

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
WCC NO. H504229**

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| BRENDA ARNOLD, EMPLOYEE | CLAIMANT |
| OSCEOLA SCHOOL DIST., SELF-INSURED EMPLOYER | RESPONDENT |
| ARK. SCHOOL BOARDS ASSN., THIRD-PARTY ADM'R | RESPONDENT |

OPINION FILED MARCH 24, 2026

Hearing before Administrative Law Judge O. Milton Fine II on February 6, 2026, in Jonesboro, Craighead County, Arkansas.

Claimant represented by Mr. Scott Hunter, Jr., Attorney at Law, Jonesboro, Arkansas.

Respondents represented by Ms. Melissa Wood, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On February 6, 2026, the above-captioned claim was heard in Jonesboro, Arkansas. A pre-hearing conference took place on September 15, 2025. The Prehearing Order entered on that date pursuant to the conference was admitted without objection as Commission Exhibit 1. At the hearing, the parties confirmed that the stipulations, issues, and respective contentions, as amended, were properly set forth in the order.

Stipulations

The parties discussed the stipulations set forth in Commission Exhibit 1. After an amendment of the fourth, they are the following, which I accept:

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1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The employee/self-insured employer/third-party administrator relationship existed among the parties on October 15, 2024, the alleged date of injury.
3. Respondents have controverted this case in its entirety.
4. Claimant's average weekly wage entitles him to compensation rates of \$808.00/\$606.00.

Issues

At the hearing, the parties discussed the issues set forth in Commission Exhibit

1. The following were litigated:

1. Whether Claimant sustained compensable injuries to her neck and lower back by specific incident.
2. Whether Claimant is entitled to reasonable and necessary medical treatment of her alleged compensable injuries.
3. Whether Claimant is entitled to temporary total disability benefits.
4. Whether Claimant is entitled to a controverted attorney's fee.

All other issues have been reserved.

Contentions

The respective contentions of the parties read as follows:

Claimant:

1. Claimant contends that on October 15, 2024, she was changing an autistic child's pull-up when he put his arms around her neck and hung from her

neck, causing immediate pain. She saw Dr. James Adametz, who opined that she required a cervical fusion at C5-6 and performed this surgery. Claimant has continued to treat with Adametz, who has tried to treat her back conservatively. Most recently, due to Dr. Adametz retiring, Claimant has seen Dr. Blake Phillips. He has scheduled her for back surgery in September.

Respondents:

1. Respondents contend that Claimant did not sustain a compensable injury to her neck or back on October 15, 2024. Her current need for treatment is associated with pre-existing problems.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record as a whole, including medical reports, non-medical documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of Claimant and to observe her demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. § 11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The stipulations set forth above are reasonable and are hereby accepted.
3. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her neck by specific incident.

4. Claimant has not proven by a preponderance of the evidence that she sustained a compensable injury to her lower back by specific incident.
5. Because of Findings/Conclusions Nos. 3-4 supra, the remaining issues—whether Claimant is entitled to reasonable and necessary medical treatment of her alleged injuries, and whether she is entitled to temporary total disability benefits and a controverted attorney’s fee—are moot and will not be addressed.

CASE IN CHIEF

Summary of Evidence

Claimant was the sole witness.

In addition to the Prehearing Order discussed above, admitted into evidence in this case were the following: Claimant’s Exhibit 1, a compilation of her medical records, consisting of one index pages and 60 numbered pages thereafter; Claimant’s Exhibit 2, non-medical records, consisting of one index page and five numbered pages thereafter; Respondents’ Exhibit 1, another compilation of Claimant’s medical records, consisting of two index pages and 54 numbered pages thereafter; Respondents’ Exhibit 2, non-medical records, consisting of one index page and seven numbered pages thereafter; and Respondents’ Exhibit 3, a flash drive containing video surveillance footage.

Adjudication

A. Compensability

Introduction. Claimant, a special education teacher, has argued that she suffered a compensable injury to her neck and lower back in an incident that happened on October 15, 2024. Respondents deny this.

Standards. In order to prove the occurrence of an injury caused by a specific incident identifiable by time and place of occurrence, a claimant must show that: (1) an injury occurred that arose out of and in the course of his employment; (2) the injury caused internal or external harm to the body that required medical services or resulted in disability or death; (3) the injury is established by medical evidence supported by objective findings, which are those findings which cannot come under the voluntary control of the patient; and (4) the injury was caused by a specific incident and is identifiable by time and place of occurrence. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). If a claimant fails to establish by a preponderance of the evidence any of the above elements, compensation must be denied. *Id.* This standard means the evidence having greater weight or convincing force. *Barre v. Hoffman*, 2009 Ark. 373, 326 S.W.3d 415; *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947).

A claimant's testimony is never considered uncontroverted. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agric. Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The

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Commission must sort through conflicting evidence and determine the true facts. *Id.* In so doing, the Commission is not required to believe the testimony of the claimant or any other witness, but may accept and translate into findings of fact only those portions of the testimony that it deems worthy of belief. *Id.*

Testimony. By way of background, Claimant testified that she began work for Respondent Osceola School District in July 2023. On August 30 of that year, she was involved in the following incident¹ at work:

Okay. So I had been teaching my class. I needed to put up a poster board and a large piece of paper. And I put it in this closet that I thought I could get into with no problems. I didn't. There was another teacher who didn't pick up her mess, and I fell. Oh my gosh. I fell. I hurt my neck, my back, my hip. I could not get up. One of my female students rant and got

¹The claim that is related to this matter, styled *Brenda Arnold v. Osceola Sch. Dist.*, AWCC No. H305860, is not before me. However, I can take judicial notice that I conducted a hearing in that case on June 21, 2024, and entered an opinion on July 19, 2024, that contained the following Findings of Fact and Conclusions of Law:

1. The Arkansas Workers' Compensation Commission (the "Commission") has jurisdiction over this claim.
2. The employee/self-insured employer/third-party administrator relationship existed among the parties on August 30, 2023, when Claimant suffered a compensable injury to her cervical spine.
3. A preponderance of the credible evidence establishes that Claimant should submit to an independent medical evaluation by Dr. Wayne Bruffett under Ark. Code Ann. § 11-9-511(a) (Repl. 2012) because such is reasonable and necessary. The parties will work together to expedite this evaluation. The evaluation shall be at the expense of Respondents. Claimant will be entitled to mileage reimbursement for travel to and from Dr. Bruffett's office in accordance with AWCC Advisory 89-2.

That decision was not appealed.

the principal. And it didn't take long, and an ambulance was there to pick me up. They took me to Osceola Hospital.

She did not go back to work for the school district until September 2024.

It was her testimony that that following took place on October 15, 2024:

Okay. At 2:30, it's time to take two students to the restroom, and I cannot use the restroom in their classroom. There's epoxy on the floor. It's very, very slick. Do not—cannot—want to fall—can't fall. So the classroom next door, it's not slick. So I go in there to change them, you know, one at a time. There was a substitute there that day, a substitute for special education. So I had her come with me to see what goes on and where everything is. And so anyway, I'm sitting on my walker and I'm changing his pull-up. Well, he locks hands . . . locks hands on my neck, my already-hurt neck—on top of that, my already-hurt neck. And I'm just yelling as loud as I can for the lady that's in the classroom. And she finally, finally heard me. And she got him off my neck. And, oh man, did it hurt. And it's hurting here, hurting all up in here. He's got, you know—those vertebrae² are already messed up . . . [i]t would, yeah, be up at the thoracic spine to—C-spine, thoracic spine. And then my back—it was probably, you know, the position I'm in. Because, you know, I'm bending down to change him. He's an autistic student. It's not his fault . . . [p]oor baby. But . . . he hangs on with all his weight.

Continuing, Claimant related that she texted the school principal to inform her what had happened. The next day, Claimant sought treatment at the emergency room. There, she was given medication. Later, she went to Dr. James Adametz, whom she termed “my neurosurgeon.”³ She stated that it was “perfect timing” that she was able to see him, because the visit was a follow-up related to her other claim.⁴ Dr. Adametz

²While making this statement, as reflected in the transcript, Claimant was pointing to the back of her neck.

³The opinion cited in *supra* Note 1 reflects that Claimant treated extensively with Adametz in connection with AWCC No. H305860.

⁴See *supra* Note 1.

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administered her an injection and ordered physical therapy. Claimant stated that neither was helpful. In addition, an MRI was ordered.

Eventually, Dr. Adametz retired. Thereafter, Claimant began seeing Dr. Joel Phillips, another neurosurgeon. The following exchange took place:

Q. What kind of problems were you having with regard to your neck?

A. Oh, with the neck, the motion, the tingling—you got tingling going here. We've got numbness on our fingers. We've got tingling. I'm glad I can feel it. I'm glad I can feel my hand. It's not going numb and it's not tingling. And the neck is not as tight. Muscle spasms are not as tight.

She now has limited range of motion in her neck. While she has no problems lowering her head, she is limited concerning how far she can raise it or turn it to the left and right.

As for her back, Claimant testified that Dr. Phillips performed a spinal fusion in September 2025. As to her present back condition, she related that “things have improved.” However, she is still in physical therapy, and still has trouble raising her legs while walking.

On cross-examination, Claimant agreed that she has pre-existing issues with her neck. In 1991, she fractured C6 when she leapt from a moving automobile to escape a domestic assault. In approximately 2014, Claimant sustained whiplash when she was struck from the rear in a motor vehicle accident. While employed by the Arkansas Department of Correction, her neck was injured during a training exercise. Finally, Dr. Adametz had recommended surgery in connection with the neck injury she suffered as part of AWCC No. H305860, which led to the hearing concerning whether she should submit to an independent medical evaluation by Dr. Wayne Bruffett.

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Claimant agreed that when she went to Dr. Adametz following the pull-up changing incident, per his note, there was no change in her symptoms. For that reason, he wanted her to undergo a repeat MRI. She agreed that her medical records in evidence reflect that she had previously complained of neck and back pain, along with an intermittent electric shock-type sensation in her lower extremities. Claimant had been treated with a lumbar steroid injection on January 30, 2024.

While Claimant testified initially that she had not discussed undergoing neck surgery with Adametz, she later acknowledged that this very thing was the subject of the earlier hearing on AWCC No. H305860. However, she stated that the repeat MRI revealed a cervical herniation at one level and a protrusion at another.

Pre-incident records. The medical records in evidence reflect that on September 11, 2023, Claimant underwent a lumbar MRI that showed grade 1 anterolisthesis of L4-5 with degenerative change and degenerative changes to her lower lumbar facet joints. She reported to Dr. Adametz on October 17, 2023, that she fell at work on August 30, 2023. Claimant presented with back pain and neck pain/numbness. Adametz wrote that she also underwent a cervical MRI that showed “a significant abnormality at C5-6 is [sic] probably combination of osteophyte disc as well as a degenerative disc . . . [along with] a small right C4-5 disc herniation and a [possible] slight sublux[ation] at that level.”

A CT scan that was performed on September 20, 2023, was read by Dr. Barbara Rodrigues to show only degenerative changes. In addition to straightening of the normal lordotic curvature, the MRI showed “bilateral facet hypertrophy, worse on the left, with minimal central disc protrusion, without spinal stenosis,” at C4-5; and “posterior

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lateral osteophyte with facet hypertrophy, causing narrowing of bilateral neuroforamen, with AP diameter spinal canal 8.7 mm, with spinal stenosis, and limited evaluation due to streaking artifact,” at C5-6. The CT scan of the lumbar spine, performed the same day, yielded only degenerative findings.

On October 26, 2023, the doctor wrote that her x-rays showed a “degenerative disc at C5-6 and a minimal angulation at C4-5 but not truly a subluxation in the cervical spine.” He added that her lumbar x-rays revealed that “she does have a mild spondylolisthesis at L4-5,” and specified that this lumbar condition was degenerative.

On November 14, 2023, Dr. Adametz wrote:

I reviewed her MRI of the cervical spine again[.] [S]he has a severe spondylosis at C5-6 with degenerative disc and osteophyte but she also probably has a small disc protrusion at C4-5 eccentric to the right side and on x-ray there is certainly some angulation there at C4-5 . . . [h]er low back is also bothering her a lot and on x-ray continues she has at least a little bit of a spondylolisthesis at L4-5 so I think we should get an MRI scan of the lumbar spine.

Claimant underwent a lumbar MRI. In addressing its findings on December 19, 2023,

Adametz stated:

We did an MRI of the lumbar spine and she does have probably some stenosis at L3-4 and L4-5. It looks like she may be even getting a spondylolisthesis at L4-5 so we will get some standing flexion-extension x-rays. There are disc protrusions at both L3-4 and L4-5.

When the doctor saw Claimant on January 30, 2024, he wrote:

I reviewed her [November 2023 cervical] MRI scan again and at C4-5[.] [S]he does have a right paracentral disc herniation is gone [sic] a little superior to the disc space and is behind the body of [C]4. At C5-6 she has a degenerative disc and spondylosis with osteophytes on both sides but also a large bulge of the disc on top of it and that may have been what made this become symptomatic. She says she cannot live with [t]his neck pain and so I recommend doing a discectomy at C4-5 and C5-6. To get

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out the osteophyte in the disc herniation especially is gone [sic] behind C4 I did not have the do [sic] partial corpectomies of C4, C5 and C6 and then fuse it with allograft and a plate.

He gave her a lumbar epidural steroid injection.

During Claimant's return visit to Dr. Adametz on March 28, 2024, it was discussed that her cervical surgery had not taken place because the workers' compensation insurance carrier had not yet approved it. The doctor wrote that he reevaluated her lumbar MRI and noted that "she does have slight bulging disc at both L3-4 and L4-5 with some canal stenosis." He went on to describe her lumbar findings as "fairly mild."

During her July 23, 2024, appointment with Adametz, he wrote that he "reviewed her [December 2023] MRI of her lumbar spine she [sic] has a small disc protrusion is [sic] mild spondylolisthesis at L4-5 that does cause some canal stenosis. There is even slight abnormality at L3-4."

Post-incident records. The record of Claimant's return visit to Dr. Adametz after the alleged incident reads in pertinent part:

She came back [to] the office on October 22, 2024. Since I last saw her they had her see another doctor who thought she should be able to return to work so she did. She actually was put in with kindergarten students though and then one of them grabbed her by the neck and she states that flared up her neck and made [it] even worse. She hurts in her neck and and [sic] both shoulders. She [has] decided to give up on this being a Workmen's [sic] Comp. case and settle that [sic] wants to go ahead with just treatment . . . [s]he has not had a change in her symptoms and her MRI scan [is] a year old so I feel like we really need to get a new MRI scan before making a final decision.

Claimant underwent another cervical MRI on November 12, 2024. Adametz wrote:

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We did a new MRI scan and it shows multiple abnormalities. The worst 1 is at C5-6 which she has a combination of spondylosis and disc herniation that does narrow the canal and causes severe bilateral foraminal stenosis. At C4-5 she has a broad-based right-sided disc protrusion that does indent the thecal sac and is close to the spinal cord. She has minor bulging disc at both C3-4 and C6-7. I talked [to] her about options and she is ready to go ahead with surgery[.] I would end up performing an anterior cervical discectomy at C4-5 and C5-6. I would have to do partial corpectomies because the C5-6 disc space is so narrowed and she has a large osteophytes [sic]. I would then fuse it with a[n] allograft and a plate.

The cervical fusion surgery took place on November 20, 2024.⁵ When Claimant saw Dr. Adametz again on December 17, 2024, she reported that while she has experienced “a little neck spasm,” the numbness in her hands and arms has been alleviated.

The report of her visit to Adametz on May 6, 2025, reads in pertinent part:

This lady had a Workmen’s Comp. injury and [I] operated on her neck. She [has] actually done pretty good with that but she still has low back problems. She had an MRI scan back in 2023 when this first happened[.] [S]he had a bulging disc at L4-5 with some facet arthritis and mild canal stenosis. At the moment she hurts mostly off to the right side and some of this does seem to localize to the sacroiliac joint. She has had some kind of injection by her pain management doctor but has not been very happy with him and so wonder[s] if I can do anything. It is unclear to me whether this can be Workmen’s Comp. or her ambulator [sic] now but ambulator always require[s] some physical therapy for their pretty much so we will start by putting her in some PT for a little bit and see how that does. If she still ha[s] a lot of pain or around her SI joint I may try an injection of that or she starts getting more pain down her leg and I will repeat an MRI scan. As far as her neck goes as you feel like she has reached maximal medical improvement she also asked about an impairment rating and she has 2 ruptured disc[s] in her neck and so that qualifies her for an 8% permanent partial impairment to the body as a whole.

On September 17, 2025, Claimant again underwent surgery, this time in the form of a fusion at L4-5.

⁵The surgical report is not in evidence.

Discussion. What must be determined initially is whether Claimant has objective findings of her alleged neck and lower back injuries. Unquestionably, she has had problems with both of these regions of her spine; she has undergone fusions of C4-5, C5-6, and L4-5. But does she possess findings of injuries to these body parts that were not present until after the October 15, 2024, pull-up changing incident at the school?

With respect to her lumbar spine, I note that there are no new findings of injury, post-October 15, 2024. Her May 6, 2025, report by Dr. Adametz is the only one in that period that even addresses her lower back. But all he does in this report is reference her 2023 MRI, which showed her to have “a bulging disc at L4-5 with some facet arthritis and mild canal stenosis.” She has not proven that she has objective findings of a lower back injury that can be tied to the alleged changing incident. For that reason, this portion of her claim must fail at the outset.

As for her alleged neck injury, her November 12, 2024, cervical MRI—taken 28 days after the incident at issue—showed that Claimant had degenerative findings (“minor bulging”) at C3-4 and C6-7. Her more serious findings were at C4-5 and C5-6. According to the above MRI, her condition at C4-5 as of November 2024 consisted of “a broad-based right-sided disc protrusion that does indent the thecal sac and is close to the spinal cord.” But when Claimant went to Dr. Adametz on October 17, 2023—approximately one year before the incident at issue—he wrote that her cervical MRI revealed “a small right C4-5 disc herniation and a [possible] slight sublux[ation] at that level.” Thus, her C4-5 findings are not new ones.

The same is also true of her C5-6 condition. Dr. Adametz wrote that Claimant's November 12, 2024, MRI showed her to have "a combination of spondylosis and disc herniation that does narrow the canal and causes severe bilateral foraminal stenosis" at that level. However, Claimant's medical records show that is condition is likewise pre-existing. On January 30, 2024, Adametz wrote: "I reviewed her [November 2023 cervical] MRI scan again and . . . [a]t C5-6 she has a degenerative disc and spondylosis with osteophytes on both sides but also a large bulge of the disc on top of it and that may have been what made this become symptomatic." There is no material difference between her radiological findings at this level, pre and post-incident. Consequently, she cannot, and has not, established that she suffered a compensable neck injury.

B. Remaining Issues

Because Claimant has not proven that she sustained a compensable neck or lower back injury herein, the remaining issues—whether she is entitled to reasonable and necessary medical treatment of her alleged injuries, and whether she is entitled to temporary total disability benefits and a controverted attorney's fee—are moot and will not be addressed.

CONCLUSION

In accordance with the Findings of Fact and Conclusions of Law set forth above, this claim for initial benefits is hereby denied and dismissed.

IT IS SO ORDERED.

Hon. O. Milton Fine II
Chief Administrative Law Judge