

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

Office of Workers' Compensation
District 03
State of Louisiana

Original

Town Hall Meeting
Honorable Judge Kellar Presiding
September 27, 2016

TIM RUNNING, R.M.R.
305 W. LaGRANGE STREET
LAKE CHARLES, LOUISIANA 70605
(337) 477-7335

TIM RUNNING, R.M.R.

1 (Proceedings underway. The following was transcribed):

2 JUDGE KELLAR:

3 Both for the staff of the OWCA and mainly for the
4 persons that have attended. The purpose in having these
5 meetings is to let you tell us what problems you are having
6 with the medical treatment guidelines and to help us to
7 solve some of the problems that we have seen. We know that
8 you guys working in the trenches see there are things that
9 happen but that we are not aware of and so we want you to
10 tell us what you think we can do better, what you think are
11 the problems as you see them, and what we might just tweak
12 with the medical treatment guidelines. We want you to be
13 part of the solution to helping us to fix some things that
14 we are aware are wrong but others that we don't know until
15 you tell us. I want to introduce you to, first off, some of
16 the staff of the OWCA. I have to my immediate right Dr.
17 Picard, who is the medical director of the office, and he is
18 the gentleman who makes the decisions on your 1009 appeals.
19 Walking toward me is Diane Lundeen. She is the current
20 chief workers' compensation judge and I have Brenda, who is
21 with the medical services section. Brenda helps Dr. Picard
22 put your 1009 files together before they're submitted to him
23 and we have scatterings of the staff of District 3 here.
24 You see Diane Lundeen, the Division Judge, walking toward me
25 and Charlotte Bushnell, the Division Judge, as well. And

TIM RUNNING, R.M.R.

1 then we have some other members of the District 3 staff. I
2 know you guys recognize all of them from sitting in the
3 back. So, what we are going to do, this is for you to tell
4 us what your problems are with the medical treatment
5 guidelines and what you think we can do better, so I open up
6 the floor for that purpose and please feel free to speak
7 candidly. Just a second. I have couple of rules before we
8 begin. We have a court reporter here, so we need you to
9 speak clearly and to speak slowly and we need you to
10 identify yourself and who you represent here today. In
11 deference to everyone else in the room who would like an
12 opportunity to speak, please as you to keep your comments to
13 three minutes but you may speak multiple *times* if you would
14 like. We would ask you not to speak about specific cases
15 but just generalities or hypothet , and we want you to know
16 that we're not going to solve problems here today but we are
17 going to take your comments; and after we complete the
18 medical treatment guideline town hall meetings this Friday,
19 we are going to go back to our office with all of the
20 transcripts from these meetings and see if we can solve some
21 of the problems that you identify for us. I would also ask
22 you to put your telephones on silent, vibrate, or stun.
23 Okay. Thank you.

24 MR. TOWNSLEY:

25 Thomas Townsley. I represent claimants. Judge, what

1 is the current standing on opening evidence to further the
2 record beyond what the medical directors gets, because when
3 you have a 15-day limit -- it's hard enough to get the
4 medical records and write an appeal to the medical director,
5 then when you receive a negative opinion, you ought to be
6 allowed to develop the record, which would include taking a
7 doctor's deposition, like we were able to do prior to the
8 medical treatment guidelines. The concept that you can only
9 present what is presented in front of the medical director
10 is completely unfair because of time restraints and you
11 don't have litigation so you can't go take depositions prior
12 to that, so there's no development of the record.

13 JUDGE KELLAR:

14 You want to respond, Diane?

15 JUDGE LUNDEEN:

16 Yes. That's an excellent question. We don't see in
17 all of the jurisdictions which we visited -- the answer is
18 not simple because the appellate courts are split right now
19 in that decision. So, what is appropriate in this appellate
20 court area is not going to be appropriate in another one.
21 We are going to let Supremes decide or certainly it's
22 something that is fodder for legislature amendments down the
23 road so that we all have a definitive answer to that
24 question. But right now, you need to follow your circuit.
25 There have been recommendations and we are listening to

1 people. One has been some type of request for
2 reconsiderations of medical treatment guidelines at the 1009
3 appeal level so that if suddenly new evidence comes in after
4 you get a denial, that the person from whom you are taking
5 an appeal is actually going to get a chance to review stuff,
6 like a motion for a new trial, but with fresh eyes and with
7 additional evidence. But as it stands right now, with the
8 split in the circuits, you have to follow what your circuit
9 is saying.

10 MR. TOWNSLEY:

11 All right.

12 JUDGE KELLAR:

13 Thank you. It is a very valid issue and valid problem
14 that we need to get addressed. Any further comments? *We*
15 are here for you. We are listening. You won't get this
16 opportunity often to take pot shots at us so go for it.

17 JUDGE LUNDEEN:

18 What are some of the issues that all of you are facing
19 or the frustrations that you are facing? We are here to
20 listen. Some of them may have nothing to do with us. Some
21 of them may, but we can't make your system better without
22 you and because you have the day-to-day interaction with it,
23 you know what your issues are on your end. We are learning
24 and we know what our issues are on our end, so we need your
25 voice to approve **it**. Don't be bashful. We won't be angry.

1 There won't be repercussions. Please talk to us.

2 MR. TOWNSLEY:

3 Do you really think 15 days is fair, though?

4 JUDGE KELLAR:

5 Hold on just a moment. Go ahead, I couldn't hear you.

6 MR. TOWNSLEY:

7 Do you really think 15 days is fair for the -- I mean,
8 to me, the medical providers may need more than 15 days.
9 And it's just very difficult that you have now placed on the
10 medical providers who are not as sophisticated with regard
11 to the appeal process that we used to do and now we have to
12 try and come in and quickly obtain information, and the
13 problem is they will say -- let's say a neurosurgeon says,
14 "well, the claimant has tried physical therapy and the
15 claimant has tried injections and they have failed so now
16 I'm recommending surgery", and then I will get a denial
17 saying, "you haven't proved that they did physical therapy
18 and injections." Well, that's a difficult task to try to
19 get therapy notes and injections within 15 days when the
20 surgeon himself has already outlined that it failed but they
21 won't accept the surgeon's records as to what happened
22 without further proof. That's not a fair way to do it when
23 you are limiting it to 15 days.

24 JUDGE KELLAR:

25 This has been a repeated thing. We are aware that the

1 15 days for most people was a very short period of time
2 within which to file an appeal. There have been suggestions
3 from the audiences at these town hall meetings to extend the
4 delay to 30 days, and that's one of the things that we are
5 considering as we try to rectify some of the problems with
6 the medical treatment guidelines. But thank you for that
7 observation. Yes, sir?

8 MR. PIAS:

9 I'm Scott Pias. I, like Thomas, represent injured
10 employees. I think we are all concerned with fairness to
11 these people. We always have the business side and the
12 employee side, and I think employees are losing the last few
13 years, especially with the medical guidelines. The concept
14 is good and it eliminates some problems we had with some
15 physicians that were going -- they were oriented too much
16 toward the employer, I believe. Physicians - and we are
17 mainly dealing with neuros and orthods in these situations -
18 don't want to do this work. It's lawyer work. They hire
19 some person new out of school that may be a nurse or it
20 may -- usually it's not a nurse; it's going to be a medical
21 worker. I have offered-- I'm sure every one sitting here
22 that represents the employees has offered doctors, "call us.
23 We will help you." And we do that regularly. These people
24 are indigent, aren't they? Do you have any that are wealthy
25 that come in? Very few. So, the cost of obtaining medical

1 records -- when you go look at the medical records, the
2 medical people all know there's a deadline. There's no
3 accident involved. This is not like the large cases that
4 Tom Filo does for those -- that level of law practice, so
5 they see green and they say, "you want medical records?"
6 They cost \$100 or \$300. I won't either. We can't, as
7 practicing lawyers, put that sort of money into these cases
8 because it isn't there. If we run up a thousand dollar
9 bill, then these people don't eat. If we are forced to go
10 get those things, we have to do it usually by requiring Bob
11 Foley and those people to go get it and discovery pays for
12 it and then they give us a copy. That takes time. Is it
13 fair to subject these people to this system? I don't think
14 so. We should all be looking for fairness. If we don't
15 have fairness, I think ultimately we will have anarchy. No
16 I sound political. Time-- and you can't put it together in
17 a timeline you are looking at. It doesn't seem to-- law
18 school, I guess the word is due process. But it doesn't
19 seem to be fair to not give people an opportunity to put
20 together cases. Are you guys getting information about
21 this? Because I'm usually not in the loop when a 1009 is
22 involved.

23 MR. TOWNSLEY:

24 I have to call them and say copy file.

25 MR. PIA:

1 And then you may or may not get it, *sq* you may have
2 the 15 days expired before your client walks in the office
3 and tells you that they're trying to get into physical
4 therapy, trying to get surgery. So, you don't even know it
5 before the timeline goes by. The doctors shouldn't be doing
6 this work. I don't know how to get it done without them
7 but --so, that's another problem that somehow ought to be
8 resolved. It's lawyer work, don't you think?

9 MR. fiLO:

10 Yes. I'm Tom filo. Now that Scott drug me into it, I
11 guess I will say my -- say my two cents worth. You know,
12 the Advisory Council this year should consider doing
13 something with these guidelines that makes it incumbent upon
14 the payor to seek review if they want to deny something
15 because you have got a treating physician who's recommending
16 something. The whole idea of workers' comp is not that the
17 defendant doesn't have to pay. They have co pay or, you
18 know I mean, it's not like an auto accident. We don't
19 have to wait and prove your case to get our benefits. The
20 benefits are supposed to be automatic. It's supposed to be
21 paid unless there's a reason not to pay them, not that we
22 have got to go out and show why the doctor says he wants to
23 have an MRI. It makes absolutely no sense if they want to
24 have a director review a denial when they send the
25 information to, you know, the director. Let them justify a

1 denial rather than us trying to somehow justify approval.
2 It makes absolutely no sense whatsoever. They have got it
3 completely backward and so I'm-- I think you are probably
4 going to have to amend the statute, but the Advisory Council
5 should take that up this year by who has the burden of
6 seeking review when a doctor has actually prescribed
7 something.

8 MR. PIAS:

9 Most doctors are pretty well trained and thought of.
10 If they ask for something, they usually have a pretty good
11 reason for it. I join with you in that suggestion.

12 (Mr. Pias and Mr. Filo were talking amongst
13 themselves).

14 JUDGE KELLAR:

15 Hold on please. We need you guys, just like when you
16 are in court, to speak one at time so that Tim can get a
17 good recording of what you're saying.

18 JUDGE LUNDEEN:

19 This isn't in response directly to your comment,
20 Mr. Filo, but as for the medical records, that is a problem
21 and I have heard it from plaintiff's lawyers for years.
22 What you have to look at, and I know that most doctors give
23 you the eye and maybe if you -- you should send the statute
24 with it but under Title 23, Section 1127 (B) they are
25 obligated, so if they choose to accept workers' compensation

1 payment, money for providing their services, they are
2 obligated, "shall release any requested medical information,
3 records relative to the employee's injury to any of the
4 following persons: The employee, his agent, or his
5 representative." That's Subsection (8)(1)(A). And they
6 have to at this point, as I understand it, with a lot of the
7 new federal requirements, they are handling-the treatment
8 notes -- now, it might not be the in-depth notes, and
9 certainly there's the whole issue of charging when you write
10 a letter that says, "please answer these questions."
11 They're charging you for their professional services to
12 answer those questions, which is a different set of facts.
13 But they are obligated to provide, and this does not seem to
14 indicate that there should be any cost associated with those
15 records, but it's silent on that issue. So, again, that's
16 something that we might want to look at.

17 MR. PIAS:

18 That's not realistic.

19 JUDGE LUNDEEN:

20 Now, I'm not suggesting that's realistic. I'm
21 suggesting that's what the law states, so the question is:
22 How do we enforce this in a meaningful way so that doctors
23 don't spend all of their time -- compensating providers for
24 records; also, plaintiffs that are indigent often times can
25 get the records that they need Or you can get those records

1 for Lhem so you can du the best job to assist them in moving
2 forward and getting

3 MR. PIAS:

4 I have 44 years of doing this. I don't think it's --
5 that rule is ever going to help us.

6 JUDGE LUNDEEN:

7 NJt without eeth.

8 JUDGE KELLAR:

9 Tom, you have another --

10 MR. PIAS:

11 You want to bite a doctor in the rear-end and you want
12 him to w ite something favorable? Get at it. But I don't
13 think any of us are in a position to -- you don't want to
14 alienate those people and it's a cost to them to have to
15 generate these things. It's reasonable for them to ask
16 something for it.

17 JUDGE LUNDEEN:

18 Right.

19 MR. PIAS:

20 You're paying a lot more than what is reasonable but
21 we want to pay something.

22 JUDGE LUNDEEN:

23 That's what I'm suggesting. You have to come up with
24 some type of compromise that works for everybody because it
25 is a cost to them and we can't expect them to provide

1 something that costs them something for free.

2 MR. PIAS:

3 Even if it's a minor amount, these indigent people
4 can't pay for it. If you've got a lawyer to pay for it, it
5 comes out of theirs at the end or out of our pocket if we
6 are not successful; and you can't run a practice that way,
7 the little pay you get out of workers' comp.

8 JUDGE KELLAR:

9 Thank you for your comments.

10 MR. FILO:

11 Judge Lundeen, I'm not sure that's the exact issue. I
12 mean, it's true that when a healthcare provider takes
13 workers' comp, they have to agree to release their records
14 to all kind of folks, including getting subpoenaed and, you
15 know -- but here, under the way that this works now, they
16 have got to actually go out and file a workers' comp form to
17 try to say, "hey, please approve this" when I have been
18 asking for it and I have got to go now to the director and
19 they have to know how to do and they have got to know what
20 has got to be included and they have got to have somebody in
21 their staff do it. It's not that they're being asked for
22 anything. They have got to try to figure out what they're
23 supposed to voluntarily, you know, provide themselves and
24 then, of course, usually if -- if an insurance company wants
25 records from a doctor, they have got to pay, what, fifty

1 cents a page or something like that, a dollar a page under
2 the fee schedule. But they're being asked to provide extra
3 information and they don't know what, you know, the director
4 is going to want to look at that's necessary because they're
5 not lawyers and they're not the director and it puts the
6 burden on the doctor to play lawyer, I think, is what we are
7 complaining about.

8 JUDGE LUNDEEN:

9 And we have heard that repetitively.

10 MR. TOWNSLEY:

11 And, again, Thomas Townsley. And, Judge, the problem
12 is ■ generally don't run into a problem with the medical
13 provider refusing to provide the records. What they want is
14 they want us to pay for them, and here's the problem. ■ try
15 to tell them - like that Jerry McGuire movie, you know, "I
16 am trying to help you. You need to help me, so why would ■
17 pay you \$50 for records to help you get a shot at approval?
18 I'm not making any money off of it. I'm trying to help the
19 claimant. I'm trying to help you." And so(what we are
20 getting is we are getting --

21 MR. FILO:

22 The doctor says, "show me the money."

23 MR. TOWNSLEY:

24 Right, and the doctor is saying, "show me the money."
25 But \what we're getting is the doctors' offices are doing one

1 ot two things. One thing is they're saying, "look, it's an
2 added burden and cost for us to have to get a staff member
3 to do this so we are getting out of it. I'm not going to
4 take company more." And so you have good physicians that
5 we are now losing from the system because they don't want to
6 have that extra burden and that extra cost to do the 1010,
7 1009s and stuff. I mean, we have a doctor, Dr. Rubino and
8 Abramson. They have hired some private agency to attempt to
9 do the appeal process for them and there are some offices
10 that are much better at it than others. I mean, I think Dr.
11 Gunderson's office was involved in some of the drafting and
12 so his office is very good about appeals and doing it
13 themselves. You know, Lafayette Plastic Surgery Associates
14 - Dr. Henderson is very good about providing records, even
15 chapters that show how -- they say you have to show some
16 standard because it's not in the law. And, therefore, he
17 provides book and chapter for you. But the problem is you
18 can't do that in 15 days, but some offices are much better
19 prepared at helping you than others and some are willing to
20 do it at no cost, where others are like, "well, you have to
21 take me -- get the record", and then we are like, "well,
22 you're not going to get your treatment." And who suffers
23 there? It's not yes, the doctor ultimately doesn't get
24 the funds, but it's the claimant that suffers. The claimant
25 doesn't get the medical treatment and in the old system --

TIM RUNNING, R.M.R.

1 and then I will shut up. In the old system, we could file
2 suit and then we could get paid back if we won in a trial
3 for obtaining those records and obtaining testimony. And if
4 we are allowed to have further opening of the evidence to do
5 that, then we will be back to where we can do that. But
6 trying to continue to run back to the medical director it
7 kind of reminds me, when you are talking about this
8 reconsideration level - I'm not for that because that's kind
9 of like Social Security and the reconsideration. The
10 reconsideration in Social Security was about a 98 percent
11 denial rate, so what it did was it added a further layer of
12 bureaucracy and fail rate and delay so you couldn't get to
13 the court system. The court system is supposed to be a
14 separation of power over the legislative branch so that we
15 can get things done; and for the legislative branch to
16 handcuff the Court system and say, "you can't hear all the
17 evidence, only hear certain evidence", it's just not -- it's
18 just patently unfair.

19 JUDGE KELLAR:

20 Tom, can I have the mic for a minute, please? Thank
21 you.

22 MR. PIAS:

23 GPl that mic away from that table.

24 JUDGE KELLAR:

25 Okay, we are o here because the medical treatment

1 guidelines are flawless. We are here because the medical
2 treatment guidelines and the implementation of those
3 guidelines have problems. We are aware of those problems.
4 We have heard that 15 days is not long enough. We have
5 heard a suggestion that it be extended to 30 days to give
6 you an opportunity to respond. We are aware that when a
7 healthcare provider sends a 1009 appeal to Dr. Picard, that
8 often the employee's attorney is not aware of that appeal
9 until after Dr. Picard has made a decision. We are aware
10 that, on occasion, the healthcare provider does not submit
11 the kind of documents that Dr. Picard needs to approve a
12 request for a particular treatment. We are aware of all
13 those things; and as I said, we are not going to solve those
14 problems today but we want to hear from you, your
15 constructive criticisms of the system. But everything you
16 have said thus far we are aware of. We know that the
17 medical treatment guidelines are fraught with problems and
18 that's why we're here. We want you to be a part of the
19 solution. The vast majority of the time, I believe that the
20 medical treatment guidelines work. I think the vast
21 majority of the time when treatment is recommended by a
22 healthcare provider, it is approved at the U.R. level or at
23 the third party administrator level, at the payor level.
24 The problems that you are talking about are the ones that
25 are not approved, and I don't think that's the majority of

TIM RUNNING, R.M.R.

1 the requests for treatment. So we know we have to fix the
2 medical treatment guidelines, and we want you to tell us
3 what you think we can do better. Yes, ma'am?

4 MS. GIBSON:

5 I'm Delilah Gibson. I work for Mark Zimmerman as his
6 paralegal and I have been doing this over 25 years,
7 probably. I would like to know statistically how many of
8 the medical treatment guidelines, when it's submitted, are
9 approved, because I find that everything is denied pretty
10 much until it goes to the MTG, and nine out of ten of those
11 are denied. Back in the old days, we used to have
12 jurisprudence that said, "we don't want piecemeal litigation
13 in our courts." This is piecemeal litigation; and on top of
14 that, it clogs the Court system up with prematurity issues
15 from defense attorneys that say we have to get an MTG for a
16 medical referral to another doctor when it's not necessary
17 from what I understand, or we have to go for exceptions on
18 things that are not even under the MTG. For instance,
19 myoneural injections are not covered, but I know Mark would
20 join with Tom in what he said that the whole system is
21 backwards from the way comp is supposed to work. If we have
22 it in your hand that the treating physician is ordering a
23 procedure, it is on the payor, the insurance adjusters and
24 the employer to show why it should not be approved. So now
25 it has turned completely around and everything is being

1 denied and the whole system is being clogged up.

2 JUDGE KELLAR:

3 To answer your question, at the medical director
4 leve, 70 percent of requests for appeals are being
5 approved. 30 percent are being denied by Dr. Picard. One
6 of the reasons we have the medical treatment guidelines --
7 and I don't think the medical treatment guidelines is broke
8 is because in the vast majority of cases, injured workers
9 are able to get their medical treatment quicker than they
10 did under the old system. Under the old system, you know,
11 we had an independent medical evaluation, a doctor's
12 treating physician's deposition or employer's deposition.
13 And sometimes you had to wait almost a year before you could
14 get a trial on the merits of whether or not the judge
15 thought the treatment recommended was reasonable and
16 necessary medical treatment. With the medical treatment
17 guidelines, it intended that the injured worker will get
18 their recommended treatment quicker, faster. I understand
19 that in many cases that does net happen but in the vast
20 majority of cases it does, and it is much better than the
21 old system where you had to wait a year sometimes to get the
22 treatment recommended by a physician. Yes, sir?

23 MR. TOWNSLEY:

24 Judge, let me ask you this. It doesn't have anything
25 to do with the medical treatment guidelines per se but on

1 our IOOB forms, you have space for insurer and we list who
2 it is, like CMI for Wal-Mart. There's got to be a better
3 system because when we list them, even if we circle that
4 it's an agency, they're served and then we get an exception
5 of no cause of action against them; that causes paperwork.
6 That causes a bogging of the system down. We never asked
7 for that and then they want to charge us now \$5 to serve
8 them when they're going to get out. It makes absolutely no
9 sense whatsoever. Can you guys address that, too?

10 JUDGE KELLAR:

11 Are you talking about the 1008 appeal of a 1009?

12 MR. TOWNSLEY:

13 No, when you file a 1008 appeal, it-- let's say F.A.
14 Richard is handling the claim but they're not the insurance
15 carrier. ■ circle that they're the agency, but they get
16 served and then I get an exception of no case of action
17 from a defense at Lorney saying agree to dismiss them. This
18 is causing more pleadings, paperwork. It's from something
19 that -- I didn't even ask them to be sued. You asked me in
20 the 1008 who the agent is and I tell you and I circle it and
21 then I'm told that I sued them when I didn't sue them but
22 now I have got to let them out, and so that's extra
23 paperwork you have to have your judges sign. It makes no
24 sense to me.

25 JUDGE KELLAR:

1 Can we talk about it

2 MR. TOWNSLEY:

3 Yes.

4 JUDGE KELLAR:

5 -- afterward?

6 MR. TOWNSLEY:

7 Yes.

8 JUDGE KELLAR:

9 Thank you. This gentleman over here. You can talk to

10 them.

11 MR. WELDON:

12 I guess I'm a victim. As you say, I'm on workers'

13 comp, and my question is: My case is almost 13 years old

14 and back when I got hurt I got X amount of dollars, which is

15 never enough. But as time goes on, the cost of living goes

16 up, and I have done spent everything I have had saved for a

17 retirement and there's no end to my case. I just don't see

18 it happening any time soon. I have been to so many doctors

19 and talking about the way they're talking about, you know,

20 you go to these doctors. I have been to my doctors. I have

21 been to their doctors. I have been to the judge's doctors,

22 and they keep taking me to court wanting to modify judgment,

23 modify judgment. How many times can you go to court and

24 modify a judgment when they've already been ruled on? And I

25 guess the thing is two months ago at least they took me back

1 to court to go to another doctor. I haven't even been to
2 that doctor yet. They haven't made me an appointment. I
3 have gone-- I have called the people, the doctor I'm
4 supposed to be going to. I say, "have you all heard from
5 workers' comp to go back to work?" You know, I mean, when
6 does it end is my question. How long can this just keep
7 dragging on? My case has been proved. Every doctor I have
8 gone to has proved my case but yet I'm just sitting here
9 every -- every month going to my doctor and medication on
10 top of medications and I'm tired of taking all this
11 medication. I'm ready to be over this. It's like I've got
12 to look over my shoulder all the time and, I mean, come on.
13 Almost 13 years? That's too long. And I guess my question
14 is how long can this get drug out? You know, I just -- I am
15 at my end and they want to do surgery. I'm not-- I'm not a
16 fan of foreign objects being in my neck, but they just
17 they don't call me. I don't get no letters saying what is
18 going on. I have an attorney. He talks to them. They
19 don't respond. So, to me there ought to be a timeline,
20 especially ones going on for as long as mine. The cost of
21 living goes up. I am getting \$34 a day, and that don't
22 work; that don't pay my bills. I have done sold everything
23 I have had to sell, fixing to start going down to the places
24 that -- things I don't want to do. I mean, just --can this
25 go on for 20 years? Can it go on for 30 years? I -- I

1 don't know. I don't know enough about it. My attorney says
2 judges can't force the case to be over with. They can't
3 force them to settle with you and I guess I don't know.
4 I am just here to spill my guts. I don't know. But it is
5 getting old and, like I said, every doctor I have gone to
6 I have done so many MRI's. I have done so many X-rays, I
7 think I glow in the dark. But that's where I am at and I
8 hear them talking about people who's fighting cases. I have
9 a judge that -- I had a, whatever you call it, a court order
10 to pay for a certain drug. Every month I bring it to the
11 drugstore and they say, "well, you want to wait for it?" I
12 say, "they ain't going to fill it. You are going to have to
13 call them. They're going to have to okay it." I said, "it
14 will take about three or four days." Sure enough, they
15 will call back in three or four days. "It's ready", but
16 with the court order they should just fill it. But, huh-uh,
17 you still have to go through them and there's a lot of stuff
18 screwed up, I think. But that's just where I'm at. I'm
19 tired. I want my life back. I haven't had a -- I used to
20 be the Santa Claus for Christmas. I give my suit away. I
21 don't know. I'm a prime example of something that's been
22 going on too long, so I might be out of order saying all of
23 this but that's what I had to say. And I thank you all for
24 allowing me to be able to say this.

25 JUDGE KELLAR:

1 Thank you, sir. Can you give us your name, please?

2 MR. WELDON:

3 Kirk Weldon. I'm sure he knows me.

4 JUDGE KELLAR:

5 Okay, Mr. Weldo , thank you for coming this afternoon

6 and thank you for telling us what your difficulties have

7 been and I'm sorry that you have had to go through all of

8 · this and it's because you are having such difficulties that

9 we are here today. Without claimants, we would not have our

10 jobs. We are public servants, and we are trying to make the

11 system better for you.

12 MR. WELDON:

13 I understand, but maybe what I had to say would help

14 one person somewhere is wha I -- I just hato unload, I

15 guess.

16 JUDGE KELLAR:

17 Thank you, sir.

18 MR. WELDON:

19 Thank you.

20 JUDGE KELLAR:

21 We appreciate your coming.

22 MR. WELDON:

23 Thank you.

24 JUDGE KELLAR:

25 Yes, Tom.

1 MR. fiLO:
2 Yes, I have there's somebody back there and then we
3 will come back to my
4 MR. BROWN:
5 My question concerns the --
6 JUDGE KELLAR:
7 What is your name, sir?
8 MR. BROWN:
9 My name is Jackson Brown and --
10 JUDGE KELLAR:
11 And who do you represent?
12 MR. BROWN:
13 I work with the Townsley law firm.
14 JUDGE KELLAR:
15 Okay.
16 MR. BROWN:
17 My question concerns the 1009 process and it may have
18 been addressed earlier when you were talking to these
19 gentlemen. I was a little late. I under."st9nd the 15-day
20 appeal process that you have to appeal a denial. But my
21 question concerns the event of a tacit denial and, to my
22 understanding, the process is when a 1010 goes five days
23 without being responded to, then you have 15 days from that
24 non-response -- day of non-responding to file a 1009. Well,
25 of course, most things that -- most of the time what happens

1 is that these -- the treatment -- healthcare provider
2 doesn't tell you where they submit 1010s and when they have
3 done them and when they have not heard from the comp
4 adjusters, so I guess my question is: Would it be
5 appropriate when, at the time I find out that a comp
6 adjuster has not responded to a 1010 request, instead of
7 and realizing that that's tacit denial and 15 days have
8 passed, instead of trying to call the healthcare provider
9 and getting everything straight, you know, to resubmit that
10 and then wait and again for the appeal, would it be
11 appropriate just when I find that no one has responded to
12 just file a 1008 instead?

13 MR. FILO:

14 I always do that. That's what we do. Always file
15 your just file suit. They can't stop you from doing it.

16 MR. BROWN:

17 Would that -- would that be appropriate?

18 JUDGE KELLAR:

19 Can I ask you again to turn your cell phones off?
20 Tacit denial is one of the biggest problems with the 1009
21 process because if the payor or U.R. or T.P.A. doesn't
22 respond in a timely fashion, most of the time you are not
23 going to be aware of that until after Dr. Picard has
24 rendered a decision. So, what we have thought about is
25 making the 15-day delay begin from the period of actual

1 written notice, or constructive notice, instead of making
2 you count five artificial days before you begin your 15 days
3 to file your appeal. That's under consideration.

4 MR. BROWN:

5 What do you mean by, "constructive notice"?

6 JUDGE KELLAR:

7 Well, your claimant goes back to the doctor and asks
8 if his MRI was approved and he finds out that day that it
9 was not approved. Your 15 days would start from that time.

10 MR. BROWN:

11 And would you just include that in the 1009?

12 JUDGE KELLAR:

13 Excuse me?

14 MR. BROWN:

15 Would you just include it in the 1009 when filing --
16 saying that claimant didn't --

17 JUDGE KELLAR:

18 Your 15 days would start from when he received notice
19 as opposed to an artificial five-day delay that's currently
20 written into the rules for the tacit denial.

21 MR. BROWN:

22 Okay, I understand.

23 JUDGE KELLAR:

24 It's under consideration. Yes, ma'am?

25 MS. TOUCHET:

1 It it's just verbal notice, then how do we prove that
2 they received notice? I'm with James Morris' office.

3 JUDGE KELLAR:

4 And your name?

5 MS. TOUCHET:

6 Robin Touchet.

7 JUDGE KELLAR:

8 Okay. The 1010 has been submitted to the payor and
9 the payor gives you verbal notice that your request for
10 treatment has been denied, is that what you're saying?

11 MS. TOUCHET:

12 If the claimant just receives verbal notice from the
13 medical provider, then how do we -- I mean, does it have to
14 be in writing?

15 JUDGE KELLAR:

16 No, it doesn't have to be in writing. Are you within
17 the five days? Because the tacit denial is if you don't
18 receive any notice at all --

19 MS. TOUCHET:

20 No, when you were talking about the 15 days would
21 start from -- if the claimant went to the medical provider
22 and they were told, "your MRI was denied", then the 15 days
23 would start?

24 JUDGE KELLAR:

25 The 15 days would start from then but --

1 MS. TOUCHET:

2 R ght.

3 JUDGE KELLAR:

4 Okay, but the problem is if it's outside of the 15
5 days to appeal, then it would be prescribed. That is not
6 written into the law at this time. We are considering
7 making it a part of the law so that when the claimant is
8 told that the treatment recommended by his physician has
9 been denied, the 15 days for appeal will start then. It is
10 not currently a part of the law.

11 MS. TOUCHET:

12 Okay. I understand what you're saying. And I just
13 want to" make a comment to Mr. Kirk. We at the attorney's
14 Offices know how hard it is for you guys. We hear it every
15 day. We had one client maybe six months ago, every time she
16 came in Jim kept saying, "she is going to end up killing
17 herself. She is going to end up killing herself." She was
18 that just -- had hit rock bottom. Sure enough, that's what
19 happened. And part of the problem was medical treatment not
20 being approved and it going on for years and years and
21 years. Her marriage was ruined. Her family was ruined.
22 Her husband had left right before she committed suicide, and
23 I'm not saying that the medical director and everybody else
24 involved has no sympathy for these people, but it is a
25 reality, I think, that is being overlooked.

1 JUDGE KELLAR:
2 Thank yo. Tom?
3 MR. PIAS:
4 The way you describe tacit denial doesn't seem like it
5 will work. Employees have no concept of these time delays
6 and the effect that they have got notice that this begins
7 the timeline to file an appeal. They don't know anything
8 ablut that. So if you are going to take your tacit denial
9 to the emp oyeer, the injured worker, getting some sort of
10 verbal notice, it's a waste of time. We are back to the
11 same argument you ought to make it actual n tice so it gets
12 to he people that can do something about it; namely, the
13 lawyers. You have got some minimum wage -- or \$20 an hour
14 man that's worked labor all his life and you expect him to
15 know the in's and out's and time delays of workers' comp?
16 That's not realistic. So, if you play it as you have
17 described it, I think you have done nothing to solve the
18 probleffi. What we are all describing is, in my mind, what
19 should be a judicial process is an administrative and we
20 need to move it back to the judicial where there's a full
21 fleshing out of the facts and an opportunity for everybody
22 Lo present their side and a fair ruling. Right now, it's
23 not happening that way. The 1010s that are filed are not,
24 in my experience -- you describe a doctor doing a real good
25 job. My experience is -- like Rubino, he struggled with it

1 and he finally got some outside help. The doctors weren't
2 filing these. They had a staff person filing it and
3 generally it was just a dump of the medical records. The
4 doctors weren't watching their person -- what went on inside
5 their head. Even though their thought process probably met
6 the guidelines, that doesn't get put into the 1009
7 application because they don't have time to do that and
8 trying to see other patients in there, so it needs to come
9 back into the judicial arena where it belongs.

10 JUDGE KELLAR:

11 Thank you.

12 MR. PIAS:

13 And all this administrative stuff is going to cause
14 problems for us.

15 JUDGE KELLAR:

16 Thank you. Tom, do you have something?

17 MR. FILO:

18 Yes. With respect to -- you know, I'm not real clear
19 on what can be done by rule under the statute versus what
20 has to be amended in the statute but, for example, would
21 there be anything that would keep you from changing the
22 timelines just to have when this claim is disputed and
23 there's a 1010 filed at that time that the cost of that is
24 borne by the insurer who denied the claim in the first
25 place? Could you actually put it there without having to go

1 back to the legislature? Can you do that because -- and
2 then can you also, by rule, make it incumbent upon the
3 insurer to provide to the medical director all the records
4 that they used in order to say why they didn't pay for it
5 and so that all of the records that would support what they
6 did is available to the director? I think you can do that
7 without having to go back to legislature.

8 JUDGE KELLAR:

9 The medical treatment guidelines are 1203.1. They're
10 statutory, but the process by which we limit the medical
11 treatment guidelines, that's Rule 2715. Actually, we are in
12 litigation right now in the 19th Judicial District Court in
13 Baton Rouge over 2715, and so we will be making some changes
14 to it. It's subject to the Administrative Procedures Act,
15 so we can do it that way. It does not have to go back to
16 the legislature. But I want you to hear, Tom, in response
17 to your comment from Dr. Picard about the problems he sees
18 with regard to making decisions on the 1009s that he
19 receives and why he rendered the decisions that he does on
20 occasion.

21 DR. PICARD:

22 Thank you, Judge. So, basically from my standpoint as
23 the medical director -- there's obviously two sides in the
24 1009 process. The claim has been denied and the 1010 -- and
25 it comes to me, usually from a claimant's representative,

1 and they're asking for some relief; in other words, for me
2 to overturn that decision and approve the procedure or
3 therapy or whatever has been ordered. So, you know, from
4 insurance companies -- they want to know from me, ..what is
5 the best way that we can get your denial to stay because we
6 think it's appropriate and it meets the guidelines'' and the
7 claimant and claimant's representatives want to know the
8 same question, "how do we get it approved?.. From the
9 insurance company's standpoint, one of the big problems we
10 do see is tacit denial, in which case the insurance company
11 has failed to respond to the 1010 request and, therefore,
12 everything that I have is simply from the provider or
13 claimant's representative, in which case most of these are
14 going to be approved, unless there's something that's far
15 outside of the guidelines because I have nothing from the
16 insurance company saying why they even denied it, so I have
17 nothing from the other side to compare it to. There's no
18 argument for why it was denied. The other thing from the
19 insurance company's standpoint that I see is that they are
20 sometimes having people look at these cases, other
21 providers, and they are giving their opinions as to what
22 they think is the appropriate thing to do and it should be
23 denied based on their experience and what they think is the
24 right thing to do rather than based on what the actual
25 guidelines say, in which case what I go by is not the

1 guidelines. Excuse me, what I go by is the guidelines, not
2 their opinion. So, they have to have correct information.
3 They have to have a reasonable cause for denial or otherwise
4 I'm going to approve it unless it's outside of the
5 guidelines. From your standpoint -- or claimant's
6 representative's standpoint, what I need to see is simply
7 documentation. The documentation has to be there; that is
8 required by the guidelines for the procedure or therapy is
9 requested. I assume that most providers are acting in the
10 best interest of the injured worker and looking to approve
11 what they want done, unless it does not meet the guidelines
12 criteria. See, if a surgical procedure requires certain
13 therapy to be done, injections or certain other criteria to
14 be satisfied, then you have to have that documented in order
15 for me to approve it. It's less than a third of the denials
16 that I stay with and say it is denied. So, the majority of
17 them we are approving; and when they are denied, there is
18 reasonable cause for that, and there's an explanation on
19 that form that says what is missing and why. The denial was
20 made and why it doesn't meet the criteria.

21 MR. TOWNSLEY:

22 Dr. Picard, what is your background, medical license?

23 DR. PICARD:

24 Prior to this, I was doing occupational medicine, so
25 dealing with injured workers is something I have experience

1 with. And what we are trying to do, what all of us are
2 trying to do is basically everything we can to get injured
3 workers back to work as quickly as possible in this process.

4 MR. TOWNSLEY:

5 Let me ask you this: When you do deny treatment, do
6 you outline why it's denied? The reason why I ask that is
7 because, unfortunately, some people -- some doctors who take
8 workers' comp may not be educated in the guidelines or their
9 staff and then if you outline the reason why and then we
10 receive a copy what I have done before is I have written
11 a letter to the doctor and said, like you said, «well, you
12 haven't tried therapy or injections yet. Try that." And
13 then he will approve it. Do you usually outline the basis
14 and say, "this should have been done first"?

15 DR. PICARD:

16 Yes, and it usually does not require a lengthy
17 explanation. It's only one or two things that are missing
18 in that regard but which are pivotal and have to be there
19 according to the guidelines that they are asking, so it
20 might be something like you didn't show evidence of therapy
21 or it could be something that the guidelines just do not
22 allow, so regardless of what you do, your procedure is not
23 allowed by the guidelines; for instance, a three-level
24 spinal fusion. The guidelines do not allow that, so I
25 I'm not going to overturn that. It's required by the

1 guidelines that you only do two levels or less, so those are
2 the two possibilities. But, yes, to answer your question,
3 there is an explanation of why it was denied. Yes, ma'am?

4 MS. GIBSON:

5 Can you explain the variation requirements for medical
6 treatment guidelines?

7 DR. PICARD:

8 We don't often get requests for that but to vary from
9 the guidelines, what has to be done is you have to request
10 that specifically and provide medical evidence for the
11 justification for why you should be granted that variance,
12 which would be a form of clinical studies or something to
13 support what your request is. We recognize that the
14 guidelines are only updated so often, so sometimes there
15 might be new procedures or things that are not in the
16 guidelines that might be requested, in which case rather
17 than just having to say, "it's not in the guidelines", if
18 you submit evidence with your documentation of -- and it has
19 to be good evidence. Let me qualify that because I have
20 gotten some that it's just not a reasonable study or not
21 something that would make me change the guideline
22 requirements.

23 MS. GIBSON:

24 Does anyone really think that it's feasible for
25 workers' compensation clients to get clinical studies to

1 submit to prove a variance for the medical treatment?

2 MR. FILO:

3 Of course not.

4 JUDGE KELLAR:

5 Is that a question or observation?

6 MS. GIBSON:

7 Both.

8 MR. FILO:

9 The answer is, of course not. She's absolutely, a
10 thousand percent, correct. The truth of the matter is the
11 only *time* that we get to really vary from the guidelines;
12 namely, to the doctor, to the court, when the doctor tells
13 the judge exactly why this patient is a little bit different
14 and we always win when that happens. We go through all
15 that -- all that rigamarole just to get the treating
16 physician to explain why this particular patient has
17 something a little bit different. But, yes, he had to do
18 something a little bit out of the outside of the guidelines
19 that Mr. Judge wanted so badly. And in some cases, we agree
20 that's probably the best recourse because the guidelines
21 might cover 90 percent of what we see, orthopedic injuries
22 and so on. There are going to be some variances, and you
23 can't possibly have enough guidelines to account for
24 everything, so that is probably the most appropriate way to
25 do it at this time.

1 MR. PIAS:

2 Right.

3 JUDGE KEILAR:

4 So is your suggestion that variances be removed from
5 the medical treatment guidelines?

6 MR. FILO:

7 If there's a variance, I think you should go straight
8 to the Judge, I do.

9 JUDGE KELLAR:

10 Thank you.

11 MS. GIBSON:

12 And that observation goes back to the jurisprudence
13 about the treating physician to start with, which is what we
14 are going down to again anyway, which is why it's been
15 jurisprudence for so long.

16 JUDGE KELLAR:

17 Thank you. Any further comments, questions,
18 observations? Yes, ma'am.

19 MS. DeWITT-KYLE:

20 My name is Jeanette Dewitt-Kyle. I'm an attorney at
21 Stutes and Lavergne. I have noticed this and, granted,
22 anything I say is not an endorsement of the medical
23 treatment guidelines in totobecause, I mean, I think it's
24 outside Our -- if you look at some of the stuff I am talking
25 about today and how people's medical treatment works, this

1 is ridiculous. But I have noticed with several of my
2 clients that they are getting denied at the very outset for
3 diagnostic imaging, which is the most silly thing I can
4 imagine, and it is actually a type of medical treatment that
5 barely even reaches the threshold for having to seek that
6 prior approval. I have no idea why getting an MRI requires
7 that kind of process. I mean, I had a client, for example

8

9 JUDGE KELLAR:

10 No --

11 MR. FILO:

12 It's not treatment.

13 JUDGE KELLAR:

14 Is this hypothetical, hypothetically?

15 MS. DeWITT-KYLE:

16 Yes. I mean, hypothetically, if I -- right, I'm
17 saying like if you have an injury that may blow your hair
18 back and a person has to go through the process of even
19 getting imaging, which might ultimately be approved by the
20 medical director, the time that they wait for that
21 treatment, which is just a diagnostic image that can tell
22 the doctor what to do with your neck, is too long. It's too
23 long. And I understand that at the utilization review level
24 a lot of the stuff is approved. Most of it is approved, but
25 a person by person when you have someone that isn't

1 approved, it sets people's treatment back enormously and it
2 causes health consequences. I mean, I don't know what to do
3 about it. But I think if somebody -- if a doctor says, "you
4 need an MRI", you need an MRI; that shouldn't be a thing
5 that I have to sit and fight over. I mean, there are
6 binders this thick (indicating) about clients who have been
7 requested by three different doctors to have an MRI and they
8 eventually get approved after about two months. It's
9 ridiculous. I mean, if there were one thing that doesn't
10 need to be covered by that -- I don't know if you just want
11 to raise the threshold a little bit so that people can just
12 get imaging? I think that would help.

13 MR. FILO:

14 And I agree. It's not treatment.

15 MS. DeWITT-KYLE:

16 Yes.

17 MR. FILO:

18 It's diagnostic to find out what is wrong. How can
19 you -- how can you possibly say you don't want to find out
20 what is wrong? It shouldn't be coming out of the guidelines
21 at **all**.

22 JUDGE KELLAR:

23 Thank you.

24 MS. DeWITT-KYLE:

25 Also -- sorry, I wanted to mention - we talked a lot

1 at the beginning about enormous problems of figuring out
2 when 1010s get filed, getting medical records from doctors,
3 all that stuff. I really think probably the best way to fix
4 it is the way federal court does it, to extend-- that's the
5 only thing I like about federal courts is somebody files
6 something, it's electronic and everybody involved gets a
7 blast e-mail about it. It probably should work something
8 like that. Well, if a doctor files something, there's a
9 blast that goes out about it to the workers' comp insurer,
10 the workers' comp carrier, to me, to anybody involved. It
11 all just works like that. We all have to be on the same
12 page.

13 JUDGE KELLAR:

14 Thank you, ma'am. Dr. Picard, did you want to address
15 that? Okay.

16 MR. WELDON:

17 I am fixing to have to leave. But getting back to
18 this lady's question, I have gone through blood pressure
19 medicines; that started it, then I went to antidepressants,
20 then they had to double it and now I'm on anxiety medicine,
21 so I understand where this lady was coming from, how time is
22 of the essence, just keeping going. It eats at you. And,
23 in fact, I told my attorney, "I guess they're trying to kill
24 me with a heart attack or something." I don't know, but I
25 . just wanted to say that before I left. That is part of my

1 process, too, is these different phases of stuff and like
2 they're all talking about: ■ think it's due to the time
3 involved with everything that's happened, so ■ just wanted
4 to get that out before ■ had to leave. But thank you all.

5 JUDGE KELLAR:

6 Thank you, sir.

7 JUDGE LUNDEEN:

8 Thank you.

9 JUDGE KELLAR:

10 Anything further? Yes, ma'am.

11 MS. TOUCHET:

12 When you talk about getting physical therapy approved
13 and all that stuff before the surgery, even that kind of
14 stuff is not getting approved, so if it's not getting
15 approved, we sure as hell know surgery is not going to be
16 approved or anything else.

17 JUDGE KELLAR:

18 So the physical therapy is not being approved at the
19 U.R. level?

20 MS. TOUCHET:

21 We have no luck getting anything approved.

22 JUDGE: KELLAR:

23 At the U.R. level?

24 MS. TOUCHET:

25 Yes.

1 JUDGE KELLAR:

2 Hold on just a second.

3 DR. PICARD:

4 I do see a lot of denials for physical therapy, and
5 it's very uncommon for me to not approve those, so you do
6 have a recourse for that, which is to file the 1009. I know
7 it's an additional process, but it does allow you a way to
8 get what you need by coming through us if therapy is
9 capriciously denied for not a good reason and we can have it
10 approved for you.

11 MS. TOUCHET:

12 How long have you been the medical director?

13 DR. PICARD:

14 I came on earlier this year.

15 MS. TOUCHET:

16 Okay, that might explain some of it.

17 MR. TOWNSLEY:

18 Yes, you are used to Dr. Rich's 90 percent denial.

19 MS. TOUCHET:

20 That might explain some of it.

21 DR. PICARD:

22 No, it's less than a third. And I know -- and they
23 offered good reason and the reason is explained in the
24 denial. So if you are going to get a denial, it's because
25 it doesn't match up with the guidelines. It's got to be a

1 reason; and if you can rectify that, you know, then file
2 another 1009 and say, "okay. Now we have done what you
3 asked and are we approved?"

4 JUDGE KELLAR:

5 Yes, ma'am?

6 Ms. DeWITT-KYLE:

7 I just wanted to build on your point just a little bit
8 because we do find that physical therapy and other therapy
9 *is* often not approved. If you look at the medical treatment
10 guidelines, the timeline they allow for therapy and also
11 chiropractic treatment is extremely short; and I think it's
12 kind of funny that there are a lot of people who complain
13 about the use of pain medication long-term but then when a
14 patient is offered a non-medication solution to pain that
15 actually increases their functionality and provides enormous
16 benefits without any of the risk of addiction or side
17 effects that they hate, they are only allowed a few weeks of
18 that; and if they want a variance, then they have to do the
19 variance thing. I think that probably when we talk about
20 chiropractic treatment and physical therapy for some of
21 these people who do have pain, you have to manage a lot of
22 different medications. That's a solution that's being
23 ignored by these medical treatment guidelines that what we
24 see with our clients is helping them get better. I think
25 that's something that, you know, really causes a problem

1 here and also having to wait every single time you need more
2 physical therapy and having to wait for longer than a month
3 to go back is just taking away a lot of -- I mean, do we
4 want these people better or not? Who waits a month and a
5 half to go back to the physical therapy for four more
6 visits? That's ridiculous.

7 JUDGE KELLAR:

8 Thank you.

9 MS. WILSON:

10 Tina Wilson with the Cox law firm. I have a question
11 about the variance issue. Is it required that the medical
12 provider state that they are, in fact, seeking a variance,
13 because I think, once again, we are asking the doctors to be
14 lawyers if they specifically have to state that they're
15 looking for a variance. If they're recommending something
16 that's not in the guidelines, it is per se a variance, so
17 why do they have to use that word in their report or in
18 their request?

19 JUDGE KELLAR:

20 You want to speak --

21 DR. PICARD:

22 I would say that often times -- or most of the time,
23 almost always, it's almost always the case that something is
24 being asked for that is not within the guidelines and
25 nothing else is being given with it, no supporting evidence

1 or no other information that is required for a variation
2 from the guidelines, so I don't know at that time, "does the
3 provider not know that this procedure is not within the
4 guidelines?" And they need to know that, you know. That's
5 what I would assume but --

6 MR. PIAS:

7 They're not lawyers.

8 DR. PICARD:

9 And I can't make them lawyers, and I have what I have
10 and it's incumbent upon the claimant's representative to
11 work with the providers. That's the best possibility to get
12 the information.

13 MR. PIAS:

14 The whole procedure thing --

15 JUDGE KELLAR:

16 We can't get --

17 MR. PIAS:

18 You can't get two --

19 JUDGE KELLAR:

20 Mr. Townsley

21 MR. TOWNSLEY:

22 No, no, no, no, no. I'm Mr. Townsley. He's Scott
23 Pias.

24 JUDGE KELLAR:

25 Mr. Pias, listen, okay? Mr. Pias, we can't hear you.

1 MR. PIAS:
2 Tim doesn't want to hear me anyway.
3 JUDGE KELLAR:
4 Or get your comments. I want to hear what you're
5 saying or get your -omments. If you are speaking while
6 someone else is speakir.g --
7 MR. PIAS:
8 Well
9 JUDGE KELLAR:
10 Please, sir, do not do that. Wait to be recognized,
11 if you would.
12 MR. PIAS:
13 Well, I would like--
14 JUDGE KELLAR:
15 And we understand that you don't like this
16 administrative system. You have made that perfectly clear
17 several times this afternoon.
18 MR. PIAS:
19 Well, I speak out in frustration.
20 JUDGE KELLAR:
21 So if you will just allow the person who is speaking
22 to complete their statement, then I would be happy to
23 recognize you.
24 MR. PIAS:
25 Well, I speak out in frustration.

1 JUDGE KELLAR:

2 Okay. Well, sir, we are all frustrated. You are not
3 the only person in this room. This is frustrating. There
4 are some frustrated people in this room, but there are more
5 people in this room than you.

6 MR. PIAS:

7 Why don't we solve the problem?

8 JUDGE BUSHNELL:

9 For the record, let me go around --

10 MR. PIAS:

11 Give us an opportunity to --

12 JUDGE KELLAR:

13 We have given you an opportunity.

14 MR. TOWNSLEY:

15 Let me ask you this, Your Honor, and --

16 JUDGE KELLAR:

17 Excuse me, were you finished, Dr. Picard?

18 DR. PICARD:

19 I think so. I am confused now.

20 MR. TOWNSLEY:

21 Has anybody suggested if Dr. Picard says, "I need
22 additional medical information", instead of denying based on
23 that extending the time period and sending it back saying,
24 "please submit additional evidence", that way it can be done
25 without the whole process being started over?

1 DR. PICARD:

2 It would be difficult to do because if something is
3 missing from the documentation, there's no way of me knowing
4 was it just not done or is it just not documentation that
5 was done because, typically, physicians who do this,
6 providers who do this, workers' comp and deal with it, they
7 know and they can get an idea of what the guidelines say
8 because it's not that difficult and whatever procedures they
9 normally perform, they familiarize themselves with what are
10 the criteria, they need to document for those procedures,
11 then it's easy for them to know what they need to do as I
12 understand. So, again, if therapy is not there in the
13 record and there's no mention of it, there's no way of me
14 knowing was it even done and they just didn't send it? We
15 can't call every one and say, "hey, look, did you do this?
16 Is this what you're missing?" Normally, we have to deny
17 assuming it wasn't done because there's no documentation or
18 even mention of it. Now, typically -- to somebody's point
19 earlier, when a provider states that there was therapy done,
20 I don't need to see therapy notes. I take the word of the
21 provider that that was done and I use that in the decision.

22 MR. TOWNSLEY:

23 Okay. Well, before you came on, that was the
24 typically, the treating physician's statements were denied
25 and like they weren't telling the truth, and they said --

1 DR. PICARD:
2 I see that routinely from insurance companies, but
3 that's not what I go by.
4 MR. TOWNSLEY:
5 Okay, thank you.
6 JUDGE KELLAR:
7 Anyone else? Mr. Pias? Do you have something else to
8 say?
9 MR. PIAS:
10 We keep going back to expecting the doctors to be
11 lawyers, and it just isn't going to work.
12 JUDGE KELLAR:
13 Okay. Thank you.
14 MR. PIAS:
15 You are expecting the doctors to be lawyers and
16 they're not.
17 DR. PICARD:
18 If they're submitting a request of the insurance
19 company for a procedure, they have to know it's going to be
20 the same thing. They have to know what they have to
21 document to get that approved. We are providing a way
22 for -- a recourse for them to get their request taken care
23 of in a similar fashion if the insurance company is denying
24 it inappropriately. But the documentation still has to be
25 the same whether it goes to the insurance company. They're

1 !coking for some -- some of the same things that we are. We
2 are just providing a way to take care of it when the
3 insurance company is inappropriately denying it by the
4 guidelines.

5 JUDGE KELLAR:

6 Brenda, can you tell them some of the things you look
7 for when you are putting the record together? That would be
8 helpful, some of he things that you find are generally
9 missing from the documents submitted?

10 MS. GANNUCH:

11 One of the issues when we are reviewing the file
12 before we submit it to the director is we have to have
13 medical records. Sometimes we just have a dictation note
14 from che doctor who is just discussing the case and we
15 actually need medical records and people ask, "what is a
16 medical record?" As stated on the 1010, it does say what a
17 medical record is, but it's a review of systems. It needs
18 to be an actual visit, not just a doctor's dictation note of
19 what he feels would the best treatment for the patient, so
20 we will reject them on the front end and we will not do
21 anything further.

22 MS. TOUCHET:

23 Could you explain that a little more because it
24 doesn't makes any sense to me?

25 MS. GANNUCH:

1 A medical note --

2 MS. TOUCHET:

3 Well, I mean --

4 MR. TOWNSLEY:

5 I can help you with that. Dr. Bernauer - who is now
6 retired - would never do a review of system, never talk
7 about reflexes, never talk about muscles, and then ask for
8 things and then they would say, "where is your
9 justification?" And then he has none because he said that
10 "claimant is complaining of X, Y and Z. They need this
11 treatment." And there's no review of what is going on.

12 MS. TOUCHET:

13 You can't get both?

14 MR. TOWNSLEY:

15 There's no justification for it.

16 MS. GANNUCH:

17 What I'm saying is there's sometimes a note from the
18 doctor saying, "I am seeing so and so. He ~~was~~ injured in 19
19 so and so. He has a back injury and I would like to do this
20 treatment." That is not considered a medical note. A
21 medical note is when you have a review of system. You have
22 H & P, the chief complaint.

23 JUDGE KELLAR:

24 Hang on until she finishes, okay?

25 MS. GANNUCH:

1 On the 1010 -- I don't have a copy with me. It just
2 sometimes states what is to be submitted when you submit
3 your records. It does talk about that under the provider
4 section.

5 MS. TOUCHET:

6 Okay.

7 MS. GANNUCH:

8 And also some people will submit the 1009 via mail and
9 e-mail. We just need one method because then we have a
10 duplicate record, so if you e-mail them to the I.G.E.T.
11 1009, it will be received. You don't have to mail it as
12 well.

13 MS. TOUCHET:

14 Okay, so instead of just say the one-page handwritten
15 form where the doctor fills out -- where they sit down with
16 the patient, you want that four- or five-page

17 MS. GANNUCH:

18 Yes.

19 MS. TOUCHET:

20 document that's done after the visit, dictated and
21 typed?

22 MS. GANNUCH:

23 Yes.

24 MS. TOUCHET:

25 Okay, so what form -- what method do you prefer, the

1 1010 or -- yes, the 1010 to be submitted, faxed, mail,
2 e-mail?
3 MS. GANNUCH:
4 You are talking about the 1009 to the office?
5 MS. TOUCHET:
6 I mean the 1009.
7 MS. GANNUCH:
8 Whatever is convenient to you.
9 MS. TOUCHET:
10 Just one or the other?
11 MS. GANNUCH:
12 Just one. The other is just a duplicate.
13 JUDGE KELLAR:
14 Yes, ma'am?
15 MS. GIBSON:
16 So as we see all the time in these cases, we may have
17 a review of symptoms record. It may be two to three months
18 has gone by and the doctor says, based on the review of
19 symptoms or previous treatment not working, I recommend", so
20 he then still has to go and do another three- or four-page
21 review of symptoms or do we go back? You won't consider the
22 chronological
23 JUDGE KELLAR:
24 Is that for Dr. Picard?
25 MS. GIBSON:

1 I think.

2 DR. PICARD:

3 The degree of how much is documented is going to be
4 different from provider to provider, so it's not a specified
5 exact number of things that have to be there. It's more,
6 "are the criteria that are within the guidelines
7 documented?" It's not as important, the format of it, than
8 to see if the guidelines require therapy. I need to see a
9 discussion about therapy or notes about therapy. The
10 guidelines require an injection that hasn't been tried.
"What is the injection?" The result of it -- it has to be
12 documented as to what is in the guidelines. We don't have a
13 specified format that you have to go by.

14 MS. GIBSON:

15 Okay.

16 JUDGE KELLAR:

17 Yes, sir?

18 MR. TOWNSLEY:

19 Have you found -- I think the more medical providers
20 switch to the electronic system, that the programs had that
21 compared to these old school that would do the complaint and
22 then, like you said, request and have nothing to justify.
23 But now, the new systems -- that's my experience. The new
24 systems, they basically have the requirements built into
25 their chart system.

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

GR. PICAR:

Again, that's not as important as what we are looking at. It's just that the requirements are documented, the riteria are documented. How the provider writes it is not -- is not very important to me as long as those criteria are documented in the records we get, so I get some notes that are very brief but say everything that needs to be said and hen some I have to go through pages to find out what I need to find out; but as long as it's there, it's not important

JUDGE KELLAR:

Is there anything further? Okay. If we don't have any further comments or questions, then this would conclude your Lake Charles town hall meeting and I thank you all for coming and giving us your corr ents this afternoon.

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

C E R T I F I C A T E

I, **TIM RUNNING**, certified court reporter in and for the State of Louisiana, as the officer before whom this testimony was taken, do hereby certify that the transcript, as hereinbefore set forth in the foregoing pages, is the proceedings and testimony as reported by me under my personal direction and supervision, and is a true and correct transcript to the best of my ability and understanding;

That I am not related to counsel or to the parties herein, nor am I otherwise interested in the outcome of this matter.

In witness whereof, I have hereunto ~~taxed~~ my signature at Lake Charles, Louisiana, this the day of September, 2016.

TNI- . ,
LOUISIANA CERT.MN : 3

C.S.R.

TIM RUNNING, R.M.R.

\$ 22 25
 305 'I- 121
 3371*1 - 1.23
 S20pJ • 30 13
 \$300(1, 8 6
 S34p1 - 22 21
 \$50J1) - 14 17
 0
 Q1 13
 1
 1008s; . 20 1. 20 11,
 2013. 20 20. 26. 12
 1009(191.2 18. 2 22.
 52. 8 21 17 7.
 20 11. 25 17 25 24.
 26 20. 27 11 27 15
 316. 32 24 436
 44 2. 53 8 53 11
 54 4, 54 6
 1009sz - 15-7 32 18
 10101111* 15 6 25 22.
 26 6. 28 8, 31 23.
 32 24 33 11. 51 16.
 53 1. 54 1
 1010S131- 26 2
 30 23. 41 2
 1127 PI- 10.24
 1203.1 J11 32.9
 13Pt • 21:13. 22:13
 15(111) - 6 3 6 7. 6 8.
 6 19, 6 23, 7 1. 9 2,
 15:18 17:4, 25 23,
 26 7 27:2. 27. 9.
 27 18. 28 20 28 22.
 28 25, 29 4. 29 9
 15-day (J14 3 25 19,
 26 25
 191*1- 52:18
 19th*J-32.12
 2
 20PI- 22-25
 2016PI114 57 14
 23(1J10 24
 25(1-186
 271' - 1'14
 27151 1-32:11.32 13
 3
 31 • 2 23, 3 1
 30141 • 7.4. 17.5, 19 5,

4411, - 124
 477-7335111* 1 23
 5
 5t*J.20 7
 7
 70t*, - 194
 70605J11 - 1 22
 8
 81033(11* 57 18
 9
 90r1 - 37 21. 43 18
 9811. - 1610
 A
 ability 11 - 57 8
 ablet I - 4 7, 19 9
 23 24
 Abramson 1 • 11 5 8
 absolutely 14) • 9 23.
 10 2, 20:8. 37 9
 accept 121 - 6 21.
 10 25
 accident 121- 8 3.
 9:18
 according ret • 35. 19
 account *1- 37.23
 Act oJ- 32 14
 acting (11 • 34 9
 action 121 - 20 5,
 20 16
 actual 14J • 26-25,
 30-11. 33 24, 51 18
 added 11 • 15 2.
 16 11
 addiction (1: - 44 16
 additional! - 57,
 43 7. 48 22, 48 24
 address PI- 20 9.
 41 14
 addressed 1 1-5 14.
 25- 18

adjuster *1 - 26 6
 adjusters PI • 18 23.
 264
 Administrative 111-
 3214
 administrative PI-
 30'19, 31'13 47.16
 administrator *1-
 17 23
 Advisory PI- 9 12
 10 4
 affixed 111-57 12
 afternoon f31- 24 5
 47 17, 56.14
 agency 13115:8.
 20.4, 20 15
 agent 121- 11 4. 20 20
 agom- 2125, 2915
 agree f- 13 13,
 20 17. 37 19, 40:14
 ahead pf- 6 5
 ain't [t, 2312
 alienate 111- 12 14
 allow 151 • 35 22.
 35 24. 43 7, 44 10.
 47. 21
 allowed 1414 6. 16 4,
 35 23. 44.17
 allowing 111- 23 24
 almost t5119 13
 21 13 22 13, 45 23
 amend *1- 104
 amended 111- 31 20
 amendments 111 -
 4 22
 amount PI-13 3,
 21.14
 anarchy 111- 8 15
 angry 1115 25
 answer 111-4 17.
 4 23, 11 10, 11 12
 19 3 36 2. 37 9
 antidepressants *1 •
 41 19
 anxiety PI - 4 1 20
 anyway 111 • 38 14.
 47 2
 appeal (H1-4 4, 53.
 5 5. 6 11' 7 2. 15 9.
 17 7, 17 8. 20 11.
 20 13 25 20. 26 10,
 27 3 29 5. 29 9.
 30 7
 appeals #2 18,
 1512. 194
 appellate *21 • 4 18
 419
 application 111- 31 7
 appointment *1 •
 22"2

appreciate *1 - 24 21
 appropriate CI- 4 19,
 4-20, 265 2611.
 26 17, 33.6 33 22
 37 24
 approval PI- 10 1.
 14 17. 396
 approve 191-5 25
 1317. 17. 11, 33 2,
 34 4. 34 1:3. 34 15,
 35 13 43 5
 approved (25117 22.
 17 25. 18 9. 18 24.
 19 5, 27 8 27 9.
 29-20, 33.8. 33:14.
 39-19. 39 24 40 1
 40 8. 42'12. 42 14.
 42 15. 42 16, 42 18.
 42 21. 43'10, 44 3,
 44 9 50'21
 approving 111 - 34 17
 area *1- 4 20
 arena *1-31 9
 argument 121- 30- 11,
 3318
 artificial 111- 27 2
 artificial (tJ - 27 19
 assist pr- 12 1
 associated 111 • 11:14
 Associates I • I - 15 13
 assume 121- 34-9,
 46 5
 assuming pi- 49'17
 attack *t- 41-24
 attempt *1 - 158
 attended 1*1 - 2:4
 attorney (G1-17 B.
 20 17. 22:18. 23.1
 38:20 41'23
 attorney S1tt - 29:13
 attorneys 111 • 18 15
 audiences (11 - 7 3
 auto (*J9 18
 automatic [tJ - 9 20
 available 111 • 32:6
 aware pOJ2 9. 2 14.
 6 25. 17 3. 17:6.
 17.8. 17 9. 17:12.
 17.16, 26 23
 B
 B(1)(A) 111 • 115
 background 111-
 34 22
 backward (lt - 10 3
 backwards (tl-1821
 badly *1 - 37 19
 barely {11 - 9:5

based (41- 33.23,
 33 24. 48 22, 54 18
 bashful 111 - 5:25
 basis 111 - 35 13
 Baton *1 - 32 13
 begin PI- 3 8, 26 25,
 272
 beginning 111 • 41- 1
 begins (*) - 30 6
 belongs ret • 31 9
 benefits (31 • 9 19,
 9 20. 44 16
 Bernauer (') - 52 5
 best [c: - 12 1. 33 5
 34:10. 37 20, 41 3,
 46 11. 51 19. 57 8
 better; 11: • 2 10,
 521. 1510, 1518.
 18 3, 19 20, 20 2.
 24 11. 44 24. 45 4
 beyond fl1 - 4 2
 big (') - 33 9
 biggest 11 - 26 20
 biii J11 - 8 9
 biii SI 'f • 22 22
 binders 111 - 40 6
 bit (\$J • 37 13. 37.17,
 37.18, 40 11. 44 7
 bite l'1 • 12 11
 blast 121 - 41 7. 41
 blood 11 tl- 4118
 biOW J11- 3917
 Bobt *18 10
 bogging *1 - 20 6
 book (tt - 1517
 borne 111 • 31.24
 bottom *1 - 29 18
 branch f21 - 16 14.
 16. 15
 Brenda (tf • 2 20
 brenda 121- 2 21. 51 6
 brief 11156 7
 bring (11- 23 10
 broket • J-197
 BROWN 19 • 25 4
 25 8. 25 12. 25 16.
 26:16, 27 4. 27 10.
 27*14, 27 21
 Brown [tJ • 25 9
 build PI- 44 7
 built (1) - 55 24
 burden (41 • 10.5.
 14 6 15 2. 15:6
 bureaucracy Jf 11 -
 16 12
 BUSHNELL I • I - 48 8
 Bushnell *1 • 2 25
 business 111 • 7 11

C

C.S.R.,tl- 5717
 candidly [tJ- 3.7
 capriciously 11- 43.9
 pJ5022. 512
 carrlerr-1•20 15,
 41 10
 case112J .919 21-13.
 21.17, 22.7 22 8,
 23 2. 33 10. 33 13.
 33 25, 36 16 45*23,
 51 14
 cases (tt ll - 314. 8 3.
 8 7 8 20. 19 8
 1919. 19 20. 23 8,
 33 20, 37 19, 54 16
 causes f.tJ- 20 5,
 206, 40 2. 44 25
 causingPI- 20 18
 cellphoneS itl•26 19
 cents (2)-9 11. 14:1
 CERTpJ- 57 18
 certain(tJ-16 17.
 23 10, 34. 12. 34 13
 certainly 121- 4 21.
 11 9
 certified11 • 57-2
 certify III- 57 4
 chance111- 5 5
 change111- 36 21
 changes (11- 32-13
 changing(11- 31 21
 chapterpJ- 15 17
 chapters(11- 15 15
 charge (tJ- 20 7
 charging11J- 11 9.
 11 t 1
 CHARLES J11- 1 22
 Charles J11 • 56 13.
 57 13
 Charlotte(11- 2 25
 chart111 .55 25
 chieft21- 2 20. 52 22
 chiropracticPI•
 44 11,44 20
 choosepJ- 10 25
 Christmas t1- 23 20
 chronologicalp1-
 54 22
 circle131- 20 3. 20 15.
 20 20
 circuitJ:~J- 4 24. 58
 circuitspi - 5 8
 claim (41- 20 14.
 31 22.31 24, 32 24
 claimant p 1- 6. 14.
 6 15, 14 19 15 24.
 277,2716 2812

28 21.29 7, 33 7.
 52:10
 claimant's111- 32 25
 33:7,33 13. 34-5,
 46:10
 claimants1- 3 25
 24 9
 Claus111- 23 20
 clear121- 31 18,47 16
 clearly 111•3.9
 client(3J- 9 2, 29 15.
 39:7
 clients(41- 36 25.
 39-2.40 6 44 24
 clinical11 • 36 12
 36 25
 clogged11- 19 1
 clogs111- 18 14
 CMpJ- 202
 coming11J- 24 5.
 24 21,40 20,41 21.
 438,5614
 comment 11J- 10 19,
 29:13, 32 17
 commentS i111- 312,
 317, 514, 139.
 3817, 47.4. 475
 56.12. 56 14
 committedPI-29.22
 comp(1519 16. 13 7.
 13:13, 1316, 154,
 18 21. 21 13 22 5.
 26 3. 26 5. 30 15
 358. 419, 4110
 49 6
 companieSPI33 4,
 502
 company m- 13 24,
 33 10, 33 16 50 19,
 50 23. 50 25 51 3
 company's 111 • 33 9
 33 19
 compare(*)• 33 17
 compared11155 21
 compensatingPI-
 11 23
 compensation131-
 2 20, 10 25, 36 25
 CompensationPI-
 1 2
 complain1k - 44 12
 complaining fJ1 •
 14 7, 52 10
 complaintm - 52 22.
 55 21
 completepJ- 3 17.
 47 22
 completely 131- 4 10.
 103. 1825
 compromise (1J-

12 24
 conceptp - 4 8,
 7- 13. 30s
 concerned111- 7 10
 concernsPI- 25 5,
 25 17 25 21
 conclude (1)- 56 12
 confusedPI- 48 19
 consequenceSPI-
 402
 consider(1)- 9 12,
 54 21
 consideration121-
 27.3. 27 24
 considered111- 52 20
 consideringm- 7 5,
 29 6
 constructivePI-
 17 15. 27 1 27 5
 continuepJ16 6
 convenient(*)• 54 8
 copy14J • 8 12, 8 24
 35 10 53 1
 correct PI- 34 2.
 37:10, 57 8
 COSt(t1)-7 25 8 6.
 11'14, 12 14. 12 25.
 152. 156, 1520.
 21 15. 22 20, 31 23
 costs1tJ-13 1
 Council12 - 9-12.
 10 4
 counsell11- 57 10
 count (tJ- 27 2
 couple 111• 3 7
 course (4(- 13 24.
 25 25. 37 3, 37 9
 Court PI- 16 16.
 18 14. 32 12
 COUt(13J • 3 8, 4 20.
 10 16, 16 13 21 22.
 21 23 22 1, 23 9.
 23 16. 37 12 41 4
 57 2
 courtsPI• 4 18,
 18 13. 41 5
 cover: •1• 37 21
 covered 111- 18 19,
 40.10
 COX (11-45 10
 criteria 111 • 34 12,
 34 13 34 20. 49 10
 55 6 56 4 56 5
 criticisms(*)-17 15
 currentt1- 2 19, 4 1

D

dark pJ- 23 7

day-to-day 11 • 11- 5 22
 days (!- 6:3 6.7
 6 8. 6 19, 6:23. 7. i.
 7 4. 9 2. 15:18. 17 4,
 17 5. 18:11. 23 14,
 23.15. 25 22. 25 23.
 26 7. 27 2. 27.9.
 27 18 28 17, 28 20.
 28 22. 28 25. 29.5,
 29 9
 deadline11J • 8:2
 deal=11 - 49 6
 dealing 121-7:17,
 34 25
 decidepJ- 4 21
 decision111- 4:19,
 17 9. 26 24. 33-2,
 49 21
 decisionspJ- 2:18.
 32.18, 32 19
 defendant(1J- 9:17
 defense1-18:15.
 20:17
 deference 111• 3 11
 definitive111- 4-23
 degree11J 55 3
 delay 141- 7 4, 16 12.
 26 25, 27.19
 delays11- 30.5.
 30 15
 Delilah111- 18 5
 denial111J- 54. 6 16,
 9'24. 10'1 16 11,
 25 20. 25 21. 26.7,
 26-20. 27 20. 28.17.
 30 4. 30 8, 33 5.
 33. 10. 34 3. 34 19.
 43'16. 43 24
 denials121 • 34 15.
 43 4
 denied 119)- 18 9
 18 11, 19 1. 19 5,
 28 10, 28 22 29 9.
 31 24. 32 24 33 16,
 33-18, 33.23. 34 16,
 34 17. 35-6. 36.3
 39 2. 43 9, 49 24
 deny 131- 9-14.
 49 16
 denying PI- 48 22.
 50 23. 51 3
 deposition 111- 4 7
 19 12
 depositions 111 • 4 11
 depth 11J- 1 18
 describepJ- 30 4.
 30 24
 describedJ11- 30 17
 describing111 • 30 18
 develop(114 6

developmentPI-
 4 12
 Dewitt151 38 19.
 38 io 39-1s. 40 15.
 40'24
 deWITTP1- 44-6 care
 Dewitt-Kyle151-
 38.19. 38 20. 39-15.
 40'15, 40 24
 deWITT-KYLE111-
 44 6
 diagnostic131- 39 3,
 39 21. 40:18
 Diane131 2 19, 2 24.
 4:14
 dictated [tJ- 53.20
 dictation121- 51 13,
 51:18
 different (11- 11 12.
 37 13. 37-17, 40 7,
 42 1. 44 22. 55 4
 difficult 141 • 6.9. 6.18
 49 2. 49 8
 difficulties 12124 6,
 24 8
 direction(tJ- 57-7
 directY 111-10 19
 dire toq111- 2 17,
 4.4. 4 9. 9 24. 9 25,
 13 18, 14.3 14 5,
 16 6, 19-3 29 23.
 32 3. 32 6, 32 23,
 39'20, 43'12, 51'12
 directors (1J- 4 2
 discovery 111- 8 11
 discussing111- 51 14
 discussion111- 55 9
 dismiss111 • 20 17
 disputed111- 31 22
 District111 • 1 3 2 23.
 3 1. 32 12
 Division121- 2.24,
 2 25
 doctorpeJ- 9 22.
 106, 12 11, 13 25.
 14 6, 14:22. 14'24.
 15 7. 15 23. 18 16.
 22 1, 22 2. 22 3,
 22 7 22 9. 23 5,
 27 7. 30 24, 35 11,
 37.12, 39.22 40 3
 41 8, 51 14, 52 18.
 53 15. 54:18
 doctor'sPI- 4 7.
 19 11. 51:18
 doctors(11J- 7.22.
 9:5. 10 9. 10 22.
 11 22, 21.18 21 20.
 21 21, 31:1, 31 4.
 35 7, 40 7, 41 2.

45 13, 50 10. 50 15
 doctors'P 14 25
 document[J] 49 10.
 50 21.53 20
 documentation: 1
 347.3618. 493
 49 4. 49 17. 50 24
 documentedF. •
 34 14 55 3, 55 7
 55 12. 56 3. 56 4,
 566
 documents 12: •
 1711. 519
 dolfar(21 • 8 8. 14 1
 dollarsPJ 21 14
 done J23 9 6, 16 15,
 21 16. 22 22 23 6
 26 3. 30 17, 31 19
 34 11. 34 13. 35 10
 35 14, 36 9, 44 2.
 48 24. 49 4. 49 5
 49 14, 49 17. 49 19
 49 21, 53 20
 doublep, - 41 20
 down15 4 22. 20 6.
 22 23 38 14. 53 15
 DrpeJ2 16 2 21
 15 7. 15 10. 15 14,
 177. 17 9, 1711,
 19 5. 26 23. 32 17.
 3422 4114 4318
 4817, 4821525
 5424
 JR J15J • 32 21 34 23.
 35 15. 36 7 43 3,
 4313, 43 21. 45 21.
 46 8. 48 18, 49 1
 50 1 50 17, 55 2
 561
 dratting 1 - 15 11
 ragging I - 227
 drug(3J • 9 10. 22 14
 23 10
 drugstorep(• 23 11
 due ' ' 8 18. 42 2
 dump J • 31 3
 duplicate : • 53 10
 54 12

E

e-mail • 41 7 53 9
 53 10 54 2

easy J 49 11
 eat(1J - 8 9
 eatsJ • 41 22
 educated(• 35 8

eitherp 1 • 8 6
 electronic 1 • 41 6.
 5520
 eliminates 111-7 14
 employee 131 • 7 12.
 11 4, 30 9
 employee's p, • 11 3.
 17 8
 employees J417 10,
 7 12, 7 22. 30 5
 employer(21 • 7 16.
 1824
 employer'Sft I - 19 12
 endftOJ • 5 23, 5 24.
 12 11. 3 5. 21 17.
 22 6 22 15. 29 16,
 29 17. 51 20
 endorsement [tJ •
 38 22
 enforce 111 - 11 22
 enormous 121 • 41 1.
 44. 15
 enormously 1 • 1 - 40 1
 especially 121 • 7 13
 22 20
 essence [I] - 41 22
 evaluatfon i • J. 19 11
 event(tJ • 25 21
 eventually 1 • 40 8
 evidence JtJ • 4 1.
 53, 57. 16 4. 16 17.
 35 20. 36 10. 36 18
 36 19 45 25. 48 24
 exact 121 13 11 55 5
 exactly {I} - 37 13
 examplePI • 23 21,
 31:20 39 7
 excelfens JtJ 4 16
 exceptionPI • 20 4,
 2016
 evntionS PI. 18 17
 excusePI • 27 13.
 341, 48 17
 expect 121 • 12 25,
 30 14
 expectingPI • 50 10,
 50 15
 experience(51 •
 30 24, 30 25, 33 23.
 34 25, 55 23
 expired tt I - 9 2
 explain 15 36 5.
 37. 16. 43 16. 43 20.
 9'10
 51 23
 24 explained I - 43 23
 explanation(3. -
 34 18. 35 17, 36 3

extra.(tJ) 4 2 15 6,
 20 22
 extremely p 1 • 44 1 I
 eye I - 10 23
 eyes [tJ - 56

F

F.A.I' I - 2013
 facingPI • 5 18 5 19
 fact pJ - 41 23. 45 12
 facts 12 • 11 12 30 21
 fail • I - 16 12
 failedPI • 6 15, 6 20.
 33 11
 faiq6J - 6 3. 6 7. 6 22
 8 13, 8 19, 30 22
 fairness 131 • 7 10
 814. 815
 familiarizePI - 49 9
 family PI - 29 21
 fant 12 216
 far (21 • 17 16 33 14
 fashion m . 26 22,
 50 23
 faster tt I - 19 18
 favorable I • 12 12
 faxed III - 54 1
 feasible (I) - 36 24
 federaPI • 11 7.
 414. 415
 feettJ • 142
 fewPJ • 7:12, 7 25.
 44. 17
 fifty (J • 13 25
 fight [1] (40 5
 fightingPI 23 8
 figure fil • 13 22
 figuring 111 - 41 1
 file(13J 7 2 13 16,
 16:1, 20 13, 25 24,
 26 12, 26 14. 26 15,
 27 3, 30 7, 43 6,
 44. 1. 51-11
 filed JJ • 30-23. 31 23.
 41 2
 filesPI 22. 41 5.
 41'8
 filing 13: • 27 15. 31 2
 fill [2] • 23 12 23 16
 fills 111 • 53 15
 FiiOJ4J - 8 4.
 10. 12, 10 20
 FILOp2, - 9 9. 13 10,
 14 21. 25 1, 26 13
 31 17. 37 2, 37 8,
 38 6. 39 11. 40 13.

finished tJ • 48 17
 finishes 1 • 1 • 52 24
 firm 121 25 13, 45 10
 first p 1 • 2 15, 31 24,
 35 14
 five(Si • 25 22. 27 2.
 27 19 28 17. 53 16
 five-day 111 - 27 19
 five-page tJ - 53 16
 fix (3) - 2. 1. 18:1,
 41 3
 fixing 121 • 22 23.
 41 17
 flawless 11 • 17. 1
 fleshing 111 - 30 21
 fiOOft) • 3:6
 fodderpJ • 4 22
 Foley 1 • 18:11
 folks {II. 13. 14
 foiiOWJ • 4. 24, 58
 following 121 • 2 1,
 11 4
 forcepl - 23 2. 23. 3
 forced 111 • 8:9
 foregoing 1 • 57 5
 foreign 111 - 22. 16
 form 13: • 13:16.
 34:19 36:12. 53 15,
 53 25
 format 121 • 55:7.
 55 13 formst • J20
 1 fortht • J57.5
 forwardpJ 12 2
 fOUr [] > [23-14, 23 15.
 45 5, 53 16 54 20

four-page 111 • 54 20
 fraught J 11 17 17
 free 12) - 3 6. 13 1
 fresh JJ • 56
 Friday I - 3. 18
 frontm • 4-9. 51-20
 frustrated tJ • 48 2.
 48 4
 frustrating J 11 • 48 3
 frustration J 47 19.
 47 25
 frustrations JJ - 5 19
 full 1 • 30 20
 functionality 111.
 44 15
 funds(• J-1524
 funny 111 • 44 12

fusionPI - 35

52:25. 53 7 53 17,
 53'22. 54. 3, 54 7,
 54 11
 generalities (11 • 3 15
 generally 131 - 14-12.
 31 3. 51. 8
 generate [tJ - 12 15
 gentleman 121 • 2 18.
 21 9
 gentlemen 111 • 25 19
 GIBSON 101 • 18. 4,
 36-4. 36 23, 37 6
 38'11 54 15, 54 25.
 55. 14
 Gibson {I} - 185
 given [2] 45 25,
 48 13
 glow PI 23 7
 granted 121 • 36. 11.
 38 21
 green (I) 8 5
 guess 13J • 8 18 9 11,
 21:12. 21 25. 22 13,
 23 3, 24 15. 26 4.
 41 23
 guideline 111 - 3 18,
 36 21
 guidelines 13 • 1 • 2 6.
 2-12. J 5 4. 52.
 76, 7 13. 9 13, 17 1
 17 2. 17 3. 17 17,
 17. 20, 18 2. 18 8,
 19 6, 19 7 19 17.
 19 25. 31 6 32 9,
 32 11. 33 6, 33 15,
 33 25. 34 1. 34 5.
 34 8. 34 11. 35 5.
 35 19. 35 21. 35 23.
 35 24, 36 1. 36 6,
 36 9, 36'14, 36 16, d
 36 17 37 11 37 18
 37 20. 37 23, 38 5.
 38 23 40 20 43 25.
 44:10. 44 23. 45 16.
 45 24. 46 2. 46 4,
 49. 7. 51 4. 55 6,
 55 8, 55 10, 55 12
 Gunderson's fill •
 15 11
 guts fil • 23 4
 guys [6J • 2 8. 3 2.
 820 10 15, 209
 29 14

H

hair (h - 39 17

effect[11 - 306
effects(?!• 44 17

extend121 _7 3. 41 4
extendedp(-17 5
extending , ,1• 48 23

40 17
finally 1*1• 31 1

GANNUCH!•0J •
51.10, 51 25. 52 16,

half 11145 5
hallPI-318, 7 3,

56 13
HallPI- 1 11
hand(I, -1822
handcuff(II- 16 16
handlingPI- 11 7,
2014
handwritten:'I-
53 14
hangI'I- 52 24
happy111- 47 22
hardt214 3. 2914
hate(114417
headPI315
health111- 40 2
healthcare161- 13 12.
17 7, 17 10 17 22.
261.268
hear(tOJ)•6 5. 16 16.
1617_17 14, 23 8
29 14 32 16. 46 25
47 2, 47 4
heardtu- 10 21.
14 9. 17 4. 17 5
22 4.26 3
heart 111•41 24
hellt•42 15
help[t2]- 2 6. 7 23.
12 5. 14 16. 14 17,
14 18,14 19 24.13.
31.1. 4012 55
helpful11- _51 8
helping131- 2 13,
15 19,44 24
helpsf112 21
Henderson[1J-1514
herebyPI67 4
hereint11- 5710
herelnbeforep•
57 5
hereunto(i)-57 12
herself PI- 29 17
himself 111- 6 20
hire111•7.18
hiredfil15 8
hit(1129 18
hold131- 6 5. 10 15.
43.2
Honof(tJ)•48 15
Honorable[lj-1 13
hour111•30 13
hurtPI21 14
husband111- 29 22
hypothetical111-
39. 14
hypothetically111-
39 14,39.16
hypothets pl•3 15

I.G.E.T 111- 53 10
idea IJ19 16 39 6,
49- 7
identify 121- 3 10
3 21
ignored111- 44 23
image ('I-39 21
imagine111- 39 4
imaging(31- 39 3,
39 19. 40 12
immediate111- 2 16
implementation111•
172
important(4155 7.
56 2. 56 5, 56 9
in'S I'!• 30 15
in-depthI'!• 11 8
inappropriatelyPI-
5024, 51 3
include (Jl)•4 6.
27 11' 27.15
Includedl'I-13 20
IncludingJlJ- 1314
increasesPI-44 15
incumbent pi- 9 13,
322, 4610
independent111-
19 11
indicate1•111 14
indicatingPI11- 40 6
indigent111 7 24
11 24, 13 3
information191- 6 12.
8 20, 9 25. 11 2.
g 3. 34 2, 46 1.
4612_48 22
injection† 55 10.
55 11
injectionsr-1- 6 15,
618. 619. 1819
34 13.35 12
injured[617 9 19 8.
19 17. 30 9. 34 10.
34 25 35 2, 52 18
injuries1•1•37 21
injury P11 3,
39 17, 52 19
inside111- 31 4
instance121- 18 18
3523
instead161•26 6.
26 8 26 12. 27 1
48 22. 5314
insurance)13113 24
18 23. 20 14 33 4.

50 23.50 25. 51 3
insurer(4j- 20 1.
31:24.32 3. 41 9
intended111- 19.17
interaction111• 5 22
Interest111- 34 10
interestedI'J- 57 11
introducepr - 2 15
involvedn. 8 3.
8 22. 15 11. 29 24.
41:6. 41 10. 42 3
issue(SJ- 5 13 119
11:15.1311 4511
issues[515 18. 5 23,
5-24, 18 14. 51 11

J

Jackson111- 25 9
James I' I- 28 2
Jeanette111•38 20
Jerry 11114 15
Jim[=J29 16
job t21= 12 1 30 25
jobs111- 24 10
join 111• 10 11. 18 20
judge161- 2 20.
1311, 1914. 19 24
23'9. 37.13
Judge[TJ- 1 13, 2 24,
2'25.3 25, 14 11,
32 22 38 8
JUOGE[S I 2 2.
4'13, 4 15. 5 12.
517.6 4, 6 24
10 14. 10 18. 11 19.
126.12 8. 12 17.
1222 138.148,
16 19. 16 24. 19 2.
20 10, 20 25 214.
21 8, 23 25 24 4.
24 16, 24 20. 24 24.
25 6. 25 10. 25 14,
26 18. 27 6. 27 12,
27 17, 27 23. 28 3,
28 7, 28 15 28 24.
29-3, 30 1 31-10.
3115, 32 8 37 4,
38 3, 38 9. 38 16
39 9. 39 13. 40 22
4113 425.427,
42 9,42 17. 42'22,
431. 444. 457.
4519,46 15 4619
46 24, 47 3. 47 9
47 14, 47 20, 48 1
48 8. 48 12. 48 16,
506 5012 51.5.

55 16. 5610
judge'sPI- 21:21
judgesPI• 20 23.
23:2
judgment131- 2122.
21 23 21 24
Judicial'I' . 32 12
judicialPI- 30. 19,
30 20. 319
Juge(11- 37 19
jurisdictions111• 4.17
jurisprudencePI•
18 12 38:12.38 15
justificationPI-
36.11, 52 9.52:15
justify il- 9 25. 10 1
55 22

K

keep ISI- 3.12, 21 22.
22 6, 31 21, 5010
keeping(=J -4122
Kellaf('J • 1:13
KELLAR J111-2 2.
4 13 5-12. 6 4. 6 24.
10 14 12 8 13:8.
16 19. 16 24 19:2.
20 10. 20 25, 21 4,
21 8. 23 25, 24 4
24 16. 24 20. 24 24.
25 6, 25 10. 25 14,
26 18 27:6. 27. 12.
27'17, 27'23. 28:3.
28 7, 28:15.28'24.
29 3, 30 1. 31'10.
31 15. 32:8, 37:4.
38 3. 38-9, 38:16,
39 9 39.13. 40.22,
41 13. 42.5, 42:9.
42.17, 42:22. 43:1,
44 4, 45 7. 45'19.
46 15. 46:19. 46.24.
47 3. 47 9. 47:14.
4720 481,48.12,
48 16 50 0. 50:12,
51 5, 52 23, 54. 13,
54 23, 55 16, 56:10
kept [I I-29:16
killt• 41•23
killing1 1-29'16.
29 17
kindFJ13:14, 16 7
16 8. 1711. 39-7.
42 13, 44:12
kirk 1•1-29 13
Kirk111- 24:3
knowing .21- 49.3.

knowsp1- 24 3
KYLE(5)•38 19.
39.15. 4015 4024,
44 6
Kyle11138 20

L

labor(II-30 14
lady I'!•41 21
lady's 111-41 18
Lafayette111- 15 13
LaGRANGEitI 1 21
Lake121- 56 13 57 13
LAKEt•- 1 22
largePI- 8 3
last ttl- 7 12
late111- 25 19
Lavernet138 21
law[918 4. 8 17.
11'21. 1516. 2513
29 6. 29'7 2910.
4510
lawy r(41 7.18, 9 8
13 4. 14 6
lawyers91- 8 7.
10 21. 14 5. 30.13.
45 14. 46 7. 46 9,
50:11. 50 15
layert11-16 11
learning(1J5 23
least(II-2125
leave 121-41 17, 42 4
left 11- 29 22. 41 25
legislative121- 16 14.
16 15
legislature141- 4 22,
32 1. 32 7. 32 16
lengthy111•35 16
leSSJ34 15. 36 1,
43 22
letter21 • 11 10.
35'11
letters11122 17
level[t1J53. 8 4.
16 8. 17 22. 17'23.
19'4, 35 23 39 23.
42 19, 42 23
level&111- 36 1
license111•34 22
life121- 23 19. 30.14
limit121- 4 3. 32 10
limiting(IJ6 23
list121•20 1. 20 3
listen121- 5 20. 46.25
listening:21- 4 25,
5 15

339, 3310, 3316.
33 19 50 2. 50 18

52 23. 54' 13. 54 23-

4914

litigation(41 - 4. 11,
18- 12. 18 13, 32 12

living¹²¹- 21 15.
22 21
long-term¹¹- 44 13
look ¹¹1*1*81 10 22
1116 144 151.
22 12. 33 20. 38 24.
449.4915 516
looking(- 8 14.
8 17. 34 10, 45 15
511,562
loop(1,- 8 21
losing¹¹ - 7 12. 15 5
Louisiana¹¹• 14.
57 3, 5713
LOUISIANA¹¹ - 1 22.
57 18
luck1*1• 42 21
Lundeen¹¹• 2 19.
2 24, 13 11
LUNDEEN¹¹ - 4 15,
5 17. 10 16, 1119.
12 6. 12 17. 12 22, .
14 8 42 7

M

ma'am¹⁰- 18 3,
27 24. 36 3. 36 18,
4114. 42 10. 44'5,
54 14
mai¹¹⁷¹- 41 7. 53 8,
53 9. 53. 10, 53 11,
541.542
majority¹¹6J17 19.
17 21, 17'25. 19 6.
19 20. 34 16
manpt-3014
manage1*144 21
Mark ¹²¹¹⁸ 5. 18 19
marriage¹¹J- 29 21
Martp)- 20 2
match¹¹¹-43 25
matte¹¹2137 10,
57 11
McGuire¹¹- 14. 15
mean ¹¹11SJ- 6 7 9 18.
13 12, 15 7 15 10.
22.5, 22 12. 22 24.
27-5, 28 13, 38 23
39 7, 39'16. 40 2.
40 5, 40 9. 45 3
52 3 54 6
meaningful¹¹ - 11 22
medical¹¹J₁ - 2 6.
22
212.217. 221 34,
3 18. 4 2. 4 4 4 8
4 9.52.68, 610.
7 6, 7 13 7 20. 7 25
8 1, 8.2. 8 5 10'20.

11 2. 14 12. 15 25
166. 1625 171.
1717, 17 20 182
18 8.18 16. 19 3
19 6. 19.7, 19 9
1911. 19.16, 19 25
28 13, 28 21. 29 19,
29 23. 31 3. 32 3.
32 9. 32 10, 32 23.
34'22.36 5 36 10
37 1. 38.5 38 22
38 25. 39.4. 39 20.
41 2. 43 12, 44 9.
44:23.45 11, 48 22,
51'13, 51'15. 51 16.
51:17, 52 1.52 20
52 21, 55 19
medication¹¹(4J - 22 9
22.11.44 13, 44 14
medications¹¹•
22 10.44 22
medicine¹²¹- 34'24.
41.20
medicines¹¹- 41 19
meet ¹¹- 34 11. 34 20
meeting¹¹- 56 13
Meet¹¹ng1*11 11
meetings¹¹- 2 5,
3'16. 3 20. 7 3
meetst*¹¹33 6
member¹¹(1J - 15 2
members¹¹*1- 3. 1
mention¹¹- 40 25.
49.13, 4918
merits¹¹!- 1914
met1*¹¹3 1 5
method¹¹(J • 53.9.
53 25
miCt>J16- 20. 16 23
might¹¹1*1• 2 11. 11 8,
11 16 23-22. 35 20.
36 15. 36'16, 37 21.
39'19. 43'16, 43 20
mind ¹¹r*¹¹30 18
mine¹¹PI- 22 20
minimum¹¹• 30 13
minO¹¹!1J - 13 3
minutep)- 16 20
minutes¹¹r*J3 13
missing¹¹!S134 19.
35 17. 49 3. 49 16.
51 9
modify¹¹131 - 21 22.
21 23. 21. 24
moment¹¹- 6 S
money ¹¹S!• 8.7, 111
14 18, 14-22, 14 24
month¹¹(4)22 9.
23 10 45 2. 45 4
months¹¹ 21 25

29 15 40 8, 54 17
MorriS¹¹•1-28 2
Most ¹¹p; - 109
most¹¹1117 1. 10 22.
25 25, 26 22 33 13.
34 9, 37:24. 39 3.
39 24. 45 22
motion¹¹111 - 5 6
move (1J30-20
movie¹¹PI- 14 15
moving¹¹1*142.1
MR ¹¹7:13 24 5 10.
6 2. 6 6. 7 8. 6 23.
8 25 9 9. 10.8.
11. 17. 12 3, 12 10,
12 19, 13 2. 13'10.
14'10. 14 21, 14 23.
16'22. 19 23 20 12.
21 2. 21:6. 21 11
24 2. 24:12. 24'18,
24 22. 25:1, 254.
25 6 2512, 25 16,
26 13, 26 16, 21'4.
27 10, 27.14, 27 21.
30 3. 31'12. 31'17.
35 4 37 2, 37 6
38 1, 36 6. 39 11,
40 13, 40.17. 41'16.
43 17, 46 6. 46 13.
46 17, 46 21, 47 1
47 7, 47.12, 47.16.
47 24 48 6, 48 10,
48 14, 48 20. 49 22,
50 4, 50-9. 50 14.
52 4, 52:14, 55'18
MRI¹¹- 9:23, 27 8.
28 22. 396, 40 4
40 7
MRI'S¹¹J123-6
MS[4AJ-18-4, 27 25.
285. 28.112819.
29 1, 29'11, 36 4,
36 23 37:6, 38 11.
38 19. 39 15, 40.15.
40. 24. 42'11, 42 20,
42'24. 43 11. 43'15,
43 19, 45 9 51'10,
51 22. 51:25. 52 2
52 12. 52 16, 52 25,
53 5. 53:7. 53 13,
53 17. 53'19 53'22,
53 24. 54 3 54 5,
54 7, 54 9. 54 11.
54 15 54.25. 55 14
MTG¹¹PJ-18-10.
18 15. 18.18
multiple¹¹!1• 3 13
muscles¹¹(t-52-7
myoneu¹¹rall•- 18-19

N

name¹¹-s1- 24 1 25 7.
25 9. 28:4, 38 20
namely ¹¹130 12,
37.12
necessary*¹¹ - 14.4.
18 16, 19.16
neck¹¹! - 22 16. 39 22
need¹¹- 3 6, 3 9.
4'24. 5 14, 5 24, 6 6,
10 15 11 25 14:16,
30.20, 34.6, 40'4,
40 10. 43 8, 45 1,
46 4, 48-21, 49'10,
49'11. 49'20, 51'15.
52 10 53 9, 55 8.
568
needs (4J - 17 11.
31 6. 51 17, 56 7
negative¹¹-4 5
neuro¹¹s*1-7 17
neurosurgeon¹¹*1-
613
never¹¹ca - 20 6, 21 15
52 6, 52 7
neW¹¹1753 56.
719. 117.3615
55 23
nine ¹¹-18.10
non¹¹13125 24, 44 14
non-med¹¹=Jtion¹¹ -
44 14
non-responding¹¹-
25 24
non-response (11-
25 24
none¹¹- 52.9
normally ¹¹!• 49.9,
4916
notet¹¹ - 51:13,
5118, 52.1. 52'17.
52 20. 52.21
notes¹¹rut6 19, 11 8.
49 20 55:9. 56.6
nothings¹¹- 5 20.
30 11. 33 15, 33'17,
45'25. 55'22
notice¹¹(121 - 27 1
27 5. 27'18, 28.1.
28 2. 28 9. 28.12.
28 18, 30.6, 30'10,
30 11
noticed¹¹ - 38 21,
391
number¹¹(!) - 55 S
nurse¹¹i. ?¹¹:19.7 20

O

objects¹¹- 22 16
obligated¹¹1311 0 25,
11 2 11'13
observation¹¹PI• 7 7.
37.5. 38 12
observations¹¹-
3818
obtain¹¹*1- 6.12
obtaining¹¹131• 7.25.
16 3
obviously¹¹- 32- 23
occason¹¹-
32 20
occupational¹¹-
34 24
offered¹¹ - 7 21.
7 22. 43 23. 44:14
office¹¹(81 1 2. 2 17.
3.19. 9.2, 15'11,
15 12, 26 2, 54 4
officer¹¹*1 57 3
offices¹¹1414 25.
15 9, 15 18 29'14
often¹¹- 5 16, 11 24
17 8. 36 8, 36 14.
44 9, 45 22
old:9J- 15 25. 16 1.
18 11. 19 10, 19'21'
21 13, 23 5 55-21
oncet = 45 13
one (Z11 - 4 20. 5 1.
7 4 7 21. 10.16,
14 25. 15 1. 19.5,
24 14, 26 11' 26'20.
29'15. 33 9. 35 17.
409. 49:15, 51'11.
53 9. 53.14. 54'10,
5412
one-page¹¹ttl- 53.14
ones ¹¹- 17 24, 22 20
open ¹¹ft-3 5
opening¹¹121- 4 1. 16 4
opinion¹¹PI- 4 5 34 2
opinions¹¹fl• 33.21
opportunity (71- 3 12.
5:16, 8:19, 17 6.
30 21, 48 11. 46.13
opposed (1)27 19
Order¹¹js = 23 9 23 16.
23 22. 32 4, 34 14
ordered (t1- 33 3
ordering¹¹ - 18
oriented¹¹(1J- 7. 15
orthods*¹¹J - 7-17
orthopedic¹¹J - 37
otherwise¹¹- 34.3,
57. 11

ought tsI - 4 5. 9 7.
2219, 30.11
out's I11 • 30 15
outcome (1J57.11
outline [3J- 35 6,
359, 3513
outlined111 - 6 20
outset (1J39 2
outside (6;- 29 4
311, 3315, 34.4.
37 18. 38 24
overlooked111 - 29 25
overturn[.!! - 33 2.
35 25
OWCAP[- 2 3. 216

P

page I6I - 14 1 41 12.
53 14, 53 16, 54 20
pages PI- 56 8. 57.5
paid PI- 9.21. 16 2
pain PI- 44 13. 44 14,
44 21
paperwork I31- 20-5,
20 18, 20:23
paralegal111 - 18 6
part [t-J 2 13, 1'118
29.7, 29 10. 29 19.
41 25
particular(?)- 17 12.
37 16
parties [•J- 57 10
party (II- 17 23
passed111 - 26 8
patently f1116 18
patient t5I - 37 13.
37 16, 44 14. 51 19
53 16
patients tII- 318
pay p3J - 91792t.
12 21' 13 4 13 7
13 25. 14 14 14 17
22 22. 23 10. 32 4
paying 11: • 12 20
payment t•J • 11 1
payorI- 9 14
17 23. 18 23. 26 21.
28 8. 28 9
pays I•i - 811
people J;IJ 51, 7 1.
7 11, 7 23 8 2. 8 9
811, 813819.
12 14. 13 3, 22 3,
23 6. 29-24 30 12
33 20 35 7, 40 11
4412 4421. 454,
48 4, 48 5. 51 15,
53 a

people's t:1 - 38 25.
40:1
perm- 19:25 45:16
percentII • 16.10.
19:4. 19:5. 37:10.
37:21, 43:18
perfectly (•I- 47 16
perform tiJ - 49 9
period [31- 7:1. 26 25.
4823
person [I0J5:4. 7 19,
24'14. 31:2, 31.4.
3918, 39:25. 47 21.
48 3
personal(1.57.7
persons t2t2 4, 11 4
phases111- 42-1
physical(14 2:18
physicalst • 6.14,
6' 17, 9 3. 42 12
43 4. 44 8. 44 20
45'2, 45 5
physician t6I • 9.15.
18 22. 19:22. 298,
37 16, 38:13
physician's 1-
19'12. 49'24
physicianS I4I - 7:15.
7 16. 15:4, 49 5
PIAS psJ • 7:8, 8.25.
10 8 11:17, 12:3,
12'10, 12 19. 13 2.
16 22. 30 3 31 12
38 1. 46 6, 46 13
46 17. 47-1. 47 7
47 12 47 18. 47 24,
48 6. 48 10. 50 9,
50 14
PiaSj6J - 7 9 10 12.
46 23. 46 25, 50 7
Picard I'JJ • 2 17
221 177, 179,
17 11 19 5, 26 23.
32 17 34 22 41'14.
48 17, 48 21, 54 24
PICARDP II - 32 21
34 23. 35 15, 36 7,
43 3 43 13. 43 21,
45 21. 46 8. 48. 18.
491, 50 1. 50 17,
55 2, 56 1
piecemealI - 18 12
18 13
pivotal•- 35 18
place t•I • 31 25
placed111- 6 9
places (•J 22 23
ptaintiff's - I - 10 21
plaintiffstI - 11 24
Plastic !11 - 15 13

play t II - 14 6. 30 16
pleadings111 - 20 18
pocket 111- 13 5
point fII - 11 6. 44 7,
49.18
political111- 8 16
position11112 13
possibilities(1J - 36 2
possibility 111- 46 11
possible (I)- 35 3
possibly 121- 37.23.
40. 19
pot jIJ - 5 16
power(IJ - 16'14
practicem- 8 4, 13 6
practicing(1I - 8.7
prefer 111 - 53 25
prematurity 111 •
18 14
prepared111- 15.19
prescribed121 - 10 6.
29 5
present t•J - 4 9,
30 22
presented(114 9
Presiding(111 13
pressure111- 41 18
pretty (tJ • 10 9.
10:10. 18 9
preVIOUS (!)- 54 19
primet • I 23 21
privateI' • • 15 8
problem tII - 5 13,
6:13 9 7, 10:20.
14.11, 14.12 1414
15 17. 29 4, 29 19
3018 4425. 487
problemspeJ • 2 5.
2 7, 21 1. 3-4, 3 16,
3 21' 7 5, 7 14. 17 3.
17.14, 1717. 17 24
26 20. 31'14, 32 17.
33 9. 41 1
procedure18118 23.
33.2 34 8 34 12.
35 22, 46 3 46 14.
50'19
Procedures (11 -
3214
procedures III •
3615, 498 4910
proceedings(II- 57 6
Proceedings1112 1
process1111 • 6 11,
8 18 15 9, 25 17,
25 20 25 22. 26 21.
30:19, 31 5 32 10.
32 24, 35 3 39 7.
3918. 42'1, 43 7
48 25

professional111 -
11 11
programs111- 55 20
proof pJ - 6-22
prove iJ1 - 9:19, 28 1,
37 1
provedII 316 17.
22 7, 22:8
provide[7I • 11 13,
12 25. 13'23, 14-2,
14 13, 32.3. 36:10
provider [18I 13:12.
1413. 17:7, 17.10.
17. 22 26.1, 26.8.
2813 28:21, 33: 12,
45 12 46.3. 49:19,
49 21' 53:3, 55 4,
56 4
providers[8I • 6 8.
6 10. 11:23, 33 21.
34 9. 46:11, 49 6,
55 19
provides12115 17.
4415
providing(4J - 11:1.
15 14. 50:21. 51.2
publiC ttJ24 10
purpose 121- 2 4, 3 6
put t'! - 2:22. 3:22.
8-7, 8 16, 8:19, 31 6,
31 25
puts t•I 14-5
puttinQIIJ - 51-7

Q

qualify1•I - 36 19
questions(4;- 11 10
11 12. 38:17. 56 12
quicker •!! - 19 9
19 18
quickly PI - 612, 35 3

R

R.M.RpJ - 1 20 57 17
R.P.Rt•I- 57 17
raise t•I • 40 11
ratem- 16-11. 1612
ratherp[- 10 1
33 24 36 16
rays p[- 23 6
reaches (IJ - 39 5
ready p;- 22 11,
2315
realt"II - 30 24, 31'18
realistic PI • 11 18.
11 20, 3016

reality 111 - 29 25
realizing111 • 26 7
really I6I - 6. 3, 6 7,
36 24. 37.11, 41'3.
4425
rear111-1211
rear-end11112 11
reason18I • 9.21,
10 11, 35:6. 359.
43-9. 43'23. 44 1
reasonable [6I •
12'15, 12.20. 19 15,
34:3, 34.18. 36 20
reasons111119 6
receive PI • 4 5.
28 18, 35-10
receivedPI • 27 18.
28 2, 53 11
receives121 - 28 12.
32.19
recognize131 3 2.
3613. 47 23
recognized11147 10
recoinnedtII -
54.19
recommendations111
• 4 25
recommended[5I -
17 21. 19:15, 19:18.
19.22. 29 8
recommending(31-
616. 915 4515
reconsideration13;-
16 6 16 9. 16 10
reconsiderationsI -
5 2
record111) - 4 2. 4 6,
4 12, 15 21, 48 9.
49 13. 51 7. 51 16,
5117 53.10. 5417
recording[IJ - 10 17
records! .s:- 4 4.
621. 81, 851020.
11'3, 11:15, 11 24,
112513'13, 1325,
14 13 14 17. 15 14,
163, 31 3. 32 3,
32 5, 41.2. 51 13.
51 I 5, 53 3. 56 6
recoursepJ • 37.20.
43 6, 50.22
rectify 121- 7 5. 44 1
referralPI- 16 16
reflexes 111 - 52 7
refusing(11 - 14 13
regard(Ji - 6 10.
32 18, 35 18
regardlessI'I - 35 22
regularly 111 • 7'23
reject1•I - 51-20

related11 • 57 10
 relativep, • 11 3
 release11 - 11 2.
 13 13
 relief111 • 33 1
 reminds11 - 16 7
 removedPI- 38 4
 rendered121- 26 24
 32 19
 repeatedPI • 6 25
 repercussions11 - •
 6 1
 repetitively 111- 14 9
 report111- 45 17
 reported111- 57 6
 reporterr- 3 8, 57 2
 represent(4J3 10,
 3 25, 7 9, 25 11
 representative(41 •
 11 5, 32 25, 33 13,
 46 10
 representative'sp; -
 34 6
 representativesJ11 -
 33 7
 - 7 22
 request111 • 1.
 17 12, 266, 269,
 33 11, 36 9, 36 13
 45 16, 50 18, 50 22,
 55 22
 requested(4, - 11 2
 34 9, 36 16 407
 requests131 • 18 1,
 194, 366
 require131 - 35 16
 55 8, 55 10
 raquired11 - 34 1.
 35 25, 45 11, 46 1
 requirements: 131 •
 11 7, 36.5 36 22
 55 24, 56 3
 requires11 • 34 12,
 396
 requiring11 - 8 10
 resolved111 - 9 8
 respect111 13 18
 respond151 - 4 14,
 17 6 22 19, 26 22
 33 11
 respondedPI - 25 23
 26 6, 26 11
 respondingp, •
 25 24
 response131 - 10 19
 25'24, 32 16
 restraints111 - 4 10
 resubmit111 - 26 9
 result111 - 55 11
 retired11, - 52 6
 retirement, •, - 21 17
 reviewr c1 - 55. 9 14,
 9 24 10 6, 39 23
 51 17, 52 6, 52 11,
 52 21, 54 17, 54 18
 54 21
 revlewingp]- 51 11
 Rich's111 - 43 18
 Richard111 - 20 14
 ridiculousPI - 39 1
 40 9 45 6
 rigamarole111 • 37 15
 riskpJ • 44 16
 roadp, • 4 23
 RobinPI28 6
 rockPI29, 18
 room(41- 3 11 • 46 3,
 46 4, 46 5
 Rougep] • 32 13
 routinely 111 - 50 2
 Rubino121- 15 7,
 30 25
 ruinedJ1 • 29 21
 RulePI • 32 11
 rulepJ • 12 5, 31 19,
 32 2
 ruledJ • J21 24
 rules 1213 7, 27 20
 ruling111 - 30 22
 runf4J- 8 6 13 6,
 14'12, 16 6
 RUNNING f3) - 1 20,
 57 2, 57 17

S

Santa 111 - 23 20
 satisfiedPI - 34 14
 saved11 - 21 16
 scatterings111 - 2 23
 schedulef11 - 14 2
 schoolpr - 7 19,
 8 18, 55 21
 ScottpJ - 7 9, 9 10,
 46 22
 screwedpr- 23'16
 Se j1) - 19 25 45 16
 second(2) - 3 7, 43 2
 Section('! 40 24
 section121 - 2 21,
 53 4
 Security 1.1 • 16 9,
 16 10
 see:G, - 2 8, 2 11,
 2 24, 3 20, 4 16, 8 5,
 21'17 31 8, 33 10
 33 19, 34 6, 34 12,
 37 21 43 4 44 24,
 49 20, 50 2, 54 16,
 55 8
 seeingp, - 52 18
 seek 111 - 9 14, 39 5
 seeking12, • 10 6
 45 12
 seemi4J • 8 17, 8 19,
 11 13 30 4
 sees 111- 32 17
 sellp, - 22 23
 sendp:- 9 24, 10 23
 49 14
 sending 111 • 46 23
 sends 111 • 17 7
 sensors1 - 9 23, 10 2,
 20 9, 20 24, 51 24
 separationp1 - 16 14
 September 121 - 1 14,
 57 13
 servantsPI - 24 10
 server11 • 20 7
 servedPI • 20 4,
 20 16
 servicesp; • 2 21,
 11:1, 11 11
 setr21 - 1 11 2, 57 5
 sets111 - 40 1
 settle 111 - 23 3
 several121 • 39 1,
 47 17
 shall111 - 11 2
 short121 • 7 1, 44 11
 shotr-r - 14, 17
 shots111 • 5 16
 shoulderp1 - 22 12
 show 171- 9 22, 14 22,
 14 24, 15 15, 16 24,
 35 20
 shut11 16 1
 sldetSJ- 7- 11, 7 12,
 30 22, 33'17, 44 16
 sides111- 32 23
 sign 111 - 20 23
 signature('! - 57 12
 silent121 - 3 22, 11 15
 silly 111 - 39 3
 similarr1j - 50 23
 simple111- 4 18
 simply12;- 33 12,
 34 6
 singlePI - 45 1
 sitr-J- 40 5 53 15
 sittingPI- 3 2, 7 21,
 22 8
 situationsp1 - 7 17
 SiX (1) 29 15
 slowly 1'13 9
 SocialPJ - 16 9
 16 10
 sold111 • 22 22
 solutionf4J • 2 13,
 17 19, 44 14, 44 22
 solve(t(- 2 7, 3 16,
 3 20 17:13, 30:17,
 48 7
 someonePI - 39 25
 47 6
 sometimesFI-
 19 13, 19:21, 33 20,
 36 14, 51, 13, 52, 17,
 53 2
 somewhere 111 -
 24'14
 SOOnj1 - 21 16
 sophisticated111 •
 6 10
 sorryPI - 24- 7, 40:25
 sort::11 - 8 7, 30 9
 sound11J- 8 16
 spacer=J- 20 1
 speakingj3J • 47 5,
 47 6, 47:21
 specific 111- 3 14
 specifically 121 -
 36 10 45, 14
 specified12f • 55 4,
 55 13
 spend111 - 11:23
 spent(1J- 21, 16
 spill111 - 23 4
 spinal11 - 35 24
 split124 19, 58
 staff 101 • 2 3, 2 16,
 2 23, 3 1, 13 21,
 15 2, 31:2 35 9
 standard111- 15 16
 standingf1J • 4 1
 standpointrsr- 32 22,
 33:9, 33 19 34 5,
 34 6
 standsPI - 5 7
 start; er- 22 23, 27 9,
 27, 18, 28 21, 28 23,
 28 25, 29 9, 38'13
 started1 1- 41'19,
 48 25
 state12145 12, 45 14
 State17 • 1 4, 57 3
 statementPI - 47 22
 statements111 • 49 24
 states11 11 21,
 49 19, 53 2
 statistically111 - 18 7
 statute11: - 10 4
 10 23 31, 19, 31 20
 statutory111 • 32 10
 stay 111 - 33.5, 34 16
 still111 - 23- 17, 50 24,
 54 20
 stop111 • 26, 15
 straight111 • 26 9,
 38'7
 STREETPI - 1 21
 struggled111 - 30 25
 studies121 • 36 12,
 36 25
 studyp1 - 36 20
 stuff(10, 55, 15 7,
 23, 17, 31'13 38'24,
 39'24, 41 3, 42 1,
 42, 13, 42, 14
 stun111 • 3 22
 Stutesr, - - 38 21
 subjectr:1- 8 13,
 32 14
 submitBJ - 17 10,
 26 2, 36 18, 37 1,
 48 24, 51'12, 53 2
 53 8
 submitted11 • 2 22,
 188 288, 51 9,
 53 2, 54 1
 submittingraJ- 50, 18
 subpoenaed111 -
 13 14 representspr
 Subsection111- 11 5
 successful111 - 13 6
 suddenly 1 • 5 3
 sue111 • 20 21
 sued121- 20 19, 20 21
 suffers121 • 15 22,
 15 24
 suggested1148 21
 suggesting131 -
 11 20, 11 21, 12 23
 suggestion131 •
 10 11 17, 5, 38 4
 suggestions111 - 7 2
 suicidef1129 22
 suit13116 2, 23 20,
 26, 15
 supervision11 - 57 7
 support111 - 32 5,
 36 13
 supporting111 • 45 25
 supposed111 • 9 20,
 13:23, 16, 13, 18 21'
 22, 4
 Supremes111 - 4 21
 surgeon111 - 6 20
 surgeon's1116 21
 Surgery111 - 15 13
 surgery151 - 6 16, 9-4,
 22, 15, 42 13, 42 15
 surgical111 - 34 12
 switch111- 55 20
 sympathy111- 29 24
 symptoms131- 54 17,
 54, 19, 54 21
 systElm1211 • 5 21,

813. 15.5. 15 25,
16 1, 16 13, 16 16,
17 15, 18 14, 18 20.
19 1, 19:10, 19 21
20 3, 20 6, 24 11.
47 16, 52 6 52 21.
55.20, 55 25
systems¹³¹ -
51.17,
55 23. 55 24

T

T.P.A¹¹¹ - 26 21
table PI - 16.23
tacit¹⁸¹ • 25 21 26 7,
26 20. 27 20. 28 17,
30 4. 30:8. 33 10
talks¹⁴¹ • 22 18
task ¹¹ - 6 18
teeth [tj] - 12 7
telephones^[] 322
tenpJ-1810
temp¹ • 44 13
t timony¹³¹¹⁶ 3.
57 4, 57 6
theirs¹¹¹ - 13 5
themselves¹³¹ •
13 23. 15¹³, 49 9
themselves)PI -
10.13
therapy [2516-14.
6 17 6 19, 9 4, 33 3.
34 8. 34 13, 35 12
35 20. 42 12, 42 18
43 4, 43 8, 44 8
44 10, 44 20 45 2
45 5, 49:12. 49 19.
49 20. 55 8. 55 9
therefore¹²¹ • 15 16
33 11
they'vet[•] - 2124
thick¹¹¹ 40 6
third¹³¹ • 17 23
34 15, 43.22
Thomas¹³¹ - 3 25.
7.9, 14 11
thousand PI • 8 8.
37.10
three ¹¹¹ • 3.13 23.14,
23 15. 35 23. 40 7
54 17, 54 20
three-level¹¹¹ - 35
23 threshold¹²¹ •
39.5
40 11
TIMPI - 1.20. 57 2.
57 17
Tim:ZJ10 16. 47 2 .
timeline¹⁵¹ • 8 17
95, 22 19 307.

4410
timelines¹¹¹ - 31
22 timely 111.26 22
Tina PI - 45 10
tired¹ • 22.10. 23 19
Title¹¹¹ • 10 24
today [SJ.3 10.3 16.
17 14, 24.9 38 25
together¹¹¹ - 2 22.
8.16. 8 20. 51:7
tom¹³¹ - 1¹. 20. 30 2.
31.16
Tom ¹¹ • 8 4. 9-10.
12 9. 18 20, 24 25
32. 16
took 111 21 25
top²¹ • 18 13. 22 10
total¹¹¹. 38 23
TOUCHET (21) •
27.25. 28 5. 28 11
28 19, 29. 1. 29 11,
42. 11, 42 20 42 24
43. ² 43 1s. 43 19:
51:22, 52 2. 52¹ 12.
53 5. 53 13. 53 19
53 24, 54:5, 54 9 '
Touchet¹¹ - 28:6
toward PI - 2. 19,
2² 24, 7 16
Town(1J-1. 11
town¹³¹³ 16. 7.3.
56 13
TOWNSLEY [221] •
3 24, 5 10. 6 2. 6 6
8 23, 14 10, 14²³.
19 23 20, 12, 21 2.
21 6. 34 21. 35 4,
43¹⁷. 46²¹, 48 14,
48 20. 49 22, 50 4.
52 4. 52 14. 55 18
townsley {¹¹ - 46
22
Townsville⁴¹ . 3 25.
14¹¹, 25 13, 46 20
trained¹¹ - 10.9
transcribed(1J2:1
transcript¹²¹ . 57 4,
57 6
transcripts PI -
3 20 treating¹³¹ •
9-15.
16.22. 19.12, 37.15,
36 13 49 24
treatment ¹¹ . 2 6.
2 12. 3-4. 3¹⁸. 4 8
52. 7 6. 11:7. 15 22
15 25, 16 25. 17 2 .
17:12, 17 17. 17 20.
17:21. 18 1. 18 2.
18 8. 19 6. 19-7
19 9. 19 15, 19:16,
19 18. 19 22. 19 25.

26.1. 28 10, 29 8,
29:19, 32 9 32 11,
35 5. 36 6. 37 1.
38 5, 38 23, 38 25,
39 4. 39 12. 39 21
40¹, 40¹⁴. 44 9
44 11' 44 20. 44 23
51•19, 52 11 52 20,
54 19
trenches¹¹¹ • 2 8
trial³¹ 56, 16 2.
19:14
tried(4: - 6 14. 6 15,
35 12. 55 10
true ¹²¹ - 13.12, 57 7
truth PI 37 10 49 25
try ¹¹)i) 6 12, 6 18. 7 5.
13 17. 13 22, 14 14
35 12
trying¹¹¹ 9-3. 9 4.
10¹, 14 16 14 18.
14¹⁹, 16 6. 24. 10,
26-8. 316. 35 1,
35 2. 41 23
turn¹¹¹ • 26 19
turned(•! - 16 25
tweak PI • 2 11
two(111) - 6 6,
9 11,
15 1. 21.25, 32²³.
35 17 36 1. 36 2.
40-6, 46 18. 54 17
type ¹¹ - 5 1, 12 24.
394
typed![•] - 53 21
typically ¹¹)i) • 49 5.
49 18. 49 24

U

U. R(4) - 17 22, 26 21
42 19, 42 23
ultimately ¹¹¹ • 8 15
15 23. 39 19
uncommon¹¹¹ • 43 5
undeq[•] 11 - 10 24,
13-15. 14 1, 18 16
19 10, 27 3, 27 24.
31 19, 53 3, 57 6
underway ¹¹ • 2 1
unfair^m 410, 16-18
unfortunately¹¹¹ •
35.7
unle^{SS41} - 9 21.
33.14. 34 4. 34 11
unload[•] 11 - 24 14
up¹³¹ • 3 5, 8 8. 10 5.
12 23, 16 1. 16 14.
19 1. 21 16. 22 21,
23 18 29 16, 29 17

43 25
updated¹¹¹ 36 14
utilization¹¹¹ • 39 23

V
valid PI - 5:13
variance¹¹¹ • 36:11.
37 1. 36:7. 44:16.
44 19. 45¹¹. 45 12 -
45:15 45:16
variances^{r-1} • 37 22,
364
variation^m - 36:5.
46 1
vary ¹¹ • 36-6. 37 11
vast ¹⁴¹ 17:19. 17
20.
19 8 19:19
verbal⁴¹ • 28.1. 28.9.
28¹². 30:10
versus¹¹¹ -
31:19 via¹¹ -
53:6 vibrate PI -
3 22 victim¹¹¹ -
2 1:12
visit¹²¹ • 51:18, 53 20
visited¹¹¹ 4:17
visitst • 45:6
voice¹¹¹ 5:25
voluntarily¹¹¹ 13 23

W

wage¹¹¹ - 30 13
wa it ; - 9-19 19 13,
19 21. 23 11, 26 10.
39 20. 45 1 45 2.
47 10
waits¹¹¹ 45 4
Walt[•] J • 20.2
Wal-Mart ¹¹¹ • 20 2
walking¹²¹² 19,
2 24
walks¹¹¹ - 9.2
wants¹ - 9-22 13 24
waste¹¹¹ 30 10
watching¹¹¹ - 31 4
wealthy¹¹¹ - 7 24
weeks[•] 11 - 44 17
Weldon¹²¹ • 24 3.
24-5
WELDONt6J2 1:11,
24 2. 24.12. 24 18.
24 22. 41:16
whatsoever^m - 10
2
20 9
whereof¹ • 15 7 12
whole¹¹¹ • 9:16. 11
9
16 20, 19-1. 46 14,

48 25
willing¹¹ - 15 19
WILSON PI 45 9
Wilson¹¹¹ - 45 10
win¹ • 37:14
witness[•] 11 57. 12
W00(1) - 162
word¹¹⁶ 16 45 17.
49-20
wordst[•] J 331
worker^{14J} 7 21,
19¹⁷. 30 9, 34¹⁰
workers¹³¹¹⁹ 8.
34:25. 35:3
workers^{114J2} - 20.
9:16. 10.25. 13 7.
13 13. 13 16, 21:12.
22 5. 30 15, 35 8,
36 25. 41 9. 41:10.
49 6
Workers¹¹¹¹ : 2
works¹⁴¹ - 12 24
13- 15. 36 25,
4- 11 worth[•] 11 - 9-11
write¹¹¹ J • 4-4, 11:9,
12 12
writes¹¹¹ • 56 4
writing¹²¹ 28 14,
28:16
written^{14J} • 27 1,
27:20. 29 6. 35. 10

X

X-rays [•] 11 - 23 6

y

year ¹⁵¹ - 9.12. 10.5.
1913. 19 21. 43 14
years ¹¹¹ - 7 13.
10 21. 12.4. 18 6
21¹³. 22 13 22.25.
29 20. 29 21
yourself ¹¹¹ - 3
10

Z

Zimmerman[•] J - 18 5