

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO.:H400768

CAROL DIAZ, EMPLOYEE	CLAIMANT
ENVOY AIR, INC., EMPLOYER	RESPONDENT
AIU INSURANCE COMPANY/SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., CARRIER/TPA	RESPONDENT

OPINION FILED JULY 22, 2025

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

Claimant represented by the Honorable GREGORY R. GILES, Attorney at Law, Texarkana, Arkansas.

Respondents represented by the Honorable RANDY P. MURPHY, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On April 23, 2025, the above-captioned case came on for a hearing before the Arkansas Workers' Compensation Commission in Little Rock, Arkansas. A pre-hearing telephone conference was held in this matter on March 19, 2025. A Pre-hearing Order was entered on that same day. The parties' pre-hearing information filings have been made a part of the record without objection; and thus, been marked accordingly, as Commission's Exhibit No. 1.

During the pre-hearing telephone conference, and/or at the hearing, 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 among the parties, on

January 16, 2024, at which time, the Claimant alleges to have sustained compensable injuries to her back and left leg during and in the course and scope of her employment with the respondent-employer, Envoy Air.

3. The Claimant's average weekly wage on the day of her alleged work-related incident was \$808.98. Her weekly compensation rate is \$539.00, for temporary total disability/TTD compensation, and \$404.00¹ for permanent partial disability/PPD benefits.
4. The Respondents have controverted this claim in its entirety.
5. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

During the pre-hearing telephone conference, the parties agreed to litigate the following issues:

1. Whether the Claimant sustained compensable injuries to her back and left leg on January 16, 2024, by a specific incident injury, or whether she sustained a gradual onset injury.
2. Whether the Claimant is entitled to reasonable and necessary medical treatment for her alleged injuries, both of record and future medical treatment.
3. Whether the Claimant is entitled to TTD compensation from January 17, 2024, through March 30, 2024, excluding the time she worked in January. Specifically, the Claimant worked her entire shifts on January 23, 2024, January 24, and January 25. However, the Claimant worked only one hour on January 29.
4. Whether the Claimant is entitled to a 10% impairment rating for her alleged back injury.
5. Whether the Claimant's attorney is entitled to a controverted attorney's fee.

The Claimant's and Respondents' contentions are set out in their respective response to the pre-hearing questionnaire and those made at the beginning of the hearing. Said contentions are as follows:

Claimant: The Claimant contends that she sustained compensable injuries to the left leg

¹ There is a clerical error in the hearing transcript at page 5 concerning the Claimant's correct weekly compensation rate for TTD compensation. Her correct compensation rate is \$404.00, instead of the erroneously listed amount of \$040.00.

and back on January 16, 2024. The Claimant contends that the medical treatment received to date has been reasonable, necessary, and related such that the Respondents should be ordered to pay for same. The Claimant contends entitlement to temporary total and/or temporary partial disability benefits from January 17, 2024, through and until March 30, 2024. The Claimant contends entitlement to a permanent impairment rating of 10% to the body as a whole. The Claimant contends that the Respondents should be ordered to pay a controverted attorney's fee as provided by law.

At the beginning of the hearing, the Claimant's attorney changed his contentions:

The Claimant contends that she sustained a compensable injury to her back by a gradual onset injury or a specific incident. It is noted that the medical evidence here reflects that the Claimant had some symptoms prior to the specific date and time of January 16, 2024. However, she did not miss any time from work until the event of January 16. She has the argument of at least some gradual symptoms occurring. However, they did not allege that at the time.

The Claimant contends that the specific event that created the need for the surgery that she had and the time that she missed work is due to the specific event.

However, the Claimant further contends that in terms of a gradual onset injury prior to January 16, 2024, there may have been an injury. She did not miss any time off work for it. But in terms of the timeframe of what she is contending created the time off work, and the time that created the impairment rating, we contend was the event of January 16, 2024.²

The Claimant completed the Form N, and in that document, on page 25 of the Claimant's Table of Contents, she outlines a statement that references the timeframe prior to the January 16 event in terms of her symptoms and complaints. However, the medical records reference that those

² Counsel for the Claimant inadvertently stated the incorrect alleged specific incident date as being January 14, 2024. Instead, the correct alleged specific incident date is January 16.

occurred because of the nature of her work. Therefore, to the extent that a compensable injury can occur over time or by specific incident, the Claimant contends that both in either/or circumstance caused her injury.

Respondents: The Respondents contend that the Claimant did not sustain a compensable injury within the course and scope of her employment.

At the beginning of the hearing, the Respondents' attorney contended that they believe the credible evidence, the medical records, and in particular the testimony of Ms. Carol Diaz will support a gradual onset-type of injury that had developed gradually over a period of time. Respondents contend that they have dates of when the gradual onset injury started; and they have medical records supporting that it is a gradual onset-type injury for this back claim, and not a specific incident injury.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

From a review of the record as a whole, to include medical reports, documentary evidence, and other matters properly before the Commission, and having had an opportunity to listen to the testimony of the Claimant and 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. I hereby accept the above-mentioned proposed stipulations as fact.
3. The Claimant proved by a preponderance of the credible evidence that she sustained compensable injuries to her back and left leg due to a specific incident occurring on January 16, 2024. The alternative assertion of a gradual onset injury has thus been rendered moot.
4. The Claimant proved by a preponderance of the credible evidence that all the medical treatment of record was reasonably necessary in connection with the injury received by her on January 16, 2024. No future medical treatment has been recommended for the Claimant's compensable injuries.

5. The Claimant proved by a preponderance of the evidence her entitlement to temporary total disability compensation beginning on January 17, 2024, and continuing through March 30, 2024, excluding the days she worked on January 23, 2024, and through continuing through January 25; and the one hour that she worked on January 29.
6. The Claimant proved by a preponderance of the evidence that she sustained a 10% permanent anatomical impairment to the body as a whole due to her compensable back injury of January 16, 2024.
7. The parties stipulated that the Respondents have controverted this claim in its entirety. Therefore, the Claimant's attorney is entitled to a controverted attorney's fee on the indemnity benefits awarded to the Claimant herein.

Summary of Evidence

The entire record is made up of the April 23, 2025, hearing transcript, which includes the documentary evidence of Commission's Exhibit No. 1; Claimant's Exhibit No. 1, which is a Medical Exhibit Abstract consisting of six pages; and Claimant's Exhibit No. 2 comprising 70 numbered pages of medical records. The Claimant, Ms. Carol Diaz, was the only witness to testify during the hearing.

HEARING TESTIMONY

Ms. Carol Diaz/the Claimant

As of the date of the hearing, the Claimant was 52 years of age. Although born in the United States, the Claimant lived in Chile for a significant period of time, which is where she received all of her education. The Claimant graduated from high school and later earned a degree in Business Administration while living there. In 2018, the Claimant, her husband, and their children returned to the United States. The Claimant described her English fluency to be at 80%, although she testified that her ability to understand English surpasses her speaking ability. She confirmed that she was comfortable proceeding without an interpreter.

The Claimant began her employment with the respondent-employer, Envoy Air, as an inventory control specialist on April 20, 2020. Her job title and description remained unchanged as of January 16, 2024. Her standard work schedule was from 6:00 a.m. until 2:00 p.m., Sunday through Thursday. According to the Claimant, Envoy Air is a passenger airline company.

She provided the following description of her daily employment duties as an inventory specialist:

A I do shipping/receiving. I work on the computer. I get parts for their place so they can do their job at nighttime. I help mechanics with the tools. I get everything ready for them to have the work done every night.

Q What kind of lifting and carrying would you have to be responsible for?

A A lot of lifting, like -- heavy parts like tires, brakes, blades. Like also we have from little parts to big parts which I have to be -- I have to get them ready to go out for repair.

Q What would be generally like the heaviest thing you would have to lift?

A Every day? Main tires, nose tires that go --

Q How much would something like that --

A Main (sic) tires about 110, and nose tires are about 68 pounds. There's some heavy parts, I don't remember the name, but they usually weigh over 50 pounds. A brake is 150 pounds. Blades are 300 pounds, and, of course, I didn't have to pick up that myself, just me; I always request help when it's over 300 pounds. And that's basically what I do every day at work.

I ship out everything that needs to go out for repair. And in the last couple months that year before, I was working by myself a lot of times so I needed to have everything done so they can go out for repair.

With respect to the Claimant's alleged work injury of January 16, she testified that it is the day that she will never forget because it was on a Tuesday, after a snowstorm. According to the Claimant, she was picking up a box from the floor and felt *a very sharp pain in her leg*, and she *was unable to move*. The Claimant explained, "... It was -- it was a different pain than I had before." In fact, the Claimant testified, "I never felt it before." According to the Claimant, the box

she was trying to lift weighed approximately 50 pounds. The Claimant further explained that after picking up the box, she felt a sharp pain like a burning sensation. She denied having experienced that type of burning sensation previously. The Claimant essentially testified that the pain was completely different because she never had discomfort in her legs before.

The Claimant testified that her supervisor, John Thurber, saw what happened. Per the Claimant, Mr. Thurber was walking in front of her when the incident occurred. The Claimant explained that she did not say anything to anyone because her supervisor was present for the incident. However, she testified that Mr. Thurber said to her, “Carol, you better see a doctor.” According to the Claimant, at that time, she replied, “Okay. I will do that.”

She admitted that this was not the first time she had experienced discomfort in her left leg. The Claimant testified that she first started having pain in her left leg, a couple of months before this happened, for which she sought attention. At that time, the Claimant testified that she was not 100% well; and she had some discomfort in her leg that was starting to bother her.

Under further direct examination, the Claimant fully explained the exact location of the discomfort in her leg. Specifically, the Claimant testified: “My left foot, yes. I’m sorry. It’s my left foot, my left leg, my calf, my -- the whole leg. I tried to explain (sic) the doctor that was what I was feeling.” The Claimant confirmed that she sought medical treatment from her family physician, Dr. Stone. She agreed that she saw Dr. Stone on December 15, 2023. The Claimant confirmed that she provided a history to Dr. Stone of having the symptoms for the last two weeks, which would have been the first part of December 2023. She admitted that she saw Dr. Stone on two other occasions before January 16, 2024.

According to the Claimant, Dr. Stone provided her with conservative treatment that included an injection on her leg, near to her hip, on the left side. She confirmed that the injection

provided some temporary relief for her leg pain. Dr. Stone also prescribed painkillers that worked for a few days, and she believed her symptoms had resolved. The Claimant admitted to seeing Dr. Stone on January 2, 2024. *However, she denied having missed any work during this time.* She confirmed that she told Dr. Stone that she believed her job had created this problem. The Claimant denied experiencing any back problems when she saw Dr. Stone in December and the period before January 16, 2024. She continued to deny any back pain even after the January 16 incident. The Claimant consistently attributed all her discomfort to her left leg.

She denied any prior medical treatment for any type of back related problems. The Claimant admitted she completed her shift on January 16 following her lifting incident. She confirmed that she returned to work the next day. However, upon arrival for work on January 17, the Claimant was unable to move freely due to pain. The Claimant contacted her supervisor, John Thurber, who was absent that day, to report severe pain and her need to seek medical attention. Due to the Claimant's primary care physician's office being closed, she presented to Baptist Health Urgent Care. They provided the Claimant with an off work note for January 17 through January 23. She turned the note in to Mr. Thurber via email. The Claimant was able to see her family doctor on January 19. Dr. Stone reviewed some home stretching exercises with her for her leg. who recommended home exercise stretches for her leg. Also, the Claimant testified that he prescribed some medications for her symptoms.

The Claimant confirmed that Dr. Stone gave her another note allowing her to return to work with certain physical restrictions. She admitted that she worked on January 23, 24 and 25. She acknowledged that her employer agreed to accommodate her restrictions. She denied that her symptoms got any better during that period. According to the Claimant, she inquired about getting help through workers' compensation. On Wednesday, January 23, the coordinator for workers'

compensation benefits came and told her she needed to fill out a form to put in a claim regarding her workplace incident.

She testified that Shauna Schultz is the coordinator for workers' comp. benefits for Envoy Air. The Claimant testified that she completed the necessary forms given to her by Ms. Schultz. She confirmed that she was given a work excuse for Monday, January 29, 2024. However, the Claimant went to work on January 29, but they sent her home because he was in a lot of pain. She admitted to going back to Baptist Health Urgent Care again. According to the Claimant, her husband took her off work excuse to the office and gave it to her supervisor.

The Claimant confirmed that she saw her family doctor on February 1. At that point, the Claimant had health insurance. She continued to follow under the care of Dr. Stone. He took the Claimant off work through February 12 and recommended an MRI.

After the Claimant underwent the MRI, she was referred to a neurosurgeon, Dr. Youssef. She confirmed that after she worked one hour on January 29, she did not work again until after her surgery and recovery. At that point, the Claimant returned to work for Envoy Air.

She admitted that she went to physical therapy after undergoing back surgery. The Claimant confirmed that the surgery was beneficial. According to the Claimant, she has been able to work and no longer has severe pain in her left leg. She attended physical therapy sessions for about a month, three times a week. There is a note where Dr. Youssef returned the Claimant to work as of March 26. The Claimant testified that she returned to work for Envoy Air, on March 30. She admitted that she was not paid for the days she was off work. The Claimant denied having received short-term or long-term disability. She testified that the workers' compensation carrier did not ever pay her anything for her injury. The Claimant provided testimony outlining her current work situation and physical restrictions. She is working under permanent physical

restrictions, which Envoy Air is accommodating. Her permanent restrictions include no lifting more than 15 pounds. She has not returned to see Dr. Youssef since her release from his care. The Claimant denied having to take any medications or get pain management or any type of medical treatment since her release from his care.

According to the Claimant, she continues to do the same job, except for the heavy lifting. She can print paper and do paperwork. The Claimant can lift small parts, and if she needs to lift heavy parts, her workers help with the heavy parts.

The Claimant confirmed that she has health insurance coverage. However, there are some out-of-pocket expenses, which have been made as part of the record. She agreed that she is asking that her medical treatment be considered reasonable and necessary. The Claimant is also asking that the out-of-pocket expenses be considered reimbursable to her. She confirmed that Dr. Youssef released her from his care. According to the Claimant, Dr. Huggins evaluated her for an assessment for an impairment rating. He assessed the Claimant with a 10% impairment rating to the body as a whole. The Claimant denied that she has been paid for the above rating.

Regarding her symptoms, the Claimant essentially testified that she continues to experience numbness in her left foot. However, she explained that her back is pain free. She can bend with care, do things, and walk. In fact, the Claimant has a treadmill and can walk on it for 20 minutes, without any problems. According to the Claimant, she tries to walk at least three times per week.

The Claimant verified that since her employment with Envoy Air, she has continued to receive pay increases. She confirmed that she has received a pay raise since her alleged injury.

On cross-examination, the Claimant confirmed that she had back surgery on February 15, 2024. Dr. Youssef performed her surgery. She saw him in follow-up care and was ultimately released from his care. The Claimant agreed that Dr. Youssef evaluated her on March 26 and told

her she could return to work at light duty, with a 20-pound lifting limit. However, the Claimant testified he changed her lifting limit. On April 1, 2024, the Claimant returned to Dr. Youssef and he increased her lifting limit to 25 pounds, with the stipulation of no twisting or turning with force.

The Claimant returned to Dr. Youssef again on June 5, 2024, and he permanently lowered her lifting restrictions to 15 pounds over her lifetime. She confirmed that the surgery resulted in an improvement in her symptoms. The Claimant further confirmed that currently Envoy is accommodating her restrictions, and she does not see any problems related to her working under those restrictions. She admitted to having reported as referenced in a medical report that her condition improved significantly after her surgery. The Claimant is not under a doctor's care for her condition and has no future appointments scheduled.

With further questioning, the Claimant admitted that during her deposition, she testified that she started having problems around the first week of December 2023. *She agreed that she did not name any specific injury or day that this event occurred in December.* The Claimant admitted that she did not report anything to her employer in December about needing to see a doctor. She confirmed that she sought treatment for her symptoms on her own in December 2023. The Claimant confirmed that when she did go to the doctor, she saw her family doctor, Dr. Valentin-Stone.³ The Claimant saw him on December 15, 2023. She admitted that she reported to Dr. Valentin-Stone she had been having some left foot pain, that radiated from her foot to her hip. Per those notes, the Claimant reported that she had those symptoms for the last two or three weeks. At that time, she agreed that she did not report a history of trauma or an injury.

The Claimant admitted to seeing Dr. Valentin-Stone on January 2, 2024, for a second visit, which was just a follow-up visit. At that time, Dr. Stone documented that the Claimant was having

³ Of note, Dr. Paul Valentin-Stone is referred to as Dr. Valentin-Stone in portions of this opinion, and in other parts, he is referred to as Dr. Stone.

pain in her calf, and it had been present for two or three months. She admitted that she treats with Dr. Valentin-Stone for a number of general health problems.

The Claimant agreed that an event happened on January 16, 2024. She admitted that her supervisor saw her facial expressions and asked what was wrong. According to the Claimant, her supervisor observed that she was in a lot of pain and that something had happened to her. At that point, the Claimant admitted that she did not say anything to him about filing a workers' compensation claim. The Claimant further admitted she did not pursue any type of request that the company provide her with medical treatment. However, the Claimant admitted to going back to the urgent care clinic. She confirmed that the only record she has from there is of them taking her off work.

She admitted to seeing Dr. Valentin-Stone on January 19, 2024, due to complaints of left leg pain. He prepared a comprehensive note wherein he documented that the Claimant was there for follow-up. According to the Claimant, the urgent care clinic directed her to follow up with her primary care physician. The Claimant admitted that she was not aware of the record from her January 19 visit, not mentioning the January 16 event.

Under further cross-examination, the Claimant acknowledged that she filled out the Form AR-N on January 30, 2024. She admitted that she did not document a specific date on this form. It simply reads, "While lifting/moving heavy parts boxes had a pain for over a month." She admitted that the last doctor she saw was for an assessment of an impairment rating. The Claimant confirmed that the doctor is not a treating physician, but rather a chiropractor.

She confirmed that her group health insurance is Blue Cross/Blue Shield. The Claimant admitted that she was found to be eligible for FMLA, and it was approved. She further admitted that she had a bona fide offer of employment for transitional duty, and they accommodated light

duty. The Claimant admitted that she was off work except for the dates her attorney provided for the record, until she resumed working on March 31, 2024.

The Claimant admitted that she is not currently under a doctor's care. She now makes \$21.82 an hour. At the time of her injury, the Claimant was making \$19.05 an hour. She admitted that she has received only one raise. This upcoming May, the Claimant will be eligible for another pay increase, which she predicts to be close to \$22.80 an hour.

She admitted that there is no mention of an event in the January 19, report. According to the Claimant, it was difficult to explain things because she was in so much pain. The Claimant denied that she has done anything to reinjure herself.

On redirect examination, the Claimant testified:

Q So take us back to December 2023, early January 2024, you had been in to see Dr. Stone and you were telling him about you thought this might be something that happened at work; right?

A Yes.

Q Tell us why you didn't report that to your job at that time.

A Because I thought it was -- the pain was gonna go away, that it was gonna go away, that it was gonna feel better and there was no reason for me to tell no one because every time that I go to a doctor, they give me painkillers to help for a few days, and I was hoping that the pain would go away with my care at home doing not many things, so I thought it was no reasons at all to tell my employer. And I didn't want to miss any days.

The Claimant admitted to telling Shauna Schultz a specific date of injury when she filled out the paperwork for her injury. She testified that she gave them a specific date of January 16, 2024. Next, the Claimant was shown page 22 of the Claimant's exhibit, which is a letter from Sedgwick that was sent to her on January 25, 2024; *and it does have an injury date of January 16.* She agreed that the Form N at page 25, of Claimant's Exhibit 1 is a document she signed on January 30. It states that the Claimant injured her left leg, and she provided an explanation of what

happened. She agreed that the place of the accident, date of the accident, and time of the accident were all left blank because they knew the date; and she just wanted a description of what happened to her. According to the Claimant, at that time, she was in a lot of pain, and everything was new to her, and she did not fully understand the process.

MEDICAL EVIDENCE

A review of the medical records demonstrates that on December 15, 2023, the Claimant sought medical attention from CHI St. Vincent, under the care Dr. Paul Valentin-Stone (her primary care physician) due to pain in her left foot, that radiated from her hip to her foot. Per this medical report, there was no history of trauma or injury. The Claimant reported that when walking she was asymptomatic, but stooping caused her pain. Dr. Stone assessed the Claimant with, among other things, “Trochanteric bursitis.” The Claimant was given an injection with Celestone and Lidocaine.

On January 2, 2024, the Claimant sought follow up medical care from CHI St. Vincent due to a chief complaint of left leg pain. The injection provided excellent results for her pain in the left trochanteric bursa. However, now the Claimant complained of pain in her calf, over her Achilles tendon and the posterior triceps, in the lower left extremity. This had been present for two to three months and was noted to probably be work related. It all was muscular in nature. Dr. Stone opined in relevant part: “... Muscle strain with spasm associated with most likely her work activity.” Dr. Stone reviewed with the Claimant some home stretching exercise and the use of a deep massage machine that she will obtain and start using over the sore tissues. She was instructed to use moist heat as well as Motrin for inflammation...”

It appears that the Claimant was seen at the Baptist Health Urgent Care clinic on January 17, 2024, under the care of Cherry Megan, NP. At that time, the Claimant was excused from work

from January 17, 2024, until January 23, 2024.

Dr. Valentin-Stone saw the Claimant on January 19, 2024, in a follow-up appointment due to her January 17 urgent care visit. Per this note, during the last two weeks, the Claimant had left foot pain from her foot to hip with no history of trauma or injury. When walking the Claimant was noted to be asymptomatic. However, she reported that stooping caused pain. She also reported pain in her calf over the Achilles tendon and the posterior triceps of her lower left extremity. These symptoms were noted to have been present for two to three months and were probably work related. These symptoms were muscular in nature. She had severe posterior left leg pain over the sciatic distribution. The Claimant did not complain of low back pain; but she had difficulty getting out of bed in the mornings. Her leg on the left side in the lower posterior aspect was very tender. Dr. Stone stated that this was the sciatic nerve distribution probably associated with the piriformis muscle and spasm of the same since she had no back pain and no reproducible back pain. Dr. Valentin-Stone opined that on physical examination, palpitation of the Claimant left's leg showed tissue texture changes, asymmetric and tenderness as reported by her. At that time, Dr. Valentin-Stone opined that the Claimant had muscle strain with spasm associated with most likely her work activities. He reviewed with the Claimant, home stretching exercises and the use of deep massage machine that she would obtain and start using over the sore tissues. The Claimant was instructed to use moist heat as well as Motrin for inflammation. Dr. Valentin-Stone directed the Claimant to follow up with him in three months.

Also, on January 19, Dr. Stone placed work restrictions on the Claimant. He opined that the Claimant's weightlifting limit was no more than 30-pounds.

On January 23, 2024, Envoy provided the Claimant with a Bona Fide Offer of Employment for Transitional Duty. The start date was January 23, 2024, and the end date was April 23, 2024. Per this document, *the Claimant's date of injury was January 16, 2024.*

The claims examiner for Envoy Air wrote a letter to the Claimant on January 25, 2024. Per this letter, *the Claimant's date of injury was noted to be January 16, 2024.*

On January 29, 2024, the Claimant was seen again at the Baptist Health Urgent Care. Ebony Thompson, NP, authored a note that same date. Thompson stated that the Claimant was seen at their clinic and excused from work until February 4, 2024.

The Claimant signed a Form AR-N on January 30, 2024. Per this document, the Claimant's injury to her left leg occurred while lifting, moving heavy parts, boxes. She stated that she had pain for over a month. However, the Claimant wrote *"but on that day I felt a sharp burning pain on my left leg. Unable to get down or move at all."*

On February 1, 2024, the Claimant saw Dr. Valentin-Stone for a follow-up visit due to chronic sciatica pain and recurrent sciatic syndrome, after non-invasive treatments had failed. Dr. Valentin-Stone noted that on physical examination of the Claimant's left leg, palpation of it revealed tissue texture changes. At that time, Dr. Valentin-Stone stated that he would go ahead with an MRI of the lumbar/sacral and a referral to neurosurgery for evaluation. Dr. Valentin-Stone assessed the Claimant with, among other things, "Sciatica of left side."

Also, on February 1, Dr. Valentin-Stone authored a letter concerning the Claimant's current medical condition and the need for diagnostic evaluation. Specifically, Dr. Valentin-Stone wrote:

To Whom It May Concern.

I am the primary care physician for Carol Diaz, and she was examined by me on February 1, 2024. Due to the nature of her job, she is required to lift and transfer heavy objects. This has precipitated severe left hip pain, sciatica, and radiculopathy. She will be having an MRI of her lumbar spine to evaluate this further. She will need to be off of work until

all her work up for the same has been done. I am enclosing a work note for her stating she will need to be off work through February 11, 2024, with a tentative start date back to work on February 12, 2024. Please take this information into consideration.

An MRI of the Claimant's lumbar spine was performed on February 2, 2024, with the following conclusion:

1. Multileveled degenerative change.
2. Disc bulging L3/4 and disc protrusion L4/5 as above.
3. Milder disc bulging at L5/S1.

The Claimant was evaluation by Dr. Hossam Youssef on February 5, 2024, due to a chief complaint of continued severe left leg sciatica and related symptoms. The Claimant mentioned that she had a lifestyle for years in her employment, where herein her job duties included lifting, pulling, and pushing heavy objects as an airport worker. At that time, the Claimant stated that the sciatic symptoms were getting worse especially over the past two months. She complained of difficulty with walking and doing her daily activities. She denied any urinary or fecal incontinence. The Claimant continued with no significant symptoms of back pain. *Dr. Youssef stated that the MRI of her lumbosacral spine revealed severe lumbar spondylosis mainly at L3-4, L4-5 and L5-S1, which was more prominent at L4-5 in the form of a large left lateral disc prolapse compressing the left L-4 and L-5 nerve roots.* Per these clinical notes, the Claimant reported that she had not experienced any back pain. She also reported gait disturbance, and sharp left leg pain. Dr. Youssef assessment was: "1. Sciatica of the left side – M54.32. 2. Lumbar spondylosis - M47.816. 3. Prolapsed lumbar disc – M51.26," for which he recommended surgical intervention.

On February 8, 2024, Dr. Valentin-Stone authored an off-work excuse for the Claimant from February 12, 2024, through February 15, 2024.

Dr. Youssef authored an Operative Report on February 15, 2024.

Indication for Surgery

Diaz Carole DOB 10/22/1969 is a pleasant patient presented to my service c/o

severe left L4-5, sciatica with denying any back pain. Patient works as a luggage carrier at the airport, she tried the non-surgical conservative options without any improvement, MRI revealed L3-S1 Lumbar spondylosis profound at Left L4-5, with a big caudally migrated Disk herniation with foraminal and extraforaminal extension.

Preoperative Diagnosis

Left L4-5 with a big caudally migrated disk herniation with foraminal and extraforaminal extension.

Operation

1. Microscopic partial Left L4 laminectomy and partial facetectomy.
2. Microscopic microsurgical excision of the Left L4-5 herniated disc (Lateral and extraforaminal approach).
3. *** added complexity to the operation lateral and extraforaminal herniation of the disc fragment.

* * * *

Findings

Big disk herniation laterally, foraminal and extraforaminal at L4-5 with caudal migration with compression of the Left L-5 root at its axilla.

On February 16, 2024, the Claimant underwent an ultrasound procedure, which included bilateral lower extremity venous duplex.

FINDINGS: The common femoral superficial femoral, and popliteal veins appear unremarkable. Normal compressibility and augmentation demonstrated.

IMPRESSION: No evidence of lower extremity deep venous thrombosis. Please note that No evidence of lower extremity deep venous thrombosis. Please note this exam includes both lower extremities.

Dr. Youssef authored a Discharge Report. He noted that the Claimant tolerated the surgery well without complications. The Claimant told him that she had significant improvement of the left sciatica. She was neurologically stable and intact. Dr. Youssef discharged the Claimant home on February 17, 2024, in stable condition.

On March 26, 2024, Dr. Youssef saw the Claimant in a follow-up clinic following her L4-5 microdiscectomy on the left side, which was performed on February 15, 2024. At that time, the Claimant reported that she had significant improvement in her symptoms, and she was very happy

and satisfied with her surgery and asked about getting back to work. Dr. Youssef stated that the Claimant's surgical wound was clean, dry, and intact. He assessed the Claimant with "Prolapsed lumbar disc – M51.26 (Primary)," for which he recommended the Claimant be referred to physical therapy. At that time, Dr. Youssef stated that he would allow the Claimant to get back to work with strict lifting restrictions of no more than fifteen pounds, with follow-up again in two months.

Also, on that same day, Dr. Youssef issued the Claimant a return-to-work note. At that time, Dr. Youssef stated that the Claimant could return to work on light duty effective March 26, 2024. Special instructions: "No lifting over 20-pounds."

On April 2, 2024, Dr. Youssef authored a Fitness for Duty Authorization Form, Envoy. Per this document, the Claimant was returned to work as of April 1, 2024, with restrictions of no lifting over 25-pounds, and no twisting or turning with force.

The Claimant returned to Dr. Youssef for a follow-up visit due to her lumbar spine surgery on June 4, 2024. At that time, Dr. Youssef noted that the Claimant had returned to work with strict lifting restrictions of no more than 15 pounds. However, Dr. Youssef stated that no additional follow-up was needed with him, but he was available if she needed anything in the future.

Dr. Joe Huggins, DC, of Academy Rehab, saw the Claimant on October 26, 2024, for an Impairment Evaluation. Per these medical note, Dr. Huggins' purpose for the examination was to evaluate the Claimant to figure out if she had reached maximum medical improvement for her January 16, 2024, work injury and to decide if any, a suitable impairment. Dr. Huggins reviewed some medical records from prior to the date of injury relating to the Claimant's left lower extremity. At that time, the Claimant rated her lower back pain as 2/10. She said that her pain can increase to 6/10 with prolong standing but can dissipate with a change in position. Dr. Huggins stated that the Claimant's original complaints were "Severe left lower extremity pain and

weakness.” Her current complaints were “Mild to moderate lower back pain.” Specifically, Dr. Huggins opined, in relevant part:

IMPRESSION:

The current diagnosis associated with the file is lumbar disc injury associated with radiculopathy.

ASSESSMENT:

Maximum Medical Improvement is defined as “the earliest date after which, based on a reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer be anticipated.

After reviewing information provided in the medical file as well as information gathered in my consultation and examination, if that Ms. Diaz reach [sic] clinical Maximum Medical Improvement as of the date of her discharge from Dr. Youssef, 6/24/24/. As of that date, no further surgical intervention was anticipated or scheduled, no postoperative physical rehabilitation was scheduled, and no further material recovery was anticipated or scheduled as she was issued permanent lifting restrictions.

With regard to Whole Person Impairment, according to Table 75 on page 113, Ms. Diaz is assessed a 10% Whole Person Impairment Rating based on Section II, Intervertebral disc or documented pain and rigidity. A review of the medical documentation provided as well as information gathered in my consultation and examination confirms the presence of ongoing paravertebral muscle spasm/rigidity in the lumbar spine.

At this time, I find 10% Whole Person Impairment Rating to be appropriated for residual functional loss associated with Ms. Diaz’s 1/16/24 work-related injury. I’ve advised her that it is in her best interest to continue her home stretching and exercise program, as well as attempt to increase her Activities of Daily Living, most notably walking, so that she may continue to increase mobility and stamina in her lumbar spine and left lower extremity. I also advised her to increase her mobility and stamina in her lumbar spine and left lower extremity. I also advised her that should she suffer an exacerbation of symptoms in the form of increased lower back or left lower extremity pain, weaknesses, swelling, numbness, or instability she should immediately return to Dr. Youssef for further evaluation and possible treatment.

ADJUDICATION

A. Compensability- Specific Incident Back Injury/or Gradual Onset Injury

The Claimant has alleged that she sustained a specific incident injury to her back and left leg on January 16, 2024; or in the alternative, she has alleged a gradual onset injury to her back,

while in the course and scope of her employment with the respondent-employer, Envoy Air.

In that regard, for the Claimant to establish a compensable injury as a result of a specific incident, the following requirements of Ark. Code Ann. §11-9-102(4)(A)(i) (Repl. 2012), must be established: (1) proof by a preponderance of the evidence of an injury arising out of and in the course of employment; (2) proof by a preponderance of the evidence that the injury caused internal or external physical harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings, as defined in Ark. Code Ann. §11-9-102(4)(D), establishing the injury; and (4) proof by a preponderance of the evidence that 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).

A compensable injury must be proven by medical evidence supported by objective findings. Ark. Code Ann. § 11-9-102(4)(D) (Repl. 2012). “Objective findings” are those findings that cannot come under the voluntary control of the patient. *Id.* § 11-9-102(16). The element “arising out of . . . [the] employment” relates to the causal connection between the Claimant’s injury and their employment. *City of El Dorado v. Sartor*, 21 Ark. App. 143, 729 S.W.2d 430 (1987). An injury arises out of a Claimant’s employment “when a causal connection between work conditions and the injury is apparent to the rational mind.” *Id.*

If the Claimant does not show by a preponderance of the evidence any of the requirements for proving compensability, compensation must be denied. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 S.W.2d 876 (1997). This standard means evidence that has greater weight or more 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).

After reviewing the evidence as a whole, without giving the benefit of the doubt to either party, I find that the Claimant has proven by a preponderance of the credible evidence that she sustained a specific incident injury to her back on January 16, 2024, which resulted in severe left L4-5 sciatica, radiating down her left lower extremity, with no back pain.

The Respondents have asserted as an issue the Claimant's failure to report this as a specific incident injury, which should be addressed now. Particularly, when completing the Form N on January 30, the Claimant did not state a specific date of injury. However, her explanation for not doing so is very plausible, and she makes direct reference to the January 16 incident, without specifying an exact date. Moreover, per the Claimant, this was all new to her and she believed that management was aware of the date of her injury since her supervisor was present for the event, and her credible testimony demonstrates that she simply wanted to make sure management had a description of the incident. On the Form N, the Claimant gave the following description of how unique her pain was on January 16, 2024, when she tried to lift the heavy box, *“But on that day I felt a sharp burning pain on my left leg. She was unable to get down or move at all.”*

The Claimant reported a specific date of January 16 to Ms. Schultz when completing her paperwork for a workplace injury, and the January 25, a letter from Sedgwick to the Claimant stated a specific date of January 16. Moreover, her testimony shows that her supervisor saw the incident. Therefore, due to all the foregoing facts, I am persuaded to find that the Claimant consistently reported an accidental injury, which occurred on January 16, 2024.

Nevertheless, in the present matter, the Claimant was an extremely credible witness. Her testimony is corroborated by medical records. She gave conclusive and uncontradicted testimony of having experienced left leg discomfort and weakness starting in December 2023 before her specific incident injury of January 16, 2024. According to the Claimant, she initially sought

medical treatment from her primary care physician, Dr. Valentin-Stone, for symptoms relating to her left leg, hip, and back. Although the Claimant had symptoms relating to her left leg, these symptoms were bearable and she continued to perform her job duties, without accommodations from her Envoy Air. However, the Claimant reported to her doctor that all of her symptoms were caused by her employment duties. Prior to January 16, the Claimant was able to function without a lot of difficulties or work accommodations.

There is no evidence showing that the Claimant had prior problems with her back or left leg before December. Nor had the Claimant been involved in earlier accidents, which resulted in problems with her left leg or back. The record does not show that the Claimant engaged in any hobbies or any other activities outside of work, which would have resulted in an injury to her back and left leg.

Regarding the Claimant's January 16, 2024, work-related incident. It is undisputed that the Claimant's employment duties as an inventory specialist involved a great deal of heavy lifting. However, on January 16, the Claimant was trying to lift an item that weighed approximately 50 pounds when she experienced debilitating and excruciating pain in her left leg. Per the Claimant's testimony, this pain was much more intense, and vastly different from the type of pain she had experienced previously. Her testimony shows that her supervisor was nearby when this incident occurred. Upon seeing the agonizing look of pain on the Claimant's face, he suggested that she seek medical attention, which she agreed to do. She was able to complete her shift. The Claimant returned to work on January 17 but had to leave and seek medical attention for severe pain in the left leg.

At that time, she sought medical attention for her symptoms from her Baptist Urgent Care Clinic. Thereafter she began treating her primary care physician, Dr. Valentin-Stone. When the

Claimant's symptoms did not improve with conservative non-invasive treatment modalities, she underwent an MRI to her lumbar on February 2, 2024, with a conclusion:

1. Multileveled degenerative change.
2. Disc bulging L3/4 and disc protrusion L4/5 as above.
3. Milder disc bulging at L5/S1.

Following the MRI, the Claimant was referred a neurosurgeon evaluation. On February 5, the Claimant came under the care of Dr. Hossam Youssef. Per his medical notes, the Claimant consistently reported no back pain. However, the Claimant reported gait disturbance, and sharp left leg pain. Dr. Youssef assessed the Claimant with "1. Sciatica of the left side – M54.32. 2. Lumbar spondylosis -M47.816. 3. Prolapsed lumbar disc – M51.26," for which he recommended surgical intervention. Dr. Youssef performed surgery on the Claimant's back in the form of a L4-5 microdiscectomy, on February 15, 2024. The Claimant reported that that received significant benefit from the surgery. Ultimately, on March 26, Dr. Youssef released the Claimant to return to work with a restriction of no lifting over 20-pounds, which he later changed to a no lifting over 15-pounds.

Subsequently, On October 26, 2024, the Claimant underwent an evaluation by Dr. Joe Huggins for an impairment rating. He opined that the Claimant sustained a 10% impairment rating to her back. Dr. Huggins stated that her residual functional loss resulted from the Claimant's work activities of January 16, 2024. I have assigned significant evidentiary depth and weight to this expert opinion because it is based on a complete and accurate medical history reported by the Claimant of no prior back and left leg related symptomology. Her reported medical history is corroborated by the lack of any evidence to the contrary proving the same. This evidence supports a finding that the Claimant's work activities led to and caused the Claimant's abnormalities revealed on the lumbar MRI of February 2, 2024.

I have considered the fact that the Claimant's lumbar MRI done on February 2 revealed some pre-existing degenerative changes that existed prior to her work-related accident.

It is well-established under workers' compensation law that a pre-existing condition may be aggravated by a work accident and be found compensable as a new injury. I find that to be the precise case here. I reached this conclusion based on the following probative evidence.

Here, the Claimant's complaints of left leg pain and back symptoms are all new. She has no history of any back or left leg pain, and she has never needed any medical attention for any such symptoms. Although the Claimant suffered age-appropriate pre-existing degenerative disc disease prior to December 2023, this condition was asymptomatic. There is no probative evidence that this condition interfered with the Claimant's job performance or caused her to miss any time from work. Moreover, the Claimant has never been involved in any other prior accident, nor has she ever sustained any injuries to her back or leg. Her credible testimony proves that she never previously had pain with walking or performing her employment duties. Again, there are new objective findings of a lumbar disc injury (with associated radiculopathy) demonstrated on the lumbar MRI performed on February 2, 2024, which are all attributable to her work activities rather than her pre-existing asymptomatic degenerative disc disease

Because I find that the Claimant supported the existence of her alleged back and left injuries with objective medical findings as required by Ark. Code Ann. § 11-9-102(4)(D) (Repl. 2012), I find that the Claimant proved by a preponderance of the evidence all of the necessary requirements for proving that she sustained a compensable back injury, which resulted in significant left leg symptoms on January 16, 2024.

Having found that the Claimant has met her burden of proof of a specific incident injury, the need for consideration of a gradual onset injury has been rendered moot.

I realize that the Claimant sought medical treatment for her leg prior to January 16, 2024, beginning in December 2023. However, the Claimant did not miss work due to these symptoms, and most significantly, the Claimant described the pain she experienced on January 16, to be much more intense and vastly different.

B. Medical Benefits

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).

The Claimant has the burden of proving by a preponderance of the evidence that the medical treatment is reasonably necessary. *Stone v. Dollar General Stores*, 91 Ark. App. 260, 209 S.W. 3d 445 (2005). Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat'l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003).

Based on my review of the record as a whole, I find the Claimant proved that the medical treatment of record that she received for her compensable back injury and resulting left leg symptoms was reasonably necessary in connection with the injury sustained by the Claimant on January 16, 2024, while performing her job duties for the respondent-employer.

In the instant case, the Claimant sustained a compensable injury to her back, which resulted in significant left leg pain and weakness. She sought initial treatment for her back and related symptoms from Baptist Health Urgent Care. Thereafter, the Claimant was referred to return for

follow-up with her primary care physician, Dr. Valentin-Stone, for treatment of her compensable injury. On February 1, 2024, Dr. Valentin-Stone saw the Claimant in follow-up clinic due to chronic sciatica pain and recurrent sciatic syndrome. At that time, he noted that the non-invasive treatments had failed to provide improvement in the Claimant's condition. As a result, Dr. Stone recommended that the Claimant undergo an MRI and a neurosurgery evaluation.

On February 2, 2024, the Claimant underwent a lumbar MRI, which revealed the above-described disc abnormalities. Ultimately, the Claimant came under the care of Dr. Youssef. On February 15, 2024, Dr. Youssef performed back surgery, namely a L4-5 microdiscectomy on the left side. The Claimant reported that she had significant improvement in her symptoms. In fact, the Claimant was very satisfied with the surgery and asked to return to work for the respondent employer and did so. Although the Claimant suffered from pre-existing degenerative disk disease. These findings were age appropriate and had been asymptomatic. This conclusion is corroborated by the Claimant's credible testimony in this regard and the lack of any prior treatment for her back, except for the days preceding her compensable incident injury of January 16, 2024. As such, I am persuaded that the Claimant's lumbar disk injury associated with radiculopathy was caused by compensable injury of January 16, 2024, and resulted in the Claimant's need for the medical treatment of record, including the surgery performed by Dr. Youssef. All the medications, medical evaluations, diagnostic tests, conservative medical care, and surgical intervention were all medically indicated treatment modalities ordered and geared toward treating and diagnosing the Claimant's back and left leg injuries.

Therefore, I find that all medical treatment contained in the record herein, to include the lumbar surgery, performed by Dr. Valentin--Stone on February 2, 2024, to be reasonably necessary

and related medical treatment in connection with the compensable injuries to the Claimant's back and left leg on January 16, 2024.

The Respondents are liable for the Claimant's medical expenses of record attributable to her compensable back injury (and related symptomatology of the left leg) received by her during and in the course and scope of her employment with Envoy Air on January 16, 2024.

No future treatment has been recommended for the Claimant's compensable injury.

C. Temporary Total Disability Compensation

Here, the Claimant contends that she is entitled to temporary total disability compensation for her back and leg injuries beginning on January 17, 2024, and continuing until March 30, 2024. The Claimant's primary injury was to her back which resulted in residual symptoms to her left leg. As such, the Claimant sustained an unscheduled injury to her back on January 16, 2024, while performing her employment duties for Envoy Air.

An injured employee for an unscheduled injury is entitled to temporary total disability compensation during the time that she is within her healing period and totally incapacitated from earning wages. *Arkansas State Highway and Transportation Department v. Breshears*, 272 Ark. 244, 613 S.W.2d 392 (1981). The healing period is that period for healing of the injury which continues until the employee is as far restored as the permanent character of the injury will permit. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). If the underlying condition causing the disability has become stable and nothing further in the way of treatment will improve that condition, the healing period has ended. *Id.* Temporary total disability cannot be awarded after the Claimant's healing period has ended.

Here, on January 16, 2024, the Claimant sustained a compensable injury to her back while performing work-related activities for Envoy Air. The Claimant worked three days January 23, 2024, through January 25, 2024; and on another occasion January 29, 2024, she worked only one hour of her shift.

However, except for the above time, the Claimant was totally incapacitated from earning wages. This conclusion is reached based on probative evidence including but not limited to the Claimant's credible testimony regarding her excruciating pain and other debilitating symptoms in her left leg that affected her ability to move freely, perform her employment duties, and engage in the basic activities of daily living. The Claimant was also taken off work by her physicians during the period in question. Her inability to work was the direct result of her back injury of January 16, 2024.

The Claimant treated with non-invasive treatment modalities for her compensable injury beginning on January 17, 2024. She received initial treatment from Baptist Urgent Care and her primary care physician, Dr. Valentin-Stone. However, when the Claimant's condition did not improve, she underwent an MRI of the lumbar spine on February 1, which revealed the Claimant had sustained a severe disc injury accompanied by radiculopathy of the left leg. Ultimately, the Claimant was referred to Dr. Youssef, a neurosurgeon, for evaluation of her back condition. Dr. Youssef performed back surgery on February 15. The Claimant continued under the medical care of Dr. Youssef, and he ordered physical therapy treatment, which was done. The Claimant was released from Dr. Youssef's on or about March 26 with physical restrictions. At that point, the Claimant had reached the end of her healing period for her compensable injury. During this office visit, the Claimant asked Dr. Youssef to return her to work, which he agreed to do.

She does not have any planned medical visits for her compensable injury. Her testimony shows that she has been working for Envoy Air since March 31, 2024, performing her same job duties without any difficulties. Although the Claimant has permanent physical restrictions of no lifting over 15 pounds, Envoy Air has been accommodating those restrictions.

Based on the above evidence, I find that the Claimant remained in her healing period due to her compensable beginning on January 17 and continuing until March 30. During this period of time, the Claimant was totally incapacitated from earning wages due to her compensable injury. Therefore, based on the above probative evidence, I find that the Claimant proved her entitlement to temporary total disability compensation from January 17, 2024, until March 30, 2024, excluding the time she worked.

The Respondents are liable for payment of these benefits.

D. Anatomical Impairment Rating

The Claimant contends that she sustained a 10% impairment to the body as a whole due to her compensable lumbar spine injury of January 16, 2024.

Permanent impairment generally is any functional or anatomical loss remaining after the healing period has been reached. *Johnson v. Gen. Dynamics*, 46 Ark. App. 188, 878 S.W.2d 411 (1994). The Commission has adopted the *American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment* (4th ed. 1993) to be used in assessing anatomical impairment. *See Commission Rule 099.34*; Ark. Code Ann. §11-9-522(g) (Repl. 2002). It is the Commission's duty, using the *Guides*, to determine whether the Claimant has proved she is entitled to a permanent anatomical impairment. *Polk County v. Jones*, 74 Ark. App. 159, 47 S.W.3d 904 (2001).

Any determination of the existence or extent of physical impairment shall be supported by objective and measurable physical mental findings. Ark. Code Ann. §11-9-704(c)(1) (B) (Repl.

2012). Objective findings are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i).

Permanent benefits shall be awarded only upon a determination that the compensable injury was the major cause of the disability or impairment. Ark. Code Ann. §11-9-102(F)(ii)(a) (Repl. 2012). “Major cause” means “more than fifty percent (50%) of the cause,” and a finding of major cause shall be proven according to a preponderance of the evidence. Ark. Code Ann. §11-9-102(14). Preponderance of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat’l Bank v. La Sher Oil Co.*, 81 Ark. App. 269, 101 S.W.3d 252 (2003). Medical opinion addressing compensability and permanent impairment must be stated within a reasonable degree of medical certainty. Ark. Code Ann. §11-9-102 (16) (B).

After having given careful consideration and review of the record as a whole, without giving the benefit of the doubt to either party, I find that the evidence preponderates that the Claimant’s work-related injury of January 16, 2024, was the major cause of her 10% permanent partial anatomical impairment to her back as assigned by Dr. Joe Huggins on October 26, 2024. The basis for my conclusion is outlined below.

In the present matter, the Claimant sustained a compensable injury to her back with residual symptoms in her left leg. On February 15, 2024, Dr. Youssef performed a microscopic partial left L4 laminectomy and partial medial facetectomy and a microscopic microsurgical excision of the left L4-5 herniated disc using the lateral extraretinal approach. The Claimant had no prior lumbar spine injuries or complaints, although her lumbar MRI of February 2024 revealed pre-existing, age-appropriate degenerative disc disease, these symptoms were asymptomatic. However, she had been evaluated and treated for muscle strains and trochanteric bursitis in the lower left extremity

in the weeks leading up to her January 16, 2024, compensable injury. These symptoms and complaints have been attributed to the Claimant's strenuous job duties at Envoy Air.

On October 26, 2024, Dr. Huggins assessed the Claimant with a 10% permanent anatomical impairment for her lumbar spine injury, using the AMA Guides (4th ed. 1993), at page 3/113, Table 75, Section II.E. Particularly, Section II.E assigns a 10% impairment of the whole person for a surgically treated lumbar spine disk lesion with residual medically documented pain and rigidity. Dr. Huggins opined that his review of the Claimant's medical file and information gathered during his consultation and examination of the Claimant revealed the presence of ongoing paravertebral muscle spasms rigidity in the lumbar spine. No expert opinion to the contrary has been presented. Nor was there any medical or other documentary evidence of any kind offered to the contrary. The Claimant's own credible testimony is consistent with Dr. Huggins conclusion. Considering all the foregoing probative evidence, I find that Dr. Huggins' expert opinion wherein he a 10% permanent anatomical impairment for the Claimant's compensable back injury is correct and well-reasoned. As such, I have assigned significant evidentiary weight and probative value to Dr. Huggins' expert opinion.

Accordingly, I find that the Claimant has proven by a preponderance of the evidence that her January 16, 2024, accidental injury was the major cause of her 10% permanent partial anatomical impairment. Specifically, although the Claimant suffered pre-existing degenerative disc disease, this condition was asymptomatic. Her testimony shows that she had no prior problems with her back and prior to December 2023. Moreover, the record does show that the Claimant had any prior accidents or that she had sought any kind of medical treatment for her back.

Supporting objective medical findings include the prolapsed lumbar disc sustained by Claimant as shown on February 2, 2024, MRI of her lumbar; and the subsequent presence of

ongoing paravertebral muscle spasms/rigidity in this area as documented by Dr. Hugghins during his October 2024 physical examination of the Claimant's lumbar region.

Per my own review of the entire record and the *Guides*, I find that Dr. Hugghins' assessment of a 10% permanent anatomical impairment for the Claimant's compensable lumbar spine injury of January 16, 2024, comports with the Guides and my own review of the Guides, and is thus valid. I therefore find that the Claimant has proved by a preponderance of the evidence that she sustained a 10% anatomical impairment on the body as a whole for her compensable lumbar spine injury of January 16, 2024. The Respondents are liable for payment of these indemnity benefits.

E. Attorney's Fee

The parties stipulated that the Respondents have controverted this claim in its entirety. As such, the Claimant's attorney is entitled to a controverted attorney's fee on all indemnity benefits awarded herein pursuant to Ark. Code Ann. §11-9-715 (Repl. 2012).

AWARD

Respondents are directed to pay benefits in accordance with the findings of fact set forth above. All accrued sums shall be paid in lump sum without discount, and this award shall earn interest at the legal rate until paid, pursuant to Ark. Code Ann. §11-9-809(Repl 2002). *See Couch v. First State Bank of Newport*, 49 Ark. App. 102, 898 S.W.2d 57 (1995). Pursuant to Ark. Code Ann. §11-9-715 (Repl. 2012), the Claimant's attorney is entitled to a 25% attorney's fee on the indemnity benefits awarded herein.

IT IS SO ORDERED.

CHANDRA L. BLACK
Administrative Law Judge

