

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. H208296

LAURA TREADWELL,
EMPLOYEE

CLAIMANT

POPE COUNTY JUDGE,
EMPLOYER

RESPONDENT

AAC RISK MANAGEMENT SERVICES,
INSURANCE CARRIER/TPA

RESPONDENT

OPINION FILED FEBRUARY 10, 2026

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

Claimant represented by the HONORABLE DANIEL E. WREN, Attorney at Law, Little Rock, Arkansas.

Respondents represented by the HONORABLE JASON M. RYBURN, Attorney at Law, Little Rock, Arkansas.

Decision of Administrative Law Judge: Reversed.

OPINION AND ORDER

The respondents appeal an administrative law judge's opinion filed July 22, 2025. The administrative law judge found that the claimant proved she was entitled to a five percent permanent anatomical impairment rating and wage-loss disability in the amount of 10%. After reviewing the entire record *de novo*, the Full Commission finds that the claimant did not prove she sustained permanent anatomical impairment or wage-loss disability as a result of the compensable injury.

I. HISTORY

Laura Treadwell, now age 48, testified that she had been employed with the respondents since 2002. Ms. Treadwell testified that she became an “EMT Paramedic” for the respondents in 2003. The claimant’s testimony indicated that she sustained a previous work-related injury at an undetermined date. The claimant characterized the previous injury as “a muscle strain.” The record indicates that Dr. H. Kevin Beavers began treating the claimant for low back pain and other symptoms no later than October 2017.

An x-ray of the claimant’s lumbar spine was taken on November 21, 2017 with the following findings:

AP, lateral and spot views of lumbar spine are obtained. No acute appearing wedge compression fracture. Vertebral body heights and disc space heights are fairly well maintained. There is sclerosis facet joints believed to be degenerative. Mild scoliosis. Pedicles appear to be intact.
IMPRESSION: No acute bony abnormality.

An MRI of the claimant’s lumbar spine was taken in October 2018 with the following findings:

T12-L1: No focal disc abnormalities. No central canal stenosis or neuroforaminal narrowing.
L1-2: No focal disc abnormality. No central canal stenosis or neural foraminal narrowing.
L2-3: No focal disc abnormality. No central canal stenosis or neural foraminal narrowing.
L3-4: No focal disc abnormality. No central canal stenosis or neural foraminal narrowing.
L4-5: Small right-sided disc protrusion which effaces the sac minimally.

L5-S1: Focal disc abnormality. No central canal stenosis or neural foraminal narrowing. Mild facet hypertrophy L4-5 and L5-S1.

IMPRESSION: Small right-sided disc herniation L4-5.

The parties stipulated that the employment relationship existed on April 15, 2022. The claimant testified on direct examination:

Q. What position did you hold back on April 15th of 2022?

A. I worked for Pope County EMS as a paramedic....

Q. But just for a little bit of background for the judge, a two-minute summary of how you got hurt.

A. Me and my female partner were on a call in Hector about a 275-pound man with breathing problems that needed to be transported. When we put him on our cot, our cots are manual lift....When we picked the cot up, my partner did not release the handle on the cot. It did not lock the legs in place and when the weight was put back down, the cot slammed to the ground and I was still holding it. I bent at the waist....My head was close to my toes.

The parties stipulated that the claimant "sustained a compensable injury to her back" on April 15, 2022. The claimant signed a Form AR-N, EMPLOYEE'S NOTICE OF INJURY, on April 15, 2022. The ACCIDENT INFORMATION section of the Form AR-N indicated that the claimant injured her back and right shoulder on April 15, 2022.

According to the record, the claimant treated at Conservative Care Occupational Health on June 27, 2022:

Patient states that she was lifting a cot with a coworker. She states the patient they were lifting was about 275lbs. She states that the legs of the cot collapsed and she was pulled forward. Patient states that her head went to her feet and she had immediate pain in her back, right shoulder and groin.

An APRN diagnosed “1. Strain of muscle, fascia and tendon of lower back” and “2. Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder.” The APRN planned “Referral for MRI. Referral to neurosurgeon.”

The record indicates that the claimant began treating with Dr. Edward Saer on or about September 9, 2022. Dr. Saer reported on September 12, 2022:

Ms. Treadwell is back in follow-up. She has been doing strengthening exercises with PT....She is still working with restrictions. She also continues to have pain which is primarily in the left lower lumbar/lumbosacral area, and in the left lower thoracic area just lateral to the midline. I reviewed her prior imaging had a long discussion with her about this today. It is difficult to pinpoint 1 specific thing as the cause of her problem. X-rays and MRI are not terribly helpful. We will get a SPECT-CT scan of the thoracic and lumbar spine to see if we can localize something. I will see her afterwards. Work restrictions are unchanged.

Dr. Saer diagnosed “1. Degeneration of lumbar intervertebral disc,” “2. Low back pain,” and “3. Thoracic back pain.”

Dr. Saer reported on September 27, 2022:

Ms. Treadwell is back following CT of the thoracic and lumbar spine. Her insurance company would not approve a SPECT-CT. She continues to have pain in the upper back and also some down lower. She finds it very difficult to even walk through the store without having to lean forward on the cart. She is currently working in the County assessor’s office because she is on light duty. Most of that is okay but recently she has had to do a lot of bending and reaching while standing documents. That has exacerbated her discomfort.

I reviewed the CT films and report. The study was done earlier today. There are some minimal degenerative changes in different areas but nothing that looks significant in any area. I talked with her about this. At this point [I do] not have a good explanation for her continued pain other than a soft tissue injury. I do not see anything to need surgery for. I think she is likely going to need to continue on a restricted duty basis but we should get an FCE to define those restrictions better. For now she should continue with light duty. I will see her back after the FCE and plan to release her at that time.

The claimant followed up with Dr. Saer on November 29, 2022:

She is an EMT and had a work-related injury on April 15, 2022 lifting a patient on a cot. She has had pain in her lower back as well as tightness in the lower thoracic area since then. She continues to complain of the tightness in her back especially if she overdoes things....

Exam: She gets up and down easily and walks normally. She has good forward bending and good extension although extension is a little uncomfortable. Forward bending is her position of comfort. There is no muscle spasm. She has no localized tenderness.

Her prior imaging did not show any significant abnormalities no new x-rays were obtained today.

Assessment: I had recommended an FCE but that was not approved. Therefore I think she should continue with light duty level work with a lifting limit of 25 pounds, and no repetitive bending twisting or lifting. These restrictions should be considered permanent.

She is at MMI. There is no permanent impairment associated with this injury.

Dr. Saer further reported on November 29, 2022:

I saw Laura Treadwell in the office today. She has been treated for back pain following an injury at work. As far as I can determine she had a lumbar strain or sprain.

Treatment was based on the recent injury, not on pre-existing changes. There are no objective findings to warrant permanent impairment rating. Work restrictions are based primarily on the injury, not any pre-existing conditions.

As far as I can tell, this was an acute injury, although I did not see her until 3 months after the date of injury.
I do not think any further treatment is needed at this time.

Dr. Beavers referred the claimant to Dr. Brad A. Thomas, who reported in part on March 15, 2023, "She has been having low back pain since an injury at work in April of 2022. She started having symptoms again in January that she believes is related to her work injury....We are going to order a new MRI and have her follow up."

Dr. Thomas noted on April 7, 2023, "MRI of the lumbar spine was obtained, demonstrating the following findings: mild degenerative changes, no sig canal stenosis or impingement....There is no surgery recommended for her low back, she does still have numbness in her left leg with certain positions. She has been avoiding those positions, we are going to get EMG/NCV of the left and f/u after."

A NERVE CONDUCTION STUDY LOWER EXTREMITY was done on May 19, 2023 with the impression, "Mild left proximal sciatic neuropathy; peroneal > post tibial division."

Dr. Thomas reported on June 7, 2023 that EMG testing showed "Mild left neuropathy....There is no surgery recommended for her low back based on the MRI and the EMG. She does have some mild left radicular neuropathy. She is unable to do her job as a paramedic and is doing a light duty job, she will continue her current work status. She is a year out from

the work accident and we do feel her continued symptoms are related to the work accident. We are going to get [an] FCE to evaluate her long term work status. We will order this and f/u after to determine her impairment rating.”

A pre-hearing order was filed on January 23, 2024. The claimant contended, “Dr. Beavers has ordered a functional capacity exam for the Claimant which the Respondents refused to approve.” The respondents contended, “All appropriate benefits have been paid. The claimant has been released at MMI with a 0% impairment rating. An FCE is not medical treatment, nor is it necessary.”

The parties agreed to litigate the following issues:

1. Whether Claimant is entitled to additional medical treatment in the form of an FCE as recommended by Dr. Beavers, or whether Claimant is entitled to referral from Dr. Beavers to a neurologist.

Dr. Beavers stated on March 1, 2024:

I referred Laura Treadwell to Dr. Brad Thomas on February 22, 2023 for an evaluation of ongoing radicular pain into her left lower extremity. Dr. Brad Thomas, a board certified neurosurgeon ordered an EMG nerve conduction velocity that revealed that she had left proximal sciatic neuropathy. Ms. Treadwell was being seen both by me and Dr. Thomas under her health insurance. Her health insurance would not pay for the continued treatment recommended by Dr. Thomas. I do feel that referral to Dr. Thomas for a radicular type pain with an abnormal MRI was appropriate. Further based upon the EMG nerve conduction results I continue to believe that Ms. Treadwell needs to be able to continue her treatment with Dr.

Thomas and/or an equally qualified neurosurgeon/orthopedic spine specialist.

A hearing was held on March 14, 2024. The claimant testified that she was no longer physically able to perform duties as an Emergency Medical Technician, but that she was employed with the respondents as a Deputy Assessor.

The respondents' attorney cross-examined the claimant at the March 14, 2024 hearing:

Q. [Dr. Saer] released you with a zero percent permanent impairment rating. Is that not true?

A. Yes, sir....That is my understanding. I never received anything from Dr. Saer....

Q. And you were released, as you testified earlier, with permanent restrictions. Correct?

A. Yes, sir.

Q. Do you believe that you can do more than those restrictions?

A. No, sir.

Q. Do you believe that you can do – that those restrictions should be removed?

A. No, sir.

Q. What do you think an FCE will accomplish, then?

A. My goal is to be compensated for the wage loss that I have incurred because of a documented work comp injury.

Q. So in fact, you disagree with that zero percent and the FCE is simply a way to get a different rating?

A. Yes, sir.

An administrative law judge filed an opinion on June 11, 2024. The administrative law judge found, “2. The claimant has proven by a preponderance of the evidence that she is entitled to additional medical treatment in the form of an FCE.” There was no appeal of the

administrative law judge's opinion filed June 11, 2024, and the parties stipulated, "Prior opinions are *res judicata* and the law of the case."

The claimant participated in a Functional Capacity Evaluation on July 8, 2024: "The results of this evaluation indicate that a reliable effort was put forth, with 50 of 50 consistency measures within expected limits....Ms. Treadwell completed functional testing on this date with **reliable** results. Overall, Ms. Treadwell demonstrated the ability to perform work in the **MEDIUM** classification of work[.]"

Dr. Thomas noted on August 15, 2024, "The patient presents for further evaluation and management and the FCE shows she gave reliable effort with a medium classification. She works in the assessors office because she couldn't go back to her job at EMS as a paramedic. She will not be able to go back to working as a paramedic due to the lifting requirements. We recommend disability from the paramedic position based on the lifting restrictions."

Dr. Thomas reported on November 20, 2024:

Ms. Treadwell is a patient of mine. I last saw her on 08/15/2024. I am going to place her with an impairment rating based on that date which is the last time I saw her. This will give her a 5% impairment rating for unoperated on continued lower back pain after her work injury.

A pre-hearing order was filed on February 25, 2025. The claimant contended, "On November 29, 2023, Dr. Saer released the claimant at MMI

and recommended an FCE, but the test was denied by Workers Compensation. He released her with light duty level work with a lifting limit of 25 lbs. and no repetitive bending, twisting, or lifting. Restrictions should be considered permanent. On February 7, 2023, Claimant sought treatment for injury on her own insurance. Dr. Beavers referred Claimant to Dr. Brad Thomas. On March 15, 2023, Dr. Brad Thomas ordered an MRI and on April 7, 2023 Dr. Thomas ordered an EMG and referred her to pain management. On April 24, 2023, Dr. Thomas opined that no surgery was recommended based on the MRI and EMG. He also opined that Claimant is unable to do her current job as a paramedic and is doing a light duty job. Claimant will continue current work status. I feel her symptoms are related to the work accident. Dr. Thomas stated that we are going to get an FCE to evaluate her long-term work status. On May 19, 2023 the EMG/NCV test was performed. On July 8, 2024, the FCE test was performed with reliable and consistent measures. On November 20, 2024, Dr. Thomas issued Claimant at 5% impairment rating. Since the accident, the Claimant has been unable to return to her job as a paramedic. The Claimant is entitled to her impairment rating and wage loss claim.”

The respondents contended, “This is an accepted claim and all appropriate benefits have been paid. Dr. Saer released the claimant with a 0% on 11/29/22. The claimant suffers from degenerative issues. The 5%

by Dr. Thomas is invalid as the work in injury was not the major cause. The claimant is not entitled to wage loss.”

The parties agreed to litigate the following issues:

1. Whether Claimant is entitled to payment of 5% impairment rating issued by Dr. Brad Thomas.
2. Whether Claimant is entitled to wage loss.
3. Whether Claimant’s attorney is entitled to an attorney’s fee.

The claimant’s attorney corresponded with Dr. Thomas on April 14, 2025:

On November 20, 2024, we received the attached letter from you stating that you gave her an impairment rating of 5% for unoperated continued lower back pain after her work injury. In order to clarify the above impairment rating given, could you please state that the impairment rating given to Laura Treadwell was based upon the guides to the evaluation of permanent injuries 4th edition.

Yes _____ No _____

Dr. Thomas checked “Yes” on April 16, 2025.

A hearing was held on April 24, 2025. The claimant testified that she continued to be employed with the respondents in the assessor’s office.

The claimant testified that she continued to suffer from chronic back pain and numbness in her left lower extremity.

An administrative law judge filed an opinion on July 22, 2025. The administrative law judge found that the claimant proved she sustained permanent anatomical impairment in the amount of 5%. The administrative

law judge awarded wage-loss disability in the amount of 10%. The respondents appeal to the Full Commission.

II. ADJUDICATION

Permanent impairment is any functional or anatomical loss remaining after the healing period has been reached. *Johnson v. Gen. Dynamics*, 46 Ark. App. 188, 878 S.S.2d 411 (1994). The Commission has adopted the American Medical Association *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993) to be used in assessing anatomical impairment. See *Commission Rule 099.34*; Ark. Code Ann. §11-9-522(g)(Repl. 2012). It is the Commission's duty, using the *Guides*, to determine whether the claimant has proved she is entitled to a permanent anatomical impairment. *Polk County v. Jones*, 74 Ark. App. 159, 47 S.W.3d 904 (2001).

Any determination of the existence or extent of physical impairment shall be supported by objective and measurable physical findings. Ark. Code Ann. §11-9-704)(c)(1)(B)(Repl. 2012). Objective findings are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i)(Repl. 2012). Although it is true that the legislature has required medical evidence supported by objective findings to establish a compensable injury, it does not follow that such evidence is required to establish each and every element of compensability. *Stephens Truck Lines v. Millican*, 58 Ark. App. 275, 950 S.W.2d 472 (1997). All that

is required is that the medical evidence be supported by objective findings.

Singleton v. City of Pine Bluff, 97 Ark. App. 59, 244 S.W.3d 709 (2006).

Medical opinions addressing impairment must be stated within a reasonable degree of medical certainty. Ark. Code Ann. §11-9-102(16)(B)(Repl. 2012).

Permanent benefits shall be awarded only upon a determination that the compensable injury was the major cause of the disability or impairment.

Ark. Code Ann. §11-9-102(F)(ii)(a)(Repl. 2012). “Major cause” means “more than fifty percent (50%) of the cause,” and a finding of major cause shall be established according to the preponderance of the evidence. Ark.

Code Ann. §11-9-102(14)(Repl. 2012). Preponderance of the evidence means the evidence having greater weight or convincing force.

Metropolitan Nat’l Bank v. La Sher Oil Co., 81 Ark. App. 269, 101 S.W.3d 252 (2003).

An administrative law judge found in the present matter, “2. The claimant has proven by a preponderance of the evidence that she is entitled to a 5% impairment rating to the body as a whole.” The Full Commission does not affirm this finding. The parties stipulated that the claimant “sustained a compensable injury to her back” on April 15, 2022. The claimant testified that she sustained a compensable injury as the result of bending and lifting a cot while performing employment services. An

APRN's diagnosis on June 27, 2022 was "1. Strain of muscle, fascia and tendon of lower back."

Dr. Saer eventually began treating the claimant, and his diagnosis on September 12, 2022 included "1. Degeneration of lumbar intervertebral disc." Dr. Saer reviewed CT films and reported on September 27, 2022, "There are some minimal degenerative changes in different areas but nothing that looks significant in any area." Dr. Saer noted on November 29, 2022, "There is no muscle spasm....Her prior imaging did not show any significant abnormalities no new x-rays were obtained today." Dr. Saer opined, "*There is no permanent impairment associated with this injury* [emphasis supplied]." Dr. Saer further stated on November 29, 2022, "As far as I can determine she had a lumbar strain or sprain.... *There are no objective findings to warrant permanent impairment rating* [emphasis supplied]."

Dr. Thomas reported in April 2023 that an MRI of the claimant's lumbar spine showed "mild degenerative changes" and "no surgery recommended for her low back[.]" A nerve conduction study of the claimant's left lower extremity showed "Mild left proximal sciatic neuropathy; peroneal > post tibial division." Dr. Thomas subsequently noted that EMG testing showed "Mild left neuropathy."

As we have noted, the claimant participated in a Functional Capacity Evaluation on July 8, 2024: “Ms. Treadwell completed functional testing on this date with **reliable** results. Overall, Ms. Treadwell demonstrated the ability to perform work in the **MEDIUM** classification of work[.]”

Dr. Thomas reported on November 20, 2024 that he assigned the claimant “a 5% impairment rating for unoperated on continued lower back pain after her work injury.” Dr. Thomas informed the claimant’s attorney that he purported to assess 5% permanent anatomical impairment based on the 4th Edition of the American Medical Association *Guides to the Evaluation of Permanent Impairment*.

The Full Commission finds, in the present matter, that there were no objective or measurable physical findings supporting any percentage of permanent physical impairment. We note that the Commission may not consider complaints of pain in determining physical or anatomical impairment. See Ark. Code Ann. §11-9-102(16)(A)(i)(Repl. 2012). Moreover, it is the Commission’s duty to translate the evidence of record into findings of fact. *Gencorp Polymer Prods. v. Landers*, 36 Ark. App. 190, 820 S.W.2d 475 (1991). 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. App. 94, 989 S.W.2d 151 (1999). The Full Commission finds in the present matter that Dr. Saer’s opinion is credible

and is entitled to more evidentiary weight than Dr. Thomas' opinion. The Full Commission finds that the probative evidence of record corroborates Dr. Saer's opinion, "There is no permanent impairment associated with this injury....There are no objective findings to warrant permanent impairment rating." We find that there is no portion of the July 8, 2024 Functional Capacity Evaluation which can be translated or interpreted as a finding of permanent anatomical impairment.

After reviewing the entire record *de novo*, the Full Commission finds that the claimant did not prove she sustained any percentage of permanent anatomical impairment as a result of the April 15, 2022 compensable injury. The claimant did not establish the existence of any percentage of anatomical impairment by objective or measurable physical findings, as is required by Ark. Code Ann. §11-9-704(c)(1)(B)(Repl. 2012). Because the claimant did not prove that she sustained permanent anatomical impairment as a result of the compensable injury, the claimant did not prove she was entitled to wage-loss disability. *Taggart v. Mid Am. Packaging*, 2009 Ark. App. 335, 308 S.W.3d 643. This claim is respectfully denied and dismissed.

IT IS SO ORDERED.

SCOTTY DALE DOUTHIT, Chairman

MICHAEL R. MAYTON, Commissioner

Commissioner Willhite dissents.