

APPENDIX

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Motion For Reinstatement of Case	007

Supreme Court of the United States
Office of the Clerk
Washington, DC 20543-0001

Scott S. Harris
Clerk of the Court
(202) 479-3011

January 9, 2023

Mr. Gennett M. Holmes-Smith
4304 Peridot Parkway
Stockbridge, GA 30281

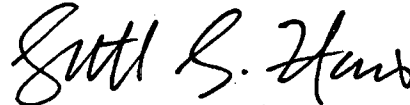
Re: Gennett M. Holmes-Smith
v. Merit Systems Protection Board
No. 22-5933

Dear Mr. Holmes-Smith:

The Court today entered the following order in the above-entitled case:

The petition for a writ of certiorari is denied.

Sincerely,



Scott S. Harris, Clerk

Report

Patient Name
HOLMES-SMITH, GENNETT

Patient ID
AHI-554637

Date of Birth
1969-09-10

Accession Number
A4235519

Procedure
MRI Cervical Spine

Referring Physician
CEDERMARK, RYAN

Study Date & Time
2022-07-18 1:45 PM

Institution Name
FYT

*New MRI
2022*

RADIOLOGY REPORT

FINDINGS

FINDING

EXAM: CT CERVICAL SPINE WITHOUT CONTRAST, MR CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Cervical radiculopathy.

TECHNIQUE: Axial noncontrast CT imaging of the cervical spine, with coronal and sagittal reformatted images and dose reduction techniques. Multiplanar multisequence noncontrast MRI imaging of the cervical spine.

COMPARISON: CT cervical spine 8/14/2020

FINDINGS:

CT CERVICAL SPINE:

Redemonstration of remote postoperative changes, with ACDF extending from C4 to C7, with solid ankylosis at these levels, as well as interbody and posterior element ankylosis at C7-T1 (presumably congenital at C7-T1). T1 is incompletely imaged. No evidence of hardware complication.

A Schmorl's node along the superior endplate of C4 represents a change since the prior CT. Vertebral body height otherwise appears similar to the prior CT. No acute fracture of the imaged spine identified. Nondisplaced fractures may be occult. Straightening of the cervical lordosis and mild levocurvature of the upper cervical spine, similar to the prior study. Congenital cervical ribs of C7, right greater than left.

Please refer to MRI report below for description of the degenerative changes, disc displacement, and stenosis of the spine. Note that the degenerative changes of the cervical spine at C3-C4 have progressed since the prior study. The spinal canal is congenitally small in the cervical spine, with congenitally short pedicles.

MRI CERVICAL SPINE:

Remote postoperative changes as described above. Solid ankylosis extending from C4 to T1 (congenital at C7-T1). Relative preservation of vertebral body heights. Straightening of the cervical lordosis. No suspicious focal marrow lesions, where visible.

Chronic entrapment of the spinal cord at C3-C4, related to degenerative changes, disc displacement, and spinal stenosis, described further below. Subtle T2 prolongation of the spinal cord at this level, suggesting myelomalacia or compressive myelopathy.

Chronic degenerative changes of the cervical spine, most notably at C3-C4, progressed since prior CT, with at least moderate to severe degenerative disc disease, spondylosis, and significant bilateral uncovertebral hypertrophy at this level. No advanced facet hypertrophy.

The spinal canal is congenitally small, with congenitally short pedicles. Central spinal stenosis is moderate at C2-C3, severe at C3-C4, moderate or moderate to severe at C4-C5, mild or moderate at C5-C6, and moderate to severe or severe at C6-C7. Neural foraminal stenosis most pronounced and moderate to severe bilaterally at C3-C4.

Cervical disc displacement, most notably at C3-C4 and C6-C7, with chronic partially mineralized central disc herniations with extrusions at these levels, resulting in some mass effect upon the spinal cord and bilateral ventral nerve roots at these levels (C3-C4 greater than C6-C7).

No significant edema of the imaged paraspinal musculature.

IMPRESSION:

No acute fracture of the cervical spine.

Remote postoperative changes of the cervical spine. No evidence of hardware complication or nonunion.

Congenital ankylosis at C7-T1 and congenital cervical ribs at C7.

Chronic degenerative changes and disc displacement of the cervical spine, superimposed upon a congenitally small spinal canal, with significant central and neural foraminal stenosis and with chronic entrapment of the spinal cord at C3-C4. Subtle T2 prolongation of the spinal cord at this level, suggesting myelomalacia or compressive myelopathy. Note that the degenerative changes at C3-C4 have progressed since 2020, but the disc displacement does not appear significantly changed, allowing for differences in technique.

Please see discussion above for further detail.

Referring physicians may speak to a Quantum Radiology Radiologist directly by calling the Physician-to-Physician line, (470) 588-7723.

Electronically Signed By: Sarah A. Bochar, MD

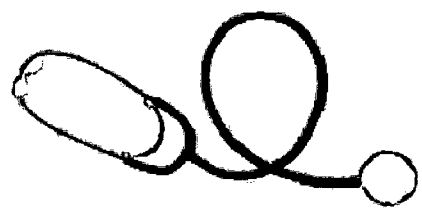
Sign Date: 19-JUL-22

ADDENDUM

At 11:20 AM on 7/22/2022, Ryan Cedermark, Chiropractor, confirmed receipt of results of this study.

Referring physicians may speak to a Quantum Radiology Radiologist directly by calling the Physician-to-Physician line, (470) 588-7723.

HOLMES-SMITH, Gennett DOB: 09/10/1969 (53 yo F) Acc No. 77457 DOS: 01/19/2023



Holmes-Smith, Gennett

53 Y old Female, DOB: 09/10/1969
Account Number: 77457
4304 PERIDOT PKWY, STOCKBRIDGE. GA-30281-7689
Home: 770-549-9584
Guarantor: Holmes-Smith, Gennett
Insurance: Medicare of Georgia Payer ID: 10212
Referring: Google
Appointment Facility: 35 Georgia Pain and Wellness Center

01/19/2023

Appointment Provider: Daniel J Gianoli, MD

Current Medications

None

Past Medical History

Thyroids.

Surgical History

C-Section
Wrist surgery
C-Spine surgery

Family History

Father: diagnosed with Cancer
Mother: diagnosed with Diabetes
Non-Contributory

Social History

Tobacco Use:
Tobacco Use/Smoking Are you a nonsmoker.
Drugs/Alcohol:
Drugs Have you used drugs other than those for medical reasons in the past 12 months? No.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

See surgical hx

Review of Systems

Neurologic:
Admits Neck pain. Low back pain Denies. Admits Pain, Pt. reports pain.
6 point ROS:
General/Constitutional denies fever, chills, night sweats, unexplained weight loss.
Allergy/Immunology:

Reason for Appointment

- 1. Neck pain
- 2. Shouders pain

History of Present Illness

Pain Management:

The severity of the pain is 8/10 average. The severity of the pain without pain medication is 9/10. The severity of the pain with pain medication is 5/10.

New symptom(s):

Patient is 53years old, presenting to our clinic with complaints of back and Shoulders pain.

Patient states that currently the Lower back pain is worse than Shoulders pain.

Patient was referred by:

The patient's pain began 2011 Pt got injury on the job while a helping a pt calm down the pt down grap her arm and injury her spine and shoulders.

Since it started, it has been constant .

The neck pain radiates to shoulders

The lower back pain radiates to legs

The patient's pain is described as aching, stabbing, numbness.

The pain is worsened by extended activites.

The patient has tried the following modalities to treat the pain:

Pain Management

Clinical encounter chaperoned by: Aprel A

PAIN SCORE ON NUMERIC SCALE IS DOCUMENTED ABOVE.

Vital Signs

HR 87 /min, BP 130/69 mm Hg, Ht 70 in, Wt 290 lbs, BMI 41.61 Index, RR 16 /min, Pain scale 8 1-10, Ht-cm 177.8 cm, Wt-kg 131.54 kg.

Examination

PHYSICAL EXAM:

GENERAL APPEARANCE: NAD, AAO x3, appears stated age, does not appear over sedated .

HEENT normocephalic, anicteric sclera, no evidence of airway

HOLMES-SMITH, Gennett DOB: 09/10/1969 (53 yo F) Acc No. 77457 DOS:
01/19/2023

Patient denies swollen lymph glands.

Ophthalmologic:

Patient denies loss of vision, double vision, eye pain, eye discharge.

ENT:

Patient denies hoarseness, trouble swallowing, hearing loss, ear pain.

Respiratory:

Patient denies respiratory depression, difficulty breathing, cough, wheezing, reports of excessive snoring, reports of apnea while asleep.

Endocrine:

Patient denies excessive sweating, heat intolerance, cold intolerance, fatigue.

Cardiovascular:

Patient denies chest pain, new leg swelling, palpitations, heart murmur.

Gastrointestinal:

Patient denies nausea, vomiting, diarrhea, constipation, blood in stool, abdominal pain.

Hematology:

Patient denies easy bruising, prolonged bleeding.

Skin:

Patient denies hives, itching, rash.

Psychiatric:

Patient denies depression, anxiety, alcohol addiction, illegal drug abuse, prescription drug abuse, recent substance abuse treatment, craving medications, difficulty controlling medication use, family or work problems related to medication use, suicidal thoughts, homicidal thoughts.

obstruction, EOMI.

CV extremities appear to be grossly perfused, no obvious chest deformity.

RESPIRATORY unlabored respirations, no respiratory depression.

ABDOMEN: nondistended, no guarding noted.

EXTREMITIES: no clubbing/cyanosis.

SKIN: no gross lesions noted.

PSYCH responds to commands, converses appropriately, cooperative, normal mood and affect.

MUSCULOSKELETAL strength grossly intact in bilateral UE/LE..

NEUROLOGICAL sensation and DTRs grossly intact in bilateral UE and LE.

CERVICAL POSITIVE facet loading noted

, decreased range of motion

, tenderness to palpation along mid cervical facet joints

, Decreased lordosis, TTP over PSMs, decreased range of motion

THORACIC Normal alignment and ROM. No deformity. No axial or paraspinal tenderness.

LUMBOSACRAL POSITIVE facet loading noted

, decreased range of motion

, tenderness to palpation along lower lumbar facet joints

, negative SLR.

Assessments

1. Cervical disc disorder with radiculopathy, unspecified cervical region - M50.10
2. Postlaminectomy syndrome, not elsewhere classified - M96.1 (Primary)

Preventive Medicine

Counseling: pain Management Follow-up Plan documented: **Yes.**

Follow Up

Patient comes for evaluation of her neck, left shoulder and arm pain. The patient was involved in a work related injury while working for the VA. This involved patient care and resulted in immediate severe left neck, shoulder and arm pain. She sought evaluation and engaged in conservative care and later was reinjured while again at work at the VA. Ultimately she required a C4-T1 ACDF but she has continued to experience pain, dysfunction, weakness and numbness. She reports difficulty with standing and walking as well as balance problems and weakness. I reviewed her MRI which shows cervical stenosis along with adjacent segment disease at C3-4 resulting in severe stenosis and myelomalacia. We will obtain an EMG of the bilateral upper extremities and an MRI of the lumbar spine to

HOLMES-SMITH, Gennett DOB: 09/10/1969 (53 yo F) Acc No. 77457 DOS:
01/19/2023

determine if her symptoms are secondary to her cord injury or nerve root related. We will follow up after her studies are complete.

Appointment Provider: Daniel J Gianoli, MD



**Electronically signed by Daniel Gianoli on 01/19/2023 at
05:39 PM EST**

Sign off status: Completed

**35 Georgia Pain and Wellness Center
830 EAGLES LANDING PKWY
STE 204
STOCKBRIDGE, GA 30281-7366
Tel: 770-962-3642
Fax: 770-962-3643**

Progress Note: Daniel J Gianoli, MD 01/19/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



1240 Highway 54 West, Bldg 400, Suite 400 and 402
 Fayetteville, GA 30214
 Phone #: (770)716-9300
 Fax #: (770)716-6535
 www.americanhealthimaging.com

Name: Gennett Holmes-Smith
DOB: 9/10/1969
Gender: Female

Exam Date: 7/18/2022 02:55 PM
Patient ID: AHI-554637
Accession #: 4235519

Ordering Physician: Ryan Cedermark, FNP-C
Exam Name: MRI Cervical Spine | 72141

EXAM: CT CERVICAL SPINE WITHOUT CONTRAST, MR CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Cervical radiculopathy.

TECHNIQUE: Axial noncontrast CT imaging of the cervical spine, with coronal and sagittal reformatted images and dose reduction techniques. Multiplanar multisequence noncontrast MRI imaging of the cervical spine.

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CT 2022

FINDINGS:

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Continued...

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Gender: Female

Name: Gennett Holmes-Smith

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IMPRESSION:

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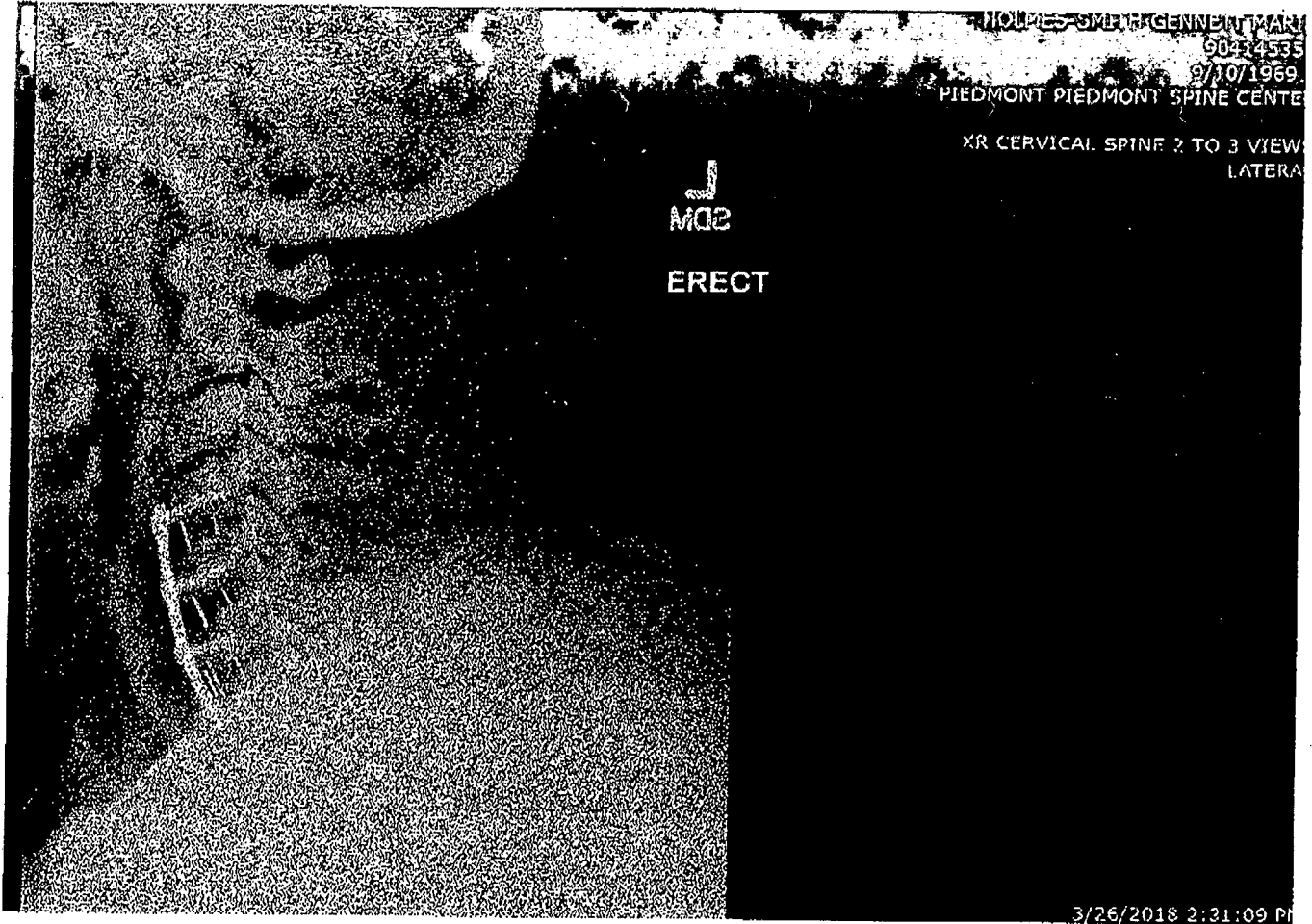
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Continued...

4/7/2020

062311542
Gennett Holmes-smith.PNG

062311542



<https://mail.google.com/mail/u/1/#inbox/FMfcgxwHMZLFXqpZhrPcqXgSmZNIInJB?projector=1&messagePartId=0.2>

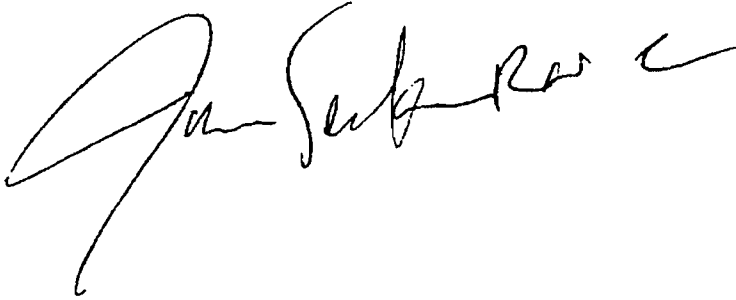
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Exhibit

062311540

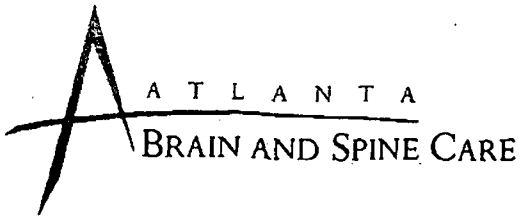
On April 4th 2011, Gennett Holmes-Smith and I went in to assist a demented and violent veteran. During the course of assisting this demented and violent veteran, he attacked Ms Holmes-Smith. He bent and twisted her left hand, wrist, and arm. During this attack by this demented and violent vet I heard a loud crack and pop from these aforementioned sites.

John Sechler RN-C



Evidence

062351968



Regis W. Haid, Jr., M.D.
 Steven D. Wray, M.D.
 Roger H. Frankel, M.D.
 Gary R. Gropper, M.D.
 David M. Benglis, Jr., M.D.

Laura Ellen Prado, MSN, NP
 Patrice R. Braun, PA-C
 Melissa Coe Parker Voyles, PA-C
 Amanda M. Miller, PA-C, RD, MMSc

Carla L. Patterson, CPA
 Practice Administrator

8/29/2017

To whom it may concern,

Patient Gennett Holmes-Smith dob 9/10/1969 was seen in our office 8/25/2017. Patient is attempting to have surgery C4-7 ACDF covered as a workman's compensation claim and at this point is delaying her surgery. Patient has increasing symptoms and dysfunction of her left arm. Patient is not able to use her left arm. She will undergo FCE Appt scheduled 10/23/17 to re evaluate.

Dr Michele Johnson

Doctor Misdiamose

Georgia Composite Medical Board

Executive Director
LaSharn Hughes, MBA
Deputy Executive Director
Lisa Norris, MPH



Chairperson
Gretchen Collins, MD
Vice Chairperson
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 •
www.medicalboard.georgia.gov
September 30, 2019

Ms. Gennett Holmes Smith
11774 Plantation Pkwy
Fayetteville, GA 30215

RE: Alexander N. Doman, MD

Dear Ms. Smith:

This will acknowledge receipt of the complaint as referenced above. The Georgia Composite Medical Board has a specific legislative mandate under the Medical Practice Act. The Board only has jurisdiction over physicians, physician's assistants, respiratory care professionals, perfusionists, acupuncturists, auricular detoxification specialists, orthotists and prosthetists. **However, the Board does not have the legal authority to intervene in refund/billing/insurance/or business practice issues but can refer you to the appropriate agencies that do have authority in those areas.**

Because investigations differ in complexity, no definite time frame can be given as to when the investigative process will be completed. Please be aware that you may not be contacted before the Board reaches its decision; therefore, you must notify our office in writing if you have additional information you would like to provide. If you provide additional information, please be sure to provide your name and the name of the person against whom your complaint is filed.

Once a complaint is received it will be thoroughly investigated. Upon completion of the investigative process, the matter will be presented to the Investigative Committee of the Board for a recommendation to the entire Board. The Board reviews the investigative files and votes on the enforceability of each complaint filed by consumers. The Board is a quasi-judicial authority and in order to impose a disciplinary action it must meet a legal burden of proof in a hearing. In the event that your case is closed, it is not a reflection upon the validity of the complaint. Rather, the Board made a legal determination based on a thorough evaluation of whether the evidence supports prosecution. Due to the confidentiality of the investigative process, our office does not provide updates or release information regarding a complaint to anyone. You will be notified in writing when a final decision is made.

Enclosed for your review is additional information regarding complaints and the disciplinary process. If you need further information, you may contact Patricia Zagorski at 404-463-1022, or by email at patricia.zagorski@dch.ga.gov.

Sincerely yours,

LaSharn Hughes, MBA
Executive Director

An Equal Opportunity Employer

RE: HOLMESSMITH, GENNETT
CL#: 06-2311542

Page 3

Carlo Yuson, 3/19/2023 EMG and nerve study shows mild C6 radiculopathy. Medications in the chart review for the claimant, likely unable to try to return to work.

District medical Advisor, 10/22/2020, no changes in impairment rating.

On 11/19/2020, Spine Center Atlanta, recommended lumbar epidural steroid injection.

On 07/18/2022, American Health Imaging shows spinal cord compression at C3-C4. Left shoulder has tendinosis.

On 07/18/2022, Sierra EMG shows evidence of radiculopathy C3-C4 and C7-C8

Spine Center of Atlanta, 07/20/2022, suggested physical therapy.

District Medical Advisor recommended service on left extremity impairment.

HISTORY PER THE CLAIMANT AND STATEMENT OF ACCEPTED FACTS:

The claimant is a 53-year-old female who injured herself on 02/03/2011, lifting to reposition a patient. She felt a pull in the neck and started aching all over. She also c/o left shoulder pain. She has trouble with standing and has had several falls. She has to hold on to someone when she walks and she uses a wheelchair for shopping. She complains of numbness in the C6 distribution on the right and C6-C7 on the left. She does not cook. She does not do any work around the house. Her husband helps with dressing and showers. She does not have a driver's license. She got transportation from her husband to come to the appointment.

PAST HISTORY:

Positive for thyroid disease and is currently on thyroid medication.

REVIEW OF SYSTEMS:

Positive for numbness and tingling.

