398-5006
Christina.Sandifer@darlington.k12.sc.us

Stegner, Larry

From: Sandifer, Christy
Sent: Tuesday, May 26, 2015 10:39 AM
To: Stegner, Larry; Grooms, Debra
Cc: Johnson, Edneesha
Subject: Kenneth Barr

We have received an FMLA form and doctor's note for Kenneth Barr. He will begin his leave tomorrow, 5/27/15. The doctor's note is dated 5/21/15 and states he is excused from work until further notice. I indicated to Mr. Barr that the doctor (upon his July return appointment with doctor) will need to provide an anticipated return to work date, even if it is the next appointment date.

Thank you!

Christy Sandifer
Benefits Coordinator
Darlington County School District
Phone: (843) 398-2308
Fax: (843) 398-5006
Christina.Sandifer@darlington.k12.sc.us

COPY

Standard Insurance Company

800.368.2859 Tel 800.378.8053 Fax
PO Box 2800 Portland OR 97208

Disability Insurance
Employer's Statement

To Be Completed By Employer

Employee's Full Name	Social Security No.	Job Title *Please attach a copy of the job description.*	1. Date Employed
Kenneth Barr L.		Maintenance - Painter	06/01/09

Employee's Home Address: [redacted] State: ZIP:

Work Location Address: Hartsville Maintenance Shop, 401 Society Avenue, Hartsville State: ZIP:

2. Is employee insured for Short Term Disability? ☑ Yes ☐ No
Effective Date 06/01/09
Is employee insured for Long Term Disability? ☑ Yes ☐ No
Effective Date 06/01/09
Is employee insured for Group Life Insurance through The Standard? ☐ Yes ☑ No
Was employee given Certificate(s) of Insurance? ☑ Yes ☐ No ☐ Don't Know

3. Is disability work related? ☐ Yes ☑ No ☐ Undetermined

4. Has the employee filed for: Workers' Compensation ☐ Yes ☑ No
State Disability ☐ Yes ☑ No
Other _____ ☐ Yes ☑ No
Weekly Amount _____

5. Employee's Earnings $ 33,516.29
Check one ☐ Hourly ☐ Weekly ☐ Monthly ☑ Annual ☐ Commission ☐ Other
☐ Shift Differential ☐ Bonuses
Date of last increase 07/01/14 Earnings prior to increase $ 31,909.44

6. Last active date at work 05/26/15

7. Job-status when disability began: ☑ Full-time (35 hours/week) ☐ Part-time (____ hours/week)

8. Date employee returned to work

9. Last date through which sick leave benefits were paid by employer 05/27/15

10. Last date through which any compensation was paid by employer 05/29/15
What type(s) of compensation was paid on this date? Medical Leave

11. Is employee subject to:
Social Security taxes? ☑ Yes ☐ No
Medicare taxes? ☑ Yes ☐ No

12. What percentage of the STD premium does the employer pay? 0 %
What percentage of the LTD premium does the employer pay? 100 %
Are employer paid premiums included in the employee's salary? ☐ Yes ☑ No ☐ N/A
IMPORTANT: Remember to calculate the premium contribution percentage information according to the IRS Group Policy (three year averaging) rule.

13. Are employee premiums paid with pre-tax dollars (IRC Section 125 cafeteria plans)?
☐ Yes ☑ No

Employer Name	Location Code (if applicable)	Phone No.	Policy No.
Darlington County School District		843-398-2308	639013

Mailing Address	City	State	ZIP
120 East Smith Avenue	Darlington	SC	29532

Name of employer representative completing this form
Christy Sandifer, Benefits Coordinator

Acknowledgement – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 3 of this form.

Signature Christy Sandifer Date 5/26/15

COPY TO PT
JUN 1

MARSHALL A. WHITE, MD

Marshall A. White, MD
Neurology & Pain Management
LIC #: SC 13431 • DEA #: BW0514249

☐ 312 Broad Street
Sumter, SC 29150
Fax: (803) 774-7250

☐ 1275 Ben Sawyer Blvd
Mt. Pleasant, SC 29464
Tel: (843) 216-7311
Fax: (843) 388-6839

Name. Kenneth Bass DOB
Address. 21 Aug 15 Date
Rx

Migraines & memory & fatigue Loss 2° to VOC's in Paint fumes at work

☐ Label

Refill_____times PRN NR

Dispense as Written MD Substitution Permitted MD

SCRIPT 2774

Order # 1373317-1

TAMPER EVIDENT: BOX: HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR

5/8/16

Kenneth Barr.

I met on March 28, 2015 with Kenny Barr at his request. He wanted to discuss his condition of repeated headaches related to his job of being a painter. His doctor has asked him if the ac is on in the rooms that he is painting; is he allowed to open the windows: is he allowed to use a fan and is one available: is respiratory protection available and supplied ; to which he replied that yes all were available but that he did not like to paint wearing a respirator and that it was not a tank supplied. He inquired as to if there was something different he could do. I shared that there may be a grounds position available shortly and discussed what that job pays. He stated that he cannot afford to take a cut in pay.

After he returned to the shops , I learned that he had told both Darlington and Hartsville shops that there may be two vacancies within ninety days.

On May 7, 2015, I went over Kenny's evaluation with him. During which time I shared that his attendance was affecting the lack of quantity of his expected work. He is currently out of medical days and therefor when out is having to take those days as Full Deduct (no pay). I inquired about his medical condition and was told that both his doctor and neurologist both told him to stay out of exposure to VOC's . (No documentations have been furnished to the District to this effect). I asked him what he is going to do about it. He doesn't know; he has an appointment I believe on 5/21 with the doctor. I inquired about if he had discussed with the doctor regarding Social Security Disability and that that may be worth having that discussion. We also discussed the possibilities of the State Retirement Disability and placed a call to the State Retirement System to find out what the procedures were and if approved the amount he may expect to draw. He was told that he would first have to be approved for Social Security Disability and then apply to the state within 90 days of separation.

When I inquired as to what he thought he could do, he told me that that he didn't know. At that point I called a set him up an appointment with Vocational Rehab for 4:00 on 5/15/15 to be evaluated for a change in career.

Closing dealt with the fact that he either needs to find a way to be able to perform his job or to find a career that he could work without making him sick. What his evaluation shows is that the path that he is on cannot continue.

5/26/15

Kenny and Ana met with me this morning and presented a doctors excuse taking him out of work until further notice . His next appointment is in July. When I asked how his visit to Voc Rehab went, he stated that he was sick that afternoon and unable to go. He did not indicate if he had rescheduled for another

date. On Wednesday, he and Ana returned and presented another doctors excuse from Dr. White dated 5/21/15 stating "fatigue, migraines , and memory loss due to voc's in paint from work.

5/29/15
I have asked Rickey to go to Sherman Williams and get the product data sheets for the Dover White, both latex and oil based as these are the primary color and products that Kenny utilizes while painting inside.

Darlington County School District
Office of Operations
102 Park Street
Darlington, SC 29550

Draft

May 12, 2015

Dear Mr. Barr;

I appreciate you meeting with me on March 28 and again on May 7, 2015. As you noted during our March 28 meeting, that you requested, you are having trouble being able to perform your work due to headaches that you and your doctors speculate are related to your painting environment. While no doctors excuses have been provided to date to substantiate these issues and other than a doctors excuse provided Oct 17, 2012 by Dr Marshall White stating " No exposure to volatile organic compounds (including paint fumes)for 6 weeks.)", we have nothing definitive in which to substantiate this assumption. Following Dr. Whites direction, we removed you completely from your employment as a painter and placed you outside in a landscaping function while maintaining your existing salary rate.

During our discussion on March 28, you inquired if there was something else you could do. I shared I may have a grounds position that maybe becoming available. We discussed your current salary and that of the grounds position, and you concluded that you could not take that cut in pay.

During our review of your evaluation, I pointed out that while the quality of your work was excellent, the quantity was lacking due to you not being on the job. You have already exhausted your annual sick leave and are now have to take days without pay (full deduct). I inquired about your medical condition and was told that both your doctor and neurologist have told you to stay out of exposure to VOC's. You shared with the Dr. that when painting a room, the ac is on; you were allowed to open the windows, utilize a fan and also had access to canister respirators. I asked you what you were going to do about it to which you replied that you didn't know but do have an appointment with the doctor on 5/22/15. I inquired if about if you had discussed with your doctor the possibilities of Social Security Disability and that it may be worth having that discussion. When I inquired about if you cannot continue to paint, what you think you could do, you replied that you didn't know. At this point we placed a call to Vocational Rehab and set up an appointment for Friday 15 May at 4:00 to be evaluated for a change in career.

Our meeting closed with the fact that you need to find a way to be able to perform your job or to find a career that you are able to work without making you sick. What this evaluation has shown is that the path that you are on cannot continue as a painter for the Darlington County School District.

You have an appointment with Vocational Rehab on 5/15 (I expect a report on 5/18) and a visit with your doctor on 5/22 of which I expect a release to return to work as a painter without restrictions or to remove you from work permanently. I need for you to be able to perform your job at 100% or I need a resignation. Failure to receive either would result in my recommendation to the Superintendent for termination from the Darlington County School District.

DARLINGTON COUNTY SCHOOL DISTRICT

EVALUATION/RECOMMENDATION FORM
PARA-PROFESSIONAL/SUPPORT PERSONNEL

Name Kenneth Barr

Position Maintenance/Painter School/Department: Operations

I. PERFORMANCE RATINGS

RATING SCALE: (For each rating category below, the Evaluator enters the best rating appropriate to the employee's performance.)	Exceeds	Meets Requirements	Poor/ Unsatisfactory
1. QUALITY (Thoroughness, accuracy, neatness)	(1)	2	3
2. QUANTITY (Speed, diligence, consistency in output)	1	2	(3)
3. LEARNING (Mastery of duties, comprehension and retention of knowledge)	(1)	2	3
4. COOPERATION (Harmonious, effective in relationships with others)	1	2	(3)
5. ATTITUDE (Interest, satisfaction, enthusiasm for job and organization)	1	2	(3)
6. COMMUNICATIONS (Tact, effective self-expression, courteous in dealing with others)	1	2	(3)
7. DEPENDABILITY (Flexible work is on time despite pressure, needs little check/supervision)	1	2	(3)
8. INITIATIVE/SELF RELIANCE (Acts when necessary, seeks responsibility and improvement in assigned tasks and general duties)	1	2	(3)
9. ATTENDANCE (Absenteeism) Enter days absent for evaluated period 15.75	1	(2)	3
10. PUNCTUALITY (Timely in reporting at beginning of work, after lunch, and breaks)	1	(2)	3
11. SAFETY (Awareness and practice of safe work habits)	1	(2)	3
12. OTHER (Specify) Support of Employer & Fellow Employees	1	2	(3)
OVERALL PERFORMANCE (Cumulative rating of all items above)	1	2	3

II. Employee has expressed desire to continue employment: ☐ Yes ☐ No (Attach Retirement/Resignation Form)

III. RECOMMENDED: ☐ Yes Commendation beyond strengths in Section I: _____

IV. RECOMMENDED WITH CONDITIONS:
Noted weaknesses of the employee are: (Use back of sheet for additional description, if needed.)

Weakness	Corrective-Measures	Time Frame
Quantity of work	Develop plan on "How to" timely complete w/o's	Immed.
Attitude	Improve views & Comments of Employer & Employees	Immed

V. NOT RECOMMENDED: ☐ Copies of supporting documentation are attached with the Personnel File Cover Sheet.

Clearance from Personnel and the Superintendent is required before informing an employee that he/she is not recommended for continued employment.

Evaluator Signature/Position [signature] Date 5/7/15

Employee Signature X [signature] Date 5-7-15

THIS COMPLETED FORM AND THE PERSONNEL FILE COVER SHEET ARE TO BE RETURNED TO THE HUMAN RESOURCES OFFICE BY MAY 11, 2015.

Copy to PR

The Medical Group

Certificate For Return to School or Work

OCT 21 2014

DOB

Kenneth Davis

has been under my care from 10/14/14 to 10/17/14

Return date: 10/18/14

Limitations/Remarks Ø

Date: 10/17/14

Dr Mac Chapman /C. Blackwell LPN

Dr. T. James Bell, Jr.
Dr. William Powell
Dr. R. Mac Chapman
Sheri Carter, FNP

701 Medical Park Drive, Suite 305, Hartsville, SC 29550
Phone 843-339-3040 Fax 843-332-2240

The Medical Group

Certificate For Return to School or Work

DOB

Kenneth Barr

has been under my care from 10/14/14 to 10/17/14

Return date: 10/18/14

Limitations/Remarks: Ø

Date: 10/17/14

Dr Mac Chapman /C. Blackwell

Dr. T. James Bell, Jr. Dr. R. Mac Chapman
Dr. William Powell Sheri Carter, FNP

701 Medical Park Drive, Suite 305, Hartsville, SC 29550
Phone 843-339-3040 Fax 843-332-2240

The Medical Group

Certificate For Return to School or Work

Kenneth Barr

has been under my care from 10/14/14 to 10/17

Return date: 10-18-14

Limitations/Remarks: Ø

Date: 10/14/14

Dr. T. James Bell, Jr. Dr. R. Mac Chapman
Dr. William Powell Sheri Carter, FNP
701 Medical Park Drive, Suite 305, Hartsville, SC 29550
Phone 843-339-3040 Fax 843-332-2240

Darlington County School District

Request for Family and Medical Leave (FMLA)
Family and Medical Leave Act of 1993
Serious Health Condition

Form B-100

The Darlington County School District requires this form be submitted for severe illnesses resulting in absences of 3 consecutive days or more. **DOCTOR'S STATEMENTS ARE REQUIRED FOR ALL ABSENCES AFTER 3 CONSECUTIVE DAYS and afterwards, updates must be provided to the Benefits Office every 30 days.**

EMPLOYEE'S NAME: Kenny Bass SSN: ___ - ___

ADDRESS: _____

PHONE: ( ) _____ Employee's Job Title: Painter

Type of Leave (check one) ☐Continuous ☑Intermittent STARTING DATE: 10-13-14 ENDING DATE: 10-17-14

I. TYPE OF LEAVE REQUESTED: ☑PAID SICK OR VACATION LEAVE* ☐ UNPAID LEAVE*
* Unaccrued days will be at full-deduct.

II. CHECK REASON FOR LEAVE:

A. ☐ **Birth of a child,** or placement of a child with you for adoption or foster care Note: If absence is due to maternity, **newborn must be added to insurance within 31 days of birth or obtaining custody.** Call 398-2308.

B. ☑ **Serious health condition of SELF**

C. ☐ **Serious health condition of a** ☐spouse ☐child ☐parent

D. ☐Other /Please briefly explain: _____

III. SHORT TERM DISABILITY PLAN

A. ☐ Yes, I am enrolled in the Short Term Disability Plan for the district and I wish to use this plan during my absence. Plan No.____ (elimination days for the plans are: Plan 1 = 14 day Plan 2 = 29 day Plan 3 = 45 day) Please call the Benefits Office to obtain a claim form or make an appointment to discuss this Plan.

B. ☐ No, I do not wish to use my Short Term Disability Plan.

C. ☐ I am not enrolled in the Short Term Disability Plan.

IV. CERTIFIED PERSONNEL: Please note, you must be paid by the district 152 days during an academic year to receive a full year's experience. Your Short Term Disability payment does not apply to the required 152 days.

V. It is my intention to return to work at the end of this leave period.

A. ☑ Yes

B. ☐ No. Please complete a Resignation Form.

Signature of Employee: K Bass DATE: 10-20-14 LOCATION: Hartsville Maintenance

---

To be completed by Benefits Office: Eligible for FMLA ☑ Yes ☐ No

Signature of Benefits Coordinator: _____ Date_____

To be completed by Leave Specialist: Medical Leave days earned up to date of absence: _____

Medical Leave days to apply: _____ Approximated days to be docked: _____

Note: If the number of days absent changes notify Teresa Segars, Leave Specialist immediately at 398-2276 or Michelle Reynolds, Kronos Bookkeeper at 398-2312.

Signature of Leave Specialist: _____ Date: _____

After the form is completed the effected employee will receive a copy of this form advising him/her of leave status. See the reverse side for worksheet.

(revised July 2009)

DARLINGTON COUNTY SCHOOL DISTRICT

EVALUATION/RECOMMENDATION FORM
PARA-PROFESSIONAL/SUPPORT PERSONNEL

Name: Barr, Kenneth

Position: Painter School/Department: **Maintenance/Operations**

I. PERFORMANCE RATINGS

RATING SCALE: (For each rating category below, the Evaluator enters the best rating appropriate to the employee's performance.)	Exceeds	Meets Requirements	Poor/ Unsatisfactory
1. **QUALITY** (Thoroughness, accuracy, neatness)	(1)	2	3
2. **QUANTITY** (Speed, diligence, consistency in output)	1	(2)	3
3. **LEARNING** (Mastery of duties, comprehension and retention of knowledge)	(1)	2	3
4. **COOPERATION** (Harmonious, effective in relationships with others)	1	(2)	3
5. **ATTITUDE** (Interest, satisfaction, enthusiasm for job and organization)	1	(2)	3
6. **COMMUNICATIONS** (Tact, effective self-expression, courteous in dealing with others)	1	(2)	3
7. **DEPENDABILITY** (Flexible work is on-time despite pressure, needs little check/supervision)	(1)	2	3
8. **INITIATIVE/SELF RELIANCE** (Acts when necessary, seeks responsibility and improvement in assigned tasks and general duties)	1	(2)	3
9. **ATTENDANCE** (Absenteeism) Enter days absent for evaluated period 15.75	1	2	(3)
10. **PUNCTUALITY** (Timely in reporting at beginning of work, after lunch, and breaks)	1	(2)	3
11. **SAFETY** (Awareness and practice of safe work habits)	1	(2)	3
12. **OTHER** (Specify) medical condition dictated that Barr be removed from Painting function during this period. To evaluated his ability to return to Painting	1	2	(3)
OVERALL PERFORMANCE (Cumulative rating of all items above)	1	2	3

II. Employee has expressed desire to continue employment: ☑ Yes ☐ No (Attach Retirement/Resignation Form)

III. RECOMMENDED: ☑ Yes Commendation beyond strengths in Section I: _____

IV. RECOMMENDED WITH CONDITIONS:

Noted weaknesses of the employee are: (Use back of sheet for additional description, if needed.)

Weakness	Corrective Measures	Time Frame
	Absenteeism was due to illness	

V. NOT RECOMMENDED: ☐ Copies of supporting documentation are attached with the Personnel File Cover Sheet.

Clearance from Personnel and the Superintendent is required before informing an employee that he/she is not recommended for continued employment.

Evaluator Signature/Position _____ Date 5/9/14

Employee Signature X _____ Date 5-8-14

THIS COMPLETED FORM AND THE PERSONNEL FILE COVER SHEET ARE TO BE RETURNED TO THE OFFICE OF PERSONNEL

DARLINGTON COUNTY SCHOOL DISTRICT

EVALUATION/RECOMMENDATION FORM
PARA-PROFESSIONAL/SUPPORT PERSONNEL

Name **Kenneth Barr**

Position **Maintenance/Painter** School/Department: **Operations**

I. PERFORMANCE RATINGS

RATING SCALE: (For each rating category below, the Evaluator enters the best rating appropriate to the employee's performance.)	Exceeds	Meets Requirements	Poor/ Unsatisfactory
1. **QUALITY** (Thoroughness, accuracy, neatness)	(1)	2	3
2. **QUANTITY** (Speed, diligence, consistency in output)	1	(2)	3
3. **LEARNING** (Mastery of duties, comprehension and retention of knowledge)	(1)	2	3
4. **COOPERATION** (Harmonious, effective in relationships with others)	(1)	2	3
5. **ATTITUDE** (Interest, satisfaction, enthusiasm for job and organization)	(1)	2	3
6. **COMMUNICATIONS** (Tact, effective self-expression, courteous in dealing with others)	(1)	2	3
7. **DEPENDABILITY** (Flexible work is on time despite pressure, needs little check/supervision)	(1)	2	3
8. **INITIATIVE/SELF RELIANCE** (Acts when necessary, seeks responsibility and improvement in assigned tasks and general duties)	1	(2)	3
9. **ATTENDANCE** (Absenteeism) Enter days absent for evaluated period 15	1	2	(3)
10. **PUNCTUALITY** (Timely in reporting at beginning of work, after lunch, and breaks)	1	(2)	3
11. **SAFETY** (Awareness and practice of safe work habits)	1	(2)	3
12. **OTHER** (Specify) Injuries have prevented him from producing the Quality of work needed	(1)	2	3
OVERALL PERFORMANCE (Cumulative rating of all items above)	1.5	2	3

II. Employee has expressed desire to continue employment: ☑ Yes ☐ No (Attach Retirement/Resignation Form)

III. RECOMMENDED: ☑ Yes Commendation beyond strengths in Section I: _____

IV. RECOMMENDED WITH CONDITIONS:
Noted weaknesses of the employee are: (Use back of sheet for additional description, if needed.)

Weakness	Corrective Measures	Time Frame

V. NOT RECOMMENDED: ☐ Copies of supporting documentation are attached with the Personnel File Cover Sheet.

Clearance from Personnel and the Superintendent is required before informing an employee that he/she is not recommended for continued employment.

Evaluator Signature/Position _____ Date 5/16/13

Employee Signature _____ Date _____

THIS COMPLETED FORM AND THE PERSONNEL FILE COVER SHEET ARE TO BE RETURNED TO THE HUMAN RESOURCES OFFICE BY MAY 10, 2013

DARLINGTON COUNTY SCHOOL DISTRICT

EVALUATION/RECOMMENDATION FORM
PARA-PROFESSIONAL/SUPPORT PERSONNEL

Name **Kenneth Barr**

Position **Maintenance/Painter** School/Department: **Operations**

I. PERFORMANCE RATINGS

RATING SCALE: (For each rating category below, the Evaluator enters the best rating appropriate to the employee's performance.)	Exceeds	Meets Requirements	Poor/ Unsatisfactory
1. **QUALITY** (Thoroughness, accuracy, neatness)	(1)	2	3
2. **QUANTITY** (Speed, diligence, consistency in output)	1	(2)	3
3. **LEARNING** (Mastery of duties, comprehension and retention of knowledge)	(1)	2	3
4. **COOPERATION** (Harmonious, effective in relationships with others)	(1)	2	3
5. **ATTITUDE** (Interest, satisfaction, enthusiasm for job and organization)	(1)	2	3
6. **COMMUNICATIONS** (Tact, effective self-expression, courteous in dealing with others)	(1)	2	3
7. **DEPENDABILITY** (Flexible work is on time despite pressure, needs little check/supervision)	(1)	2	3
8. **INITIATIVE/SELF RELIANCE** (Acts when necessary, seeks responsibility and improvement in assigned tasks and general duties)	1	(2)	3
9. **ATTENDANCE** (Absenteeism) Enter days absent for evaluated period 15	1	2	(3)
10. **PUNCTUALITY** (Timely in reporting at beginning of work, after lunch, and breaks)	1	(2)	3
11. **SAFETY** (Awareness and practice of safe work habits)	1	(2)	3
12. **OTHER** (Specify) Injuries have prevented him from producing the Quality of work needed	(1)	2	3
OVERALL PERFORMANCE (Cumulative rating of all items above)	1.5	2	3

II. Employee has expressed desire to continue employment: ☑ Yes ☐ No (Attach Retirement/Resignation Form)

III. RECOMMENDED: ☑ Yes Commendation beyond strengths in Section I: _____

IV. RECOMMENDED WITH CONDITIONS:

Noted weaknesses of the employee are: (Use back of sheet for additional description, if needed.)

Weakness	Corrective Measures	Time Frame

V. NOT RECOMMENDED: ☐ Copies of supporting documentation are attached with the Personnel File Cover Sheet.

Clearance from Personnel and the Superintendent is required before informing an employee that he/she is not recommended for continued employment.

Evaluator Signature/Position _____ Date 5/16/13

Employee Signature _____ Date _____

THIS COMPLETED FORM AND THE PERSONNEL FILE COVER SHEET ARE TO BE RETURNED TO THE HUMAN RESOURCES OFFICE BY MAY 10, 2013

DARLINGTON COUNTY SCHOOL DISTRICT

EMPLOYEE INFORMATION FORM

PERSONNEL RECORD OF:

1. Name as it appears on social security card

   Barr Kenneth Lee S.S.# _____
   (Last) (First) (Middle)

2. Name Frequently Used Ken or Kenny

3. Your Home Mailing Address:

   _____
   (Street)

   _____ _____ _____
   (City) (State) (Zip)

4. ~~Home~~ Cell Telephone # ( ) _____

5. Email address ✓

6. Are you retired with SC Retirement System? ✓ TERI Program? _____
   (Date of Retirement) *(Date TERI Ends)*

7. Position (Area/Grade Level, etc.) ✓ Location ✓

8. Degree Level (HS, B, B+18, M, etc) ✓ College/University ✓

9. # Years Experience ✓ (please indicate full-time experience)

10. SC Certificate # ✓ State Certified (SC, etc.) ✓

11. Birthdate: _____

12. Please Check: Single _____ Married ✓ Male ✓ Female _____

13. In Case of Accident, Notify:

    a. Anna T. Barr *(Name)* _____ *(Telephone #)*

    b. Mary Louise Barr *(Name)* _____ *(Telephone #)*

14. Spouse's Name Anna

15. Spouse's Work Telephone # _____

Kenneth Lee Barr *(Signature of Employee)* 5-27-09 *(Date)*

Occupational & Environmental Medicine

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BMJ

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doi: 10.1136/oem.2005.022400

PMCID: PMC2078137

Solvent neurotoxicity

F D Dick

Correspondence to: Dr F Dick
Department of Environmental & Occupational Medicine, Institute of Applied Health Sciences, School of Medicine, University of Aberdeen, Liberty Safe Work Research Centre, Foresterhill Road, Aberdeen AB25 2ZP, UK; mailto:f.dick@abdn.ac.uk

Keywords: solvents, neurotoxicity

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Organic solvents are widely employed in industry and are used in large quantities across the world. A solvent can be defined as "a liquid that has the ability to dissolve, suspend or extract other materials, without chemical change to the material or solvent".[1] Organic solvents are so widely used in the modern world as to be ubiquitous and are employed in paints, pharmaceuticals, degreasants, adhesives, printing inks, pesticides, cosmetics, and household cleaners. Commonly used solvents include, isopropanol, toluene, xylene, solvent mixtures such as white spirits and the chlorinated solvents, methylene chloride, trichloroethylene, and perchloroethylene. In Europe alone, approximately 300 000 metric tonnes of chlorinated solvents are sold each year. The United Kingdom's Health and Safety Executive estimate that 8% of the working population regularly use organic solvents.[1] The largest end user is the coatings industry where solvents play an important role in the quality and durability of paints and varnishes. The volumes of organic solvents used in some industries, for example dry cleaning, are declining, largely due to equipment and process improvements. Increasingly solvents are recovered and recycled, partly in response to environmental controls on volatile organic compound (VOC) discharges.[2] In addition, environmental legislation has led to a growth in the use of water based paints both in North America and in Europe at the expense of more traditional, solvent based coatings.[3] The Montreal Protocol of 1987 was a landmark in environmental regulation[4] and led to the production of a number of ozone depleting solvents being restricted or phased out. The protocol arose from concerns about the adverse impact of some solvents, including chlorofluorocarbons, on tropospheric ozone. Recently, 1-bromopropane, a solvent introduced to replace ozone depleting agents such as 1,1,1-trichloroethane (methylchloroform), has been shown to be neurotoxic in humans.[5,6]

Solvents are volatile agents and, in general, occupational exposures occur by inhalation of solvent vapour (table 1). However, as discussed in a previous article[7] in this series, dermal exposure is important in some industries such as painting (see fig 1) and industrial degreasing. Dermal uptake may contribute a significant fraction of the total body burden of solvents in workers employed in these sectors; Semple gives the example of a worker whose dermal exposure to the solvent xylene would contribute more than 50% of their total body burden.[7]

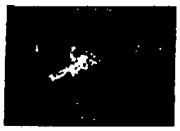
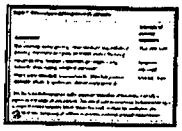


Figure 1 Industrial spray painters may have significant dermal exposure to solvents. This is due both to overspray and to the use of solvents such as white spirits as cleaning agents. Note the paint mist shown here during spray painting inside ...

Table 1 Occupations with exposure to solvents



Acute health effects

Go to:

The acute health effects of organic solvents reflect their central nervous system effects and include headache, dizziness, and light-headedness progressing to unconsciousness, seizures, and death.[8] Eye, nose, and throat irritation may also occur with exposure to solvent mixtures.[9] Abuse of organic solvents remains a problem, especially among deprived youngsters who use lighter fuel, glues, and household chemicals to obtain a "high". While the abuse of adhesives has declined over time, other agents of abuse, such as butane lighter fuel, have increased as a proportion of all volatile substance abuse deaths.[10] Every year in the United Kingdom around 65 children die following such abuse.[11] From an occupational perspective workplace solvent exposure may progress to abuse in some workers.[12]

The hazards of acute exposure are well recognised but fatalities still occur where poor working practices create the conditions for intense exposure in confined spaces. In the United Kingdom six people died between 1985 and 1996 in incidents involving solvent degreasing tanks (see fig 2). A failure to appreciate the volatile nature of solvents and to take appropriate precautions can lead to a risk of fire and explosion. A number of tragedies have occurred where an ignition source has been used in a confined space in close proximity to solvent vapour with predictable, and sometimes fatal, results.



Figure 2 An industrial degreasing tank containing methylene chloride. This tank is fitted with a roller cover to reduce solvent vapour release into the work environment during operation. A number of workers have died when safe systems of work ...

Long term health effects

Go to:

A number of long term adverse effects of solvents have been described including leukaemia in benzene exposed workers,[13] scleroderma[14] (mixed solvents), and renal cancer in those exposed to chlorinated hydrocarbons.[15] While the association between benzene and leukaemia is well established, other solvent effects, such as those on the nervous system, are more controversial.[16] Early studies in Scandinavia suggested that long term, high level, solvent exposure might be associated with a syndrome of personality change, memory impairment, and neurological deficits variously termed chronic toxic encephalopathy (CTE), the psycho-organic syndrome or solvent neurotoxicity. Some termed this "Danish painter's syndrome" although there was little evidence that the syndrome was so restricted, either by geography or occupation. Several early studies had methodological flaws and have since been heavily criticised.[17] Weaknesses of these studies included poor quality exposure surrogates such as *ever/never* exposed and a failure to adjust for confounders such as age or pre-morbid IQ. It seems likely that some studies had significant biases and early attempts to reproduce these findings out with Scandinavia were unsuccessful,[18,19] casting doubt on the existence of this syndrome.

One of the many difficulties with early research into solvent neurotoxicity was the lack of an agreed definition of the syndrome. The Nordic Council of Ministers and the World Health Organisation sponsored a conference in 1985 in Denmark that produced a definition of solvent neurotoxicity, which was subsequently revised at a meeting in North Carolina later that year[20] (see table 2). These criteria are important not only for researchers but also for clinicians for several reasons. If a diagnosis of solvent neurotoxicity is established then withdrawal from exposure can prevent further harm to the individual worker. Secondly, these criteria indicate likely prognosis and so are helpful in advising both the worker and their primary care physician. Thirdly, such a diagnosis can alert the employer to the need for improved workplace hygiene measures and so protect other workers.

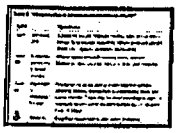


Table 2 Categorisation of solvent neurobehavioural effects[20]

Understandably there was considerable concern in the 1980s that solvents might affect workers' health. The Orebro Q16 questionnaire[21] was developed in response to the need for a tool to help occupational physicians identify those exposed workers requiring specialist assessment. Two validation studies carried out in the late 1990s found poor agreement between Q16 scores and psychometric test performance, so calling into question the Q16's use as a screening tool.[22,23]

More recent, well designed studies suggest that in heavily exposed workers, solvents may have subtle effects on cognitive function.[24] The cognitive domains affected by solvent exposures include attention, verbal memory, and visuospatial skills.[25,26] There is some evidence that solvent neurotoxicity is commoner among those with at least 10 years of occupational exposure to solvents. Whether the important determinant of adverse effects is the lifetime (cumulative) exposure, the intensity of exposure or peaks of exposure remains unclear. An area for further research is the development of better estimates of peak exposures to address this question.

The mechanism by which solvent mixtures exert their adverse effects on the nervous system is uncertain but it is suspected that the metabolism of solvents to toxic intermediates may be important. Attempts to identify the responsible agent are made more difficult as many workers are exposed to industrial grade solvent mixtures of varying composition and purity. The heterogeneous nature of the chemicals classified as solvents[8] poses a problem when comparing the many studies of solvent health effects. There is some evidence that genetic polymorphisms affecting the activity of enzymes that metabolise foreign chemicals may influence the risk of solvent neurotoxicity.[27]

Investigation and management of suspected solvent neurotoxicity

Go to:

One challenge in assessing an individual who may have solvent neurotoxicity is to exclude other illnesses that can present with a similar clinical picture. For example, non-specific symptoms such as fatigue are very common and a number of conditions may be confused with type 1 solvent neurotoxicity (see table 2), such as depression or chronic fatigue syndrome. The diagnosis of solvent neurotoxicity is essentially one of exclusion. The occupational physician should suspect solvent neurotoxicity in a worker who reports such symptoms and has a history of heavy exposure to organic solvents through either their work or hobbies. A detailed occupational history focusing on exposure to solvents is required. History of acute solvent intoxication, for example one or more episodes of unconsciousness, indicates poor workplace controls and suggests heavy exposure. Compliance with occupational exposure limits for solvents may not be sufficient to protect all workers from long term adverse effects.[28]

Neuropsychological assessment is helpful in assessing reports of cognitive difficulties and can assist in identifying those with "pseudo dementia" due to depression. A neurological examination together with nerve conduction tests, where peripheral neuropathy is suspected, and magnetic resonance imaging (MRI) of the brain may be helpful in establishing the diagnosis. Brain imaging is useful, both in excluding other neurological conditions, and in identifying cerebral atrophy[29] or white matter lesions,[30] radiological changes that have been described in individuals with solvent neurotoxicity.

Management of an established case of solvent neurotoxicity is unsatisfactory as treatment is largely symptomatic. Withdrawal from further exposure is essential to prevent disease progression. The use of anxiolytics can be helpful in alleviating psychological distress, and antidepressants and psychological support can be beneficial if the worker is depressed.

The prognosis for solvent neurotoxicity is dependent on its severity. Mild cases (type 1) will usually resolve with removal from exposure, but in more severe cases (for example, type 2B), if exposure ceases the condition does

not progress but equally may not improve.[31,32] There is some evidence that the number of workers newly diagnosed as suffering from solvent neurotoxicity has declined over the last two decades.[8,33] Improved workplace controls mean fewer workers are heavily exposed to solvents than in the past, and the declining incidence of solvent neurotoxicity in Europe and North America is encouraging. However, workers in organisations that lack an effective health and safety culture remain at risk.

Neurodegenerative diseases and solvents

Go to:

There has been concern that a number of neurodegenerative diseases might be associated with heavy workplace exposure to organic solvents. However, given the widespread use of solvents, such associations may simply be chance occurrences. Nonetheless the public health implications of such effects, if proven, would be considerable.

Parkinson's disease (PD) is a movement disorder that has been associated with solvent exposure in a number of studies,[34,35,36] although the evidence is not compelling. Perhaps the most persuasive study to date was a study of unusual design[37] which found that solvent exposed PD patients were on average three years younger and were less responsive to L-dopa than unexposed patients with PD.

Essential tremor (ET) is the commonest movement disorder, is of unknown aetiology, and affects between 1% and 2.2% of the population over the age of 60 although it may be over-diagnosed.[38] In severe cases the disease can lead to job change or early retirement.[39] Solvent exposures have been suggested as a possible risk factor for ET, although a large American study failed to show any association.[40]

The commonest neurodegenerative disease is Alzheimer's disease. Job title (which can be viewed as a crude marker for exposure) and solvent exposure have been studied as risk factors for Alzheimer's disease but with conflicting results. While some studies suggest that blue-collar work[41,42] or solvent exposures[43] are risk factors, others do not.[44,45] It may be that solvent exposure is a marker for low pre-morbid intelligence that is, itself, a risk factor for dementia.[46]

Motor neurone disease (MND) or amyotrophic lateral sclerosis (ALS) is a neurodegenerative disease with an incidence of 1–2 cases per 100 000 people per year and a lifetime prevalence of 0.1 per 1000 of the UK population.[47] Many of the criticisms of studies of solvents as risk factors for Alzheimer's disease can be levelled at the small number of studies of solvent exposures as risk factors for MND. These include low quality exposure estimation,[48,49] imprecise diagnostic criteria,[49] and study of prevalent[48] rather than incident cases. A recent UK case-control study that employed death certificate data from an occupational pension scheme together with occupational histories failed to show an association between solvent exposed employment and MND.[50] Even the best designed incident studies[51,52] have given conflicting results.

Multiple sclerosis (MS) has been linked to solvent exposure in a number of case reports[53] and case-control studies.[54,55,56] A Swedish meta-analysis[57] generated a pooled relative risk (RR) of 1.7–2.6 for solvent exposures and MS. However, a subsequent cohort study in Denmark[58] failed to find any evidence of an association, although that study employed occupation at cohort inception as a surrogate for solvent exposure. This imprecise marker of occupational solvent exposure may have obscured any association. On the other hand, some positive studies may have been confounded by other factors that have, themselves, been linked to MS (for example, sunlight exposure).[59] A large prospective study might clarify whether solvents are, indeed, risk factors for MS.

One difficulty is that several of these neurodegenerative conditions (for example, Parkinson's disease) are not single disease entities but a heterogeneous group of clinically similar conditions. It may be that some individuals have solvent induced neurodegeneration but these are lost among the majority of sufferers whose condition is not due to solvents.

Peripheral neuropathy and solvents

Go to:

There is strong evidence that some solvents may cause peripheral neuropathy. Clinically this presents with symptoms in the feet and lower legs before progressing to involve the hands. Symptoms are those of a

sensorimotor neuropathy with altered sensation, loss of vibration perception, impaired proprioception leading to impaired balance, and distal muscle wasting. The most researched agent is *n*-hexane (the *n* stands for "normal" hexane to distinguish it from the isoforms of hexane, 3-methyl pentane, 2-methyl pentane, and 2,3-methyl butane) which has been associated with outbreaks of peripheral neuropathy in furniture manufacture,[60] printers,[61] and shoe makers.[62] Methyl *n*-butyl ketone was shown to be neurotoxic following an outbreak of peripheral neuropathy in an Ohio textile printing plant.[63] Subsequent animal studies showed that *n*-hexane and methyl *n*-butyl ketone share a common neurotoxic metabolite, 2,5-hexanedione.[64] There is some evidence that commonly used ketones (acetone, methyl ethyl ketone, and methyl isobutyl ketone) may potentiate the toxicity of *n*-hexane and other solvents, a finding that raises doubts about the widely used method of calculating mixed solvent exposures based on the additivity of exposures.[65] Other solvents have been implicated as peripheral neurotoxins including carbon disulphide,[66] styrene,[67] and 1,1,1-trichloroethane.[68] The evidence for these latter associations is relatively weak; given the wide usage of some of these substances many more cases of peripheral neuropathy might be anticipated.

Special senses and solvents

Go to:

The special senses, taste, sight, and smell may be affected by exposure to solvents. Many, but by no means all, studies have found mild acquired colour vision losses in solvent exposed workers.[69] The impairment is generally subtle, and affected workers are typically unaware of altered colour perception. Unlike congenital colour "blindness", which is commoner in men and is usually a protan or deutan defect (red–green colour blindness), acquired colour vision losses are frequently tritan, sometimes termed "blue–yellow" loss. These tritan losses may progress to affect red–green colour vision. The practical relevance of such sub-clinical effects is questionable and at present these findings remain in the realm of research.

Key points

- Inhalation is the main exposure route for organic solvents
- Dermal exposure to certain solvents may be an important exposure route in some work settings
- Heavy, long term, exposure to solvents is associated with subtle neuropsychological effects
- Solvents, such as styrene, may cause sub-clinical colour vision losses
- Solvents affect hearing and may act synergistically with noise exposures

Altered sense of smell has been described in solvent exposed groups.[70] Anosmia may have an impact on safety where workers lose the ability to detect chemical releases.

Animal studies using rats have found that some solvents are ototoxic,[71] and co-exposures to noise and solvents lead to greater hearing loss than would be expected due to noise exposure alone.[72] The difficulties of replicating these studies in humans are considerable, not least owing to problems in the retrospective estimation of noise exposure. Nonetheless epidemiological studies have shown that some aromatic solvents may act synergistically with noise to impair hearing in exposed workers.[73,74,75]

Prevention of solvent neurotoxicity

Go to:

Good occupational hygiene practice is the mainstay of managing solvent exposures: substitution with water based agents, engineering controls such as adequate local exhaust ventilation, administrative controls (for example, supervisors ensuring the storage of solvents in sealed containers when not in use), worker education, and finally the use of appropriate personal protective equipment that is fit for purpose. Monitoring of workers' solvent exposure by personal sampling and biological surveillance may be indicated.

Conclusion

Go to:

Heavy solvent exposure is associated with a number of adverse effects including mild cognitive impairment, hearing loss, and sub-clinical colour vision deficits. Whether these agents are risk factors for neurodegenerative diseases is less clear. Solvents are, and will remain, important agents in the workplace. Occupational physicians should continue to urge employers and the self-employed to adopt appropriate control measures to minimise solvent exposures and so protect health and safety.

Acknowledgements

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QUESTIONS (SEE ANSWERS ON P 179)

Go to:

Please indicate if the following statements are true or false.

1. Acute effects of solvents include:
    a. Photophobia
    b. Urticaria
    c. Nausea
    d. Dizziness
    e. Headache
2. Long term exposure to solvents may cause:
    a. Mild cognitive impairment
    b. Impaired balance
    c. Altered sense of smell
    d. Hearing loss
    e. "Pseudo dementia"
3. Long term solvent exposure is associated with:
    a. Acquired deutan colour vision loss
    b. Macular degeneration
    c. Congenital colour vision loss
    d. Achromatopsia
    e. Acquired tritan colour vision loss
4. Exposure to *n*-hexane may cause:
    a. Impaired vibration perception
    b. Hyperaesthesia
    c. Tingling in the feet
    d. Proximal muscle wasting
    e. Impaired proprioception
5. Control measures to reduce solvent exposures include:
    a. Improved general ventilation
    b. Substitution of solvent based paints with water based paints
    c. Use of nuisance dust masks
    d. Provision of suitable gloves
    e. Use of non-solvent hand cleansers

Footnotes

Go to:

Competing interests: none declared

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