

APP. A

United States Court of Appeals  
For the Eighth Circuit

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No. 19-2348

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Vincent A. Argentino

*Plaintiff - Appellant*

v.

Corizon Medical Services

*Defendant*

Ruanne Stamps, Dr.; Narendrasinh Khengar, Dr.; Rex Hardman, Dr.

*Defendants - Appellees*

Reuben Thacker, Dr.

*Defendant*

Glen Babbich, Dr.

*Defendant - Appellee*

Dr. Thomas Kevin Bredeman, Regional Medical Director

*Defendant*

Amanda Verdot, Nurse; Samantha Lucas, Nurse; Hanna Wingate, Nurse; Matthew  
W. Pittman, Nurse

*Defendants - Appellees*

district court orders denying Argentino's various motions. The judgment is affirmed, see 8th Cir. R. 47B; and appellant's motions for oral argument, and the parties' motions for supplemental briefing, are denied.

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UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

**Defendants.**

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Case No. 17-4164-CV-C-NKL-P

Plaintiff is a convicted state prisoner. He filed this case *pro se*, seeking relief pursuant to 42 U.S.C. § 1983 for claimed violations of his rights under federal law. Most of Plaintiff's claims arose during his incarceration at the Jefferson City Correctional Center (JCCC). Doc. 31-1 (third amended complaint involving claims that arose at JCCC); *but see* Doc. 68-1 (supplemental complaint involving claims that arose at another prison). (This Order involves only the claims that arose while Plaintiff was incarcerated at JCCC, where Plaintiff alleges that Defendants were deliberately indifferent to his serious medical needs related to back pain. Plaintiff seeks monetary and other relief.

Pending before the Court is a motion for summary judgment filed by Defendant Corizon<sup>1</sup>

<sup>14</sup>“Corizon, LLC is a corporate entity that is contracted with the State of Missouri to provide medical care and treatment to offenders incarcerated within the Missouri Department of Corrections.” Doc. 131, p. 1, ¶ 2 (Defendants’ Statement of Uncontroverted Material Facts) (citation to the record omitted).

and the following Defendants who are Corizon agents: Drs. Babich, Bredeman, Hardman, Khengar, and Stamps; Nurse Practitioner (NP) Swartz; and Nurses Lucas, Pittman, Verdot, and Wingate. Doc. 129. The motion is fully briefed. The Court must grant the motion for summary judgment if there is no genuine issue as to any material fact and Defendants are entitled to judgment as a matter of law. Federal Rule of Civil Procedure 56(a). In applying this standard, the Court must “view the facts and the inferences to be drawn from them in the light most favorable to [Plaintiff].” *Dulany v. Carnahan*, 132 F.3d 1234, 1237 (8th Cir. 1997) (citation omitted).

#### *Plaintiff's Allegations*

Plaintiff claims that the following events occurred while he was incarcerated at JCCC:<sup>2</sup> On April 26, 2012, Plaintiff's right leg and foot “went dead” with “no feeling in his leg and foot.” Doc. 31-1, p. 10 (third amended complaint). Plaintiff reported this, was assisted by non-Defendant medical practitioners (or medical practitioners who have been dismissed as Defendants), and was given a walker. *Id.* at 10-11. On April 27, 2012, Plaintiff fell while using the walker and was seen by **Dr. Hardman**. *Id.* at 11. **Dr. Hardman** ordered an x-ray (which revealed that “nothing was broken”), assigned Plaintiff to JCCC's Transitional Care Unit (TCU) for the weekend, and ordered that Plaintiff be given pain medicine. *Id.* While in TCU, Plaintiff asked Nurses Lucas, Pittman, Verdot, and Wingate for the pain medicine he thought had been ordered by **Dr. Hardman**, but was told that “it was not in the computer,” and that **Dr. Hardman** could not be reached. *Id.* at 11-12. Over the weekend, Plaintiff regained feeling in his leg and foot. *Id.* at 12.

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<sup>2</sup>Because the summary of Plaintiff's allegations contains both Defendant and non-Defendant medical practitioners, for clarity, the names of the Defendant medical practitioners are in bold type.

On May 1, 2012, Plaintiff was seen by **Dr. Hardman**. *Id.* at 12. Plaintiff complained to **Dr. Hardman** of being in “extreme pain” and requested a wheelchair instead of a walker, which **Dr. Hardman** denied. *Id.* On May 2, 2012, Plaintiff was informed by a nurse that his pain medicine had been discontinued. *Id.* During a follow-up visit on May 21, 2012, Plaintiff asked **Dr. Hardman** why the pain medicine had been discontinued. *Id.* **Dr. Hardman** showed Plaintiff on the computer where he had ordered the pain medicine, and **Dr. Hardman** informed Plaintiff that he would receive an MRI. *Id.* Based on the results of the MRI, in June, 2012, **Dr. Hardman** referred Plaintiff to Dr. Rodgers, a surgeon, who administered three cortisone injections. *Id.* at 13. In July, 2012, **Dr. Hardman** ordered that Plaintiff be issued a wheelchair. *Id.*

On November 11, 2012, Plaintiff “called a medical emergency due to extreme pain in his lower right back, right leg, and foot.” *Id.* at 13-14. The “on-call doctor” ordered an injection of Toradol, but denied Plaintiff’s request for a wheelchair. *Id.* at 14. On November 14, 2012, **Dr. Hardman** ordered that Plaintiff again receive a wheelchair. *Id.*

On February 15, 2013, Dr. Rodgers performed back surgery on Plaintiff. *Id.* at 15. In July, 2013, Plaintiff discontinued use of a wheelchair and began physical therapy. *Id.*

From November 2013, to November 2015, Plaintiff “would get extreme pain attacks mostly from his lower back [and] [s]ometimes] **Dr. Khengar** and **NP Swartz** would give [Plaintiff] a 60 milligram shot of Toradol and that would help.” *Id.* at 15. At some point, **Dr. Khengar** and **NP Swartz** stopped giving Plaintiff Toradol, so he would request and receive it from the “on-call doctor” at night. *Id.*

On July 30, 2014, **Dr. Babich** “took Plaintiff off of his pain medication (Gabapentin and

Tramadol) . . . and started him on psychotropic meds.” *Id.* at 15-16.

Based on Plaintiff’s complaints of pain, **NP Swartz** arranged for Plaintiff to be seen by Dr. “Thorkild Vad Norregaard M.D. out of MU hospital,” who examined Plaintiff in October, 2014, and May, 2015, and recommended that Plaintiff receive a cortisone injection and Gabapentin and Tramadol for pain. *Id.* at 16. **Dr. Khengar** agreed to give Plaintiff Tramadol, but not Gabapentin. *Id.*

In October or November, 2015, Plaintiff “self-declared a medical emergency for pain” and was seen by a nurse. *Id.* at 16. On December 25, 2015, Plaintiff again “self-declared for extreme pain in his right hip and the front of his right leg, knee, shin, and his foot.” *Id.* at 17. Plaintiff was seen by **Nurse Verdot**, who “put [Plaintiff] in for an urgent visit [to] see **NP Swartz**[.]” *Id.* (underscore in original). (On December 26, 2015, Plaintiff was seen by **NP Swartz**, who gave Plaintiff “an anti-inflammatory medication that didn’t work and muscle relaxer that didn’t help,” and denied Plaintiff’s requests for wipes and TCU socks. *Id.*

(In January, 2016, **Dr. Stamps** denied **NP Swartz**’ request that Plaintiff receive Tramadol. *Id.* at 18. In March, 2016, Plaintiff “was given TCU socks and a decent wheelchair.” *Id.* Plaintiff finally claims that, for the remainder of 2016 and into 2017, Nurse Kempker denied him adequate medical care, **Dr. Bredeman** denied Plaintiff Tramadol, Gabapentin, and Lyrica, which had been recommended by another physician, and **Dr. Khengar** ordered that Plaintiff’s Tradadol be crushed (although Plaintiff claims that the crushed medicine is not as effective) because some patients hoard the drug. *Id.* at 18-21.

### *The Law*

Deliberate indifference to the serious medical needs of a convicted prisoner violates the

Eighth Amendment to the United States Constitution. *Estelle v. Gamble*, 429 U.S. 97, 104 (1976).

However, “a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment.” *Id.* at 106. Rather, the “prisoner must show more than negligence, more even than gross negligence, and mere disagreement with treatment decisions does not rise to the level of a constitutional violation.” *Estate of Rosenberg v. Crandell*, 56 F.3d 35, 37 (8<sup>th</sup> Cir. 1995).

#### *Discussion*

In support of their motion for summary judgment, Defendants have filed as evidence Plaintiff’s extensive medical record. Doc. 131-1. Defendants also have filed the affidavit of Grady J. Bazzel, M.D., a physician who is not a Defendant in this case. Dr. Bazzel states, in part:

I reviewed Plaintiff’s medical records from January 2012 to January 2018 and Plaintiff’s Third Amended Complaint to form my expert opinions regarding this case. Plaintiff received the treatment that most all patients presenting with complaints of acute back pain should receive. It was appropriate in the Plaintiff’s case to order conservative management with rest, exercises, and anti-inflammatory agents for approximately six weeks. The Defendants appropriately ordered an MRI of the Plaintiff’s back after six weeks, which did not reveal any findings indicating an immediate need for surgical intervention. Plaintiff appropriately received a series of epidural steroid injections (ESIs) after the MRI. Defendants acted appropriately in referring the Plaintiff for surgery after ESIs did not relieve his symptoms. While surgery did not completely alleviate the Plaintiff’s pain, this is often the case with patients experiencing chronic back pain. The Defendants provided Plaintiff with ongoing analgesics and pain modulators on a near-continuous basis both before and after surgery, including medications such as Neurontin, Toradol, Baclofen, Ultram, and Pamelor. Plaintiff’s compliance with his medications was less than ideal, and non-compliance may have negatively impacted the effectiveness of his medications. The use of opiate medications such as Ultram/Tramadol is typically no longer recommended because the chronic use of such medication has been shown to worsen pain over time instead of alleviating it. The cessation of opiate medication at some point after maximal medical and surgical intervention has been

reached is not only appropriate, but necessary to truly assess the patient's pain functionality. Based on my medical training, education, and experience, it is my expert opinion that the Plaintiff received the same level of care that he would have received outside of the correctional setting, and that no aspect of his incarceration seemed to impede the course of his treatment. [My expert opinion is that there is no element of deliberate indifference in the Defendants' care of Plaintiff Vincent Argentiño. It is my expert medical opinion that the Defendants in this case met all applicable standards of care within the correctional setting.

Doc. 131-12, pp. 2-3 (enumeration of sentences omitted). Plaintiff accurately notes that Dr. Bazzel does not claim to be a neurologist. Doc. 155, p. 20.

[In order to defeat Defendants' motion for summary judgment, Plaintiff must present "verifying medical evidence [which shows that Defendants] ignored an acute or escalating situation or that [Defendants' actions] adversely affected the prognosis . . . ." *Dulany*, 132 F.3d at 1243 (citations and quotation marks omitted). In opposition to Defendants' motion for summary judgment, Plaintiff has filed 1378 pages of exhibits, Docs. 155-1 to -4, which include Plaintiff's medical and grievance records, Plaintiff's affidavit (Doc. 155-1, pp. 193-97), the affidavits of other prisoners (*id.* at 179-80, 188-89, 224), and the transcript of Plaintiff's deposition testimony (*id.* at 2-30). However, the Court finds that none of this evidence amounts to "verifying medical evidence" as required by *Dulany*. As explained previously, Plaintiff cannot prevail in this case based on claims of negligence or malpractice. Based on the allegations set out by Plaintiff in his third amended complaint and the evidence presented, the Court discerns no constitutional violation based on the treatment Plaintiff received from Defendants Corizon, Babich, Bredeman, Hardman, Khengar, Stamps, Swartz, Lucas, Pittman, Verdote, and Wingate. Said Defendants are entitled to judgment as a matter of law.

#### *Conclusion*



For the reasons explained above, Defendants' motion for summary judgment (Doc. 129) is granted, and Defendants Corizon, Babich, Bredeman, Hardman, Khengar, Stamps, Swartz, Lucas, Pittman, Verdot, and Wingate are dismissed as parties in this case.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,

Dated: March 5, 2019.

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

VINCENT A. ARGENTINO,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. 17-4164-CV-C-NKL-P
	)	
CORIZON MEDICAL SERVICES, et al.,	)	
	)	
Defendants.	)	

**ORDER**

On March 5, 2019, the Court granted summary judgment to all Defendants except for Defendant Dr. Chada. Doc. 175. Defendant Chada's motion for summary judgment, Doc. 160, is pending, with his reply suggestions regarding the motion due on March 20, 2019.

Pending before the Court is Plaintiff's "Motion for Reconsideration" of the Order granting summary judgment to all Defendants except for Defendant Chada. Doc. 177. Having reviewed the record, this motion is denied.

Also pending before the Court is Plaintiff's notice of appeal from the Order granting summary judgment to all Defendants except for Defendant Chada. Doc. 176. The Court will construe Plaintiff's notice of appeal as containing a request for leave to proceed *in forma pauperis* on appeal. This request is denied pursuant to 28 U.S.C. § 1983 ("appeal may not be taken in forma pauperis if the trial court certifies in writing that it is not taken in good faith"). The Clerk of the Court shall send this case to the Court of Appeals.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,  
Dated: March 13, 2019.

For the reasons explained above, Defendants' motion for summary judgment (Doc. 129) is granted, and Defendants Corizon, Babich, Bredeman, Hardman, Khengar, Stamps, Swartz, Lucas, Pittman, Verdot, and Wingate are dismissed as parties in this case.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,

Dated: March 5, 2019.

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**Subject:** FW: Activity in Case 2:17-cv-04164-NKL Argentino v. Corizon Medical Services et al  
Order on Motion to Strike

**From:** ecfMOW.notification@mow.uscourts.gov <ecfMOW.notification@mow.uscourts.gov>

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**U.S. District Court**

**Western District of Missouri**

**Notice of Electronic Filing**

The following transaction was entered on 10/12/2018 at 6:16 AM CDT and filed on 10/12/2018

**Case Name:** Argentino v. Corizon Medical Services et al

**Case Number:** 2:17-cv-04164-NKL

**Filer:**

**Document Number:** 145(No document attached)

**Docket Text:**

**ORDER denying [135] [136] Plaintiff's motions to strike and for reconsideration for the reasons set out in Defendants' opposing suggestions, and granting [141] Plaintiff's motion for an extension of time in which to file suggestions in opposition to Defendants' motion for summary judgment, to and including November 19, 2018. Signed on October 12, 2018, by District Judge Nanette K. Laughrey. This is a TEXT ONLY ENTRY. No document is attached. (McCoy, Mike)**

**2:17-cv-04164-NKL Notice has been electronically mailed to:**

J. Thaddeus Eckenrode [jte@eckenrode-law.com](mailto:jte@eckenrode-law.com), [erw@eckenrode-law.com](mailto:erw@eckenrode-law.com), [jec@eckenrode-law.com](mailto:jec@eckenrode-law.com),  
[jjv@eckenrode-law.com](mailto:jjv@eckenrode-law.com), [jlg@eckenrode-law.com](mailto:jlg@eckenrode-law.com), [jmm@eckenrode-law.com](mailto:jmm@eckenrode-law.com), [spc@eckenrode-law.com](mailto:spc@eckenrode-law.com)

Dwight Allan Vermette [dav@eckenrode-law.com](mailto:dav@eckenrode-law.com)

2:17-cv-04164-NKL It is the fil responsibility for noticing the follo , parties by other means:

Vincent A Argentino  
1122002  
South Central Correctional Center  
255 W Hwy 32  
Licking, MO 65542

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

**Defendants.**

Case No. 17-4164-CV-C-NKL-P

Case 2:17-cv-04164-NKL Document 191 Filed 06/17/19 Page 1 of 3

convicted Missouri prisoner exhausts administrative remedies by completing a three-step process: Filing an informal resolution request, followed by a grievance, followed by a grievance appeal. Doc. 161, p. 8 (suggestions in support of summary judgment) (citation to the record omitted). Plaintiff acknowledged that he was involved in the first step of the grievance process (informal resolution request) when he filed suit against Defendant Chada. Doc. 68-1, p. 11 (motion for leave to supplement complaint). Moreover, the record shows that Defendant Chada saw Plaintiff for the first time on April 10, 2018, and that Plaintiff added Chada as a Defendant on April 19, 2018. Doc. 161, p. 8 (suggestions in support of summary judgment) (citations to the record omitted). It is clear to the Court that Plaintiff could not have completed the three-step exhaustion process in nine days.

Plaintiff criticizes the grievance process, *see* Docs. 172 and 174 (suggestions in opposition to summary judgment), but courts may not ignore or excuse failures to exhaust available remedies, even if based on “special circumstances,” and even if “exhaustion would be unjust or inappropriate in a given case.” *Ross v. Blake*, \_\_\_ U.S. \_\_\_, 136 S. Ct. 1850, 1856, 1858 (2016) (citations omitted).

Based on the evidence presented, and for the reasons explained above, the Court finds that Defendant Chada is entitled to judgment as a matter of law. Given this disposition, the Court need not consider the parties’ remaining arguments.

Therefore, Defendant Chada’s motion for summary judgment (Doc. 160) is granted and this case is dismissed. The dismissal of Plaintiff’s claims against Defendant Chada is without prejudice. *See Porter v. Sturm*, 781 F.3d 448, 452-53 (8<sup>th</sup> Cir. 2015) (unexhausted claims must be dismissed without prejudice). Finally, Plaintiff is cautioned that federal law “makes prisoners

responsible for appellate filing fees of \$505.00] the moment the prisoner . . . files an appeal.”

*Henderson v. Norris*, 129 F.3d 481, 483 (8th Cir. 1997) (citation and quotation marks omitted).

The Clerk of the Court shall enter judgment accordingly.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,

Dated: June 17, 2019.



UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

VINCENT A. ARGENTINO,

Plaintiff,

vs.

CORIZON MEDICAL SERVICES, et al.,

Defendants.

Case No. 17-4164-CV-C-NKL-P

**ORDER**

Having reviewed the record, Plaintiff's motions to correct clerical errors (Docs. 125 and 126) are granted, Defendants' motion to file documents under seal (Doc. 128) is granted, and Plaintiff's motion for an extension of time in which to file suggestions in opposition to Defendants' motion for summary judgment (Doc. 132) is granted, to and including October 29, 2018. Plaintiff is advised that, in his suggestions in opposition to Defendants' motion for summary judgment, he must cite to evidence in the record (depositions, documents, affidavits or declarations made under oath, etc.) which shows that there is a genuine issue for trial.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,

Dated: September 6, 2018.

**Subject:** FW: Activity in Case 2:17-cv-04164-NKL Argentino v. Corizon Medical Services et al  
Order on Motion for Miscellaneous Relief

**From:** ecfMOW.notification@mow.uscourts.gov <ecfMOW.notification@mow.uscourts.gov>  
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**U.S. District Court**

**Western District of Missouri**

**Notice of Electronic Filing**

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**Case Name:** Argentino v. Corizon Medical Services et al

**Case Number:** 2:17-cv-04164-NKL

**Filer:**

**Document Number:** 70(No document attached)

**Docket Text:**

**ORDER** denying without prejudice [55] Plaintiff's motion for the appointment of a medical expert; denying [57] Plaintiff's motion for an investigation of his transfer to another prison (Plaintiff may seek to supplement his complaint with claims of retaliation); and denying as moot [60] Plaintiff's motion to compel the production of documents. Signed on April 20, 2018, by District Judge Nanette K. Laughrey. This is a TEXT ONLY ENTRY. No document is attached. (McCoy, Mike)

**2:17-cv-04164-NKL Notice has been electronically mailed to:**

J. Thaddeus Eckenrode [jte@eckenrode-law.com](mailto:jte@eckenrode-law.com), [jec@eckenrode-law.com](mailto:jec@eckenrode-law.com), [jlg@eckenrode-law.com](mailto:jlg@eckenrode-law.com),  
[kkp@eckenrode-law.com](mailto:kkp@eckenrode-law.com), [mky@eckenrode-law.com](mailto:mky@eckenrode-law.com), [pmm@eckenrode-law.com](mailto:pmm@eckenrode-law.com), [spc@eckenrode-law.com](mailto:spc@eckenrode-law.com)

Dwight Allan Vermette [dav@eckenrode-law.com](mailto:dav@eckenrode-law.com)

APP. H1

**Vitals:** BP 125/80, Pain Scale 5/10, Ht 5 ft 9 in, Wt 185, BMI 27.32.

**Examination:**

**Physical Examination:**

Back:

Spine: pain w back bending. Straight leg raise (SLR): approx 90 degrees.

Neurological:

Coordination: impaired. Gait: antalgic. Motor Strength: marked dec RIGHT gastroc. Reflexes: absent right ankle jerk.

**Assessment:**

**Assessment:**

1. Lumbar HNP - 722.10 (Primary)

ESIs have failed. Significant weakness. Would like to consider decompression.

**Plan:**

1. Lumbar HNP Continue Tramadol HCl ; Continue Gabapentin .

Diagnostic Imaging: Spine : X ray: Lumbar 4v films received and given to provider. Rodgers, W.B. 2/7/2013 4:54:43 PM > no significant instability

Plan: decompression/foraminotomy/discectomy L5/S1

DECOMPRESSION - I counseled the patient about the risk of bleeding (including the possible need for blood transfusion), infection, dural tears, and nerve damage (including complete total and permanent paralysis). I counseled the patient that motor power occasionally does not recover and that a certain percentage of people do not improve from the point of view of pain relief. Thus, no guarantees could be given for this surgery., DISK EXCISION -I explained the risk of the procedure including the risk of bleeding (including the possible need for blood transfusion), infection, dural tears, and nerve damage (including complete total and permanent paralysis). I also explained to the patient that a certain percentage of people do not improve after surgery and many people will require further surgery in the future.

**Immunizations:**

**Labs:**

Procedure Codes: 72110 X-RAY LUMBAR SPINE/OBLIQUES

**Preventive:**

Follow Up: prn

**Provider:** William Blake Rodgers, MD

**Patient:** Argentino, Vincent A. **DOB:** 01/08/1973 **Date:** 02/07/2013



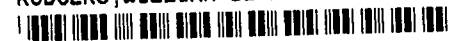
ST. MARYS HEALTH CTR

h ARGENTINO, VINCENT PAT

1304200187 SUR -

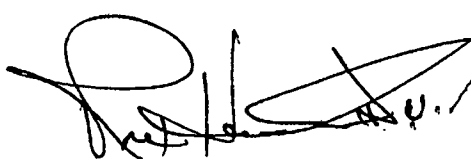
01/08/73 40Y M 02/11/13

RODGERS, WILLIAM BL A000315756



Electronically signed by W.B. Rodgers, MD on 02/08/2013 at 12:33 PM CST  
Sign off status: Pending

Patient examined, H & P reviewed and remains current and/or changes noted.



Signature

Date

Time

William Rodgers ARGENTINO, VINCENT SMJC Operative Procedure Report - eSigned

1

St. Mary's Health Center  
100 St Mary's Medical Plaza - Jefferson City MO 65101

## OPERATIVE PROCEDURE REPORT

PATIENT: ARGENTINO, VINCENT  
ACCOUNT #: 1304200187  
MR #: 000315756  
Attending: WILLIAM BLAKE RODGERS, MD  
Referring:

Date of Service: 02/16/2013

Rm/Bed: 223 01

Patient Type: I/F

Bday/Age: 01/08/1973 40

## SURGEON

William Blake Rodgers, MD

## ASSISTANT

Ed Gerber, PA

## PREOPERATIVE DIAGNOSIS

Disk herniation foraminal stenosis lumbar 5 sacral 1.

## POSTOPERATIVE DIAGNOSIS

Disk herniation foraminal stenosis lumbar 5 sacral 1.

## OPERATION PERFORMED

Foraminotomy, disk excision under microscopic assistance lumbar 5 sacral 1.

## INDICATIONS FOR PROCEDURE

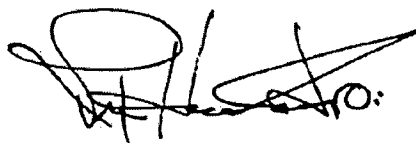
Patient is a 40-year-old gentleman who presented with severe back pain radiating down his right leg. He had some bulging of his thoracolumbar junction but he had a right sided foraminal disk herniation at L5-S1. He was very debilitated by his symptoms, had a full course of conservative care including epidural steroids without relief, and wished to consider surgical treatment options.

Prior to undertaking surgery, I counseled him about the risks, including the risk of bleeding, infection, damage to the neurologic visceral and vascular structures including the possibility of nerve injury and paralysis. Furthermore, we discussed the fact that pain relief was not guaranteed and that no guarantees could be given for any improvement at all. He understood all this, wished to proceed.

## DESCRIPTION OF OPERATION

He was given antibiotics, brought to the operating room, general anesthesia was administered. He was placed on the spine table. Care was taken to be certain all pressure points were well padded. Specifically, the position of the shoulders, elbows, hips, and knees was confirmed by the attending anesthesiologist and attending surgeon; the position of the head, neck and face by the

anesthesiologist. His back was prepped and draped in standard fashion. Under biplane and fluoroscopy level was confirmed, dissection carried down, level reconfirmed. Hemilaminotomy was performed. Neural elements were identified and



APP.H3

DOC ID: 01122002 VINCENT A ARGENTINO

03/10/2014 NONCONTACT DR ROGERS RECOMMENDATION

04/18/2014 41 Y/O WHO IS WELL KNOWN TO ME. HE WAS LAST SEEN IN THE BEGIN  
04/18/2014 NING OF 2013. AT THIS TIME HE HAD UNDERGONE EPIDURAL STEROID  
04/18/2014 INJECTIONS FOR DISK HERNIATION, WHICH WERE NOT EFFECTIVE. HE U  
04/18/2014 LTIMATELY REQUIRED SURGERY, WHICH GAVE HIM APPROXIMATELY 3 MO  
04/18/2014 NTHS OF RELIEF. HE STATES THAT WHILE HIS LEG PAIN IS BETTER, H  
04/18/2014 IS BACK PAIN HAS BECOME INCREASINGLY WORSE, INTERFERING WITH  
04/18/2014 HIS ACTIVITIES OF DAILY LIVING.  
04/18/2014 PLAN:  
04/18/2014 1 AFTER DISCUSSING THE OPTIONS WITH THE PATIENT WE PROCEEDED  
04/18/2014 WITH AN ESI.  
04/18/2014 2 I WILL SEE HIM BACK IN 2 OR 3 WEEKS IF HE HAS NOT ACHIEVED  
04/18/2014 AT LEAST 70% IMPROVEMENT

F1=Help F3=Exit

APP.H4

DOC ID OFFENDER  
01122002 VINCENT A ARGENTINO

REFERRAL REQUEST DATE 10/20/2014

JCCC

## REQUEST REASON

PATIENT WITH L5-S1 DISC HERNIATION WITH LIKELY IMPINGEMENT O 20141020 110826  
F RT S1 NERVE ROOT. RT LE RADICULOPATHY 20141020 110826  
HX OF L4-5 HERNIATED DISC, DISCECTOMY 2014 20141020 110826  
MRI SIG L5-S1 DISC RT PARACENTRAL HERNIATION, SEVERE 20141020 110826  
NERAL FORMINAL STENOSIS, LIKELY IMPINGMENT ON PROXIMAL 20141020 110826  
S1 NERVE ROOT. 20141020 110826  
NERUO SURG EXAM 4/5 STRENGTH ON RLE PLANTAR FLEXION, 20141020 110826  
DECREASED SENSORY TO SOLE OF RT FOOT 20141020 110826  
REFLEXES 2/4 BLE AT ACHELLES, 2/4 RLE PATELLA 20141020 110826  
GAIT LEANS TO LEFT, WEAK PLANAR FLEXION GAIT DUE TO POOR R 20141020 110826  
PLANTAR FLEXON 20141020 110826  
RECOMMEND PT FIRST 20141020 110826  
DR NORREGAARD WILL COMPLETE REVIEW OF IMAGING RESULTS 20141020 110826  
PE AND MEDICAL HX THEN MAKE FURTHER RECOMMENDATIONS 20141020 110826  
DISUCSSED WITH DR KHENGAR 20141020 110826

## REQUEST COMMENTS

WILL REFER TO RMD FOR REVIEW KJC102114 20141021 073054  
YES PER ARMD BABICH FOR PHYSICAL THERAPY CONSULT WITH HEP. 20141022 132421  
SLM 102214 AUTH 00370751 20141022 132421  
REFER TO: PHYSICAL THERAPY APPROVED Y

REQUESTOR PSS00#JC PAMALA S SWARTZ

SPEC. ENCOUNTER APPOINTMENT DATE 11/04/2014 TIME 09:00 A SHOW UP Y JCCC  
ASSESSMENT

THRC DR ZILKE CONSULT 20141106 100627  
LOW BACK PAIN AND RIGHT RADIATING PAIN. 20141106 100627  
SUPINE BRIDGES DONE DAILY 2X 20141106 100627  
SIDE PLANK 2X 10 SECOND HOLDS 20141106 100627  
PRONE ON ELBOWS 3X DAY 20141106 100627  
REQUEST 4 ADDITIONAL VISITS 20141106 100627

SPECIALIST THRC TOTAL REHABILITATION

## SPECIFIC CHARTING INFORMATION

10/20/2014  
Doctor/Dentist encounter MSR filed 20141020 110216  
Request for Referral was submitted 20141020 110826  
11/04/2014  
Appointment with Specialist scheduled 20141103 093837

MSR DATE TIME COMPLAINT \*\*\*\*\*  
10/20/2014 03:43 P PHYSICAL

NURSE ENCOUNTER APPOINTMENT DATE 10/22/2014 TIME 02:30 P SHOW UP Y JCCC  
SUBJECTIVE

PATIENT IN ACUTE EPISODE DURING PE. DECLINED IN ORDER TO 20141022 194838  
OBJECTIVE

APP.H 5

AFS923A

COMPLETE MEDICAL RECORD HISTOR

PAGE: 240

DOC ID OFFENDER  
01122002 VINCENT A ARGENTINO

SPEC. ENCOUNTER APPOINTMENT DATE 10/16/2014 TIME 02:30 P SHOW UP Y JCCC  
ASSESSMENT

DRNOMEGAARD CONSULT	20141024 122331
COMPLAINS OF CHRONIC LOWER BACK PAIN AND RIGHT LOWER EXTREMI	20141024 122331
TY RADIATING PAIN WITH PARESTHESIS	20141024 122331
ASSESSMENT: L5-S1 DISC HERNIATION WITH LIKELY IMPINGEMENT OF	20141024 122331
RIGHT S1 NERVE ROOT	20141024 122331
RIGHT LOWER EXTREMITY RADICULOPATHY	20141024 122331
RECOMMEND RESTARTING PATIENT'S GABAPENTIN	20141024 122331
DECISION ON WHETHER OR NOT PATIENT WILL NEED L5-S1 DISCECTOM	20141024 122331
Y SURGERY WILL BE MADE AFTER DR NORREGAARD COMPLETES A THROU	20141024 122331
GH REVIEW OF PATIENT'S IMAGING DATA, PHYSICAL EXAM AND MEDICA	20141024 122331
L HISTORY	20141024 122331

SPECIALIST MESFIN BRIAN MESFIN-NEURO

SPECIFIC CHARTING INFORMATION

09/22/2014	
Doctor/Dentist encounter MSR filed	20140909 081722
Rescheduled Doctor appointment	20140909 103303
09/19/2014	
Rescheduled Doctor appointment	20140918 114041
Request for Referral was submitted	20140919 103410
10/16/2014	
Appointment with Specialist scheduled	20141001 114539

MSR DATE TIME COMPLAINT \*\*\*\*\*  
10/06/2014 12:53 P IRR/GRIEVANCE REVIEW WITH OFFENDER

NURSE ENCOUNTER APPOINTMENT DATE 10/07/2014 TIME 10:30 A SHOW UP JCCC

NURSE

SPECIFIC CHARTING INFORMATION

10/07/2014	
Nurse encounter MSR filed	20141006 125330

MSR DATE TIME COMPLAINT \*\*\*\*\*  
10/13/2014 02:44 P PHYSICAL

NURSE ENCOUNTER APPOINTMENT DATE 10/16/2014 TIME 07:30 A SHOW UP Y JCCC  
SUBJECTIVE

SEE PHYSICAL	20141016 090201
--------------	-----------------

NURSE PJG00#JC PAULINE J GERLOFF

SPECIFIC CHARTING INFORMATION

10/16/2014	
Nurse encounter MSR filed	20141013 144412

EM 0834





AFP102B

Department of Corrections  
Medical Assessment and Stability Records System  
Referral Reasons

10/05/17

15:45:14

APP.H7

DOC ID: 01122002 VINCENT A ARGENTINO

Time: A/P

10:41 A

Complaint:

Date:

MRI LUMBAR SPINE REVIEW

5/19/2015

Referral Reasons:

{ PAIN REMAINS CONSISTENT WITH SEVERE FLARES WHICH DISABLE  
HIM;  
{ PHYSICAL THERAPY HAS SOME BENEFIT BUT NOT ONGOING  
{ EXAM TODAY RIGHT LEG CONT TO BE WEAKER, DECREASED DTR  
{ STRENGTH AND SENSATION COMPARED TO LEFT.  
{ REQUEST F/U PER DR REQUEST  
{ DISCUSSED WITH DR KHENGAR

F1=Help F2=Complaint F3=Exit

AFP102B

Department of Corrections  
Medical Accountability Records System  
Referral Reasons

10/05/17  
15:45:07

APP.H8

DOC ID: 01122002 VINCENT A ARGENTINO

Time: A/P  
10:41 A  
Date:  
5/19/2015

Complaint:  
MRI LUMBAR SPINE REVIEW

Referral Reasons:

DR NORREGAARD SENT REQUEST FOR F/U WITH HIM BUT MRI OF LUMBA  
PRIOR TO VISIT. HIS LAST NOTE REQUEST SENT 4.1.15  
PATIENT WITH L5-S1 DISC HERNIATION WITH LIKELY  
IMPINGEMENT O  
F RT S1 NERVE ROOT. RT LE RADICULOPATHY  
HX OF L4-5 HERNIATED DISC, DISCECTOMY 2014  
MRI SIG L5-S1 DISC RT PARACENTRAL HERNIATION, SEVERE  
NERAL FORMINAL STENOSIS, LIKELY IMPINGMENT ON PROXIMAL  
S1 NERVE ROOT.  
NERUO SURG EXAM 4/5 STRENGTH ON RLE PLANTAR FLEXION, >

F1=Help F2=Complaint F3=Exit

More...

AFP102B

Department of Corrections  
Medical A    Intability Records System  
Referral Reasons

10/05/17

15:45:12

APP.H9

DOC ID: 01122002    VINCENT A ARGENTINO

Time: A/P

10:41    A

Date:

5/19/2015

Complaint:

MRI LUMBAR SPINE REVIEW

Referral Reasons:

2015 MRI

L4-5 RT NERUAL FORAMEN/LATERAL DISC PROTRUSION 4 MM BY 19

MM. MOD ENCROACHMENT OF EXITING L4 ON RT SIDE

L5-S1 MILD BROAD BASED DISC PROTRUSION RT LATERAL RECESS

MILD ENCROACHMENT OF S1 NERVE ROOT ON RT SIDE

DECREASED SENSORY TO SOLE OF RT FOOT

REFLEXES 2/4 BLE AT ACHELLES, 2/4 RLE PATELLA

GAIT LEANS TO LEFT, WEAK PLANAR FLEXION GAIT DUE TO

POOR RIGHT PLANTAR FLEXION

RECOMMEND PT FIRST WHICH HE HAS AND HAS NOT IMPROVED

F1=Help    F2=Complaint    F3=Exit

More...

DOC ID: 01122002 VINCENT A ARGENTINO

04/07/2017 REQUESTING 3RD ESI

07/11/2017 CHIEF COMPLAINT: PATIENT PRESENTS WITH PAIN BACK. PAIN IN BA

07/11/2017 CK AND RIGHT LEG ESPECIALLY AT NIGHT. PAIN NECK. COMPLAINS O

07/11/2017 F PAIN HANDS AND RIGHT ARM AND HAND. HPI: 43 Y.O. MALE PRESE

07/11/2017 NTS TODAY LBP + RLE RADIC. HE STATES THAT THE ESI'S HAVE NOT

07/11/2017 HELPED HIS LOW BACK BT HIS RIGHT LEG HAS IMPROVED. PAIN SCO

07/11/2017 RE:4 PAIN LOCATIONS: BACK.

07/11/2017 ASSESSMENT: THE PRIMARY ENCOUNTER DIAGNOSIS WAS BULGE OF LUM

07/11/2017 BAR DISC WITHOUT MYELOPATHY. DIAGNOSES OF POST LAMINECTOMY S

07/11/2017 YNDROME AND DDD (DEGENERATIVE DISC DISEASE), LUMBAR WEE ALSO

07/11/2017 PERTINENT TO THIS VISIT. STATES TRAMADOL WAS WORKING WELL.

07/11/2017 TREATMENT/PLAN: CONTINUE EXERCISES AS PRESCRIBED. CONTINUE WI

07/11/2017 TH PRESCRIBED MEDICATIONS AS ORDERED. CAUDAL ESI-HAS NOT STO

07/11/2017 PPED NSAIDS. ORDERS THIS VISIT: FL EPIDURAL INJ. STANDING ST

07/11/2017 ATUS: FUTURE STANDING EXPIRATION DATE: 7/10/2018

More...

F1=Help F3=Exit

AFP061G

Department of Corrections  
Medical, Accountability Records System  
Specialist Assessment History

10/11/17  
14:51:28

APP.H11

DOC ID: 01122002 VINCENT A ARGENTINO

07/11/2017 OMNIPAQUE 240 240MG/ML CONTRAST 1 ML EPIDURAL ROUTE CONTRAST  
07/11/2017 KENALOG-40 2ML BY EPIDURAL ROUTE ONCE. XYLOCAINE MPF 1% INJE  
07/11/2017 CT 1-10ML SUBCUTANEOUSLY ONCE. SODIUM CHLORIDE 0.9% INJECTIO  
07/11/2017 N 1-8 ML BY EPIDURAL ROUTE ONCE. OMNIPAQUE 240MG/ML CONTRAST  
07/11/2017 1 ML BY EPIDURAL ROUTE CONTRAST ONCE. KENALOG 40 2ML BY EPI  
07/11/2017 DURAL ROUTE ONCE. XYLOCAINE MPF 1% INJECTION INJECT 1-10ML  
07/11/2017 SUBCUTANEOUSLY ONCE. SODIUM CHLORIDE 0.9% 1-8 ML BY EPIDURAL  
07/11/2017 ROUTE ONCE. FOLLOW UP INSTRUCTIONS: RETURN IF SYMPTOMS WORSE  
07/11/2017 N OR FAIL TO IMPROVE.

F1=Help F3=Exit

APP. I

AFS923A

COMPLETE MEDICAL RECORD HISTORY

PAGE: 309

DOC ID OFFENDER

01122002 VINCENT A ARGENTINO

DOCTOR ENCOUNTER APPOINTMENT DATE 01/12/2016 TIME 02:30 P SHOW UP Y JCCC

SUBJECTIVE

REVIEWED PATIENT'S SUBJECTIVE AND OBJECTIVE EXAM. 20160112 144101

WITH DR BREDERMAN 20160112 144101

ASSESSMENT

ACUTE FLARE BACK PAIN 20160112 144101

PLAN

PLEASE HAVE DR KHENGAR DO RE EVAL OF PATIENT'S CASE 20160112 144101

DOCTOR PSS00#JC PAMALA S SWARTZ

## SPECIFIC CHARTING INFORMATION

01/12/2016

Doctor/Dentist encounter MSR filed 20160112 143952

MSR DATE TIME COMPLAINT \*\*\*\*\*

01/13/2016 02:31 P IRR/GRIEVANCE REVIEW WITH OFFENDER

NURSE ENCOUNTER APPOINTMENT DATE 01/13/2016 TIME 01:00 P SHOW UP Y JCCC

SUBJECTIVE

IRR JCCC 16-3 NOT RESOLVED 20160114 143141

NURSE KEN000JC KACIE E NAPIER

## SPECIFIC CHARTING INFORMATION

01/13/2016

Nurse encounter MSR filed 20160114 143128

MSR DATE TIME COMPLAINT \*\*\*\*\*

01/14/2016 09:11 A RE-EVAL BACK PAIN (PER P.SWARTZ APRN)

DOCTOR ENCOUNTER APPOINTMENT DATE 02/10/2016 TIME 02:00 P SHOW UP Y JCCC

SUBJECTIVE

INMATE SEEN FOR INCREASING PAIN RT LOW BACK, HIP, RADIATING 20160210 161420

TO RLL, UNABLE TO WALK, DO ADL, USING W/C NOW DUE TO 20160210 161420

MODERATELY SEVERE PAIN, REQUESTING INCREASE IN TRAMADOL 20160210 161420

DOSES. 20160210 161420

OBJECTIVE

CBP 150/090-PL097 RS016 TP0978 WT175 BS000 PF000 SAO2 98% 20160210 161420

ALERT AWAKE AFEBILE IN OBVIOUS MODERATELY SEVERE PAIN, W/C 20160210 161420

BOUND, ATTEMPT TO GET UP FROM W/C &amp; WALK FEW STEPS LEAD TO 20160210 161420

RT HIP/ LL PAIN /SPASM, SHOOTING PAIN 20160210 161420

KNOWN L5-S1 DECOMPRESSION, FAILED SURGERY? WITH CONTINUED 20160210 161420

PAIN/ RADICULOPATHY, EXHAUSTED ALL PAIN RX OPTIONS/ ATP 20160210 161420

AS PER PROTOCOL, TRAMADOL IN ADEQUATE DOSES ABLE TO DO ADL. 20160210 161420

AMBULATE, 20160210 161420

ASSESSMENT

CHRONIC LOW BACK PAIN, LS-S1 DECOMPRESSION SURGERY, RT HIP 20160210 161420

LOER LEG RADICULOPATHY/ W/C BOUND NOW 20160210 161420

PLAN

INCREASE TRAMADOL 100MG IN AM &amp; PM, 50MG AT NOON, PM X90D 20160210 161420

DOCTOR NRK001JC NARENDRASINH KHENGAR

EM 0903



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES REQUEST

2122 APPJ1

Robaxin 750 BID tram 50 QID

OFFENDER NAME (PLEASE PRINT) <b>Vincent Argento</b>		INSTITUTION <b>JCCC</b>		DATE RECEIVED BY MEDICAL	
HOUSING UNIT		DOC NUMBER <b>1122002</b>	DATE OF BIRTH <b>8/1/73</b>	DATE <b>1/7/16</b>	
I WISH TO BE SEEN BY (CHECK ONE) <input checked="" type="checkbox"/> MEDICAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> OTHER		WORK / SCHOOL SCHEDULE <b>NONE</b>			
REQUESTING OVER THE COUNTER (OTC) MEDICATION ONLY WHAT MEDICATION? <b>Altrius Robaxin</b>		WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? <b>Altrius Robaxin</b>			
WHAT EXISTING MEDICAL CONDITIONS HAVE BEEN DIAGNOSED? <b>Back back Nerve Pain</b>					
OFFENDER SIGNATURE AND AUTHORIZATION TO TREAT <i>Vincent Argento</i>		INITIAL FOR RECEIPT OF OTC INSTRUCTIONS		DATE	TIME
DO NOT WRITE BELOW THIS LINE - FOR MEDICAL USE ONLY					
TRIAGE NURSE					
<input type="checkbox"/> Routine <input type="checkbox"/> Mental Health <input type="checkbox"/> To DOW <input type="checkbox"/> To Dental <input type="checkbox"/> To Optometry <input type="checkbox"/> To Lab / X-ray <input type="checkbox"/> Urgent <input type="checkbox"/> Visit Scheduled <input type="checkbox"/> Medication Rm <input type="checkbox"/> Doctor Sick Call <input type="checkbox"/> Nurse Sick Call <input type="checkbox"/> To Administrator <input type="checkbox"/> Emergent <input type="checkbox"/> Doctor Review, No Visit / Last Seen					
SCHEDULING					
<input type="checkbox"/> Appointment Scheduled _____ (Initials) <input type="checkbox"/> Protocol Code to be Scheduled: _____ See Current Listing (F19) <input type="checkbox"/> Complaint Code to be Scheduled (If No Protocol Available) _____ See Current Listing (F19)					
NURSING VISIT					
T <b>9:00</b> P <b>143</b> R <b>14</b> B/P <b>114/72</b> WL <b>180</b>					
<input type="checkbox"/> Documentation in computerized medical record <input checked="" type="checkbox"/> Follow up in _____ days per MSR if no improvement <input type="checkbox"/> Protocol completed					
NURSE SIGNATURE <i>116 148/94</i>				DATE	TIME
PHYSICIAN VISIT					
<input type="checkbox"/> Documentation in computerized medical record <input type="checkbox"/> Follow up in _____ days per MSR if no improvement <input type="checkbox"/> Medically Unnecessary or Cosmetic Procedure <input type="checkbox"/> Referral or Non-Formulary Medication requested via computer					
PHYSICIAN SIGNATURE				DATE	TIME
MEDICAL ACTION TAKEN		DATE/INITIALS		MEDICAL ACTION TAKEN	
<input type="checkbox"/> Follow Up Physician Visit Scheduled				<input type="checkbox"/> Chronic Care Clinic Visit Scheduled	
<input type="checkbox"/> Follow Up Nursing Visit Scheduled				<input type="checkbox"/> Laboratory Test(s) Ordered / Scheduled	
<input type="checkbox"/> Follow Up Nurse Practitioner Visit Scheduled				<input type="checkbox"/> X-Ray(s) Ordered / Scheduled	
<input type="checkbox"/> Pending Referral or Non-Formulary				<input type="checkbox"/> Medications ordered	
<input type="checkbox"/> Follow Up with Physician when above is completed.					

OFFENDER NAME		DOC NUMBER		INSTITUTION		HOUSING UNIT	
MEDICAL ACTION TAKEN		DATE/INITIALS		MEDICAL ACTION TAKEN		DATE/INITIALS	
<input type="checkbox"/> Follow Up Physician Visit Scheduled				<input type="checkbox"/> Chronic Care Clinic Visit Scheduled			
<input type="checkbox"/> Follow Up Nursing Visit Scheduled				<input type="checkbox"/> Laboratory Test(s) Ordered / Scheduled			
<input type="checkbox"/> Follow Up Nurse Practitioner Visit Scheduled				<input type="checkbox"/> X-Ray(s) Ordered / Scheduled			
<input type="checkbox"/> Pending Referral or non-Formulary				<input type="checkbox"/> Medications ordered			
<input type="checkbox"/> Other							
REVIEWED BY				DATE			

EM 0488

APP. J2

my mom talked to Wanda on the phone yesterday. She told her if I had a problem with my chair, to come up here and explain. She also said she wasn't aware of a chair with no arms. The problem is I have no arms to lean on when I do sleep sometimes I fall asleep in the chair and I wake up leaned over in pain I need support cause I have to lean which ever way my back + hip wants and I have no left foot peg, when my father @ father's niece I have to share my left foot with my Right foot. She also said if I had a problem with my foot come and explain, my foot's swollen I can't put on my Right shoe cause it hurt's even more can I please have med hospital socks so my foot's warm when I'm outside. She also said give the Robaxin a couple days too see if it works it's been 3 1/2 days it's not working. She said I would have to call a medical emergency. So they could see about their next step. It's not working I'm in extreme pain still hip front leg foot back. So lets please talk about the situation and see what we can do. Don't worry I let my anger go I'm Mr nice guy from now on. Wanda said also if need be they'll get me another chair.

Uncle  
Arz

EM 0489





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
HEALTH SERVICES REQUEST

2 JES → APP. J3

INSTITUTION		DATE RECEIVED BY MEDICAL	
OFFENDER NAME (PLEASE PRINT) <b>Vincent Argentinio</b>	DOC NUMBER <b>1122002</b>	DATE OF BIRTH <b>8/1/73</b>	DATE <b>1/5/76</b>
HOUSING UNIT <b>2A 109</b>	WORK / SCHOOL SCHEDULE <b>NONE</b>		
I WISH TO BE SEEN BY (CHECK ONE) <input checked="" type="checkbox"/> MEDICAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> DENTAL <input type="checkbox"/> OTHER		FOR	
REQUESTING OVER THE COUNTER (OTC) MEDICATION ONLY WHAT MEDICATION?		WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? <b>Robaxon / Altriums</b>	
WHAT EXISTING MEDICAL CONDITIONS HAVE BEEN DIAGNOSED? <b>Back Back Nerve Pain</b>			
OFFENDER SIGNATURE AND AUTHORIZATION TO TREAT <b>Vincent Argentinio</b>		INITIAL FOR RECEIPT OF OTC INSTRUCTIONS	DATE TIME

DO NOT WRITE BELOW THIS LINE - FOR MEDICAL USE ONLY

TRIAGE NURSE		DATE	
<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergent	<input type="checkbox"/> Mental Health <input type="checkbox"/> Visit Scheduled <input type="checkbox"/> Doctor Review, No Visit / Last Seen	<input type="checkbox"/> To DON <input type="checkbox"/> Medication Rm <input type="checkbox"/> Doctor Sick Call	<input type="checkbox"/> To Dental <input type="checkbox"/> To Optometry <input type="checkbox"/> Nurse Sick Call <input type="checkbox"/> To Lab / X-ray <input type="checkbox"/> To Administrator

<b>SCHEDULING</b>	
<input type="checkbox"/> Appointment Scheduled _____ (Initials)	
<input type="checkbox"/> Protocol Code to be Scheduled: _____	See Current Listing (F19)
<input type="checkbox"/> Complaint Code to be Scheduled (If No Protocol Available) _____	See Current Listing (F19)

<b>NURSING VISIT</b>	
VITALS T <b>97</b> P <b>120</b> R <b>18</b> B/P <b>142/70</b> Wt. <b>180</b>	ORTHOSTATIC VITALS BP P BP P BP P LYING BP P
<input type="checkbox"/> Documentation in computerized medical record	<input type="checkbox"/> Follow up in _____ days per MSR if no improvement <input type="checkbox"/> Protocol completed

NURSE SIGNATURE <b>[Signature]</b>		DATE <b>1/7/76</b>	TIME <b>1830</b>
---------------------------------------	--	-----------------------	---------------------

<b>PHYSICIAN VISIT</b>	
<input type="checkbox"/> Documentation in computerized medical record	<input type="checkbox"/> Follow up in _____ days per MSR if no improvement
<input type="checkbox"/> Medically Unnecessary or Cosmetic Procedure	<input type="checkbox"/> Referral or Non-Formulary Medication requested via computer
PHYSICIAN SIGNATURE	DATE TIME

MEDICAL ACTION TAKEN	DATE/INITIALS	MEDICAL ACTION TAKEN	DATE/INITIALS
<input type="checkbox"/> Follow Up Physician Visit Scheduled		<input type="checkbox"/> Chronic Care Clinic Visit Scheduled	
<input type="checkbox"/> Follow Up Nursing Visit Scheduled		<input type="checkbox"/> Laboratory Test(s) Ordered / Scheduled	
<input type="checkbox"/> Follow Up Nurse Practitioner Visit Scheduled		<input type="checkbox"/> X-Ray(s) Ordered / Scheduled	
<input type="checkbox"/> Pending Referral or Non-Formulary		<input type="checkbox"/> Medications ordered	
<input type="checkbox"/> Follow Up with Physician when above is completed.			

OFFENDER NAME	DOC NUMBER	INSTITUTION	HOUSING UNIT
MEDICAL ACTION TAKEN		DATE/INITIALS	MEDICAL ACTION TAKEN
<input type="checkbox"/> Follow Up Physician Visit Scheduled			<input type="checkbox"/> Chronic Care Clinic Visit Scheduled
<input type="checkbox"/> Follow Up Nursing Visit Scheduled			<input type="checkbox"/> Laboratory Test(s) Ordered / Scheduled
<input type="checkbox"/> Follow Up Nurse Practitioner Visit Scheduled			<input type="checkbox"/> X-Ray(s) Ordered / Scheduled
<input type="checkbox"/> Pending Referral or non-Formulary			<input type="checkbox"/> Medications ordered
<input type="checkbox"/> Other			
REVIEWED BY		DATE	

EM 0490

APP. J 4

I am in in 'se pain its been over  
three weeks now. the Robaxin isn't  
helping me my foot is swollen and it's  
cold when I have to go outside, can  
I have a pair of medical socks to keep  
my feet warm. I've had this wheel  
chair with no arms an one foot peg,

when I do fell asleep in this  
chair I lean over and wake up  
in pain. I need arms too lean on,  
my hand is swollen too now, maybe  
someone should see if Robaxin causes  
swelling. my leg and hip is still lock  
up and im in extreme pain. my heart  
is racing all the time,

Unger  
Argent

Pain Right Shean Front upper leg Foot ~~sh~~  
Shooting Pain ↑↑↑

Right Hip Lower back even upper back  
and Left knee

EM 0491

DOC ID OFFENDER

01122002 VINCENT A ARGENTINO

\*\*\*\*\* OBJECTIVE CONTINUATION FROM PREVIOUS PAGE \*\*\*\*\*

## OBJECTIVE

BP 150/092 PL090 RS016 TP0969 WT180 BS000 PF000 98% ON RA	20160111 155655
elevated b/p, normal vital signs. bmi 27	20160111 155655
a/o overweight white male who is unable to sit still due to	20160111 155655
pain. sits on left hip due to severe rt hip pain/extremely	20160111 155655
sensitive to touch, unable to sit on rt buttock.	20160111 155655
muscle spasms unrelieved with robaxin	20160111 155655
right hip, thigh and lower back	20160111 155655
c/o sig over past couple months of worsening rt hip	20160111 155655
pain along with back pain.	20160111 155655
diff to do exam due to stiffness of muscle spasms	20160111 155655
unable for him to relax due to spasms/pain	20160111 155655
unable to walk on right leg	20160111 155655
unable to walk on toes/heels/squat/touch toes	20160111 155655
with movement of right leg clonus noted	20160111 155655
twisting, jerking movements with standing	20160111 155655
on 12.28.15 exam experiences severe rt leg limp due to	20160111 155655
muscle spasms and tenderness	20160111 155655
today unable to place pressure on rt leg	20160111 155655
2.28.14 lumbar mri	20160111 155655
1. RIGHT PARACENTRAL AND FORAMINAL DISC PROTRUSION AT	20160111 155655
L5-S1	20160111 155655
DISPLACING THE RIGHT S1 NERVE ROOT AND CAUSING MODERATE	20160111 155655
NARROWING OF THE RIGHT SIDE OF THE CENTRAL CANAL. MODERATE	20160111 155655
TO SEVERE RIGHT NEURAL FORAMINAL NARROWING IS PRESENT AT	20160111 155655
THIS LEVEL.	20160111 155655
2. POSTERIOR DISC PROTRUSION AT L4-L5 CONTACTING BUT NOT	20160111 155655
DISPLACING THE BILATERAL L5 NERVE ROOTS AND CAUSING	20160111 155655
MODERATE NARROWING OF THE RIGHT NEURAL FORAMEN. THIS IS	20160111 155655
ALSO slightly increased	20160111 155655
SLIGHTLY INCREASED.	20160111 155655
3. MODERATE RIGHT NEURAL FORAMINAL NARROWING AT THE L3-4	20160111 155655
LEVEL.	20160111 155655
right hip xray today unremarkable	
ASSESSMENT	
WORSENING LUMBAR/RT HIP PAIN WITH RADICULOPATHY/SPASMS	20160111 155655
PLAN	
DISCUSSED WITH DR KHENGAR.	20160111 155655
discuss with dr hammerly for poss mri of lumbar	20160111 155655
CALL TO HIS HU CO STATES HE HAS BEEN IN HIS W/C AND HAS NOT	20160111 155747
noticed him up walking	20160111 155747
ADDENDUM: PLEASE ISSUE EGG CRATE CUSHION FOR W/C	20160112 122549

DOCTOR

PSS00#JC

PAMALA S SWARTZ

## SPECIFIC CHARTING INFORMATION

01/11/2016

Doctor/Dentist encounter MSR filed

20160111 064702

APP.K

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

VINCENT A. ARGENTINO,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. 17-4164-CV-C-NKL-P
	)	
CORIZON MEDICAL SERVICES, et al.,	)	
	)	
Defendants.	)	

**ORDER**

Plaintiff is incarcerated by the State of Missouri at the Jefferson City Correctional Center (JCCC). He filed this case *pro se*, seeking relief pursuant to 42 U.S.C. § 1983 for claimed violations of his rights under federal law. Previously, the Court granted Plaintiff provisional leave to proceed *in forma pauperis* and ordered him to pay an initial partial filing fee, which Plaintiff has paid.

Plaintiff names as defendants Corizon Medical Services (Corizon) and 13 people who Plaintiff identifies as agents of Corizon. Essentially, Plaintiff claims that Defendants have shown deliberate indifference to his serious medical needs for back pain and other ailments. Plaintiff seeks monetary and other relief.

Granting Plaintiff's claims a liberal construction, they do not appear to be subject to dismissal pursuant to 28 U.S.C. § 1915A. Defendants will be directed to answer or otherwise respond to Plaintiff's complaint. Docs. 1 and 7.

Accordingly, it is **ORDERED** that:

(1) the agency having custody of Plaintiff forward to the Clerk of the Court monthly payments of 20 percent of the preceding month's income credited to Plaintiff's account each time the amount in the account exceeds \$10.00 until the \$350.00 filing fee is paid;

(2) Corizon notify the Court, within 30 days from the date of this order, as to whether it will waive service of process, and, if so, as to which Defendants;

(3) Plaintiff's motion for appointed counsel (Doc. 8) is denied without prejudice, *see Phillips v. Jasper County Jail*, 437 F.3d 791, 794 (8th Cir. 2006) ("no constitutional or statutory right to appointed counsel in civil cases;" criteria to be considered in determining whether appointment is warranted); and

(4) Defendants answer or otherwise respond to Plaintiff's complaint, pursuant to Federal Rules of Civil Procedure 4 and 12, within 60 days from the date of this order if service of process is waived, or within 21 days after service of process if service of process is not waived.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Jefferson City, Missouri,

Dated: October 2, 2017

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
CENTRAL DIVISION

VINCENT A. ARGENTINO,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Case No. 17-4164-CV-C-NKL-P
	)	
CORIZON MEDICAL SERVICES, et al.,	)	
	)	
Defendants.	)	

**ORDER**

Having reviewed the record, it is **ORDERED** that:

(1) Plaintiff's motion for leave to file a third amended complaint (Doc. 31) is granted, and his third amended complaint (Doc. 31-1) is deemed filed;

(2) Nurse Practitioner Pamala Swartz is added as a Defendant;

(3) Corizon notify the Court, within 30 days, whether it will waive service of process on behalf of Defendant Swartz;

(4) Defendants answer or otherwise respond to Plaintiff's third amended complaint within 30 days;

(5) Plaintiff's renewed motion for appointed counsel (Doc. 32) is denied without prejudice for the previously-stated reason;

(6) Plaintiff's motion for a "Court mandate" (Doc. 36), by which he seems to seek additional library time, is denied; however, Plaintiff's custodians are advised that they are obligated to provide Plaintiff, a prisoner proceeding *pro se*, with the assistance required by

*Bounds v. Smith*, 430 U.S. 817, 828 (1977) (authorities must assist prisoners in obtaining meaningful access to the courts); and

(7) Plaintiff's motion to expedite ruling on his motion for "Court mandate" (Doc. 37) is denied as moot.

So **ORDERED**.

/s/ Nanette K. Laughrey  
NANETTE K. LAUGHREY  
UNITED STATES DISTRICT JUDGE

Dated: February 15, 2018.

