BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. H407399

JOHN DIDIER, Employee	CLAIMANT
QUEST DIAGNOSTICS, Employer	RESPONDENT
FARMINGTON CASUALTY CO., Carrier	RESPONDENT

OPINION FILED SEPTEMBER 23, 2026

Hearing before ADMINISTRATIVE LAW JUDGE ERIC PAUL WELLS in Fort Smith, Sebastian County, Arkansas.

Claimant represented by EDDIE H. WALKER, Attorney at Law, Fort Smith, Arkansas.

Respondents represented by GUY ALTON WADE, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On June 25, 2026, the above captioned claim came on for a hearing at Fort Smith, Arkansas. A pre-hearing conference was conducted on April 20, 2026, and a Pre-hearing Order was filed on April 21, 2026. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

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

2. The relationship of employee-employer-carrier existed between the parties on October 18, 2023.

3. The respondents have controverted the claim in its entirety.

4. The claimant’s weekly compensation rates will be determined at a later date.

By agreement of the parties the issues to litigate are limited to the following:

1. Whether Claimant sustained a compensable injury to his cervical spine on or about October 18, 2023.

2. Whether Claimant is entitled to medical treatment for his cervical spine injury.

3. Whether Claimant is entitled to temporary total disability benefits from October 1, 2025, until December 7, 2025.

4. Whether Claimant's attorney is entitled to an attorney's fee.

The claimant's contentions are as follows:

> "The claimant contends that as a result of a compensable injury to his cervical spine he underwent surgery performed by Dr. Daniel Shepherd and that as a result he is entitled to temporary total disability benefits and related medical benefits.
>
> The claimant contends that the extent of his permanent disability is reserved and that he is entitled to compensation regarding the permanent aspect of his injury, after compensability has been determined.
>
> The claimant contends that he is entitled to an appropriate attorney's fee."

The respondents' contentions are as follows:

> "Respondents contend the claimant did not sustain compensable injuries to his neck or left shoulder as a result of the October 18, 2023, event. Any of Claimant's findings and/or complaints pre-existed any work event. Claimant's cervical MRI shows age-related degenerative disc disease and bulging. Respondents are not responsible for any medical or indemnity benefits."

The claimant in this matter is a 63-year-old male who alleges to have sustained a compensable cervical spine injury on or about October 18, 2023, when he was involved in a motor vehicle accident. The claimant's employment with the respondent requires him to collect medical specimens from medical providers and transfer them to a location directed by the

respondent. The claimant testified that he was engaged in this process when he was involved in a motor vehicle accident as follows:

> Q Mr. Didier, will you explain how the October 18, 2023 accident happened that we have been talking about here this morning.
>
> A I was driving logistics with Quest and I was traveling south on 71 and before you get to Waldron, there is a bunch of curves. As I come around a curve, I noticed that there was cars stopped in front of me, so I slowed down and stopped and put my hazards on and sat there knowing full well this is not going to be very good. And sure enough, a car come around the corner, slammed on her brakes. I left enough room between the car in front of my car and the car stopped in front of me so I could pull up and I pulled up and she barely missed me. She come right up on the bumper.
>
> And at that point in time there was no room and no place to go. The side of the road was a fall-off ditch. And here come a truck hauling a trailer and tractor around the corner and smashed into the backside of her knocking her into me.

The claimant did report to an emergency department on the day of his motor vehicle accident but did not do so immediately following the motor vehicle accident. The claimant testifies as to why he delayed and the reasons that he sought medical treatment on direct examination as follows:

> Q Did you go directly to the emergency room?
>
> A I did not.
>
> Q Why not?
>
> A I had specimens. Some of the specimens that I carry, we have to make sure they are transferred in the chain of custody. So I drive to Waldron Hospital and at that point called in to Quest to have another drive come pick up the remaining – my specimens so they could continue my route and stuff so I could transfer the specimens.

After he came and picked them up, I turned around and drive back to Quest in Fort Smith, picked up my vehicle, and drove to Crawford – well, the hospital in Van Buren.

Q So why did you go to the emergency room?

A At the wreck when they hit me, I felt a huge pop and immediately got a headache.

Q Felt a pop where?

A In my neck.

Q Go ahead.

A And a sharp pain in the back of my neck that kind of went down. The paramedics came and they – I went in and had them look at me because I was feeling really uneasy and anxious and stuff and I said, "You might ought to check me out." And they did and my blood pressure was high, my heart rate was high, and he said –

MR. WADE: Your Honor, I am going to object to what they said.

THE COURT: Sustained.

Q [BY MR. WALKER]: Don't tell me what they said. Tell me what you did.

A I went into the ambulance. They checked me out and I went from there.

Q Okay. Why didn't you go directly to the emergency room if you felt this pop in your neck?

A Like I said, I was in what I felt was okay condition enough to drive. That is why I got the paramedics to check me out to make sure that everything was okay. I drove up to the hospital, met another Quest logistics driver, transferred my specimens, and at that point in time I drove in.

Q So why did you think it was more important for you to take those specimens where they needed to be instead of taking yourself to the emergency room?

A At the time I felt that I was okay, just thought I was okay. I could walk, talk, and go and that is what I did.

Q If you thought you were okay, why did you then go to the emergency room?

A Because I was having pains and spasms in my neck and it was real stiff. I was real sore. Range of motion was very – I couldn't move my head very well. So at that point in time – of course always when you have an incident with work comp, you are supposed to go tot the doctor and at least get checked out to see if there was anything wrong and that was why I went.

Q So when you went to the emergency room, did you tell the emergency room people about your issue with your neck?

A Yes, I did.

Q So there should be some kind of documentation in the emergency room record that says that you complained about an issue with your neck?

A Yes.

The claimant was seen at the Van Buren emergency department on October 18, 2023. Following is a portion of that medical report from that visit:

> Around noon today, patient was driving Hwy. 71 where there was road construction. There was poor visibility of congested area. He was stopped and another car stopped behind him. A large truck pulling a trailer ran in the car behind him which threw that car into his and propelled him forward into the car in front of him with greatest impact to right front quarter panel. He was restrained. Air bags did not deploy. He was ambulatory at the scene. Now complains of neck pain, left scapular pain, dizziness and headache.
>
> ***
>
> Assessment/Plan
> Contusion head.
> Neck strain.
> F/u with pcp within one week for recheck of current sx, return ed any new or worsening sx.

The claimant underwent a CT scan at the emergency department. Following are the impressions from that diagnostic test:

> Impression:
> 1. No evidence of acute fracture.
> 2. Cervical spondylosis.
> 3. Straightening of the normal cervical lordosis may be positional or related to muscle spasm.

Upon the claimant's discharge, the claimant was prescribed "cyclobenzaprine 10 mg tablet commonly know as Flexeril." The claimant was instructed to "take one tablet by mouth 3 (three) times daily as needed for muscle spasms for up to five days."

The claimant testified on direct examination regarding his use of the prescribed Flexeril as follows:

> Q And did you take that medicine for a while?
>
> A I took it that night because I was really spasming that night and real sore. Didn't get much sleep that night. The next night was a little better. I think it may have been on a Wednesday, so basically, I relaxed. I didn't take any more medicine after Friday or Saturday, I am not sure, because I knew I was going to be returned back to work on Monday.
>
> Q Now, how do you know you were spasming?
>
> A Just intense pain in my neck and it's like radiating pain.
>
> Q Did you actually feel the muscles moving around?
>
> A Oh, you can actually – it gets real tight in your neck.

The claimant did not seek medical treatment again until May 7, 2024, at Mercy Clinic Occupational Medicine Fort Smith by Dr. Ian Cheyne. Following is a portion of that medical record:

> PATIENT DESCRIPTION OF ACCIDENT:
> John was in a car accident and felt neck pop.

> HISJTORY OF PRESENT ILLNESS:
> John's primary problem is pain located in the neck. He describes it as Stiffness. He considers it to be intense. The problem began on 10/18/2023. John says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the right. It is improved with exercise. His pain level is 2. Patient states he has pain shoot up to 6/10 with activity. Additional History: Patient is a 60-year-ole male here for neck pain. Over 6 months ago he was involved in an MVA where he it his head and hurt his neck. He went to the ER at that point CT of the cervical spine which showed spondylosis but no other acute findings. Since then he has been having pain, stiffness in the neck with certain movements, particularly when he turns his head to the right. About 4 months ago he started having numbness, tingling in bilateral upper extremities. 2 months ago he started having intermittent aching pain in the left forearm. He states that had similar symptoms in his lower extremities prior to having back surgery. Patient does not regularly take over-the-counter medications. He has been doing exercises of the neck as his wife is a PTA. No other treatments.
>
> ***
>
> DIAGNOSIS
> 1. Strain of muscle, fascia and tendon at neck level, initial encounter.
> 2. Radiculopathy, cervical region.
>
> PLAN OF CARE
> Comments Patient is 6 months out from the injury and continues to have pain and is progressing to have radicular symptoms, CT of the neck reviewed which showed spondylosis. Will need MRI of the cervical spine to assess for nerve impingement.
>
> MEDICAL CAUSATION
> The cause of this problem is related to work activities.

The claimant was asked on direct examination about the time period between his October 2023 emergency department visit and not seeing another medical provider until May 2024 as follows:

> Q Okay. So, now, let's go after the accident. Why did you not go to the doctor until May of 2024 when you accident was in October of 2023 or after the emergency room? I know you went to

the emergency room, but why did you not go back to the doctor until May of 2024?

A Well, basically, for the first few months, I was having, you know, stiffness, pain, spasms and they would come and go varying from day-to-day, probably bearing on the workload that I did that day. Now only do I work for Quest, but I do – we have property out in the country and I was clearing land and stuff. So based on what I did that day varied on how back the spams were. I think at one time we got a TENS unit and stuff and that helped, the TENS unit.

Q So what made you finally decide to go to the doctor?

A We were driving either late April, early May, we were driving out to Utah and about halfway through the trip I started noticing – the numbness in my hands had started I guess three or six weeks after the incident and I just wrote it off as I slept on that arm. Usually it occurred during the night and when I wake up in the morning and I thought, well, I slept on that arm.

But on that trip, I started noticing the radiating pain and then the tingling like needles in my forearm. And I recognized that numbness from one of my prior surgeries and back issues that I had. It is the same symptom that I was having in my leg with one of my discs that had the laminectomy, so I was familiar with that pain. When I felt that, I knew there was something in my cervical spine that was causing that and it kind of spooked me.

Q So, you neck pain was what you coped with until you started having this numbness in your left hand that you are talking about; is that right?

A Correct. Yes. Left hand and then the tingling moving up my arm.

Q So after it started in your left hand, at some point it started going up your arm?

A Yes.

The claimant was also asked on cross examination about the long period of time between his first and second medical visits regarding his cervical spine as follows:

Q And you didn't seek any additional treatment from any medical provider for any complaints related to this accident until you saw Dr. Cheyne on May the 7th of 2024?

A Correct.

Q Okay. And that is after this trip you told us about?

A What trip?

Q When you drove to Utah?

A Oh, yes. Yes.

Q Okay. Now, you told us on that trip that you began having radiating pain and tingling; is that right?

A Correct.

Q And that was a new symptom. That wasn't something that had been going on.

A It wasn't a new symptom. It was a new symptom of me not crawling out of bed.

Q Okay.

A Which I was upright sitting in a chair and it's a real comfortable chair and I noticed these symptoms started – well, I noticed them before that and I didn't say anything because my wife overreacts.

Q Well, the reason I ask is because when you finally saw Dr. Cheyne, it says here that symptoms, "About four months ago started having numbness, tingling in bilateral upper extremities." And this is on May 7th, so that would be January. And then, "Two months ago he stated having intermittent aching pain in the left forearm." So that would be March?

A Correct.

Q Okay. So those were not things you would have reported or started observing until that point; is that right?

> A It was the only time during the day that I experienced those types of symptoms. Most of the times before was when I would get up in the morning and I would go rubbing my arm and feeling the tingling. So this was the first time. Like I said, I thought I was sleeping on my arm and possibly that was what was causing the tingling.
>
> Q No, after this accident, you continued to drive full time?
>
> A Correct. Yes.
>
> Q With work from 7:30 to 4:00 like you always have?
>
> A Correct. Yes.
>
> Q And had your route and would do that basically full time; is that right?
>
> A Correct. Yes.

On May 19, 2024, the claimant underwent an MRI of the cervical spine at Mercy Hospital upon the order of Dr. Cheyne. Following is a portion of that diagnostic report:

> IMPRESSION:
> Facet hypertrophy at several levels producing mild foraminal narrowing.
>
> Left-sided disc protrusion at C5-C6 narrowing the left side of the canal and with left foraminal narrowing.
>
> Probable retention cyst or polyp in the floor of the left maxillary sinus. Correlate for any associated symptoms and consider CT if clinically indicated.

The claimant again saw Dr. Cheyne on May 22, 2024. At that time the claimant continued to have radicular symptoms and pain. Following is a portion of that medical record:

> HISTORY OF PRESENT ILLNESS
> John's primary problem is pain located in the neck. He describes it as Stiffness. He considers it to be localized. The problem began on 10/18/2023. John says that it seems to be intermittent. He has noticed that it is made worse by moving his head to the right, coughing, sneezing. It is improved with exercise. His pain level is

> 2. Patient states he has pain shoot up to 4/10 with activity. Additional History: Patient here for MRI results of the cervical spine. He continues to have intermittent numbness and tingling in bilateral lower extremities and intermittent pain in the left arm.
>
> ***
>
> DIAGNOSIS
> 1. Strain of muscle, fascia and tendon at neck level, subsequent encounter.
> 2. Radiculopathy, cervical region.
>
> PLAN OF CARE
> Comments MRI of the cervical spine shows multiple levels of facet hypertrophy. He also has a left-sided disc protrusion at C5-C6 with subsequent narrowing. Recommend him follow-up with pain management for evaluation due to his radicular symptoms.
>
> MEDICAL CAUSATION
> The cause of this problem is related to work activities.

The claimant was seen by Dr. Brian Goodman at Mercy Clinic Pain Management on the referral of Dr. Cheyne on July 9, 2024. Dr. Goodman assessed the claimant including a review of the claimant's 2024 cervical MRI and recommended "CESI at C7 (X1) directed toward the left side w cath to left C5." On July 22, 2024, the claimant underwent the CESI procedure. On October 2, 2024, the claimant underwent a second CESI at the hands of Dr. Goodman.

On October 8, 2024, Dr. Cheyne referred the claimant to neurosurgery for his continued cervical spine difficulties. A handwritten note on Dr. Cheyne's referral found at Claimant's Exhibit 1, page 68, indicates that the referral was denied by the workers' compensation insurance adjuster.

On June 12, 2025, the claimant was seen by Dr. Daniel Shepherd at NWA Neuroscience Institute. Following is a portion of that medical record:

> History of Present Illness
> Mr. John Didier is a 61-year-old male who presents to my clinic predominately for neck and left-sided arm pain symptoms. Most of

this pain started after he sustained a motor vehicle accident on October of 2023. He reports pain, numbness, and paresthesia extending through the left shoulder, forearm, and into the thumb and index finger. He denies radiating pain on the right, but he does get some soreness into the trapezius muscle, and he is also noticed some numbness of the right thumb and index finger area as well. He reports some reduced hand dexterity, especially on left side. He is ambulatory without a gait aid, but he endorses mild gait unsteadiness. Denies bowel or bladder incontinence. He has attempted numerous conservative treatment options including activity modification, over-the-counter analgesics, muscle spasm medications, physical therapy, self-cervical traction, and cervical epidural steroid injections with Dr. Goodman, which provided moderate benefit to his neck pain but no this arm symptoms.

***

Plan
Mr. John Didier is a 61-year-old male who presented to my clinic with predominately neck and left arm pain and numbness. He does have some slight numbness in the right hand as well. His symptoms are most consistent with the C6 distribution radiculopathy. I do not appreciate obvious signs of myelopathy on exam.

I have personally reviewed all pertinent radiographic imaging and provided my diagnostic interpretation of these studies. His cervical MRI scan shows evidence of degenerative disc disease throughout his subaxial cervical spine. This is most prevalent at C5-6 and C6-7. At C5-6 there is a large disc osteophyte complex causing severe left-sided neuroforaminal stenosis, and there is moderate right-sided stenosis as well. I feel that this is the most likely etiology of his neck and arm pain symptoms. There is mild central stenosis without spinal compression at other levels, which is likely asymptomatic.

We discussed conservative versus surgical treatment options for cervical radiculopathy. Since the patient has a symptomatic cervical radiculopathy that has failed conservative treatment, surgery is a reasonable treatment option. Discussed anterior versus posterior procedures as well as the pros and cons associated with each approach. After our discussion, I recommended a C5-6 ACDF. Discussed the goals of surgery and surgical success rates. Radicular pain is often the first thing to improve after nerve decompression, but some other symptoms, such as numbness and weakness, may take longer to recover. Furthermore, some

> symptoms may not resolve completely. Discussed the rehabilitation and recovery associated with such a procedure.

Prior to the claimant's visit with Dr. Shepherd, he underwent another cervical MRI on June 6, 2025. Following are the impressions from that diagnostic test:

> Impression:
> Mild disc bulging with congenitally short pedicles at C5-C6 result on moderate central canal stenosis, moderate bilateral foraminal narrowing.
>
> Mild disc bulging with congenitally short pedicles at C6-C7 result in mild central canal stenosis, moderate bilateral foraminal narrowing.

On October 1, 2025, the claimant underwent surgical intervention at the hands of Dr. Shepherd at Washington Regional Medical Center. Following are portions of the claimant's medical records regarding his cervical surgery and surrounding hospital stay:

> ADMISSION DIAGNOSES:
> 1. Left cervical radiculopathy
> 2. Cervicalgia
> 3. Cervical spondylosis with radiculopathy
> 4. Foraminal stenosis with cervical region.
>
> DISCHARGE DIAGNOSES:
> 1. Left cervical radiculopathy
> 2. Cervicalgia
> 3. Cervical spondylosis with radiculopathy
> 4. Foraminal stenosis of cervical region
> 5. Status post cervical spine fusion
>
> ***
>
> PROCEDURES:
> 1. C5-6 anterior cervical discectomy
> 2. C5-6 anterior cervical arthrodesis and fusion
> 3. Instrumentation placement from C5-6 with separate anterior cervical plate
> 4. Insertion of biomechanical interbody device at C5-6
> 5. Use of intraoperative microscope
> 6. Use of cadaveric allograft

> Specimen removed was disc material. No drain was placed. There was no surgical complications during the procedure. The patients neurophysiological monitoring remained stable through the case. All surgical counts were correct.

On November 11, 2025, PA-C Kacy Enloe with the Washington Regional Brain and Spine Surgery Center authored the following letter "To Whom It May Concern":

> John Didier is a patient currently under our clinics care. Mr. Didier underwent neurosurgical intervention on 10/1/25. Mr. Didier may return back to work on December 8th, 2025 with the following restrictions:
>
> -No lifting, pushing, or pulling >10 pounds
> -No bending, squatting, or stooping over
> -May require frequent breaks to change position
>
> Mr. Didier's work restrictions will be reevaluated at his next scheduled follow up in our office on December 18th, 2025.

The claimant has asked the Commission to determine whether he sustained a compensable cervical spine injury on or about October 18, 2023.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence. *Odd Jobs and More v. Reid*, 2011 Ark. App. 450, 384 S.W. 3d 630.

In order to prove his cervical spine injury compensable, the claimant must be able to prove the existence of objective medical findings. Here, the claimant is able to prove the existence of objective medical findings regarding his cervical spine injury via the CT of his cervical spine on October 18, 2023, at the Van Buren emergency department. That CT revealed

"cervical spondylosis, straightening of the normal cervical lordosis maybe positional or related to muscle spasm." That same report also stated, "cervical back: tenderness (left lower tenderness) present." At that time, the claimant was prescribed Flexeril for muscle spasm. The claimant's MRI of his cervical spine on May 19, 2024, revealed, among other objective medical findings, a "left-sided disc protrusion at C5-C6 narrowing the left side of the canal and with left foraminal narrowing." The claimant's June 6, 2025, MRI of the cervical spine also revealed objective medical findings of derangement of the claimant's cervical spine.

Clearly, the claimant is able to prove the existence of objective medical findings of derangement in his cervical spine. However, he must also be able to prove a causal connection between those objective medical findings and the motor vehicle accident he alleges to have caused a compensable cervical spine injury.

I find the claimant to be a credible witness in this matter as evidenced by the claimant's testimony being in harmony with the medical evidence submitted by the parties. I note that no dispute exists regarding the motor vehicle accident having occurred while the claimant was engaged in employment services.

On June 2, 2026, Dr. Goodman, who treated the claimant for his cervical spine difficulties, authored a medical opinion regarding the claimant, which is found at Claimant's Exhibit 1, page 153. Following is the body of that letter:

> I treated John Didier in regard to cervical radicular pain and other cervical spine issues as reflected in my July 8, 2024 office notes and after reviewing the October 18, 2023 emergency department records signed by Dr. Lee Johnson, an October 18, 2023 radiology report regarding a CT of Mr. Didier's cervical spine, and medical records from Dr. Ian Cheyne dated May 7, 2024 and July 7, 2024, in addition to a radiology report dated May 19, 2024 from Dr. William Hocott, it is my opinion that the cervical spine issues for which I treated Mr. Didier were probably caused by the affects of

> the motor vehicle accident in which he was involved on October 18, 2023.

Dr. Cheyne, who treated the claimant, authored an undated letter regarding the claimant's cervical difficulties which was written to the claimant's attorney. That letter is found at Claimant's Exhibit 1, page 154. The body of that letter follows:

> Based on what I have documented in my records, Mr. Didier was injured in a motor vehicle accident on October 18, 2023. He went to the ER on the same day for evaluation. He was then evaluated by me on May 7, 2024. Patient noted at that time that he had been having ongoing pain since the MVA which had then progressed to numbness and tingling in his upper extremities and then pain in the left forearm. He had been doing home exercises with his wife who is a PTA, but there is no report of a new injury reported by Mr. Didier. There is nothing documented that causes me to believe that his need for medical treatment for his cervical spine was due to anything other than the effects of his MVA on October 18, 2023.

On November 4, 2024, Dr. Owen Kelly authored a medical peer review of the claimant's medical records at the request of the respondent. That medical peer review is found at Respondents' Exhibit 1, pages 20-23. Following is a portion of that medical peer review:

> Response to Questions Posed:
> 1. Please comment on the medical necessity and causal relationship of diagnostic testing performed.
> Response: The diagnostic testing, which includes an MRI, appears to be necessary and reasonable, but the MRI is related to age related degeneration, not the accident. His symptoms started several months after the accident, which is well documented in the May 7, 2024, clinic visit.
>
> 2. Please comment on the medical necessity and causal relationship of treatment being rendered to claimant.
> Response: The treatment is reasonable and necessary, but as previously stated, there is not a causal relationship between the treatment and the accident. The symptoms began several months after the isolated accident.
>
> 3. Please comment on the medical necessity and causal relationship of treatment that has been rendered to the claimant.

> Response: The treatment is reasonable and necessary, but as previously stated, there is not a causal relationship between the treatment and the accident, as the symptoms began multiple months after the isolated accident.
>
> 4. Is ongoing treatment (orthopedic) reasonable and medically necessary for the accident or injury of record?
> Response: The ongoing treatment is not related to the accident or injury, so it would not be reasonable and medically necessary, as it relates to the accident or injury.
>
> 5. Is a referral to neurosurgeon medically necessary and appropriate for the compensable work injury?
> Response: The medical reasoning is well documented in question #1. The neurosurgery referral is not related to the compensable work injury.
>
> 6. Also address Causality, Necessity of Treatment, Need for Future Treatment and Pre-Existing Condition.
> Response: Mr. Didier was involved in a motor vehicle accident on October 18, 2023, and there was no evidence of neurological or functional deficit. The occupational medicine documentation of May 7, 2024, described symptoms that began multiple months after the isolated accident. These included pain, numbness, tingling and forearm pain. Secondly, the provided objective imaging of the cervical spine does not show evidence of acute injury. The cervical spine MRI shows aged-related degenerative disc disease and bulging noted at C5 and C6, which is the most common affected level of degenerative changes of the cervical spine.

I note that Dr. Kelly has never treated or examined the claimant in this matter.

It is clear from the medical records introduced into evidence that the claimant did have some degeneration in his cervical spine prior to his motor vehicle accident. However, the claimant gave credible testimony that he was asymptomatic with regard to his cervical spine and there appears no evidence in the record to the contrary. Both Dr. Goodman and Dr. Cheyne have the opinion that the treatment received by the claimant was, in fact, due to his October 18, 2023, motor vehicle accident. Dr. Kelly, who has never seen nor treated the claimant, disagrees. Dr. Kelly heavily relies upon the gap in the claimant's treatment from his first visit to a medical

provider on the day of the motor vehicle accident until his second visit to a medical provider on May 7, 2024, when the claimant was seen by Dr. Cheyne.

I find that the gap in time is reasonable and well explained. The claimant continued to have symptoms but worked through those symptoms on his own. It was not until the claimant began to have additional symptoms in the form of radiculopathy that he reached out to the respondent to again have medical treatment. The claimant is able to prove a causal connection between his October 18, 2023, motor vehicle accident and his proven objective medical findings of derangement in his cervical spine. The claimant has proven by a preponderance of the evidence that he sustained a compensable cervical spine injury on October 18, 2023.

The claimant has asked the Commission to determine if he is entitled to medical treatment for his compensable cervical spine injury.

Employers must promptly provide medical services which are reasonably necessary in connection with the compensable injuries, Ark. Code Ann. §11-9-508(a). However, injured employees have the burden of proving by a preponderance of the evidence that medical treatment is reasonably necessary. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004). What constitutes reasonable and necessary medical treatment is a fact question for the Commission, and the resolution of this issue depends upon the sufficiency of the evidence. *Gansky v. Hi-Tech Engineering*, 325 Ark. 163, 924 S.W.2d 790 (1996).

After a review of the medical records submitted into evidence by the parties, I find the treatment received by the claimant that was introduced into evidence in this matter to be reasonable necessary treatment for his compensable cervical spine injury. This includes the surgical intervention performed by Dr. Shepherd and its after care.

The claimant has asked the Commission to determine if he is entitled to temporary total disability benefits from October 1, 2025, until December 7, 2025.

In order to be entitled to temporary total disability benefits, the claimant has the burden of proving by a preponderance of the evidence that he remains within his healing period and that he suffers a total incapacity to earn wages as a result of his compensable injury. *Arkansas State Highway & Transportation Department v. Breshears,* 272 Ark. 244, 613 S.W. 2d 392 (1981).

The claimant underwent surgical intervention on October 1, 2025, at the hands of Dr. Shepherd. On November 11, 2025, PA-C Kacy Enloe authored a letter "To Whom It May Concern." In that letter, the claimant was removed from work from the date of his surgery, October 1, 2025, until December 8, 2025. The claimant is able to prove by a preponderance of the evidence that he is entitled to temporary total disability benefits from October 1, 2025, until December 7, 2025.

From a review of the record as a whole, to include medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witness and to observe his demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on April 20, 2026, and contained in a Pre-hearing Order filed April 21, 2026, are hereby accepted as fact.

2. The claimant has proven by a preponderance of the evidence that he sustained a compensable injury to his cervical spine on or about October 18, 2023.

3. The claimant has proven by a preponderance of the evidence that he is entitled to reasonable necessary medical treatment for his cervical spine injury, including his surgical intervention with Dr. Shepherd and its after care.

4. The claimant has proven by a preponderance of the evidence that he is entitled to temporary total disability benefits from October 1, 2025, until December 7, 2025.

5. The claimant has proven by a preponderance of the evidence that his attorney is entitled to an attorney's fee in this matter.

ORDER

The respondents shall pay the costs associated with the medical treatment for the claimant's compensable cervical spine injury, including his surgical intervention at the hands of Dr. Shepherd and its after care. The respondents shall also pay the claimant temporary total disability benefits from October 1, 2025, until December 7, 2025.

The respondents shall pay to the claimant's attorney the maximum statutory attorney's fee on the benefits awarded herein, with one half of said attorney's fee to be paid by the respondents in addition to such benefits and one half of said attorney's fee to be withheld by the respondents from such benefits pursuant to Ark. Code Ann. §11-9-715.

All benefits herein awarded which have heretofore accrued are payable in a lump sum without discount.

This award shall bear the maximum legal rate of interest until paid.

If they have not already done so, the respondents are directed to pay the court reporter, Veronica Lane, fees and expenses within thirty (30) days of receipt of the invoice.

IT IS SO ORDERED.

HONORABLE ERIC PAUL WELLS
ADMINISTRATIVE LAW JUDGE