

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. G702804

MICHEAL BRANNIGAN, EMPLOYEE

CLAIMANT

UNIVERSITY OF ARKANSAS FAYETTEVILLE/GARVIN
GARDENS, EMPLOYER

RESPONDENT NO. 1

PUBLIC EMPLOYEE CLAIMS DIVISION,
THIRD PARTY ADMINISTRATOR

RESPONDENT NO. 1

DEATH & PERMANENT TOTAL
DISABILITY TRUST FUND

RESPONDENT NO. 2

OPINION FILED APRIL 21, 2021

Hearing held before ADMINISTRATIVE LAW JUDGE CHANDRA L. BLACK in Little Rock, Pulaski County, Arkansas.

Claimant represented by ANDY L. CALDWELL, Attorney at Law, Little Rock, Arkansas.

Respondents No. 1 represented by CHARLES H. MCLEMORE, Attorney at Law, Little Rock, Arkansas.

Respondent No. 2 represented by DAVID L. PAKE, Attorney at Law, Little Rock, Arkansas. Mr. Pake waived his appearance at the hearing.

STATEMENT OF THE CASE

On March 10, 2021, the above captioned claim came on for a hearing in Little Rock, Arkansas. A Prehearing Telephone Conference was conducted on January 13, 2021; and a Prehearing Order was filed on that same date. The Prehearing Order has been marked as Commission's Exhibit #1 and made a part of the record without any objection from the parties.

During the Prehearing Telephone Conference, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of the within claim.

2. The employee-employer-insurance carrier relationship existed at all relevant times, including February 1, 2017. At that time, the Claimant sustained a compensable injury to his lumbar spine.

3. The Claimant's average weekly wage at the time of his compensable back injury was \$567.68.

4. Any issue not litigated herein is reserved under the Arkansas Workers' Compensation Act (referred to hereinafter as the "Act").

5. The Claimant requested a one-time change of physician to Dr. Mark Miedema, which was granted by the Commission on August 13, 2017.

6. Respondents No. 1 have paid some benefits to and on behalf of the Claimant.

7. In the event the Claimant is awarded additional medical treatment, the parties agree that the Claimant is entitled to choose another treating physician per the Managed Care Organization guidelines.

The parties agreed to litigate the following issue: whether the Claimant is entitled to additional medical treatment for his back injury of February 1, 2017, as recommended by Dr. Miedema. The Claimant has asserted he should be allowed to choose another doctor (namely, Dr. Samuel Overly) since his treating physician, Dr. Miedema, has left his practice.

Claimant contends that he requested and received a Change of Physician to Dr. Miedema. Dr. Miedema has moved to Northwest Arkansas. The Claimant is without an authorized treating physician. The Claimant requests that Dr. Overly at UAMS be named his new authorized treating physician. The Claimant requests that the Respondents provide the recommended treatment (physical therapy) as recommend by Dr. Miedema and follow up with Dr. Overly. All other issues are reserved.

At the start of the hearing, the Claimant's attorney amended his contentions. Specifically, counsel for the Claimant requested additional medical treatment in the form of epidural steroid injections (instead of physical therapy), as recommended by Dr. Miedema.

Respondents No. 1 contend that on February 1, 2017, the Claimant reported having either a new injury or a recurrence of a prior injury. This claim was accepted by Respondent No.1 as an aggravation of a preexisting degenerative disc disease and the Claimant was sent to Dr. Larey, and then to Dr. Bruffett on March 10, 2017 who found the Claimant did not have evidence of a new injury, no treatment was recommended, and the Claimant was released at MMI with no permanent impairment and work restrictions. The Claimant requested and received a one-time Change of Physician on August 3, 2017 to Dr. Mark Mediema, and the Claimant had his initial visit August 17, 2017.

Respondents No. 1 filed a Motion to Dismiss for want of Prosecution June 21, 2019, which the Claimant objected to, resulting in a hearing set for December 27, 2019. On December 19, 2019 the Claimant requested that the hearing be continued and the file returned to the Commission's General Files in light of outstanding discovery. On September 10, 2020. Respondent No. 1 again filed a Motion to Dismiss for Want of Prosecution, which the Claimant has objected to and demand a hearing again.

The Respondents No. 1 contends that the Claimant cannot meet his burden of proving that he is entitled to further medical treatment at this time as reasonable and necessary for and causally related to a February 1, 2017 injury, that he remains in a healing period, or that he is entitled to another Change of Physician with another physician.

Respondents No. 1 reserve the right to raise additional contentions, or to modify those stated herein, pending the completion of discovery.

Respondent No. 1 deferred to the outcome of litigation.

The record consists of the hearing transcript of March 10, 2021, and the exhibits contained therein. Specifically, the following exhibits have been made a part of the record: Commission's Exhibit #1 includes the Commission's Prehearing Order of January 13, 2021, and the parties' respective response to the Prehearing Questionnaire. The Claimant offered into evidence, Claimant's Medical Exhibits, consisting of forty-six pages, which has been marked as Claimant's Exhibit #1. Respondents No. 1 submitted into evidence Respondent No. 1's Medical Exhibits, consisting of seventeen pages, which has been marked as Respondents' Exhibit #1. Respondents No.1 submitted a Respondent No. 1's Documentary Exhibit, consisting of seventeen pages, which has been marked as Respondents' Exhibit #2.

Based on my review of the record as a whole, to include the aforementioned documentary evidence, other matters properly before the Commission, and after having had an opportunity to hear the testimony of the Claimant and observe his demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. §11-9-704 (Repl. 2012):

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. I hereby accept the aforementioned stipulations as fact.
3. The Claimant failed to prove by a preponderance of the evidence that additional medical treatment (in the form of steroid injections), as recommended by Dr. Mark Miedema, is reasonably necessary in connection with to his compensable back injury of February 1, 2017.

HEARING TESTIMONY

The Claimant was the only witness during the hearing. At the time of the hearing, the Claimant was thirty-six years old. On February 1, 2017, the Claimant worked for the University

of Arkansas. His assigned worksite was at Garvan Woodland Gardens, in Hot Springs. The Claimant confirmed that he was the on-site arborist. His employment duties primarily included climbing and trimming trees, and removal of them as necessary.

On February 1, 2017, the Claimant involved in a work-related incident. The Claimant testified that he twisted his back while blowing the trails. According to the Claimant, the Respondents accepted the claim and paid for some of his medical treatment. The Claimant testified that they sent him to Mercy Corporate Health. They also sent the Claimant to Dr. Wayne Bruffett for an independent medical examination/IME. The Claimant confirmed that he requested a change of physician to Dr. Mark Miedema.

According to the Claimant, Dr. Miedema recommended steroid or stem cell injections for his admittedly compensable back injury. The Claimant denied that the Respondents ever provided this treatment to him. He essentially agreed that he is asking the Commission to order the Respondents to provide the treatment recommended by Dr. Miedma.

The Claimant verified that the Respondents took his deposition. At that time, the Claimant confirmed that he testified during his deposition that he had a motor vehicle accident in between the time he last had medical treatment for his back to present day. According to the Claimant, his wreck occurred two or three years ago. He was unable to recall the exact date of his MVA. The Claimant essentially testified that most of the injuries were to his neck and shoulder from the seatbelt. However, the Claimant further testified that he slightly injured his back in the same spot. The Claimant confirmed that he underwent some physical therapy for his automobile accident. In addition, the Claimant essentially agreed that before his automobile accident, he was still having pain in his back, which he related to his work injury. He agreed that he continues with problems with his back.

On cross-examination, the Claimant verified that his deposition was taken on July 18, 2017. The Claimant admitted that his employment duties entailed using a rope to physically climb up a tree to trim it. The Claimant admitted that he had to carry a chainsaw when performing these employment duties. Following his employment at Garvan Woodland Gardens, the Claimant worked at C.D.'s Trees-in Hot Springs. According to the Claimant, he was a supervisor for C.D. Trees. The Claimant oversaw the whole job site for the company. Since this time, the Claimant confirmed that he has worked "here and there" doing tree-type work. The Claimant admitted that this type of work is very physical.

He verified that he has seen Dr. Bruffett on separate occasions. The Claimant admitted that he had prior workers' compensation claims. According to the Claimant, he initially hurt his back when he fell on a blower, in February 2016[sic]. He confirmed that he received medical treatment for his prior back injury from Dr. Bruffett. The Claimant testified that he has undergone two MRI studies. The Claimant admitted to seeing Dr. Meidema back in 2017. However, the Claimant did not recall what was done at that appointment.

The Claimant acknowledged that he was injured during his car wreck. However, the Claimant could not recall the name of the place where he received medical treatment. According to the Claimant, the treatment for his automobile accident lasted for a couple of months.

Under further questioning, the Claimant further explained why he discontinued this treatment:

A Because my neck and shoulder and all that quit hurting when I did stuff.

Q And did you feel any pain after that?

A From my neck and shoulder? No.

Q Well, you just said that your back was also hurting at that time.

A Yeah.

Q So why did you stop going for treatment?

A Because it went back to about normal?

Q Well, where did you go to a doctor after that?

A I don't recall.

Q How long's has it been since you a saw a doctor about your back?

A Probably since I was going to the chiropractor I had been with.

The Claimant admitted that he started seeing the chiropractor in Glenwood because his back hurt and he was trying to alleviate the pain on his own. He admitted that he was being treated for low back and neck pain. However, the Claimant next essentially testified that he stopped the treatment for his automobile accident because it was not effective and a waste of his time.

He confirmed that the chiropractic treatment worked temporarily, but his back continues to hurt. According to the Claimant, he wakes up hurting every morning. The Claimant testified that it hurts to tie his shoes. He confirmed that he is no longer treating with the chiropractor.

The Claimant testified:

Q We've talked about a car wreck and you treated somewhere for a couple of months or so. Besides that and the chiropractor, where else have you had any kind of treatment for your back since 2017?

A I couldn't tell you. Other than that I don't recall man.

Q All right. What kind of medication do you take for the back?

A I don't take any medication for I don't want to be a pill head...

He also denied taking any over-the-counter medication for his back. As of the date of the hearing, the Claimant was not working. Since the Claimant's employment with C.D.'s Trees in 2017, he has worked at Jake's Tree Care. He also worked at his friend's auto shop (Remmy's)

washing cars. According to the Claimant, he has worked for other tree service companies, including Tree Doc and Urban Jack’s Tree Service. However, the Claimant maintained that although companies will hire him; they do not keep him on long because he cannot perform the work. The Claimant has also worked at Royal Tree Care-in Hot Springs.

Under further questioning, the Claimant verified that when his deposition was taken back in 2017, he admitted to engaging in activities such as kayaking, on the Ouachita River. He had also ridden a motorcycle. The Claimant confirmed that he hunted deer last year but was unsuccessful.

Upon being questioned by Commission, the Claimant admitted that he was the driver of a truck at the time of his motor vehicle accident. According to the Claimant, he was making a left-hand turn when another vehicle hit his truck on the side. The Claimant denied going to the ER immediately following his car wreck. However, the Claimant confirmed that he sought medical treatment the next day. The Claimant verified that he has a settlement pending for his MVA.

MEDICAL EVIDENCE

Prior medical record show that the Claimant sought medical treatment for his back on September 15, 2014 from Mark E. Larey, DO. At that time, the Claimant reported that he hurt his lower back when slipped while blowing trails at Garvan Woodland Gardens. Specifically, the Claimant reported that he hurt his lower back when he fell and landed on a blower. This was the Claimant’s second visit. The Claimant reported that most of his pain was in his lower back, with no radiation. However, he had prior back problems at that time. Dr. Larey diagnosed the Claimant with “sprain/strains, lumbar.”

An MRI was performed on February 18, 2015, of the Claimant’s lumbar spine. Dr. Mark Robbins rendered the following impression: “1. Mild degeneration disc changes greatest at T12-

L1 and L5-S1. 2. Mild left paracentral disc protrusion at T12-L1 with mild effacement of thecal sac.”

Dr. Wayne Bruffett performed an initial evaluation of the Claimant on March 16, 2015. Per these medical notes, the Claimant reported to Dr. Bruffett that he got hurt at work in September when he fell on a leaf blower. The Claimant further reported that he got over his initial injury and then had recurrent injury and pain. His pain was mild to moderate at rest. It did not seem to be radicular in nature. The location of the Claimant’s pain was in his low back. Dr. Bruffett stated that X-rays of the Claimant MRI scan revealed some mild degenerative change, and that his lumbar spine MRI scan reflected the same. At that time, Dr. Bruffett opined that the Claimant had reached maximum medical improvement from his work injury. Therefore, Dr. Bruffett released the Claimant back to work without any restrictions and gave him a zero percent impairment rating utilizing the *AMA Guides*, 4th Edition.

Further review of the medical evidence shows that the Claimant sought initial medical treatment for his work-related back injury of February 1, 2017. The Claimant was seen at CHI St. Vincent’s Corporate Health. He was evaluated by Dr. Larey. The Claimant gave a history of back pain as a result of a lifting and twisting incident at work. At that time, the Claimant denied any radiation of pain, numbness, or tingling in his extremities. Dr. Mark Larey wrote, in relevant part:

The problem began on 2/1/2017. 1st (sic) visit; initial low back injury 2/15 when he fell on back while wearing backpack blower. Had PT w/o improvement, MRI and neurosurgery referral to Dr. Bruffett. Released to reg. duty in May ‘16. Back pain began recurring around 11/16, has been getting progressively worse then today put on a backpack blower and pain significantly increased. (sic) no radiation.

Dr. Larey opined that on physical examination of the Claimant’s lumbar spine, no palpable spasm was noted. However, Dr. Larey stated that a prior MRI showed DDD at L5-S1. At that time, Dr.

Larey assessed the Claimant with “low back pain,” and prescribed Toradol. Dr. Larey opined that the medical cause of the Claimant’s problem was related to his work activities.

An MRI of the Claimant’s lumbar spine was performed on February 16, 2017. Dr. Al Alexander rendered the following impression: “Disc degeneration with mild disc bulge at T12-L1 and L5-S1.”

On March 10, 2017, the Claimant sought medical treatment from Dr. Wayne Bruffett for his compensable back injury of February 2017. However, the Claimant reported to Dr. Bruffett that previously in February of 2016, he slipped and fell while blowing leaves with a backpack leaf blower. After that incident, the Claimant stated that he began having ongoing pain in his low back, for which he was treated nonoperatively with some physical therapy/PT. It appears that Dr. Bruffett reviewed the Claimant’s February 2017 MRI scan and assessed him with “Degenerative disease lumbar spine with chronic low back pain.” Specifically, Dr. Bruffett wrote:

Plan

I reviewed the imaging with Michael. I think he would best be treated with just anti-inflammatory medication. I will give him a prescription for ibuprofen 6 mg 3 times a day with food. I cautioned him about gastric upset and renal insufficiency. If he develops these he can discontinue it. Otherwise, there is no specific injection or therapy or surgery that is going to cure his complaints.

He just does not have much objective evidence of injury. I do not have restrictions to place upon him. He has not sustained any type of injury that would result in any permanent impairment. If the ibuprofen 200 mg that I prescribed is helpful when he can continue on over-the-counter basis.

The Claimant underwent evaluation of his low back pain by Dr. Mark Miedema, on August 17, 2017. At that time, the Claimant presented for evaluation of several months of low back pain radiating into both lower extremities. The Claimant associated these symptoms to his work-related injury of February 1, 2017. Dr. Miedema noted that the Claimant previously completed physical therapy and take anti-inflammatories, but unfortunately with limited sustained relief. Upon review

of the Claimant's prior medical records, Dr. Miedema stated the previous MRI on February 16, 2017, showed "mild disc degeneration and mild disc bulges at T12-L1 and L5-S1." Also, Dr. Miedema stated that there was no disc herniation or significant neural compression at any level. Therefore, Dr. Miedema assessed the Claimant with "Low back pain," for which he essentially recommended self-back care and a healthy lifestyle. Dr. Miedema also assessed the Claimant with "Degeneration of lumbosacral intervertebral disc." It appears that for this diagnosis, Dr. Miedema tried to educate the Claimant on conservative treatment options including physical therapy, a home exercise program, healthy diet and lifestyle, acupuncture, massage, chiropractic care, pharmacotherapy, and injections. He encouraged the Claimant to continue with a home exercise program previously taught by physical therapy. Dr. Miedema's final assessment of the Claimant low back included, "Lumbosacral radiculitis-Right and Left S1 chemical radiculitis secondary to disc degeneration at L5-S1 causing lower extremity radicular symptoms." With respect to the aforementioned diagnosis, Dr. Miedema wrote in relevant: Given the severity of the patient's pain and functional limitation, I will proceed with bilateral S1 transforaminal epidural injection for therapeutic purposes. I discussed the risks of this procedure at length with the patient..." Dr. Miedema essentially stated: "I do not think he (the Claimant) will have any permanent impairment as a result of this work-related injury. I educated him he can return to work without restrictions at this time. I do not think he has reached MMI but I'm hopeful after the epidural injection he will have obtained maximal medical improvement. Dr. Miedema suggested that the Claimant followed-up with him in two weeks after the procedure.

On August 23, 2017, Dr. Miedema wrote the follow memorandum regarding the Claimant's back condition:

I think Michael has ongoing right and left S1 chemical radiculitis secondary to the disc degeneration at L5-S1.

While I do agree with most of Dr. Bruffett's assessment. I should clarify that I think he could benefit from an epidural injection. I do not think he has yet reached maximal medical improvement because I think his symptoms could improve with the epidural injection. I'm hopeful he will have obtained maximal medical improvement.

I still think that he can return to work without restrictions at this time and will not have any permanent impairment.

Thank you for allowing me to participate in the care of this patient, please do not hesitate to contact me with any further questions.

The Claimant sought chiropractic treatment from Terry L. Hutson, DC, on March 27, 2020.

At that time, he complained of moderately severe frequent burning, sharp, stabbing low back pain on the right. The Claimant reported that sleeping made this issue worse. The Claimant also reported that the issue had persisted for years. The Claimant complained of moderately severe frequent burning, sharp, stabbing low back pain on the left. He also complained of headaches. Dr. Hutson performed chiropractic manipulative therapy and used physical medicine modalities as indicated. The treatment also included intersegmental traction to the complete spinal region.

It appears that the Claimant underwent several sessions of treatment under Dr. Hutson. The final medical record is dated August 31, 2020. Per this chart note, the Claimant was on his eleventh of twelve visits. The Claimant continued with constant low back pain and neck tightness on both sides. The Claimant was treated with manipulations to C4, C5, L4, and L5 using the diversified technique. Manipulation was performed to the Claimant's pelvis using the Thompson Technique. Overall, Dr. Hutson's assessment was "In my clinical opinion, the patient was feeling slightly worse prior to treatment. Patient tolerated the treatment well. Treatment was effective. In my clinical opinion, the patient is feeling a little better after today's treatment."

ADJUDICATION

The sole issue for determination is whether the Claimant is entitled to additional medical treatment for his compensable back of February 1, 2017. The parties' respective contentions are set out above.

An employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code Ann. §11-9-508(a) (Repl. 2012). The Claimant bears the burden of proving that he is entitled to additional medical treatment.

In the claim at bar, the Claimant suffered a compensable injury to his back more than four years ago-on February 1, 2017. Specifically, the evidence demonstrates that the Claimant suffered a low back injury in the form of a temporary aggravation of a preexisting degenerative disc disease, which resulted from a twisting incident, while blowing the trails at Garvan Woodland Gardens. Respondents No. 1 accepted the claim as compensable and paid for conservative medical treatment of the Claimant's back injury.

On February 1, 2017, the Claimant sought initial treatment for his back injury from Dr. Larey. At that time, the Claimant reported to Dr. Larey that he previously injured his back in February 2015[sic], when he fell back while wearing a backpack blower. The Claimant reported that he did not improve with PT and was released back to regular duty work in 2016. He further reported that his back pain began recurring around November 2016, and had been getting progressively worse, but was significantly increased when he put the backpack blower on earlier that day. Dr. Larey opined that on physical examination, the Claimant had no palpable spasm. He further opined that the prior MRI from 2015 demonstrated "DDD at L5-S1." Dr. Larey assessed the Claimant with "low back pain," and prescribed Toradol.

An MRI was performed of the Claimant's lumbar spine on February 16, 2017. Dr. Alexander opined that the MRI revealed "Disc degeneration with mild disc bulge at T12-L1 and L5-S1."

On March 10, 2017, the Claimant underwent an independent medical evaluation by Dr. Bruffett. At that time, Dr. Bruffett assessed the Claimant with "Degenerative disease lumbar spine with chronic low back pain." Dr. Bruffett essentially opined that the Claimant had reached maximum medical improvement for his compensable back injury and assessed him with a zero percent impairment rating. At that time, Dr. Bruffett also opined that the Claimant did not have much objective evidence of injury. Therefore, Dr. Bruffett stated that there was no specific injection, therapy, or surgery that was going to cure his complaints.

Subsequently, on August 13, 2017, the Claimant received a change of physician to treat with Dr. Miedema for his compensable back injury. Respondents No. 1 paid for the Claimant's one-time-visit with Dr. Miedema, which occurred on August 17, 2017. At that time, Dr. Miedema diagnosed the Claimant with "1. Low back pain. 2. Degeneration of lumbosacral intervertebral disc. 3. Lumbosacral radiculitis." Dr. Miedema recommended that the Claimant undergo "Right and left S1 chemical radiculitis secondary to disc degeneration a L5-S1 causing lower radicular symptoms. On August 23, 2017, as fully outlined above, Dr. Miedema agreed with majority of Dr. Bruffett's assessment, but recommended the epidural injection and opined that the Claimant had not yet reached maximal medical improvement (MMI).

I found the Claimant's testimony to be less than forthcoming. In that regard, on cross-examination, the Claimant did not recall the exact date of his MVA. However, the Claimant's deposition was taken on July 18, 2017. His deposition testimony shows that he had been involved in a car wreck. This means that the Claimant's MVA occurred within five and a half months, after

his compensable injury of February 1, 2017. The Claimant admitted that he injured his neck, shoulder, and back in the MVA. His testimony shows that during the car wreck, he injured his back in the “same spot” where his work injury occurred. At one point in the Claimant’s hearing testimony, he testified that he stopped treating for his MVA because his back, neck, and shoulder symptoms resolved. At another point in his testimony, the Claimant maintained that the treatment was pointless. Interestingly, when the Claimant saw Dr. Miedema on August 17, 2017 there is no medical documentation of a history being reported by the Claimant that he had been involved in an automobile accident.

In light of this incomplete medical history provided by the Claimant to Dr. Miedema, I have attached minimal weight to Dr. Miedema expert opinions in August 2017 wherein he opined, among other things, that the Claimant’s has not reached MMI. However, I have assigned significant weight to Dr. Bruffett’s expert opinion of March 2017(as outlined above) because it is consistent with the findings of the two lumbar MRIs of preexisting degenerative disc disease and Claimant’s symptomatic chronic low back pain dating back to September 2014.

Although on cross-examination, the Claimant testified that his prior back injury occurred in February 2016, prior medical records reveal that this prior back injury occurred in September 2014, while working for the respondent-employer. Nevertheless, at the time of the Claimant’s current compensable back injury of February 2017, he was suffering from chronic significant symptoms of degenerative disc disease. The Claimant’s testimony during the hearing related his prior symptoms to his prior work-related injury, which happened in 2014. He also reported the same to Dr. Larey. As such, I am persuaded that the Claimant’s current back injury only slightly worsened his preexisting degenerative disc disease. Hence, the evidence clearly demonstrates that

the Claimant suffered a minor aggravation of a preexisting condition, which has now since resolved. The preponderance of the evidence clearly indicates that the Claimant's current symptoms, if any, are the result of his preexisting degenerative disc disease, prior back injury of 2014, and his subsequent automobile accident.

I realized that in Williams v. L & M Janitorial, Inc., 85 Ark. App.1, 145 S.W. 3d 383 (2004), the Arkansas Court of Appeals pointed out that in workers' compensation law, an employer takes the employee as he finds him. However, I do not find this to be the case in this matter.

Therefore, based on the expert opinion of Dr. Bruffett, the fact that the Claimant has experienced significant ongoing back pain since his prior injury in 2014; the fact that the Claimant pre-existing degenerative disc disease was symptomatic prior to his work injury current work-related back of February 1, 2017, and considering that the Claimant was involved in a motor vehicle accident subsequent to his compensable injury wherein he injured his back in the "same spot" as his work-related injury, and because Dr. Miedema's recommendation for steroid injections for his work injury was made over forty-four months ago, without any knowledge of Claimant automobile accident; I find that the Claimant's compensable back injury of February 2017, is not a contributing factor in his need for lumbar steroid injections.

Therefore, I am compelled to find that the Claimant's current need for additional medical treatment (in the form of epidural steroid injections) is not reasonably necessary in connection with his compensable back injury of February 1, 2017.

ORDER

The Claimant failed to prove by a preponderance of the credible evidence that additional medical treatment, in the form of steroid injections, as recommended by Dr. Mark Miedema is reasonably necessary in connection with his compensable back injury of February 1, 2017,

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pursuant to Ark. Code Ann. §11-9-508(a) (Repl. 2012). Therefore, this claim is respectfully denied and dismissed.

IT IS SO ORDERED.

CHANDRA L. BLACK
Administrative Law Judge