

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

AWCC CLAIM NO.:H007502

JASON MODISETTE, EMPLOYEE	CLAIMANT
COLUMBIA WOOD, LLC, EMPLOYER	RESPONDENT
STONETRUST COMMERCIAL INS, CO./ STONETRUST INSURANCE, CARRIER/ THIRD PARTY ADMINSTRATOR (TPA)	RESPONDENT

OPINION FILED MARCH 21, 2022

Hearing held before Administrative Law Judge Chandra L. Black, in Texarkana, Miller County, Arkansas.

Claimant represented by Mr. Andy L. Caldwell, Attorney at Law, Little Rock, Arkansas.

Respondents represented by Mr. Michael E. Ryburn, Attorney at Law, Little Rock, Arkansas.

Statement of the Case

On January 11, 2022, the above-captioned claim came on for a hearing in Texarkana, Arkansas. A pre-hearing telephone conference was conducted on September 9, 2021, from which a pre-hearing order was filed on that same day. However, an amended pre-hearing order was filed on November 19, 2021 continuing the hearing, but the order remained the same and not otherwise affected. The amended order and the respective responsive filings of the parties have been marked as Commission's Exhibit 1.

Stipulations

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

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

2. The employee-employer-insurance carrier relationship existed at all relevant times, including on or about September 24, 2020.

3. At the beginning of the hearing, the parties stipulated that the Claimant's average weekly wage was \$592.00 at the time of his accidental injury. The Claimant's weekly compensation rates are \$395.00 and \$296.00.

4. The Respondents accepted this as a claim for a compensable low back injury.

5. Also, at the beginning of the hearing, the Respondents agreed to pay the Claimant temporary total disability compensation from September 25, 2020 through January 7, 2021. They also agreed to pay the Claimant's attorney a controverted attorney's fee on these indemnity benefits.

6. The Respondents further agreed to pay all the reasonable and necessary medical benefits of record, including the Claimant's out-of-pocket expenses and mileage.

7. All issues not litigated are reserved under the Arkansas Workers' Compensation Act.

Issue(s)

At the beginning of the hearing, the parties mutually agreed to change the issues as outlined in the amended pre-hearing order to the following: the Claimant's entitlement to additional medical treatment, in the form of surgery, as recommended by Dr. Amir Qureshi.

Contentions

The parties' respective contentions are as follows:

Claimant: Claimant's AWW (average weekly wage) will be determined by the contract of hire, wage records and Arkansas law. The Claimant contends that he sustained injuries to his back, right hip and right leg in the course and scope of his employment on September 24, 2020 when he

fell while clearing debris. The Claimant is under the treatment of Dr. Gati. Claimant contends that he is entitled to TTD (temporary total disability) from the date of September 24, 2020 to a date yet to be determined, continued medical care and treatment, payment of medical expenses, out of pocket expenses, and attorney's fees. All other issues are reserved.

Respondents: Respondents contend that the Claimant injured his back at work. He was released to light duty and the employer had light duty available. He was released without restrictions on January 8, 2021. Medical benefits have been paid. The Claimant is not entitled to any temporary total disability (TTD).

Based on my review of the record as a whole, to include the documentary evidence, all other matters properly before the Commission, and after having had an opportunity to listen to the testimony of the Claimant and observe his demeanor, I hereby make the following findings of fact and conclusions of law in accordance with Ark. Code Ann. §11-9-704 (Repl. 2012):

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. The proposed stipulations set forth above are reasonable and hereby accepted as fact.
3. The Claimant proved by a preponderance of the evidence that the surgical procedure, recommended by his treating physician, Dr. Amir Qureshi, for his admittedly compensable low back injury is reasonably necessary in connection with the injury received by him on September 24, 2020.
4. All issues not litigated at this time are hereby reserved under the Arkansas Workers' Compensation Act.

Summary of Evidence

The Claimant, Mr. Jason Modisette, was the only witness to testify during the hearing.

The record also consists of the hearing transcript of January 11, 2022 and the exhibits contained therein. Specifically, the following exhibits have been made a part of the record: Commission's Exhibit 1 includes the Commission's Amended Pre-hearing Order of November 19, 2021, and the parties' respective response to the Pre-hearing Questionnaire; Claimant's Amended Medical Exhibit, consisting of ninety-nine (99) numbered pages was marked as Claimant's Exhibit No. 1; Claimant's Amended Non-Medical Exhibit consisting of twenty (20) numbered pages was marked as Claimant's Exhibit 2. Respondents' Medical Exhibit, comprising of twenty-three (23) numbered pages has been marked as Respondents' Exhibit 1.

Testimony

Jason Modisette/the Claimant

The Claimant, now age 52, confirmed that he was employed by Columbia Wood on September 24, 2020. He has worked approximately five years performing employment duties as a sawyer for Columbia Wood. The Claimant's employment duties entails sawing, maintenance, and clean-up type activities.

Regarding his compensable injury of September 24, 2020, the Claimant explained:

A While cleaning up, I slipped on the mill and fell.

Q Explain kind of where you were and how you fell, how you landed.

A I was on the top side of the mill and below it's a six foot drop or so, and the bark had piled up high enough to where it was getting in my hydraulic hoses and log turner, so I was pushing it down with a shovel and my foot slipped off what I was standing on.

Q What did you land on?

A Nothing. Well, I caught this leg with a beam and the other one just kept going.

Q Just for the record, you motioned with your right leg?

A Yes, sir.

Q You said you caught it with a beam?

A Right under my thigh.

Q Again, explain kind of how you hit and landed.

A Kind of a running motion. My left foot went back, my right foot came down on the beam, and my chest landed on the shovel that I had been using.

The Claimant confirmed that four other coworkers were around when his incident happened. He further confirmed that he experienced significant pain in his lower back when the incident happened. Per the Claimant testimony, he reported the incident to management at once. Ultimately, the Claimant was transported by ambulance to Springhill Medical Center. There, he was evaluated and discharged home.

Four days later, the Claimant sought treatment from St. Michael Health System, in Texarkana. The Claimant verified that there was a gap in his medical care because the Respondents did not initially accept the claim.

Subsequently, the Respondents agreed for the Claimant to see Dr. Gati, in El Dorado. He confirmed that Dr. Gati referred him to Ortho Arkansas. The Claimant agreed that he saw Dr. Paulus at Ortho Arkansas a few times, who then released him from care in January (2021). At that point, the Claimant requested a change of physician and started treating with Dr. Qureshi. The Claimant essentially testified that his condition stayed about the same over the course of his treatment prior to seeing Dr. Qureshi.

The Claimant received conservative medical treatment in the form of injections and physical therapy. He was asked by his attorney if any of those things improved his condition, and his response was: “A tad.” The Claimant agreed that he had complaints involving two different areas. One area involved the right side of his spine in the lower part of his back, about three inches

over to the right. He specifically confirmed that he also has complaints on the right side, at the SI joint. Per the Claimant, he has talked to his doctors, including Dr. Qureshi about these problem areas.

He confirmed that that both areas are still symptomatic. However, the Claimant testified that his back is more useful, and he is not having the problems out of it that he was having with the “pinching,” and other symptoms. The Claimant confirmed that he still has problems with the SI joint rubbing and causing the nerves to “shoot out.”

Specifically, the Claimant explained:

Q What type problems and symptoms are you still having?

A Not being able to sit as long, not being able to stand as long. I mean, everything I do takes me twice as long. It’s stabbing pain, it’s numbing pain, it’s shooting pain.

The Claimant testified that the pain comes around to his hip, but the pain down his leg is gone, which was evidently from his back. According to the Claimant, he is unable to sit or stand for prolonged periods. He testified that he has symptoms of stabbing, numbing, and shooting pain that goes around his hip. The Claimant admitted that Dr. Qureshi sent him for some injections, which did not help. Dr. Qureshi has recommended additional medical treatment in the form of a fusion (Teflon coating) over his SI joint to reduce the “rubbing-effect.” The Claimant confirmed that he is requesting that the Respondents be required to provide this treatment for him.

On cross-examination, the Claimant admitted that he had a CT scan performed on November 9, 2020, which revealed degenerative disc disease and no acute findings. Following this, the Claimant underwent an MRI. Both of these diagnostic tests were focused on the lower part of the Claimant’s lumbar spine. According to the Claimant, Dr. Gati performed an x-ray of his hip, but he denied undergoing an MRI or CT scan of his hip. He verified that he had two problems, one with his low back, which is about gone, and the other is in his hip/SI joint. The

Claimant admitted that he has not had an MRI or CT scan performed on his SI joint. He confirmed that the Dr. Qureshi wants to make a Teflon coating on his SI joint. Per the Claimant, this procedure would be an outpatient thing, and he would not be down very long at all. The Claimant admitted that he has not had any surgery on his back, and it has gotten better with time. According to the Claimant, his complaints of pain are centered around his SI joint and hip.

As of the date of the hearing, the Claimant continued to perform his regular employment duties for Columbia Wood. However, the Claimant admitted that he is having trouble doing his job, which causes him to have to get out and walk more.

The Claimant essentially testified that he will be off work for two days after undergoing the recommended procedure. He basically testified that it is his understanding that the SI joint is rubbing (“bone on bone”) and aggravating and inflaming the nerves.

On re-direct examination, the Claimant verified that he does not have the money or health insurance coverage to have the surgery. He further verified that he trusts that Dr. Qureshi has made the recommendation with his best interest at heart. As such, the Claimant again reaffirmed his desire to under the surgical procedure recommended by Dr. Qureshi.

During recross-examination, the Claimant testified that his SI joint has been hurting since the accident.

Upon being questioned by the Commission, the Claimant admitted that he has experienced prior minimal problems with his back from doing excessive lifting at the sawmill. He denied that he was having any problems with back at the time of his accident. The Claimant further denied ever having to seek medical treatment for his back. Previously, the Claimant has taken over-the-counter medications for his back pain. The Claimant denied having any prior problems performing

his job duties. He further denied having missed any days from work due to back pain prior to his incident.

On further re-cross examination, the Claimant denied ever undergoing any tests to his low back or SI joint prior to his work accident.

Medical Evidence

A review of the medical record shows that on September 24, 2020 the Claimant was transported by EMS Ground to the Emergency Department of Springhill Medical Center, Louisiana, due to complaints of an injury to his back after a fall. The Claimant reported that he was cleaning off some bark and slipped and fell at work onto a metal beam. Per this report, the Claimant stated that his back pain did not start until about thirty minutes after the incident. At that time, the Claimant complained of sharp pain in his low back, particularly with movement of his legs. A CT scan of the Claimant's lumbar spine was performed with an impression of: "Multilevel degenerative changes, with no gross acute lumbar fracture or subluxation." The Claimant was evaluated by Dr. Menoni Ize-lyamu. He diagnosed the Claimant with "Other intervertebral disc degeneration, lumbar region." Dr. Ize-lyamu discharged the Claimant home with instructions to follow-up with his primary care physician. He also ordered prescriptions for the Claimant in the form of Cyclobenzaprine and Mobic.

On September 28, 2020 the Claimant presented to the Emergency Department of St. Michael Health System due to low back pain resulting from his work-related injury. The Claimant stated that he had numbness in his lower back. Tiffany A. Baugus, APRN, evaluated the Claimant and assessed him with "Acute low back pain," for which she offered the Claimant pain medication in the event his pain became more severe. Nurse Baugus also tried to help with getting the Claimant seen by a neurosurgeon and a follow-up visit with a PCP.

Dr. Kenneth G. Gati evaluated the Claimant on November 9, 2020. The Claimant complained of constant upper, mid, and low back pain. The Claimant described his symptoms as being “sharp and aching.” He also reported continued pain in his back with pain into his right leg. His symptoms were also constant and made worse with sitting and walking. The Claimant reported that he had been treated with muscle relaxers and pain medicines without any relief. Dr. Gati recommended a course of physical therapy and medications, which included a Medrol Dosepak.

The Claimant returned to Dr. Gati on December 15, 2020 for a follow-up evaluation of his back injury. At that time, the Claimant stated to Dr. Gati the following: “Back is doing some better but is still not right.” He continued with some pain in the lower part of his back with prolonged standing, and as the day progressed, he developed pain down his right leg. Since the Claimant failed to improve with medication therapy, Dr. Gati ordered an MRI of his lumbar spine.

On December 17, 2020, the Claimant underwent an MRI of the lumbar spine. Dr. Don L. Kusenberger rendered the following impression:

A degree of disc desiccation is present at all lumbar levels, discussed in at all lumbar levels, as discussed in detail above.

L5-S1 with mild posterior bulge and two (2) central annular tears.

L4-5 with a small posterior bulge with tiny central annular tear.

L1-2 with a very small right-side protrusion by no compression of adjacent neural structures.

Dr. Gati saw the Claimant for a follow-up visit on December 21, 2020 for his lumbar MRI results. The Claimant had no improvement in his symptoms since the last visit. He reported that the pain continued to severely limit his daily activities. Dr. Gati stated that the Claimant’s MRI showed diagnostic findings of mild disc bulge with annular tear at L5-S1 and L4-L5. He also noted findings of a small protrusion at L1-2 to the right without compression. Dr. Gati diagnosed the

Claimant with “Sprain of ligaments of lumbar spine, subsequent encounter; Spondylolysis, lumbosacral region; and Spondylosis without myelopathy or radiculopathy, lumbosacral region.”

As a result of these findings, Dr. Gati referred the Claimant to Ortho Arkansas Spine Group for further evaluation and treatment of his continued back pain.

The Claimant was released to return to work by Dr. Stephen Paulus on January 8, 2021.

On March 30, 2021, the Claimant underwent evaluation by Dr. Armir Qureshi at Arkansas Spine and Pain. The Claimant presented with low back pain that radiated to his right hip. He stated that the pain had been present since his fall in September 2020. The Claimant told Dr. Qureshi that his pain was constant. He described the pain as dull and aching. He further stated that sitting for long periods made his pain worse, while standing and walking improved his pain. The Claimant tried physical therapy with ongoing pain. According to this clinical note, the Claimant had undergone injections with benefit for approximately two weeks. Dr. Qureshi noted that the Claimant had significant pain over the right SI joint. The Faber test was positive for SI, for which the Claimant chose to proceed with an SI Joint Trigger Point Injection. The Claimant’s Pre-Procedure Diagnosis was “myofascial pain syndrome, spinal enthesopathy,” and his Post-Procedure Diagnosis was “myofascial pain syndrome, spinal enthesopathy.” Dr. Qureshi recommended SI Joint Fusion Surgery, if the Claimant’s pain returned.

On April 15, 2021, Dr. Qureshi performed another Sacroiliac Joint Injection on the Claimant’s lumbar spine. He wrote the following:

Pre-operative Diagnosis: Sacroiliitis - M46.1.

Post-operative Diagnosis: Sacroiliitis - M46.1.

Procedure Titles(s):

1. Right Sacroiliac joint injection.
2. Intraoperative Fluoroscopy.

Dr. Qureshi saw the Claimant on May 26, 2021 for another injection. He wrote, in relevant part: **Pre-operative Diagnosis:** “Sacroiliitis - M46.1 and Sacroiliac Joint Dysfunction.” **Post-operative Diagnosis:** “Sacroiliitis - M46.1. and Sacroiliac Joint Dysfunction.” **Procedure Titles(s):** 1. Right Sacroiliac joint injection. 2. Intraoperative Fluoroscopy.

The Claimant continued to treat conservatively for his ongoing low back pain at Arkansas Spine and Pain. On June 2, 2021, the Claimant reported to Dr. Qureshi that the injections provided relief of his symptoms for two weeks.

On June 23, 2021, the Claimant underwent medial branch nerve blocks, with intraoperative fluoroscopy, which were performed by Dr. Eren Erdem.

Dr. Qureshi performed “Right Sacroiliac Joint Injection,” on the Claimant’s lumbar spine due to “Sacroiliitis and Sacroiliac Joint Dysfunction,” on July 28, 2021.

On August 25, 2021, Angela Chukwuanu, APRN FNP-C, at Arkansas Spine and Pain, saw the Claimant for a follow-up visit for his complaints of aching pain in the low back. The Claimant reported an onset of pain gradually over time. She stated that the duration of his pain was constant. The Claimant described his pain as being “aching and stabbing,” with severe burning pain, which radiated to the right-sided hip. Nurse Chukwuanu noted that on physical examination, the Claimant had significant pain over the right SI joint, and that the Faber test was positive for the SI. She further noted that the Claimant got 80% relief from the SI Joint Injection, but it lasted for only a week.

The Respondents asked Dr. Gerard Pennington to review the request for the additional medical treatment as recommended by Dr. Qureshi, in the form of right SI joint fusion. On November 2, 2021, Dr. Pennington recommended that the fusion surgery be non-certified due to the following reasons:

Regarding sacroiliac joint fusion, the Official Disability Guidelines have been referenced. Guidelines recommend fusion for the conditions on a case-by-case basis as a last line of therapy for treatment of sacroiliac joint infection, tumor involving the sacrum, disabling pain due to sacroiliitis due to spondyloarthropathy, severe traumatic sacroiliac injury with fractures, and combined with multisegmental spinal constructs. This procedure is not indicated for mechanical low back pain, non-specific low back pain, failed back surgery syndrome, SI joint disruption, with major pelvic fracture, degenerative sacroiliitis, SI joint osteoarthritis, and SI joint-mediated pain. There should be corroborating imaging findings.

At this time, it appears that right SI joint fusion is not warranted. It is appreciated that the Claimant has continued lower back pain positive right Gaenslen's, Yeoman's and Patrick's test[sic] despite extensive conservative treatment. Unfortunately, there is no indication of the Claimant having imaging findings of the sacroiliac joint consistent with spondyloarthropathy, severe traumatic sacroiliac injury with fractures, and combined with multisegmental spinal constructs. Based on this information, fusion is not warranted.

On November 11, 2021, Dr. Qureshi wrote the following to the Claimant's attorney, in relevant part:

I am Dr. Qureshi and here making an attempt to help explain the procedure I am requesting for patient Jason Modisette[the Claimant]. Mr. Modisette was seen 3/30/21 and clinically had significant pain over right SI joint. Faber test is positive for SI, indicating Sacroiliitis. We proceeded with SI joint injection which has been completed on 4/15/21, 5/26/21 and most recently on 7/28/21 which has helped him with radiating hip pain.

The sacroiliac joint is the largest axial joint in the body, comprising two out of the three joints of the pelvic ring. It serves to connect the spine to the pelvis, enabling load transfer to the lower extremities. Once it is determined the pain is due to the Sacroiliitis it is recommended that patient has SI joint fusion.

Pain management over the years has grown to accomplish and complete minimally invasive procedures to relieve pain. These are often variety of techniques that less severe than open surgery. Surgery by definition is invasive and operations requiring large incisions are often referred to as open surgery. In contrast, minimally invasive procedures generally limit the size of the incision which results in less pain, a shorter recovery period, and fewer complications. And truly this is what I am requesting for my patient being discussed.

The Sacroiliac Fixation with the SILO Graft aims to provide Arthrodesis of the sacroiliac joint, with minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transforming device...

Adjudication

Additional Medical Benefits

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 employee does not have to furnish objective medical evidence of his continued need for medical treatment. *Ark. Health Ctr. v. Burnett*, 2018 Ark. App. 427, 558 S.W.3d 408.

However, the employee has the burden of proving by a preponderance of the evidence that medical treatment is reasonably necessary. *Stone v. Dollar General Stores*, 91 Ark. App. 260, 209 S.W.3d 445 (2005). Reasonable and necessary medical services may include those necessary to accurately diagnose the nature and extent of the compensable injury; to reduce or alleviate symptoms resulting from the compensable injury; to maintain the level of healing achieved; or to prevent further deterioration of the damage produced by the compensable injury. *Jordan v. Tyson Foods, Inc.*, 51 Ark. App. 100, 911 S.W.2d 593 (1995). 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).

When medical opinions conflict, the Commission may resolve the conflict based on the record as a whole and reach the result consistent with reason, justice and common sense. *Barksdale Lumber v. McAnally*, 262 Ark. 379, 557 S.W.2d 868 (1977). A physician's special qualifications and whether a physician rendering an opinion ever actually examined the Claimant are factors to consider in determining weight and credibility. *Id.*

The Respondents accepted this claim for a low back injury and paid some medical benefits. However, they have now controverted the Claimant's entitlement to additional medical treatment

in the form of a SI joint fusion as recommended by his treating physician, Dr. Qureshi. This surgical procedure was recommended after the Claimant failed extensive conservative medical care. I am persuaded that the Claimant proved by a preponderance of the evidence his entitlement to the surgical procedure recommended by Dr. Qureshi for his work injury of September 24, 2020.

Here, the Claimant sustained a compensable injury to his low back on September 24, 2020, when he slipped and lost his footing while removing bark from a work area. Shortly after his work injury, the Claimant was transported by ambulance to Springhill Medical Center due to sharp excruciating pain in his lower back. There, the Claimant was prescribed medications for his back pain and other related symptoms. He was discharged home with instructions to follow-up with his primary care physician. However, four days later the Claimant presented to the Emergency Department of St. Michael Health due to excruciating back pain and other related symptomology, which included numbness in his back. His testimony shows that there was a brief gap between some of his medical treatment because he had to wait for approval by the carrier.

Subsequently, on November 9, 2020, the Claimant came under the care of the company physician, Dr. Gati. At that time, the Claimant complained most pointedly of pain in his back and down his right leg. The Claimant reported that he had been treated with muscle relaxers and pain medicines without any relief of his symptoms. An MRI of the Claimant's lumbar spine was performed on December 17, 2020. This diagnostic test revealed, among other things, "mild disc bulge with annular tears at L5-S1 and L4-L5, along with a small protrusion at L1-2 to the right without compression." Dr. Gati ordered conservative treatment in the form of a medication regimen and physical therapy, but the Claimant's symptoms continued with slight improvement of his back symptomatology. On December 21, 2020, Dr. Gati referred the Claimant to Ortho

Arkansas for evaluation and treatment of his continued back pain. The Claimant was released to return to work on January 8, 2021, by Dr. Paulus.

The Claimant came under the care of Dr. Qureshi. In addition to the above diagnoses, Dr. Qureshi diagnosed the Claimant with, among other things “sacroiliac dysfunction,” and “sacroiliitis.” The Claimant underwent three “Right Sacroiliac Joint (SI) Injections,” by Dr. Qureshi, with only transitory relief of his symptoms, which included continued significant pain over his SI joint. Hence, the Claimant has remained symptomatic uninterruptedly since his work injury. This inference is drawn from the medical evidence of record and the Claimant’s testimony.

In that regard, during the hearing, the Claimant was the only witness. After having observed the Claimant’s demeanor during the hearing and when comparing his testimony with the documentary evidence, I find the Claimant to be an extremely credible witness. His testimony shows that prior to his injury, he had not been involved in any accidents or mishaps relating to his back. Specifically, the Claimant credibly denied a history of any back problems prior to his work-related injury of September 2020. However, the Claimant willingly admitted that he experienced occasional “minor aches and pains” due to his laborious employment activities. Nevertheless, the Claimant credibly testified that these minor symptoms were resolved with over-the-counter medications. The Claimant testified that although his low back symptoms have somewhat dissipated with conservative treatment, he has continued with shooting, stabbing, numbing pain that goes over his right hip. He attributed his current SI joint pain and other related symptoms to his admittedly compensable back injury of September 2020. However, the Claimant denied ever having sought any medical treatment for his back prior to his compensable back injury. His testimony is corroborated by the lack of any documentary medical evidence in this regard, and no other testimony was elicited during the hearing to the contrary. The Claimant credibly denied

having previously experienced similar symptoms prior to his injury at work. Considering that no evidence whatsoever has been presented to the contrary, I am persuaded that the Claimant did not previously suffer any of SI joint pain or other like symptoms. Nor is there any evidence proving that prior to his work injury, the Claimant suffered any self-imposed physical limitations and/or restrictions as a result of lumbar spine issues. However, since the Claimant's compensable back injury, he has continued to be symptomatic, particularly in his right SI joint, with only a brief relief of his symptoms with different conservative treatment modalities. As a result, the Claimant's treating physician, Dr. Qureshi, has recommended that the Claimant undergo a SI joint fusion surgery for relief of his symptoms. However, Dr. Pennington opined that surgery is not indicated for such conditions as SI joint disruption, degenerative, sacroiliitis, or SI joint osteoarthritis. Dr. Pennington rendered his expert opinion after an informal review of the claim. I have assigned minimal evidentiary weight to this opinion considering the Claimant has failed extensive conservative treatment modalities; continued with persistent SI joint pain and related symptoms; and the lack of prior similar symptoms. For these same reasons, and because Dr. Qureshi is the Claimant's treating physician, I have assigned significant evidentiary weight to the expert opinion of Dr. Qureshi.

Based on all of the foregoing, I am persuaded that the Claimant's current symptoms are a direct result of his admittedly compensable low back injury of September 24, 2020. Therefore, I find that the Claimant proved by a preponderance of the evidence that the surgery recommended by Dr. Qureshi is reasonably necessary in connection with his compensable back injury of September 24, 2020. Furthermore, I think it noteworthy that despite the Claimant's unrelenting pain and other symptoms, he has continued to perform his employment job duties with the respondent-employer with some physical challenges.

Of note, at the end of the hearing, the Respondents raised the argument that the SI joint is not part of the low back and/or the Claimant's compensable low injury. However, the Respondents failed to cite any authority or convincing argument in support of this point. As such, the merits of this argument has not been addressed herein this Opinion.

AWARD

The Respondents are directed to pay benefits in accordance with the findings of fact set forth herein. Additionally, all issues not litigated herein are reserved under the Arkansas Workers' Compensation Act.

IT IS SO ORDERED.

CHANDRA L. BLACK
Administrative Law Judge