BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. H404935

MARQUETTE R. JOHNSON, EMPLOYEE	CLAIMANT
AT&T SERVICES, INC., EMPLOYER	RESPONDENT
OLD REPUBLIC INSURANCE COMPANY, SEDGWICK CLAIMS MGMT. SERVICES, INC., INSURANCE CARRIER/TPA	RESPONDENT

OPINION FILED JULY 30, 2026

Upon review before the FULL COMMISSION in Little Rock, Pulaski County, Arkansas.

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

Respondents represented by the HONORABLE RICK BEHRING, JR., Attorney at Law, Little Rock, Arkansas.

Decision of Administrative Law Judge: Reversed.

OPINION AND ORDER

The respondents appeal an administrative law judge's opinion filed January 23, 2026. The administrative law judge found that the claimant proved he sustained a compensable injury to his cervical spine. The administrative law judge awarded medical treatment, temporary total disability benefits, and a permanent impairment rating. After reviewing the entire record *de novo*, the Full Commission finds that the claimant did not prove he sustained a compensable injury to his neck or cervical spine.

I. HISTORY

Marquette Raymond Johnson, now age 38, testified that he had previously been involved in a motor vehicle accident in July 2020. The claimant treated at Surgical Associates of Arkansas in August 2020:

> Patient is a 32 y/o male that presents today after an MVA on 7/02/2020 in which he was a restrained driver of a vehicle struck on the driver's side by a car that failed to yield. He has since had pain in the neck, mid and lower back. He states that the neck pain has been sharp radiating to the posterior shoulders….The lower back pain radiates to the gluteal regions and he has been having spasms of the muscles of the back and neck….

Dr. Victor Williams' assessment included "Strain of muscle, fascia and tendon at neck level, initial encounter." Dr. Williams planned additional diagnostic testing and conservative treatment.

The claimant followed up at Surgical Associates of Arkansas on September 22, 2020:

> Patient presents for evaluation and follow up of injuries sustained in a motor vehicle accident. He has had complaints of pain in the neck and lower back since the event as well as spasms of the muscles of the regions. He has been participating in physical therapy and states that the therapy and medicines have helped to provide some relief of his symptoms….
> I reviewed with him the findings of physical examination and the improvement with the treatment plan. He should slowly return to normal activity over the next few weeks and return if he develops increasing pain in the regions as this may indicate the need for further diagnostic studies and treatment….
> RTC as instructed.

The claimant testified that he became employed with the respondents, AT&T Services, Inc., in July 2023. The claimant testified that his job title was "Prem Tech," and that he performed customer service. The parties stipulated that the employment relationship existed at all pertinent times, including July 18, 2024. The claimant testified on direct examination:

> Q. Did you have a truck that AT&T provided to you as part of the job?
> A. Yes, sir.
> Q. And by the time that this accident occurred, were you operating and taking that truck from home each day?
> A. Yes, sir….
> Q. And on this particular date of the accident, July the 18th of 2024, what time did you leave your house?
> A. I wanna say 7:30….
> Q. And tell us what happened.
> A. As I was goin' to the location of the job, I got to – I don't actually know the street, I just remember it was in front of the Jacksonville Air Force Museum. So they have a stop sign in between where I was goin', and so as I was drivin' the ongoing car that was comin' to supposedly stop to the – at the stop sign, she just ran the stop sign and she hit me, and she hit me, it hit me real hard and I had bumped the steering wheel – I was in my seatbelt or whatever, but I bumped the steering wheel real hard….
> Q. And how hard would you describe that she struck you at that time?
> A. It was pretty hard, 'cause I wasn't ready for it so it's pretty hard….
> Q. Were you experiencing any symptoms or medical problems that required medical treatment, you felt like, at that time?
> A. Yes, sir. I had – my back – my lower back was – had ended up gettin' tight and I end up gettin' in an ambulance that had came.
> Q. And where did the ambulance take you?
> A. To the Jacksonville – I don't know the exact name of the hospital but Jacksonville Hospital.

The record contains an ARKANSAS MOTOR VEHICLE CRASH REPORT dated July 18, 2024, which report includes the following NARRATIVE: "I made contact with DVR 2 Marquette Johnson, who stated he was traveling west on Main St. when DVR 1 struck the left side of his vehicle. DVR 2 was transported to Unity Health for a minor back injury and did not complete a statement….DVR 1 was issued citation[.]"

The parties stipulated that the claimant "sustained an admittedly compensable injury to his lower back/lumbar spine in a motor vehicle accident (MVA)" on July 18, 2024, "for which the respondents paid both medical and indemnity benefits."

According to the record, the claimant treated at Baptist Health Urgent Care on July 22, 2024:

> Patient comes in today for a Work Comp, Pain and Pain, Back….
> Pain, Back [Onset: 5 Day(s) Acute Work Related: Char.: Denies Radiating to buttock: Reports Sharp pain; Location: Reports Lumbar[.]…
> Pt was in an accident last Thursday in a company vehicle. Pt states he went to the ER … xrays were normal, and they gave him a "patch" and told him to take Ibuprofen. Pt describes the pain as back stiffness and sometimes sharp….

A Nurse Practitioner's assessment included "Low back pain, unspecified[.]" Imaging of the claimant's lumbar spine was done on July 22, 2024 with the impression, "No acute lumbar spine abnormality evident."

The claimant treated at Urgent Team on August 5, 2024:

> The patient presents with a chief complaint of intermittent back pain of the left lower back and right lower back since Mon, Jul 22, 2024….
> The patient reports it was the result of an injury that occurred on 7/18/2024, which had a sudden onset.…The patient reports that the pain radiates to the right hip, right thigh, right knee, and right lower leg.

A Nurse Practitioner diagnosed "Low back pain, unspecified." The claimant was treated conservatively, and the claimant testified that he was provided physical therapy.

Trent Tappan, PA-C began treating the claimant on August 20, 2024:

> Marquette is a 35-year-old man who has worked for AT&T the past year. He was involved in a motor vehicle accident a month ago and has had ongoing low back pain since then. He has not yet returned back to work. He has been in physical therapy and is continuing to do the therapy which seems to help some. However he remains quite symptomatic mostly in his back….
> X-rays of his lumbar spine reveal mild degenerative changes. I had a long visit with Marquette About his symptoms and images. I reassured him that he is back look stable (sic) on his x-rays. I discussed releasing him back to work and he states he cannot really go back to his normal job because the pain just hurts so much in his back. I am going to release him to work with restrictions such as no climbing or ladders and lifting more than 20 pounds. I did recommend an MRI of his lumbar spine. I will see him back when that is complete. I have told him that if his MRI looks stable I would plan to release him at that time.

Trent Tappan assessed "1. Low back pain" and "2. Degeneration of lumbar intervertebral disc."

An MRI of the claimant's lumbar spine was taken on September 5, 2024 with the following impression:

> 1. No lumbar spine fracture.
> 2. No significant lumbar spinal canal or neural foraminal stenosis.

The claimant returned to Urgent Team on September 9, 2024:

> Pt states that he was in an MVA in July and states that he was not having issues with his neck at the time of visit. Pt reported that he is having difficulty turning his head, sharp pains, and unable to sleep. Pt expresses that symptoms worsened x1 day ago….
> The patient presents with a chief complaint of constant (but worse at times) pain of the neck since approximately Sun, Sep 08, 2024….
> Context – Initial History: The patient reports that the onset was: not associated with blunt force trauma[.]…

A Nurse Practitioner diagnosed "Cervicalgia."

The respondents' attorney cross-examined the claimant:

> Q. Mr. Johnson, you would agree with me that the first medical documentation of you ever having any neck problems was on September 9th of 2024?
> A. Yes, sir.
> Q. All right. And do you have any reason to dispute my calculation that's 53 days after your motor vehicle accident?
> A. I don't have no dispute.
> Q. Okay. And according to your medical exhibit that you submitted here today, that would be 13 visits that you had with physicians or physical therapists prior to September 9th of 2024, and none of which you ever complained about anything or there's no documentation that you ever complained about anything with your neck.
> A. There's no documentation.
> Q. And I think what you're trying to say is that you had told Trent Tappan and the physical therapist and neither of them decided to put anything in your records?
> A. Yes, sir.

The claimant followed up with Trent Tappan on September 11, 2024:

> Marquette returns after getting the MRI of his lumbar spine. He continues to have some of the pain in his low back. He was involved in motor vehicle accident a couple of months ago and has had physical therapy and some restrictions. He continues to have some symptoms in his back. I reviewed his MRI with him today. I reassured him I think his back looks healthy. I do not see any obvious objective injury or fracture disc herniation or nerve root impingement. I told Marquette today that I would give him a release back to work without restrictions and place him at maximal medical improvement. I do not think there is any specific treatment at this stage is going to bring him any significant relief. I think his back is stable and I would leave this alone. I think he will continue to improve on his own with over-the-counter anti-inflammatories. Impairment rating and letter.

Mr. Tappan assessed "1. Low back strain."

Trent Tappan reported on September 12, 2024:

> Marquette was involved in a work-related injury in a motor vehicle accident a couple of months ago. He is received in therapy and restrictions and treatment. I have placed him at maximal medical improvement and I have released him to work without restrictions. Based on the American Medical Association guidelines to evaluation of permanent impairment rating fourth edition I would award him a 0% impairment of the whole person.

Trent Tappan noted on October 22, 2024, "Marquette returns and has been in physical therapy for his lumbar spine. This is helped (sic) him quite a bit again. He is doing better today. His main complaint is neck pain in his left shoulder and arm. He states that he has had a left sided shoulder and arm pain and neck pain since his injury as a result of the injury….We obtained some x-rays today of his cervical spine which reveal some degenerative changes at C6-7….I am not sure what is causing Marquette's

pain in his neck….I would recommend an MRI of his cervical spine for more definitive evaluation of his ongoing symptoms in his neck."

Trent Tappan reported on October 30, 2024:

> I believe Marquette's workup of his cervical spine was denied. When I asked him about the symptoms he states that their symptoms he is had (sic). However I personally have not heard the complaint and when I saw him previously was for a lumbar and leg workup. After I released him he came back and saw me complaining again of primarily back and leg pain. After therapy he returned complaining of neck pain and stated that he has had this neck pain. So I told him I would order a workup for it however if he did not have a documented history of following this complaint with the injury then that is going to have to be pursued on his own insurance. After the denial I am being told by his case manager I believe that he did not report any of the symptoms for several months after the injury. Therefore it I (sic) am going to release him in regards to his work status and place him again at maximal medical improvement. I am happy to see him in regards to his cervical spine on his own personal insurance since this was not documented or claimed that his original injury (sic). He is welcome to a second opinion.

Dr. Victor Williams ordered an MRI of the claimant's cervical spine, which was taken on November 11, 2024:

> HISTORY: MVA in July 2024, neck pain, left arm and shoulder pain….
> IMPRESSION: 1. No fracture.
> 2. C5-C6: Mild disc bulge and left foraminal disc herniation with moderate left neural foraminal narrowing.
> 3. C6-C7: Small disc osteophyte complex and central disc herniation with mild to moderate spinal canal stenosis and moderate left neural foraminal narrowing.
> 4. No other spinal canal stenosis or moderate to high-grade neural foraminal narrowing.

> 5. Mild reversal of the normal lordotic curvature of the cervical spine. This may be secondary to positioning, however muscular spasm could give a similar appearance.

The claimant again followed up with Trent Tappan on November 20, 2024:

> Mr. Johnson returns after getting the MRI of his cervical and thoracic spine. He continues to have pain in his neck and left arm. I reviewed his imaging with him today. His MRI of his thoracic spine looks stable. I really do not see any nerve root impingement or stenosis. His x-rays of his cervical spine show quite a bit of degenerative changes and loss of cervical lordosis most prominent at C5-6. On his MRI of his cervical spine he has some foraminal stenosis and degenerative changes most pronounced at C5-6 and C6-7. He has some disc protrusion on the left foraminal at C5-6 with C6 nerve root abutment. I had a long visit with Mr. Johnson about his symptoms and images. We discussed further treatment options both operative and nonoperative for cervical spine and [his] neck and arm pain. I am not entirely sure if this is covered under work compensation or his own private insurance. He seems to be caught in a bit of a bind. I think some of that depends on when [his] symptoms began and when he documented the claim. I cannot say with a high degree of medical certainty when any of these findings and his imaging occurred. I am going to refer him to Dr. Seale for his opinion and surgical consideration.

Mr. Tappan assessed "1. Spinal stenosis in cervical region."

Dr. Jared Seale reported on December 18, 2024:

> 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 18th, 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 prescribes the neck pain as persistent, initially thinking it was a crick in his neck….

> MRI of the cervical spine reviewed on disc today reveals degenerative disc disease at C6-7. Eccentric foraminal narrowing, mild in nature to the left at C6-7. Hard to determine whether there is a disc protrusion, but there could be a subacute disc protrusion on the left, but if it is, it's really small. Radiology reading reveals moderate left foraminal narrowing at C6-7 and moderate left foraminal narrowing at C5-6….
> 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 and pain down the arm 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.

Dr. Seale assessed "Degenerative disc disease, C6-7 with foraminal narrowing, left, C5-6, C6-7 with left C6-7 radiculopathy." Dr. Seale initially planned conservative treatment. The claimant underwent a C6-7 interlaminar epidural steroid injection on February 3, 2025. The claimant testified that he was off work beginning March 5, 2025.

The record indicates that a representative of the respondent-carrier interviewed the claimant on or about April 2, 2025:

> C: And can you tell me what happened and how you got hurt?
> MJ: Um, you know, I was heading towards a home dispatch and so I first (inaudible) heading to my first job before 8:00, because you have to be on the premises by 8:00. And so, uh, it was around 7:30ish, uh, my job was like 15 minutes away from, uh, my house and so as I was traveling, uh, to my job, um, a vehicle just ran the stop sign and just rammed in the back of, uh, my van. And

it were, rammed me on the driver's side of my van, I'm sorry, on the driver's side of my van.
C: Okay.
MJ: And, uh, hit me, like the side of it and, um, blew my tires out or whatever and bended up my fender and, um, that was basically, basically it….
C: And what injuries did you have?
MJ: Uh, back, I have a back, lower back injury.
C: Okay. Alright, did you, did you injure anything else or was it just your lower back?
MJ: It was my lower back, basically my back (inaudible).

Dr. Seale performed surgery on July 22, 2025: "1. Anterior cervical decompression with arthrodesis, C6-7. 2. Instrumentation, anterior, C6-7. 3. Insertion of machined interbody spacer, anterior, C6-7." The pre- and post-operative diagnosis was "1. Stenosis, foraminal, C6-7. 2. Degenerative disc disease, C6-7."

Dr. J. Michael Calhoun reported on October 20, 2025:

> I have reviewed the available medical records on Marquette Johnson. He was injured at work on July 18, 2024. He was initially thought to have injured his lower back because of complaints in that area.
> A subsequent cervical MRI performed on November 11, 2024, documented degenerative changes with left foraminal stenosis at C5-6 and central and left foraminal stenosis at C6-7. Dr. Justin Seale opined the findings on the cervical MRI were pre-existing, but the major contributing cause to the development of the neck and arm symptoms was the work injury on July 18, 2024.
> Mr. Johnson underwent a C6-7 anterior cervical discectomy and fusion on July 22, 2025. The C5-6 level was not treated. He has been given a Maximal Medical Improvement (MMI) date of November 5, 2025.
> Because the patient underwent a single level anterior cervical discectomy and fusion with residual, he is awarded a 10% impairment of the whole person according to Table 75, page

> 113, of the Fourth Edition of the AMA Guides to the Evaluation of Permanent Impairment.

A hearing was held on October 28, 2025. The claimant's testimony indicated that the respondents did not accept the 10% rating assigned by Dr. Calhoun.

A pre-hearing order was filed on October 29, 2025. According to the text of the pre-hearing order, the claimant contended, "The claimant contends that in addition to the admittedly compensable lower back/lumbar spine injury he also sustained in the July 18, 2024, MVA, he also sustained a 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 impairment rating. 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."

The parties stipulated that the respondents "have controverted the claimant's alleged neck/cervical spine claim in its entirety." The respondents contended, "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 (sic). The respondents contend the 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 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."

The parties agreed to litigate the following issues:

> 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.

The claimant testified that he returned to work for the respondents on November 5, 2025.

An administrative law judge filed an opinion on January 23, 2026. The administrative law judge found, among other things, that the claimant

proved he sustained a compensable injury to his cervical spine. The administrative law judge awarded medical treatment, temporary total disability benefits, and a permanent anatomical impairment rating. The respondents appeal to the Full Commission.

II. ADJUDICATION

Ark. Code Ann. §11-9-102(Repl. 2012) provides, in pertinent part:

> (A) "Compensable injury" means:
> (i) An accidental injury causing internal or external physical harm to the body …
> arising out of and in the course of employment and which requires medical services or results in disability or death. An injury is "accidental" only if it is caused by a specific incident and is identifiable by time and place of occurrence[.]

A compensable injury must also be established by medical evidence supported by objective findings. Ark. Code Ann. §11-9-102(4)(D)(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)(Repl. 2012).

The employee must prove by a preponderance of the evidence that he sustained a compensable injury. Ark. Code Ann. §11-9-102(4)(E)(i)(Repl. 2012). 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).

An administrative law judge found in the present matter, "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." The Full Commission does not affirm this finding. It is the duty of the Full Commission to enter findings in accordance with the preponderance of the evidence and not on whether there is substantial evidence to support an administrative law judge's findings. *Roberts v. Leo Levi Hospital*, 8 Ark. App. 184, 649 S.W.2d 402 (1983). The Full Commission reviews an administrative law judge's opinion *de novo*, and it is the duty of the Full Commission to conduct its own fact-finding independent of that done by an administrative law judge. *Crawford v. Pace Indus.*, 55 Ark. App. 60, 929 S.W.2d 727 (1996). The Full Commission enters its own findings in accordance with the preponderance of the evidence. *Tyson Foods, Inc. v. Watkins*, 31 Ark. App. 230, 792 S.W.2d 348 (1990). An administrative law judge's findings with regard to credibility are not binding upon the Full Commission. *Roberts, supra*.

In the present matter, the Full Commission finds that the claimant did not prove by a preponderance of the evidence that he sustained a compensable injury to his neck or cervical spine. The record indicates that the claimant sustained a "Strain of muscle … neck level" as the result of a

motor vehicle accident occurring in July 2020. Dr. Williams released the claimant in September 2020 to return as needed.

The claimant testified that he became employed as a "Prem Tech" for the respondents in July 2023. The parties stipulated that the employment relationship existed on July 18, 2024. The claimant was involved in a work-related motor vehicle accident that day, when another vehicle struck the company vehicle that the claimant was driving. The claimant testified that his "lower back" became "tight" after the accident. An ARKANSAS MOTOR VEHICLE CRASH REPORT indicated that the claimant was transported to Unity Health for "a minor back injury." The parties stipulated that the claimant sustained "an admittedly compensable injury to his lower back/lumbar spine" on July 18, 2024. There was no indication that the claimant also injured his neck or cervical spine as a result of the July 18, 2024 motor vehicle accident.

The claimant treated at Baptist Health Urgent Care on July 22, 2024. The claimant complained of pain in his back which the claimant described as "stiffness." A Nurse Practitioner assessed "Low back pain," and there was no indication that the claimant had also injured his neck or cervical spine. It was noted at Urgent Care on August 5, 2024 that the claimant complained of "intermittent back pain," but there was no report that the claimant had also injured his neck or cervical spine. A Nurse Practitioner's

diagnosis on August 5, 2024 was "Low back pain, unspecified." The claimant began treating with Trent Tappan, PA-C on August 20, 2024. Trent Tappan reported that the claimant had been suffering from "low back pain" since the July 18, 2024 motor vehicle accident. Mr. Tappan did not report that the claimant also suffered from pain in his neck or cervical spine. Trent Tappan assessed "1. Low back pain" and "2. Degeneration of lumbar intervertebral disc."

As we have noted, the claimant returned for treatment at Urgent Team on September 9, 2024. The claimant reported on September 9, 2024 that he had been suffering from neck pain since the previous day, September 8, 2024. A Nurse Practitioner's diagnosis on September 9, 2024 was "Cervicalgia." The evidence does not demonstrate that the claimant's complaints of neck pain beginning September 9, 2024 were causally related to the motor vehicle accident occurring July 18, 2024. The claimant agreed on cross-examination that he did not begin complaining of neck pain until approximately 53 days after the accident occurring July 18, 2024. The Commission is not required to believe the testimony of the claimant or any other witness but may accept and translate into findings of fact only those portions of the testimony it deems worthy of belief. *Johnson v. Hux*, 28 Ark. App. 187, 772 S.W.2d 362 (1989). In the present matter, the Full Commission does not find credible the claimant's assertion to Dr.

Seale that medication initially "masked" alleged neck pain following the July 18, 2024 motor vehicle accident. Moreover, the record indicates that the claimant recorded a statement for the respondent-carrier on or about April 2, 2025. The claimant plainly stated at that time that he had sustained a lower back injury rather than an injury to his neck or cervical spine.

In any event, Trent Tappan's assessment continued to be "1. Low back strain." Mr. Tappan assessed Maximal Medical Improvement with 0% permanent anatomical impairment on September 12, 2024. On November 11, 2024, Dr. Williams reported abnormalities in the claimant's cervical spine to include bulging and herniation. There is no probative evidence demonstrating that these abnormalities were causally related to the July 18, 2024 motor vehicle accident in which the claimant injured his lower back. Dr. Seale opined on December 18, 2024, "The patient has no history of pain in the neck and pain down the arm 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."

The Commission has the authority to accept or reject a medical opinion and the authority to determine its medical soundness and probative force. *Green Bay Packaging v. Bartlett*, 67 Ark. App. 332, 999 S.W.2d 692 (1999). It is within the Commission's province to weigh all of the medical evidence and to determine what is most credible. *Minnesota Mining & Mfg.*

v. Baker, 337 Ark. 94, 989 S.W.2d 151 (1999). In the present matter, the Full Commission finds that Dr. Seale's causation opinion is entitled to minimal evidentiary weight. Nor does the evidence demonstrate that surgery performed by Dr. Seale on July 22, 2025 was reasonably necessary in connection with the lower back strain sustained by the claimant on July 18, 2024. Nor was the claimant entitled to the 10% whole-person impairment rating assessed by Dr. Calhoun on October 20, 2025.

The Full Commission finds that the claimant did not prove by a preponderance of the evidence that he sustained a compensable injury to his neck or cervical spine. The claimant did not prove that he sustained an accidental injury causing internal or external physical harm to his neck or cervical spine. The claimant did not prove that he sustained an injury to his neck or cervical spine which arose out of and in the course of employment, required medical services, or resulted in disability. The claimant did not prove that he sustained an injury to his neck or cervical spine which was identifiable by time and place of occurrence on July 18, 2024 or any other date. In addition, the claimant did not prove that the abnormalities shown on the November 11, 2024 cervical spine MRI were causally related to the July 18, 2024 motor vehicle accident. *See Ford v. Chemipulp Process, Inc.*, 63 Ark. App. 260, 977 S.W.2d 5 (1998).

After reviewing the entire record *de novo*, therefore, the Full Commission finds that the claimant did not prove by a preponderance of the evidence that he sustained a compensable injury to his neck or cervical spine. The claimant did not prove he was entitled to any medical or indemnity benefits related to his neck or cervical spine. The administrative law judge's decision is hereby reversed, and the claim for benefits related to the neck and cervical spine is respectfully dismissed.

IT IS SO ORDERED.

_____
SCOTTY DALE DOUTHIT, Chairman

_____
MICHAEL R. MAYTON, Commissioner

Commissioner Willhite dissents.

DISSENTING OPINION

The Administrative Law Judge (hereinafter referred to as "ALJ") found that the Claimant has met his burden of proof in demonstrating his alleged neck/cervical spine injury of July 18, 2024, constitutes a compensable injury. The Respondent appealed. After conducting a thorough review of the record, I concur with this finding and must dissent with the majority.

To establish a compensable injury by a preponderance of the evidence the Claimant must prove: (1) an injury arising out of and in the course of employment; (2) that 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, as defined in Ark. Code Ann. §11-9-102(16), establishing the injury; and (4) that the injury was caused by a specific and identifiable time and place of occurrence. Arkansas Code Annotated §11-9-102(4)(A)(i) and (4)(E)(i). A compensable injury must be established by medical evidence supported by objective findings and medical opinions addressing compensability must be stated within a degree of medical certainty. *Smith-Blair, Inc. v. Jones*, 77 Ark. App. 273, 72 S.W.3d 560 (2002). Objective medical evidence is necessary to establish the existence and extent of an injury but not essential to establish the casual relationship between the injury and the work-related accident. *Wal-Mart Stores, Inc. v. Stotts*, 74 Ark. App. 428, S.W.3d 853 (2001). When deciding any issue, the Full Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof of the issue has established it by a preponderance of the evidence. Ark. Code Ann. § 11-9-704(c)(2).

On July 18, 2024, the Claimant was in a motor vehicle accident while providing employment services to the Respondent. The Claimant testified

that he did not specifically disclose any symptoms related to his neck/cervical spine following the July 18, 2024, motor vehicle accident until he experienced a "crick" in his neck. Claimant further testified that he began to disclose this issue to his medical providers in August of 2024. Physician's Assistant Trent Tappan specifically mentions that the Claimant was experiencing complaints with his neck when he was "looking down."

Subsequently the Claimant reported to Baptist Health Urgent Care on September 19, 2024, complaining of "difficulty turning his head, having sharp pains and [being] unable to sleep." The Claimant was given instructions to use a tennis ball to work through the muscle tension and prescribed muscle relaxers for the symptoms. On November 11, 2024, Claimant underwent an MRI of his cervical and thoracic spine which showed "disc herniations at C5-C6 and C6-7." Tappan then noted the objective findings of "disc protrusion on the left foraminal at C5-C6 with nerve root abutment." Tappen then referred the Claimant to Dr. Jared Seale.

On December 18, 2024, Claimant is seen by Dr. Seale who notes:

> 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 arm 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.

The employer takes the employee as he finds him. *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S.W.2d 462 (Ark. App. 1979). A pre-existing disease or infirmity does not disqualify a claim if the employment aggravated, accelerated, or combined with the disease or infirmity to produce the disability for which compensation is sought. *See, Nashville Livestock Commission v. Cox*, 302 Ark. 69, 787 S.W.2d 664 (1990); *Conway Convalescent Center v. Murphree*, 266 Ark. 985, 585 S.W.2d 462 (Ark. App. 1979); *St. Vincent Medical Center v. Brown*, 53 Ark. App. 30, 917 S.W.2d 550 (1996). If an employee is unaffected by their preexisting conditions before their on-the-job injuries, the new symptoms are sufficient to establish that a specific-incident injury has occurred. *Ark. Dep't of Health & Pub. Emple. Claims Div. v. Lockhart*, 2020 Ark. App. 166, 594 S.W.3d 924 (2020).

A doctor is not required to be absolute in an opinion nor are the magic words "within a reasonable degree of medical certainty" even required to be used by the doctor for an injury to be related to the work accident. *Freeman v. Con-Agra Frozen Foods*, 344 Ark. 296 (2001). Rather, the medical opinion must simply be more than speculation. *Id*. If a doctor renders an opinion about causation of a workers' compensation injury with language that goes

beyond possibilities and establishes that work was the reasonable cause of the injury, this should pass muster.

The Claimant reported to multiple medical professionals of symptomology in his neck within a reasonable period of time after the July 18, 2024, work-related motor vehicle accident. Dr. Seale reviewed various diagnostic tests, including the Claimant's MRI and found that this symptomology is related to the motor vehicle accident in part, due to the lack of any similar complaints by the Claimant prior to the work accident. I give significant weight to the opinion of Dr. Seale and find that this new symptomology is sufficient to establish a specific-incident injury has occurred. *See Ark Dep't of Health v. Lockhart*, 2020 Ark. App. 166. Therefore, I find that the Claimant suffered a compensable cervical/neck injury as a result of the July 18, 2024, work-related motor vehicle accident.

Therefore, I must dissent with the majority.

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M. SCOTT WILLHITE, Commissioner