

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION  
AWCC FILE № H204677**

**NATASHA ONICK, EMPLOYEE**

**CLAIMANT**

**JACKSONVILLE SCHOOL DISTRICT,  
SELF-INSURED EMPLOYER**

**RESPONDENT**

**ARKANSAS SCHOOL BOARDS ASSOC.,  
THIRD PARTY ADMINISTRATOR**

**RESPONDENT**

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**OPINION FILED 14 OCTOBER 2025**

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Heard before Arkansas Workers' Compensation Commission (AWCC) Administrative Law Judge JayO. Howe on 30 July 2025 in Little Rock, Arkansas.

The Davis Law Firm, Mr. Gary Davis, appeared on behalf of the claimant.

Worley, Wood & Parrish, Ms. Melissa Wood, appeared on behalf of the respondents.

**STATEMENT OF THE CASE**

This claim relates to a compensable back injury sustained on 24 September 2021. Its procedural history was most recently noted in a 19 July 2024 ALJ Opinion. A Prehearing Order was filed on 4 June 2025 and admitted to the record as Commission's Exhibit № 1. For this litigation, and consistent with that Order, the parties agreed to the following:

**STIPULATIONS**

1. The Arkansas Workers' Compensation Commission (the Commission) has jurisdiction over this claim.
2. The employee/employer/administrator relationship existed on 24 September 2021 when the claimant suffered a compensable back injury.
3. The Law of the Case Doctrine applies to previous rulings in this claim.

**ISSUE TO BE LITIGATED**

1. Whether the claimant is entitled to additional medical treatment since exercising her right to a Change of Physician.

All other issues are reserved.

CONTENTIONS

The Prehearing Order incorporated the following contentions from the parties' respective prehearing questionnaire responses:

Claimant

The claimant contended that she obtained a Change of Physician to Dr. Noemi Ramsay and that she is entitled to ongoing pain treatment consistent with Dr. Ramsay's recommendations.

Respondent

The respondents contended that all appropriate benefits have been provided and that additional medical treatment was included as an issue that was decided in earlier litigation.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

Having reviewed the record as a whole, including the evidence summarized below, and having heard testimony from the witness, observing her demeanor, I make the following findings of fact and conclusions of law under Ark. Code Ann. § 11-9-704:

1. The Commission has jurisdiction over these claims.
2. The stipulations as set forth above are reasonable and are hereby accepted.
3. The claimant has failed to prove by a preponderance of the evidence that she is entitled to any additional medical benefits since exercising her right to a Change of Physician.

**ADJUDICATION**

The stipulated facts are outlined above and accepted. It is settled that the Commission, with the benefit of being in the presence of a witness and observing their demeanor, determines a witness' credibility and the appropriate weight to accord their statements. *Wal-Mart Stores, Inc. v. VanWagner*, 337 Ark. 443, 990 S.W.2d 522 (1999). A

claimant's testimony is never considered uncontroverted. *Nix v. Wilson World Hotel*, 46 Ark. App. 303, 879 S.W.2d 457 (1994). The determination of a witness' credibility and how much weight to accord to that person's testimony are solely up to the Commission. *White v. Gregg Agricultural Ent.*, 72 Ark. App. 309, 37 S.W.3d 649 (2001). The Commission must sort through conflicting evidence and determine the true facts. *Id.* In so doing, 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 that it deems worthy of belief. *Id.*

### SUMMARY OF THE EVIDENCE

The claimant was the only witness. The record consists of the hearing transcript and the following exhibits: Commission's Exhibit № 1 (the 4 June 2025 Prehearing Order); Claimant's Exhibit № 1 (one index page and seven pages of medical records); and Respondents' Exhibit № 1 (two index pages and 86 pages of medical records).

#### *Hearing Testimony*

The claimant is 46 years old with a high school education. At the time relevant to this matter, she was working as a bus aide for the respondent-employer. On 24 September 2021, the bus she was riding in lost control and went into a ditch. The respondents accepted a back injury that she claimed was a result of the accident. Some treatment, including physical therapy, was provided in connection with her claim before the claimant was released to full-duty work without restrictions on 7 October 2021. The respondents have since denied additional treatment. Despite her release from treatment, the claimant denied returning to work after the accident.

She was treated for chronic pain at the Pain Treatment Centers of America (PTCA) before her workplace incident and now seeks ongoing treatment with PTCA in relation to her claim. She confirmed that she currently treats at PTCA for chronic pain, knee pain,

multiple joint pain, lower back pain, and neck pain. She also confirmed on cross-examination that she has applied for Social Security Disability three times without success.

The claimant exercised her right to a Change of Physician and was subsequently seen by Dr. Noemi Ramsay at PTCA. The clinic note from her 10 December 2024 visit with Dr. Ramsay was introduced as Claimant's Exhibit No 1. She conceded that the note from that visit makes no reference to her workplace accident.

*Medical Evidence*

The claimant introduced the progress note from her 10 December 2024 visit at PTCA with Dr. Ramsay. That note included the following:

CHIEF COMPLAINT: Chronic Pain  
OTHER COMPLAINTS: Knee Pain, Multiple Joint Pain, Lower Back Pain,  
Neck Pain  
...  
ASSESSMENT and PLAN  
Chronic pain syndrome  
Knee pain  
Joint pain  
Neck pain  
Low back pain  
Myalgia, other site  
Cramp and spasm  
Other reduced mobility  
Other long term (current) drug therapy  
Long term (current) use of opiate analgesic

[Cl. Ex. No 1.] The note does not include any reference to the claimant's workplace accident or what pain medication is being prescribed in connection with any assessed condition.

The respondents provided a number of other clinic notes from PTCA. A review of the notes predating the claimant's workplace accident indicates that she was seen on various occasions for the following complaints: neck pain, head pain, mid-back pain, arm pain, leg pain, abdominal pain, and low-back pain. The claimant was referred by PTCA to another provider for further evaluation on 16 August 2021 (more than a month before her workplace

incident). Chronic low back pain and chronic pain syndrome were among the conditions for which she was being referred at that time. [Resp. Ex. № 1.]

A note from MedExpress shows that the claimant presented to that clinic on the day of her workplace accident and that she was released with no restrictions the same day.

Another note shows that the claimant was then seen by PA-C Clint Bearden on 7 October 2021. That note indicates that “subjective pain complaints exceed objective findings. Release and return prn.” It further states that “Ms. Onick can return to work without limitations and follow up as needed.” *Id.*

### DISCUSSION

The claimant in this case suffered a stipulated compensable back injury. She argues that she is entitled to additional treatment beyond what the respondents have already provided. She specifically argues that since obtaining a Change of Physician to a provider at PTCA, the respondents should be liable for her ongoing pain-related treatment regimen.

Employers must promptly provide medical services which are reasonably necessary in connection with compensable injuries. Ark. Code Ann. § 11-9-508(a). However, injured employees have the burden of proving by a preponderance of the evidence that medical treatment is reasonably necessary. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004). What constitutes reasonable and necessary medical treatment is a fact question for the Commission, and the resolution of this issue depends upon the sufficiency of the evidence. *Gansky v. Hi-Tech Engineering*, 325 Ark. 163, 924 S.W.2d 790 (1996). A claimant may be entitled to additional treatment even after her healing period is ended, if that treatment is geared towards management of a compensable injury. *Patchell, supra*. An employee who has sustained a compensable injury is not required to offer objective medical evidence in order to prove that he is entitled to additional treatment. *Ark. Health Ctr. v. Burnett*, 2018 Ark. App. 427, 558 S.W.3d 408.

The parties disagree as to whether the treatment currently sought is barred by the Law of the Case Doctrine and *res judicata*. The purpose of the *res judicata* doctrine is to put an end to litigation by preventing a party who had one fair trial on a matter from relitigating the matter a second time. *Cox v. Keahey*, 84 Ark. App. 121, 133 S.W.3d 430 (2003). *Res judicata* applies where there has been a final adjudication on the merits of the issue by a court of competent jurisdiction on all matters litigated and those matters necessarily within the issue which might have been litigated. *Beliew v. Stuttgart Rice Mill*, 64 Ark. App. 334, 987 S.W.2d 281 (1998). *Res judicata* applies to decisions of the Commission. *Harvest Foods v. Washam*, 52 Ark. App. 72, 914 S.W.2d 776 (1996). The relevant Commission decision here is the Full Commission's 8 February 2024 Opinion that unanimously affirmed and adopted the Chief Administrative Law Judge's 22 August 2023 Opinion. When the Full Commission adopted the CALJ's findings and conclusions, it made those findings and conclusions its own. *See, e.g., SSI, Inc. v. Cates*, 2009 Ark. App. 763, 350 S.W.3d 421.

The claimant, on the one hand, argues that the treatment requested here escapes the *res judicata* bar because the claimant saw Dr. Ramsey with the Commission's approval, through exercising a Change of Physician, after the Commission's Opinion was issued. She presses that, "there is no reference in that Opinion that the treatment was not reasonable, that it wasn't reasonably necessary, that it wasn't related to the accident. The only reference [...] has to do with authorization...." The respondents, on the other hand, argue that while the Opinion did discuss treatment authorization at length, the CALJ's finding included additional treatment not being reasonable or necessary beyond the MedExpress visit explicitly noted in the Opinion.

In relevant part, the CALJ's findings and conclusions state:

3. Claimant has proven by a preponderance of the evidence her entitlement to additional treatment of her stipulated compensable lower back injury in the form of her visit to MedExpress Clinic on September 24, 2021.
4. Claimant has not proven by a preponderance of the evidence her entitlement to any other treatment of her stipulated compensable lower back injury other than that set out in Stipulation № 3 and Finding of Fact/Conclusion № 3, *supra*.

[CALJ Opinion, 22 August 2023, 2023 AR WRK. COMP. LEXIS 267.]

Assuming, *arguendo*, that the treatment now being sought is not barred by *res judicata*, the claimant has still failed to prove by a preponderance of the evidence that she is entitled to the same. The claimant has the burden of proving that the treatment sought is reasonable and necessary. *Patchell, supra*. The only medical evidence she presented in support of her claim was a clinic note from PTCA after she obtained a Change of Physician authorizing her to be seen by one of its providers. The note from that visit states that the claimant was seen for, “Chief Complaint: Chronic Pain; Other Complaints: Knee Pain, Multiple Joint Pain, Lower Back Pain, Neck Pain.” The note provides no specific reference to any mechanism of injury related to this claim; and it makes no reference to any treatment prescribed specifically for the claimant’s stipulated back injury.

Instead, the clinic note simply shows that the claimant was seen for a number of complaints and that long-term opioid prescriptions were being recommended. The note is not dissimilar from other notes dating back as early as 16 September 2020 and 15 October 2020, long before the claimant’s workplace accident and the initiation of this claim. She attempted in her testimony to attribute ongoing back pain-- and a corresponding need for treatment-- to her workplace accident and stipulated compensable injury. But she was not credible or persuasive in so doing.

The claimant has failed to produce any credible evidence that the requested treatment is reasonably necessary in relation to her accepted back injury—an injury for

which she received a full-duty release without restrictions back on 7 October 2021. Because she has clearly failed to prove by a preponderance of the evidence that any additional treatment is reasonable or necessary, I will not address whether *res judicata* should operate as a bar to the same.

**CONCLUSION**

The claimant has failed to prove by a preponderance of the evidence that she is entitled to additional medical benefits. Accordingly, this claim for additional benefits is DENIED and DISMISSED.

**SO ORDERED.**

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JAYO. HOWE  
ADMINISTRATIVE LAW JUDGE