

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
CLAIM NO. H404935**

**MARQUETTE R. JOHNSON,
EMPLOYEE**

CLAIMANT

**AT&T SERVICES, INC.,
EMPLOYER**

RESPONDENT

**OLD REPUBLIC INS. CO./
SEDGWICK CLAIMS
MGMT. SERVICES INC., CARRIER/TPA**

RESPONDENT

OPINION FILED JANUARY 23, 2026

Hearing conducted before the Arkansas Workers' Compensation Commission (the Commission), Administrative Law Judge (ALJ) Mike Pickens, in Little Rock, Pulaski County, Arkansas on October 28, 2025.

The claimant was represented by the Honorable Gregory R. Giles, Moore, Giles & Matteson, PLLC, Texarkana, Miller County, Arkansas.

The respondents were represented by the Honorable Rick Behring, Jr., Newkirk & Jones, Little Rock, Pulaski County, Arkansas.

INTRODUCTION

In the amended prehearing order, which the parties amended and affirmed on the record at the October 28, 2025, the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission (the Commission) has jurisdiction over this claim.
2. The employer/employee/carrier-TPA relationship existed with the claimant at all relevant times including July 18, 2024, the date the claimant sustained an admittedly compensable injury to his lower back/lumbar spine in a motor vehicle accident (MVA) for which the respondents paid both medical and indemnity benefits.
3. The parties wish to reserve the issue of the claimant's average weekly wage (AWW) and the corresponding rates for temporary total disability (TTD) and permanent partial disability (PPD) for a later date.

4. The respondents have controverted the claimant's alleged neck/cervical spine claim in its entirety.
5. If the claimant's subject alleged neck/cervical spine injury is deemed compensable, the parties agree that pursuant to *Ark. Code Ann.* Section 11-9-411 (2025 Lexis Replacement) the respondents are entitled to dollar-for-dollar offset/credit on the medical, short-term disability (STD), and long-term disability (LTD) paid to or on the claimant's behalf related to the subject alleged neck/cervical spine injury.
6. The parties specifically reserve any and all other issues for future litigation and/or determination.

(Commission Exhibit 1 at 1-2; Reporter's Transcript at 4-7). Pursuant to the parties' mutual agreement the issues litigated at the hearing were:

1. Whether the claimant sustained a "compensable injury" within the meaning of the Arkansas Workers' Compensation Act (the Act) to his neck/cervical spine as a result of the July 18, 2024, MVA.
2. If the claimant's alleged neck/cervical spine injury is deemed compensable, the extent to which he is entitled to medical and/or indemnity benefits.
3. Whether the claimant's attorney is entitled to a controverted fee on these facts.

(Comms'n Ex. 1 at 2; T. 4-7).

The claimant contends that in addition to the admittedly compensable lower back/lumbar spine injury he sustained in the July 18, 2024, MVA, he also sustained a specific-incident "compensable injury" to his neck/cervical spine in this MVA. He contends the medical treatment he has received on his neck/cervical spine since the July 18, 2024, MVA – including but not limited to his cervical spine surgery – was and remains related to and reasonably necessary for treatment of his July 18, 2024, neck/cervical spine injury. He further contends he is entitled to TTD benefits from on or about March 5, 2025, through November 4, 2025. The claimant contends he is entitled to PPD benefits based on Dr. Seales's permanent anatomical impairment rating of ten percent (10%) body-as-a-whole (BAW). Finally, the claimant contends his attorney is entitled to the maximum

statutory attorney's fee on this controverted claim; and he specifically reserves any and all other issues for future determination and/or litigation. (Comms'n Ex. 1 at 2-3; T. 4-7; 79-83).

The respondents contend they paid all appropriate medical and indemnity benefits for the claimant's admittedly compensable July 18, 2024, lower back/lumbar spine injury. They contend the claimant cannot meet his burden of proof pursuant to the Act in demonstrating he also sustained a specific-incident "compensable injury" to his neck/cervical spine as a result of the subject July 18, 2024, MVA. They further contend the claimant failed to provide timely notice of any alleged neck/cervical spine injury arising out of the July 18, 2024. The respondents contend the claimant's alleged neck/cervical spine condition arose from a subsequent intervening event and was not the result of his employment and/or the subject July 18, 2024, MVA. The respondents contend the claimant's alleged neck/cervical spine problems and need for medical treatment, if any, are related to a preexisting and/or degenerative condition and not to his work or the subject July 18, 2024, MVA. Alternatively, the respondents contend that if the claimant's alleged neck/cervical spine problems are compensable, the July 18, 2024, MVA merely constituted a temporary aggravation of his preexisting neck/cervical spine condition for which he previously resumed his baseline condition. Finally, the respondents contend that if the claimant's alleged neck/cervical spine problems are deemed compensable and he is awarded any medical and/or indemnity benefits, pursuant to *Ark. Code Ann.* Section 11-9-411 (2025 Lexis Replacement) they are entitled to a dollar-for-dollar credit/setoff in the amount of any and all benefits the claimant's group health, short-term disability (STD), and/or long-term disability (LTD) carrier(s) paid to or on the claimant's behalf, as well as any and all unemployment benefits paid to or on the claimant's behalf. Finally, the respondents reserve the right to supplement their contentions and assert any and all additional applicable defense(s) upon the completion of any and all necessary and

appropriate investigation and discovery; and they reserve any and all other issues for future determination and/or litigation. (Comms'n Ex. 1 at 3-4; T. 4-7; 83-85).

The record consists of the hearing transcript and any and all exhibits contained therein and attached thereto.

STATEMENT OF THE CASE

The claimant, Mr. Marquette Johnson (the claimant) was 37 years old at the time of the hearing, and he has a 12th grade education. In July of 2023 he began working for the respondent-employer, AT&T Services, Inc. (AT&T). After some specialized training the claimant worked as a “prem tech” for AT&T, which required him to install and repair Internet services. He described the job as fairly physical in nature as he was required to, among other things, carry a ladder that weighed approximately 50-75 pounds and to climb it as well as to climb into attics and other places in order to run wires and do whatever was necessary to install AT&T’s clients’ Internet services. The claimant worked alone without a partner and AT&T supplied him with a service van to drive as well as a cell phone. The claimant was allowed to take the AT&T van home each day after work so he could drive straight to his service calls each day as needed. The claimant testified he never had any problems performing his job duties with AT&T prior to the subject MVA. (T. 14-20).

On the date of the subject MVA, July 18, 2024, at around 7:30-35 A.M. the claimant was driving from his home in Jacksonville to his first service call in Sherwood when another driver ran a stop sign and struck his van in the area between the rear driver’s side wheel and fender. The claimant was wearing his seatbelt, but he said his body “bumped the steering wheel really hard.” (T. 23; 20-27). The police and an ambulance arrived at the scene and since the claimant’s back was “getting’ tight” the ambulance took him to the Jacksonville Hospital. (T. 26). The MVA resulted in minor damage to the service van, with damages estimated at around \$2,000, and the collision did not cause the van’s airbags to deploy. (T. 23, 67; Claimant’s Exhibit 2 at 1-111).

The respondents accepted the claimant's lower back injury as compensable, and he was treated conservatively with medications and physical therapy (PT). (T. 50-53). The claimant was determined to have reached maximum medical improvement (MMI) for the admittedly compensable lower back injury in September 2024, and thereafter he had no residual problems related to his lower back injury. (T. 53; CX2 at 68).

The claimant was involved in an MVA in 2020. He was 32 years old at that time. After this 2020 MVA the claimant did not require an ambulance. He complained of both lower back and neck pain after the 2020 MVA. The claimant really did not recall his neck being much of a problem back in 2020. He underwent conservative treatment related to the 2020 MVA which included PT visits and wearing a patch on his lower back for pain. He did not recall being prescribed any medication or having undergone an MRI following the 2020 MVA. He missed approximately one (1) month of work as a result of the 2020 MVA, and he obtained an \$8,000 third-party settlement as a result of the 2020 MVA. The claimant did not have any physical limitations or restrictions related to the 2020 MVA, and he never had any further problems with either his lower back or neck, was able to perform all his job duties with no problems, and he testified he returned to "full function" after the 2020 MVA. The claimant did not sustain any lower back or neck injuries between the time of the 2020 and 2024 MVAs. (T. 27-33; Respondents' Exhibit 1 at 1-30; CX 2 at 29-43).

According to the claimant this 2020 MVA and the resulting minor injuries were so insignificant he forgot about them, as he admitted he had failed to mention this 2020 MVA and the resulting injuries and treatment in his recorded statement, or to the physicians who treated him following the July 18, 2024, MVA and the resulting compensable lower back injury. (T. 27, 29-30; 64; 56-70; CX2 at 29-43, 106; RX1 at 1-30; Respondents' Exhibit 2 at 1-4).

The claimant admitted he did not complain of neck symptoms or specifically identify any symptoms related to his alleged neck/cervical spine injury following the July 18, 2024, MVA until he experienced what he described as a "crick" in his neck soon after the July 18, 2024, MVA. He testified he began to tell his treating providers about his neck pain/the "crick" in his neck in late August of 2024. Trent Tappan, a Physician's Assistant (PA) who treated the claimant following the July 2024 MVA does not specifically mention any of the claimant's alleged neck complaints in his initial progress notes, but a note dated August 20, 2024, does state that one (!) of the symptoms of which the claimant was complaining was worsening symptoms while "looking down." (T. 40-45: CX1 at 41).

The claimant explained during his testimony at the hearing he did not feel like PA Tappan or the physical therapist were seriously addressing the complaints he mentioned to them relating to his neck. Consequently, the claimant went back to the original treating provider, Baptist Health Urgent Care (Baptist Urgent Care), the respondents had arranged for him to see immediately after the July 2024 MVA. On September 9, 2024, the claimant presented himself for treatment at Baptist Urgent Care complaining of "difficulty turning his head, having sharp pains and unable to sleep". (CX2 at 64a-64c). The doctor at Baptist Urgent Care gave the claimant specific instructions to use a tennis ball to try and work through the muscle tension and prescribed him some muscle relaxers and ibuprofen for the symptoms, (CX1 at 64a-64c).

Thereafter, and although the claimant testified he was reporting neck pain and related symptoms to them, neither the Farrer Physical Therapy or PA Trent Tappan's records make any reference to the claimant telling them about the same neck complaints he had just recently made to Baptist Urgent Care on September 9, 2024. (T. 41-46). PA Tappan did document the claimant's neck complaints in an October 22, 2024, note, and he ordered an MRI of the claimant's cervical and

thoracic spine. PA Tappan's clinic note of 10/22/2024 reports, "he states that he has had left sided shoulder, arm pain and neck pain since the injury as a result of the injury." (CX2 at 86-88). After noting the claimant reported to him "significantly worsening" neck complaints, PA Tappan states: "I am not sure what is causing Marquette's pain in his neck...a common complaint that he has had for a while (he acknowledges) but has gotten much worse more recently...I do not think there is much else to offer him. I really cannot speak to his neck."...I would recommend an MRI of his cervical spine for more definitive evaluation of his ongoing symptoms in his neck, (CX2 at 86-88).

On November 11, 2024, the claimant finally underwent MRIs of his cervical and thoracic spine. (CX2 at 99-103). The thoracic spine MRI proved to be normal (CX2 at 102-103); but the cervical disc MRI revealed a disc herniations at C5-C6 and C6-C7. (CX2 at 100). In his MRI follow-up clinic note dated November 20, 2024, PA Tappan notes the MRI revealed objective findings of, "disc protrusion on the left foraminal at C5-6 with nerve root abutment", and he referred the claimant to a specialist, Dr. Jared Seale, (CX1 at 104-105).

In his comprehensive letter report of December 18, 2024, Dr. Seale writes in pertinent part as follows:

History of Present Illness:

The patient is a 37 year-old male who presents today for: neck and arm pain following a motor vehicle accident. The patient reports that the accident occurred on July 1st and initially he experienced back and leg pain. He was prescribed ibuprofen and a muscle relaxant, which masked the neck pain until he reduced his medication intake. The patient describes the neck pain as persistent, initially thinking it was a crick in his neck. By the end of August he began to experience abnormal sensations in his left arm, described as tingling, but not extending into the fingers. The patient has no prior history of neck issues and has not been treated by a doctor, chiropractor or therapist for such problems before the accident. He sought care at an urgent care in August and later had an MRI that indicated a potential need for surgery. The patient works for AT&T and has been unable to perform his regular duties due to the pain. He has had physical therapy for his back but not for his neck and has not received any injections in his neck...MRI of the cervical spine... .

Assessment: Degenerative disc disease C6-7 with foraminal narrowing left, C5-6, C6-7 with left C6-7 radiculopathy.

Plan:

C6-7 epidural injection. Physical therapy for the cervical spine, including traction. Work restriction of no bending, twisting or lifting over 20 pounds. Follow up in 2 months after injection and physical therapy. Surgery would be a C5-6, C6-7 ACDF if he does not improve. Discussion: Marquette Johnson, a 37 year-old male, presented with neck and arm pain following a motor vehicle accident that occurred on July 18¹¹. Initial treatments included Ibuprofen and muscle relaxants, which masked the neck pain. Upon cessation of medication, persistent neck pain and tingling in the left arm were noted. Imaging studies revealed degenerative changes and foraminal narrowing at C67. The patient has been unable to perform regular duties at work due to pain and has been placed on light duty... .

Work compensation note:

The patient's cervical MRI does not show fracture or disc protrusion. There are signs of degeneration and stenosis which are pre-existing. There are no objective findings of acute injury. However, the patient's symptoms began on and after the work injury. The patient has no history of pain in the neck or pain down the ann prior to the work injury. Therefore, it is within a certain degree of medical certainty that at least 51% of the patient's current symptoms are directly related to their work injury... .

(CX2 at 106-107).

DISCUSSION

The Burden of Proof, Generally

When deciding any issue, the ALJ and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof has established it by a preponderance of the evidence. *Ark. Code Ann.* § 11-9-704(c)(2) (2025 Lexis Replacement). The claimant has the burden of proving by a preponderance of the evidence he is entitled to benefits. *Stone v. Patel*, 26 Ark. App. 54, 759 S.W.2d 579 (Ark. App. 1998). *Ark. Code Ann.* Section 11-9-704(c)(3) (2025 Lexis Repl.) states that the ALJ, the Commission, and the courts “shall strictly construe” the Act, which also requires them to read and construe the Act in its entirety, and to

harmonize its provisions when necessary. *Farmers Coop. v. Biles*, 77 Ark. App. 1, 69 S.W.2d 899 (Ark. App. 2002). In determining whether the claimant has met her burden of proof, the Commission is required to weigh the evidence impartially without giving the benefit of the doubt to either party. *Ark. Code Ann.* § 11-9-704(c)(4) (2025 Lexis Repl.); *Gencorp Polymer Products v. Landers*, 36 Ark. App. 190, 820 S.W.2d 475 (Ark. App. 1991); *Fowler v. McHenry*, 22 Ark. App. 196, 737 S.W.2d 633 (Ark. App. 1987).

All claims for workers' compensation benefits must be based on proof. Speculation and conjecture, even if plausible, cannot take the place of proof. *Ark. Dep't of Corrections v. Glover*, 35 Ark. App. 32, 812 S.W.2d 692 (Ark. App. 1991); *Deana Constr. Co. v. Herndon*, 264 Ark. 791, 595 S.W.2d 155 (1979). It is the Commission's exclusive responsibility to determine the credibility of the witnesses and the weight to give their testimony. *Whaley v. Hardees*, 51 Ark. App. 116, 912 S.W.2d 14 (Ark. App. 1995). The Commission is not required to believe either a claimant's or any other witness's testimony, but may accept and translate into findings of fact those portions of the testimony it deems believable. *McClain v. Texaco, Inc.*, 29 Ark. App. 218, 780 S.W.2d 34 (Ark. App. 1989); *Farmers Coop. v. Biles*, *supra*.

The Commission has the duty to weigh the medical evidence just as it does any other evidence, and its resolution of the medical evidence has the force and effect of a jury verdict. *Williams v. Pro Staff Temps.*, 336 Ark. 510, 988 S.W.2d 1 (1999). It is within the Commission's province to weigh the totality of the medical evidence and to determine what evidence is most credible given the totality of the credible evidence of record. *Minnesota Mining & Mfg'ing v. Baker*, 337 Ark. 94, 989 S.W.2d 151 (1999).

Compensability

For any specific incident injury to be compensable, the claimant must prove by a preponderance of the evidence that her injury: (1) arose out of and in course of his employment;

(2) caused internal or external harm to her body that required medical services; (3) is supported by objective findings, medical evidence, establishing the alleged injury; and (4) was caused by a specific incident identifiable by time and place of occurrence. *Ark. Code Ann.* § 11-9-102(4); *Cossey v. Gary A. Thomas Racing Stable*, 2009 Ark. App. 666, at 5, 344 S.W.3d 684, 687 (Ark. App. 2009). The claimant bears the burden of proving the compensable injury by a preponderance of the credible evidence. *Ark. Code Ann.* § 11-9-102(4)(E)(i); and *Cossey, supra*.

Moreover, the claimant must prove a causal relationship exists between her employment and the alleged injury. *Wal-Mart Stores, Inc., v. Westbrook*, 77 Ark. App. 167, 171, 72 S.W.3d 889, 892 (Ark. App. 2002) (citing *McMillan v. U.S. Motors*, 59 Ark. App. 85, 90, 953 S.W.2d 907, 909 (Ark. App. 1997)). Objective medical evidence is not always essential to establish a causal relationship between the work-related accident and the alleged injury where objective medical evidence exists to prove the existence and extent of the underlying injury, and a preponderance of other nonmedical evidence establishes a causal relationship between the objective findings and the work-related incident in question. *Flynn v. Southwest Catering Co.*, 2010 Ark. App. 766, 379 S.W.3d 670 (Ark. App. 2010).

“Objective findings” are those findings which cannot come under the voluntary control of the patient. *Ark. Code Ann.* § 11-9-102(16)(A); *Long v. Wal-Mart Stores, Inc.*, 98 Ark. App. 70, at 80, 250 S.W.3d 263, at 272 (Ark. App. 2007). Objective findings “specifically exclude subjective complaints or findings such as pain, straight-leg-raising tests, and range-of-motion tests.” *Burks v. RIC, Inc.*, 2010 Ark. App. 862 (Ark. App. 2010).

It is a black letter principle of workers’ compensation law that an employer takes the employee as he finds him; and an employment-related incident that aggravates a preexisting condition(s) is (are) compensable. *Heritage Baptist Temple v. Robison*, 82 Ark. App. 460, 120 S.W.3d 150 (Ark.

App. 2003). Stated another way, a preexisting disease or infirmity does not disqualify a claim if the work-related incident aggravated, accelerated, or combined with the disease or infirmity to produce the disability for which the claimant seeks benefits. *Jim Walter Homes v. Beard*, 82 Ark. App. 607, 120 S.W.3d 160 (Ark. App. 2003). The aggravation of a preexisting, otherwise non-compensable condition by a compensable injury is itself compensable. *Oliver v. Guardsmark*, 68 Ark. App. 24, 3 S.W.3d 336 (Ark. App. 1999). An aggravation is a *new injury* resulting from an independent incident. *Crudup v. Regal Ware, Inc.*, 341 Ark. 804, 20 S.W.3d 900 (Ark. App. 2000) (Emphasis added). Of course, since it is a new injury resulting from an independent cause, any alleged aggravation of a preexisting condition must meet the Act's definition of a "compensable injury" in order for the claimant to prove compensability. *Farmland Ins. Co. v. Dubois*, 54 Ark. App. 141, 923 S.W.2d 883 (Ark. App. 1996).

Concerning the proof required to demonstrate the aggravation of a preexisting condition, our appellate courts have consistently held that since an aggravation is a *new injury*, a claimant must prove it by *new objective evidence of a new injury different than the preexisting condition*. *Vaughn v. Midland School Dist.*, 2012 Ark. App. 344 (Ark. App. 2012) (citing *Barber v. Pork Grp., Inc.*, 2012 Ark. App. 138 (Ark. App. 2012); *Grothaus v. Vista Health, LLC*, 2011 Ark. App. 130, 382 S.W.3d 1 (Ark. App. 2011); *Mooney v. AT & T*, 2010 Ark. App. 600, 378 S.W.3d 162 (Ark. App. 2010)). Where the only objective findings present are consistent with prior objective findings *or consistent with a long-term degenerative condition rather than an acute injury, this does not satisfy the objective findings requirement for the compensable aggravation of a preexisting condition injury*. *Vaughn*, 2012 Ark. App. 344, at 6 (holding that Arkansas courts have interpreted the Act to require "new objective medical findings to establish a new injury when the claimant seeks benefits for the aggravation of a preexisting condition"); *Barber, supra* (affirming the Commission's denial of an aggravation of a preexisting condition claim *where the MRI findings revealed a degenerative*

condition, with no evidence of, and which could not be explained by, an acute injury) (Emphases added).

As always, both attorneys did an excellent job presenting the cases of their respective clients. The attorney's briefs were well written and helpful in setting forth both the applicable law and the facts favorable to their respective clients' contentions. Based on the applicable law as applied to the facts of this case I am compelled to find the claimant has met his burden of proof in demonstrating he sustained a compensable neck/cervical spine injury as a result of the subject July 18, 2024, MVA, for the following reasons.

First, while I found the claimant to be a rather poor historian, based upon his demeanor and other relevant factors that are evident from the hearing transcript I found the claimant to be a sincere, credible witness. I do not believe he was attempting to mislead the respondents, his medical providers – especially Dr. Seale, the specialist and treating physician for his neck/cervical spine injury – or this Commission when he failed to recall the obviously minor 2020 MVA and the details associated with it. Indeed, the medical records related to the 2020 MVA reveal the claimant's lower back and neck injuries for which he underwent conservative treatment were minor and temporary in nature, and neither resulted in any residual symptoms, impairment, or disability. Indeed, the record is completely devoid of any evidence, medical or otherwise, that reveals the claimant had any ongoing lower back or neck/cervical spine complaints or symptoms after he fully recovered from his minor injuries, or that he was unable to perform his work duties after the minor 2020 MVA. The claimant's job at AT&T obviously was rather strenuous in nature, requiring him to carry a 50-75 pound ladder, to climb it, and to climb into AT&T's clients' attics and other spaces in order to install their Internet services, and there exists no evidence whatsoever he was unable to perform those duties before the subject July 18, 2024, MVA and the resulting lower back and neck/cervical spine injuries.

Second, the MRI of November 2024 revealed objective medical findings – the herniated disc at C5-6 – for which Dr. Seale ultimately performed the successful anterior cervical discectomy and fusion (ACDF) surgery in 2025.

Third, Dr. Seale himself opined the claimant’s C5-6 herniated cervical disc was “more than 51%” related to the subject July 18, 2024, MVA. And while Dr. Seale apparently was unaware of the claimant’s minor 2020 MVA and the fact the claimant had been treated for obviously minor, temporary lower back and neck/cervical spine problems at that time, there exists no evidence in the record this lack of knowledge would have changed his causation opinion on the specific facts of this case.

Fourth, both common sense and the preponderance of the evidence reveal that Dr. Seale’s causation opinion on the specific facts of this case was not dependent on the fact he was unaware of the minor 2020 MVA and the treatment related thereto since there exists no objective medical evidence, nor does there exist any diagnostic test results such as an MRI, or *any* medical records whatsoever that demonstrate the claimant had sustained a herniated cervical disc as a result of the obviously minor 2020 MVA. This is especially true in light of the fact there exists no reasonable dispute the claimant remained symptomatic – either constantly or intermittently – after the 2024 MVA.

Fifth, the claimant was *asymptomatic* with respect to any neck/cervical spine problems after the 2020 MVA and he was able to perform his work duties. And it was not until a relatively short time *after the subject July 18, 2024, MVA* that the claimant began experiencing symptoms of a neck/cervical spine injury which worsened over time and necessitated the November 2024 MRI which revealed the claimant’s herniated cervical disc at C5-6 on which Dr. Seale performed the successful ACDF. Again, consistent with Dr. Seale’s causation opinion as well as all the

aforementioned relevant evidence, the claimant's herniated cervical disc at C5-6 more likely than not was the result of the subject July 18, 2024, MVA. To find otherwise on these facts would constitute sheer speculation and conjecture; and the Commission may not rely upon sheer speculation and conjecture to either support or to deny a claim for compensation. *See, Deana, supra.*

Therefore, for all the aforementioned reasons, I hereby make the following:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Commission has jurisdiction of this claim.
2. The stipulations set forth in the amended prehearing order filed October 29, 2025, hereby are accepted as facts.
3. While the claimant was not a particularly good historian, based on his demeanor and other relevant factors, I found him to be sincere and credible.
4. The claimant has met his burden of proof in demonstrating his alleged neck/cervical spine injury of July 18, 2024, constitutes a "compensable injury" within the Act's meaning.
5. The claimant has met his burden of proof in demonstrating he is entitled to payment of his related, reasonably necessary medical treatment for his July 18, 2024, compensable neck/cervical spine injury.
6. The claimant has met his burden of proof in demonstrating he is entitled to TTD benefits for his compensable neck/cervical spine injury of July 18, 2024, from March 5, 2025, through November 4, 2025.
7. The claimant has met his burden of proof in demonstrating he is entitled to PPD benefits commensurate with Dr. Seale's 10% BAW permanent anatomical impairment rating.
8. Pursuant to *Ark. Code Ann.* Section 11-9-411, the respondents are entitled to a dollar-for-dollar credit/set-off in the amount of any and all medical, STD and LTD benefits paid to or on the claimant's behalf.
9. The claimant's attorney is entitled to the maximum statutory attorney's fee on these facts.

AWARD

The respondents hereby are directed to pay benefits in accordance with the “Findings of Fact and Conclusions of Law” 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.* Section 11-9-809, and *Couch v. First State Bank of Newport*, 49 Ark. App. 102, 898 S.W.2d 57 (Ark. App. 1995); *Burlington Indus., et al v. Pickett*, 64 Ark. App. 67, 983 S.W.2d 126 (Ark. App. 1998); and *Hartford Fire Ins. Co. v. Sauer*, 358 Ark. 89, 186 S.W.3d 229 (2004).

IT IS SO ORDERED.

Mike Pickens
Administrative Law Judge

MP/mp

