STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

Leroy Madison, Appellant, vs. South Carolina Public Employee Benefit Authority, Employee Insurance Program, Respondent.	Docket No. 21-ALJ-30-0153-AP **FINAL ORDER**

STATEMENT OF THE CASE

This matter comes before the Administrative Law Court (ALC or court) pursuant to the appeal of Leroy Madison (Appellant). The Appellant is appealing the determination of the South Carolina Public Employee Benefit Authority, Employee Insurance Program, (PEBA) to uphold Standard Insurance Company's (Standard Insurance) decision to close his basic long-term disability (LTD) claim under the State's Long Term Disability Income Benefit Plan (Plan). Specifically, PEBA closed the Appellant's LTD claim that resulted from a car accident upon finding that the Appellant's medical conditions did not qualify him for LTD benefits beyond November 13, 2017. After careful review of the record on appeal and the parties' briefs,[1] PEBA's decision is affirmed.

BACKGROUND

The Appellant was formerly employed by Spartanburg School District 7 as a secondary school math teacher, which is classified as a light-level occupation.[2] The Appellant's last day of work was May 31, 2017, the end of the 2017 school year.

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[1] On September 7, 2021, the Appellant filed his brief in this matter. PEBA filed its brief in response on November 8, 2021. The Appellant did not elect to file a reply brief.

[2] "Light Level Work" is defined as:

> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly ([c]onstantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing or pulling of materials even though the weight of those materials is negligible. . . . In terms of mental demands and temperaments,

On or about June 13, 2017, the Appellant was involved in motor vehicle accident. According to the Appellant's application for LTD benefits, he became unable to continue working on June 16, 2017, as a result of the accident. His application listed his illness as "concussion." The following is an abbreviated summary of the Appellant's pertinent medical history:

On June 23, 2017, the Appellant saw his primary care physician, Dr. Davis. The Appellant complained of several physical ailments, including nausea, dizziness, weakness, shortness of breath, headaches, neck pain, inability to turn neck, hearing a "pop" when he swallowed, and pain in the left shoulder, knees, lower back, sides, and chest around his seatbelt location. He also raised certain cognitive concerns, including being forgetful, and having difficulty spelling, information processing, and time keeping, as well as drowsiness. On examination, Dr. Davis noted the Appellant had normal vital signs, was oriented x3, his head was atraumatic, and his neck had muscle tenderness and decreased range of motion. Dr. Davis assessed concussion without loss of consciousness and referred the Appellant to Dr. Lucas, a specialist in sports medicine, as well as a physical therapist for his neck and back pain. Dr. Davis also ordered the Appellant Flexeril, Tramadol, and Amitriptyline, and gave him an injection of Toradol.

On July 24, 2017, the Appellant met with Dr. Lucas. Dr. Lucas noted that ongoing symptoms were essentially the same as the Appellant reported to Dr. Davis, although the Appellant also reported blurry vision. Dr. Lucas found that the Appellant had a Sport Concussion Assessment Tool (SCAT) symptom severity score of 92 out of a 132, with higher scores indicating a greater level of symptom severity. On examination, Dr. Lucas found the Appellant's head was atraumatic and found no evidence of ocular trauma. He also determined two CT scans of the Appellant were negative for intracranial abnormalities. Dr. Lucas prescribed the Appellant Amantadine for "fogginess" and continued the Appellant on Amitriptyline for

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Claimant must also be able to adapt to include: 1) [a]ccepting responsibility for the direction, control, or planning of an activity; 2) [i]nfluencing people in their opinions, attitudes, or judgments about ideas or things; 3) [d]ealing with people beyond giving and receiving instructions; and 4) [m]aking generalizations, evaluations, or decisions based on sensory or judgmental criteria.

In this case, a Vocational Consultant found that the Appellant's Own Occupation required occasional reaching and fingering, and frequent handling, as well as frequent talking and hearing, frequent near acuity, occasional far acuity, color vision, and field of vision, but no climbing, balancing, stooping, kneeling, crouching, or crawling.

headaches. He observed that it may be an issue for the Appellant to return to work and scheduled a work capacity assessment for the next visit.

On August 9, 2017, the Appellant again saw Dr. Lucas. The Appellant's reported symptoms were largely the same as before, although he stated that he had improved since his last visit. His SCAT score dropped to 81 from 92. Dr. Lucas found no outward evidence of photophobia and the Appellant's neurological examination was unchanged. Imaging of the Appellant's head and neck were unremarkable. Dr. Lucas assessed persistent dysfunction post-concussion and referred the Appellant for an eye examination due to visual difficulties. Dr. Lucas recommended against the Appellant returning to work at that point.

On August 28, 2017, the Appellant returned to Dr. Davis. The Appellant's eye, neurological, and general examinations were all normal. The Appellant's concussion symptoms were the essentially the same, but he also reported pain in his hands. However, an x-ray of his hands showed no abnormalities. The Appellant also reported decreased concentration, and feelings of nervousness and anxiety. Following the appointment, the Appellant was to follow up with his physical therapy and sports medicine practitioners.

On September 6, 2017, the Appellant saw Dr. Lucas again with similar ongoing complaints, as well as increased emotionality. Dr. Lucas found no improvement since the last visit and the Appellant's SCAT score increased to 102. The Appellant's examination showed no distress and was otherwise normal. Dr. Lucas ordered a brain MRI and noted that the Appellant was to continue to be off work.

On November 1, 2017, the Appellant returned to Dr. Davis. He stated that he was unable to continue work due to headaches and lack of focus. The Appellant felt he had improved, but reported being released from physical therapy and neuro therapy despite ongoing symptoms. He also reported sensitivity to light. Dr. Davis noted some improvement with respect to his concussion, but assessed the Appellant as having a "long way to go."

On November 13, 2017, the Appellant returned to Dr. Lucas and reported similar ongoing complaints. The medications were helpful and the Appellant's symptoms had improved since his last visit. His SCAT score had also decreased to 91. His neurological examination was normal, though his MRI showed "punctuated lesions throughout the cerebrum" that were thought to be related to frequent headaches. Dr. Lucas noted the Appellant would likely need to complete disability paperwork, and scheduled him for a follow-up appointment in six months.

In an attending physician's statement dated December 1, 2017, Dr. Lucas indicated the Appellant's diagnosis was concussion with symptoms of a headache, pressure in the head, confusion, fogginess, amnesia, dizziness, nausea, vomiting, ringing in the ears, and sensitivity to light and noise. Dr. Lucas noted that a return to work was not indicated.

On December 13, 2017, the Appellant met again with Dr. Davis. Dr. Davis noted the Appellant still felt "tight" and complained of neck pain and stiffness. A left trapezius trigger point injection was performed. Dr. Davis noted there were "some changes on the MRI, but these were expected with the concussion." His plan was to continue brain rest, Elavil, follow-up with sports medicine, and continue neuro therapy.

On May 14, 2018, the Appellant saw Dr. Lucas and reported headache, neck pain, and tingling in both hands. The Appellant's examinations, including his mental and neurological exams, were unremarkable except for findings of poor eye contact and depressed mood.

In a letter dated May 17, 2018, Dr. Lucas opined that the Appellant was not clear to return to work as a result of remaining "severely symptomatic due to his concussion."

By letter dated June 12, 2018, Standard Insurance notified the Appellant that his claim would not be paid after November 13, 2017, because it found that he did not meet the Own Occupation Definition of Disability after that date.

On August 13, 2018, the Appellant underwent a cervical spine MRI without contrast, which revealed a mild left neuroforaminal narrowing at C4-C5 and C5-C6. A small central disk-osteophyte at C5-C6 impressed upon the central subarachnoid space. No significant neural foraminal stenosis or canal stenosis was found at any level and the Appellant's spinal cord appeared normal.

On January 16, 2019, eight months after his previous appointment, the Appellant returned to Dr. Lucas reporting largely the same symptoms. The Appellant reported improvement since his last visit, with a SCAT score of 80, and that he was no longer taking his medication. However, Dr. Lucas noted increased emotionality, sadness, and anxiety. The Appellant also reported feeling occasional numbness and tingling on both sides from the elbows down, inability to perform tasks "upside down," and that he no longer did well in crowds. Moreover, Dr. Lucas noted the Appellant appeared confused and seemed to have photophobia. The Appellant scored a 29/30 on a Mini-Mental Status examination and his physical examination was unremarkable, save for a new finding of tongue fasciculations. Dr. Lucas noted that the Appellant's symptoms

seemed to be more complicated than what is typically seen with a concussion and was described as showing minimal improvement over time. He referred the Appellant to neurology for further review and ordered various laboratory tests. Following the appointment, Dr. Lucas wrote a letter explaining that the Appellant was still unable to work and would be reassessed after some additional imaging. Dr. Lucas did not indicate the basis for his conclusions in the letter.

Finally, on February 14, 2019, the Appellant returned to Dr. Lucas with similar ongoing complaints, including confusion, decreased concentration, numbness, and tingling. His symptoms had not significantly changed since his prior visit, yet his SCAT symptom score increased to 94. The Appellant's physical and neurological examinations were unremarkable, with the exceptions of the aforementioned tongue fasciculations. Though the Appellant denied any paranoid thoughts or drug use, he told office staff he occasionally felt the sensation of bugs crawling on his arm. Dr. Lucas stated a neurology opinion was still needed and if neurology determined that the Appellant's presentation was not neurological in origin, he would refer the Appellant to psychiatry.

Standard Insurance determined that the Appellant qualified for LTD benefits under the Plan from September 14, 2017, through November 13, 2017, because he could not perform his light-level Own Occupation. Standard Insurance closed the Appellant's claim on November 13, 2017, upon finding that the Appellant had the physical and mental capacity to perform his Own Occupation. Thus, Standard Insurance determined that the Appellant no longer met the Plan's Own Occupation Definition of Disability after that date.

Thereafter, the Appellant appealed Standard Insurance's determination to PEBA. During its review, PEBA considered the analyses of two physicians who reviewed the Appellant's file, Dr. Daniel and Dr. Topper.[3] Dr. Daniel found that the Appellant's post-concussive syndrome had improved and that he had no specific limitations due to post-concussive syndrome or any other neurological condition as of November 13, 2017. Though the Appellant had several ongoing subjective complaints, Dr. Daniel determined the Appellant's remaining symptoms were either unrelated to the concussion or not severe enough to result in any ongoing limitations. Similarly, Dr. Topper noted that while the Appellant initially presented with a believable array of symptoms, his neurological examination was documented as normalized as of November 13, 2017. In the absence of any neuropsychological testing substantiating the reported cognitive

[3] Dr. Daniel and Dr. Topper are both board certified in neurology.

deficiencies, and considering that the typical recovery time for a concussion does not exceed three months, Dr. Topper concluded that the Appellant could work in any capacity on a full-time basis after November 13, 2017.

By letter dated May 4, 2021, PEBA notified the Appellant of its determination that Standard Insurance properly closed his LTD claim after November 13, 2017, based upon a finding that he had the physical and mental capacity to perform his Own Occupation after that date. Specifically, PEBA was persuaded by the opinions of Dr. Daniel and Dr. Topper in determining that "the medical records do not support that [the Appellant] had limitations or restrictions that would have impaired his ability to perform his Own Occupation on a full-time basis after November 13, 2017[,] due to traumatic brain injury, postconcussion [sic] syndrome, any other neurological conditions, or due to cognitive impairment." Accordingly, PEBA concluded that the Appellant's LTD claim was properly closed after November 13, 2017.

On May 13, 2021, the Appellant timely appealed to this court.

ISSUE ON APPEAL

Is PEBA's determination that the Appellant does not qualify for additional LTD benefits supported by substantial evidence in the record?

STANDARD OF REVIEW

Pursuant to the enabling statute for the Plan:

> [C]laims for benefits under any self-insured plan of insurance offered by the State to state and public school district employees and other eligible individuals must be resolved by procedures established by the board, which shall constitute the exclusive remedy for these claims, subject only to appellate judicial review consistent with the standards provided in Section 1-23-380.

S.C. Code Ann. § 1-11-710(C) (2005). Accordingly, the Administrative Procedures Act's (APA) standard of review governs appeals from decisions regarding PEBA Insurance Benefits. *See* S.C. Code Ann. §§ 1-23-380 (Supp. 2021); 1-23-600(D) (Supp. 2021). Section 1-23-380(5) of the South Carolina Code sets forth the APA's standard of review as follows:

> The court may not substitute its judgment for the judgment of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are:

(a) in violation of constitutional or statutory provisions;
(b) in excess of the statutory authority of the agency;
(c) made upon unlawful procedure;
(d) affected by other error of law;
(e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or
(f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

S.C. Ann. § 1-23-380(5) (Supp. 2021); *see also* S.C. Code Ann. §1-23-600(E) (Supp. 2021) (directing administrative law judges to conduct appellate review in the same manner as prescribed in Section 1-23-380).

"'Substantial evidence' is not a mere scintilla of evidence nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion that the administrative agency reached . . . ."[4] *Lark v. Bi-Lo, Inc.*, 276 S.C. 130, 135, 276 S.E.2d 304, 306 (1981). "The limited substantial evidence standard of review is intended only to assure that the [agency's] action is properly supported and that, therefore, no abuse of delegated authority occurred." *Fast Stops, Inc. v. Ingram*, 276 S.C. 593, 595, 281 S.E.2d 118, 119 (1981).

The party challenging an agency action on appeal has the burden of proving convincingly that the agency's decision is not supported by substantial evidence. *Waters v. S.C. Land Res. Conservation Comm'n*, 321 S.C. 219, 226, 467 S.E.2d 913, 917 (1996). If substantial evidence exists for an agency decision, the decision may not be disturbed absent a showing that the action was arbitrary, in excess of the statutory authority, or otherwise unlawful. *See* S.C. Ann. § 1-23-380(5).

DISCUSSION

Pursuant to the Plan, a claimant is entitled to LTD benefits "if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, (the claimant is) unable to perform with reasonable continuity the Material Duties of (the claimant's) Own Occupation." (*See* R. at 18.) "Own Occupation" means "any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as your regular and ordinary employment with the Employer." (*See id.*) "Material Duties" means "the essential tasks, functions and

[4] In this regard, the term "substantial evidence" is a bit of a misnomer; there need not be a substantial amount of evidence in order to satisfy the substantial evidence standard.

operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation." (*See id.*)

Furthermore, a claimant seeking LTD benefits must provide "written proof that (the claimant is) Disabled and entitled to LTD Benefits." (*See* R. at 27.) For claims of disability arising from conditions other than mental disorders, PEBA "may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques." (*See id.*) Thus, in order to qualify for additional LTD benefits after November 13, 2017, the Appellant must provide objective medical evidence that his condition prevented him from performing the Material Duties of his Own Occupation.[5]

In this case, the Appellant argues that: (a) PEBA relied on "a flawed reviewing physician opinion that did not adequately consider [the] Appellant's medical conditions and the symptoms that he suffers therefrom"; (b) PEBA "never gave any weight to [the] Appellant's diagnosis of depression or any other mental health conditions/symptoms he suffered therefrom"; (c) PEBA "never had [the] Appellant's claim reviewed by a psychiatrist or other duly qualified mental health physician, despite its own physician recommending the same"; and (d) that the record is devoid of any effort by PEBA to obtain additional medical information that could help clarify the Appellant's condition, despite suggestions by Dr. Daniel to do so.

With respect to his first argument, the Appellant does not identify which reviewing physician report he takes issue with or what in that report, specifically, is flawed and inadequate. Nevertheless, seemingly in support of the argument that his current medical conditions were not adequately considered on review, the Appellant highlights in his brief Dr. Lucas' statements from November 13, 2017, December 1, 2017, May 14, 2018, and January 16, 2019, indicating that he continued to present with some combination of confusion, sensitivity to light and sound, dizziness, headaches, cognitive issues, depressed mood, and anxiousness as a result of his brain injury, post-concussion syndrome, and depression. (*See* R. at 246; 321-22; 204, 207; 209.) The Appellant also notes that on both May 17, 2018, and January 16, 2019, Dr. Lucas penned a medical work excuse on his behalf, opining that the Appellant was not able to return to work. (*See* R. at 221; 222.) Further, the Appellant points to a statement by Dr. Davis timestamped

[5] Additionally, "[n]o LTD Benefits will be paid for any period of Disability when [a claimant] [is] not receiving ongoing appropriate care and treatment from a Physician in the appropriate specialty." (R. at 27.)

January 24, 2020, indicating that the Appellant suffers from cognitive difficulties, dizziness, and headaches, among other things, by way of his traumatic brain injury, concussion, and depression. (R. at 39-41.) In his statement, Dr. Davis opined that the Appellant has been completely and totally disabled from performing his Own Occupation, as defined in the Plan, since he stopped working in June of 2016 and will remain so indefinitely into the future. (*Id.*)

On the other hand, in his four-page report, Dr. Topper opined that, while the Appellant initially had a "believable constellation of symptoms," after November 13, 2017, his neurological examination was documented as normalized, and there was no quantification of his symptoms of headaches. (R. at 194.) Dr. Topper further noted his neurocognitive symptoms were not quantified and there was no formal assessment of the Appellant's cognition. (*Id.*) Therefore, in light of the Appellant's normal neurological examination, and considering that the typical recovery time for a concussion does not exceed three months, Dr. Topper concluded that there is no need for any restrictions or limitations for the Appellant after November 13, 2017. (*Id.*) Likewise, in his nine-page report, Dr. Daniel found that, despite several ongoing subjective complaints, the Appellant's post-concussive syndrome had improved. (R. at 181.) He noted that the Appellant's severity score had improved, his neurological examination was normal, and there was no evidence of acute distress or photophobia. (*Id.*) While Dr. Daniel acknowledged the Appellant's ongoing headaches, he found that the severity of his pain was not high enough to result in restrictions or limitations after November 13, 2017. (*Id.*) He further noted that the Appellant had not sought acute treatment for any severe or debilitating headaches and that a detailed headache description is lacking, preventing a formal diagnosis of migraine or another headache disorder. (*Id.*) To the extent that the Appellant was referring to the above findings by Dr. Topper and Dr. Daniel, the court cannot identify any evidence of material shortcomings in either reviewing physicians' report. To the contrary, by all indications it appears that Dr. Topper and Dr. Daniel – both accomplished physicians with board certifications in neurology – reviewed all relevant documentation submitted to them in the Appellant's file and produced lengthy reports outlining their conclusions with respect to the Appellant's condition in great substantive detail. (*See* R. at 175-86; 192-97.) Therefore, the court does not find any error with PEBA's reliance on Dr. Topper's and Dr. Daniel's reports in this regard.

For his second and third arguments, the Appellant argues that PEBA erred by failing to consider his depression or other potential mental health conditions, and by failing to have a

qualified mental health practitioner review his file. The court disagrees for several reasons. First, the Appellant claimed disability resulting from a concussion incurred in a car accident. (R. at 172.) His ensuing care and treatment by Dr. Davis and Dr. Lucas focused overwhelmingly on treating his trauma and post-concussion syndrome, including the Appellant's complaints related to headaches, neck and back pain, fogginess, and vision and photophobia. (*See, e.g.*, R. at 285-88; 231-32.) Upon this court's review of the record, the first passing report of depression or depressed mood did not occur until November 13, 2017. (R. at 246.) Second, although depression, or symptoms related thereto, were intermittently reported or discussed over the course of the Appellant's care thereafter, it does not appear that he was ever referred to psychiatry,[6] sought a psychiatric evaluation, or obtained an official diagnosis from a qualified mental health practitioner. (*See, e.g.*, 182.) Nevertheless, Dr. Topper and Dr. Daniel conducted a thorough review of the Appellant's file and expressly considered the limited reports of possible depression and/or another psychiatric disorder. (*See* R. at 177-82; 194-95.) However, they also considered the absence of a detailed psychiatric or neuropsychiatric examination in the record, as well as his normalized neurological and mental health status examinations before determining that restrictions or limitations were not warranted beyond November 13, 2017. (*See id.*) Finally, in its decision, PEBA similarly noted the reports of depression but found that the record did not support that the Appellant was disabled due to a mental health condition after November 13, 2017, in light of Dr. Topper and Dr. Daniel's reports, the Appellant's normal mood and affect examination and psychiatric examination, and the long gaps in his treatment. (R. at 10; *see also* R. at 27 ["No LTD Benefits will be paid for any period of Disability when you are not receiving ongoing appropriate care and treatment from a Physician in the appropriate specialty."].) Therefore, the court cannot find that the Appellant's depression was not adequately considered by PEBA.

Moreover, because he never sought or received a detailed psychiatric evaluation, psychiatric care, or even official diagnosis of depression, and because there are few substantive reports in the record on that aspect of the Appellant's care, the court questions what compelling medical opinions a psychiatric review of his file would yield at PEBA's stage of review. In the

[6] On February 14, 2019, Dr. Lucas noted that a neurological examination would be beneficial and, if neurology determined that his condition was not neurological in nature, that his "recommendation would be a referral to psychiatry." (R. at 212.) It does not appear that the Appellant ever received the neurological examination Dr. Lucas was referring to, which would have ultimately prompted a possible referral to psychiatry.

absence of any substantive psychiatric evaluation, care, or formal diagnosis, it would seem that a psychiatric review would be wholly speculative, or at least much less reliable compared to a more informed opinion. Nevertheless, because there is no evidence that he asked PEBA for a psychiatric review during consideration of his appeal, the Appellant cannot raise this issue now. *See Buist v. Buist*, 410 S.C. 569, 574, 766 S.E.2d 381, 383 (2014) ("It is well settled that an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial court to be preserved."); *Medlock v. One 1985 Jeep Cherokee VIN 1JCWB7828FT129001*, 322 S.C. 127, 134, 470 S.E.2d 373, 378 (1996) ("To preserve an issue for appeal, a contemporaneous objection is necessary and specific grounds must be clearly stated."); *Gatewood v. S.C. Dep't of Corr.*, 416 S.C. 304, 324-25, 785 S.E.2d 600, 611 (Ct. App. 2016) ("An issue that is not raised to an administrative agency is not preserved for appellate review by the ALC.").

Finally, the Appellant argues that PEBA erred in failing to obtain additional medical information regarding his care, including updated MRI imaging and labs recently ordered by Dr. Lucas, a neurology consultation and any follow-up visits, and any emergency room and EMS records from June 2017. However, apart from referencing Dr. Daniel's suggestions to do so, the Appellant cites to no authority that would suggest that PEBA has an affirmative duty to procure supplementary documentation beyond that which is provided by a claimant's treating physician(s). *See* SCALC Rule 37(B)(3) (setting forth the requirement that issues argued in appellate briefs be followed by "a discussion and citation of authority"); *Eaddy v. Smurfit-Stone Container Corp.*, 355 S.C. 154, 164, 584 S.E.2d 390, 396 (Ct. App. 2003) ("[S]hort, conclusory statements made without supporting authority are deemed abandoned on appeal and therefore not preserved for [appellate] review."). Thus, the court is compelled to find that this argument was abandoned on appeal. Even if this argument was properly preserved, the Appellant does not argue that these records were only available to PEBA or that he was somehow not capable of obtaining and submitting that information on his own behalf. To that end, there is nothing to indicate that the Appellant ever requested or sought to obtain those records himself before claiming error with PEBA's apparent decision to do the same. Consequently, the court finds this argument unavailing.

CONCLUSION

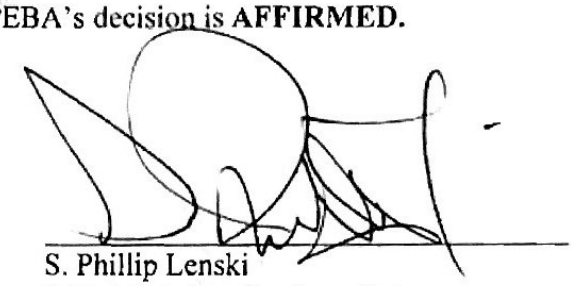
The court is sympathetic to the Appellant's situation, but is, nevertheless, obligated to determine whether there is substantial evidence in the record to support PEBA's decision to deny the Appellant's claim for additional LTD benefits. Under the facts of this case, the court finds

sufficient evidence exists to support the decision. Therefore, for the reasons set forth above, this court concludes that PEBA properly denied the Appellant's request for additional benefits.

ORDER

IT IS THEREFORE ORDERED that PEBA's decision is **AFFIRMED.**

AND IT IS SO ORDERED.



January 27, 2022
Columbia, South Carolina

S. Phillip Lenski
S.C. Administrative Law Judge