

FORM 18
PETITION FOR A WRIT OF CERTIORARI TO THE
SUPREME COURT

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM COLUMBIA COUNTY
Court of Appeals

Thomas C. Huff, Judge
Paula H. Thomas, Judge
John D. Geathers, Judge

Appellate Case No. 2021-001182

Alicia M. Ruffin,

Petitioner,

Builders First Source,
Liberty Mutual Insurance Corporation,
Amanda Neely, Esquire
Mary-Kate Littlejohn, Esquire

Respondent.

PETITION FOR A WRIT OF CERTIORARI

Alicia M. Ruffin
563 Duncan Station Drive
Duncan, South Carolina 29334
(864) 814-8350
Petitioner, *Pro SE*

Other Counsel of Record:
Amanda Neely
325 Rocky Slope Road, Suite 201
Greenville, South Carolina 29607
(864) 272-2668
Attorney for Respondent

Mary-Kate Littlejohn
325 Rocky Slope Road, Suite 201
Greenville, South Carolina 29607
(864) 272-2668
Attorney for Respondent

RECEIVED

Nov 02 2021

SC Court of Appeals

Table of Content

Certificate of Counsel.....	1
Question Presented.....	1
Statement of the Case.....	1
Arguments	
1. PETITIONER DID PROPERLY AND TIMELY SERVE THE ATTORNEY ON RECORD REPRESENTING THE INTEREST OF BUILDERS FIRST SOURCE/LIBERTY MUTUAL.	
2. THE COURT OF APPEAL SHOULD HAVE RULED THAT MATERIAL FACTS OR PRINCIPLE OF LAW HAD BEEN EITHER OVERLOOKED OR DISREGARDED BY THE WORKERS' COMPENSATION COMMISSION.....	2-5
Conclusion.....	5
Oath.....	6
Certificate of Service.....	7

Evidence

Liberty Mutual Award Check.....	1-2
Mary Kate Littlejohn (Amanda Neely's Maternity Notice).....	3
Atty. Neely's "Exhibit A" to Workers' Comp. Comm.....	4
Petitioner's Actual Email Copy.....	5-6
Atty. Neely's Altered Copies.....	7-9
Enlarge Copy of Altered Medical Record.....	10
Marlayda Woods Notarized Statement.....	11
Amanda Neely's Subpoena Request for GRMH Medical Records.....	12
Greenville County Index.....	13

Supporting Evidence.....	14
Workers' Compensation Denial Decision for "Motion to Reinstate".....	18-21
Table of Content	
Shawnee Debruhl's assigning Venue emails.....	22-27
PA, William Sean Irving office visit 04/12/2019.....	28-31
04/12/2019 ER Visit.....	32-39
05/01/2019 Dr. David Mitchell Office visit.....	40-42
Dr. Matthew Terzella EMG Study.....	43-44
06/19/2019 ER Visit (EMG Injury).....	45-54
Dr. Sung Han EMG Evaluation.....	55
Marie Warner-Smith-Liberty Mutual Adjuster (Settlement Negotiations).....	56
Jimmy Winders, Dept. of Insurance email.....	57
Honna Williams, Liberty Mutual Admission compensable responsibility.....	58-59
Liberty Requirements for MMI/Settlement Negotiations.....	61-63
Dr. Sung Han statement (Dr. Charles Kanos placing Petitioner at MMI).....	64
Dr. David Mitchell (Doctor Notes) 07/26/2016.....	65-67
Dr. David Mitchell's (Neurology Consult Referral).....	68
Dr. David Mitchell's Deposition.....	69-70
Dr. Charles Kanos IME Report.....	71-78
Petitioner Wrist ER Visit.....	79
Dr. Charles Kanos 14 B Statement.....	80
Dr. Charles Kanos IME cover sheet.....	81
Dr. Charles Kanos Transcribed Deposition for Attorney Amanda Neely.....	82-85
Dr. Laura Mason, Neurology (Doctor Notes).....	86-90
Dr. Fawne Woosley, PA (Current Treating Physician).....	91-94

Table of Contents

Dr. James Way, Ph.D (Psyche Evaluation).....	95-98
Builders First Source 06/17/2019 Termination letter.....	99
South Carolina Department of Employment and Workforce Denial Benefits.....	98-100
Liberty Mutual TTD Payment Spreadsheet.....	101
Petitioners pictures of injury included and 07/26/2019 Office Visit audio recording.....	

CERTIFICATE OF COUNSEL

Petitioner certifies that Petition for Rehearing was made and finally ruled on by the Court of Appeals on September 13, 2021.

QUESTIONS PRESENTED

1. Did the Court of Appeals err in deciding that Attorney Amanda Neely was not properly and timely serve?
2. Did the Court of Appeals err that material fact or principle of law had not been overlooked or disregarded by the Workers' Compensation Commission?

STATE OF THE CASE

On September 13, 2021, the Court of Appeals denied the Petitioner's request for a Re-hearing because the Respondent, Atty. Amanda Neely stated to the Court of Appeals that she was not properly served in a timely manner. On October 12, 2021, The petitioner received a Motion Request to Certify Form 19, that was submitted to the Worker's Compensation Commission. In the motion, was an award check that was printed to: "(Alicia Ruffin) (C/O WJC&B-Mary Kate Littlejohn) (P.1). Mary-Kate Littlejohn was the attorney the petitioner served to request a Re-hearing, because Mary-Kate Littlejohn informed the petitioner by email that Amanda Neely was out on maternity leave (P.3); these are changes that should have been revealed to court as well as the Petitioner. All email communications was conducted between the Paralegal for Mary-Kate Littlejohn (Geri Lell), Attorney Mary-Kate Littlejohn and the Petitioner only. On October 19, 2021, Atty. Neely submitted to the Workers Compensation Commission an Amended Motion to Certify Form 19 and in it she included an email as evidence that appeared to be altered to include her name header "**Amanda E. Neely**" (P.4) and in the email address caption, "**To:**" The email domain for Geri Lell is missing. <gllell@wjcblaw.com> (P. 5-6) In order for Geri Lell to receive an email from the Petitioner; her email must be included or the email is undeliverable. Other evidence in the past has been altered by Atty. Neely; she was allowed to shrink evidence to the smallest font to be given to Petitioner. In order to obscure evidence.(P.7-12)

The Discharge Instruction Receipt on pg. 9 is enlarged and is on pg.10. The Petitioners medical record information has been attached to her daughter's signature. Statement is on page 12. Also, note at the bottom of page 10. That evidence was "Prepared in December 12, 2011". Atty. Neely was in law school in Florida in 2011. The Subpoena states that the evidence was requested on October 10, 2019.(P.12) According to the Greenville County Index, those records were destroyed on May 19,2016.(P.13) The only other person that had this information was Atty. Neely's Co-Counsel Atty. Kyle Thompson. He was serving the interests of Gieco in a 2011 MVA; while working for a Clawson and Staubes, LLC of Greenville, SC. Without my permission, those records were given to Atty. Neely.

At the January, 6, 2021 Pre-Hearing before Commissioner Barden, of 203 pages of evidence (P.14-17); 200 pages was either missing doctor's signatures, attestation statements, or had additional writing that was not initialed or dated and/or have the appearance of being cut and pasted together. This was reported to the Commission and the evidence was still allowed.

Atty. Amanda Neely is currently In Contempt of the December 10, 2020 order by Workers' Compensation Commission, Commissioner T. Scott Beck. Atty. Neely waited until after the September 13, 2021 decision from the Court of Appeals to mention the check awarded to the Petitioner; after the check was voided due to it's expiration.

The reason the Petitioner requested a Re-Hearing was for the Workers Compensation Commission violation of Procedural Due Process. (P.18-20) Please note the date of the "Denial" (____,2020) According to the statement, (P.18) that the Petitioner received the "Motion for Reinstatement" was denied before it was sent to the Commission on January 22, 2021, the request was denied without written reason or cause for the decision. According to the Executive Director, Gary Cannon,(P.20) "The Order you received denying your Motion for Reinstatement is the only document issued by the Commission in this matter. There are no documents that are associated with the Judicial Conference Decision and Order in this Matter."

ARGUMENT

1. DID THE COURT OF APPEALS ERR IN DECIDING THAT ATTORNEY AMANDA NEELY WAS NOT PROPERLY AND TIMELY SERVED?

Under Professional Responsibility Rule 4.3, "When the lawyer knows or reasonably should know that the unrepresented person misunderstands the lawyer's role in the matter, the lawyer shall make reasonable efforts to correct the misunderstanding." The Petitioner has not received any emails or correspondences from Attorney Neely since 2020. The Rebuttal to Petitioner's "Motion for Reinstatement" was by Mary-Kate Littlejohn. The enclosed emails and notice of Atty. Neely's Maternity Leave was by Mary-Kate Littlejohn and her Paralegal, Geri Lell. Liberty Mutual insurance company for Builders Firstsource acknowledged who or whom was representing their interests at the time in question and printed the name of the individual serving their interests. And at no time did they see the need to re-print the award check. No efforts were attempted to clarify this matter. Allowing the Court of Appeals to be misled to believe, that Attorney Neely was not properly served.

2. DID THE COURT OF APPEALS ERR THAT MATERIAL FACTS OR PRINCIPLES OF LAW HAD NOT BEEN OVERLOOKED OR DISREGARDED?

Under Section 16-9-10 (A)(1) and Section 16-9-10 (A) (2). “It is unlawful for a person to willfully give false, misleading, or incomplete testimony under oath in any court of record, judicial, administrative, or regulatory proceeding in this State.” By altering the evidence as identified as “Exhibit A”, this act should be acknowledged as “Tampering with Evidence” in order to mislead the court, into not granting the Petitioners request for a Re-hearing. It was reported to the Commission on September 15, 2020 of Attorney Neely, tampering with evidence prior to the September 16, 2020 hearing; by deliberately (shrinking) the Petitioner’s copy of evidence to obstruct/conceal evidence from viewing. **(P.21)**

Petitioner would like to place on record that from April 2020 until August 2020; the assistant to Commissioner T. Scott Beck, Mrs. Shawnee Debruhl continuously gave orders directing the Petitioner to appear in Court in Rock Hill, SC **(P.22-27)**. During this time was close to the beginning of the COVID-19 out break. The Petitioner gave medical reasons as to why she would not be able to make the trip to Rock Hill. CRPS has an autoimmune component where the patient can be immunocompromised. The Petitioner symptoms displayed that possibility during Physical Therapy treatment with Garber Physical Therapy. The Petitioner developed very painful skin lesions, severe swelling and flu-like symptoms **(Pictures enclosed)** after heavy exertion and treatment. The Petitioner made repeated requests for the hearing venue to remain in Spartanburg, where the Pre-Hearing took place on January 6, 2020. Scheduling for the Commissioners as to where they will be presiding; happens 2 -3 months in advance. The Petitioner was told July 2020, that the hearing was still going to be conducted on August 28, 2020 in Rock Hill, SC. But Commissioner Beck was scheduled to preside in Orangeburg, SC; on August 28, 2020. After, Petitioner appealed to the attention of all the Commissioners by way of email asking the reason for scheduling someone disabled to travel to Rock Hill, SC; while the Commissioner is presiding in Orangeburg, SC. The venue was finally scheduled for video conference on September 16, 2020. In violation of Canon 2 Code of Judicial Conduct, “A judge shall perform the duties of judicial office impartially,* competently, and diligently.” The actions of the Commissioner served the interest of the Defendant; since she was the only one that expressed that she could attend the hearing in Rock Hill.

The violation of SC Section Code 42-15-70, “liability of employer for medical treatment, effect of malpractice.” On 04/12/2019, Petitioner suffered injury by PA, William Sean Irving. Dr. David Mitchell was the supervising physician. PA Irving forcefully jerked the Petitioner’s neck towards her right shoulder during an exam and failed to document it.**(P.28-31)** Petitioner had to go to the ER. **(P.31-39)** Dr. David Mitchell documented the removal of the collar in the office on 05/01/2019 **(P.40-42)** And on June 6/19/2019, the Petitioner was injured by the EMG study performed by Dr. Matthew Terzella from Piedmont Physical Medicine & Rehabilitation, PA. The Petitioner was (Zapped) twice by electricity. **(P.43-44)** After the doctor ran into the hallway and cried leaving the patient alone with her husband and 3 grandchildren. The husband found another patient in the hallway to help the Petitioner in the car for my husband to take her to the ER. All the muscles on the left side of the Petitioners body had severely contracted and locked. To the point, she was in so much pain; she passed out. **(P.45-55)** The ordering physician, Dr. Sung Han had said about the test, “Could not tolerate EMG. It was very incomplete.”**(P.56)**

On July 26, 2019, the Insurance Adjuster for Liberty Mutual, Marie Warner-Smith was interested in a settlement agreement. August 25, 2020, the Petitioner received an email from Mr. Jimmy Winders, Insurance Regulatory Analyst for the South Carolina Department of Insurance, that he spoke with Mrs. Honna Williams, Claims Team Manager for Liberty Mutual and **(P.57)**. According, to his statement, "it appears there is disagreement over the severity of your injuries and the amount to settle your claim. On **(P.58-60)** Honna Williams, the Claims Team Manager states, "Mrs. Ruffin sustained a compensable injury to her lower back and her cervical spine when the truck she was driving, hit a pothole going through a rough area." Honna Williams, Claims Team Manager from Liberty Mutual, told Mr. Winders, that the (Petitioner) said she was injured when the EMG was administered. She indicated she was placed at MMI by Dr. Mitchell and Dr. Han." Mrs. Williams email dated August 27, 2020 says, "You were correct when you stated Dr. Mitchell did not place you at MMI".**(P.61-63)** Marie Warner-Smith, Claims Adjuster for Liberty Mutual, stated "However, because you are pro se, before we can get into mediation, we will need to obtain Maximum Medical Improvement from both Dr. Mitchell and Dr. Han....Dr. Kanos has already address MMI in his report." To date neither Dr. Mitchell or Dr. Sung Han; both authorized treating physician has provided the courts or the Petitioner with a 14 B statement, both have refused. Dr. Han's stated, "Dr. Kanos put her at MMI and performed an impairment rating....At MMI per Dr. Kanos, status post impairment rating. **(P.64)**

SC Code Section 17-30-30 (C) "It is lawful under this chapter for a person not acting under color of aw to intercept a wire, oral, or electronic communication where the person is a party to the communication or where one of the parties to the communication has given prior consent to the interception. After PA, Irving jerked the Petitioners neck and failed to document the event, sending the Petitioner to the ER for treatment. After he forcefully jerked the Petitioners neck towards her right shoulder, it swelled and went numb. The Petitioner saw the need to protect herself by recording future doctors visits. Since South Carolina, is a one party-state and the petitioner was included in the recording, the petitioner recorded the 07/26/2019 office visit with Dr. David Mitchell **(Recording enclosed-compare to Drs. Notes 65-67)**. Dr. Mitchell alleged that "Her husband became very abusive, and complained, raising his voice. The Petitioner begged for Dr. Mitchell to stop the exam, because it was hurting. But he would not stop. The Petitioner began crying, and Dr. Mitchell dismissed the Petitioner as a patient. The Petitioner BP elevated to 199/120. Dr. David Mitchell documented the Petitioner as Disabled and a Fall Risk. Dr. Mitchell did provide the Petitioner with a referral to see a Neurologist. **(P.68)** On January 15,2019, Dr. David Mitchell provided the Petitioner's previous Attorney, Attorney Mitchell Byrd with a Deposition detailing the Petitioner's condition. **(P.70)**

On July 22, 2019, the IME doctor, Dr. Charles Kanos of Southeastern Neurosurgical and Spine Institute performed the IME exam without an MRI scan or other imaging. **(P.65-78)** The Petitioner suffered more in the IME exam than when she broke her wrist in 2 different places. 02/18/2018 **(P.79)** Dr. Kanos stated on his 14 B statement that the Petitioner could not return to work. **(P.80-81)** On February 17, 2020, without the Petitioner present Dr. Kanos re-canted his statement at a deposition.

The Petitioner deeply apologizes for the condition of the transcript of the Deposition from Dr. Charles Kanos, but this was the copy given to the Petitioner by Attorney Amanda Neely. (P. 82-85). Based, on what could be possibly seen, Clinical nor medical reason was given during the February 17, 2020 deposition, to re-cant September 26, 2019 14 B-statement.

On October 1, 2019, Dr. Laura Mason from Advent Health Neurology diagnosed the Petitioner with CRPS (Chronic Regional Pain Syndrome), Algoneurodystrophy and Cervical Myelopathy. (P.86-90) Petitioner is a patient of Pain Management Solutions and has been since December 18, 2019. (P.91-94) The Petitioner provided the Workers' Compensation Commission documented proof (recording and medical records) of injuries that occurred by the authorized treating physicians for Liberty Mutual. The Workers' Compensation

Commission's final decision did not acknowledge any injuries caused by their physicians, although it was reported and documented in detail.

CONCLUSION

The Petitioner suffered a work-related injury, that was exacerbated by Liberty Mutual's treating physicians that has evolved to an Occupational Disease (CRPS and Algoneurodystrophy). The Petitioner was also diagnosed with Major Depressive Disorder by Dr. James Way on November 13, 2020 by order of the Social Security Administration. (P.95-96) The Petitioner did not have a prior medical history of these diseases. The Petitioner is unemployable; Pain Management is the only course of treatment for her chronic disease; medication treatment causes impairment. The Petitioner can not afford treatment for the Major Depressive Disorder; and suffers from depression that results in concentration deficits and decreased energy levels. On June 17, 2019, Petitioner was terminated from Builders Firstsource. (P.97) Due to the Petitioner's disability; the Petitioner did not qualify for unemployment. (P.98-100) The Petitioner's TTD checks stopped on November 30, 2020, before Commissioner T. Scott Beck rendered his December 10, 2020 decision. Liberty Mutual has been allowed to provide the Petitioner with less than sub-standard treatment; thus acting in Bad Faith. On June 12, 2020, the Petitioner requested medical records from Carolina Orthopaedic & Neurosurgical Associates; enclosed with her medical records were those of Mr. Timothy C. Green. (P.101-104) The 58 year old Caucasian male presented lower rate of pain (2/10). Low BP (139/84). Walking unassisted; without cane or rollator. Not a Fall Risk. Not Disabled. Taking less medication. With very similar diagnosis (*Cervical degenerative disk disease and cervical spondylosis and mild cervical foraminal stenosis. The patient also has neck pain.*) The patient was granted surgery and has returned to his full-time employment at BMW. Attorney Neely's Claim is the Petitioner's pain is mild. (The Petitioner's MRI P.104) the Petitioner begs the court to reconsider the decision for a Rehearing and request for Total Temporary Disability checks to resume and be retro-active from November 30, 2020 (P.105) to current; until after the Re-hearing decision.

Oath

I, Alicia M. Ruffin, submit that; I am the Petitioner and representing myself *Pro-Se* in the Appellate Case No.: 2021-001182. I hereby submit that all information in the above case matter is TRUE to the best of my knowledge.

Alicia M. Ruffin

Petitioner, *Pro-Se*

10/27/2021

Date

Under the State of South Carolina

Signed and sworn to [or affirmed] before me on 30 October, 2021
by Alicia M. Ruffin (Alicia M. Ruffin) is making the above state or
statements.

[Signature]
(Notary's official Signature)

Notary Public
(Title of Office)

16 Aug 2026
(Commission Expiration)



BRANCH OFFICE ADDRESS:
 PO BOX 8016
 WAUSAU, WI 54402
 813-264-6588



B. CODE 189	CHECK NUMBER 04912144	CHECK DATE 03/15/21
	CHECK AMOUNT ***\$3012.25	BLOCK NUMBER 002456

PAGE 1 OF 1

OSN: EE2501031503-002680

CLAIM #: WC 555-E13688
 CONTRACT #: WA7-65D-004212-127

CONTROL #: 000001299 ID: CRS0163

PAYEE: ALICIA RUFFIN

DATE OF INJURY: 10/04/18
 EMPLOYEE: RUFFIN, ALICIA
 563 DUNCAN STATION DRIVE
 DUNCAN, SC 29334
 EMPLOYER: BUILDERS FIRSTSOURCE INC
 DATES OF SERVICE: 03/15/21-03/15/21
 LOCATION CODE: SSPSYD

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/15/21	03/15/21	TT EMP		602.45	3012.25	3012.25	

NOTE: ONE TIME ORDER

TOTAL GROSS 3012.25
 TOTAL PAYABLE: 3012.25
 TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00
 TOTAL AMOUNT PAID: \$ 3012.25

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BNA *001919*
 813-264-6588
 PO BOX 8016
 WAUSAU, WI 54402



BANK OF AMERICA
 HARTFORD, CT

*PAY*THREE*THOUSAND*TWELVE*DOLLARS*TWENTY*FIVE*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
555	189	CLAIM WC 555-E13688	04912144	03/15/21

PAY \$ 3012.25

VOID IF NOT PRESENTED WITHIN 90 DAYS OF DATE OF CHECK

PAY TO THE ORDER OF ALICIA RUFFIN
 C/O WJC&B-MARY KATE LITTLEJOHN
 325 ROCKY SLOPE RD SUITE 201
 GREENVILLE SC 29607

de 2 per

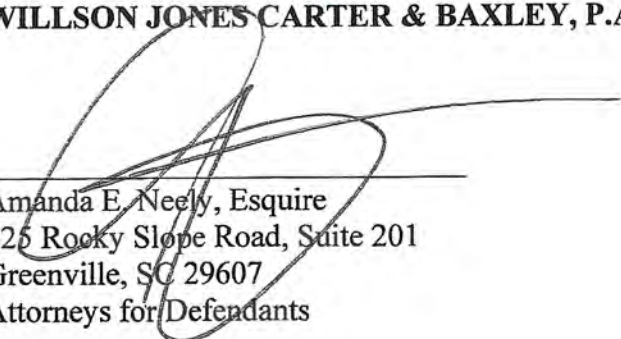
⑈04912144⑈ ⑆011900445⑆000000067585⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

1p.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.




Amanda E. Neely, Esquire
325 Rocky Slope Road, Suite 201
Greenville, SC 29607
Attorneys for Defendants

Date: October 18, 2021

Re: Alicia Ruffin v. Liberty Mutual/Builders FirstSource

innocentlyal@ya.../Inbox

 **Mary Kate Littlejohn** <mklittlejohn@wjclaw.com>
To: Alicia Smith <innocentlyal@yahoo.com>

Apr 2 at 9:22 AM

Ms. Ruffin:
Amanda Neely has been on maternity leave. I filled in in her absence. She will be back in a week and will resume defense of this case. In the meantime let me know if you have any questions.

Mary Kate Littlejohn

Sent from my iPhone, please excuse the brevity and typos


Mary Kate Littlejohn, Attorney
mklittlejohn@wjlaw.net
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
Phone: (864) 527-3285
Fax: (864) 235-6015
wjclaw.com

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person

On Apr 1, 2021, at 5:43 PM, Alicia Smith <innocentlyal@yahoo.com> wrote:

Dear Ms. Littlejohn,

I apologize. I was unaware that you needed to be informed of my efforts to appeal the discussion of Worker's Compensation Commission. I have been having a difficult time keeping up with who is actually the attorney on this case, since Amanda Neely was removed. Enclosed is an email copy. A formal copy will arrive to your office shortly. If you have any questions, please do not hesitate to call.

Sincerely,

Alicia M. Ruffin

Sent from Yahoo Mail on Android

Amanda E. Neely

Exhibit A

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Thursday, March 25, 2021 3:27 PM
To: Geri L. Lell
Subject: RE: Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688:

Ms. Lell,

Allow me to please help, a Form 19 is a Status Report and a **compensation** Receipt –verifying the amount of **compensation** paid. This form must be filed when a **claim** is denied or settled on. Although my claim, had been denied it has by no means been settled on. This indicates the closure of a case. Although, I appreciate you fulfilling yours and someone else's paralegal duties while they are out on Medical Leave. That changes nothing, still please inform Ms. littlejohn; currently at this time NO arrangements need to made for me to come to your office to pick up a check or sign FORM 19. This matter is not settled.

My maiden name is Smith. My married name and has been for the past 11 years and throughout this claim has been Ruffin.

Respectfully,

Mrs. Alicia Ruffin

Sent from Yahoo Mail on Android

On Thu, Mar 25, 2021 at 1:41 PM, Geri L. Lell
<gllell@wjcblaw.com> wrote:

Mrs. Smith,


The Form 19 is a receipt of compensation for the WCC. As I stated earlier, I am helping while a paralegal is out on medical leave, so I was not familiar with your Form 19. However, after reviewing it, I noticed it was not clear in regards to the overpayment and breakdown of the award. I will be meeting with Mary Kate this afternoon to discuss same.

We are not asking you to sign a Form 16 or a settlement agreement. We are simply trying to pay you what you were awarded by Commissioner Beck. Paying you pursuant to an award from the Commissioner is different than paying you pursuant to a settlement agreement.

Original Email

RE: **Alicia Ruffin vs. Builders Firstsource, Inc. WCC555-E13688:**

innocentl@ya.../Sent

 **Alicia Smith** <innocentl@yahoo.com>
To: gillell@wicl@w.com

Mar 25 at 3:26 PM

Ms. Lell,

Allow me to please help, a Form 19 is a Status Report and a **compensation** Receipt –verifying the amount of **compensation** paid. This form must be filed when a **claim** is denied or settled on. Although my claim, had been denied it has by no means been settled on. This indicates the closure of a case. Although, I appreciate you fulfilling yours and someone else's paralegal duties while they are out on Medical Leave. That changes nothing, still please inform Ms. littlejohn; currently at this time NO arrangements need to made for me to come to your office to pick up a check or sign FORM 19. This matter is not settled.

My maiden name is Smith. My married name and has been for the past 11 years and throughout this claim has been Ruffin.

Respectfully,

Mrs. Alicia Ruffin

Sent from Yahoo Mail on Android

On Thu, Mar 25, 2021 at 1:41 PM, Geri L. Lell
<gillell@wicl@w.com> wrote:

Mrs. Smith,

The Form 19 is a receipt of compensation for the WCC. As I stated earlier, I am helping while a paralegal is out on medical leave, so I was not familiar with your Form 19. However, after reviewing it, I noticed it was not clear in regards to the overpayment and breakdown of the award. I will be meeting with Mary Kate this afternoon to discuss same.

We are not asking you to sign a Form 16 or a settlement agreement. We are simply trying to pay you what you were awarded by Commissioner Beck. Paying you pursuant to an award from the Commissioner is different than paying you pursuant to a settlement agreement.

Please let me know if this changes your mind about signing the Form 19 and if we can schedule a time for you to come by our office to sign same and get your check.



Geri L. Leil
Paralegal

email: gillell@wjcblaw.com
phone: 864.527.3291
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

From: Alicia Smith <innocentyal@yahoo.com>
Sent: Thursday, March 25, 2021 12:50 PM
To: Geri L. Leil <gillell@wjcbaw.com>
Subject: RE: Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688:

Dear Ms. Leil,

After careful review, of this email. I am NOT interested in signing your Form 19 and NOT interested in signing your (Form 16) Clincher Agreement. No arrangements need to be made at this time. Thank-you for your consideration.

Sincerely,

Alicia Ruffin

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 25, 2021 at 11:47 AM, Alicia Smith <innocentyal@yahoo.com> wrote:

Please email me the details of the Form 19.

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 25, 2021 at 11:41 AM, Geri L. Leil

WILSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA MYRTLE BEACH
 Amanda R. Neely
 Direct (864) 272-2688
 Fax (864) 235-6015
 aneely@wjcbawc.com

335 Bayly Slope Road, Suite 301
 Greenville, SC 29607
 www.wjcbawc.com

September 1, 2020

Via eCase
 The Honorable T. Scott Beck
 South Carolina Workers' Compensation Commission
 P.O. Box 1715
 Columbia, SC 29202-1715

Re: Alicia Ruffin vs. Builders Firstsource, Inc.
 WCC File No.: 1815744 DOI: 10/4/2018
 Carrier: Liberty Mutual Insurance Company - Claim No.: WCSS5-E13688
 W/C&B File No.: 0010.05283

Dear Commissioner Beck:

Enclosed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to Alicia Ruffin.

With kindest regards,

WILSON JONES CARTER & BAXLEY, P.A.

Rebecca E. Neely

AEM/ib

Enclosures

cc (w/enclosures): Alicia Ruffin (via first class mail)
 Ms. Marie Warner-Smith (via e-mail)

*your copy
 bring to hearing*

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 P.O. BOX 1715
 Columbia, SC 29202-1715
 (803) 737-5075
 www.wccc.gov



PRE-HEARING BRIEF
 WCC File No: 1815744

Claimant's Name: Alicia Ruffin Employer's Name: Builders Firstsource, Inc.
 Address: 683 Duncan Shaker Drive Address: 2001 Bryan Street, Suite 1800
 City: Duncan State: SC Zip: 29334 City: Dalton State: TX Zip: _____
 Home Phone: (854) 814-8380 Work Phone: _____ Carrier: Liberty Mutual Insurance Company
 Preparer's Name: Amanda E. Neely Preparer's Phone #: (864) 272-2688

A claim for workers' compensation benefits is made based on the following grounds
 Injury Illness Repetitive Trauma

1. Compensation Rate: \$802.45 2. AMW: \$ 982.63 Date of Injury: 10/4/2018
 3. Type of Injury and body part(s): Low back strain; neck strain; Defendants deny any other body parts or alleged injuries.
 4. Facts in controversy:

1. Whether Claimant is at MVI? Defendants admitted a low back strain and neck strain on October 4, 2018. Plaintiff admitted she was injured in a truck. Defendants provided treatment with Dr. David Mitchell (Orthopedic spine specialist), Dr. Sung Han (pain management), and then an IPE with Dr. Charles Kenes (neurosurgeon). Dr. Kenes ruled multiple times that Claimant's subjective complaints were equally exaggerated and not within the objective findings. He felt her symptoms were out of proportion with the mechanism of injury, and that her symptoms were related to her work injury. Dr. Kenes felt Claimant's refusal to work based on her symptoms was a condition, and he encouraged her to return to work. Dr. Kenes recommended an FCE. He did not recommend a condition, and he encouraged her to return to work. Dr. Kenes assigned a 6% total impairment rating to her back (3% lumbar; 3% cervical).
2. Extent of PPD? Dr. Kenes opined Claimant sustained a 3% to the lumbar spine and 3% to the cervical spine.
3. Whether Claimant is entitled to any additional benefits under the Act? Defendants contend that there is no additional medical treatment per Dr. Mitchell's opinion that she does not need any additional medical treatment and as outlined under "Unusual Aspects."
4. Whether Defendants are entitled to stop payment of temporary disability benefits? Yes
5. Defendants request credit for overpayment of temporary disability benefits paid after the effective date.

6. Unusual aspects: See No. 4; 423-15-60.

This case stems from an admitted minor work accident that occurred on October 4, 2018, when Claimant was injured in a work truck and sustained a low back strain. Claimant was initially represented by an attorney, but the parties terminated their attorney/client relationship, and Claimant chose to continue representation pro se. Defendants have provided extensive, appropriate medical treatment with numerous providers, including David Mitchell (orthopedic spine specialist), Dr. Sung Han (pain management), Gather Physical Therapy (neurosurgeon). Defendants scheduled an Independent Medical Evaluation with Dr. Charles Kenes, a neurosurgeon, on 2/19/2019. In his sworn (2) page report from the IPE, Dr. Kenes opined Claimant sustained a 3% total impairment rating to her back (3% lumbar; 3% cervical). He opined that Claimant's subjective complaints were equally exaggerated and not within the objective findings. He felt her symptoms were out of proportion with the mechanism of injury, and that her symptoms were related to her work injury. Dr. Kenes felt Claimant's refusal to work based on her symptoms was a condition, and he encouraged her to return to work. Dr. Kenes recommended an FCE. He did not recommend a condition, and he encouraged her to return to work. Dr. Kenes assigned a 6% total impairment rating to her back (3% lumbar; 3% cervical).

During the deposition on 2/17/2020, Dr. Kenes testified that his diagnosis of Claimant's condition was a low back strain. Dr. Kenes testified he neither put that she could not work on the 7/22/2020 deposition. Dr. Kenes testified that Claimant is capable of returning to work with sedentary duty on the filing over 20 pounds. Following the IPE with Dr. Kenes, Claimant returned to Dr. Mitchell on July 24, 2019. Dr. Mitchell reviewed Claimant's report, and he opined that Claimant's subjective complaints were equally exaggerated and not within the objective findings. He felt her symptoms were out of proportion with the mechanism of injury, and that her symptoms were related to her work injury. Dr. Kenes felt Claimant's refusal to work based on her symptoms was a condition, and he encouraged her to return to work. Dr. Kenes recommended an FCE. He did not recommend a condition, and he encouraged her to return to work. Dr. Kenes assigned a 6% total impairment rating to her back (3% lumbar; 3% cervical).

Dr. Khan deferred to Dr. Karno, as Dr. Karno's deposition contained more than an outstanding treatment recommendation other than the PCE. Defendants have attempted to schedule a deposition for Dr. Khan, who has indicated she will not participate in the same. Defendants contend she is not entitled to any additional medical treatment.

2. On her Form 50, dated 9/1/19, Plaintiff alleges two other dates of injury: "Repetitive trauma—(11/26/18 thru 04/12/19 & 07/19/19), which Defendants deny as there is no evidence that Plaintiff sustained a repetitive trauma injury and/or injury by accident on any of those dates.

3. At the time of submission of Plaintiff's Post-Hearing Brief and ADA Submissions, Defendants have not received Plaintiff's Pre-Hearing Brief or ADA Submissions. Defendants object to anything Plaintiff claims to submit as a hearing without prior opportunity to review and examine the same.

4. Witnesses (designate if expert): Tim Waldrop.
5. Exhibits: Plaintiff's deposition transcript; Plaintiff's proposed file; Order Requiring Counsel dated 7/11/2019; Magistrate's Court Order; Depositions dated 1/9/2019; Dr. Karno's Deposition Transcript from 2/17/2020.
6. Medical evidence (indicate amount pursuant to R.67-612; deposition or appearance): SEE ADA SUBMISSION
7. Name, address, and specialty, if any, of the treating physician: Dr. Charles Karno, Southwestern Neurological and Spine Institute, 109 Doctors Drive, Greenville, South Carolina 29605.
8. Impairment rating(s) body part(s); physician and date of opinion: 3% to the lumbar spine and 3% to the cervical spine; Dr. Karno on 7/22/2019.
12. I am amending my Form 50/51. In the following manner:
 - 12 a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
 - 12 b. Mediation is requested pursuant to Reg. 67-1802.
 - 12 c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
 - 12 d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

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

I certify I have served this document pursuant to Reg. 67-611 by delivering a copy to Alicia Ruffin, SSA, Duncan Station Drive, Duncan, S.C. 29324 on the date of September 1, 2020. My first class postage certified mail electronic service alicia.ruffin@wacc.sc.gov

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

Signature: Amanda E. Neely, Wilson Jones Carter & Boxley, P.A. Email: aneely@wjcblaw.com

Date of hearing: 9/16/2020 Time needed for hearing: 1.5 hours

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-200 through 67-218 and Regulations 67-601 through 67-619, as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-412. Do not send original reports. Commissioners reserve the right to reject any report that fails to comply with the rules. WCC Form # 58 Revised 7/15

58 PRE-HEARING BRIEF



South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 800
 P.O. Box 1213
 Columbia, SC 29202-1213
 (803) 737-5723

WCC File #: 1812744
 Center File #: WCS95-E13888
 Claim Code #: _____
 Employer FDI #: _____

Claimant's Name: Alicia Ruffin SSN: 251-07-5898 Employer's Name: Sudana Insurance, Inc.
 Address: 350 Duncan Station Drive City: Duncan State: SC Zip: 29334 Address: 2001 Bryan Street, Suite 1600
 City: Duncan State: SC Zip: 29334 City: Dallas State: TX Zip: _____
 Home Phone: (854) 814-8330 Work Phone: 872 S. Pleasantburg Drive, Greenville, SC 29607 Insurance Carrier: Liberty Mutual Insurance Company
 Plaintiff's Name: Amanda E. Neely Address: 872 S. Pleasantburg Drive, Greenville, SC 29607 Phone #: (854) 272-2658

TO: **SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND ALICIA RUFFIN, CLAIMANT**

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
1. VCU Health System	11/29/2011 - 11/30/2011	1-26
2. Henry Chiropractic Clinic	12/5/2011 - 2/17/2012	27-40
3. Greer Memorial Hospital	12/12/2011 - 6/15/2019	41-83
4. Teleradiology	10/4/2018 - 10/22/2018	84-85
5. Doctors Care	10/9/2018 - 11/4/2018	86-114
6. Emergency MD	10/26/2018	115
7. Carolina Orthopaedic & Neurosurgical Associates - Dr. Mitchell	11/16/2018 - 7/26/2019	116-159
8. Piedmont Imaging	11/28/2018	160-161
9. Piedmont Comprehensive Pain Management	5/17/2019 - 8/23/2019	162-169
10. Piedmont Physical Medicine and Rehabilitation	6/19/2019	170-171
11. Southeastern Neurosurgical and Spine Institute - Dr. Karno	7/22/2019-9/26/19	172-179

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

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

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

September 1, 2020
 September 16, 2020 (hearing date)

Amanda E. Neely
 Wilson Jones Carter & Boxley, P.A.
 872 S. Pleasantburg Drive
 Greenville, SC 29607



Name: Ruffin, Allen
 Age: NY DOB: May 04, 1973
 Gender:
 Medical: 970036302
 Acc Num: 04014454895
 Attending: B1110
 Primary RN: AFD
 Bed: ED ED 45

GRMH
DISCHARGE INSTRUCTIONS RECEIPT

TRIAL DIAGNOSIS
 Low back pain

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

- Encourage fluids
- Take meds as prescribed
- Min driving while on pain meds
- Follow up with primary care physician
- No heavy lifting

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Lorazepam TABLETS 1 mg-500 mg 1 OZAL
 Dispense: 20 Quantity: 1, Unit: 1, Route: ORAL, Schedule: every six hours

I understand the written and discussed instructions. My questions have been answered.

Signature of responsible person:

Shelley Bergner
 Nurse

Printed: Mon Dec 12, 2011 16:18 by 011614 of 1
 Copyright: Med, Inc

GRMH
TRIAL RECORD

Complaint: Accident - automobile
 Triage Time: Mon Dec 12, 2011 15:32
 Urgency: 3-Urgent
 Patient Status: STABLE
 Initial Vital Signs: 12/12/2011 15:21
 BP: 110/70
 P: 70
 T: 37.5
 O2 sat: 98 on 2L

BP Attending
 Primary RN

Patient Pain

KNOWN ALLERGIES
 None

PRESENTING PROBLEM (Mon Dec 12, 2011 15:21 AM)
 Presenting problem: Neck Injury - Pain - Swelling.

TRIAL (Mon Dec 12, 2011 15:21 AM)

PHYSICIAN NAME: Ruffin, Allen, MD; DOB: 04 May 04, 1973; TIME OF GRIEVANCE: Mon Dec 12, 2011 15:11; RACE: African American, HemoglobinA1c: Diabetes hemoglobinA1c trended stable, Smoking Cessation: Denies smoking in past 12 months, SSN: 251472688, MEDICAL RECORD NUMBER: 970036302, ACCOUNT NUMBER: 04014454895, PERSON ID: 970036302, (Mon Dec 12, 2011 15:21 AM)

ADMISSION: URGENCY: 3-Urgent, ADMISSION SOURCE: Greenville County - scene of accident, TRANSPORT: Greenville County EMS - ALS, DEPT: Emergency, MED: WAITING, (Mon Dec 12, 2011 15:21 AM)

VITAL SIGNS BP: 110/70, Pulse: 70, Temp: 37.5, O2 Sat: 98 on 2L, T: 37.5, on 2L, Time: 12/12/2011 15:21, (Mon Dec 12, 2011 15:21 AM)

COMPLAINT: Accident - automobile (Mon Dec 12, 2011 15:21 AM)
HISTORY OF PRESENT COMPLAINT: pt presents with c/o neck pain that started with last accident on 11/29/2011, pt states was placed in c-collar and instructed to continue wearing it by her orthopedic, pt states was supposed to stop wearing it this Wednesday, pt c/o worsened neck pain after incident about 1 hr ago where pt was restrained, no leg, no hand injury, no othering symptoms (Mon Dec 12, 2011 15:21 AM)

ASSESSMENT: 5, Since Today, (Mon Dec 12, 2011 15:21 AM)
IMMUNIZATIONS: Immunization up to date, Last tetanus shot received less than 10 years ago, (Mon Dec 12, 2011 15:21 AM)

DOMESTIC VIOLENCE: No domestic violence, (Mon Dec 12, 2011 15:21 AM)
CRIME ASSESSMENT: Last menstrual period: 12-3-2011, PT not on birth control, (Mon Dec 12, 2011 15:21 AM)

TREATMENT PRIOR TO ARRIVAL: No treatment, (Mon Dec 12, 2011 15:21 AM)
ADICATIONS PRIOR TO ARRIVAL: No Aspirin taken, (Mon Dec 12, 2011 15:21 AM)
TREATMENTS IN TRIAGE: No treatment, (Mon Dec 12, 2011 15:21 AM)
MEDICATIONS IN TRIAGE: No Aspirin given in triage, (Mon Dec 12, 2011 15:21 AM)
PROVIDERS: TRIAGE NURSE: Ashley Bayne, RN, (Mon Dec 12, 2011 15:21 AM)
 BS Level 4, (Mon Dec 12, 2011 15:21 AM)

PAST MEDICAL HISTORY: (Mon Dec 12, 2011 15:21 AM)
MEDICAL HISTORY: No past medical history, Flu vaccine is up to date, Tetanus is up to date, Pneumococcal vaccine is up to date.
SURGICAL HISTORY: Patient's previous surgical history is not relevant to the case, (Mon Dec 12, 2011 15:21 AM)

Printed: Mon Dec 12, 2011 15:37 by AFD Page: 1 of 3

C-Spin @ all

*all right 11/29 -> sham, c-collar
 for neck injury, past, first retrained
 - last, body is ok
 H/OA - neck pain
 in place to the*

47

5

6



Name: Ruffin, Alicia
Age: 38Y DOB: May 04, 1973
Gender:
MedRec: 970036302
AcctNum: 04014454895
Attending: BH10
Primary RN: APD
Bed: ED ED 05

**GRMH
DISCHARGE INSTRUCTIONS RECEIPT**

FINAL DIAGNOSIS

Low back pain

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Encourage fluids
Take meds as prescribed
No driving while on pain meds
Follow up with primary care physician
No heavy lifting

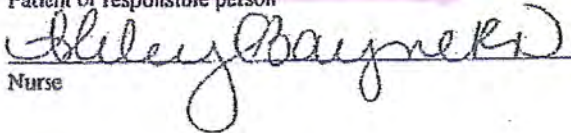
THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Lortab : TABLET : 5 mg-500 mg : ORAL
Dispense: 20, Quantity: 1, Unit: *, Route: ORAL, Schedule: every six hours

"I Understand the written and discussed instructions. My questions have been answered."

X 

Patient or responsible person



Nurse

BRANCH OFFICE ADDRESS:
 PO BOX 8016
 WAUSAU, WI 54402
 813-264-6588



B. CODE 189	CHECK NUMBER 04912144	CHECK DATE 03/15/21
	CHECK AMOUNT ***\$3012.25	BLOCK NUMBER 002456

PAGE 1 OF 1

OSN: EE2501031503-002680

CLAIM #: WC 555-E13688
 CONTRACT #: WA7-65D-004212-127

CONTROL #: 000001299 ID: CRS0163

PAYEE: ALICIA RUFFIN

DATE OF INJURY: 10/04/18
 EMPLOYEE: RUFFIN, ALICIA
 563 DUNCAN STATION DRIVE
 DUNCAN, SC 29334

EMPLOYER: BUILDERS FIRSTSOURCE INC
 DATES OF SERVICE: 03/15/21-03/15/21
 LOCATION CODE: SSPSYD

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
03/15/21	03/15/21	TT EMP		602.45	3012.25	3012.25	

NOTE: ONE TIME ORDER

TOTAL GROSS 3012.25
 TOTAL PAYABLE: 3012.25
 TOTAL WITHHOLDING - (FEDERAL AND STATE): 0.00
 TOTAL AMOUNT PAID: \$ 3012.25

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

BNA *001919*
 813-264-6588
 PO BOX 8016
 WAUSAU, WI 54402



BANK OF AMERICA
 HARTFORD, CT

*PAY*THREE*THOUSAND*TWELVE*DOLLARS*TWENTY*FIVE*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
555	189	CLAIM WC 555-E13688	04912144	03/15/21

PAY \$ 3012.25
 VOID IF NOT PRESENTED WITHIN
 90 DAYS OF DATE OF CHECK

PAY TO THE ORDER OF ALICIA RUFFIN
 C/O WJC&B-MARY KATE LITTLEJOHN
 325 ROCKY SLOPE RD SUITE 201
 GREENVILLE SC 29607

Handwritten signature

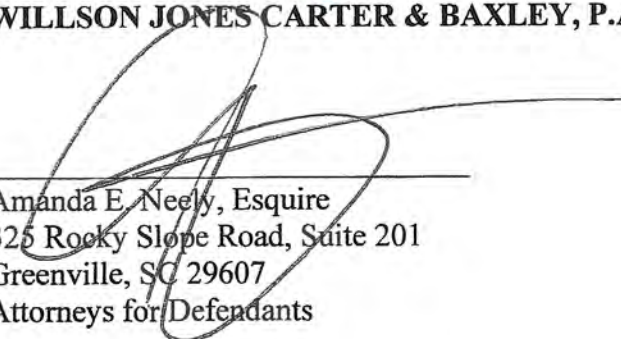
⑈04912144⑈ ⑆011900445⑆000000067585⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

1p.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Amanda E. Neely, Esquire
325 Rocky Slope Road, Suite 201
Greenville, SC 29607
Attorneys for Defendants

Date: October 18, 2021

Re: Alicia Ruffin v. Liberty Mutual/Builders FirstSource

innocentlyal@ya.../inbox



Mary Kate Littlejohn <mkittlejohn@wjclaw.com>
To: Alicia Smith <innocentlyal@yahoo.com>

Apr 2 at 8:22 AM

Ms. Ruffin:

Amanda Neely has been on maternity leave. I filled in in her absence. She will be back in a week and will resume defense of this case. In the meantime let me know if you have any questions.

Mary Kate Littlejohn

Sent from my iPhone, please excuse the brevity and typos



Mary Kate Littlejohn, Attorney
mkittlejohn@wjlaw.net
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
Phone: (864) 527-3285
Fax: (864) 235-6015
wjclaw.com

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person

On Apr 1, 2021, at 5:43 PM, Alicia Smith <innocentlyal@yahoo.com> wrote:

Dear Ms. Littlejohn,

I apologize. I was unaware that you needed to be informed of my efforts to appeal the discussion of Worker's Compensation Commission. I have been having a difficult time keeping up with who is actually the attorney on this case, since Amanda Neely was removed. Enclosed is an email copy. A formal copy will arrive to your office shortly. If you have any questions, please do not hesitate to call.

Sincerely,

Alicia M. Ruffin

Sent from Yahoo Mail on Android

Amanda E. Neely

Exhibit A

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Thursday, March 25, 2021 3:27 PM
To: Geri L. Lell
Subject: RE: Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688:

Ms. Lell,

Allow me to please help, a Form 19 is a **Status Report and a compensation Receipt** –verifying the amount of **compensation** paid. This form must be filed when a **claim** is denied or settled on. Although my claim, had been denied it has by no means been settled on. This indicates the closure of a case. Although, I appreciate you fulfilling yours and someone else's paralegal duties while they are out on Medical Leave. That changes nothing, still please inform Ms. littlejohn; currently at this time **NO** arrangements need to made for me to come to your office to pick up a check or sign FORM 19. This matter is not settled.

My maiden name is Smith. My married name and has been for the past 11 years and throughout this claim has been Ruffin.

Respectfully,

Mrs. Alicia Ruffin

Sent from Yahoo Mail on Android

On Thu, Mar 25, 2021 at 1:41 PM, Geri L. Lell
<gllell@wjcblaw.com> wrote:

Mrs. Smith,

The Form 19 is a receipt of compensation for the WCC. As I stated earlier, I am helping while a paralegal is out on medical leave, so I was not familiar with your Form 19. However, after reviewing it, I noticed it was not clear in regards to the overpayment and breakdown of the award. I will be meeting with Mary Kate this afternoon to discuss same.

We are not asking you to sign a Form 16 or a settlement agreement. We are simply trying to pay you what you were awarded by Commissioner Beck. Paying you pursuant to an award from the Commissioner is different than paying you pursuant to a settlement agreement.

Original Email

RE: **Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688:**

innocenthyal@ya.../Sent



Alicia Smith <innocenthyal@yahoo.com>
To: glllell@wjclaw.com

Mar 25 at 3:26 PM

Ms. Leil,

Allow me to please help, a Form 19 is a Status Report and a **compensation** Receipt –verifying the amount of **compensation** paid. This form must be filed when a **claim** is denied or settled on. Although my claim, had been denied it has by no means been settled on. This indicates the closure of a case. Although, I appreciate you fulfilling yours and someone else's paralegal duties while they are out on Medical Leave. That changes nothing, still please inform Ms. littlejohn; currently at this time NO arrangements need to made for me to come to your office to pick up a check or sign FORM 19. This matter is not settled.

My maiden name is Smith. My married name and has been for the past 11 years and throughout this claim has been Ruffin.

Respectfully,

Mrs. Alicia Ruffin

Sent from Yahoo Mail on Android

On Thu, Mar 25, 2021 at 1:41 PM, Geri L. Leil
<glllell@wjclaw.com> wrote:

Mrs. Smith,

The Form 19 is a receipt of compensation for the WCC. As I stated earlier, I am helping while a paralegal is out on medical leave, so I was not familiar with your Form 19. However, after reviewing it, I noticed it was not clear in regards to the overpayment and breakdown of the award. I will be meeting with Mary Kate this afternoon to discuss same.

We are not asking you to sign a Form 16 or a settlement agreement. We are simply trying to pay you what you were awarded by Commissioner Beck. Paying you pursuant to an award from the Commissioner is different than paying you pursuant to a settlement agreement.

Please let me know if this changes your mind about signing the Form 19 and if we can schedule a time for you to come by our office to sign same and get your check.



willson jones
carter & baxley

Geri L. Leil
Paralegal

email: gillell@wjcbclaw.com
phone: 864.527.3291
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607

This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

From: Alicia Smith <innocentiyal@yahoo.com>
Sent: Thursday, March 25, 2021 12:50 PM
To: Geri L. Leil <gillell@wjcbclaw.com>
Subject: RE: Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688:

Dear Ms. Leil,

After careful review, of this email. I am NOT interested in signing your Form 19 and NOT interested in signing your (Form 16) Clincher Agreement. No arrangements need to be made at this time. Thank-you for your consideration.

Sincerely,

Alicia Ruffin

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 25, 2021 at 11:47 AM, Alicia Smith <innocentiyal@yahoo.com> wrote:

Please email me the details of the Form 19.

[Sent from Yahoo Mail on Android](#)

On Thu, Mar 25, 2021 at 11:41 AM, Geri L. Leil

WILSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA MYRTLE BEACH
Amanda E. Neely
Direct (864) 272-2688
Fax (864) 232-0015
amne@wjcbaw.com

325 Rocky Ridge Road, Suite 201
Greenville, SC 29607
www.wjcbaw.com

September 1, 2020

your copy
Being to hearing

Via eCase
The Honorable J. Scott Beck
South Carolina Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202-1715

Re: Alicia Ruffin vs. Builders Firstsource, Inc.
WCC File No.: 1815744 DOI: 10/4/2018
Carrier: Liberty Mutual Insurance Company - Claim No.: WCSS5-E13688
WJCB&B File No.: 0010.05283

Dear Commissioner Beck:

Employed herein please find the defendants' Pre-Hearing Brief as well as the Notice of Witnesses and Written Medical Reports which lists the documents I intend to submit at the hearing of the above-referenced matter pursuant to the South Carolina Administrative Procedures Act.

By copy of this letter, I am providing a copy of these forms and reports to Alicia Ruffin.
With kindest regards,

WILSON JONES CARTER & BAXLEY, P.A.

Amanda E. Neely

AEN/mb

Enclosures

cc (w/enclosures): Alicia Ruffin (via first class mail)
Ms. Marie Warner-Smith (via e-mail)

South Carolina Workers' Compensation Commission
1331 Main Street, Suite 500
P.O. Box 1215
Columbia, SC 29203-1215
(803) 737-5675
www.wccsc.gov



PRE-HEARING BRIEF
WCC File No: 1815744

Claimant's Name: Alicia Ruffin
Employer's Name: Bulkem Firstsource, Inc.
Address: 865 Durcum Station Drive
Address: 2001 Bryan Street, Suite 1600
City: Durcum SC Zip: 29334 City: Dallas State: TX Zip:
Home Phone: (864) 314-8350 Work Phone:
Carrier: Liberty Mutual Insurance Company
Preparer's Name: Amanda E. Neely Preparer's Phone #: (864) 272-2688

A claim for workers' compensation benefits is made based on the following grounds:

1. Compensation Rate: \$602.65 Date of Injury: 10/4/2018
2. AMW: 3.903.63
3. Type of Injury and body part(s): Low back strain, neck strain, Defendants deny any other body parts or alleged injuries.

1. Whether Claimant is at fault? Defendants admitted a low back strain and neck strain on October 4, 2019, while operating a truck. Defendants provided treatment with Dr. David Mitchell (orthopedic) and Dr. Scott Beck (neurosurgeon) and then on 10/16/2019 with Dr. Charles Kenos (neurosurgeon). Dr. Mitchell opined Claimant sustained a low back strain, and Beck opined Claimant sustained a low back strain. Defendants sought reimbursement for the bills. He did not recommend any additional treatment, and he placed her at maximum medical improvement on 10/16/2019. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied.

5. Unusual aspects: 1. Legal issues involved: See No. 4, §22-15-60.
2. Defendants request credit for overpayment of temporary disability benefits paid after the date of injury.

Defendants have provided extensive, appropriate medical treatment with numerous providers, including Dr. Charles Kenos (neurosurgeon), on 10/16/2019. In the seven (7) page report from the IME, Dr. Kenos opined Claimant sustained a low back strain and neck strain on October 4, 2019, while operating a truck. Defendants provided treatment with Dr. David Mitchell (orthopedic) and Dr. Scott Beck (neurosurgeon) and then on 10/16/2019 with Dr. Charles Kenos (neurosurgeon). Dr. Mitchell opined Claimant sustained a low back strain, and Beck opined Claimant sustained a low back strain. Defendants sought reimbursement for the bills. He did not recommend any additional treatment, and he placed her at maximum medical improvement on 10/16/2019. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied. Defendants sought reimbursement for Claimant's treatment on 10/16/2019, which was denied.

South Carolina Workers' Compensation Commission
 1333 Main Street, Suite 500
 P.O. Box 1715
 Columbia, SC 29202-1715
 (803) 737-5723



WCC File #: 1813744
 Claim File #: WCC55-EX1868
 Carrier Code #: _____
 Employer FEN #: _____

Claimant's Name: Alicia Ruffin SSN: 251-07-6898 Employer's Name: Builders Insurance, Inc.
 Address: 583 Dunham Station Drive Address: 2011 Bryan Street, Suite 1600
 City: Duncan State: SC Zip: 29534 City: Dallas State: TX Zip: _____
 Home Phone: (864) 814-8330 Work Phone: _____ Insurance Carrier: Liberty Mutual Insurance Company
 Amanda E. Neely 872 S. Pleasantburg Drive, Greenville, SC 29607 (864) 372-2868
 Plaintiff's Name Address Phone # _____

TO: **SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**
AND ALICIA RUFFIN,
CLAIMANT

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

NAME OF PHYSICIAN/OTHER	DATE OF REPORT	PAGE
1. VCU Health System	11/29/2011 - 11/30/2011	1-26
2. Henry Chiropractic Clinic	12/5/2011 - 2/17/2012	27-40
3. Greer Memorial Hospital	12/12/2011 - 6/19/2019	41-83
4. Teleradiology	10/4/2018 - 10/22/2018	84-85
5. Doctors Care	10/8/2018 - 11/14/2018	86-114
6. Emergency MD	10/26/2018	115
7. Carolina Orthopaedic & Neurosurgical Associates - Dr. Mitchell	11/16/2018 - 7/26/2019	116-159
8. Piedmont Imaging	11/26/2018	160-161
9. Piedmont Comprehensive Pain Management	5/17/2019 - 8/23/2019	162-169
10. Piedmont Physical Medicine and Rehabilitation	6/19/2019	170-171
11. Southeastern Neurosurgical and Spine Institute - Dr. Kenos	7/22/2019-9/26/19	172-179

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

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

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

Amanda E. Neely
 Wilson Jones Carter & Bayley, P.A.
 872 S. Pleasantburg Drive
 Greenville, SC 29607

September 1, 2020
 September 16, 2020
 (hearing date)

3. At the time of submission of Defendant's Post-Hearing Brief and APA Submissions, Defendants have not received Claimant's Post-Hearing Brief or APA Submissions. Plaintiff requests that the Commission order Defendants to submit their hearing without prior opportunity to review and examine the same.

4. Witnesses (designate if expert): Tim Welton
5. Exhibits: Claimant's deposition transcript; Claimant's personnel file; Order Relieving Counsel dated 7/11/2019; Magistrate's Court Default Judgment dated 1/8/2019; Dr. Kenos' Deposition Transcript from 2/17/2020
6. Medical evidence (include report pursuant to 6-62.4.15 deposition or appearance): SEE APA SUBMISSION
7. Name, address, and specialty, if any, of the treating physician: Dr. Charles Kenos, Southwestern Neurological and Spine Institute, 109 Doctors Drive, Greenville, South Carolina 29605
8. Impairment rating(s) body part(s), physician and date of opinion: 34% to the lumbar spine and 3% to the cervical spine; Dr. Kenos on 7/22/2019

12. 1. Amending my Form 50/51 in the following manner:
- a. Modification is required to be ordered pursuant to Reg. 67-1801 B.
- b. Medication is requested pursuant to Reg. 67-1802.
- c. Medication is requested pursuant to Reg. 67-1803.
- d. Medication has been conducted by a duly licensed mediator and resides in an impasse.
- Questions regarding medication may be submitted to med@scworkerscomp.com.

1. Certify I have signed this document pursuant to Reg. 67-21.1 by delivering a copy to Alicia Ruffin, 583 Dunham Station Drive, Duncan, S.C. 29534 on the 1st day of September, 2020, by personal service electronic service first class postage certified mail.

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

Signature: Amanda E. Neely, Wilson Jones Carter & Bayley, P.A. Email: aneely@wjcwv.net

Date of hearing: 9/16/2020 Time needed for hearing: 1.5 hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-209 through 67-211 and Regulations 67-401 through 67-415, as well as Regulation 67-1801. Fee has been paid and proof of service of this opposing party according to 67-211 and 67-212. Do not send medical reports. * Commission reserves the right to admit expert witnesses at hearing.

WCC Form # 58
 Revised 7/15

58
 PRE-HEARING BRIEF



Name: Ruthin, Aileen
 Age: 38Y DOB: May 04, 1973
 Gender:
 Medical: 970036302
 Account: 04014454895
 Attendance: 21110
 Primary Care: AYD
 Bed: BD 03015

GRMH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS
 Low back pain

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Encourage fluids
 Take meds as prescribed
 Not driving while on pain meds
 Follow up with primary care physician
 No heavy lifting

THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Lunch 1 TABLET: 1 mg-500 mg, ORAL
 Dispense: 20 Quantity: 1, Unit: 4, Route: ORAL, Schedule: every six hours

* I understand the written and discussed instructions. My questions have been answered.*

Patient or responsible person:

Aileen Ruthin
 Name

Revised Nov Dec 12, 2011 1618 by ml101 of 1
 Copyright Ken, Inc.

GRMH
TRIAGE RECORD

Complaint: Accident - automobile
 Triage Time: Mon Dec 12, 2011 15:32
 Urgency: 3-Urgent
 Med-BS-W-W-STRNG
 Initial Vital Signs: 12/12/2011 15:21
 BP: -/-
 P: -
 O2 sat: - on -

Patient Date

ED Attending
 Patricia BNY

Ri-
 T-
 Pain-

Tomb, Aileen
 970036302
 04014454895
 21110
 AYD
 BD 03015

KNOWN ALLERGIES

None

PRESENTING PROBLEM

Presenting problem: Neck injury - Pain-Swelling.

TRHAGE

PHYSICIAN: NAME: Ruthin, Aileen, AOE: 3M, DOB: 04 May 04, 1973, TIME OF GRIEV: Mon Dec 12, 2011 15:11, RACE: Aileen American, Home/Accident: Dealer homicidal/suicidal (reference:), Smoking Cessation: Dealer smoking in past 12 months, SSN: 251476888, MEDICAL RECORD NUMBER: 970036302, ACCOUNT NUMBER: 04014454895, PERSON ID: 970036302, Date: Dec 12, 2011 15:21 AM

ADMISSION: URGENCY: 3-Urgent, ADMISSION SOURCE: Greenville County - reason of accident, TRANSPORT: Greenville County EMS - ALS, DEPT: Emergency, ICD: WAITING, Date: Dec 12, 2011 15:21 AM

VITAL SIGNS: BP: -/-, Pulse: -, Resp: -, Temp: -, O2 Sat: - on -, Time: 12/12/2011 15:21, Date: Dec 12, 2011 15:21 AM

COMPLAINT: Accident - automobile, Date: Dec 12, 2011 15:21 AM

HISTORY OF PRESENT COMPLAINT: pt presents with c/o neck pain that started with last accident on 11/29/2011. pt states was placed in c-collar and instructed to continue wearing it by her chiropractor. pt states was supposed to stop wearing it the Wednesday, pt c/o worsened neck pain after accident about 1 hr ago where pt was re-triaged. no leg, no head injury, no ribbing deployment. Date: Dec 12, 2011 15:21 AM

ASSESSMENT: 2. Sines Tendr, Date: Dec 12, 2011 15:21 AM

INDICATIONS: Immunizations up to date. Last tetanus shot received less than 10 years ago. Date: Dec 12, 2011 15:21 AM

DOMESTIC VIOLENCE: No domestic violence. Date: Dec 12, 2011 15:21 AM

TREATMENTS PRIOR TO ARRIVAL: No treatment. Date: Dec 12, 2011 15:21 AM

TREATMENTS IN TRIAGE: No treatment. Date: Dec 12, 2011 15:21 AM

PROVIDERS: TRIAGE NURSE: Ashley Bnyne, RN, Date: Dec 12, 2011 15:21 AM

LAST MEDICAL HISTORY: No past medical history. Date: Dec 12, 2011 15:21 AM

MEDICAL HISTORY: No past medical history. This vaccine is up to date. Tetanus is up to date. Pneumococcal vaccine is up to date.

SURGICAL HISTORY: Patient's previous surgical history is not relevant to the case.

Printed: Mon Dec 12, 2011 15:37 by AYD Page: 1 of 3

C. S. M. B. A. L. D.



Name: Ruffin, Alicia
Age: 38Y DOB: May 04, 1973
Gender:
MedRec: 970036302
AcctNum: 04014454895
Attending: BH10
Primary RN: APD
Bed: ED ED 05

GRMH
DISCHARGE INSTRUCTIONS RECEIPT

FINAL DIAGNOSIS

Low back pain

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Encourage fluids
Take meds as prescribed
No driving while on pain meds
Follow up with primary care physician
No heavy lifting

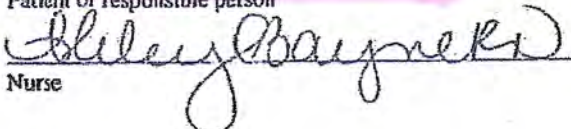
THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Lortab : TABLET : 5 mg-500 mg : ORAL
Dispense: 20, Quantity: 1, Unit: *, Route: ORAL, Schedule: every six hours

"I Understand the written and discussed instructions. My questions have been answered."

X 

Patient or responsible person



Nurse

December 18, 2019

To whom it may concern,

I, Marlayda E. Falls, viewed the documents that was submitted by the attorney on behalf of Liberty Mutual; Amanda Neely.

I hereby state that I did not sign nor agree to sign this document; page 47, that was dated December 12, 2011. There was no way that I could've signed this document because I too was involved in this motor vehicle accident and I would have not signed for medication for my mother. I did not sign that document. If any additional information or confirmation is needed please feel to contact me, at my cell, (706) 577-6703.

Marlayda E. Falls

Marlayda E. Falls
[Signature]
[Signature]

Jeff McElhannon
JEFF McELHANNON

JEFF MCELHANNON
Notary Public, State of South Carolina
My Commission Expires 10/25/2026



Claimant's Name: Alicia Ruffin SSN: 251-47-6888 Employer's Name: Builders Firstsource, Inc.
Address: 563 Duncan Station Drive Address: 8035 Howard Street
City: Duncan State: SC Zip: 29334 City: Spartanburg State: SC Zip: 29303
Home Phone: (864) 814-8350 Work Phone: _____ Insurance Carrier: Liberty Mutual Insurance Company
Preparer's Name: Aimee N. Couch Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 720-2330

SUBPOENA

To: Greer Memorial Hospital / Records Custodian

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: _____ **DATE AND TIME:** _____

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.
Any and all **abstract records you have in your possession relating to the medical care of Alicia Ruffin for 8/15/19-FORWARD (excluding OBGYN-related records), including, but not limited to: admission/discharge summaries, consultation reports, operative reports, ER reports, nurses' notes, ALL patient information sheets, diagnostic radiology reports, work excuse/restriction slips, and correspondence to or from any and all third parties. (We do not need lab test results, EKG printouts, blank or duplicate pages.)**

MAIL OR FAX TO: Aimee N. Couch **Fax: (864) 241-5372** **MAIL/FAX BY:** 10/25/19
Willson Jones Carter & Baxley, P.A.
872 S. Pleasantburg Drive
Greenville, SC 29607

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 FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE
Amanda E. Neely, Attorney for Defendants

(864) 272-2668
PHONE NUMBER

October 10, 2019
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.



Greenville County
13th Judicial Circuit
Public Index



Greenville County Home Page South Carolina Judicial Department Home Page

Switch View

Alicia Ruffin vs. Melissa Burgess , defendant, et al					
Case Number:	2012CP2304671	Court Agency:	Greenville County Common Pleas	Filed Date:	07/23/2012
Case Type:	Common Pleas	Case Sub Type:	Motor Veh Accid 320	File Type:	Jury
Status:	Disposed	Assigned Judge:			
Disposition:	Ended by Jury Trial	Disposition Date:	01/10/2014	Disposition Judge:	Hill, D. Garrison
Original Source Doc:		Original Case #:			
Judgment Number:		Court Roster:			

Case Parties Judgments Tax Map Information Associated Cases Actions Financials						
Name	Description	Type	Motion Roster	Begin Date	Completion Date	Documents
Ruffin, Alicia	Exhibit/Exhibit Destruction Notice Sent	Filing		05/19/2016-00:00		
	Order/Form 4 Denyinh Pft Mtn For A New Trial	Order		02/17/2014-11:48		
Ruffin, Alicia	Plaintiffs Motion For New Trial	Motion		01/17/2014-14:41		
Ruffin, Alicia	Exhibits	Filing		01/14/2014-09:51		
	Order/Form 4 Verdict For Defendant/Verdict Form	Order		01/10/2014-09:32		
	Order/Consent Motion To Consolidate W/Associated Case/Srvc	Order		12/04/2013-16:50	01/10/2014-16:50	
Bradley, Scott James	Notice of Case Roster Publication Sent	Action		11/20/2013-11:35	01/10/2014-11:35	
Thompson, Martin Kyle	Notice of Case Roster Publication Sent	Action		11/20/2013-11:35	01/10/2014-11:35	
Burgess, Melissa	Motion/Motion Filing Fee	Filing		11/18/2013-16:44	01/10/2014-16:44	
Bradley, Scott James	Notice of Case Roster Publication Sent	Action		09/18/2013-17:07	01/10/2014-17:07	
Thompson, Martin Kyle	Notice of Case Roster Publication Sent	Action		09/18/2013-17:07	01/10/2014-17:07	
Ruffin, Alicia	ADR/Mediation Results Report/Filing	Filing		07/26/2013-09:44	01/10/2014-09:44	
Ruffin, Alicia	ADR/Mediation Results Report	Action		07/26/2013-09:44	07/25/2013-09:44	
Bradley, Scott James	Notice of Case Roster Publication Sent	Action		07/11/2013-11:59	01/10/2014-11:59	
Thompson, Martin Kyle	Notice of Case Roster Publication Sent	Action		07/11/2013-11:59	01/10/2014-11:59	
Bradley, Scott James	Notice of Case Roster Publication Sent	Action		07/11/2013-11:30	01/10/2014-11:30	
Thompson, Martin Kyle	Notice of Case Roster Publication Sent	Action		07/11/2013-11:30	01/10/2014-11:30	
	ADR/Notice of ADR (5/19/2013)	Action		02/25/2013-09:52	01/10/2014-09:52	
	Answer/Answer And Service On Behalf Of Melissa Burgess	Filing		11/27/2012-00:00	01/10/2014-00:00	
	Service/Affidavit Of Service on Melissa Burgess	Filing		09/28/2012-12:22	01/10/2014-12:22	
Ruffin, Alicia	Summons & Complaint	Filing		07/23/2012-	01/10/2014-	

12/12/2011	Greer Memorial Hospital	No signatures, No initials, No dates No attestation statement	41-46
12/12/2011	Greer Memorial Hospital	Hospital logo & MR info appeared to be a-fix on; Wrong Pt/Wrong Signature	47
12/12/2011	Greer Memorial Hospital	5 areas within the document was amended, with no amendent dates, name of who amended and/or initials.	48
12/12/2011	Greer Memorial Hospital	1 area within the document was amended, with no amendent dates, NO name of who amended it and/or initials.	49
12/12/2011?	Greer Memorial (EMS)?	Very faded; unclear date, no names of the EMT-B and Paramedic, full report unclear, no sign-off, no initials	50-52
12/12/2011	Greer Mem. Hosp. ABMH Radiology	Faded unclear, no sign-off, no date viewed by a physician	53-54
02/18/2018	GRMH EMERGENCY DEPT.	No signatures, No initials, No dates No attestation	55-62
04/12/2019	GRMH EMERGENCY DEPT.	THE ONLY ATTESTATION STATEMENT	63-68
06/12/2019	GRMH EMERGENCY DEPT.	No Attestation Statement, No initials, and No signatures. PLEASE READ PAGE 75 !!!!	69-83
10/04/2018	TELERADIOLOGY	NO DATE WHEN IN IT WAS REVIEWED BY A DOCTOR, NO SIGN SHEET WHOM THE INITIALS ARE FOR?	84
10/22/2018	TELERADIOLOGY	NO SIGNED SHEET AS TO WHO'S INITIALS CAN BE VERIFIED	85
10/08/2018	DOCTORS CARE	PAGE APPEARS TO BE CUT AND PASTED	86
10/08/2018	DOCTORS CARE	PAGE APPEARS TO BE CUT AND PASTED	87
10/04/2018	(DOCTORS CARE)URGENT CARE NOTE?	No signatures, No initials, No dates No attestation	88-90
10/04/2018	(Doctors Care) Radiology Form	No signature page to know who reviewed it and approved it.	91
10/04/2018	(Doctors Care) Work Status Report	Ownership of the page, unknown No patient signature	92
10/04/2018	Employer Authorization Form	Ownership of the page, unknown No Employee signature	93
10/04/2018	ORGIN UNKNOWN; NO TITLE, NO LOGO	ORGIN UNKNOWN; NO TITLE, NO LOGO	94-95
10/22/2018	ORGIN UNKNOWN; Urgent Care Notes	No signatures, No initials, No dates No attestation statement	96-97
10/22/2018	(Doctors Care) Radiology Form	No signature page to know who reviewed it and approved it.	98
10/22/2018	Doctors Care- Hillcrest Order Requisition	No signatures, No initials, No date of signature	99-100
10/22/2018	(Doctors Care) Work Status Report	Page appears to be cut and pasted	101
11/05/2018	ORGIN UNKNOWN; Urgent Care Notes	No signatures, No initials, No dates No attestation statement	102-106
11/05/2018	(Doctors Care) Work Status Report	Page appears to be cut and pasted	107
11/14/2018	(Doctors Care) Clinic Notes	Doctor did not sign/ nor initial as to when reviewed and authenticated and dated	108-112
11/14/2018	(Doctors Care) Work Status Report	Page appears to be cut and pasted	113
11/30/2018	Carolina Orthopaedic & Neurosurgical	(PAGE OK)	114
10/26/2018	Emergency MD	Doctor did not sign/nor initial as to when docs. were reviewed	115

11/16/2018	Carolina Orthopaedic & Neurosurgical	Doctor did not sign/nor initial as to when reviewed, authenticate, and date	116-123
11/29/2018	CAROLINA ORTHOPAEDIC(ORDERS)	NO DATE RECVD	124
11/30/2018	CAROLINA ORTHOPAEDIC	No signature page to represent Physicians's initials	125-126
12/07/2018	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS	127-130
11/18/2018	CAROLINA ORTHOPAEDIC	NO SIGNED SHEET TO REPRESENT SIGNATURE OR INITIALS.	131
NOT DATED	CAROLINA ORTHOPAEDIC	NO SIGNED SHEET TO REPRESENT SIGNATURE OR INITIALS.	132
01/11/2019	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	133-136
01/11/2019	CAROLINA ORTHOPAEDIC	No signature page to represent Physicians's initials	137
01/25/2019	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	138-140
04/12/2019	CAROLINA ORTHOPAEDIC	No signature page to represent Physicians's initials	141
04/12/2019	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	142-145
01/22/2019	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	146-147
05/01/2019-07/26/2019	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	148-159
11/26/2018	CAROLINA ORTHOPAEDIC	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	160-161
05/17/2019	PIEDMONT COMPRESHENSIVE	SAYS DICTATED NOT READ; BY WHOM? NOT SIGNED BY A PHYSICIAN	162-163
06/14/2019	PIEDMONT COMPRESHENSIVE	No signature page to represent Physicians's initials	164-167
07/17/2019 08/23/2019	PIEDMONT COMPRESHENSIVE	SAYS DICTATED NOT READ; BY WHOM? NOT SIGNED BY A PHYSICIAN	168-169
06/19/2019	PIEDMONT PHYSICAL MEDICINE & REHAB	No signature page to represent Physicians's initials	170
07/22/2019	SOUTHEASTERN NEUROSURGICAL AND SPINE	Dr. stated he did not have the benefit of viewing disk, during the IME. NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS.	172-178
09/26/2019	SOUTHEASTERN NEUROSURGICAL AND SPINE	No signature page to represent Physicians's initial (Have copy)	179
10/05/2019	Blue Ridge Pain Management	Can not view to read	180-182
10/06/2019	Blue Ridge Pain Management	Can not view to read	183
11/06/2019	Blue Ridge Pain Management	Has signature (Have Copy)	184-186
11/06/2019-Received 11/08/2019	Blue Ridge Pain Management (LAB)	NO DATE WHEN IT WAS REVIEWED BY A DOCTOR, NO SIGNATURE OR INITIALS	187-191

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
JUDICIAL CONFERENCE DECISION AND ORDER

Alicia Ruffin v Builders FirstSource Inc.
SCWCC: 1815744
Commissioner: Beck

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a **Motion to Reinstate**. The Commissioners considered the matter and ordered the matter handled in the following manner:

IT IS, THEREFORE, ORDERED the pending appeal of the Administrative Order of the Commission is hereby.
 Dismissed as Interlocutory. Set for Oral Argument.

IT IS, THEREFORE, ORDERED the pending motion be, and hereby is;
 Granted. Denied. Dismissed Preserved for hearing

BEFORE THE;
 Hearing Comm. Jurisdictional Comm. Full Commission.

IT IS, THEREFORE, ORDERED this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

Remand to Panel as indicated below.
 Barden James Taylor
 Beck Campbell Wilkerson
 McCaskill

Remand for Order consistent with the Order of the Court.
 Remand to the Hearing Commissioner.
 Remand to the Jurisdictional Commissioner.
 Other: _____

Remand: Panel Oral Argument. En Banc Oral Argument.

AND IT IS SO ORDERED.



 Susan S. Barden

Columbia, South Carolina

2020		
CONCURRING:	NOT PARTICIPATING:	DISSENTING:
Commissioner T. Scott Beck	<input checked="" type="checkbox"/>	_____
Commissioner Melody James	_____	_____
Commissioner Aisha Taylor	_____	_____
Commissioner Avery Wilkerson	_____	_____
Commissioner Michael Campbell	_____	_____
Commissioner Gene McCaskill	_____	_____

1815744 Alicia Ruffin v Builders FirstSource Inc.

Order Served via E-Mail:

--	--

Order Served via USPS:

<p>Alicia Ruffin, Claimant 563 Duncan Station Drive Duncan, SC 29334</p> <p>Amanda E. Neely, Atty. at Law Wilson Jones Carter & Baxley, P.A. 325 Rocky Slope Road Suite 201 Greenville, SC 29607</p> <p>Mary Kate Littlejohn, Atty. at Law Wilson Jones Carter & Baxley, P.A. 325 Rocky Slope Road Suite 201 Greenville, SC 29607</p>		

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 D. Deller on February 24, 2021

Subject FW: [External] RE: Case 1815744
To: [Alicia Smith <innocentlyal@yahoo.com>]
From Cannon, Gary <gcannon@wcc.sc.gov>
Cc: [Proveaux, Amy <aproveaux@wcc.sc.gov>]
Date Tue, May 11, 2021 at 10:59 AM

Dear Alice Smith

I am responding to the email sent to Keith Roberts, Amy Bracy, and Eugenia Hollmon with regard to your case.

The Order you received denying your Motion for Reinstatement is the only document issued by the Commission in this matter. There are no documents that are associated with the Judicial Conference Decision and Order in this matter.

If you wish to seek legal advice, you may find an attorney at the SC Bar. The link to their website is <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.scbar.org%2Fpublic%2Fget-legal-help%2Ffind-lawyer-or-mediator%2Ffind-a-lawyer%2F&data=04%7C01%7Cgcannon%40wcc.sc.gov%7C9b3467ec8009456af60408d9148c01eb%7Ce9f8d01480d84f27b0d6c3d6c085fcd%7C1%7C0%7C637563413820568282%7CUnknown%7CTWFpbGZsb3d8eyJWIjojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C1000&sdata=7Gok8PY6TI96%2BbTFSFborUxgrqJ1vrVq9HTGhU9lkGY%3D&reserved=0>

Gary M Cannon
Executive Director

-----Original Message-----

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Monday, May 10, 2021 4:16 PM
To: Roberts, Keith <keroberts@wcc.sc.gov>; Bracy, Amy <abracy@wcc.sc.gov>; Hollmon, Eugenia <ehollmon@wcc.sc.gov>; Cannon, Gary <gcannon@wcc.sc.gov>
Subject: [External] RE: Case 1815744

This is an email to request a copy of the "Full Decision" made by the Commission of the February 26, 2021; denying my Motion for Reinstatement. The only statement that I have received pertaining to the decision rendered by the Full the Commission contained the Certificate of Service and one page stating that the motion was denied. There was nothing that included the reason for the denial; to my understanding the contents should have included at least a minimum of at least 10-12 pages why the motion is being denied in order for me to appeal the decision. I made a request for this information March 4, 2021 and since my only recourse is to file an appeal with the SC Court of Appeals; by not receiving this information in a timely matter can be construed as Obstruction Justice and a violation Due Process by your office.

Respectfully Submitted,

Alicia M. Ruffin

RE: Unprofessional Conduct and Obstruction of Justice

innocentiyal@ya.../Sent

Sep 15, 2020 at 11:05 AM



innocentiyal <innocentiyal@yahoo.com>

To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>, Amanda E. Neely <aeneely@wjlaw.net>, jwinders@doj.sc.gov

Enclosed is to the pictures of the evidence that I received from Amanda Neely's office. I am not an Attorney. I do not have much money; but I had my husband go to Staples and professionally printed out my copy of evidence to provide to Opposing Counsel and the Commission. I had my husband mail them Conditional Receipt as to have "No Question" that I conduct my side of the case honorably.

I expected better since Opposing Counsel since she is a Representative of The Law.

Here Opposing Counsel's evidence was shrinked to one of the smallest fonts possible and the Conditional Receipt was not probably signed with an office representative's signature. Please note this to the RECORD... Under South Carolina Code Sec. 16-9-10 (A) (2) It is unlawful for a person to willfully give false, misleading, or incomplete information on a document, record, or form required by laws of this State. My evidence was deliberately shunk to avoid clear inspection of Opposing Counsel's information in order to be able to give a proper defense. And the Conditional Receipt was deliberately not signed by an Opposing Counsel's office Representative. I will be happy to forward a copy of all Opposing Counsel's evidence that was sent to me upon your request.

RESPECTFULLY,

Alicia Ruffin

Sent on my Boost Mobile Phone.

3 Files 7.4MB



20200915_103623.jpg
2MB



20200915_103648.jpg
2MB



20200915_103715.jpg
3MB

21P.

RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

innocentyal@ya.../inbox



DeBruhl, Shawn <sdebruhl@wcc.sc.gov>

May 28, 2020 at 3:47 PM

To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>, AENEELY@WJLAW.NET <aeneely@wjlaw.net>
JESIDES@WJLAW.NET <jesides@wjlaw.net>
Cc: innocentyal@yahoo.com <innocentyal@yahoo.com>

Good afternoon. The past few weeks have been challenging for most of us and we appreciate your patience as we all learn to work and live life differently.

The above matter was set before Commissioner Beck April 16, 202 in Rock Hill and we are ready to reset this before Commissioner Beck.

Due to the difficulties of securing hearing sites at numerous locations due to different requirements enacted due to the COVID-19 virus and for the safety of the parties, would the parties agree to waive venue for this matter to be heard on June 24 in Richland at the Commission where space is available that allows for social distancing?

Please advise if the Richland location works and I will get this matter reset.

Thanks

Shawnee

Shawnee DeBruhl
Administrative Coordinator to
Commissioner Beck
S.C. Workers' Compensation Commission
803-737-5698

In response to Governor McMaster's Executive Order 2020-11 issued on March 19, 2020, the SC Workers' Compensation Commission's office located at 1333 Main Street Columbia, SC 29202 will be closed to the public until further notice. The Commission will be operating with minimal staff on-site with the remaining staff working from home. For additional information about the closure go to <https://wcc.sc.gov/news>

-----Original Message-----

From: sdebruhl@wcc.sc.gov <sdebruhl@wcc.sc.gov>
Sent: Wednesday, April 1, 2020 10:16 AM
To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>; AENEELY@WJLAW.NET; JESIDES@WJLAW.NET
Subject: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

Attached please find Notice of Hearing before the SC Workers' Compensation Commission in the above referenced matter.

For hearings only, please submit briefs and evidence documents through the new upload function in eCase. Pre-hearing brief with Notice of Witness documents should be uploaded before the hearing. Evidence documents should be physically presented to the Commissioner at hearing and uploaded afterward. Please note: these are the only documents accepted through Upload at this time.

22p

RE: Alicia Ruffin vs. Builders Firstsource, Inc. WC555-E13688: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

innocentlyal@ya.../inbox

Jun 26, 2020 at 12:15 PM



Amanda E. Neely <aeneely@wjlaw.net>
To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>, Alicia Smith <innocentlyal@yahoo.com>, Jennifer E. Sides <jesides@wjlaw.net>

Hi Shawnee,

I can't do July 15th, but I am available August 3rd. And Rock Hill is fine with me.

Thanks,
Amanda

PLEASE NOTE OUR NEW PHYSICAL/MAILING ADDRESS.



Amanda E. Neely, Attorney
aeneely@wjlaw.net
325 Rocky Slope Rd., Suite 201
Greenville, South Carolina 29607
Phone: (864) 272-2668
Fax: (864) 235-6015
wicblaw.com

**WILLSON JONES CARTER
& BAXLEY, P.A.**

From: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>
Sent: Friday, June 26, 2020 12:11 PM
To: Alicia Smith <innocentlyal@yahoo.com>; Amanda E. Neely <aeneely@wjlaw.net>; Jennifer E. Sides <jesides@wjlaw.net>
Subject: RE: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

Good afternoon. Thank you for your patience in getting this matter rescheduled. We are scheduling a make up date in Rock Hill and looking at July 15 or Aug 3. Please advise if either of these dates work and I will check with the venue to ensure they are available prior to sending the reset hearing notice.

Thanks

Shawnee

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Wednesday, June 3, 2020 12:44 PM
To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>; aeneely@wjlaw.net
Subject: Re: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

Dear Mrs. DeBruhl:

I am reaching out to you to see if a venue date has been set for Spartanburg County regarding my case no: 1815744 and to also to request transcripts of the Pre Hearing that was scheduled in January 2020. Thank-you for all attention given to this request.

Sincerely,

Alicia Ruffin

On Friday, May 29, 2020, 11:09:55 AM EDT, Alicia Smith <innocentiyal@yahoo.com> wrote:

Dear Mrs. Shawnee,

Thank for the considerations in trying to schedule the hearing, but due to my disabilities, I need the venue to remain in Spartanburg County.

Sincerely,

Alicia Ruffin

Sent from Yahoo Mail on Android

On Fri, May 29, 2020 at 8:50 AM, DeBruhl, Shawn <sdebruhl@wcc.sc.gov> wrote:

Good morning – my apologies as the location for the April 16 hearing was incorrect in my first email. The hearing was originally set in Spartanburg. Sorry for any confusion.

As we are having difficulty securing hearing sites in venues around the state, we are inquiring if you would be willing to waive venue and have this matter heard at the Commission in Richland, SC on June 24.

Thanks,

Shawnee

From: Alicia Smith <innocentiyal@yahoo.com>

Sent: Thursday, May 28, 2020 5:15 PM

To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>; DeBruhl, Shawn <sdebruhl@wcc.sc.gov>; AENEELY@WJLAW.NET; JESIDES@WJLAW.NET

Subject: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

Good Afternoon, Mrs. DeBruhl:

Subject RE: [External] Notice of Hearing July 15, 2020 #1815744
From Alicia Smith <innocentlyal@yahoo.com>
To: sdebruhl@wcc.sc.gov <sdebruhl@wcc.sc.gov>, bskarbek@wcc.sc.gov <bskarbek@wcc.sc.gov>, dhutto@wcc.sc.gov <dhutto@wcc.sc.gov>, tmorris@wcc.sc.gov <tmorris@wcc.sc.gov>, rgsmith@wcc.sc.gov <rgsmith@wcc.sc.gov>, klinder@wcc.sc.gov <klinder@wcc.sc.gov>
Cc: Amanda E. Neely <aeneely@wjlaw.net>
Date Fri, Jun 26, 2020 at 3:32 PM

Dear Ms. Debruhl:

According to the SC Code: 42-17-20 (2018) The hearing shall be held in the district in which the injury occurred, but no greater than 75 miles from the county seat of the county in which the injury occurred, unless otherwise agreed to by THE PARTIES and authorized by the commission. I am disabled. I am not consenting to the venue being conducted in Rock Hill county location. I have been informed that formal and informal hearings are being conducted in Spartanburg County WC. This is where the Pre-hearing has already been conducted and the previous scheduled hearing was due to held. I respectfully request for the hearing to remain in Spartnburg County WC and I am willing to wait for any date available.

Sincerely,

Alicia Ruffin
Case No: 1815744

[Sent from Yahoo Mail on Android](#)

On Fri, Jun 26, 2020 at 2:27 PM, DeBruhl, Shawn <sdebruhl@wcc.sc.gov> wrote:

The Commission must consider consolidating hearing locations where appropriate space is available that allows for the social distancing requirements and to use venues available to us at this time.

Per Section 42-17-20 - The hearing will be held in the district in which the injury occurred, but no greater than 75 miles from the county seat of the county in which the injury occurred.

I will begin the process of setting this matter for August 3,2020.

Thanks,

Shawnee

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Friday, June 26, 2020 12:35 PM
To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>
Cc: Amanda E. Neely <aeneely@wjlaw.net>
Subject: [External] Notice of Hearing July 15, 2020 #1815744

Dear Ms. DeBruhl,

Subject RE: [External] Hearing Notice - WCC# 1815744: Ruffin
From DeBruhl, Shawn <sdebruhl@wcc.sc.gov>
To: Alicia Smith <innocentlyal@yahoo.com>
Date Tue, Jul 28, 2020 at 4:49 PM

Good afternoon - the hearing set for August 28 will need to go forward in-person.

Thanks

Shawnee

Shawnee DeBruhl
Administrative Coordinator to
Commissioner Beck
S.C. Workers' Compensation Commission
803-737-5698

The Commission is now open to the public during normal business hours 8:30 a.m. to 5:00 p.m.
The Commission will be operating with minimal staff on-site.
For additional information go to <https://wcc.sc.gov/news>

-----Original Message-----

From: Alicia Smith <innocentlyal@yahoo.com>
Sent: Tuesday, July 28, 2020 2:00 PM
To: DeBruhl, Shawn <sdebruhl@wcc.sc.gov>
Cc: innocentlyal@yahoo.com
Subject: [External] Hearing Notice - WCC# 1815744: Ruffin

Good Afternoon Mrs. Debruhl;

In an effort to prepare for August 28, 2020 hearing and the surge of COVID cases in South Carolina. I am inquiring concerning the in-person hearing scheduled for Rock Hill, SC. In order to stop further delays; will it be possible for the hearing to be conducted via tele-conferenced or over phone?

Sincerely,

Alicia M. Ruffin

RE: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

innocentiyal@ya.../Debruhl



Debruhl, Shawn <sdebruhl@wcc.sc.gov>

To: Alicia Smith <innocentiyal@yahoo.com>, aeneely@wjlaw.net <aeneely@wjlaw.net>, Jennifer E. Sides <jesides@wjlaw.net>

Jun 26, 2020 at 12:10 PM

Good afternoon. Thank you for your patience in getting this matter rescheduled. We are scheduling a make up date in Rock Hill and looking at July 15 or Aug 3. Please advise if either of these dates work and I will check with the venue to ensure they are available prior to sending the reset hearing notice.

Thanks

Shawnee

From: Alicia Smith <innocentiyal@yahoo.com>

Sent: Wednesday, June 3, 2020 12:44 PM

To: Debruhl, Shawn <sdebruhl@wcc.sc.gov>; aeneely@wjlaw.net

Subject: Re: [External] RE: POSTPONEMENT Hearing Notice - WCC# 1815744: Ruffin

Dear Mrs. Debruhl:

I am reaching out to you to see if a venue date has been set for Spartanburg County regarding my case no: 1815744 and to also to request transcripts of the Pre Hearing that was scheduled in January 2020. Thank-you for all attention given to this request.

Sincerely,

Alicia Ruffin

On Friday, May 29, 2020, 11:09:55 AM EDT, Alicia Smith <innocentiyal@yahoo.com> wrote:

Dear Mrs. Shawnee,

Thank for the considerations in trying to schedule the hearing, but due to my disabilities, I need the venue to remain in Spartanburg County.

Sincerely,

Alicia Ruffin

[Sent from Yahoo Mail on Android](#)

On Fri, May 29, 2020 at 8:50 AM, DeBruhl, Shawn <sdebruhl@wcc.sc.gov> wrote:

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

April 24, 2019

Page 1
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

04/12/2019 - Office Visit: F/U L/Cspine

Provider: David Mitchell MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

Ms. Alicia Ruffin is a 45 Years Old Black or African American female, who is here for a follow-up appointment.

Chief Complaint: Neck pain.

History From: Patient

Race: Black or African American

Family Physician: Dr. Rashik

This 45-year-old female has been followed by Dr. Mitchell for a work-related injury of her neck. The date of injury was 10/04/2018. The patient has had physical therapy. She is currently using a cervical collar that she has been in since November. She has not yet returned to work. The patient describes headaches, vertigo and sensitivity to light. She rates her pain today on a scale of 1 to 10 at 8/10. Past medical records and medication list were reviewed and updated today.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 10/04/2018

Are you claiming as Workers Compensation? yes

Type of Problem

pain today 8/10

Location of Your Injury / condition

hip bilateral, shoulder bilateral, leg left, back pain bilateral, pelvis bilateral, neck pain bilateral,

Previous Treatment

Have you had any of the following for this problem? MRI Lspine @MD360 10/26/18, X-Ray Lspine @Doctors Care 10/4/18; MRI Lspine @CONA 1/22/19

History of OA Fractures or Procedures:

Past Medical History

No significant medical history

***** Please Note *****

Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food
CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food
BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD
ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain
IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 108 R: 16 BP: 159/112

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using a Walker

Durable Goods: Yes

Patient is Wearing a(n) Neck Brace

PHYSICAL EXAM:

The cervical collar is in place. Shoulder shrugs are symmetric. Muscle strength testing and sensory exam intact.

IMAGING:

Review of the cervical MRI with Dr. Mitchell is accomplished.

ASSESSMENT

Neck pain with no acute surgical lesions.

PLAN

The patient and her son were counseled regarding the findings of the history and physical examination and MRI review. At this point, we feel that her wearing the neck collar is making her neck weaker. We have instructed her to discontinue the collar. She has been in physical therapy. Today she requests that she be switched from formal physical therapy to chiropractic therapy. This was discussed in detail with the patient. At this point Dr. Mitchell requests that she return to light duties. She will begin Celebrex 100 mg b.i.d. She will return to limited duties at 4-hour shifts at work. She will work with her case manager regarding whether or not they want her to go to chiropractic therapy or formal physical therapy. She will return to clinic here in one month.

The treatment plan was discussed in detail and all questions and concerns were addressed with the case manager while the patient was present. This interdisciplinary team meeting/consultation was 10 minutes in duration. I spoke with Linda Salido, RN.

Dictated by: William Sean Irvin, PA-C for David Mitchell, M.D.

New Orders:

Est. Level 4 [CPT-99214]

Consult w WC Nurse Case Manager [CPT-99366]

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 4
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

Cervical 2-3 views [72040]

Disposition: Return to office after studies

*** Patient's blood pressure was taken a second time and was 189/131 Pulse 93. I called patients PCP and he is out of the office until 01/25. The patient was told to go to the urgent care or ER for blood pressure evaluation****AG

Prescriptions:

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food #30[Capsule] x 0

Route:ORAL

Entered by: Ashley Gauthier

Authorized by: David Mitchell MD

Electronically signed by: Ashley Gauthier on 01/11/2019

Method used: Electronically to
CVS Lyman* (retail)
101 Locust St
Lyman, SC 29365
Ph: (864) 439-1040
Fax: (864) 949-0461

Note to Pharmacy: Route: ORAL;

RxID: 1862824618143230

Handout requested.

]

Patient at risk for falls: yes

Fall Risk Intervention

Provide adequate lighting

The patient declined the influenza vaccine.

Electronically signed by David Mitchell MD on 02/01/2019 at 2:59 PM

AFTER VISIT SUMMARY

Alicia Ruffin MRN: 970036302

4/12/2019 Greer Memorial Hospital Emergency Room 864-797-8604

Instructions



Your medications have changed

- START taking:
 - amLODIPine 2.5 mg tablet (NORVASC)
 - methocarbamol 750 mg tablet (ROBAXIN)

Review your updated medication list below.



Pick up these medications from any pharmacy with your printed prescription

amLODIPine • methocarbamol



Schedule an appointment with Mohammad Rashid, MD as soon as possible for a visit

Specialty: General Internal Medicine
Contact: 61 POINTE CIRCLE
Greenville SC 29615
864-286-6960



Follow up with Greer Memorial Hospital Emergency Room

Why: As needed, If symptoms worsen
Specialty: Emergency Medicine
Contact: 830 South Buncombe Road
Greer South Carolina 29650
864-797-8604

Today's Visit

Reason for Visit

- Neck Pain
- Extremity Weakness
- Hypertension

Diagnosis

Neck pain

Your End of Visit Vitals



Blood Pressure
135/87



Temperature (Oral)
98.7 °F



Pulse
95



Respiration
18



Oxygen Saturation
100%

What's Next

You currently have no upcoming appointments scheduled.

Treatment Team

You were seen by: Kelly Marie Johnson, MD

You are allergic to the following

No active allergies

Things you need to do

Schedule an appointment with Mohammad Rashid, MD as soon as possible for a visit

Phone: 864-286-6960

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.ghs.org/MyChart/>, click "Sign Up Now", and enter your personal activation code:

PD333-5RNJN-9F3ZM. Activation code expires 5/1/2019.

GRMH EMERGENCY DEPT
830 S BUNCOMBE RD
GREER SC 29650-2400

Ruffin, Alicia
MRN: 970036302, DOB: 5/4/1973, Sex: F
Acct #: 104000612684
Adm: 4/12/2019, Disch: 4/13/2019

Discharge Information (continued)

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit Room
---------------------	-----------------------	-----------------------	--------------------	--------------

Discharge Summary

No notes of this type exist for this encounter.

GRMH EMERGENCY DEPT
 830 S BUNCOMBE RD
 GREER SC 29650-2400

Ruffin, Alicia
 MRN: 970036302, DOB: 5/4/1973, Sex: F
 Acct #: 104000612684
 Adm: 4/12/2019, Disch: 4/13/2019

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Ruffin, Alicia	970036302	xxx-xx-6888	Female	05/04/73 (45 yrs)
Address	Phone	Email	Employer	
563 DUNCAN STATION DR DUNCAN SC 29334	864-814-8350 (H) 864-814-8350 (M)	innocently@yahoo.com	UNEMPLOYED	
County	Race	Occupation	Emp Status	
SPARTANBURG	Black or African American	-	Not Employed	
Reg Status	PCP	Date Last Verified		
Verified	Mohammad Rashid, MD864-286-6960	04/12/19		
HAR	Admission Date	Discharge Date	Admitting Provider	
104000612684	04/12/19	04/13/19		
Marital Status				
Married				
Emergency Contact 1	Emergency Contact 2	Emergency Contact 3		
Michael Ruffin (Spouse) US 864-814-8591 (H)	Marlayda Woods (Daughter) US 864-484-6994 (M)	Alicia Ruffin (PT PHYSICAL) 536 DUNCAN STATION DRIVE DUNCAN SC 29334 US		

Admission Information

Arrival Date/Time	04/12/2019 2106	Admit Date/Time	04/12/2019 2201	IP Adm. Date/Time	
Admission Type	Emergency	Point of Origin	Non-healthcare Facility	Admit Category	
Means of Arrival	Car	Primary Service	Emergency Medicine	Secondary Service	N/A
Transfer Source		Service Area	PRISMA HEALTH	Unit	Greer Memorial Hospital Emergency Room
Admit Provider		Attending Provider	Kelly Marie Johnson, MD	Referring Provider	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R51	Headache				
[Principal]					
M54.2	Cervicalgia				
H53.149	Visual discomfort, unspecified				
R20.2	Paresthesia of skin				
M62.838	Other muscle spasm				
Z98.890	Other specified postprocedural states				

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/13/2019 0109	Home Or Self Care	None	None	Greer Memorial Hospital Emergency

340

ED Notes

ED Provider Notes by Kelly Marie Johnson, MD at 4/12/2019 11:56 PM

Author: Kelly Marie Johnson, MD Service: Emergency Medicine Author Type: Physician
Filed: 4/13/2019 12:24 AM Date of Service: 4/12/2019 11:56 PM Status: Signed
Editor: Kelly Marie Johnson, MD (Physician)

History

Chief Complaint

Patient presents with:

- Neck Pain
- Extremity Weakness
 bilateral
- Hypertension

Patient is a 45 y.o. female who presents to the ED for neck pain with an associated headache and photophobia onset today. Pt reports she had an injury to her neck on 10/4/2018 while driving a truck without breaks which caused bruising to the spine and neck. Pt states she has been in a Philly cervical collar since October. Pt states she was at the spine surgeon today when the PA took off her neck brace. Pt states she has neck spasms and tingling on the left side of her body. Pt states she is taking Ibuprofen and Norvasc without relief. Pt reports taking the Norvasc today at 7 and 1400. Pt states she went has been out of her HTN for 2 days and notes her workman comp doctor or PCP wont refill the prescription. Pt states her blood pressure is 200/something and reports she didn't have HTN before the injury. Pt states Doctors Care prescribed her first dose of HTN medication but wont refill the medication. Pt denies injury, falls and any other complaints at this time.

History provided by: Patient
Language interpreter used: No

Past Medical History:

Diagnosis	Date
• Fracture, tibia and fibula	
• Murmur	
<i>no problems or treatment</i>	
• Other ANESTHESIA Complications	

Past Surgical History:

Procedure	Laterality	Date
• ANKLE SURGERY		
• CESAREAN SECTION		

Family History

Problem	Relation	Age of Onset
• Cancer	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Stroke	Father	
• Heart disease	Father	

35p

ED Notes (continued)

ED Provider Notes by Kelly Marie Johnson, MD at 4/12/2019 11:56 PM (continued)

- | | |
|----------------|----------------|
| • Diabetes | Father |
| • Hypertension | Father |
| • Hypertension | Brother |
| • Diabetes | Brother |
| • Cancer | Maternal Uncle |
| • Hypertension | Paternal Uncle |
| • Cancer | Paternal Uncle |

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Yes
 - Alcohol/week: 4.2 oz
 - Types: 7 Glasses of wine per week
- Drug use: No

Review of Systems

Constitutional: Negative for chills and fever.

HENT: Negative for congestion, rhinorrhea, sinus pressure, sneezing, sore throat, trouble swallowing and voice change.

Eyes: Positive for photophobia. Negative for pain, discharge, redness and visual disturbance.

Respiratory: Negative for apnea, cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Musculoskeletal: Positive for neck pain. Negative for back pain.

Skin: Negative for rash and wound.

Allergic/Immunologic: Negative for immunocompromised state.

Neurological: Positive for headaches. Negative for seizures, syncope, speech difficulty, weakness and light-headedness.

+tingling

Hematological: Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative for hallucinations.

Physical Exam

BP 135/87 (BP Location: Right arm, Patient Position: Sitting) | Pulse (!) 95 | Temp 98.7 °F (37.1 °C) (Oral) | Resp 18 | Ht 1.524 m (5') | Wt 92.1 kg (203 lb) | LMP 04/05/2019 | SpO2 100% | BMI 39.65 kg/m²

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

wearing sunglasses. lights darkened in room. neck pillow under chin.

HENT:

ED Notes (continued)

ED Provider Notes by Kelly Marie Johnson, MD at 4/12/2019 11:56 PM (continued)

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. There is no tenderness.

Musculoskeletal: She exhibits no edema.

Lymphadenopathy:

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. No rash noted. She is not diaphoretic. No erythema.

Psychiatric: She has a normal mood and affect. Her behavior is normal.

Nursing note and vitals reviewed.

ED Course^[KN.1]

Clinical Impressions as of Apr 12 2359

Neck pain^[KN.2]

MDM

Number of Diagnoses or Management Options^[KN.1]

Neck pain^{[KJ.1];[KN.1]} established and worsening^[KJ.1]

Diagnosis management comments:^[KN.1] MDM: This is an emergent evaluation of neck pain, spasm in a 45 F as above. On presentation, pt is GCS 15, AF, VS WNL.

No reported fall or trauma; I do not believe imaging indicated at this point.

Will give dose of oral Valium as muscle relaxant. Will refill BP meds, although she is normotensive here tonight.

F/U with PCP.

Kelly Johnson, MD

Emergency Medicine^[KJ.1]

Amount and/or Complexity of Data Reviewed

Decide to obtain previous medical records or to obtain history from someone other than the patient:^[KN.1] yes^[KJ.1]

Risk of Complications, Morbidity, and/or Mortality

Presenting problems:^[KN.1] moderate^[KJ.1]

Diagnostic procedures:^[KN.1] low^[KJ.1]

ED Notes (continued)

ED Provider Notes by Kelly Marie Johnson, MD at 4/12/2019 11:56 PM (continued)

Management options:[KN.1] low[KJ.1]

Patient Progress

Patient progress:[KN.1] stable[KJ.1]

Labs Reviewed - No data to display

Scribe: Personal Attestation

This document serves as a record of the service and decisions personally performed by the attending,[KN.1] Kelly Marie Johnson, MD[KN.3].

It was created on his/her behalf by KELSEY N NIELSEN, a trained medical scribe. The creation of this document is based on the patient's responses to questions from the provider and provider's statements to the medical scribe.[KN.1]

This document serves as a record of the service and decisions personally performed and made by, Kelly Marie Johnson, MD it was created on my behalf by a trained medical scribe. The creation of this document is based on my statements to the medical scribe.

I have personally seen and examined this patient. I have fully participated in the care of this patient. I have reviewed all pertinent clinical information, including history, physical exam and plan. I have personally reviewed and approved all orders. The information in this document, created by the medical scribe for me, accurately reflects the services I personally performed and the decisions made by me.

Kelly Johnson, MD
Emergency Medicine[KJ.1]

Kelly Marie Johnson, MD
04/13/19 0024
[KJ.2]

Electronically Signed by Kelly Marie Johnson, MD on 4/13/2019 12:24 AM
Attribution Key

KJ.1 - Kelly Marie Johnson, MD on 4/13/2019 12:22 AM
KJ.2 - Kelly Marie Johnson, MD on 4/13/2019 12:24 AM
KN.1 - Kelsey N Nielsen on 4/12/2019 11:56 PM
KN.2 - Kelsey N Nielsen on 4/12/2019 11:59 PM
KN.3 - Kelsey N Nielsen on 4/13/2019 12:11 AM

GRMH EMERGENCY DEPT
830 S BUNCOMBE RD
GREER SC 29650-2400

Ruffin, Alicia
MRN: 970036302, DOB: 5/4/1973, Sex: F
Acct #: 104000612684
Adm: 4/12/2019, Disch: 4/13/2019

History & Physicals

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

OR Op Notes

No notes of this type exist for this encounter.

All Results

No results found

END OF REPORT

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 1
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

05/01/2019 - Office Visit: F/U: Cspine/LSpine

Provider: David Mitchell MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

History From: Patient

Race: Black or African American

Family Physician: Dr. Rashik

She is 7 months out from her on the job injury. She is unable to drive so she cannot go to work part-time. She is on Celebrex but does not seem to help her. She is doing her PT at Garber. She went to the emergency room, think she said March 12th. The patient was removed from her cervical brace at last visit and encouraged to get back to work part-time. I do not think she liked that.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 10/04/2018

Are you claiming as Workers Compensation? yes

Type of Problem

pain today 10/10

Previous Treatment

Have you had any of the following for this problem? MRI Lspine @MD360 10/26/18, X-Ray Lspine @Doctors Care 10/4/18; MRI Lspine @CONA 1/22/19, X-ray

History of OA Fractures or Procedures:

Past Medical History

No significant medical history

***** Please Note *****

Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food

BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain

IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID

AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD

Current Medications (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms; Route: ORAL

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food; Route: ORAL

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food; Route: ORAL

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 2
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD; Route: ORAL
ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain; Route: ORAL
IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID; Route: ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID; Route: ORAL
AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD;
Route: ORAL

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Foot (Left)
Hand (Left)

Review of Systems

General: Positive for fatigue.

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Positive for weight gain.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, arthritis, muscle aches, stiffness, loss of strength.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, Has 5 children. drinks alcohol, drinks 1 to 3 times per week. does not exercise.

Occupation: disabled.

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother, Brother)

Cancer (Mother)

Heart Disease (Father)

Arthritis (Father)

Stroke (Father)

High Blood Pressure (Father, Mother, Brother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 3
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 96 R: 16 BP: 157/117

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: In a Wheel Chair

Durable Goods: No

PHYSICAL EXAM:

The patient is examined today. She is in a wheelchair. Her son is with her. She is in her sunglasses. She has a restricted range of motion of her cervical spine self-reported. Deep tendon reflexes appear to be intact in patella and Achilles but she is very difficult to handle. She will not get out of the wheelchair. She ambulates at home with a Rollator. No cauda equina symptoms. The patient is asking for some muscle relaxer methocarbamol to take two times a day.

ASSESSMENT

Strain of muscle, fascia and tendon of lower back, subsequent encounter (ICD-V58.89) (ICD10-S39.012D)

PLAN

Overall, I see no changes. I think she needs to be evaluated by the pain management doctors. I am not at all sure that there is anything I can do for her and hopefully pain management can take over her care. She may even need a neurology appointment. Plan is to see her back in four weeks' time. Continue her physical therapy. Give her her muscle relaxers for muscle spasms.

Dictated by: M. David Mitchell, MD

New Orders:

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Est. Level 3 [CPT-99213]

Disposition: Return to office
in 4 Weeks.

Prescriptions:

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms #30[Tablet] x 0

Route:ORAL

Entered by: Ashley Gauthier

Authorized by: David Mitchell MD

Electronically signed by: Ashley Gauthier on 05/01/2019

Method used: Electronically to

PIEDMONT
PHYSICAL MEDICINE
& REHABILITATION, P.A.

Specializing In:
- Pain Diagnosis and Treatment
- Pediatric and Adult Rehabilitation

317 St. Francis Drive, Suite 350, Greenville SC, 29601-3988 Tel: (864) 235-1834

Robert G. Schwartz, M.D.

Fax: (864) 235-2486

Electrodiagnostic Studies (NCV/EMG)

Electrodiagnostic Studies consist of both Nerve Conduction Velocity (NCV) studies and Electromyography (EMG). The purpose of these two tests are to determine if muscle or nerve disease or injury is present.

The NCV test will feel like shocks of static electricity (such as what you might feel after touching a door knob after walking on carpet). It checks to see if your nerves are conducting properly. This is just like checking the insulation, or outside part, of an electric wire.

The EMG test will feel like a pin prick. In this part of the test we are looking for breaks, or injury, in the nerve itself. This is like looking for cracks in the copper, or inside, part of an electric wire.

While this test is uncomfortable, we will make every effort to be as quick and easy as possible with it so as to minimize any discomfort that you may experience. It is not a kind of test that you need to bring someone with you for, and you will be able to go about any activity you wish when it is completed.

* ~~DO NOT~~ put any lotion or oils on your skin before you come in to take this test.

Please feel free to call our office if we can be of any assistance or answer any questions for you.

Patient: alicia ruffin DOB: 5/4/1973 Physician: Matthew Terzella, MD
 ID#: 32571 Ref Phys: one call

Nerve Conduction Studies
Anti Sensory Summary Table

Site	Mod	Peak (ms)	Latency (ms)	Temp (°C)	Norm P	Temp	Site	Site	Data (ms)	Dist (cm)
Left Median Anti Sensory (3rd Digit)										
Wrist		3.3	<3.6	104.7	>20		Wrist	3rd Digit	3.3	14.0
Left Ulnar Anti Sensory (5th Digit)										
Wrist		3.5	<3.6	44.8	>20.0		Wrist	5th Digit	3.5	14.0
B Elbow		0.8		6.6			B Elbow	Wrist	2.7	0.0

EMG/NCV was done to evaluate BUEs after a work related injury. Limb temperature was at or above 32 degrees centigrade.

Impression:

1. Limited study. The part of the study done was normal. Test terminated due to patient's pain.


 Matthew Terzella, MD

CC: Sung Han, MD
 One Call

440

AFTER VISIT SUMMARY

SCANNED



BON SECOURS HEALTH SYSTEM, INC.

Alicia M. Ruffin CSN: 700155702731 DoB: 5/4/1973

6/19/2019 SFD EMERGENCY DEPT 864-255-1111

Instructions

Muscle Cramps: Care Instructions

Your Care Instructions

A muscle cramp occurs when a muscle tightens up suddenly. A cramp often happens in the legs. A muscle cramp is also called a muscle spasm or a charley horse.

Muscle cramps usually last less than a minute. However, the pain may last for several minutes. Leg cramps that occur at night may wake you up.

Heavy exercise, dehydration, and being overweight can increase your risk of getting cramps. An imbalance of certain chemicals in your blood, called electrolytes, can also lead to muscle cramps. Pregnant women sometimes get muscle cramps during sleep.

Muscle cramps can be treated by stretching and massaging the muscle. If cramps keep coming back, your doctor may prescribe medicine that relaxes your muscles.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Drink plenty of fluids to prevent dehydration. Choose water and other caffeine-free clear liquids until you feel better. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- Stretch your muscles every day, especially before and after exercise and at bedtime. Regular stretching can relax your muscles and may prevent cramps.
- Do not suddenly increase the amount of exercise you get. Increase your exercise a little each week.
- When you get a cramp, stretch and massage the muscle. You can also take a warm shower or bath to relax the muscle. A heating pad placed on the muscle can also help.
- Take a daily multivitamin supplement.
- Ask your doctor if you can take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil,

Today's Visit

You were seen by Coben D Thorn, MD

Reason for Visit

Pain (Chronic)

Diagnosis

Muscle spasm

Lab Tests Completed

CBC WITH AUTOMATED DIFF
METABOLIC PANEL, BASIC

Medications Given

LORazepam (ATIVAN) Last given at
4:49 PM

Your End of Visit Vitals



Blood Pressure
153/99



Temperature
98.1 °F



Pulse
115



Respiration
20



Oxygen Saturation
94%

Instructions (continued)

Motrin), or naproxen (Aleve). Be safe with medicines. Read and follow all instructions on the label.

When should you call for help?



Watch closely for changes in your health, and be sure to contact your doctor if:

- You get muscle cramps often that do not go away after home treatment.
- Your muscle cramps often wake you up at night.
- You do not get better as expected.

Where can you learn more?

Go to <http://www.healthwise.net/GoodHelpConnections>.

Enter **I565** in the search box to learn more about "**Muscle Cramps: Care Instructions.**"

Current as of: September 20, 2018

Content Version: 11.9

© 2006-2018 Healthwise, Incorporated. Care instructions adapted under license by Good Help Connections (which disclaims liability or warranty for this information). If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.



Your medications have changed

- ➔ START taking:
LORazepam (ATIVAN)
- ❓ ASK how to take:
amLODIPine 10 mg tablet (NORVASC)
ROBAXIN 500 mg tablet

Review your updated medication list below.



Read the attached information

Additional instructions



Ask your doctor where to pick up these medications

- LORazepam 1 mg tablet



Follow up with Collis L Barksdale, MD in 2 days (around 6/21/2019)

Specialty: Family Practice
Contact: 290 Enterprise Dr
Easley SC 29642
864-365-0290

What's Next

What's Next (continued)

AUG **New Patient with Collis L Barksdale, MD**
8 Thursday August 8 9:00 AM
2019



POWDERSVILLE PRIMARY CARE
290 ENTERPRISE DR
EASLEY SC 29642-8280
864-365-0290

Medication Warning


Warning regarding certain medications

During this visit you **MAY have been** given or prescribed medication that can make you drowsy. You should not drive a car, operate machinery, or do anything that needs you to be alert while taking this medication. Do not drink alcohol while taking this medication. It can increase your chances of feeling sleepy or falling asleep when you should be awake. Ask your doctor or nurse if you have any questions regarding these medications or this warning.

Additional Information


 We documented an abnormal blood pressure on you today (>120/80). Blood pressures measured in the Emergency Department are often abnormal. This can be due to many conditions, including pain and stress. We strongly recommend that you follow up with your primary care physician for further evaluation of your blood pressure. 

A check mark



 indicates which time of day the medication should be taken.

My Medications

Start

	Instructions	Each Dose to Equal	Morning	Noon	Evening	Bedtime	As Needed
 LORazepam 1 mg tablet Commonly known as: ATIVAN Your last dose was: Your next dose is:	Take 1 Tab by mouth every eight (8) hours as needed for Anxiety. Max Daily Amount: 3 mg. Indications: spasm Last time this was given: Ask your nurse or doctor	1 mg					

Ask

	Instructions	Each Dose to Equal	Morning	Noon	Evening	Bedtime	As Needed
 amLODIPine 10 mg tablet Commonly known as: NORVASC Your last dose was: Your next dose is:	Take by mouth daily.						
 ROBAXIN 500 mg tablet Generic drug: methocarbamol Your last dose was: Your next dose is:	Take by mouth four (4) times daily.						

Where to Get Your Medications

Information on where to get these meds will be given to you by the nurse or doctor.

Ask your nurse or doctor about these medications

- LORazepam 1 mg tablet



Bon Secours introduces MyChart patient portal. Now you can access parts of your medical record, email your doctor's office, and request medication refills online.

1. In your internet browser, go to <https://mychart.mybonsecours.com/mychart>
2. Click on the **First Time User? Click Here** link in the Sign In box. **You will see the New Member Sign Up page.**
3. Enter your MyChart Access Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.
 - MyChart Access Code: DGWWJ-K86PT-3NC3F
 - Expires: 8/1/2019 8:42 AM
4. Enter the last four digits of your Social Security Number (xxxx) and Date of Birth (mm/dd/yyyy) as indicated and click **Submit**. You will be taken to the next sign-up page.
5. Create a MyChart ID. This will be your MyChart login ID and cannot be changed, so think of one that is secure and easy to remember.
6. Create a MyChart password. You can change your password at any time.
7. Enter your Password Reset Question and Answer. This can be used at a later time if you forget your password.
8. Enter your e-mail address. You will receive e-mail notification when new information is available in MyChart.
9. Click **Sign Up**. You can now view and download portions of your medical record.
10. Click the **Download Summary** menu link to download a portable copy of your medical information.

If you have questions, please visit the [Frequently Asked Questions](#) section of the MyChart website. Remember, MyChart is **NOT** to be used for urgent needs. For medical emergencies, dial **911**.

Now available from your iPhone and Android!

Introducing Bon Secours 24/7

As a Bon Secours patient, I wanted to make you aware of our electronic visit tool called Bon Secours 24/7.

Bon Secours 24/7 allows you to connect within minutes with a medical provider 24 hours a day, seven days a week via a mobile device or tablet or logging into a secure website from your computer. You can access Bon Secours 24/7 from anywhere in the United States.

A virtual visit might be right for you when you have a simple condition and feel like you just don't want to get out of bed, or can't get away from work for an appointment, when your regular Bon Secours provider is not available

Introducing Bon Secours 24/7 (continued)

(evenings, weekends or holidays), or when you're out of town and need minor care. Electronic visits cost only \$49 and if the Bon Secours 24/7 provider determines a prescription is needed to treat your condition, one can be electronically transmitted to a nearby pharmacy*.

Please take a moment to enroll today if you have not already done so. The enrollment process is free and takes just a few minutes. To enroll, please download the Bon Secours 24/7 app to your tablet or phone, or visit www.bonsecours247.org to enroll on your computer.

And, as an existing Bon Secours patient with a *Bon Secours MyChart* account, the results of your visits will be scanned into your electronic medical record and your primary care provider will be able to view the scanned results.

We urge you to continue to see your regular Bon Secours provider for your ongoing medical care. And while your primary care provider may not be the one available when you seek a Bon Secours 24/7 virtual visit, the peace of mind you get from getting a real diagnosis real time can be priceless.

For more information on Bon Secours 24/7, view our Frequently Asked Questions (FAQs) at www.bonsecours247.org.

*: certain medications cannot be prescribed via Bon Secours 24/7

ATTENTION

Recognize signs and symptoms of **STROKE**:

F-face looks uneven

A-arms unable to move or move unevenly

S-speech slurred or non-existent

T-time-call 911 as soon as signs and symptoms begin-**DO NOT** go
Back to bed or wait to see if you get better-**TIME IS BRAIN.**

Warning Signs of HEART ATTACK

Call 911 if you have these symptoms:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea, or lightheadedness.

ATTENTION (continued)

Don't wait more than five minutes to call 911 – MINUTES MATTER! Fast action can save your life. Calling 911 is almost always the fastest way to get lifesaving treatment. Emergency Medical Services staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car.

Providers Seen During Your Hospitalizations

Provider	Role	Specialty
Thorn, Coben D, MD	Attending Provider	Emergency Medicine

Your Primary Care Physician (PCP)

Primary Care Physician	Office Phone	Office Fax
BARKSDALE, COLLIS LEMOIRD	864-365-0290	864-365-0291

You are allergic to the following

Allergen	Reactions
Celebrex (Celecoxib)	Rash
Gabapentin	Rash

Emergency Contacts

Name	Discharge Info	Relation	Home	Work	Mobile
RUFFIN, MICHAEL		Spouse [3]	864-814-8591		

Patient Belongings

The following personal items are in your possession at time of discharge:

Please provide this summary of care documentation to your next provider.

Signatures-by signing, you are acknowledging that this After Visit Summary has been reviewed with you and you have received a copy.

Patient Signature: _____ Date/Time: _____

Chronic Pain: Care Instructions

Your Care Instructions



Chronic pain is pain that lasts a long time (months or even years) and may or may not have a clear cause. It is different from acute pain, which usually does have a clear cause—like an injury or illness—and gets better over time. Chronic pain:

- Lasts over time but may vary from day to day.
- Does not go away despite efforts to end it.
- May disrupt your sleep and lead to fatigue.
- May cause depression or anxiety.
- May make your muscles tense, causing more pain.
- Can disrupt your work, hobbies, home life, and relationships with friends and family.

Chronic pain is a very real condition. It is not just in your head. Treatment can help and usually includes several methods used together, such as medicines, physical therapy, exercise, and other treatments. Learning how to relax and changing negative thought patterns can also help you cope.

Chronic pain is complex. Taking an active role in your treatment will help you better manage your pain. Tell your doctor if you have trouble dealing with your pain. You may have to try several things before you find what works best for you.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Pace yourself. Break up large jobs into smaller tasks. Save harder tasks for days when you have less pain, or go back and forth between hard tasks and easier ones. Take rest breaks.

Attached Information (continued)

- Relax, and reduce stress. Relaxation techniques such as deep breathing or meditation can help.
- Keep moving. Gentle, daily exercise can help reduce pain over the long run. Try low- or no-impact exercises such as walking, swimming, and stationary biking. Do stretches to stay flexible.
- Try heat, cold packs, and massage.
- Get enough sleep. Chronic pain can make you tired and drain your energy. Talk with your doctor if you have trouble sleeping because of pain.
- Think positive. Your thoughts can affect your pain level. Do things that you enjoy to distract yourself when you have pain instead of focusing on the pain. See a movie, read a book, listen to music, or spend time with a friend.
- If you think you are depressed, talk to your doctor about treatment.
- Keep a daily pain diary. Record how your moods, thoughts, sleep patterns, activities, and medicine affect your pain. You may find that your pain is worse during or after certain activities or when you are feeling a certain emotion. Having a record of your pain can help you and your doctor find the best ways to treat your pain.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

Reducing constipation caused by pain medicine

- Include fruits, vegetables, beans, and whole grains in your diet each day. These foods are high in fiber.
- Drink plenty of fluids, enough so that your urine is light yellow or clear like water. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- If your doctor recommends it, get more exercise. Walking is a good choice. Bit by bit, increase the amount you walk every day. Try for at least 30 minutes on most days of the week.
- Schedule time each day for a bowel movement. A daily routine may help. Take your time and do not strain when having a bowel movement.

When should you call for help?



Call your doctor now or seek immediate medical care if:

- Your pain gets worse or is out of control.
- You feel down or blue, or you do not enjoy things like you once did. You may be depressed, which is common in people with chronic pain. Depression can be treated.
- You have vomiting or cramps for more than 2 hours.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You cannot sleep because of pain.
- You are very worried or anxious about your pain.

Attached Information (continued)

- You have trouble taking your pain medicine.
- You have any concerns about your pain medicine.
- You have trouble with bowel movements, such as:
 - No bowel movement in 3 days.
 - Blood in the anal area, in your stool, or on the toilet paper.
 - Diarrhea for more than 24 hours.

Where can you learn more?

Go to <http://www.healthwise.net/GoodHelpConnections>.

Enter **N004** in the search box to learn more about "**Chronic Pain: Care Instructions.**"

Current as of: June 3, 2018

Content Version: 11.9

© 2006-2018 Healthwise, Incorporated. Care instructions adapted under license by Good Help Connections (which disclaims liability or warranty for this information). If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: RUFFIN, ALICIA
PHYSICIAN: Sung J. Han, M.D.
SSN: 251-47-6888

DOS: 07/17/19
DOD: 07/17/19
DOT: 07/17/19

History of Present Illness: This is a 46-year-old female with rule out cervical and lumbar radiculopathy presenting for followup. She continues to have pain in the neck, low back, as well as the left arm and left leg. She has noticed weakness in the left upper and left lower extremity. She had an EMG done, but it was incomplete. She could not tolerate the test. Medication wise she has had side effects from Neurontin and Celebrex. She is using Robaxin. It does help. She is on work restrictions.

Physical Exam: She presents in a wheelchair. Neck exam shows painful range of motion in all planes. Low back exam shows painful range of motion in all planes. No pathological reflexes. Diffuse paresthesias in left upper and left lower extremity.

Assessment:

1. Rule out left cervical and left lumbar radiculopathy.
2. Could not tolerate EMG. It was very incomplete.
3. MRI of cervical spine shows nothing significant. CT of lumbar spine shows nothing significant.
4. Work-related injury in October of 2018 after riding in a truck with a bad suspension, litigation pending.

Plan:

1. CT myelogram of cervical and lumbar spine.
2. Continue Robaxin 500 mg t.i.d. p.r.n.
3. Follow up 2 days after CT myelogram.

Note: At the end, the case was discussed with the case manager.

Sung J. Han, M.D.
SJH/DTI user7mt D180197
Dictated - Not Read

RE: Release of Counsel

innocentlyal@ya.../Inbox



Warner-Smith, Marie <marie.warner-smith@libertymutual.com>
To: innocentlyal@yahoo.com <innocentlyal@yahoo.com>

Jul 26, 2019 at 7:53 PM

Ms. Ruffin

I understand that Dr. Mitchell has discharged you from his care.

Therefore, I would encourage you to keep the scheduled appointment with Dr. Hans on 08/14

It's unfortunately, that you were not able to participate in any of the recommendations offered by your physicians.

However, if you are interested in settling your claim, let me know.

If so, then, we will need Dr. Hans and most likely Dr. Mitchell to place you at Maximum Medical Improvement. I will follow up with the nurse case manager to see if she can assist you. That's if this something you are interested in.

I have always and will continue to be fair with my settlements. I've always advise my associate's to be realistic about their expectations. This make negotiations go smoother and faster

Workers Comp is directive care and does not pay for pain and suffering.

But, we will be fair.

Again, if this something that you are interested in let me know.

Sincerely,

Marie Warner-Smith
Senior Claims Consultant II/ CWC
Global Risk Solutions
Workers Compensation Claims

Liberty Mutual Insurance
P.O. Box 31204, Tampa, FL 33631
Direct: 813-804-6127
Fax: 603-430-1578



**Please let us know
how we're doing.**

RE: Release of Counsel

innocentlyal@ya.../Inbox



Warner-Smith, Marie <marie.warner-smith@libertymutual.com>
To: innocentlyal@yahoo.com <innocentlyal@yahoo.com>

Jul 26, 2019 at 7:53 PM

Ms. Ruffin
I understand that Dr. Mitchell has discharged you from his care. Therefore, I would encourage you to keep the scheduled appointment with Dr. Hans on 08/14. It's unfortunately, that you were not able to participate in any of the recommendations offered by your physicians. However, if you are interested in settling your claim, let me know. If so, then, we will need Dr. Hans and most likely Dr. Mitchell to place you at Maximum Medical Improvement. I will follow up with the nurse case manager to see if she can assist you. That's if this something you are interested in. I have always and will continue to be fair with my settlements. I've always advise my associate's to be realistic about their expectations. This make negotiations go smoother and faster
Workers Comp is directive care and does not pay for pain and suffering. But, we will be fair.
Again, if this something that you are interested in let me know.

Sincerely,

Marie Warner-Smith
Senior Claims Consultant II/ CWC
Global Risk Solutions
Workers Compensation Claims

Liberty Mutual Insurance
P.O. Box 31204, Tampa, FL 33631
Direct: 813-804-6127
Fax: 603-430-1578



Please let us know
how we're doing. ▶

Aug 25, 2020 at 2:20 PM



Jimmy Winders <jwinders@doj.sc.gov>
To: innocentlyal@yahoo.com <innocentlyal@yahoo.com>

Dear Ms. Ruffin,

We forwarded your complaint to Liberty Mutual Insurance Company and asked their claims department to look at your claim settlement dispute. We have registered your complaint in our Market Conduct System. This allows our Department to monitor the company's activities and their policy practices in the state. Thank you for bringing this matter to our attention.

Based on your complaint and the response we received from Liberty Mutual, it appears there is disagreement over the severity of your injuries and the amount to settle your claim. The extent and severity of your injuries and the amount of settlement are a question of fact and unfortunately, we are sorry to report that we do not have any regulatory (settlement) authority to resolve claims that involve these issues. As a regulatory authority, we will be unable to help you to negotiate a resolution of your claim as that would be outside the scope of our regulatory authority.

According to the response we received from Liberty Mutual, it appears a hearing is set with the Workers Compensation Commission on 9-16-20. Hopefully you will receive a favorable outcome. You may also seek legal advice to help evaluate your legal options. Since we cannot resolve (settle) these issues we are unable to assist you going forward. Attach is the response we received from Liberty Mutual. Thank you for allowing us to review your concerns.

Jimmy Winders SCDOI
Insurance Regulatory Analyst
1201 Main Street, Suite 1000
Columbia, SC 29201
Office: (803) 737-6180

1 File 117.8KB



Company response - Alicia Ruffin - 187038 (1).pdf
118KB



Liberty Mutual Insurance
Workers Compensation
3550 Buschwood Park Dr, Ste 300
Tampa, FL 33618
813-264-6588

August 21, 2020
Jimmy Winders
1201 Main St, Ste 1000
Columbia SC, 29201

Attn: Jimmy Winders

Re: Complainant: Alicia Ruffin
Policy Number: WA7-65D-004212-127
Claim Number: WC555-E13688
Line of Business: Workers Compensation
Underwriting Company:
NAIC: 0111-42404
DOI File Number: 10/4/18

Dear Mr. Winders,

This letter is written in response to your August 12, 2020 correspondence received by our Presidential Service Team regarding the above referenced file.

Mrs. Ruffin sustained a compensable injury to her lower back and her cervical spine when the truck she was driving, hit a pothole going through a rough area. The seat went completely down, as it did not have any support and as a result, Mrs. Ruffin suffered pain to lumbar spine and coccyx area.

Mrs. Ruffin initially treated conservatively with anti-inflammatory medication at Doctors Care. She was referred to an orthopedic at her 11/15/2018 appointment. She was seen by Dr. Mitchell on 11/16/2018. She was diagnosed with a sprain of lumbar ligament and Low Back pain. MRI of lumbar spine demonstrated no significant abnormality. CT scan was also essentially normal. Mrs. Ruffin was seen Dr. Mitchell on 07/26/19. Dr. Mitchell notes that on her physical examination she seems to be neurologically intact. When asked to stand up, her husband helped her and just touching her clothes caused her to have excruciating pain symptomatology and yelling and screaming. Her husband became very abusive, and complained, raising his voice. Dr. Mitchell discharged Mrs. Ruffin due to the animosity and the confrontational attitude that was portrayed at the appointment.



Mrs. Ruffin was also seen by Dr. Hans, a pain management doctor. He recommended an EMG of the left upper extremity and lower extremity at her 5/17/2019 appointment. At her 7/19/2019 appointment, Dr. Hans notes Mrs. Ruffin could not tolerate the EMG. He notes the MRI of the cervical spine showed nothing and the CT of lumbar spine shows nothing significant.

An Independent Medical Exam was conducted by Dr. Kanos on 7/22/2019. Dr. Kano notes the examination was difficult due to Mrs. Ruffin's subjective complaints. He notes he did not find objective findings consistent with subjective complaints and found her subjective complaints were exaggerated. He notes the treatment she received was appropriate and he did not recommend any further treatment. Dr. Kanos stated there was a strong psychological component of her pain. He felt an FCE was warranted and placed Mrs. Ruffin at MMI with a 3% to the cervical spine and 3% to the lumbar spine. He also noted a psychological evaluation may be appropriate. Mrs. Ruffin has failed to do the FCE to date.

Dr. Hans agreed with Dr. Kano's recommendation after review of the IME report.

I spoke to Mrs. Ruffin on 8/20/20 regarding the letter she submitted to the South Carolina Department of Insurance. She informed me she was not satisfied with the treatment she received from Dr. Mitchell. She felt that he injured her neck when he took off the brace. She also said she was injured when the EMG was administered. She indicated she was placed at MMI by Dr. Mitchell and Dr. Hans. She admitted to seeking treatment with an unauthorized provider. She said she has been diagnosed with CRPS and is seeking treatment with the current unauthorized doctor. I advised her that we cannot authorized treatment from unauthorized doctor.

We also discussed that she is scheduled for a conference with the Commissioner on 9/16/20 and we will await the response from the Commissioner regarding her treatment. Ms. Ruffin wanted me to agree that her treatment was not fair, and I told her that I must go by what is written in the medical notes. She did indicate that she received someone's medical note and based on that note, she thinks surgery is warranted for her. I advise her that she cannot use the medical note as she does not know the extent of treatment the individual received prior to a surgical recommendation. She told me she was willing to settle her case for \$10 million. I asked her to tell me why she felt \$10 million was appropriate. She listed some social conditions as to why, and I advised her that when evaluating her case, those factors are not taken into consideration.

I told Mrs. Ruffin I will review some documentation that she said she would send me when I return to the office on 8/25/2020 and will follow up with her to discuss on 8/26/20.

If you have any additional questions, please do not hesitate to contact me.



Mrs. Ruffin was also seen by Dr. Hans, a pain management doctor. He recommended an EMG of the left upper extremity and lower extremity at her 5/17/2019 appointment. At her 7/19/2019 appointment, Dr. Hans notes Mrs. Ruffin could not tolerate the EMG. He notes the MRI of the cervical spine showed nothing and the CT of lumbar spine shows nothing significant.

An Independent Medical Exam was conducted by Dr. Kanos on 7/22/2019. Dr. Kano notes the examination was difficult due to Mrs. Ruffin's subjective complaints. He notes he did not find objective findings consistent with subjective complaints and found her subjective complaints were exaggerated. He notes the treatment she received was appropriate and he did not recommend any further treatment. Dr. Kanos stated there was a strong psychological component of her pain. He felt an FCE was warranted and placed Mrs. Ruffin at MMI with a 3% to the cervical spine and 3% to the lumbar spine. He also noted a psychological evaluation may be appropriate. Mrs. Ruffin has failed to do the FCE to date.

Dr. Hans agreed with Dr. Kano's recommendation after review of the IME report.

I spoke to Mrs. Ruffin on 8/20/20 regarding the letter she submitted to the South Carolina Department of Insurance. She informed me she was not satisfied with the treatment she received from Dr. Mitchell. She felt that he injured her neck when he took off the brace. She also said she was injured when the EMG was administered. She indicated she was placed at MMI by Dr. Mitchell and Dr. Hans. She admitted to seeking treatment with an unauthorized provider. She said she has been diagnosed with CRPS and is seeking treatment with the current unauthorized doctor. I advised her that we cannot authorized treatment from unauthorized doctor.

We also discussed that she is scheduled for a conference with the Commissioner on 9/16/20 and we will await the response from the Commissioner regarding her treatment. Ms. Ruffin wanted me to agree that her treatment was not fair, and I told her that I must go by what is written in the medical notes. She did indicate that she received someone's medical note and based on that note, she thinks surgery is warranted for her. I advise her that she cannot use the medical note as she does not know the extent of treatment the individual received prior to a surgical recommendation. She told me she was willing to settle her case for \$10 million. I asked her to tell me why she felt \$10 million was appropriate. She listed some social conditions as to why, and I advised her that when evaluating her case, those factors are not taken into consideration.

I told Mrs. Ruffin I will review some documentation that she said she would send me when I return to the office on 8/25/2020 and will follow up with her to discuss on 8/26/20.

If you have any additional questions, please do not hesitate to contact me.



Sincerely,

Honna Williams
Claims Team Manager
Liberty Mutual Insurance
813-804-6045
603-334-8050
Honna.Williams@Libertymutual.com

RE: RE: I forgot:

innocentylal@ya.../Inbox



Williams, Honna <honna.williams@libertymutual.com>

To: innocentylal <innocentylal@yahoo.com>

Cc: aeneely@wjlaw.net <aeneely@wjlaw.net>

Warner-Smith, Marie <marie.warner-smith@libertymutual.com>

Sep 2, 2020 at 1:09 PM

Alicia,

Thanks for your email. Please refer to defense attorney regarding any settlement discussions.

HONNA WILLIAMS

Claims Team Manager

Wc South Tampa 2

Liberty Mutual Insurance

Tampa, FL

Office: 813-804-6045

Mailing Address: P.O. Box 31204, Tampa, FL 33631-3204

[How are we doing?](#)

[Send us a document](#)

The information contained in this email message and any attachments to this message are confidential and may be privileged or constitute attorney work product. If you are not the intended recipient, please (1) notify me immediately by replying to this message or calling 813-804-6045, (2) do not use, disseminate, distribute or reproduce any part of the message or any attachment, and (3) destroy all copies of this message and attachments. A copy of our privacy notice can be obtained at our [Privacy Policy website](#).

From: innocentylal <innocentylal@yahoo.com>

Sent: Friday, August 28, 2020 1:09 AM

To: Williams, Honna <Honna.Williams@LibertyMutual.com>

Subject: {EXTERNAL} RE: I forgot:

Good Morning, Mrs. Williams:

Thank-you for providing me with that statement. But you know and I know why that statement LEGALLY is not a statement to place me at MMI. That is the exact same document that Mrs. Neeley submitted into Commission as evidence. You are back to none of your Treating Physician's placed me at MMI. And a IME doctor, cannot place a patient at MMI. It can ONLY be done by a Treating Physician. I do sincerely appreciate your effort in trying to convince me otherwise.

We have 19 days left before the hearing. I am still open to discussing a settlement??

RESPECTFULLY,

62 p

Alicia M. Ruffin

Sent on my Boost Mobile Phone.

----- Original message -----

From: "Williams, Honna" <Honna.Williams@LibertyMutual.com>

Date: 8/27/20 4:30 PM (GMT-05:00)

To: innocentiyal@yahoo.com

Subject: RE: I forgot

Alicia,

Per our conversation yesterday enclosed is the medical note from Dr. Han placing you at MMI. You were correct when you stated, Dr. Mitchell did not place you at MMI. Dr. Mitchell; however, discharged you from care.

As I stated to you previously, a conference is scheduled on 9/16/20. It is imperative that you attend the conference to discuss your case before the Commissioner.

Thanks and have a nice evening.

HONNA WILLIAMS

Claims Team Manager

Wc South Tampa 2

Liberty Mutual Insurance

Tampa, FL

Office: 813-804-6045

Mailing Address: P.O. Box 31204, Tampa, FL 33631-3204

[How are we doing?](#)

[Send us a document](#)

The information contained in this email message and any attachments to this message are confidential and may be privileged or constitute attorney work product. If you are not the intended recipient, please (1) notify me immediately by replying to this message or calling 813-804-6045, (2) do not use, disseminate, distribute or reproduce any part of the message or any attachment, and (3) destroy all copies of this message and attachments. A copy of our privacy notice can be obtained at our [Privacy Policy website](#).

From: Alicia Smith <innocentiyal@yahoo.com>

Sent: Thursday, August 20, 2020 8:38 PM

To: Williams, Honna <Honna.Williams@LibertyMutual.com>

Subject: {EXTERNAL} I forgot:

Alicia Ruffin 555-E13688

innocentyal@ya.../inbox



Warner-Smith, Marie <marie.warner-smith@libertymutual.com>
To: innocentyal@yahoo.com <innocentyal@yahoo.com>

Jul 29, 2019 at 11:41 AM

Ms. Ruffin

I was unavailable on the last few days and have been in and out of the office for last few weeks.

Just to be clear, none of these doctors are employed by or works on behalf of Liberty Mutual/ Builder or no other carrier for that matter. However, But by your account, the physicians that we've sent you to has caused you to go to the ER twice. Therefore, to avoid causing you any further discomfort, I am glad to hear that you are interested in resolving your claim through Mediation.

However, because you are pro se, before we can get into mediation, we will need to obtain Maximum Medical Improvement from both Dr. Mitchell and Dr. Hans. (I will f/u with the nurse for Dr. Mitchell's report).

Dr. Kanos has already address MMI in his report.

Please keep your appointment on 08/14/19- If you need an appointment sooner, please let us know- Linda will make the arrangements.

Just note: (Dr. Hans) will need to place you at MMI before we can do a formal request for mediation.

Someone from defense counsel Amanda Neely will be in touch with you within the next few days to at least get the process started

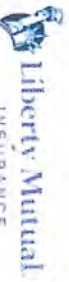
Sincerely

Marie Warner-Smith
Senior Claims Consultant III CWC
Global Risk Solutions
Workers Compensation Claims

Liberty Mutual Insurance
P.O. Box 31204, Tampa, FL 33631
Direct: 813-804-6127
Fax: 603-430-1578



Please let us know
how we're doing. ▶



If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail or via telephone [(P) (813) 804-6127] and please permanently delete the original and any copy of any e-mail and any printout thereof. Thank you.

PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE

PATIENT: RUFFIN, ALICIA
PHYSICIAN: Sung J. Han, M.D.
SSN: 251-47-6888

DOS: 08/23/19
DOD: 08/23/19
DOT: 08/25/19

History of Present Illness: This is a 46-year-old female with neck, arm, low back, and leg pain presenting for followup. EMG was incomplete. I ordered a CT myelogram of the cervical and lumbar spine. She saw Dr. Kanos. Dr. Kanos put her at MMI and performed an impairment rating. Medication wise she uses Robaxin now and then.

Physical Exam: She presents in a wheelchair. No pathological reflexes. Diffuse tenderness to palpation throughout.

Assessment:

1. Chronic neck, low back, arm, and leg pain.
2. MRI of cervical spine shows nothing significant. CT of lumbar spine shows nothing significant.
3. At MMI per Dr. Kanos, status post impairment rating.

Plan:

1. The patient will use what Robaxin she has left over and afterward she will stop it.
2. Follow up as needed. Again she is at MMI and is status post impairment rating by Dr. Kanos.

Note: At the end, the case was discussed with the case manager.

Sung J. Han, M.D.
SJH/DTI user7mt D183774
Dictated - Not Read

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 1
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

07/26/2019 - Office Visit: F/u: Cspine/Lspine

Provider: David Mitchell MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

History From: Patient

Race: Black or African American

Family Physician: Dr. Rashik

Alicia M. Ruffin is seen today. She is walking with a Rollator. She is here with her husband and grandchildren. She says that she continues to hurt. We read her review by Dr. Kanos and she has a pain management appointment.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 10/04/2018

Are you claiming as Workers Compensation? yes

Type of Problem

pain today 10/10

Location of Your Injury / condition

hip bilateral, shoulder bilateral, leg left, back pain bilateral, pelvis bilateral, neck pain bilateral,,

Previous Treatment

Have you had any of the following for this problem? MRI Lspine @MD360 10/26/18, X-Ray Lspine @Doctors Care 10/4/18; MRI Lspine @CONA 1/22/19, X-ray

History of OA Fractures or Procedures:

Past Medical History

No significant medical history

***** Please Note *****

Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food

BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain

IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID

AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD

Current Medications (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms; Route: ORAL

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food; Route: ORAL

65p

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 2
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food; Route: ORAL
BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD; Route: ORAL
ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain; Route: ORAL
IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID; Route: ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID; Route: ORAL
AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD;
Route: ORAL

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Foot (Left)
Hand (Left)

Review of Systems

General: Positive for fatigue.

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Positive for weight gain.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, arthritis, muscle aches, stiffness, loss of strength.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, Has 5 children. drinks alcohol, drinks 1 to 3 times per week. does not exercise.

Occupation: disabled .

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother, Brother)

Cancer (Mother)

Heart Disease (Father)

Arthritis (Father)

Stroke (Father)

High Blood Pressure (Father, Mother, Brother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE

664

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 3
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 93 R: 16 BP: 199/120

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, Distressed by Pain

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using a Walker

Durable Goods: No

PHYSICAL EXAM:

In asking her to do muscle strength testing of her upper extremities, she appears very weak. She seems to be neurologically intact. I asked her to stand up and her husband helped her and just touching her clothes caused her to have excruciating pain symptomatology and yelling and screaming saying she is very disappointed in me. Her husband became very abusive and also complained, raising his voice.

PLAN

I certainly apologized that I was sorry that she is having so much pain but I do not feel like we can maintain a doctor-patient relationship with the animosity and the confrontational attitude they have portrayed today. At this point in time, I would like to have her released from our practice and if she has any emergencies for the next 3 days, she can come back but otherwise, she is discharged from this practice secondary to failure of the doctor-patient relationship.

Dictated by: M. David Mitchell, MD

New Orders:

Est. Level 4 [CPT-99214]

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office on a PRN basis

] Patient at risk for falls: yes

Fall Risk Intervention

Provide adequate lighting

Electronically signed by David Mitchell MD on 08/01/2019 at 10:23 AM

67p

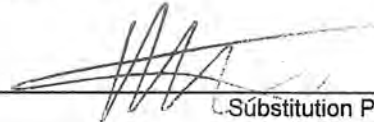
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303
(864) 582-6396 Fax: (864) 542-2939

Name: Alicia M Ruffin Acct#: 235394 Date: June 21, 2019
Addr: 563 Duncan Station Drive DOB: 05/04/1973
City: Duncan SC 29334 Phone:

RX: Neurology referral for neck pain and headaches

ICD 10 Code(s) REQUIRED: M54.2

Dr. David Mitchell
Dispense As Written



Substitution Permitted

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO

Do you recommend causally related medical treatment for any of the above issues, and if so, what do you recommend?

YES NO

EXPLAIN:

MRI cervical spine
Physical therapy

Is Ms. Ruffin at MMI for any of the above-described issues?

YES NO

Does Ms. Ruffin require work restrictions at this time related to any of the above-described issues?

YES NO

EXPLAIN:

Have you answered all questions to a reasonable degree of medical certainty?

YES NO



David Mitchell, MD

DATE: 1/15/19



ExamWorks, LLC.
 P.O. Box 2067
 Oldsmar, FL 34677-7067



Phone: (813) 749-8282
 Fax: (813) 749-8285

June 12, 2019

Alicia Ruffin
 563 Duncan Station Drive
 Duncan, SC 29334

Case #: 20784806
 DOI: 10/4/2018
 Claim #: WC555E13688

RE: Requesting party: Marie Warner-Smith
 Insured:

The above named party has requested that you attend an Independent Medical Examination with a certified specialist. This examination will be free of any charges to you.

Appointment date: Monday, July 22, 2019 at 10:15 AM
 Doctor: Charles C. Kanos, M.D.
 Prisma Health
 Southeastern Neurosurgical & Spine Institute
 109 Doctors Drive
 Greenville, SC 29605
 Specialty: Neurological Surgery
 For directions only: (864) 797-7150

Cancellation or Change of Appointment: Failure to attend this examination may jeopardize your insurance benefits. If you are unable to attend this appointment at the time and date already scheduled, it is necessary that you notify us **UPON RECEIPT** of this notification **(800) 528-1002**. We must obtain approval from the requesting party in order to reschedule.

What Is ExamWorks? ExamWorks schedules medical examinations for doctors, attorneys, insurance companies and businesses.

What To Expect During The Exam: Please have a government photo I.D. on hand. The doctor will review the medical records provided for your evaluation. It is important that you bring any previous X-Rays, CAT Scans, MRI's or other Electrodiagnostic Studies to the examination. If these are not brought to the exam, the doctor may not be able to complete his/her report, thus delaying the progress of your claim or turn you away and not perform the exam. If you are under the age of eighteen (18), a parent or guardian must attend the examination with you.

****Claimant must bring MRI/X-rays/Films and government photo ID to the appointment. Failure to do so may result in the claimant being turned away not being examined.****

****You may be turned away at the time of the exam and not be examined if the above are not available at the time of exam.****

**** If transportation and / or translation are needed for this exam, please contact ExamWorks as soon as possible.****

Thank you in advance for your cooperation.

Sincerely,
 Chiquita Jones-Davis
 ExamWorks, Oldsmar, FL

cc: Marie Warner-Smith, Liberty Mutual Insurance Company
 Mitchell Byrd Jr., Carolina Law Group

PRISMA HEALTH.

SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019

Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)

Primary diagnosis: Diffuse pain

Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has

right wrist pain but she doesn't have any radicular arm pain. She does have radicular pain from her buttocks into her legs. Any activity worsens her pain. Her pain is improved with a TENS unit.

She's had anti inflammatory and muscle relaxers. She's been on Ibuprofen and Celebrex. She's had extensive physical therapy. She hasn't had any improvement. She was referred to Dr. Han. An EMG was recommended. The nerve studies caused her to go the ER on 6-19-2019. I have the MRI report of her lumbar spine and the impression was that there wasn't any significant abnormality.

Her C Spine MRI shows mild stenosis from C2-6 without severe stenosis. The CT of the lumbar spine, from Piedmont Imaging, showed subtle facet arthropathy at L3-5.

Review of Systems

Objective:

Objective

Physical Exam

Neurologic Exam

Ortho Exam

Assessment

Constitution: Obesity, NAD

Auscultation of heart: RRR, no murmurs

Auscultation of lungs: Clear, no rales, no wheezing

Auscultation of Carotids: No bruits

Musculoskeletal:

Gait: rolling walker, needs assistance standing, walks very slowly and asks for assistance.

Wearing sunglasses due to photophobia

Cannot lift to shoulder level, whinces with arm movement

Just touching both shoulders and neck caused her to ask me to stop, then cried uncontrollably.

Significant tenderness to very light palpation to every joint, exaggerated

Exam is very limited, as she asked me to stop

A,A + O x 4

Recent and Remote Memory: intact, provided thorough history

Attention Span: normal, attentive, no agitation

Language: fluent, appropriate, no dysnomia, no dysphasia, no dysarthria

Motor: appears without deficit but limited by pain.

Deltoid, Bicep, Tricep, Wrist ext., Wrist flex., intrinsic hand, grip: 5/5 bilaterally

Iliopsoas, quadriceps, hamstring, dorsiflexion, plantar flexion, EHL: 5/5 bilaterally

Sensory:

Light touch, PP,: nl bilateral upper and lower extremities

No allodynia

Reflexes:

Knee Jerk: right 2+, left 2+,

Ankle Jerk: right 2+, left 2+

Babinski: mute

No clonus

Coordination: No intention tremor with FNF.

Romberg: negative

Finger/Nose: no intention tremor

Rapid Alternating movements in UE: normal

No resting tremor

Allergies

Allergen

• Celebrex [Celecoxib]

• Gabapentin

Reactions

Nausea and/or vomiting-Intolerance

Other- (not listed) - Allergy

Past Medical History:

Diagnosis

Date

• Fracture, tibia and fibula

• Murmur

no problems or treatment

• Other ANESTHESIA

Complications

Jehovah Witness

Past Surgical History:

Procedure

Laterality Date

• ANKLE SURGERY

• CESAREAN SECTION

Family History

Problem

Relation

Age of Onset

• Cancer

Mother

• Diabetes

Mother

• Hypertension

Mother

• Stroke

Father

• Heart disease

Father

• Diabetes

Father

• Hypertension

Father

• Hypertension

Brother

- Diabetes
- Cancer
- Hypertension
- Cancer

Brother
Maternal Uncle
Paternal Uncle
Paternal Uncle

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Diffuse pain

I reviewed her records, taken her history, and examined her. The examination was difficult because very light palpation caused her to cry.

Her pain is strongly myofascial. The MRI report shows no abnormalities and she has minimal arthritic changes.

She states that the pain started after driving in a bumpy truck with poor suspension. She had two incidents, one in August and one in October 2018.

I was given a list of questions to answer. I will say that the exam was difficult due to her subjective complaints, of exquisite pain, with very light palpation.

In terms of diagnosis:

1. Is the diagnosis correct? She was diagnosed with a low back strain. I think there is a strong myofascial component to her pain. I think the diagnosis is correct.

2. I do not find the objective findings consistent with the subjective complaints. She has an exaggerated response to minimal exam. I find her subjective complaints are exaggerated. The MRI findings are not impressive and do not explain her symptoms.

3. The treatment received has been appropriate and medical necessary. She's had physical therapy and she has seen Dr. Mitchell. I feel that her treatment has been appropriate up until this point.

4. I do not recommend any further treatment.

Casualty

1. In terms of the causation, she states that she didn't have any pain prior to an August injury and the claimed October 2018 injury due to the faulty seat. I feel that her symptoms are out of proportion based on that mechanism. I think it's reasonable that a lumbar strain may have resulted from her mechanism but I do not feel that the number of symptoms are related to this injury and accident. The proximate injury diagnosed is difficult to answer since her symptoms are out of proportion to her injury. Bouncing around in the seat may have aggravated her symptoms but I think there is a strong myofascial pain syndrome. I do not feel that the mechanism of injury supports the diagnosis.

I feel that her treatment is related to the accident since she states that she didn't have any pain before bouncing around the car.

I do not recommend any further treatment. I think her treatment up until now, has been appropriate.

I am not aware of any co morbidities related to the injury. In terms of co morbid medical and psychological conditions related to her complaints, I think her symptoms are severely exaggerated. For instance, minimal pressure on her shoulder, with one finger, had her pleading with me to stop and she was complaining of excessive pain, and she became tearful. There appears to be as strong psychological component to her pain. I do not feel that her psychological condition was caused the bouncing around in the car.

Disability and return to work

I do not feel that she can return to work. She uses a rolling walker and she was unable to stand up unassisted. This is based entirely on her subjective complaints, and on her exaggerated response to pain.

2. I do feel that a FCE is recommended.

3. I do believe that she's reached MMI. I recommend a 3% impairment to the cervical spine and a 3% impairment to the lumbar spine, for a total of 6% based on the AMA 6th edition guide. I do not anticipate any future medical treatment. I think it's doubtful that she will return to work based on the severity of her complaints. A psychological evaluation may be appropriate. I feel that there is a strong psychological component to her complaints.

I hereby affirm, under penalty of perjury, that the foregoing is true and accurate to the best of my knowledge. No doctor/patient relationship exists or was implied based on this examination.

I, Dr. Kanos, agree that the documentation is accurate and complete.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Instructions

Return if symptoms worsen or fail to improve.

After Visit Summary (Printed 7/22/2019)

Additional Documentation

Vitals: BP 185/129 ! (Abnormal) Pulse 85 Ht 1.626 m (5' 4") Wt 91.6 kg (202 lb)
BMI 34.67 kg/m² BSA 2.03 m² More Vitals

Flowsheets: Travel and Exposure Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

Scan on 7/24/2019 9:04 AM by Sandra Stroup: medications

Scan on 7/24/2019 9:04 AM by Sandra Stroup: pain sheet
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: health hx
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: medical records

No questionnaires available.

Encounter Status

Electronically signed by Charles Christopher Kanos, MD on 7/23/19 at 07:47

Orders Placed

None

Medication Changes

As of 7/22/2019 11:30 AM

None

Visit Diagnoses

Diffuse pain R52

Allergies

Celebrex [celecoxib]	Intolerance	Nausea and/or vomiting- Intolerance
Gabapentin	Allergy	Other- (not listed) - Allergy

Medical History

Diagnosis	Date	Comment	Source
Fracture, tibia and fibula			Provider
Murmur		no problems or treatment	Provider
Other ANESTHESIA Complications		Jehovah Witness	Provider

Surgical History

Procedure	Laterality	Date	Comment	Source
ANKLE SURGERY				Provider
CESAREAN SECTION				Provider *

Family History

Relation	Problem	Comments
Mother (Deceased)	Cancer	
	Diabetes	
	Hypertension	
	Diabetes	
Father (Deceased)	Heart disease	
	Hypertension	
	Stroke	

77p.

Relation	Problem	Comments
Brother	Diabetes Hypertension	
Maternal Uncle	Cancer	
Paternal Uncle (Deceased)	Cancer Hypertension	

Tobacco Use

Never smoked or used smokeless tobacco.

Alcohol Use

Yes; 7.0 standard drinks of alcohol per week; 7 Glasses of wine.

Drug Use

No.

Encounter Coverage and Financial Information

Click to view encounter coverage and financials including charges and LOS.

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 3

Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 93 R: 16 BP: 199/120

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, Distressed by Pain

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using a Walker

Durable Goods: No

PHYSICAL EXAM:

In asking her to do muscle strength testing of her upper extremities, she appears very weak. She seems to be neurologically intact. I asked her to stand up and her husband helped her and just touching her clothes caused her to have excruciating pain symptomatology and yelling and screaming saying she is very disappointed in me. Her husband became very abusive and also complained, raising his voice.

PLAN

I certainly apologized that I was sorry that she is having so much pain but I do not feel like we can maintain a doctor-patient relationship with the animosity and the confrontational attitude they have portrayed today. At this point in time, I would like to have her released from our practice and if she has any emergencies for the next 3 days, she can come back but otherwise, she is discharged from this practice secondary to failure of the doctor-patient relationship.

Dictated by: M. David Mitchell, MD

New Orders:

Est. Level 4 [CPT-99214]

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office on a PRN basis

] Patient at risk for falls: yes

Fall Risk Intervention

Provide adequate lighting

Electronically signed by David Mitchell MD on 08/01/2019 at 10:23 AM

67p

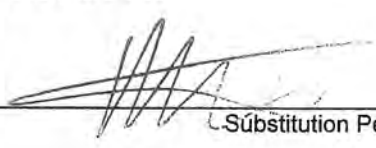
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303
(864) 582-6396 Fax: (864) 542-2939

Name: Alicia M Ruffin Acct#: 235394 Date: June 21, 2019
Addr: 563 Duncan Station Drive DOB: 05/04/1973
City: Duncan SC 29334 Phone:

RX: Neurology referral for neck pain and headaches

ICD 10 Code(s) REQUIRED: M54.2

Dr. David Mitchell
Dispense As Written


Substitution Permitted

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO



ExamWorks, LLC.
 P.O. Box 2067
 Oldsmar, FL 34677-7067



Phone: (813) 749-8282
 Fax: (813) 749-8285

June 12, 2019

Alicia Ruffin
 563 Duncan Station Drive
 Duncan, SC 29334

Case #: 20784806
 DOI: 10/4/2018
 Claim #: WC555E13688

RE: Requesting party: Marie Warner-Smith
 Insured:

The above named party has requested that you attend an Independent Medical Examination with a certified specialist. This examination will be free of any charges to you.

Appointment date: Monday, July 22, 2019 at 10:15 AM
 Doctor: Charles C. Kanos, M.D.
 Prisma Health
 Southeastern Neurosurgical & Spine Institute
 109 Doctors Drive
 Greenville, SC 29605
 Specialty: Neurological Surgery
 For directions only: (864) 797-7150

Cancellation or Change of Appointment: Failure to attend this examination may jeopardize your insurance benefits. If you are unable to attend this appointment at the time and date already scheduled, it is necessary that you notify us **UPON RECEIPT** of this notification **(800) 528-1002**. We must obtain approval from the requesting party in order to reschedule.

What Is ExamWorks? ExamWorks schedules medical examinations for doctors, attorneys, insurance companies and businesses.

What To Expect During The Exam: Please have a government photo I.D. on hand. The doctor will review the medical records provided for your evaluation. It is important that you bring any previous X-Rays, CAT Scans, MRI's or other Electrodiagnostic Studies to the examination. If these are not brought to the exam, the doctor may not be able to complete his/her report, thus delaying the progress of your claim or turn you away and not perform the exam. If you are under the age of eighteen (18), a parent or guardian must attend the examination with you.

****Claimant must bring MRI/X-rays/Films and government photo ID to the appointment. Failure to do so may result in the claimant being turned away not being examined.****

****You may be turned away at the time of the exam and not be examined if the above are not available at the time of exam.****

**** If transportation and / or translation are needed for this exam, please contact ExamWorks as soon as possible.****

Thank you in advance for your cooperation.

Sincerely,
 Chiquita Jones-Davis
 ExamWorks, Oldsmar, FL

cc: Marie Warner-Smith, Liberty Mutual Insurance Company
 Mitchell Byrd Jr., Carolina Law Group



SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019

Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)

Primary diagnosis: Diffuse pain

Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has



SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019
Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)
Primary diagnosis: Diffuse pain
Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has

Alicia Ruffin 555-E13688

innocentyal@ya.../inbox



Warner-Smith, Marie <marie.warner-smith@libertymutual.com>
To: innocentyal@yahoo.com <innocentyal@yahoo.com>

Jul 29, 2019 at 11:41 AM

63p

Ms. Ruffin

I was unavailable on the last few days and have been in and out of the office for last few weeks.

Just to be clear, none of these doctors are employed by or works on behalf of Liberty Mutual/ Builder or no other carrier for that matter. However, But by your account, the physicians that we've sent you to has caused you to go to the ER twice. Therefore, to avoid causing you any further discomfort, I am glad to hear that you are interested in resolving your claim through Mediation.

However, because you are pro se, before we can get into mediation, we will need to obtain Maximum Medical Improvement from both Dr. Mitchell and Dr. Hans. (I will fu with the nurse for Dr. Mitchell's report).

Dr. Kanos has already address MMI in his report.

Please keep your appointment on 08/14/19- If you need an appointment sooner, please let us know- Linda will make the arrangements.

Just note: (Dr. Hans) will need to place you at MMI before we can do a formal request for mediation.

Someone from defense counsel Amanda Neely will be in touch with you within the next few days to at least get the process started

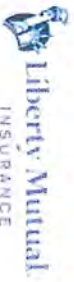
Sincerely

Marie Warner-Smith
Senior Claims Consultant III CWC
Global Risk Solutions
Workers Compensation Claims

Liberty Mutual Insurance
P.O. Box 31204, Tampa, FL 33631
Direct: 813-804-6127
Fax: 603-430-1578



**Please let us know
how we're doing.** ▶



If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail or via telephone [(P) (813) 804-6127] and please permanently delete the original and any copy of any e-mail and any printout thereof. Thank you.

**PIEDMONT COMPREHENSIVE PAIN MANAGEMENT GROUP, LLC
PROGRESS NOTE**

PATIENT: RUFFIN, ALICIA
PHYSICIAN: Sung J. Han, M.D.
SSN: 251-47-6888

DOS: 08/23/19
DOD: 08/23/19
DOT: 08/25/19

History of Present Illness: This is a 46-year-old female with neck, arm, low back, and leg pain presenting for followup. EMG was incomplete. I ordered a CT myelogram of the cervical and lumbar spine. She saw Dr. Kanos. Dr. Kanos put her at MMI and performed an impairment rating. Medication wise she uses Robaxin now and then.

Physical Exam: She presents in a wheelchair. No pathological reflexes. Diffuse tenderness to palpation throughout.

Assessment:

1. Chronic neck, low back, arm, and leg pain.
2. MRI of cervical spine shows nothing significant. CT of lumbar spine shows nothing significant.
3. At MMI per Dr. Kanos, status post impairment rating.

Plan:

1. The patient will use what Robaxin she has left over and afterward she will stop it.
2. Follow up as needed. Again she is at MMI and is status post impairment rating by Dr. Kanos.

Note: At the end, the case was discussed with the case manager.

Sung J. Han, M.D.
SJH/DTI user7mt D183774
Dictated - Not Read

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 1
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

07/26/2019 - Office Visit: F/u: Cspine/Lspine

Provider: David Mitchell MD

Location of Care: Carolina Orthopaedic & Neurosurgical Associates

History of Present Illness

History From: Patient

Race: Black or African American

Family Physician: Dr. Rashik

Alicia M. Ruffin is seen today. She is walking with a Rollator. She is here with her husband and grandchildren. She says that she continues to hurt. We read her review by Dr. Kanos and she has a pain management appointment.

Injury / Condition

Was this the result of an injury? yes

Injury Date: 10/04/2018

Are you claiming as Workers Compensation? yes

Type of Problem

pain today 10/10

Location of Your Injury / condition

hip bilateral, shoulder bilateral, leg left, back pain bilateral, pelvis bilateral, neck pain bilateral,,

Previous Treatment

Have you had any of the following for this problem? MRI Lspine @MD360 10/26/18, X-Ray Lspine @Doctors Care 10/4/18; MRI Lspine @CONA 1/22/19, X-ray

History of OA Fractures or Procedures:

Past Medical History

No significant medical history

***** Please Note *****

Patient has Metal in Body.

Active Medications Prior to This Update (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food

BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain

IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID

AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD

Current Medications (reviewed today):

METHOCARBAMOL 750 MG ORAL TABLET (METHOCARBAMOL) 1 PO q12hrs PRN Spsasms; Route: ORAL

CELEBREX 100 MG ORAL CAPSULE (CELECOXIB) 1 po bid with food; Route: ORAL

65p

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 2
Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

CELEBREX 200 MG ORAL CAPSULE (CELECOXIB) 1 PO QD with food; Route: ORAL
BIOTIN 1 MG ORAL CAPSULE (BIOTIN) QD; Route: ORAL
ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) 2 tabs PO PRN for pain; Route: ORAL
IBUPROFEN 800 MG ORAL TABLET (IBUPROFEN) 1 PO BID; Route: ORAL
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) 1 PO BID; Route: ORAL
AMLODIPINE BESY-BENAZEPRIL HCL 5-10 MG ORAL CAPSULE (AMLODIPINE BESY-BENAZEPRIL HCL) 1 PO QD;
Route: ORAL

Current Allergies (reviewed today):

No known allergies

Past Surgical History

Foot (Left)
Hand (Left)

Review of Systems

General: Positive for fatigue.

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Positive for weight gain.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain, arthritis, muscle aches, stiffness, loss of strength.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Positive for headaches.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Patient denies seasonal allergies, persistent infections.

Social History

Patient is married, Never smoker, Has 5 children. drinks alcohol, drinks 1 to 3 times per week. does not exercise.

Occupation: disabled .

Osteoporosis Management in Women 50 yrs of age and Older

Patient is not taking Calcium Supplements

Patient has not had a Bone Density Screening

Family History

Diabetes (Father, Mother, Brother)

Cancer (Mother)

Heart Disease (Father)

Arthritis (Father)

Stroke (Father)

High Blood Pressure (Father, Mother, Brother)

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE

660

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 3

Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 93 R: 16 BP: 199/120

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, Distressed by Pain

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using a Walker

Durable Goods: No

PHYSICAL EXAM:

In asking her to do muscle strength testing of her upper extremities, she appears very weak. She seems to be neurologically intact. I asked her to stand up and her husband helped her and just touching her clothes caused her to have excruciating pain symptomatology and yelling and screaming saying she is very disappointed in me. Her husband became very abusive and also complained, raising his voice.

PLAN

I certainly apologized that I was sorry that she is having so much pain but I do not feel like we can maintain a doctor-patient relationship with the animosity and the confrontational attitude they have portrayed today. At this point in time, I would like to have her released from our practice and if she has any emergencies for the next 3 days, she can come back but otherwise, she is discharged from this practice secondary to failure of the doctor-patient relationship.

Dictated by: M. David Mitchell, MD

New Orders:

Est. Level 4 [CPT-99214]

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office on a PRN basis

] Patient at risk for falls: yes

Fall Risk Intervention

Provide adequate lighting

Electronically signed by David Mitchell MD on 08/01/2019 at 10:23 AM

67p

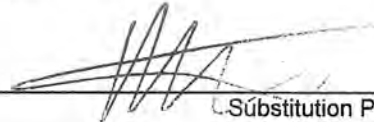
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303
(864) 582-6396 Fax: (864) 542-2939

Name: Alicia M Ruffin Acct#: 235394 Date: June 21, 2019
Addr: 563 Duncan Station Drive DOB: 05/04/1973
City: Duncan SC 29334 Phone:

RX: Neurology referral for neck pain and headaches

ICD 10 Code(s) REQUIRED: M54.2

Dr. David Mitchell
Dispense As Written



Substitution Permitted

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO

Do you recommend causally related medical treatment for any of the above issues, and if so, what do you recommend?

YES NO

EXPLAIN:

MRI cervical spine
Physical therapy

Is Ms. Ruffin at MMI for any of the above-described issues?

YES NO

Does Ms. Ruffin require work restrictions at this time related to any of the above-described issues?

YES NO

EXPLAIN:

Have you answered all questions to a reasonable degree of medical certainty?

YES NO



David Mitchell, MD

DATE: 1/15/19



ExamWorks, LLC.
 P.O. Box 2067
 Oldsmar, FL 34677-7067



Phone: (813) 749-8282
 Fax: (813) 749-8285

June 12, 2019

Alicia Ruffin
 563 Duncan Station Drive
 Duncan, SC 29334

Case #: 20784806
 DOI: 10/4/2018
 Claim #: WC555E13688

RE: Requesting party: Marie Warner-Smith
 Insured:

The above named party has requested that you attend an Independent Medical Examination with a certified specialist. This examination will be free of any charges to you.

Appointment date: Monday, July 22, 2019 at 10:15 AM
 Doctor: Charles C. Kanos, M.D.
 Prisma Health
 Southeastern Neurosurgical & Spine Institute
 109 Doctors Drive
 Greenville, SC 29605
 Specialty: Neurological Surgery
 For directions only: (864) 797-7150

Cancellation or Change of Appointment: Failure to attend this examination may jeopardize your insurance benefits. If you are unable to attend this appointment at the time and date already scheduled, it is necessary that you notify us **UPON RECEIPT** of this notification **(800) 528-1002**. We must obtain approval from the requesting party in order to reschedule.

What Is ExamWorks? ExamWorks schedules medical examinations for doctors, attorneys, insurance companies and businesses.

What To Expect During The Exam: Please have a government photo I.D. on hand. The doctor will review the medical records provided for your evaluation. It is important that you bring any previous X-Rays, CAT Scans, MRI's or other Electrodiagnostic Studies to the examination. If these are not brought to the exam, the doctor may not be able to complete his/her report, thus delaying the progress of your claim or turn you away and not perform the exam. If you are under the age of eighteen (18), a parent or guardian must attend the examination with you.

****Claimant must bring MRI/X-rays/Films and government photo ID to the appointment. Failure to do so may result in the claimant being turned away not being examined.****

****You may be turned away at the time of the exam and not be examined if the above are not available at the time of exam.****

**** If transportation and / or translation are needed for this exam, please contact ExamWorks as soon as possible.****

Thank you in advance for your cooperation.
 Sincerely,
 Chiquita Jones-Davis
 ExamWorks, Oldsmar, FL

cc: Marie Warner-Smith, Liberty Mutual Insurance Company
 Mitchell Byrd Jr., Carolina Law Group

PRISMA HEALTH.

SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019

Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)

Primary diagnosis: Diffuse pain

Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has

right wrist pain but she doesn't have any radicular arm pain. She does have radicular pain from her buttocks into her legs. Any activity worsens her pain. Her pain is improved with a TENS unit.

She's had anti inflammatory and muscle relaxers. She's been on Ibuprofen and Celebrex. She's had extensive physical therapy. She hasn't had any improvement. She was referred to Dr. Han. An EMG was recommended. The nerve studies caused her to go the ER on 6-19-2019. I have the MRI report of her lumbar spine and the impression was that there wasn't any significant abnormality.

Her C Spine MRI shows mild stenosis from C2-6 without severe stenosis. The CT of the lumbar spine, from Piedmont Imaging, showed subtle facet arthropathy at L3-5.

Review of Systems

Objective:

Objective

Physical Exam

Neurologic Exam

Ortho Exam

Assessment

Constitution: Obesity, NAD

Auscultation of heart: RRR, no murmurs

Auscultation of lungs: Clear, no rales, no wheezing

Auscultation of Carotids: No bruits

Musculoskeletal:

Gait: rolling walker, needs assistance standing, walks very slowly and asks for assistance.

Wearing sunglasses due to photophobia

Cannot lift to shoulder level, whinces with arm movement

Just touching both shoulders and neck caused her to ask me to stop, then cried uncontrollably.

Significant tenderness to very light palpation to every joint, exaggerated

Exam is very limited, as she asked me to stop

A,A + O x 4

Recent and Remote Memory: intact, provided thorough history

Attention Span: normal, attentive, no agitation

Language: fluent, appropriate, no dysnomia, no dysphasia, no dysarthria

Motor: appears without deficit but limited by pain.

Deltoid, Bicep, Tricep, Wrist ext., Wrist flex., intrinsic hand, grip: 5/5 bilaterally

Iliopsoas, quadriceps, hamstring, dorsiflexion, plantar flexion, EHL: 5/5 bilaterally

Sensory:

Light touch, PP,: nl bilateral upper and lower extremities

No allodynia

Reflexes:

Knee Jerk: right 2+, left 2+,

Ankle Jerk: right 2+, left 2+

Babinski: mute

No clonus

Coordination: No intention tremor with FNF.

Romberg: negative

Finger/Nose: no intention tremor

Rapid Alternating movements in UE: normal

No resting tremor

Allergies

Allergen

- Celebrex [Celecoxib]
- Gabapentin

Reactions

Nausea and/or vomiting-Intolerance
Other- (not listed) - Allergy

Past Medical History:

Diagnosis

Date

- Fracture, tibia and fibula
- Murmur
no problems or treatment
- Other ANESTHESIA
Complications
Jehovah Witness

Past Surgical History:

Procedure

Laterality Date

- ANKLE SURGERY
- CESAREAN SECTION

Family History

Problem

Relation

Age of Onset

- Cancer
Mother
- Diabetes
Mother
- Hypertension
Mother
- Stroke
Father
- Heart disease
Father
- Diabetes
Father
- Hypertension
Father
- Hypertension
Brother

- Diabetes
- Cancer
- Hypertension
- Cancer

Brother
Maternal Uncle
Paternal Uncle
Paternal Uncle

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Diffuse pain

I reviewed her records, taken her history, and examined her. The examination was difficult because very light palpation caused her to cry.

Her pain is strongly myofascial. The MRI report shows no abnormalities and she has minimal arthritic changes.

She states that the pain started after driving in a bumpy truck with poor suspension. She had two incidents, one in August and one in October 2018.

I was given a list of questions to answer. I will say that the exam was difficult due to her subjective complaints, of exquisite pain, with very light palpation.

In terms of diagnosis:

1. Is the diagnosis correct? She was diagnosed with a low back strain. I think there is a strong myofascial component to her pain. I think the diagnosis is correct.

2. I do not find the objective findings consistent with the subjective complaints. She has an exaggerated response to minimal exam. I find her subjective complaints are exaggerated. The MRI findings are not impressive and do not explain her symptoms.

3. The treatment received has been appropriate and medical necessary. She's had physical therapy and she has seen Dr. Mitchell. I feel that her treatment has been appropriate up until this point.

4. I do not recommend any further treatment.

Casualty

1. In terms of the causation, she states that she didn't have any pain prior to an August injury and the claimed October 2018 injury due to the faulty seat. I feel that her symptoms are out of proportion based on that mechanism. I think it's reasonable that a lumbar strain may have resulted from her mechanism but I do not feel that the number of symptoms are related to this injury and accident. The proximate injury diagnosed is difficult to answer since her symptoms are out of proportion to her injury. Bouncing around in the seat may have aggravated her symptoms but I think there is a strong myofascial pain syndrome. I do not feel that the mechanism of injury supports the diagnosis.

I feel that her treatment is related to the accident since she states that she didn't have any pain before bouncing around the car.

I do not recommend any further treatment. I think her treatment up until now, has been appropriate.

I am not aware of any co morbidities related to the injury. In terms of co morbid medical and psychological conditions related to her complaints, I think her symptoms are severely exaggerated. For instance, minimal pressure on her shoulder, with one finger, had her pleading with me to stop and she was complaining of excessive pain, and she became tearful. There appears to be as strong psychological component to her pain. I do not feel that her psychological condition was caused the bouncing around in the car.

Disability and return to work

I do not feel that she can return to work. She uses a rolling walker and she was unable to stand up unassisted. This is based entirely on her subjective complaints, and on her exaggerated response to pain.

2. I do feel that a FCE is recommended.

3. I do believe that she's reached MMI. I recommend a 3% impairment to the cervical spine and a 3% impairment to the lumbar spine, for a total of 6% based on the AMA 6th edition guide. I do not anticipate any future medical treatment. I think it's doubtful that she will return to work based on the severity of her complaints. A psychological evaluation may be appropriate. I feel that there is a strong psychological component to her complaints.

I hereby affirm, under penalty of perjury, that the foregoing is true and accurate to the best of my knowledge. No doctor/patient relationship exists or was implied based on this examination.

I, Dr. Kanos, agree that the documentation is accurate and complete.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Instructions

Return if symptoms worsen or fail to improve.

After Visit Summary (Printed 7/22/2019)

Additional Documentation

Vitals: BP 185/129 ! (Abnormal) Pulse 85 Ht 1.626 m (5' 4") Wt 91.6 kg (202 lb)
BMI 34.67 kg/m² BSA 2.03 m² More Vitals

Flowsheets: Travel and Exposure Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

Scan on 7/24/2019 9:04 AM by Sandra Stroup: medications

Scan on 7/24/2019 9:04 AM by Sandra Stroup: pain sheet
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: health hx
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: medical records

No questionnaires available.

Encounter Status

Electronically signed by Charles Christopher Kanos, MD on 7/23/19 at 07:47

Orders Placed

None

Medication Changes

As of 7/22/2019 11:30 AM

None

Visit Diagnoses

Diffuse pain R52

Allergies

Celebrex [celecoxib]	Intolerance	Nausea and/or vomiting- Intolerance
Gabapentin	Allergy	Other- (not listed) - Allergy

Medical History

Diagnosis	Date	Comment	Source
Fracture, tibia and fibula			Provider
Murmur		no problems or treatment	Provider
Other ANESTHESIA Complications		Jehovah Witness	Provider

Surgical History

Procedure	Laterality	Date	Comment	Source
ANKLE SURGERY				Provider
CESAREAN SECTION				Provider *

Family History

Relation	Problem	Comments
Mother (Deceased)	Cancer	
	Diabetes	
	Hypertension	
	Diabetes	
Father (Deceased)	Heart disease	
	Hypertension	
	Stroke	

77p.

Relation	Problem	Comments
Brother	Diabetes Hypertension	
Maternal Uncle	Cancer	
Paternal Uncle (Deceased)	Cancer Hypertension	

Tobacco Use

Never smoked or used smokeless tobacco.

Alcohol Use

Yes; 7.0 standard drinks of alcohol per week; 7 Glasses of wine.

Drug Use

No.

Encounter Coverage and Financial Information

Click to view encounter coverage and financials including charges and LOS.

Carolina Orthopaedic & Neurosurgical Associates

115 Deacon Tiller Court Duncan, SC 29334
(864) 721-0025 Fax: (864) 721-0035

August 2, 2019

Page 3

Office Visit

Alicia M Ruffin

Female DOB: 05/04/1973

235394

Ins: Liberty Mutual WC

VITAL SIGNS

Body Mass Index in-lb

Height (in): 60

Weight (lb): 184

BMI (in-lb) 35.93

P: 93 R: 16 BP: 199/120

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, Distressed by Pain

Hand Dominance: Right

Gait: Antalgic

Type of Antalgic Gait: Using a Walker

Durable Goods: No

PHYSICAL EXAM:

In asking her to do muscle strength testing of her upper extremities, she appears very weak. She seems to be neurologically intact. I asked her to stand up and her husband helped her and just touching her clothes caused her to have excruciating pain symptomatology and yelling and screaming saying she is very disappointed in me. Her husband became very abusive and also complained, raising his voice.

PLAN

I certainly apologized that I was sorry that she is having so much pain but I do not feel like we can maintain a doctor-patient relationship with the animosity and the confrontational attitude they have portrayed today. At this point in time, I would like to have her released from our practice and if she has any emergencies for the next 3 days, she can come back but otherwise, she is discharged from this practice secondary to failure of the doctor-patient relationship.

Dictated by: M. David Mitchell, MD

New Orders:

Est. Level 4 [CPT-99214]

Finding of Hypertension Episode [SCT-62275004]

Lifestyle Education Regarding Hypertension [SCT-443402002]

Referral to Alternate Provider [SCT-183516009]

Disposition: Return to office on a PRN basis

] Patient at risk for falls: yes

Fall Risk Intervention

Provide adequate lighting

Electronically signed by David Mitchell MD on 08/01/2019 at 10:23 AM

67p

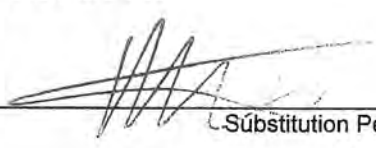
Carolina Orthopaedic & Neurosurgical Associates
1330 Boiling Springs Road, Suite 1600, Spartanburg SC 29303
(864) 582-6396 Fax: (864) 542-2939

Name: Alicia M Ruffin Acct#: 235394 Date: June 21, 2019
Addr: 563 Duncan Station Drive DOB: 05/04/1973
City: Duncan SC 29334 Phone:

RX: Neurology referral for neck pain and headaches

ICD 10 Code(s) REQUIRED: M54.2

Dr. David Mitchell
Dispense As Written


Substitution Permitted

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO

ALICIA RUFFIN

DOB: 5/4/73

Have you been medically treating Ms. Ruffin since November 16, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing lumbar spine issues causally related to her reported injury of October 4, 2018?

YES NO

Based on Ms. Ruffin's described mechanism of injury, are Ms. Ruffin's ongoing cervical spine issues causally related to her reported injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her lumbar spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Does Ms. Ruffin require continued, ongoing medical care and treatment for her cervical spine issues that is causally related to her work injury of October 4, 2018?

YES NO

Has Ms. Ruffin described ongoing issues with headaches, vertigo, and high blood pressure to you, and are those symptoms/issues more likely than not causally related to her work injury of October 4, 2018?

YES NO



ExamWorks, LLC.
 P.O. Box 2067
 Oldsmar, FL 34677-7067



Phone: (813) 749-8282
 Fax: (813) 749-8285

June 12, 2019

Alicia Ruffin
 563 Duncan Station Drive
 Duncan, SC 29334

Case #: 20784806
 DOI: 10/4/2018
 Claim #: WC555E13688

RE: Requesting party: Marie Warner-Smith
 Insured:

The above named party has requested that you attend an Independent Medical Examination with a certified specialist. This examination will be free of any charges to you.

Appointment date: Monday, July 22, 2019 at 10:15 AM
 Doctor: Charles C. Kanos, M.D.
 Prisma Health
 Southeastern Neurosurgical & Spine Institute
 109 Doctors Drive
 Greenville, SC 29605
 Specialty: Neurological Surgery
 For directions only: (864) 797-7150

Cancellation or Change of Appointment: Failure to attend this examination may jeopardize your insurance benefits. If you are unable to attend this appointment at the time and date already scheduled, it is necessary that you notify us **UPON RECEIPT** of this notification **(800) 528-1002**. We must obtain approval from the requesting party in order to reschedule.

What Is ExamWorks? ExamWorks schedules medical examinations for doctors, attorneys, insurance companies and businesses.

What To Expect During The Exam: Please have a government photo I.D. on hand. The doctor will review the medical records provided for your evaluation. It is important that you bring any previous X-Rays, CAT Scans, MRI's or other Electrodiagnostic Studies to the examination. If these are not brought to the exam, the doctor may not be able to complete his/her report, thus delaying the progress of your claim or turn you away and not perform the exam. If you are under the age of eighteen (18), a parent or guardian must attend the examination with you.

****Claimant must bring MRI/X-rays/Films and government photo ID to the appointment. Failure to do so may result in the claimant being turned away not being examined.****

****You may be turned away at the time of the exam and not be examined if the above are not available at the time of exam.****

**** If transportation and / or translation are needed for this exam, please contact ExamWorks as soon as possible.****

Thank you in advance for your cooperation.

Sincerely,
 Chiquita Jones-Davis
 ExamWorks, Oldsmar, FL

cc: Marie Warner-Smith, Liberty Mutual Insurance Company
 Mitchell Byrd Jr., Carolina Law Group



SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019

Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)

Primary diagnosis: Diffuse pain

Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has



SOUTHEASTERN NEUROSURGICAL
AND SPINE INSTITUTE-109
DOCTORS DRIVE
109 DOCTORS DRIVE
GREENVILLE SC 29605-5608
864-797-7150

Alicia Ruffin
MRN: 970036302
DOB: 5/4/1973
Sex: female

Ruffin, Alicia

MRN: 970036302

Office Visit 7/22/2019

Southeastern Neurosurgical
and Spine Institute-109
Doctors Drive

Provider: Charles Christopher Kanos, MD (Neurosurgery)

Primary diagnosis: Diffuse pain

Reason for Visit: Work Related Injury; Referred by Unassigned None

Progress Notes

Charles Christopher Kanos, MD (Physician) • Neurosurgery

Progress Note

7/22/2019

Subjective:

Subjective

Alicia Ruffin is a 46 y.o. female.

Chief Complaint

Patient presents with

- Work Related Injury

Date of Injury: 10.4.2018. New patient presents at the request of Work Comp for an evaluation of neck and low back pain. MRI Cervical and Lumbar at EmergencyMD, did not bring disc. She states a 10/10 pain score.

HPI

46 year old woman here for an IME regarding her cervical and lumbar spine. I have notes from, Urgent Care, Doctors Care, Garber Physical Therapy, notes from Dr. Mitchell and radiology reports from Emergency MD. I do not have her imaging, on disc, for review.

She injured herself on 10-4-2018 while driving a truck for Builder's Source. She delivers building supplies. This is her second injury with the same truck. She states that there is poor suspension and she bounces, while driving. The first injury was in August 2018 but the claimed injury is in October.

She complains of muscle spasms in her neck, face, arms, down the back of her legs into the balls of her foot. She has pain in her shoulders. She denies any pain, at all, prior to this incident. She had pain from October to April. She was in a neck brace from 11-26-2018 through April 12, 2019. When she was at Dr. Mitchell's office, the collar was removed, and her neck was jerked.

I have ER notes from 4-12-2019. She states that her muscle spasms worsened after this. She complains of facial pain and "jaw locking." She has pain into her shoulders and neck. She has

right wrist pain but she doesn't have any radicular arm pain. She does have radicular pain from her buttocks into her legs. Any activity worsens her pain. Her pain is improved with a TENS unit.

She's had anti inflammatories and muscle relaxers. She's been on Ibuprofen and Celebrex. She's had extensive physical therapy. She hasn't had any improvement. She was referred to Dr. Han. An EMG was recommended. The nerve studies caused her to go the ER on 6-19-2019. I have the MRI report of her lumbar spine and the impression was that there wasn't any significant abnormality.

Her C Spine MRI shows mild stenosis from C2-6 without severe stenosis. The CT of the lumbar spine, from Piedmont Imaging, showed subtle facet arthropathy at L3-5.

Review of Systems

Objective:

Objective

Physical Exam

Neurologic Exam

Ortho Exam

Assessment

Constitution: Obesity, NAD

Auscultation of heart: RRR, no murmurs

Auscultation of lungs: Clear, no rales, no wheezing

Auscultation of Carotids: No bruits

Musculoskeletal:

Gait: rolling walker, needs assistance standing, walks very slowly and asks for assistance.

Wearing sunglasses due to photophobia

Cannot lift to shoulder level, whinces with arm movement

Just touching both shoulders and neck caused her to ask me to stop, then cried uncontrollably.*

Significant tenderness to very light palpation to every joint, exaggerated

Exam is very limited, as she asked me to stop

A,A + O x 4

Recent and Remote Memory: intact, provided thorough history

Attention Span: normal, attentive, no agitation

Language: fluent, appropriate, no dysnomia, no dysphasia, no dysarthria

Motor: appears without deficit but limited by pain.

Deltoid, Bicep, Tricep, Wrist ext., Wrist flex., intrinsic hand, grip: 5/5 bilaterally

Iliopsoas, quadriceps, hamstring, dorsiflexion, plantar flexion, EHL: 5/5 bilaterally

Sensory:

Light touch, PP,: nl bilateral upper and lower extremities

No allodynia

Reflexes:

Knee Jerk: right 2+, left 2+,

Ankle Jerk: right 2+, left 2+

Babinski: mute

No clonus

Coordination: No intention tremor with FNF.

Romberg: negative

Finger/Nose: no intention tremor

Rapid Alternating movements in UE: normal

No resting tremor

Allergies

Allergen

- Celebrex [Celecoxib]
- Gabapentin

Reactions

Nausea and/or vomiting-Intolerance
Other- (not listed) - Allergy

Past Medical History:

Diagnosis

Date

- Fracture, tibia and fibula
- Murmur
- no problems or treatment*
- Other ANESTHESIA
- Complications
- Jehovah Witness*

Past Surgical History:

Procedure

Laterality Date

- ANKLE SURGERY
- CESAREAN SECTION

Family History

Problem

Relation

Age of Onset

- | | | |
|-----------------|---------|--|
| • Cancer | Mother | |
| • Diabetes | Mother | |
| • Hypertension | Mother | |
| • Stroke | Father | |
| • Heart disease | Father | |
| • Diabetes | Father | |
| • Hypertension | Father | |
| • Hypertension | Brother | |

- Diabetes
- Cancer
- Hypertension
- Cancer

Brother
Maternal Uncle
Paternal Uncle
Paternal Uncle

Assessment/Plan:

Problem List Items Addressed This Visit

Other

Diffuse pain

I reviewed her records, taken her history, and examined her. The examination was difficult because very light palpation caused her to cry.

Her pain is strongly myofascial. The MRI report shows no abnormalities and she has minimal arthritic changes.

She states that the pain started after driving in a bumpy truck with poor suspension. She had two incidents, one in August and one in October 2018.

I was given a list of questions to answer. I will say that the exam was difficult due to her subjective complaints, of exquisite pain, with very light palpation.

In terms of diagnosis:

1. Is the diagnosis correct? She was diagnosed with a low back strain. I think there is a strong myofascial component to her pain. I think the diagnosis is correct.
2. I do not find the objective findings consistent with the subjective complaints. She has an exaggerated response to minimal exam. I find her subjective complaints are exaggerated. The MRI findings are not impressive and do not explain her symptoms.
3. The treatment received has been appropriate and medical necessary. She's had physical therapy and she has seen Dr. Mitchell. I feel that her treatment has been appropriate up until this point.
4. I do not recommend any further treatment.

Casualty

1. In terms of the causation, she states that she didn't have any pain prior to an August injury and the claimed October 2018 injury due to the faulty seat. I feel that her symptoms are out of proportion based on that mechanism. I think it's reasonable that a lumbar strain may have resulted from her mechanism but I do not feel that the number of symptoms are related to this injury and accident. The proximate injury diagnosed is difficult to answer since her symptoms are out of proportion to her injury. Bouncing around in the seat may have aggravated her symptoms but I think there is a strong myofascial pain syndrome. I do not feel that the mechanism of injury supports the diagnosis.

I feel that her treatment is related to the accident since she states that she didn't have any pain before bouncing around the car.

I do not recommend any further treatment. I think her treatment up until now, has been appropriate.

I am not aware of any co morbidities related to the injury. In terms of co morbid medical and psychological conditions related to her complaints, I think her symptoms are severely exaggerated. For instance, minimal pressure on her shoulder, with one finger, had her pleading with me to stop and she was complaining of excessive pain, and she became tearful. There appears to be as strong psychological component to her pain. I do not feel that her psychological condition was caused the bouncing around in the car.

Disability and return to work

I do not feel that she can return to work. She uses a rolling walker and she was unable to stand up unassisted. This is based entirely on her subjective complaints, and on her exaggerated response to pain.

2. I do feel that a FCE is recommended.

3. I do believe that she's reached MMI. I recommend a 3% impairment to the cervical spine and a 3% impairment to the lumbar spine, for a total of 6% based on the AMA 6th edition guide. I do not anticipate any future medical treatment. I think it's doubtful that she will return to work based on the severity of her complaints. A psychological evaluation may be appropriate. I feel that there is a strong psychological component to her complaints.

I hereby affirm, under penalty of perjury, that the foregoing is true and accurate to the best of my knowledge. No doctor/patient relationship exists or was implied based on this examination.

I, Dr. Kanos, agree that the documentation is accurate and complete.

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Instructions

Return if symptoms worsen or fail to improve.

After Visit Summary (Printed 7/22/2019)

Additional Documentation

Vitals: BP 185/129 ? (Abnormal) Pulse 85 Ht 1.626 m (5' 4") Wt 91.6 kg (202 lb)
BMI 34.67 kg/m² BSA 2.03 m² More Vitals

Flowsheets: Travel and Exposure Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

Scan on 7/24/2019 9:04 AM by Sandra Stroup: medications

Scan on 7/24/2019 9:04 AM by Sandra Stroup: pain sheet
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: health hx
 Scan on 7/24/2019 9:04 AM by Sandra Stroup: medical records

No questionnaires available.

Encounter Status

Electronically signed by Charles Christopher Kanos, MD on 7/23/19 at 07:47

Orders Placed

None

Medication Changes

As of 7/22/2019 11:30 AM

None

Visit Diagnoses

Diffuse pain R52

Allergies

Celebrex [celecoxib]	Intolerance	Nausea and/or vomiting- Intolerance
Gabapentin	Allergy	Other- (not listed) - Allergy

Medical History

Diagnosis	Date	Comment	Source
Fracture, tibia and fibula			Provider
Murmur		no problems or treatment	Provider
Other ANESTHESIA Complications		Jehovah Witness	Provider

Surgical History

Procedure	Laterality	Date	Comment	Source
ANKLE SURGERY				Provider
CESAREAN SECTION				Provider *

Family History

Relation	Problem	Comments
Mother (Deceased)	Cancer	
	Diabetes	
	Hypertension	
Father (Deceased)	Diabetes	
	Heart disease	
	Hypertension	
	Stroke	

Relation	Problem	Comments
Brother	Diabetes Hypertension	
Maternal Uncle	Cancer	
Paternal Uncle (Deceased)	Cancer Hypertension	

Tobacco Use

Never smoked or used smokeless tobacco.

Alcohol Use

Yes; 7.0 standard drinks of alcohol per week; 7 Glasses of wine.

Drug Use

No.

Encounter Coverage and Financial Information

[Click to view encounter coverage and financials including charges and LOS.](#)



AFTER VISIT SUMMARY

Alicia Ruffin MRN: 970036302

2/18/2018 Greer Memorial Hospital Emergency Room 864-797-8604

Instructions



Your medications have changed

- START taking: HYDROcodone-acetaminophen 7.5-325 mg per tablet (NORCO)

Review your updated medication list below.



Read the attached information

Wrist Fracture (English)



Pick up these medications from any pharmacy with your printed prescription

HYDROcodone-acetaminophen



Ambulatory Referral to Hand Surgery

Where: The Hand Center-Greenville (864-242-4263)
Address: 1011 Frontage Road Greenville SC 29615-4240
Expires: 8/21/2019 (requested)



Follow up with The Hand Center-Greenville

Specialty: Orthopedic Surgery
Contact: 1011 Frontage Road
Greenville South Carolina 29615-4240
864-242-4263



Follow up with Mohammad Rashid, MD

Specialty: General Internal Medicine
Contact: 61 Pointe Circle
Greenville SC 29615
864-286-6960

What's Next

You currently have no upcoming appointments scheduled.

Treatment Team

You were seen by Sarah Emily Fabiano, MD.

You are allergic to the following

No active allergies

Today's Visit

Reason for Visit

Wrist Pain

Diagnosis

Wrist fracture, closed, left, initial encounter

Imaging Tests

- XR Forearm 2 Vw Left
- XR Wrist 3+ Vw Left

Medications Given

- HYDROcodone-acetaminophen (NORCO 10-325) last given at 10:47 PM
- ketorolac (TORADOL) last given at 11:41 PM
- morphine last given at 11:43 PM

Your End of Visit Vitals

	Blood Pressure		Temperature (Oral)
	174/118		98.6 °F
	Pulse		Respiration
	114		18
	Oxygen Saturation		
	100%		

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.ghs.org>, click "Sign Up Now", and enter your personal activation code: Z953F-9RVX8-M7QFT. Activation code expires 3/21/2018.

79R

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



Physician's Statement

WC 555E13688

Claimant's Name: ALICIA RUFFIN DOB: 5/04/1973
Physician's Name: CHARLES C KANOS, MD
Practice/Clinic: Southeastern Neurosurgical & Spine Institute
Preparer's Name: _____
Employer's Name: _____
Insurance Carrier: _____
SCWCC File No: _____
Phone: _____

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.

Date of injury: 10/04/2018 Date of first office visit: 7/22/2019 Date of last office visit: 7/22/2019

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: DIFFUSE PAIN
Body part(s) injured: LUMBAR AND CERVICAL SPINE Body part(s) affected: LUMBAR AND CERVICAL SPINE
Date of maximum medical improvement: 7/22/2019

Has the Claimant sustained permanent physical impairment as a result of the work injury? [X] Yes [] No
If so, the permanent physical impairment is: 3 % medical impairment to the CERVICAL SPINE (injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
3 % medical impairment to the LUMBAR SPINE 6% TOTAL (additional body part injured or affected).

The impairment rating(s) above are based upon the following:
[X] The AMA's Guides to the Evaluation of Permanent Impairment 6TH Edition; or
Other medical treatise: _____ or
Other: _____

Does the Claimant have permanent physical limitations as a result of the injury? [X] Yes [] No
If so, the permanent physical limitations are: CANNOT RETURN TO WORK

Does the Claimant possess retained hardware as a result of the injury? [] Yes [X] No
If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: [] Yes [XXX] No
If so, the medical care and treatment that is needed is/are: _____

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.

Charles C Kanos
Treating or Evaluating Physician

7/26/19
Date

80p

AFTER VISIT SUMMARY

Alicia Ruffin DoB: 5/4/1973

7/22/2019 10:30 AM SENS-109 Doctors Drive 864-797-7150

Instructions from Charles Christopher Kanos, MD



Return if symptoms worsen or fail to improve.

What's Next

You currently have no upcoming appointments scheduled.

Allergies

Celebrex [celecoxib]

Nausea and/or vomiting-
Intolerance

Gabapentin

Other- (not listed) - Allergy

Problem List as of 7/22/2019

Closed fracture of lower end of left radius with routine healing
Diffuse pain

Health Maintenance Overview

Performed

Due Next 3 Months

Overdue

Mammogram
Pap Smear

Patient Notes

Use the space below to write down any notes about today's visit:

Today's Visit

You saw Charles Christopher Kanos, MD on Monday July 22, 2019 for:

- Work Related Injury

The following issues were addressed:

- Diffuse pain



Blood Pressure
185/129



BMI
34.67



Weight
202 lb



Height
5' 4"



Pulse
85

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.ghs.org/MyChart/>, click "Sign Up Now", and enter your personal activation code: **KF2DN-MX58P-J99ZQ**. Activation code expires 7/31/2019.

1 SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
2 COLUMBIA, SOUTH CAROLINA
3 WCC FILE NO. 1815744
4

5 EMPLOYEE/CLAIMANT: ALICIA RUFFIN
6

7 EMPLOYER: BUILDERS FIRSTSOURCE, INC.
8

9 CARRIER: LIBERTY MUTUAL INSURANCE COMPANY
10

11
12 DEPOSITION OF CHARLES KANOS, MD
13

14
15
16 PURSUANT TO NOTICE, THE WITHIN DEPOSITION OF
17 CHARLES KANOS, MD, WAS TAKEN BY THE EMPLOYER/CARRIER
18 ON THE 17TH DAY OF FEBRUARY, 2020, COMMENCING AT THE
19 HOUR OF 4:37 P.M., AT THE OFFICES OF SOUTHEASTERN
20 NEUROSURGICAL & SPINE INSTITUTE, 109 DOCTORS DRIVE,
21 GREENVILLE, SOUTH CAROLINA, ATTENDED BY COUNSEL ASs
22 FOLLOWS:

23 Job Number. 583775

24 VICKIE M. HESTER
25 CERTIFIED VERBATIM REPORTER

	Page 2		Page 3
1	APPEARANCES	1	INDEX
2		2	
3		3	
4	AMANDA E. NEELY, ESQUIRE, OF THE FIRM	4	
5	WILSON JONES CARTER & BAXLEY, PA	5	
6	872 S. PLEASANTBURG DRIVE	6	PAGE
7	GREENVILLE, SOUTH CAROLINA 29607	7	
8		8	WAIVER AND STIPULATIONS..... 4
9	ATTORNEY FOR THE EMPLOYER/EMPLOYEE.	9	
10		10	EXAMINATION BY MS. NEELY..... 5
11		11	
12		12	CERTIFICATE OF NOTARY PUBLIC..... 8
13		13	
14		14	
15		15	
16		16	EXHIBITS
17		17	
18		18	DEFENDANT'S EXHIBIT 1 - 7 22/19
19		19	PROGRESS NOTE WITH FORM 14B.....
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
	Page 4		Page 5
1	PURSUANT TO NOTICE AND/OR AGREEMENT TO TAKE	1	EXAMINATION BY MS. NEELY:
2	DEPOSITIONS, THE WITHIN DEPOSITION WAS TAKEN BY THE	2	Q. Good afternoon, Dr. Kanos. I represent Builders
3	ABOVE-NAMED COURT REPORTER, A NOTARY PUBLIC FOR THE STATE	3	Firstsource and their insurance carrier in Ms.
4	OF SOUTH CAROLINA, BY CONSENT OF ALL PARTIES AT THE	4	Ruffin's Workers' Compensation claim. Ms. Ruffin is
5	OFFICES OF SOUTHEASTERN NEUROSCIENTIFIC & SPINE INSTITUTE,	5	not here today. She's not represented by an
6	GREENVILLE, SOUTH CAROLINA.	6	attorney. But she was given notice of this
7	* * * * *	7	deposition and an opportunity to be present today.
8	STIPULATIONS:	8	Briefly, you saw Ms. Ruffin for an independent
9	IT IS AGREED BY AND BETWEEN COUNSEL FOR THE PARTIES	9	medical evaluation on July 22nd, 2019, correct?
10	AS FOLLOWS:	10	A. Yes.
11	1. THE DEPOSITION IS BEING TAKEN PURSUANT TO THE	11	Q. Okay. And I have just one question -- or a few
12	SOUTH CAROLINA RULES OF CIVIL PROCEDURE.	12	questions regarding work restrictions on a Form 14B
13	2. THE READING AND SIGNING OF THE DEPOSITION	13	that you completed dated September 26, 2019. First
14	TRANSCRIPT ARE WAIVED BY THE WITNESS AND THE	14	I just want to quickly ask about your examination of
15	PARTIES.	15	Ms. Ruffin during her IME. Did you find that she
16	* * * * *	16	had exaggerated pain response?
17	THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE	17	A. Yes.
18	WHOLE TRUTH AND NOTHING BUT THE TRUTH CONCERNING THE	18	Q. What is exaggerated response, or what is it
19	MATTER HEREIN:	19	indicative of?
20	* * * * *	20	A. Well, I quote in my note that, "She has an
21	(For identification purposes, court reporter marks	21	exaggerated response of minimal exam. I find her
22	7/22/19 Progress Note With Form 14B Defendant's Exhibit	22	subjective complaints are exaggerated." For
23	1, attached)	23	instance, I think I would have to just touched her
24	CHARLES KANOS, MD,	24	with my finger and that caused her to spread and --
25	BEING FIRST DULY SWORN, TESTIFIED ON HIS OATH AS FOLLOWS:	25	Let me see, oh really -- Oh, here it is. "For

83p

Page 6

1 instance, minimal pressure on her shoulder, with one
 2 finger, had her pleading with me to stop, and she
 3 was complaining of obsessive pain and she became
 4 tearful. I found that off the Bell curve of normal
 5 behavior."

6 Q. Okay. What was your diagnosis of her condition?
 7 A. In terms of her diagnosis, she was diagnosed with a
 8 low back strain. "I think she has myofascial pain
 9 syndrome."

10 Q. Okay. Now, the Form 14B is a form that the South
 11 Carolina Workers' Comp Commission uses to evaluate
 12 someone's future work capabilities. On this Form
 13 14B you indicated under Permanent Physical
 14 Impairment that Ms. Ruffin cannot return to work.
 15 In your note on Page 5, the dictated note from your
 16 IME, you stated, quote, "I do not feel Ms. Ruffin
 17 can return to work. She uses a rolling walker and
 18 wasn't able to stand up unassisted. This is based
 19 entirely on her subjective complaints and on her
 20 exaggerated response to pain." Would it be typical
 21 for someone to have permanent work restrictions with
 22 Ms. Ruffin's medical condition?
 23 A. Okay. Well, let me answer it this way. With her
 24 objective findings she would -- I would find her to
 25 be able to return to work. Due entirely to her

Page 7

1 subjective complaints that she can't stand it, that
 2 -- I initially put she cannot work. But I think she
 3 could do sedentary activity. But I do think she's
 4 going to need an FCE in order to determine what her
 5 real restrictions would be.

6 Q. Okay. So with that being said, would you make the
 7 change to your Form 14B under the portion that says,
 8 "Does the claimant have permanent physical
 9 limitations as a result of her work injury?"
 10 A. I would change it to she could work sedentary
 11 activity, no lifting over 20 pounds.
 12 Q. Is that to a reasonable degree of medical certainty?
 13 A. Yes.
 14 Q. Okay. That's everything.
 15 (THERE BEING NO FURTHER QUESTIONS, THE DEPOSITION WAS
 16 CONCLUDED AT THE HOUR OF 4:40 P.M.)
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 8

1 CERTIFICATE OF NOTARY PUBLIC
 2 WCC FILE NO. 1315744
 3
 4
 5
 6 I, VICKIE M. HESTER, A NOTARY PUBLIC FOR THE STATE
 7 OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS
 8 SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 7 PAGES
 9 REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE
 10 FOREGOING DEPOSITION OF CHARLES KANOS, MD, TAKEN ON THE
 11 17TH DAY OF FEBRUARY, 2020.
 12 THAT THE WITNESS WAS DULY PLACED UNDER OATH AND
 13 ADMONISHED TO SPEAK THE TRUTH. THAT THE DEPO
 14 DEPOSITION WAS DULY TAKEN AND TRANSCRIBED AS TO THE
 15 QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.
 16 THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND
 17 OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY
 18 ATTACHED OR INCLUDED HEREIN.
 19 IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 17TH DAY
 20 OF MARCH, 2020.
 21
 22
 23 VICKIE M. HESTER
 24 NOTARY PUBLIC FOR SOUTH CAROLINA
 25 MY COMMISSION EXPIRES: 7/10 2023

Page 8

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

84p

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)



Advent Health

Hendersonville

AdventHealth Medical Group Neurology at Hendersonville
50 Doctors Drive Ste 1
HENDERSONVILLE, NC 28792-7209
Phone: 8286514089, Fax: 8286514087

Date: 10/01/2019

Dear Alicia Ruffin,

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

Sincerely,

Electronically Signed by: LAURA MASON, MD



Patient Care Summary for Alicia Ruffin

Most Recent Encounter

10/01/2019 Laura Mason: 50 Doctors Drive Ste 1, Hendersonville, NC 28792-7209, Ph. tel:+1-828-6514089

Reason for Visit

None recorded.

86p

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)

Last amended by Laura Mason, MD on 01/08/2020 at 12:27pm

Patient
Name RUFFIN, ALICIA (46yo, F) ID# 702093 **Appt. Date/Time** 10/01/2019 11:00AM
DOB 05/04/1973 **Service Dept.** PRH_NEUROLOGY
Provider LAURA MASON, MD
Insurance Med Primary: *SELF PAY*
 Prescription: PRIME HORIZON BCBS NJ - Member is eligible.

Chief Complaint

None recorded.

Patient's Care Team

Primary Care Provider: MOHAMMAD RASHID: 10 ENTERPRISE BLVD, GREENVILLE, SC 29615, Ph (864) 286-6960, Fax (864) 286-8710 NPI: 1003827759

Patient's Pharmacies

CVS/PHARMACY #7505 (ERX): 101 LOCUST STREET, LYMAN SC 29365, Ph (864) 439-8669, Fax (864) 949-0461

Vitals

Ht: 5 ft 10/01/2019 10:59 am
Wt: 199 lbs With clothes 10/01/2019 10:59 am
BMI: 38.9 10/01/2019 10:59 am
BP: 146/88 sitting 10/01/2019 11:04 am
Pulse: 97 bpm 10/01/2019 11:01 am
Pain Scale: 10 10/01/2019 11:03 am
O2Sat: 98% Room Air at Rest 10/01/2019 11:01 am

Allergies

Reviewed Allergies
CELEBREX
GABAPENTIN

Medications

Reviewed Medications

apple cider vinegar 10/01/19 entered
 daily
 baclofen 10/01/19 entered
 5 mg po bid and 10 mg po qhs
 methocarbamol 750 mg tablet 10/01/19 prescribed
 one tablet three times daily as needed for pain
 Robaxin 500 mg tablet 10/01/19 entered
 Take 2 tablet(s) 3 times a day by oral route.
 traMADol 50 mg tablet 10/01/19 prescribed
 Take 1 tablet(s) every 12 hours by oral route as needed.
 turmeric 10/01/19 entered
 daily

Vaccines

None recorded.

Problems

Reviewed Problems

87p

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)

Last amended by Laura Mason, MD on 01/08/2020 at 12:27pm

Patient

Name	RUFFIN, ALICIA (46yo, F) ID# 702093	Appt. Date/Time	10/01/2019 11:00AM
DOB	05/04/1973	Service Dept.	PRH_NEUROLOGY
Provider	LAURA MASON, MD		
Insurance	Med Primary: *SELF PAY* Prescription: PRIME HORIZON BCBS NJ - Member is eligible.		

Chief Complaint

None recorded.

Patient's Care Team

Primary Care Provider: MOHAMMAD RASHID: 10 ENTERPRISE BLVD, GREENVILLE, SC 29615, Ph (864) 286-6960, Fax (864) 286-8710 NPI: 1003827759

Patient's Pharmacies

CVS/PHARMACY #7505 (ERX): 101 LOCUST STREET, LYMAN SC 29365, Ph (864) 439-8669, Fax (864) 949-0461

Vitals

Ht: 5 ft 10/01/2019 10:59 am	Wt: 199 lbs With clothes 10/01/2019 10:59 am	BMI: 38.9 10/01/2019 10:59 am
BP: 146/88 sitting 10/01/2019 11:04 am	Pulse: 97 bpm 10/01/2019 11:01 am	Pain Scale: 10 10/01/2019 11:03 am
O2Sat: 98% Room Air at Rest 10/01/2019 11:01 am		

Allergies

Reviewed Allergies

CELEBREX
GABAPENTIN

Medications

Reviewed Medications

apple cider vinegar daily	10/01/19 entered
baclofen 5 mg po bid and 10 mg po qhs	10/01/19 entered
methocarbamol 750 mg tablet one tablet three times daily as needed for pain	10/01/19 prescribed
Robaxin 500 mg tablet Take 2 tablet(s) 3 times a day by oral route.	10/01/19 entered
traMADol 50 mg tablet Take 1 tablet(s) every 12 hours by oral route as needed.	10/01/19 prescribed
turmeric daily	10/01/19 entered

Vaccines

None recorded.

Problems

Reviewed Problems

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)

Family History

Reviewed Family History

Maternal Grandfather	- Family history of cancer
Paternal Grandmother	- Hypertensive disorder
Father	- Diabetes mellitus
Brother	- Diabetes mellitus
Sister	- Diabetes mellitus

Social History

Reviewed Social History

Neurology

Tobacco Smoking Status: Never smoker
Smokeless Tobacco Status: Never used smokeless tobacco
E-cigarette/Vape Status: Never used electronic cigarettes
Chewing tobacco: none
Do you have religious beliefs that influence your medical decisions?: N
Do you have someone who loves and cares for you?: Yes
Do you have a source of joy in your life?: Yes
Do you have a sense of peace today?: Yes
Alcohol intake: Occasional
Caffeine intake: None
Advance directive: N
Substance Abuse: N

Surgical History

Reviewed Surgical History

Closed reduction of fracture of wrist - 01/01/2018
Cesarean section - 01/01/1997

Past Medical History

Reviewed Past Medical History

HPI

46 yo AAF who comes in for evaluation of complex regional pain syndrome. She is self referred.

In October 2018 she was driving her truck (she is a truck driver) and the suspension on her chair was broken and she was bouncing up and down. She went to see her doctor complaining of headaches and neck and back pain. She went to physical therapy which did not really help much. Also went to see an orthopedic surgeon and she was in a neck brace from Nov 2018 until April 2019. When her collar was removed, her head was jerked to the right and this sent a terrible sensation down the left side of her body. Began swelling. Went to the ER and was told she was not having a stroke, just muscle spasms. Continued with physical therapy but she continued to worsen with swelling on left side, terrible pain left side of body. They attempted an NCS/EMG a few months ago but was too painful. Caused the entire left side of her body to contract. Went back to ER again and was diagnosed with chronic pain.

She brings in photographs of both legs swelling and turning red, and the back of her neck/scapular region swollen and red. She also notes that her bilateral pectoral area will feel engorged and painful.

She also has pain and stinging on the right side of her body but not as bad as the left. vertigo when she turns her head.

She is taking care of her three grandchildren.

She had an MRI of her cervical spine but before the c spine collar was removed.

ROS

Patient reports no fever, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, and no complaints; **unusual weight loss/gain**. She reports **memory loss, weakness, numbness, dizziness, frequent or severe headaches, tremor, imbalance or falling, and blurred vision** but reports no loss of consciousness, no attention problems, no seizures, no change in voice, no complaints, no bladder symptoms, no bowel symptoms, no tingling, no confusion, no speech disorder, no syncope, no blackouts, no muscle twitching, no vertigo, no dizziness, no tinnitus, no visual loss, no double vision, and no difficulty with gait or walking. She reports **depression, sleep disturbances, and anxiety** but reports feeling safe in a relationship, no alcohol abuse, no substance abuse, no suicidal thoughts, no psychosocial stress, no complaints, and feeling safe in relationship. She reports no difficulty hearing, no ear pain, and no complaints; **ringing in ears**. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no complaints; **palpitations**. She reports **nocturia** but reports no urgency, no

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)

collar, and twisting of her neck with removal of the cervical collar.

MRI c spine now, as she has not had this since she had the second neck injury.

if normal, will refer to pain management for evaluation and treatment of CRPS

tramadol and robaxin now

1. Body mass index 30+ - obesity

Z68.38: Body mass index (BMI) 38.0-38.9, adult

- BODY MASS INDEX: CARE INSTRUCTIONS
- LEARNING ABOUT HEALTHY WEIGHT

2. Chronic pain

G89.29: Other chronic pain

- CHRONIC PAIN: CARE INSTRUCTIONS
- methocarbamol 750 mg tablet - one tablet three times daily as needed for pain Qty: 90 tablet(s) Refills: 0
Pharmacy: CVS/PHARMACY #7505
- tramadol 50 mg tablet - Take 1 tablet(s) every 12 hours by oral route as needed. Qty: 45 tablet(s) Refills: 0
Pharmacy: CVS/PHARMACY #7505

3. Cervical myelopathy

G95.9: Disease of spinal cord, unspecified

- CERVICAL MYELOPATHY: CARE INSTRUCTIONS
- MR SPINE CERVICAL WO CONT
Special Instructions: over a year of left hemibody pain and weakness after a neck injury

4. Complex regional pain syndrome

M89.00: Algoneurodystrophy, unspecified site

- COMPLEX REGIONAL PAIN SYNDROME: CARE INSTRUCTIONS

Return to Office

None recorded.

Amendment Sign-Off

Encounter signed-off by Laura Mason, MD, 01/08/2020.

Encounter performed and documented by Laura Mason, MD

Encounter reviewed & signed by Laura Mason, MD on 10/01/2019 at 9:04pm

Amendment closed by Laura Mason, MD on 01/08/2020 at 12:27pm

RUFFIN, Alicia DOB: 05/04/1973 (46 yo F) Acc No. 24499 DOS: 03/31/2020

Progress Notes

Patient: Ruffin, Alicia
Account Number: 24499
DOB: 05/04/1973 **Age:** 46 Y **Sex:** Female
Phone: 864-814-8350
Address: 563 Duncan Station Drive, Duncan, SC-29334

Appointment Provider: Fawne Woosley

Date: 03/31/2020

Subjective:

Chief Complaints:

- 1. CRPS.

HPI:

Constitutional:

Patient returns for follow up and medication review regarding their chronic pain management. Pt reports at least 50-60% analgesic improvement as well as functional improvements with ADLS and social/family outings. Patient denies any side effects to the medication regimen. Patient DENIES sedation, shortness of breath or constipation. Pt reports worst pain is located LE that is worse on the left. Pt describes the pain as aching and burning. Pt reports VAS is 8/10 Pt states medications are doing well. Patient is inquiring today about the status of her SCS trial. Pt. admits to swelling, color changes, and temperature changes associated with her radiating burning pain in LLE.

ROS:

General/Constitutional:

Denies Change in appetite. Denies Fatigue. Denies Headache. Denies Lightheadedness.

ENT:

Denies Difficulty swallowing. Denies Nose/Throat problems.

Respiratory:

Denies Breathing problems. Denies Chest pain. Denies Cough. Denies Hemoptysis. Denies Shortness of breath.

Cardiovascular:

Denies Chest pain. Denies Dizziness.

Hematology:

Denies Bleeding problems.

Genitourinary:

Denies Abdominal pain/swelling.

Musculoskeletal:

Admits Back problems. Denies Muscle aches. Denies Weakness.

Skin:

Denies Hair changes. Denies Rash.

Psychiatric:

Denies Auditory/visual hallucinations. Denies Mental or Physical abuse. Denies Substance abuse. Denies Suicidal thoughts.

Medical History: Chronic pain syndrome, Cervical myelopathy, CRPS, Anglo neuro-dystrophy.

Surgical History: Closed reduction of fracture of wrist, C-section, left ankle surgery.

Family History:

- MGF Cancer
- PGM HTN
- Father Diabetes
- Brother Diabetes
- Sister Diabetes.

Social History:

Tobacco Use: Tobacco Use/Smoking Are you a nonsmoker.

910

RUFFIN, Alicia DOB: 05/04/1973 (46 yo F) Acc No. 24499 DOS: 03/31/2020

Medications: Taking Lidocaine 5 % Patch 1 patch remove after 12 hours Externally Once a day, Taking Tramadol HCl ER 200 MG Tablet Extended Release 24 Hour 1 tablet Orally Once a day, Taking Robaxin-750(Methocarbamol) 750 MG Tablet 1 tablet Orally every 4 hrs, Taking Tramadol HCl 50 MG Tablet 1 to 2 tablets as needed Orally QID, Taking Methocarbamol 750 MG Tablet 1 tablet Orally QID, Medication List reviewed and reconciled with the patient

Allergies: Celebrex, Gabapentin.

Objective:

Vitals: HR 92 /min, BP 190/141 mm Hg, Wt 200 lbs, BMI 39.06 Index, Ht 60 in, RR 18 /min, Oxygen sat % 98 %, Ht-cm 152.4 cm, Wt-kg 90.72 kg.

Examination:

General Examination:

EYES: pupils equal.

SKIN: normal, no purpura was seen.

HEART: regular rate and rhythm.

LUNGS: good air movement, no audible wheezes or rhonchi.

ABDOMEN: normal, soft, nontender, nondistended.

Lumbar Spine/Lower back:

LOWER BACK: straightening of normal lordosis.

PALPATION: pain with extension, pain with flexion, paraspinal tenderness, sacroiliac joint tenderness, vertebral spine tenderness, pain is moderate, located in lower, lumbar, Facet joint tenderness.

RANGE OF MOTION: Limited due to pain, Limited due to stiffness, Pain on extremes of motion.

STRAIGHT LEG RAISING TEST: equivocal.

STABILITY: no overt evidence for instability on exam.

STRENGTH: no focal motor deficits were noted, no postural weakness demonstrated.

MOTOR SYSTEM: appropriate in bilateral lower extremities.

SENSORY EXAM: dyesthesias, hyperesthesias, allodynia in left lower extremity..

SKIN: LE cool to touch, pulses intact.

DEEP TENDON REFLEXES: normal.

GAIT: able to toe walk and heel walk.

Assessment:

Assessment:

1. Complex regional pain syndrome type 2, affecting unspecified site - G56.40 (Primary)
2. Chronic pain syndrome - G89.4
3. Causalgia of left lower extremity - G57.72

Plan:

1. Complex regional pain syndrome type 2, affecting unspecified site

Refill Tramadol HCl Tablet, 50 MG, 1 to 2 tablets as needed, Orally, QID, 30 days, 150, Refills 0 ; Start Narcan Liquid, 4 MG/0.1ML, as directed, Nasally, 1 spray intranasal may repeat 2-3 minutes, 1 days, 2, Refills 0 ; Refill Robaxin-750 Tablet, 750 MG, 1 tablet, Orally, every 4 hrs, 30 day(s), 180, Refills 1 .

2. Others

Notes: -PMP has been reviewed. Pt has been counseled about potential SE to chronic opiate therapy and realistic expectations.

-Pt has pain agreement on file, Risk assessment has been reviewed, periodic UDS are performed and reviewed to ensure compliance with ongoing pain medication therapies.

RUFFIN, Alicia DOB: 05/04/1973 (46 yo F) Acc No. 24499 DOS: 03/31/2020

-Reviewed functional and analgesic benefits from ongoing treatment. Patient has worsening CRPS that started in 2018 when the suspension went out on her tractor trailer drivers seat we believe this is the source of injury that initiated her inflammatory response (patients symptoms clinically are in alignment with Budapest Criteria). Although it primarily effects her left side her newer symptomology suggest it may be migrating to the other side. Since this time she has trialed and failed several conservative therapy treatments including medications, physical therapy and injections. Pt. was unable to complete EMG due to it being too painful. we have requested that these records be requested and attached to the chart asap. We believe that in order to attempt to alleviate these inappropriate inflammatory responses that have persisted and worsened over the past years the patient is an excellent candidate for SCS trial to see if neuromodulation will help manage symptoms and provide better quality of life.

-Appropriate opiate sparing and ongoing optimization of interventional pain management strategies also reviewed.

Pt reports the medication decreases their pain by 50% that helps them to function and do daily activities.

Patient doing well on their current medication regimen. They report excellent analgesic effect with no side effects. They exhibit no signs of misuse or diversion and are using their medications as prescribed.

- she is doing well on current medication regimen with no side effects, no reports of over sedation and is able to keep her bowels moving.

Last UDS 12/19/19 compliant

-Pill count reviewed.

Medication/Frequency: Tramadol 50mg

Date Rx: 1/31/20

Dispensed amount: 150

Remaining pills: 47

-Upon review of medications the following were renewed today:
Tramadol 50mg #150 for a 30 day supply

The patients chronic opiate therapies have been carefully reviewed. Risks vs benefits have again been discussed, including ensuring lowest effective dose. In light of the pandemic with the coronavirus and the increased risk of respiratory suppression especially in patients with chronic opiate therapy the patient has been counseled to monitor for symptoms of accidental overdose very closely. The patient has been also counseled on the use of Narcan and a prescription provided and has been advised to have this prescription filled and to discuss its use with any family member or friend that lives with them.

-Will mail pt. copy of today's completed note per her request.

-Pt. requesting that we fill out paperwork for student loan forgiveness due to disability. We explained that she needs to obtain a FCE possibly with a physical therapist and have a doctor who is certified as a disability physician fill out the paperwork as our office and staff do not have the training to do this.

*Scribed by Ty Morris : The above HPI, ROS, Exam, Assessment and Discussion, as scribed are an accurate representation of my personal work, Fawne Woosley, PA-C.

Preventive:

Pt blood pressure readings today were noted to be elevated based on current guidelines. Pt was counseled to closely monitor BP several times a day for the next few days. Reviewed lifestyle changes including dietary changes and were appropriate compliance with prescribed antihypertensives. Rec that

93 p.

RUFFIN, Alicia DOB: 05/04/1973 (46 yo F) Acc No. 24499 DOS: 03/31/2020

pt follow up with PCP provider regarding elevated BP readings to ensure HTN is more therapeutically controlled. Pt stae Pt was counseled regarding realistic expectations for chronic pain management. Reviewed the goals of combined therapies for both reasonable and safe pharmacologic therapies in conjunction with opiate sparing treatments to optimize both pain and function. Pt voiced understanding with management and agrees with plan of care.

Follow Up: 4 Weeks (Reason: med refill)

Electronically signed by Fawne Woosley , PA on 04/12/2020 at 11:49 AM EDT
Sign off status: Completed

Appointment Provider: Fawne Woosley

Date: 03/31/2020

James H. Way, Ph.D.
533 Oxford Street
Sumter, SC 29151

CLAIMANT: RUFFIN, ALICIA
CLAIM NO: V70336
DATE OF EXAMINATION: 11/13/2020

MENTAL STATUS EVALUATION

DISABILITY EXAMINER: C. Leaphart, ID #879.

DATE OF BIRTH: 05/04/1973

REFERRAL INFORMATION: The Disability Determination Division of South Carolina Vocational Rehabilitation referred the claimant for a Mental Status Evaluation as a part of a disability determination process.

ASSESSMENT PROCEDURES:

1. Review of Partial 07/26/2019 Carolina Orthopedic and Neurosurgical Associates Note.
2. Review of 10/01/2019 Medical Note (Laura Mason, MD).
3. Clinical Interview.
4. Review of Partial Social Security Administration Adult Function Report.
5. Mental Status Evaluation.

IDENTIFYING INFORMATION: The claimant is a 47-year-old black female. She presented a South Carolina commercial driver's license to confirm her identity. The assessment session was conducted using a telehealth communications platform (doxy.me).

PRESENTING PROBLEM: The claimant reported that she is applying for disability income secondary to medical and mental health concerns. She noted that depression results in concentration deficits and decreased energy level. Health problems will be noted below.

PERSONAL HISTORY: The claimant resides with her second husband of 11 years. Her first marriage lasted for 7 years. Her three grandchildren reside in the home with the claimant. The claimant has 4 biological children, all of whom have reached adulthood. The claimant raised her children.

EDUCATIONAL HISTORY: The claimant completed high school, received regular education instruction, and obtained a high school diploma. She did not repeat a grade. She completed 5 years of college training. She earned an associate degree in Health Sciences. She also earned certifications to work as a CNA and CMA.

EMPLOYMENT HISTORY: The claimant worked as a CNA or medical assistant at varying intervals over the course of 10 years. Subsequently, she began working as a truck driver. She worked as a truck driver for 1 year, until October 2018. She has not worked since that time as a result of health problems outlined below.

RUFFIN, ALICIA
V70336
Page 2 of 4

MEDICAL HISTORY: Records indicated that the claimant suffered injury to her neck and back while driving a truck. Suspension problems on the vehicle caused neck and back injuries. She apparently wore a neck brace from November 2018 until April 2019. She has received physical therapy. She was noted to experience bilateral hip pain, bilateral shoulder pain, and left leg pain. She was also noted to experience back and neck pain.

The claimant reported that she experiences the aforementioned pain, as outlined in medical records. She also reported that she has hypertension and chronic regional pain syndrome. She noted that she is awaiting a spinal stimulator placement.

MEDICATIONS: Methocarbamol; tramadol.

The claimant reported that she has never taken psychotropic medications.

PSYCHIATRIC HISTORY: The claimant has never received treatment by mental health professionals. During her 20s, her child was sexually assaulted. The claimant experienced emotional distress as result of this event. She became very depressed at that point for approximately 5 months. She also reported depressed mood when she resided in a shelter after her ex-husband left the family home.

The claimant noted that her mood currently varies. She noted that the weather has a significant impact on her mood, given that the weather impacts her pain level. The experience of pain, in combination with decreased functional capacity in general terms, create depression. The claimant is depressed at least 5 or 6 days per week. She is able to experience happiness at times. She noted that depression became quite significant in January 2019 when she realized that her health was not improving. The claimant is frequently tearful and anxious. She does maintain interest in activities and the ability to experience pleasure. She reported increased appetite, decreased sleep, decreased energy level, irritability, concentration deficits, and feelings of helplessness. She denied suicidal ideations, a history of suicide attempts, a history of psychiatric hospitalizations, homicidal ideations, hallucinations, and a history of mania.

SUBSTANCE USE HISTORY: The claimant denied alcohol and illicit drug usage. She denied a history of substance abuse.

LEGAL HISTORY: None.

ACTIVITIES OF DAILY LIVING: The claimant reported that she helps her grandchildren with academic work. She plays games with her grandchildren. She watches television and participates in social media activities.

The claimant completes self-care tasks independently and manages medications independently. She does not shop independently. She requires assistance with cooking as a result of health problems. Similarly, she does not perform household chores because of health problems. She stated that she is able to manage funds independently.

RUFFIN, ALICIA
V70336
Page 3 of 4

MENTAL STATUS EVALUATION:

MOTOR ACTIVITY: Normal.

APPEARANCE: The claimant was well-groomed.

SPEECH: Spontaneous, coherent, goal-directed, and without articulation deficits. Normal in rate and volume. Tone of speech was variable.

MOOD: Mildly depressed.

AFFECT: Wide range. Congruent with presentation. Mildly tearful on one occasion. No acute distress.

THOUGHT PROCESSES: Logical.

THOUGHT CONTENT: No evidence of hallucinations, delusions, confusion, or other thought disturbance.

ORIENTATION: x4.

ATTENTION/CONCENTRATION: Fair.

INTELLECTUAL FUNCTIONING: Estimated average range.

INSIGHT/JUDGMENT: Adequate.

BEHAVIOR: Alert, responsive, cooperative, and pleasant. Appropriately consistent eye contact. Adequate effort. Genuine presentation. Normal cognitive speed.

ADDITIONAL ASSESSMENT RESPONSES: The claimant was slow to recall 3 words presented immediately. In fact, she required 2 attempts to do so. She was able to recall 2 of 3 words after a delay of 3-5 minutes. The claimant did not know the date of the month. She was slow to complete serial 7's. She provided 2 incorrect responses and 3 correct responses. She was oriented to year, season, month, and day of week. She was able to indicate her state, city, and county of residence. She was able to verbally identify items presented to her. She correctly repeated a phrase made by the examiner, as requested. She was able to read and follow a simple command. She provided 1 concrete response and 1 abstract response to 2 items measuring abstract reasoning skills.

CLINICAL FUNCTIONAL EVALUATION:

ACTIVITIES OF DAILY LIVING: The claimant is intellectually capable of completing self-care tasks and basic instrumental activities of daily living independently. She does not appear to be

RUFFIN, ALICIA

V70336

Page 4 of 4

experiencing deficits in functioning as a result of psychiatric symptoms. She did report significant functional limitations as a result of health problems.

SOCIAL FUNCTIONING: The claimant is capable of maintaining adequate social functioning in an occupational setting. She did report experiencing some irritability as a result of the experience of pain and depressed mood.

CONCENTRATION, PERSISTENCE, AND PACE: The claimant's cognitive speed is normal. She does appear able to persist. Concentration may be inconsistent, given her report of pain and depression. The claimant is intellectually capable of learning a wide variety of simple and complex occupational tasks. She is capable of making appropriate adjustments and decisions in an occupational setting. She is able to follow instructions. She noted that concentration deficits would likely interfere with functional capacity in an occupational setting. Additionally, she reported that her physical symptoms would preclude occupational functioning.

FUNDS MANAGEMENT: The claimant is capable of directing funds management independently.

IMPRESSIONS:

1. Major depressive disorder, recurrent, moderate.
2. Status post back/neck injury and associated pain; hip/shoulder/left leg pain (per medical record).

James H. Way, Ph.D.
Licensed Clinical Psychologist



2001 Bryan Street, Suite 1600
Dallas, TX 75201
214.880.3500
214.880.3899

June 3, 2019

PERSONAL & CONFIDENTIAL

Alicia Ruffin
563 Duncan Station Drive
Duncan, SC 29334

Dear Ms. Ruffin:

In accordance with the Leave of Absence policy as outlined on page 17 of the Employee Handbook (see attached), Builders FirstSource provides leaves of absence for employees in compliance of federal and state leave of absence laws. Per our records you have been on a medical leave of absence since October 1, 2018. As per the Employee Handbook leaves of absence are generally approved for the period of disability, up to a maximum of six months. As a result, we have administratively terminated your employment with Builders FirstSource as of June 17, 2019.

Please know that your service and contributions with Builders FirstSource are greatly appreciated and we wish you all the best. If you have any questions regarding this information, please do not hesitate to call me at (214) 231-8173.

Best Regards,

A handwritten signature in blue ink, appearing to read 'MA'.

Maria Almanza
Leave of Absence Administrator



3795755

INFORMATION FOR CLAIMANT

This is a monetary determination of your claim for benefits based on wages paid during your Alternate Based Period. This determination shows your Alternate Base Period Employment Record. It lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the alternate base period is shown beside Alternate Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Benefits You May Be Eligible For, your Weekly Benefit Amount, Maximum Benefit Amount, and the date your Benefit Year Ends are shown.

If the standard monetary determination was invalid using base period wages, this determination may show wages and employment from an Alternate Base Period.

ALTERNATE BASE PERIOD: The first four most recently completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on this form, you may request a redetermination online or by contacting a claims representative by calling 1-866-831-1724.

HIGH QUARTER: The quarter in your Alternate Base Period during which wages paid to you for insured were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly, if unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your alternate base period but shall not be less than \$42.00 nor greater than the maximum weekly benefit amount as determined by the Department or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41 - 35 - 40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date at your initial Claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least \$1,092.00 for issued work during the high quarter of your alternate base period;
2. You were paid at least \$4,455.00 for issued work during your alternate base period and
3. The total of your alternate base period wages for issued work equal or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wage earnings by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made online by logging into your My Benefits portal account or by contacting a claims representative by phone by dialing 1-866-831-1724. No change can be made on this determination after one year from the date of this notice.

IF YOU NEED TO UPDATE YOUR ADDRESS OR TELEPHONE NUMBER, PLEASE VISIT dew.sc.gov.

EXAMPLE OF COMPUTATION OF BENEFITS

Maximum Potential Benefits:

Higher Quarter Wages	\$ 1092.00	Your maximum total benefit amount for this benefit year is the lesser of 1. Twenty (20) times you Weekly Benefit Amount, or 2. One-third (1/3) of your total Alternate Base Period Wages as shown on this determination. (1) 20 X \$42.00 = \$840.00 (2) 1/3 of \$4455.00 = \$1485.00 Maximum Benefits would be \$ since that amount is less than \$1485.00
Alternate Base Period Wages	\$ 4455.00	
Average Weekly Wage	\$1092.00 divided by 13 = \$ 84.00	
Weekly Benefit Amount	\$84.00 divided by 2 = \$ 42.00	



South Carolina
Department of Employment and Workforce



3798610

Date of Notice: 07/02/2019
SSN: XXX-XX-6888
Claimant ID: 4526879

2454 1 AB 0.409

AANBS
P:2454 / T:8 / S:



ALICIA M RUFFIN
563 DUNCAN STATION DR
DUNCAN SC 29334-8947



ABLE AND AVAILABLE NOTICE - BENEFITS STOPPED

Our records indicate that you have an Able and Available issue on your claim that additional information is needed for us to determine your continued eligibility for benefits. Therefore, your benefits have been stopped.

Please log on to the Mybenefits Portal at dew.sc.gov immediately and complete the requested fact finding(s) to supply further information.

Fact Finding : Transportation

You have five days from the mailing date of this notice to complete the requested fact finding. Failure to complete the fact finding within five days of this notice will result in a determination on your continued eligibility based on the available information, and may result in delay or denial of your benefits. If you need further assistance on this issue you can call 1-866-831-1724.



100p

Timothy C Green
Male DOB: 09/30/1961

248668

Work: (864) 989-6000
Ins: BCBS -USE-

06/09/2020 - Office Visit: Pre OP
Provider: Natalie Stapleton PAC
Location of Care: Carolina Orthopaedic & Neurosurgical Associates
Status: ON HOLD DOCUMENT. Contents are preliminary

History of Present Illness

Mr. Timothy Green is a 58 Years Old White / Caucasian male, who is here for a follow-up appointment.

Chief Complaint: Preoperative visit for surgery scheduled for 06/16/2020.

History From: Patient

Race: White / Caucasian

Family Physician: Dr. Marionneau

This is a 58-year-old Caucasian male who presents today for a preoperative history and physical. The patient is scheduled to undergo a C2-C3 posterior spinal fusion on 06/16/2020 by Dr. Lim. The patient denies any changes to his symptoms. He mainly endorses neck pain on the left side of his neck that does not radiate. He denies any headaches. He denies any fevers, shortness of breath, nausea, or vomiting. He does not have any sick contacts. He denies taking any current blood-thinning medication. He does not have any issues previously undergoing general anesthesia. The patient does drink 2-3 orange juice and vodkas per day; however, he does not have any existing liver issues. The patient denies any problems with his bowel and bladder function. He currently rates his pain at a 2/10.

Injury / Condition

Was this the result of an injury? no

Are you claiming as Workers Compensation? no

Type of Problem

Pain

Previous Treatment

Have you had any of the following for this problem? X-ray, MRI C-spine @ CONA 03/02/2020, CT Cervical @ SR 05/12/2020, EMG/NCS BUE @ CONA 05/15/2020

History of OA Fractures or Procedures:

Fracture/Surgery/Injection: Left C2-3, C3-4 IA-Facet injection

Date of Procedure: 03/26/2020

Fracture/Surgery/Injection: Left trapezius muscle trigger point injections

Date of Procedure: 04/15/2020

Fracture/Surgery/Injection: Left C4-5, C5-6 IA Facet Injection

Date of Procedure: 04/15/2020

Past Medical History

Type II Diabetes, High Blood Pressure

Active Medications Prior to This Update (reviewed today):

METHOCARBAMOL 500 MG ORAL TABLET (METHOCARBAMOL) one po BID prn muscle spasms

METFORMIN HCL ER 500 MG ORAL TABLET EXTENDED RELEASE 24 HOUR (METFORMIN HCL) 1 PO

VITAMIN D3 25 MCG (1000 UT) ORAL TABLET (CHOLECALCIFEROL) TK 1 T PO 1 TIME EACH DAY

TESTOSTERONE 30 MG/ACT TRANSDERMAL SOLUTION (TESTOSTERONE)

ROSUVASTATIN CALCIUM 20 MG ORAL TABLET (ROSUVASTATIN CALCIUM)

LISINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG ORAL TABLET (LISINAPRIL-HYDROCHLOROTHIAZIDE) TK 1 T

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303
(864) 582-6396 Fax: (864) 542-2939

June 12, 2020

Page 3

Office Visit

Timothy C Green

Male DOB: 09/30/1961

248668

Work: (864) 989-6000

Ins: BCBS -USE-

VITAL SIGNS

Body Mass Index in-lb

Height (in): 70

Weight (lb): 240

BMI (in-lb) 34.43

R: 16 BP: 139/84

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

This is a 58-year-old Caucasian male who is alert, awake, and oriented x3. His respirations are nonlabored. He does have a decreased range of motion on examination of the cervical spine, specifically in left rotation. He has mild tenderness to the left trapezius and left scalene. Motor strength does reveal some weakness in left wrist extension and flexion of 4/5 as well as some mild weakness on the left deltoid of 4/5. Muscle strength is well maintained on the right at 5/5 in all motor groups. Sensation is intact to crude touch. Hoffmann's is negative bilaterally. Reflexes are 2+ bilaterally at the brachial radialis. Romberg's is negative. Lungs are clear to auscultation bilaterally. No adventitious lung sounds are auscultated. No murmurs, rubs, or gallops.

ASSESSMENT

This is a 58-year-old Caucasian male with cervical degenerative disk disease and cervical spondylosis with mild cervical foraminal stenosis. The patient also has neck pain.

PLAN

This is a 58-year-old Caucasian male who presents today for a preoperative history and physical. The patient is scheduled to undergo a C2 to C3 posterior cervical fusion on 06/16/2020. This procedure was explained in detail to the patient. The expected postoperative recovery was also explained. The risks and benefits of the surgery were discussed to include failure to relieve pain, injury to spinal nerve roots, injury to the spinal cord resulting in paralysis, spinal fluid leak, as well as postoperative wound infection. The patient is aware of these risks and would like to continue as scheduled. He will call us if he has any additional questions, concerns, or any changes to his past medical history. He is aware that he needs to stay off any type of blood-thinning medication 7 days prior to the surgery. He also needs to stop drinking alcohol at least 48 hours prior to the surgery.

Dictated by: Natalie Stapleton, PA

kb

New Orders:

Lifestyle Education Regarding Hypertension [SCT-443402002]

] Patient at risk for falls: no

Carolina Orthopaedic & Neurosurgical Associates

1330 Boiling Springs Road Suite 1600 Spartanburg, SC 29303

(864) 582-6396 Fax: (864) 542-2939

June 12, 2020

Page 2

Office Visit

Timothy C Green

Male DOB: 09/30/1961

248668

Work: (864) 989-6000

Ins: BCBS -USE-

PO 1 TIME EACH DAY

DUTASTERIDE 0.5 MG ORAL CAPSULE (DUTASTERIDE)

NAPROXEN 375 MG ORAL TABLET (NAPROXEN)

Current Medications (reviewed today):

METHOCARBAMOL 500 MG ORAL TABLET (METHOCARBAMOL) one po BID prn muscle spasms; Route: ORAL;

METFORMIN HCL ER 500 MG ORAL TABLET EXTENDED RELEASE 24 HOUR (METFORMIN HCL) 1 PO; Route: ORAL

VITAMIN D3 25 MCG (1000 UT) ORAL TABLET (CHOLECALCIFEROL) TK 1 T PO 1 TIME EACH DAY; Route: ORAL

TESTOSTERONE 30 MG/ACT TRANSDERMAL SOLUTION (TESTOSTERONE) ; Route: TRANSDERMAL

ROSUVASTATIN CALCIUM 20 MG ORAL TABLET (ROSUVASTATIN CALCIUM) ; Route: ORAL

LISINOPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG ORAL TABLET (LISINOPRIL-HYDROCHLOROTHIAZIDE) TK 1 T PO 1 TIME EACH DAY; Route: ORAL

DUTASTERIDE 0.5 MG ORAL CAPSULE (DUTASTERIDE) ; Route: ORAL

NAPROXEN 375 MG ORAL TABLET (NAPROXEN) ; Route: ORAL

Current Allergies (reviewed today):

No known allergies

Past Surgical History

None

Review of Systems

General: Patient denies sweats, weight loss, chills, appetite loss, fevers, fatigue.

Eyes: Patient denies blurring, vision loss 1 eye, discharge, vision loss both eyes, eye irritation.

ENT: Patient denies decreased hearing, difficulty swallowing.

Cardiovascular: Patient denies chest pain, palpitations, difficulty breathing on exertion, shortness of breath, swelling hands/feet.

Respiratory: Patient denies shortness of breath, wheezing, cough, coughing up blood.

Gastrointestinal: Patient denies vomiting, diarrhea, nausea.

Genitourinary: Patient denies pain, urinary retention, frequent UTI.

Musculoskeletal: Positive for back pain.

Skin: Patient denies dryness, psoriasis, suspicious lesions, changes in color of skin, poor wound healing, unusual hair distribution.

Neurologic: Patient denies headaches, weakness, tremors, numbness, disturbances in coordination, tingling, visual disturbances, poor balance, falling down, seizures, memory loss.

Psychiatric: Patient denies anxiety, depression.

Heme/Lymphatic: Patient denies abnormal bruising.

Allergic/Immunologic: Positive for seasonal allergies.

Social History

Patient is divorced, Former smoker, and lives alone. Has 1. Yes, 8-14 drinks per week. 1-3 times per week.

Family History

Directives Added:

Added new directive of DISCUSSED - NO DECISION MADE - Signed

102p

RUFFIN, ALICIA (id #702093, dob: 05/04/1973)

Oct/01/2019 1:35:12 PM

PRH NEUROLOGY 828-651-4087 828-651-4087

7/24

Alicia Ruffin

UOA-235394



CAROLINA ORTHOPAEDIC & NEUROSURGICAL ASSOCIATES



1330 Boiling Springs Road, Suite 1600
Spartanburg, SC 29303
(864) 582-6396
www.CarolinaONA.com

Study Arrival Date: 1/22/2019 12:34:28 PM
Report Approval Date: 1/22/2019 1:04:23 PM

PATIENT

Name: Alicia Ruffin
MRN: UOA-235394
Gender: Female
Age: 45y
Birthday: 05/04/1973

STUDY

Date: 01/22/2019
Accession No.: 1194153701188
Institution Name: Orthopaedic Associates
Referring Physician: David Mitchell
Modality: MR
Description: MRI CERVICAL
Body Part(s):

RADIOLOGIST

Name: David Pelino, D.O.

The cervical cord is normal in signal intensity and morphology. The craniocervical junction is unremarkable. The marrow is normal in signal intensity.

Impression:

1. Mild multilevel cervical spondylosis with resultant mild central canal stenosis at C3-4 and C5-6.
2. Reversal of the normal cervical lordosis.

Electronically Signed by David Pelino, D.O. on 1/22/2019 1:04:23 PM.

Timothy C Green

Male DOB: 09/30/1961

248668

Work: (864) 989-6000

Ins: BCBS -USE-

VITAL SIGNS

Body Mass Index in-lb

Height (in): 70

Weight (lb): 240

BMI (in-lb) 34.43

R: 16 BP: 139/84

GENERAL EXAM

Appearance: Healthy

Mental Status: Alert & Oriented x 3, No Acute Distress

Hand Dominance: Right

Gait: Normal

Durable Goods: No

PHYSICAL EXAM:

This is a 58-year-old Caucasian male who is alert, awake, and oriented x3. His respirations are nonlabored. He does have a decreased range of motion on examination of the cervical spine, specifically in left rotation. He has mild tenderness to the left trapezius and left scalene. Motor strength does reveal some weakness in left wrist extension and flexion of 4/5 as well as some mild weakness on the left deltoid of 4/5. Muscle strength is well maintained on the right at 5/5 in all motor groups. Sensation is intact to crude touch. Hoffmann's is negative bilaterally. Reflexes are 2+ bilaterally at the brachial radialis. Romberg's is negative. Lungs are clear to auscultation bilaterally. No adventitious lung sounds are auscultated. No murmurs, rubs, or gallops.

ASSESSMENT

This is a 58-year-old Caucasian male with cervical degenerative disk disease and cervical spondylosis with mild cervical foraminal stenosis. The patient also has neck pain.

PLAN

This is a 58-year-old Caucasian male who presents today for a preoperative history and physical. The patient is scheduled to undergo a C2 to C3 posterior cervical fusion on 06/16/2020. This procedure was explained in detail to the patient. The expected postoperative recovery was also explained. The risks and benefits of the surgery were discussed to include failure to relieve pain, injury to spinal nerve roots, injury to the spinal cord resulting in paralysis, spinal fluid leak, as well as postoperative wound infection. The patient is aware of these risks and would like to continue as scheduled. He will call us if he has any additional questions, concerns, or any changes to his past medical history. He is aware that he needs to stay off any type of blood-thinning medication 7 days prior to the surgery. He also needs to stop drinking alcohol at least 48 hours prior to the surgery.

Dictated by: Natalie Stapleton, PA

KC

New Orders:

Lifestyle Education Regarding Hypertension [SCT-443402002]

Patient at risk for falls: no



Date	Check Number	Payment Type	Amount	Service From Date	Thru Date
11/30/2020	02306420	Indemnity	\$344.26	11/27/2020	11/30/2020
11/23/2020	02279818	Indemnity	\$602.45	11/20/2020	11/23/2020
11/17/2020	02254730	Indemnity	\$602.45	11/13/2020	11/17/2020
11/09/2020	02218915	Indemnity	\$602.45	11/06/2020	11/09/2020
11/04/2020	02197922	Indemnity	\$602.45	10/30/2020	11/04/2020
10/28/2020	02137796	Indemnity	\$602.45	10/23/2020	10/28/2020
10/21/2020	02106078	Indemnity	\$602.45	10/16/2020	10/21/2020
10/14/2020	02074518	Indemnity	\$602.45	10/09/2020	10/14/2020
10/07/2020	02044420	Indemnity	\$602.45	10/02/2020	10/07/2020

BEFORE THE SOUTH CAROLINA
SUPREME COURT

RECEIVED

Nov 02 2021

SC Court of Appeals

Alicia M. Ruffin,
Employee,
Appellant,

vs.

Builders Firstsource,
Employer,

and

Liberty Mutual Company,

CERTIFICATE OF SERVICE

Appellate Case No.: 2021-001182

I, Alicia Ruffin, do hereby certify that I am representing myself in the above-matter as Pro Se on my own behalf. On the 28th day of October, 2021, I mailed the foregoing Certificate of Service to the following by placing a copy of there of in the United States mail, email certified mail thereto:

Amanda E. Neely, Esquire
Attorney Representing the interest of Builders Firstsource
325 Rocky Slope Road, Suite 201
Greenville, South 29607

Mary-Kate Littlejohn, Esquire
Attorney Representing the interest of Builders Firstsource
325 Rocky Slope Road, Suite 201
Greenville, South 29607

Alicia M. Ruffin

Alicia M. Ruffin
Pro Se

cc: Amy Bracy, Judicial Director
The Honorable Jenny A. Kitchings