

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**CLAIM NO.:H107091**

**MARGARET A. MACON,  
EMPLOYEE**

**CLAIMANT**

**MINERAL SPRINGS, SARATOGA SCHOOL DISTRICT,  
EMPLOYER**

**RESPONDENT**

**ARKANSAS SCHOOL BOARDS ASSOCIATION,  
WCT**

**RESPONDENT**

**OPINION FILED JUNE 12, 2023**

Hearing held before ADMINISTRATIVE LAW JUDGE CHANDRA L. BLACK in Texarkana, Miller County, Arkansas.

Claimant represented by the Honorable Gregory R. Giles, Attorney at Law, Texarkana, Arkansas.

Respondents represented by the Honorable Melissa Wood, Attorney at Law, Little Rock, Arkansas.

**Statement of the Case**

On March 14, 2023, the above-captioned claim came on for a hearing in Texarkana, Arkansas. Previously, a prehearing telephone conference was conducted in this matter on January 11, 2023 from which a Prehearing Order was filed on that same day. A copy of the order and both parties' responsive filings have been marked as Commission's Exhibit 1 and made a part of the record.

**Stipulations**

During the prehearing telephone conference, and/or hearing the parties agreed to the following stipulations:

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

2. That the employee-employer-insurance carrier relationship existed at all relevant times, including on or about October 6, 2020.
3. The Claimant's average weekly wage on the day of her accidental injury was \$1,105.92, which was sufficient to entitle her to corresponding compensation rates of \$711.00 per week for temporary total disability (TTD) compensation, and \$533.00 a week for permanent partial disability (PPD) benefits.
4. The Respondents have controverted this claim in its entirety.
5. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

### Issues

By agreement of the parties, at the start of hearing, the parties modified the issues and narrowed them down to the following:

1. Whether the Claimant sustained compensable injuries to her neck and back as a result of her October 6, 2020 work-related accidental fall.
2. Whether the Claimant's medical treatment of record is reasonable and necessary medical treatment for her neck and back injuries, and if she is entitled to any other recommended treatment (particularly, that of Dr. Rajesh Arakal) for these conditions, including but not limited to pain management follow-up visits with her treating physicians.

### Contentions

The respective contentions of the parties are as follows:

#### Claimant:

- (a) The Claimant contends that she sustained compensable injuries to her neck

and back on or about October 6, 2022, when a desk that she was leaning against collapsed and she fell to the floor. She initially complained of low back pain and hip pain and subsequently developed neck pain, pre-existing history of herniated disc at C4-5 and C5-6, new disc herniations at C6-7 at C6-7 following this accident;

(b) Claimant contends that the medical treatment she received after October 6 associated with her neck and back pain was reasonable and necessary such that Respondents should be ordered to pay for same;

(c) Claimant contends she would be entitled to temporary total disability benefits for any days that she missed from work and contends that she would be entitled to at least a 5% impairment rating associated with the aggravation of the pre-existing conditions and new disc herniations; and

(d) Claimant contends Respondents should be ordered to pay attorney's fees as provided by law.

Respondents:

Respondents contend that Claimant did not sustain a compensable injury on October 6, 2020. There was no injury in the course and scope of employment, and there are no objective findings of an acute injury. Claimant's need for treatment is associated with a pre-existing condition. The records do not support entitlement to indemnity benefits.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

Based on my review of the evidentiary record, to include the aforementioned documentary evidence, other matters properly before the Commission, and after having had an opportunity to hear the testimony of the witnesses and observe their demeanor, I hereby make the following

findings of fact and conclusions of law in accordance with Ark. Code Ann. §11-9-704 (Repl. 2012):

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. I hereby accept the above-mentioned proposed stipulations as fact.
3. The Claimant proved by a preponderance of the evidence that she sustained compensable injuries to her neck and back on October 6, 2020, while leaning against a table that collapsed, causing her to fall to the floor landing on her buttocks.
4. The Claimant proved that all the medical treatment of record was reasonably necessary treatment for her compensable back and neck injuries. She also proved her entitlement to additional treatment to include the surgery, as proposed by Dr. Rajesh Arakal. and any other pain management as recommended by her treating physicians.
5. All issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

#### Summary of Evidence

Ms. Margaret A. Macon (referred to herein as the "Claimant") and Ms. Cara Lee Lamb (a coworker) also testified on behalf of the Claimant.

The record consists of the March 14, 2023, hearing transcript and the following exhibits: Specifically, Commission's Exhibit 1 includes the above referenced documents; Claimant's Exhibit 1 comprises medical records, which includes one hundred and forty-one numbered pages; Claimant's Exhibit 2 is the Abstract of Table of Contents consisting of nine pages; the Respondent's Hearing Exhibit Index of Medicals includes fifty-four pages and it has been marked as Respondents' Exhibit 1; and Respondents' Hearing Exhibit Index of Non-Medicals, has been marked as Respondents' Exhibit 2, consisting of seventeen numbered pages were admitted into evidence without objection.

**Testimony**

**Ms. Cara Lee Lamb**

Ms. Lamb holds a bachelor's degree and master's degree in education related fields. She is employed by the Mineral Springs School District. Ms. Lamb works at the junior and high schools teaching Special Education, Mathematics, and English. According to Ms. Lamb, she has worked for the school district for fifteen years. She confirmed that on occasion she has worked with the Claimant.

With respect to the Claimant's October 6, 2020, work-related injury, Ms. Lamb confirmed that she was present when the incident occurred. Ms. Lamb testified that she was in the classroom with the Claimant when she went to lean against a table, and it collapsed and fell. Ms. Lamb essentially testified that the Claimant landed on the floor, not so very nicely. Although Ms. Lamb did not recall the exact time of the injury, she estimated it to be around 11:00 a.m. before lunch.

Ms. Lamb explained:

Q Did she appear to be injured or complain about any problems at that time?

A Well, when she got up, she said she had just a little bit of a twinge back there, but she wasn't real concerned about, because she had just fell.

Under further questions, Ms. Lamb confirmed that she had follow-up conversations with the Claimant in the days that followed. Ms. Lamb testified that the Claimant told her she was hurting a little bit and indicated it was due to the fact that she had fallen. She denied being questioned by any school district officials about the incident. Ms. Lamb confirmed that the Claimant ended up going to the doctor, within a week or two after her fall. According to Ms. Lamb, the Claimant complained to her about her neck and hip.

On cross-examination, Ms. Lamb confirmed that the Claimant complained of a twinge in her lower back after the incident. She stated that the Claimant complained of her neck hurting right around the time she went to the doctor. Ms. Lamb confirmed that if the Claimant describes her fall as “I fell on my bottom with her legs out in front of me,” she would agree with this account of the incident.

Margaret A. Macon

The Claimant is 70 years of age. She has a degree in Sociology/Social Work. She also holds a bachelor’s degree and is certified in Pre-K through eighth grade Math. The Claimant teaches the 7<sup>th</sup> and 8<sup>th</sup> grades Mathematics and sometimes Algebra at Mineral Springs School. She has worked for the district for five years, since 2018. The Claimant previously worked for the Ashdown School District for eleven years. She explained that she first taught in Oklahoma for twenty-eight years and was over the Math Department before retiring.

Regarding the Claimant’s injury, she testified that after teaching a lesson, she was at the back of the classroom, reviewing the lesson trying to determine if the kids had any questions or needed her to go back over any of the classwork. According to the Claimant, she leaned back on the table to prop on it, but she did not realize the table had adjustable legs. There was a misplaced screw out of the table and it collapsed, causing her to fall straight down on her bottom. The Claimant confirmed that Ms. Lamb, the Special Ed teacher, was in the classroom when she fell. According to the Claimant, they were both teaching classes to try to mainstream some of the students back into regular classrooms.

The Claimant explained:

Q And how would you describe the fall itself?

A Well, then I fell, having a classroom full of students, it startled..... Especially the girls, they screamed, and some of them got up to try to ..... I said, “No,” I can get up naturally,” so I tried to get up quickly because they were in the room. I got up and I felt a little something, but I did not make a big deal out of it. I just brushed it off to the fact that I had just fallen, you know, pretty abruptly.

Q When you say you felt a little something, where did you feel it at?

A It was kind of in my back, lower back, and I just thought, well, you know I just fell.

The Claimant confirmed that she did not need immediate medical attention at that time. She completed the workday. They had two more workdays after the Claimant’s fall. In the two days that followed, the Claimant explained that her symptoms changed and got progressively worse. The Claimant testified that she was unable to turn over in bed. She ended up having to sleep in a recliner because she could not lay flat.

She finally told the high school secretary, Ms. Judy Hart, that she had fallen and was leaving to go to the doctor. Ms. Hart informed the Claimant that she should report her injury to Ms. Marla Williams, the person who does their workers’ compensation insurance. This occurred on October 9. Following her doctor’s appointment, the Claimant reported her injury to Ms. Williams. She told the Claimant she should have reported the injury on the day it happened.

The Claimant testified that she sought medical treatment from the emergency facility at HealthCare Express instead of her primary care physician, Dr. Dean Bowman, because his clinic had closed for the day. According to the Claimant, she sees his nurse practitioner, Ellen Jones.

When the Claimant went to Healthcare Express, she complained about her hip and back. They did x-rays to make sure she did not have any broken bones, and prescribed pain medication for her. The Claimant confirmed that she was taken off work and missed work a day here and

there. However, the Claimant used up her sick leave and some coworkers donated some of their sick days to her.

The Claimant sought additional medical treatment for her back from her doctor's (Dr. Bowman) nurse practitioner, Ellen Jones. She confirmed that on October 14, 2020, she saw Nurse Jones. At that time, the Claimant complained of hip and back symptoms. She testified that she was beginning to feel a little something in her neck. As a result, Jones proposed sending her to Dr. Erica (the reference appears to be to Dr. Arakal). She testified that when she was first treated at Bowman's clinic on October 14, they prescribed some pain medications for the muscle spasms in her hip and back. The Claimant agreed that the medication help to relieve her symptoms for a while, by numbing the pain a little bit.

She testified that she had gone to work, and her arm and neck were hurting "really, really" bad, when she got off work. According to the Claimant, she laid down that night thinking that she just needed some rest. However, later that night she got up and was hurting, to the point that she had to hold her arm up to walk. As a result, the Claimant's husband took her to the emergency room at St. Michael's. This happened on October 28. She confirmed that between the time she first saw the nurse practitioner and her emergency room visit, her symptoms changed in that two-week time limit. The Claimant testified that she started feeling something different up towards her neck and shoulder and in her arm on the right side. She slept in the recliner during that period of time and ended up getting a neck pillow to prop up her neck.

The Claimant confirmed that she did not have any imaging done at St. Michael's. After her visit to the ER, they sent the Claimant to Advanced Imaging for St. Michael's to have the CT scan performed the next day. She confirmed that she had an MRI of her neck and thoracic spine. Dr. Bowman discussed the results of the CT and MRI with her. He referred the Claimant to Dr.



Arakal, a surgeon, through the Texas Back Institute at Plano, Texas. Per the Claimant, she is getting medical treatment through her personal health insurance, Health Advantage.

She confirmed that her first visit with Dr. Arakal was on December 4, 2020 due to complaints of significant symptoms of neck pain. The Claimant testified that she saw Dr. Arakal for three visits. She confirmed that surgery was recommended but it was postponed due to the COVID-19 pandemic and because she suffers from diabetes. The Claimant testified that she is a Type II diabetic. She confirmed that she last saw Dr. Arakal on July 24, 2021. Since that time, the Claimant has been self-treating through pain management, which includes the use of several types of creams and patches to alleviate her pain. The Claimant confirmed that she continues to treat with Dr. Bowman through Family Medical Clinic for her ongoing symptoms. She testified that she was referred to Precision Spine Care for pain management by the nurse practitioner, Ellen Jones. The Claimant confirmed that she underwent one epidural steroid injection to her neck. She testified that the injection helped for a little while, but it is wearing off. However, the Claimant was scheduled to undergo another injection on March 20, 2023, once she receives clearance from her endocrinologist because the injections elevate her blood sugar.

As of the date of the hearing, the Claimant continued to work full-time, as a teacher with some adjustments to her class schedule. The Claimant confirmed that she planned to continue working until the end of the school year. Per the Claimant she has turned in her resignation for the upcoming school year. The Claimant testified that she has problems with both sides of neck. However, she testified that the majority of her pain is on the left side of her neck. She confirmed that she intends to return to the Dr. Arakal. The Claimant denied any problems with her neck prior to her accident in 2020.

However, the Claimant confirmed that she was struck from behind while driving from work in Mineral Springs. This accident happened in 2016. According to the Claimant, she was struck from behind by an 18-wheeler. She admitted that she complained of neck and back discomfort after her MVA. As a result, they did an MRI. She underwent physical therapy/PT for her symptoms. However, the Claimant denied seeing a specialist for her symptoms. She further denied having the same complaints or problems in 2016 of pain radiating down her arm.

The Claimant confirmed that she was involved in second car accident in 2017. She described her accident as a fender bender. According to the Claimant, a young lady hit them on the left side of their vehicle. For her 2017 accident, the Claimant treated with a chiropractor mostly for back pain because when the lady hit, she was thrown to the front. She also denied seeing or being referred to a specialist for surgery or anything of that nature. The Claimant essentially confirmed that her neck and back issues from those two accidents resolved, and she did not have any problems until her work-related accident in 2020. Following her MVAs, the Claimant testified she was pain-free for two years before her 2020 workplace accident.

She testified that she would like to continue to pursue pain management through Precision Spine Care and put surgery off as long as possible. The Claimant testified that she had planned to work another year because her grandson is in college. However, she explained that her commute to work aggravates her neck and shoulder.

On cross-examination, the Claimant confirmed that she settled the 2016 car accident for \$32,000. She confirmed that her second MVA occurred on May 30, 2017, which was a “fender bender.”

Regarding her accidental work injury, the Claimant confirmed that she testified that she fell on her bottom, with her legs out in front of her. She explained that she felt a little something

but thought it was just the initial shock of falling. The Claimant agreed that she testified during her deposition that she felt a little bit of stiffness in her back and right hip that evening. She further testified that she noticed symptoms in her neck and shoulder about two weeks after her fall because it gradually got worse. The Claimant admitted that when she fell, she did not hit her neck or left shoulder. She confirmed that she uses over-the-counter medications for her symptoms.

The Claimant testified that if she retires from Mineral Springs this upcoming school year for 2023-2024, this will be her third retirement. She confirmed that no doctor has placed any restrictions on her as of late.

There is a record of the Claimant having treated with Ellen Jones on March 23, 2021 in Dr. Bowman's office. Per this record, she complained of pain in her left shoulder and arm. At that time, the Claimant described her pain as being constant and sharp. The onset was several months ago and started having pain on the left side when she woke up Sunday morning. She confirmed that she recalled the incident. The Claimant admitted having stated that she thought she had a crick in her neck and there was no obvious injury or event.

Next, the Claimant was shown a copy of an AFLAC form<sup>1</sup>, which she filled out on June 7, 2021. She verified her handwriting on the form. The Claimant stated on this form that there was an injury on October 29, 2020. She confirmed that she completed a similar form on November 5, 2020, a Form AR-N. The Claimant agreed the form was not completed until July 21, 2021. She agreed that at that point, she had decided to make a claim for workers' compensation benefits.

On redirect examination, the Claimant testified:

---

<sup>1</sup> The Claimant was shown a copy of Respondents' Exhibit 2, which includes various forms, such as her application for AFLAC and forms relating to her injury.

Q Just briefly. As you recall, when you first developed arm pain or symptoms out of your neck, do you recall if it was one arm versus the other?

A The first symptoms, it was my right side, because when I fell, I felt the ..... It was in my back, and as time progressed, it was in my right side, and when I went to the emergency room, that's when I was holding my left hand.

Q Looking at the Family Associates Medical records, they note on November 5<sup>th</sup> that you reported location on the right side that radiates to the right shoulder and the right arm, so at the time, were you having pain in both arms?

A Yes.

The Claimant explained that although when she went to the emergency room, she had pain running down her left side down her arm, currently most of her pain is in her right arm.

### **Medical Evidence**

A review of the medical evidence shows that the Claimant previously sought medical treatment at Christus St. Michael Health System on October 6, 2016. At that time, the Claimant complained of neck and abdomen pain due to a motor vehicle accident/MVA involving an 18-wheeler. She was discharged home that same day and was noted to have "minor injuries" from the MVA. However, a CT of her cervical spine was performed with an impression of: "Straightened cervical lordosis which may be positional or secondary muscle spasm. Significant disc bulge or herniation on the right at the C4-C5 interspace. No acute fracture."

It appears that the Claimant sought treatment from the Family Medical Associates on October 7, 2016. The Claimant presented to Dr. Vernon Bowman with complaints of neck pain that radiated to the right shoulder and right arm after being rear-ended by a "big truck." Dr.

Bowman assessed the Claimant with neck pain and ordered medications and discussed the possibility of physical therapy.

An MRI was performed of the Claimant's cervical spine on October 20, 2016, with an impression: "1. Multilevel disc herniations, C4-5 and C5-6 levels. 2. Straightening of the lordotic curvature. Clinically correlate for under muscular spasm."

The Claimant underwent physical therapy for her shoulder and neck pain at HealthCare Express beginning on October 27, 2016, through November 14, 2016.

On November 14, 2016, the Claimant was evaluated for neck pain by Dr. Bowman during an office visit. The Claimant reported that she had been going to the physical therapy and it was helping. Her pain medication was causing vomiting and dizziness. His assessment was "neck pain." Dr. Bowman discussed other pain medication options with the Claimant and continued her physical therapy, which she underwent.

The Claimant completed her physical therapy sessions on January 12, 2017, at HealthCare Express. She returned for a follow-up visit with Dr. Bowman on January 26, 2017, for continued neck pain.

On June 2, 2017, the Claimant presented to Dr. Bowman for a chief complaint of pain of the neck since May 30, 2017. The Claimant reported that it was the result of an injury that occurred on May 30, 2017, which was a sudden onset. Per these clinic notes, the Claimant had similar problems in the past. Her current neck pain was due to a motor vehicle accident. She was in the passenger seat when another vehicle rear-ended them at a low force collision. The vehicle was traveling at less than 10 MPH.

The Claimant presented to HealthCare Express on June 13, 2017, for follow-up of her neck pain. At that time, she was discharged from care by ShaRhonda Gamble, FNP-C.

On June 26, 2018, the Claimant presented with low back pain, to the Family Medical Associates under the care of Calyse Roy, APRN (supervisor, Dr. Vernon Bowman). The Claimant reported that her current episode of pain started three days ago. However, the Claimant did not recall a particular precipitating event or injury for her symptoms. Her symptoms were most prominent in the lower spine and radiated to the thighs and characterized as constant and aching in nature. She also complained of persistent stiffness. Her level of pain between one and ten was at a seven. The Claimant was assessed with low back pain, for which they performed injections of Decadron and Toradol.

On October 9, 2020, the Claimant sought medical treatment from HealthCare Express for a primary complaint of back pain. Robin Hawthorne, FNP, evaluated the Claimant. At that time, she reported an event of having fallen two weeks ago onto her buttocks. The Claimant stated that she had increased tenderness and aches going up her back. On physical examination the Claimant was noted to have lumbar muscles tender to palpation. At that time, her assessment was “unspecified injury of lower back,” for which she was prescribed oral medication containing Acetaminophen-Codeine. Imaging ordered included X-rays 2-3 Views of the L-spine, with an impression of “Normal lumbar spine.”

The Claimant was re-evaluated again at Family Medical Associates/Dr. Bowman, on October 14, 2020, due to a chief complaint of right hip pain. At that time, her pain was rather diffuse in location, it radiated to the low back flank. The Claimant described her pain as being moderate in intensity, constant and sharp. The precipitating event for her pain was a fall two weeks ago. The Claimant stated that she had not found anything to relieve the pain. Her assessment was “pain in the right hip and low back pain,” for which received in-house steroid injection, and a

prescription regimen that included a methocarbamol to be taken three times a day, “as needed for muscle spasms.”

On October 20, 2020, the Claimant returned to Dr. Bowman’s office for complaints of cervicalgia. The location of her discomfort was on the right side. It radiated to the right shoulder and right arm. The Claimant characterized her pain as being severe, constant, and sharp. The precipitating event seemed to have been a fall around the beginning of the month. The Claimant has continued to have pain in her neck and right arm. Per these clinic notes, the Claimant went to ER for pain Tuesday.

A CT of the Claimant’s cervical spine was performed for comparison the October 6, 2016, imaging. This second CT was performed on October 29, 2020, which was read by Dr. Samuel T. Gatzert, with an impression of:

1. Multilevel cervical spondylosis most notable for a prominent right paracentral focal disc protrusion resulting in compressing mass effect upon the right lateral hemicord and severe focal thecal sac stenosis at C4-5. Additional multilevel moderate thecal sac stenoses with central and slight right paracentral components C5-6 and C6-7. No identified compressive myelomalacia.
2. Severe right foraminal stenosis at C4-5.0

On that same day, an MRI of the Claimant’s thoracic was performed and Dr. D.S. Campanni’s impression was: “Mid- multilevel degenerative disease without canal stenosis. Mild right and moderate left foraminal compromise at T10-T11.”

The Claimant had a follow-up evaluation for her continued complaints of cervicalgia on November 5, 2020. At this time, it was noted that the Claimant was unable to return to work due to her pain. She had been sleeping in a recliner because was unable to lay flat. Dawn Lewis, LPN, evaluated the Claimant under the care of Dr. Douglas Black. According to this medical note, the Claimant was determined to have “multilevel disc herniations at C4-5 andC5-6.” She also was

noted to have a partial rotator cuff tear.” On physical examination, the Claimant had pain with range of motion in the neck forward flexion, extension and lateral flexion. Her assessment was “M54.2 Cervicalgia,” for which was given a medication regimen that included a muscle relaxer and pain medication. At that time, the Claimant was instructed not to return to work due to pain. They gave her educational handouts on “cervical spondylosis.”

On November 24, 2020, the Claimant returned to Family Medical Associates for a follow-up evaluation of continued symptoms of cervicalgia. The Claimant’s location of discomfort and characterization of her pain continued essentially unchanged. Although the Claimant reported she felt better, she still had limited ROM, and continued to sleep in a recliner. She was requesting to go back to work. The Claimant was allowed to return to work and was instructed to return for follow-up and re-evaluation as needed.

The Claimant sought treatment for her neck symptoms from the Texas Back Institute on December 4, 2020, on referral by Dr. Bowman. She was evaluated by Dr. Rajesh G. Arakal. At that time, the Claimant reported that she hurt her neck with a fall. Per these medical notations, the Claimant’s imaging studies which were concerning for a cervical cord compression. As a result, she wanted to obtain further discussion and opinions in this regard. Since the Claimant’s trauma, there had been ongoing problems with some acute loss of balance, dysfunction, and feeling of heaviness. The Claimant reported ongoing acute loss of function in her right arm for a period of time and difficulty with mobilization. She further reported having gone to the emergency room and a workup revealed cervical cord compression at C4-5, 5-6 and 6-7. Dr. Arakal noted that on physical examination, the Claimant was reporting dysfunction in her balance and looking up was difficult for her. The MRI imaging was reviewed, which showed evidence of spinal cord compression secondary to large cervical disc herniations at C4-5, C5-6, and 6-7 with cord



deviation. X-rays showed cervical spondylitis changes. Dr. Arakal assessed the Claimant with “cervical spinal cord compression with myelopathy, with significant compression. His stated plan of treatment included surgery given the level of compression and her symptoms of myelopathy. The Claimant also had difficulty with cervical extension. There was some increased pain in the cervical spine with cervical extension, but the Claimant had not lost upper extremity function. She was starting to have some mild changes her in urinary function that was recent. The Claimant wanted to hold off on immediate surgery until she could take time off to recover. Dr. Arakal stated that given the level of function, they could do observation and clinical checkup, but there was concern because of the level of compression that she will need a decompressive procedure. His plan included an ACDF at C4-5, C5-6, and 6-7. Dr. Arakal noted that the Claimant is diabetic. Therefore, there is potential risk of pseudarthrosis, but he believed it is reasonable to try to move forward given the pathology of the ventral. Dr. Arakal ordered a CT scan to look for the level of bony compression.

On December 22, 2020, the Claimant underwent a CT scan of the cervical spine with an impression of: “Multilevel degenerative disease.”

The Claimant returned to the Texas Back Institute for evaluation of her symptoms of progressive arm complaints on January 15, 2021. At that time, the Claimant stated that she was having increasing difficulty with left arm pain and driving. On physical examination, Dr. Arkal noted that the Claimant had a positive Hoffman’s signs and the Claimant stated she sensed she was getting worse. Dr. Arakal stated that the CT scan showed disc degenerative changes but in comparison to the MRI the large volume compression lesions were not calcified at C4-5, C5-6, and 6-7. He assessed the Claimant with “Cord compression with symptoms of cervical myelopathy, positive Hoffman’s with cord deviation and compression at C4-5, C5-6, and 6-7.”

Dr. Arakal opined: She does not have any major ossification of the posterior longitudinal ligament so the ventral compression should be addressed and can be addressed with the area of greatest ventral compression which would be an anterior approach.

The Claimant followed up at Family Medical Associates on March 23, 2021. She presented due to feet/ankle swelling and upper back pain and neck pain. Her current episode started two weeks ago, with no precipitating event or injury. She was noted to have a history of cervicalgia. The Claimant reported that she started having pain in her left arm when she woke up one Sunday morning. At that time, the Claimant believed she had a crick in her neck. Her assessment continued to be cervicalgia and she was directed to follow up with Dr. Arakal.

On July 24, 2021, the Claimant was seen at the Texas Back Institute. Dr. Arakal authored progress notes that same day. He reviewed the Claimant's medications with her. The Claimant moved her surgery date due to family concerns of her brother being ill. Dr. Arakal assessment was "Cervical spondylosis with myelopathy."

The Claimant was evaluated at the Precision Spine Care for back pain that was worsening, on August 2, 2022, under the care of Dr. Harold Fite. She stated that her symptoms were gradual with injury. The Claimant stated she had been experiencing these symptoms greater than two years. She reported having been evaluated by a spine surgeon in Plano who discussed the possibility of cervical fusion. The Claimant stated that she had chosen to forego surgery at that time due to concerns of risk and need for further surgery in the future. At that time, the Claimant reported axial neck pain and pain that radiated into the forearm and hand. She denied focal weakness, or bowel or bladder changes. Per this report, the Claimant had limited relief with conservative measures including oral analgesics, rest, heat, ice, and physical therapy. Dr. Fite opined: "She has a cervical MRI showing multilevel degenerative disc disease and facet

arthropathy with lateral recess and foraminal stenosis at C4-5 and C5-6. She has severe stenosis at C4-5 and moderate stenosis at C5-6 and C6-7.” The Claimant reported moderate difficulty with walking for more than five minutes. Dr. Fite’s assessment was “Radiculopathy, cervical region (M54.12), for which he tentatively planned to perform a cervical epidural steroid injection at C6-7 with follow up in two weeks. The Claimant wanted more time to discuss with her family before scheduling.

On January 11, 2023, the Claimant followed-up at Dr. Leslie Howland FNP, at the Precision Spine Care for chronic pain and back pain. She presented with a report of increased pain. The Claimant wanted to move forward with the CESI.

Dr. Fite performed a Cervical Interlaminar Epidural Steroid Injection at C6-7, on February 6, 2023. Findings included “cervical interlaminar level treated at midline C6-7.”

### **Adjudication**

#### **A. Compensability**

In Ark. Code Ann. §11-9-102(4)(A)(i) (Repl. 2012), “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 be established by medical evidence supported by objective findings. Ark. Code Ann. §11-9-102(4)(D). “Objective findings” are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102 (16)(A)(i).

The employee has the burden of proving by a preponderance of evidence that she sustained a compensable injury. Ark. Code Ann. §11-9102(4)(E)(i). 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), citing *Smith v. Magnet Cove Barium Corp.*, 212 Ark. 491, 206 S.W.2d 442 (1947).

After reviewing the evidence in this case impartially, without giving the benefit of the doubt to either party, I find that the Claimant has proven by a preponderance of the credible evidence that she sustained compensable injuries to her back and neck during her work- related fall on October 6, 2020, when a table she was leaning against collapsed causing her to fall hard onto the floor on her buttocks. The Claimant's description and account of the incident is corroborated by Ms. Lambs and the contemporaneous documentary medical records of evidence. In this regard, I find both the Claimant and Ms. Lamb to be extremely credible witnesses.

The Claimant reported her accidental injury to management on October 9, three days after her fall. Her testimony demonstrates that she put off seeking treatment thinking her condition would improve, but it worsened. Three days after her fall, on October 9, 2020, the Claimant sought medical treatment from her primary care physician, Dr. Bowman. Initially, the Claimant complained of back pain. She was treated with a prescription of muscle relaxers for lumbar muscle spasms by Dr. Bowman. These are objective medical findings of an injury to the Claimant's back. Although the Claimant had been involved in two car accidents (one was very minor), she had not complained of back symptomology in almost three years. Nor had the Claimant missed any work or been evaluated by any medical doctor for complaints of the back. Based on the lack of any medically documented complaints of any recent back problems, the credible testimony of the Claimant and Ms. Lamb surrounding the circumstances and mechanism of the Claimant's work-related fall, I find that the Claimant has proven by a preponderance of the evidence a causal connection between her workplace fall of October 6, 2020, and her current back condition.

Regarding the Claimant's spine condition, it is well established in workers' compensation law that an aggravation of a preexisting condition is compensable. The medical records reflect that following the Claimant's 2016 motor vehicle accident, she under diagnostic tests that revealed she had disc herniations at C-5 and C5-6. However, the MRI of the Claimant's cervical spine demonstrates that she sustained a recent/new trauma injury to neck involving a different disc area at C6-7. The degree of stenosis is much more significant in severity in comparison to previous imaging. Dr. Arakal characterizes it as cord compression at all three levels, C4-5, C5-6, C-7. These are objective medical findings of an accidental injury to the Claimant's cervical spine on October 6. This finding is particularly persuasive considering the Claimant was able to perform her job duties as a teacher before her work incident of October 6, and she had not complained to a medical professional about any complaints of the neck since January 26, 2017, almost three years before her work incident. Her testimony concerning the gradual progression of her neck and arm symptoms is corroborated by the medical records. Moreover, there no evidence absolutely whatsoever demonstrating that the Claimant injured her neck during some other event or injury in the interim. Likewise, the mechanism of the Claimant's fall is consistent with a neck injury, as described by both Ms. Lamb's and the Claimant's account of the incident. Both credibly testified that the Claimant's suddenly fell to floor on her buttocks.

I find that the Claimant has proven by a preponderance of the evidence all of the requirements necessary for establishing that she sustained a compensable injury to her neck on October 6, 2020.

B. Medical Treatment

The employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code

Ann. §11-9-508(a) (Repl. 2012). The Claimant must meet her burden of proving by a preponderance of the evidence that medical treatment of record is reasonably necessary in connection with the injury received by the employee. *Stone v. Dollar General Stores*, 91 Ark. App. 260, 209 S.W.3d 445 (2002). Our courts have quantified the preponderance of the evidence to mean 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).

Here, the Claimant sustained compensable injuries to her neck and back when a table she was leaning on collapsed, causing her to fall on her buttocks, on October 6, 2020. The Claimant underwent conservative care with her PCP, Dr. Bowman, at the Texas Back Institute, and Precision Spine for her neck and back injuries. I find all of the treatment of record is reasonably necessary treatment for diagnosing and treating the Claimant's back and neck injuries. Despite this conservative treatment including steroid injections, the Claimant has continued with complaints of pain and discomfort, particularly in her neck. The Claimant was diagnosed as having significant herniations, by Dr. Arakal, a spine specialist, who has recommended surgical intervention. Considering the Claimant failed conservative treatment modalities, I am persuaded that surgical intervention is warranted and recommended follow-up management treatment deemed appropriate by her treating physician.

I realize that the Claimant is reluctant to undergo surgery at this time and wishes to continue with conservative treatment modalities. However, given the nature and severity of the risks involved with neck surgery, I find this course of action of putting the surgery off for as long as possible is quite reasonable and most prudent.

**AWARD**

The Respondents are ordered and directed to pay benefits in accordance with the findings of fact and conclusions of law set forth above. All other issues are reserved under the Arkansas Workers' Compensation Act.

**IT IS SO ORDERED.**

---

**HON. CHANDRA L. BLACK  
ADMINISTRATIVE LAW JUDGE**