

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. G905912

GREGORY PATTERSON, CLAIMANT
EMPLOYEE

CITY OF MONETTE, RESPONDENT
EMPLOYER

ARKANSAS MUNICIPAL LEAGUE, RESPONDENT
INSURANCE CARRIER/TPA

OPINION FILED MARCH 5, 2025

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

Claimant represented by the HONORABLE MATTHEW J. KETCHAM,
Attorney at Law, Fort Smith, Arkansas.

Respondents represented by the HONORABLE MARY K. EDWARDS,
Attorney at Law, North Little Rock, Arkansas.

Decision of Administrative Law Judge: Affirmed as Modified.

OPINION AND ORDER

The respondents appeal an administrative law judge's opinion filed September 5, 2024. The administrative law judge found that the claimant proved he was entitled to reasonably necessary medical treatment "for his headaches and seizures." The Full Commission finds that the medical treatment of record provided to the claimant after January 25, 2022 was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012). The claimant proved that his headaches and seizures were a natural consequence of the compensable head injury sustained by the claimant.

I. HISTORY

Gregory Patterson, II, now age 24, testified that he had been employed with the respondents, City of Monette. The parties stipulated that the employment relationship existed on or about September 10, 2019. The claimant's testimony indicated that he was a passenger in an All-Terrain Vehicle being driven by a co-worker. The claimant testified, "And then the next thing I know I remember waking up in the hospital." The parties stipulated that the claimant "sustained a compensable head injury." The claimant testified on direct examination:

Q. What was your understanding of the injuries that you received when you were ejected from the ATV?

A. That I hit my head. I had a couple of brain bleeds and fractured, some type of fracture on the temporal, temple lobe, whatever that's called up there.

According to the record, the claimant was admitted to Regional One Health on September 10, 2019. It was noted at that time, "18 yo M s/p ATV accident w/L T aSDH/ctx." A CT of the claimant's brain and head was taken on September 10, 2019 with the following impression:

1. Multifocal intraparenchymal hemorrhage within the left lateral temporal lobe.
2. Subarachnoid hemorrhage within the left temporal lobe.

A CT Maxillofacial w/o Contrast was also taken on September 10, 2019 with the impression, "1. Suspected subtle nondepressed fracture of the left temporal and parietal bone[.]"

The claimant was discharged from Regional One Health on
September 12, 2019:

18 year-old gentleman s/p ATV accident on 9/10/19. GCS9 on arrival and intubated for combativeness. Injuries on CTH include multifocal intraparenchymal hemorrhage within the left lateral temporal lobe and subarachnoid hemorrhage within the left temporal lobe. Non-operative per neurosurgery. 2nd repeat CTH showed no evolution of injury. Extubated on 9/11, GC15....Evaluated by PT, OT, Speech on 9/12. All recommended outpatient therapy. Discharged to home with instructions to follow-up in neurosurgery clinic in 1 month with new CTH.

The Discharge Diagnosis on September 12, 2019 was "1. Head injury, 09/10/2019. 2. Intraparenchymal hemorrhage of brain, 09/10/2019."

An occupational therapist noted on September 30, 2019, "To whom it may concern, Gregory Patterson, has attended a total of 5 occupational therapy visits with his last visit being 9/26/19. He reported 0/10 pain pre and post session last visit. He has progressed very well while attending. Functional activities have been implemented to facilitate dynamic movement, cognitive exercises, processing skills, attention to task, and fine motor activities. Gregory initially demonstrated slight difficulty completing writing tasks, and maintaining attention to task but this has greatly improved since start of care. Gregory established a goal to return to school as soon as he can to resume his role as a high school student."

A CT of the claimant's head was taken on October 1, 2019 with the impression, "Possible minimal residual left temporal lobe blood products. No mass effect, edema, or additional intracranial abnormalities noted."

Dr. John D. Brophy reported on October 1, 2019:

Mr. Gregory Patterson is an 18-year-old white male seen in consultation at the request of Workers' Compensation for evaluation after sustaining a closed head injury with intracranial hemorrhage. He was doing well until 10 September when he was ejected from a work ATV, striking his head on a sidewalk. He was apparently combative at the scene and sedated, intubated and evacuated by air to The Med. A head CT demonstrated a left temporal intracranial hemorrhage and subarachnoid hemorrhage. He was extubated and discharged after approximately 48 hours in good condition. Mr. Patterson has remained sedentary at home since his discharge. Currently, he reports that he is doing quite well without headache, visual disturbance, weakness, paresthesias or memory difficulty....

Head CT dated 1 October, 2019 demonstrates resolution of the left temporal intracranial hemorrhage and subarachnoid hemorrhage. There is no masses effect or hydrocephalus....

The results of the head CT from this afternoon and clinical situation were reviewed in detail with Mr. Patterson and his mother. He has requested clearance to return to school tomorrow. He will undergo follow-up evaluation in approximately three weeks. He is cleared to return to work at sedentary duties only. He is cleared to drive a motor vehicle when cleared by his parents. We discussed the option of notifying our office if he is having problems tolerating his school work.

Dr. Brophy's impression was "Doing well status post closed head injury with left temporal hemorrhage."

A speech therapist noted on October 6, 2019, "Mr. Gregory Patterson, 18 years old, has attended 2/12 therapy sessions for speech

therapy services following traumatic brain injury and admit to Region One. Pt was released and referred to SBRMC outpatient for PT, OT, and ST. Pt was evaluated using the Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI). Pt was noted to be [having] most difficulty with Recall subtest, demonstrating a mild deficit, evident by word generation, delayed recall of word strings, and recall of oral paragraphs....Pt is recommended to continue with speech therapy at this time.”

Dr. Brophy noted on October 22, 2019, “Mr. Patterson is an 18-year-old high school student six weeks status post closed head injury with subarachnoid hemorrhage. He has attempted to return to school where he is having increased headaches using his computer. He is having no difficulty driving or dating.” Dr. Brophy’s impression was “Residual symptoms status post closed head injury, slowly improving.”

Dr. Brophy’s impression on November 19, 2019 was “Residual symptoms status post closed head injury including headache and fatigue.”

The claimant sought emergency treatment on December 19, 2019 for complaints of headaches. A CT of the claimant’s head was taken on December 19, 2019 with the impression, “Noncontrast head CT without evidence of acute intracranial hemorrhage.” It was noted, “We will give him Toradol, Benadryl and Compazine....Headache has resolved.”

Dr. Brophy gave the following impression on January 21, 2020:

“Headaches improved status post closed head injury. **Plan:** The clinical situation and results of his recent testing were reviewed in detail with Mr. Patterson and his family. We again discussed the potential for continued gradual improvement. He is cleared to return to work at full duty without restriction on 22 January. He will undergo follow-up evaluation as needed.”

The claimant received emergency treatment at St. Bernards Medical Center on August 22, 2020:

Patient reports that he was in the passenger side of a single cab truck that was stopped on the side of the road due to car trouble. He reports that at approx. 1800 another vehicle going approx. 70 mph struck the driver's side of his truck....He denies LOC....He reports neck, upper to mid back, right forearm, and right knee pain. C-collar placed in triage.... Patient did hit his head, has a sore spot to his left forehead....

The claimant was discharged from St. Bernards on August 23, 2020 “with concussion precautions.” The Clinical Impression was “MVA (motor vehicle accident), Concussion.” The claimant was informed, “Your head CT was normal.”

A CT of the claimant's head was taken on June 25, 2021:

Clinical History: CEREBRAL ANEURYSM...
Impression: Unremarkable noncontrast CT examination of the head.
3. Left sphenoid sinus disease.

A CT of the claimant's head was taken on July 29, 2021:

Clinical History: HEADACHE, NAUSEA, VERTIGO,
DEHYDRATION

Comparison: 6/25/2021

Impression: Unremarkable noncontrast CT examination of the head.

The claimant followed up with Dr. Brophy on September 28, 2021:

Mr. Patterson is a 20-year-old white male undergoing follow-up evaluation for recent complaints potentially related to his closed head injury that occurred at work in September 2019. His CT at the time of injury demonstrated a left temporal contusion and subarachnoid hemorrhage. These findings resolved on follow-up head CT. By January 2020, his headaches had significantly improved and he was cleared to return to work at full duty....Currently, his chief complaint is fatigue. He has difficulty sleeping at night. His family has noted increased issues with his temper, subjective memory problems and judgment issues. He does not report headaches.

Dr. Brophy gave the following impression on September 28, 2021:

“Subjective cognitive/memory issues status post closed head injury with brain contusion and subarachnoid hemorrhage. **Plan:** Based on the family complaints of personality changes and cognitive issues, I would suggest formal neuropsych evaluation. He will undergo follow-up evaluation to review these results and we will finalize a treatment plan at that time.”

Dr. A.J. Zolten provided a NEUROPSYCHOLOGICAL EVALUATION on December 9, 2021:

Greg Patterson is a 21-year-old Caucasian male, with a high school education. Greg sustained a traumatic brain injury in Sept. 2019 while working as a landscaper, as a result of an ATV accident. Greg sustained a left temporal bone fracture, left parietal bone fracture and both intraparenchymal and

subarachnoid hemorrhages on the left side. He was transported to Med One Medical Ctr. In Memphis, where he was evaluated, stabilized and discharged after five days of care....He reports that he is able to perform his duties, but has occasional problems with the need to have instructions repeated at times, and he reports occasional sick days because of headaches.

Greg has had headaches and dizziness as a result of his injuries. He reports that his headaches have generally improved, but there was a period of time in July, 2021, when he had several episodes of dizziness and blackouts when getting out of bed. This was frequently, and he reports a 15-day period when this occurred daily. This frequency has resolved, but he continues to occasionally experience the same positional vertigo. He continues to have occasional headaches, about once every 3-4 days. He takes an OTC medication most of the time and this type of medication is effective enough to continue and work, but he reports about two days per month when he will have to take the day off from work....

Impressions: 1. Greg Patterson is a 21-year-old male who is two years status-post Traumatic Brain Injury (S06.2) who presents for an evaluation of residual neurocognitive deficits and psychological adjustment. Neuropsychological testing reveals subtle to mild residual auditory/verbal weaknesses including modestly lower-than-expected core auditory cognitive skills (WAIS-4 VCI=83 versus NAART=90), paraphasia noted during confrontational naming, and low average FAS verbal fluency. All of these findings indicate functional skills in the domains indicated, but all of these findings are mildly weaker-than-expected. As Greg is now two years post injury, these problems are likely to be chronic, but I doubt that the problems will interfere with overall functioning when considering activities for daily living or his work.

2. Memory, motor, visual perceptual, and executive skills were all entirely within the normal limits.

Dr. Brophy reported on January 25, 2022:

Mr. Patterson returns today to review the results of his recent neuropsychological evaluation. He sustained a closed head injury association with temporal contusion in 2019. At two years post injury, his family was complaining regarding his temper, memory and judgment. Mr. Patterson was reporting fatigue without headaches, visual disturbance, weakness or balance difficulty. He has returned to work at full duty. He remains engaged to his long time girlfriend over the past two years. He specifically denies any problems with anxiety.... Neuropsychological evaluation by Dr. Zolten indicates that Mr. Patterson's memory, motor, visual perceptual and executive skills were all entirely within normal limits. Dr. Zolten indicates problems with anxiety and discussed the option of initiating medical management with Citalopram....

Impression: 1. No significant cognitive problems are noted based on neuropsychological evaluation two years status post closed head injury.

2. Anxiety issues identified on neuropsychological testing are not considered specifically related (sic) to his closed head injury.

Recommendations: The results of the evaluation were discussed in detail with Mr. Patterson and his family. He has no interest in initiating medical management for anxiety at this time. He plans to continue to progress his activities at home and will undergo follow-up evaluation as needed. He is cleared to remain at work on full duty without restriction. In my opinion, no further treatment is indicated at this time.

The claimant testified that he began suffering from what he described as "seizures" beginning in about July 2022. Kirk A. Coward, APRN examined the claimant at FC – Stadium on July 25, 2022:

Gregory L. Patterson II is a 21 year old Caucasian/White male who is complaining of passed out which started today and Thursday ago. Patient describes the symptoms as INTERMITTENT and rates the discomfort as 7/10. Patient also has stomach pain....

21 y/o presents with chest pain, SOB and syncope x 2-3 weeks. Pt states that he passed out for the first time last

Thursday and presented to the ER. Pt states that the provider in the ER told him he had nodules in his lungs. Pt reports pain in his RUQ and passed out again this morning at 9am....Hx of TBI x 3 years ago.

The APRN assessed "Chest pain," "Shortness of breath," "Syncope," "RUQ pain," "History of traumatic brain injury," and "R/O Brain bleed."

A CT of the claimant's head was taken on July 25, 2022 with the impression, "No acute intracranial findings. No significant change."

The claimant sought treatment at Neurology Associates of Northeast Arkansas PA on August 2, 2022. Dr. Ronald E. South noted at that time, "21 year old right handed male presents with alteration of awareness. He states that sometimes he wakes up in the floor and doesn't know how he got there. TBI in 2019 with several brain bleeds." Jessica S. Matthews, APRN gave the following impressions: "Problem #1: SYNCOPE AND COLLAPSE," "Problem #2: Alteration of consciousness," "Problem #3: Numbness and tingling sensation, skin," "Problem #4: Headache, unspecified," and "Problem #5: Neck spasm." Jessica Matthews reported:

We will order an MRI of his brain to evaluate and help with a diagnosis for the patient. The MRI will rule out infections, brain tumors, stroke, bleeding in the brain, cyst, hormonal disorders, spinal cord injuries, abnormalities in development and aneurysm, as well as any other reasoning for his syncope episodes. I will also order an EEG (electroencephalography) to monitor the electric sensitivity of the brain to detect any disorders....Dr. South saw the patient with me and agreed to the assessment and help formulate a plan for the patient. EEG Performed today: Abnormal, awake and drowsy EEG. Abnormal due to brief intermediate burst of sharp waves

activity in the right temporal region exacerbated by photic stimulation and post hyperventilation 8 to 10 Hz. Dr. South read: Dr. South recommended starting the patient on Kepra 500 mg twice a day....

An MRI of the claimant's head was taken on August 8, 2022 with the impression, "Negative MRI of the brain with contrast."

Dr. Garrett Andrews, a Clinical Neuropsychologist, examined the claimant on August 9, 2022:

Patient is a 22-year-old, right-handed, Caucasian male....Patient notes changes in behavior with lightheadedness, passing out, headaches, mood swings, anger spurts, and seizures occurring since September 9, 2019. Reports that he was thrown from an ATV with "multiple head injuries and brain bleeds as well as a skull fracture." He reports a daily headache in the left parietal area that is described as stabbing pain....

Past medical history includes concussion, and seizures. He reports that he had a petit mal/zoning out over the last 2 months following the loss of a friend....

MRI scan dated August 8, 2022 for syncope was interpreted as "negative MRI of the brain with contrast."...

Overall the current neurocognitive exam is grossly within normal limits and does not suggest any gross cognitive disorder. Also, measures that are most sensitive to traumatic brain injury and the effects of a brain injury are within normal limits to superior range. Suggesting there is no long-term cognitive sequela following a traumatic brain injury.

Additionally, he reported significant neurobehavioral symptoms that were deemed grossly amplified. This may be related to a significant emotional disorder such as posttraumatic stress disorder; however, it may also indicate amplification of symptoms.

Given the evidence and data he would best be served by psychotherapy to address possible difficulties with adjustment and possible trauma response. The current cognitive exam does support his ability to return to work at this time. His

emotional abilities and mood may still be a hindrance and should be addressed through medications and psychotherapy.

Dr. Andrews assessed “1. Somatoform disorder” and “2.

Posttraumatic stress disorder – RULE OUT.”

The claimant continued to follow up with Jessica Matthews at Neurology Associates of Northeast Arkansas, PA.

The claimant treated at NEA Baptist on January 16, 2023. Dr. Amanda Jo Watlington reported, “Patient is a 22-year-old male who presents today with seizures. His significant other is with him, states he had 4-5 seizures this morning. Patient reports he [is] on Keppra and has been taking it as prescribed.”

An APRN noted at Buffalo Island Medical Clinic Leachville on March 27, 2023, “Gregory L. Patterson, II presents complaining of seizure this morning. Patient also has headache and body aches right now, but states this is common after he has a seizure....Patient states this is his first seizure in the past 3-4 months.”

A CT of the claimant’s head was taken on March 29, 2023 with the impression, “No acute intracranial abnormality. Specifically, no acute hemorrhage or acute infarct.”

Dr. South’s impression on April 5, 2023 included “CONVULSIONS ... Assessment: Deteriorated.”

The claimant received emergency treatment at NEA Baptist on July 26, 2023. Dr. Kereem Monolito Marlow noted at that time, "Since he had this possible head injury and seizure he has had right posterior headache pain and right posterior neck pain."

The claimant received emergency medical treatment at St. Bernards Medical Center on August 7, 2023. Dr. Amirtharaj Dhanaraja commented at that time:

The patient is a 22-year-old male who presents [to] the emergency department for evaluation of possible seizure. He has a seizure disorder secondary to remote traumatic brain injury approximately 4 years ago. He takes Keppra and has been taking as directed. Did have a seizure approximate week ago. Prior to that it had been several months before he had a seizure.

A CT of the claimant's head was taken on August 7, 2023 with the impression, "No acute intracranial findings." The results from an ECG/Electrocardiogram dated August 7, 2023 were "Normal sinus rhythm. Normal ECG."

Under the attendance of Dr. Dhanaraja, Phillip W. Stokes, APN reported on or about August 8, 2023:

A 22-year-old male with a past medical history of TBI, epilepsy on Keppra presents after being found to be unresponsive at home most likely secondary to a seizure. Arrival to SBMC, patient was hemodynamically stable, CT head was negative for any acute intraconal (sic) pathology, labs were unremarkable. Patient was admitted for the management of breakthrough seizures, neurology was consulted and recommended increasing the Keppra to 1500

mg twice daily from 1000mg however patient has already been on 1500 mg twice daily. Will inform neurology and see if they want to add more antiepileptics. Patient has been seizure-free since admission. Patient was noted to have bradycardia and therefore echocardiogram and carotid Dopplers have been ordered we will follow....

RECOMMENDATIONS

- 1) Continue Keppra to 1500 mg bid.
- 2) Avoid alcohol consumption.
- 3) Social work to report patient to Department of Motor Vehicles.
- 4) f/u outpatient PCP.
- 5) signing off.

A pre-hearing order was filed on February 28, 2024. The claimant contended, "1. The above listed proposed stipulations. 2. The Claimant was injured on September 10, 2019, when he was a passenger of an ATV in which the driver took a turn too fast causing the Claimant to be ejected from the vehicle which caused an injury to his head and brain. The Claimant was life-flighted to Regional One Health Medical Center in Memphis, Tennessee for emergency treatment. He was hospitalized for two (2) days due to his injuries and was discharged with a head injury and intraparenchymal hemorrhage of brain. The Claimant was scheduled to follow-up with neurosurgery within one (1) month. The Claimant followed-up with therapy including speech therapy within a month of the injury. On October 1, 2019, the Claimant was seen by Dr. John Brophy for follow-up on the traumatic head injury. On December 19, 2019, the Claimant was seen at St. Bernard's Medical Center for increased headaches. The

Claimant continued to follow-up with Dr. Brophy for continued increase in headaches and was released on January 22, 2020. The Claimant continued to get regular treatment and imaging of his head due to ongoing and continuous headaches. The Claimant began to have seizures along with numbness on the left side of his body and was seen at NEA Baptist Hospital wherein testing and evaluations have been performed as well as continued follow-up with Semmes-Murphy Clinic. 3. The Claimant reserves the right to amend and supplement his contentions after additional discovery has been completed.”

The respondents contended, “Respondents contend that claimant’s head injury was accepted as compensable, and he has received all reasonable and necessary medical treatment and indemnity benefits. On September 10, 2019, claimant jumped out of a mule and hit his head. He was med flighted to the Med in Memphis. Claimant saw Dr. Brophy, who released him to full duty, placing him at MMI and no impairment rating on January 22, 2020. Claimant saw a neuropsychologist, Dr. Zolten on December 9, 2021. Dr. Zolten noted his memory was normal and did not recommend further treatment for the compensable injury. Dr. Brophy confirmed that Dr. Zolten’s neuropsychologist report was normal and released him from his care on January 25, 2022. Respondents are not aware of any further medical treatment or treatment recommendations.

Respondents reserve the right to file an Amended Response to the Prehearing Questionnaire or other appropriate pleading and to allege any further affirmative defense(s) that might be available upon further discovery.”

The parties agreed to litigate the following issue: “1. Whether Claimant is entitled to additional reasonable and necessary medical treatment for his compensable injury.”

A hearing was held on July 26, 2024. The claimant testified on direct examination:

Q. After you got back home and went through the treatment modalities and all that, can you tell the judge what problems you were having at that point from these injuries?

A. Constant headaches. I guess you would call it vertigo.

Q. Okay.

A. Dizzy spells. And at times double vision....

Q. Tell me what the folks at Buffalo Island Medical Clinic have done for you since your injury?

A. They've helped me with, with my headaches. They've tried different kind of medications to help me out, to try to prevent them or keep them away as long as I can.

Q. Okay. Do you continue to see them?

A. Yes, sir....

Q. Prior to your head injury with the City of Monette, did you have any of these issues of vertigo or syncope?

A. No, sir.

Q. Okay. And you still have them to this day?

A. Yes, sir.

Q. How often do you have the vertigo or the syncope?

A. Once every couple of months.

Q. Okay. They're not as often as the headaches?

A. Correct....

The respondents' attorney cross-examined the claimant:

Q. So far as your seizures go, you're primarily receiving medication called Keppra, right?

A. Correct.

Q. Other than that, you just do some follow-up visits. Is that correct?

A. Yes, ma'am.

Q. There's no other medical treatment that you're receiving for that, right?

A. Correct.

An administrative law judge filed an opinion on September 5, 2024.

The administrative law judge found that the claimant proved he was "entitled to reasonable and necessary medical treatment for his headaches and seizures." The respondents appeal to the Full Commission.

II. ADJUDICATION

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 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). 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). What constitutes reasonably necessary medical treatment is a question of fact for the Commission. *Wright Contracting Co. v. Randall*, 12 Ark. App. 358, 676 S.W.2d 70 (1984).

An administrative law judge found in the present matter, “3. The Claimant has proven by the preponderance of the evidence that he is entitled to reasonable and necessary medical treatment for his headaches and seizures.” The Full Commission finds that the claimant proved that the medical treatment of record after January 25, 2022, including follow-up treatment at Buffalo Island Medical Clinic, was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012).

As we have discussed, the parties stipulated that the claimant “sustained a compensable head injury” on September 10, 2019. The record shows that the claimant was apparently thrown from an All-Terrain Vehicle while he was performing employment services. As a result of the compensable head injury, the claimant sustained hemorrhaging within the left lateral lobe and a fracture of the left temporal/parietal bone. The claimant subsequently treated with various therapists and physicians, including Dr. Brophy. Dr. Brophy noted in November 2019 that the claimant was suffering from “headache” following the compensable closed head injury. The claimant sought emergency treatment for “headaches” in December 2019.

The claimant was involved in a nonwork-related motor vehicle accident in August 2020. The claimant was sitting in a parked vehicle that was hit by another vehicle. The evidence does not demonstrate that the

claimant sustained another closed head injury as a result of the accident occurring in August 2020. The claimant complained of pain in his neck, back, right forearm, and right knee. Although the claimant was given a concussion protocol, a head CT was “normal.” The claimant followed up with Dr. Brophy in September 2021, and Dr. Brophy did not report that the claimant was suffering from symptoms related to the accident occurring in August 2020. Instead, Dr. Brophy noted that the claimant’s complaints were “related to his closed head injury which occurred in September 2019.”

Dr. Brophy stated on January 25, 2022, “In my opinion, no further treatment is indicated at this time.” The healing period is that period for healing of an accidental injury that continues until an employee is as far restored as the permanent character of the injury will permit. *Hope Sch. Dist. v. Wilson*, 2011 Ark. App. 219, 382 S.W.3d 782. Based on Dr. Brophy’s report, the Full Commission finds in the present matter that the claimant reached the end of the healing period for his September 10, 2019 compensable injury no later than January 25, 2022. However, it is well-settled that a claimant may be entitled to ongoing medical treatment after the healing period has ended, if the medical treatment is geared toward management of the claimant’s compensable injury. *Patchell v. Wal-Mart Stores, Inc.*, 86 Ark. App. 230, 184 S.W.3d 31 (2004).

The Full Commission finds in the present matter that the medical treatment of record provided after January 25, 2022 was geared toward management of the claimant's injury and was reasonably necessary in connection with the compensable injury. If an injury is compensable, then every natural consequence of that injury is also compensable. *Hubley v. Best Western Governor's Inn*, 52 Ark. App. 226, 916 S.W.2d 143 (1996). The basic test is whether there is a causal connection between the two episodes. *Jeter v. B.R. McGinty Mechanical*, 62 Ark. App. 53, 968 S.W.2d 645 (1998). The burden is on the claimant to establish the necessary causal connection. *Nichols v. Omaha Sch. Dist.*, 2010 Ark. App. 194, 374 S.W.3d 148. Whether there is a causal connection is a question of fact for the Commission. *Jeter, supra*. In workers' compensation cases, the Commission functions as the trier of fact. *Blevins v. Safeway Stores*, 25 Ark. App. 297, 757 S.W.2d 569 (1988). 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. *Farmers Co-op v. Biles*, 77 Ark. App. 1, 69 S.W.3d 899 (2002).

The Full Commission finds in the present matter that the claimant was a credible witness. The claimant proved that the chronic headaches from which he has suffered were a natural consequence of the September

10, 2019 compensable head injury. Dr. Brophy reported as early as November 2019 that the claimant was suffering from headaches following the compensable injury. The record does not show that the claimant suffered from chronic headaches, which were sometimes debilitating, prior to the compensable injury. The claimant testified that he began suffering from seizures in about July 2022, and the report from FC – Stadium corroborated the claimant’s testimony. Dr. South noted “alteration of awareness” in August 2022. An EEG on August 2, 2022 was “Abnormal due to brief intermediate burst of sharp waves activity in the right temporal region[.]” The Full Commission finds that this diagnostic abnormality was causally related to the September 10, 2019 compensable closed head injury. Dr. Andrews reported on August 9, 2022 that the claimant had been suffering from seizures since the date of the compensable injury.

Finally, Dr. Dhanaraja reported on August 7, 2023, “He has a seizure disorder *secondary to remote traumatic brain injury approximately 4 years ago* [emphasis supplied]. 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). The Full Commission finds in the present matter that Dr. Dhanaraja’s opinion is corroborated by the record and is entitled to significant evidentiary weight. The claimant proved that both his chronic headaches and his occasional

seizures were a natural consequence of the September 10, 2019 compensable head injury.

After performing a *de novo* review of the entire record currently before us, the Full Commission finds that the claimant proved the medical treatment of record provided after January 25, 2022 was reasonably necessary in accordance with Ark. Code Ann. §11-9-508(a)(Repl. 2012). Said reasonably necessary medical treatment includes follow-up visits at Buffalo Island Medical Clinic. For prevailing on appeal to the Full Commission, the claimant's attorney is entitled to a fee of five hundred dollars (\$500), pursuant to Ark. Code Ann. §11-9-715(b)(Repl. 2012).

IT IS SO ORDERED.

SCOTTY DALE DOUTHIT, Chairman

M. SCOTT WILLHITE, Commissioner

Commissioner Mayton dissents.

DISSENTING OPINION

I respectfully dissent from the majority opinion finding the medical treatment provided to the claimant after January 25, 2022, was reasonable and necessary, and the claimant's headaches and seizures were a natural consequence of his compensable head injury.

The claimant was injured in September of 2019 when he suffered a head injury in an ATV accident. The respondents accepted the claim as compensable and paid all appropriate benefits.

The claimant was released at maximum medical improvement with no permanent impairment or work restrictions on January 22, 2020, by Dr. John Brophy, a neurosurgeon in Memphis, Tennessee. The claimant was later in a car accident on August 22, 2020, in which he sustained an injury to his neck as well as other areas of his body.

On September 28, 2021, Dr. John Brophy recommended the claimant undergo a neuropsychological evaluation. The neuropsychological evaluation was performed by Dr. A.J. Zolten on December 9, 2021, and the results were within the range of normal. Dr. Brophy cleared the claimant to remain at work full duty without restrictions and did not recommend any further medical treatment.

In August 2022, the claimant began complaining of seizures and headaches for which he requests additional medical treatment. An administrative law judge ruled the claimant proved by a preponderance of the evidence he is entitled to additional medical treatment. After a review of the entire record, I find the claimant is not entitled to additional medical treatment, because his complaints of seizures and headaches are not related to his compensable injury on September 10, 2019.

Ark. Code Ann. § 11-9-508(a) requires an employer to provide an employee with medical and surgical treatment "as may be reasonably necessary in connection with the injury received by the employee." The claimant has the burden of proving by a preponderance of the evidence the additional treatment is reasonable and necessary. *Nichols v. Omaha Sch. Dist.*, 2010 Ark. App. 194, 374 S.W.3d 148 (2010).

What constitutes reasonably necessary treatment is a question of fact for the Commission. *Gant v. First Step, Inc.*, 2023 Ark. App. 393, 675 S.W.3d 445 (2023). In assessing whether a given medical procedure is reasonably necessary for treatment of the compensable injury, the Commission analyzes both the proposed procedure and the condition it sought to remedy. *Walker v. United Cerebral Palsy of Ark.*, 2013 Ark. App. 153, 426 S.W.3d 539 (2013).

Here, the claimant has failed to prove his alleged headaches and seizures are causally related to his compensable injury. Records from Semmes-Murphy Clinic dated October 1, 2019, reflect the claimant stated he was "doing quite well, without headache, visual disturbance, weakness, paresthesias or memory difficulty."

The claimant did not complain of headaches until he returned to school and began using a computer to complete his schoolwork at night after working throughout the day.

By January 21, 2020, the claimant's symptoms had definitely improved. By September 28, 2021, the claimant no longer reported headaches. Two years post-injury, the claimant reported "fatigue without headaches, visual disturbance, weakness or balance difficulty." The claimant did not report severe headaches until August of 2022, which, along with "passing out episodes" had begun two months prior.

The claimant has undergone seven head CTs since his injury, all of which have shown normal results without acute findings. An MRI conducted on August 8, 2022, revealed the same results.

There is no evidence the claimant has suffered from "continuous" headaches from January 2020 through August 2022. The record reflects his injury-related headaches had resolved for years before he began suffering from headaches in 2022, simultaneous to when his seizures began. No doctor has related the claimant's current headaches to his 2019 injury and there are no findings to show they are related.

The claimant has failed to prove by the preponderance of the evidence his headaches are the result of his 2019 injury.

The claimant further alleges he began suffering from seizures as a result of his injury. However, by his own admission, no doctor has ever related the claimant's seizures to his work injury. In fact, the claimant

informed doctors "he has also been told the symptoms might be related to a pinched nerve in his neck."

These seizures did not begin until June or July of 2022, nearly three years after the claimant's injury. All objective tests have been normal with no findings to link the complaints of headaches and seizures to the compensable injury.

There is simply no objective evidence to relate the headaches or seizures to the claimant's compensable injury. All these complaints originated in 2022, nearly three years after the compensable injury and two and a half years after he had been released to full-duty work. In addition, the claimant was involved in a car accident subsequent to the compensable injury and prior to his complaints of headaches and seizures.

No doctor who has treated the claimant has found any objective medical findings to relate the complaints of headaches and seizures to the compensable injury.

Accordingly, for the reasons set forth above, I must dissent.

MICHAEL R. MAYTON, Commissioner