

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

WCC NO. H407474

CHARLES UPDEGRAFF, Employee	CLAIMANT
TRANE COMMERCIAL, Employer	RESPONDENT
FARMINGTON CASUALTY CO., Carrier	RESPONDENT

OPINION FILED JANUARY 22, 2026

Hearing before ADMINISTRATIVE LAW JUDGE ERIC PAUL WELLS in Fort Smith, Sebastian County, Arkansas.

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

Respondents represented by AMY C. MARKHAM, Attorney at Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

On October 27, 2025, the above captioned claim came on for a hearing at Springdale, Arkansas. A pre-hearing conference was conducted on August 21, 2025, and a Pre-hearing Order was filed on August 22, 2025. A copy of the Pre-hearing Order has been marked Commission's Exhibit No. 1 and made a part of the record without objection.

At the pre-hearing conference the parties agreed to the following stipulations:

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. The employee/employer/carrier relationship existed on October 25, 2024.

By agreement of the parties the issues to litigate are limited to the following:

1. Whether claimant sustained a compensable injury on October 25, 2024, specifically to the lumbar spine.

2. If compensable, whether claimant is entitled to temporary total disability benefits, medical benefits, and mileage.

3. Attorney's fees.

All other issues are reserved by the parties.

The claimant contends that “The claimant was injured on October 25, 2024, when he attempted to pick up a section of an air conditioning unit and felt an immediate pain in his low back which continued down his right leg into his ankle. The claimant was seen at Baptist Health Medical Center Van Buren on October 26, 2024, for continued low back pain. On October 28, 2024, the claimant was seen at Conservative Care Occupational Health for continued low back pain. He was referred for a lumbar MRI. On November 6, 2024, the claimant was seen at Fort Smith ER & Hospital for his lumbar MRI and had a follow-up with Conservative Care Occupational Health on November 8, 2024, where he was released to regular duty. Due to the claimant's continued low back pain, the claimant was seen at Baptist Health Medical Center Fort Smith where he was treated and referred to a neurosurgeon for additional treatment. The claimant was seen by Billie Jo Nelson, APRN at Baptist Health Neuroscience Center where he was referred for physical therapy. After the completion of physical therapy and no improvement at to the pain or mobility, Dr. Arthur Johnson scheduled the claimant for surgery. On March 6, 2025, the claimant underwent a microdiscectomy at L5-S1 performed by Dr. Johnson. The claimant reserves the right to amend and supplement his contentions after additional discovery has been completed.”

The respondents contend that “Claimant was not injured in the course and scope of his employment. If the claim is found to be compensable, respondents are entitled to a setoff for any disability payments received by claimant.”

The claimant in this matter is a 63-year-old male who alleges to have sustained a compensable lumbar spine injury on October 25, 2024. The claimant's job duties for the respondent/employer included constructing the outside casing of large commercial air conditioning units. The largest pieces were set in place by an overhead crane. The smaller sections of wall were lifted and moved by hand. The claimant described the smaller sections as 12 to 14 feet in length and about two feet in width, weighing roughly 70 to 80 pounds. The claimant was moving a smaller wall section when he alleges he sustained a compensable lumbar spine injury. Following is a portion of his direct examination testimony about the incident in which he alleges to have sustained a compensable lumbar spine injury.

Q Okay. What happened? You had picked up one of those pieces and then what happened?

A The second I picked it up off the cart, I went to stand up and I don't know if I turned wrong, twisted wrong, but I felt something immediately in the lower part of my back and down my right leg.

Q And were you lifting one of those pieces that were 70 to 80 pounds?

A Yes, sir.

Q Okay. Where was the pain located?

A In my lower back, down my right buttock, and down into the backside of my right leg.

Q When you say lower back, are we talking like around your beltline?

A Yes, sir.

Q Where did it hurt along your beltline?

A It went over to my right side and then down the right side of my butt and the back of my right leg.

Q Okay. And how far down your leg did it go?

A At the time all the way down to my ankle.

Q Okay. How would you describe that pain?

A Sharp, throbbing, aching, burning.

Q Was it immediate?

A Immediately, yes.

The claimant testified that he quickly reported his injury to his “lead” as follows:

Q Okay. What did you do upon injuring yourself?

A I told my lead, which is normally never even around us, but he just happened to be sitting over at this little desk and I went over and told him and he asked me if I thought I could finish the shift.

Q Do you know what his name is?

A Alex.

Q Do you know his last name?

A No, sir.

Q Okay. Do you know if Alex saw this happen?

A I have no idea.

Q Okay. But you went immediately to Alex?

A Yes, sir.

Q Do you recall what you told Alex?

A I told him I picked up that piece of unit there and hurt my back and that is when he asked me if I thought I could finish the shift.

Q Okay. You had about an hour left?

A Yes, sir.

Q What did you tell him?

A I told him I could do it because I am already there. I had like an hour to go, so. ...

Q Okay. So you did finish your shift?

A Yes, sir.

Q Okay. And then I take it you clocked out?

A Yes, sir.

Q Went home at 3:00?

A Yes.

Q What day of the week was this, do you remember?

A Friday.

Q Friday. Okay. Were you scheduled to work the next two days?

A No. We was off that weekend.

Q Okay. So Monday would have been your next day back?

A Yes, sir.

The claimant testified that he continued to experience pain after going home and visited the Baptist Health Medical Center Emergency Room in Van Buren, Arkansas, on October 26, 2024, due to his low back pain and difficulties. Following is a portion of that medical record:

Chief Complaint
Patient presents with
* Back Pain
* Leg Pain – right

Medical Decision Making

Charles F Updegraff 62 y.o. male patient presents with back pain most consistent with right back spasm with sciatica.

Differential diagnoses includes lumbago versus musculoskeletal spasm/strain versus sciatica. Less likely sciatica as straight leg raise test is negative.

No back pain red flags on history or physical.

Presentation not consistent with malignancy (lack of history of malignancy, lack of B symptoms), fracture (no trauma, no bony tenderness to palpitation), cauda equina (no bowel or urinary incontinence/retention, no saddle anesthesia, no distal weakness), AAA, viscus perforation, osteomyelitis or epidural abscess (no IVDU, vertebral tenderness), renal colic, pyelonephritis (afebrile, no CVAT, no urinary symptoms).

Given the clinic picture, in indication for imaging.

Will treat conservatively and follow up with PCP.

Assessment/Plan

Charles F Updegraff is a 62 y.o. male diagnosed today with

Final diagnosis:

Acute right-sided low back pain with right-sided sciatica

At that time the claimant was prescribed cyclobenzaprine and meloxicam.

I note that the medical records from the Baptist Health ER on October 26, 2024, deviates from the claimant's testimony. That record reports back pain for two weeks and a history of back problems including surgery. The claimant denies any history of low back difficulties but medical records in evidence do show cervical spine difficulties including surgery. In regard to the two weeks of back pain, I do find that to be some type of clerical error in that the claimant's testimony, reporting of injury, and all other medical records support his lumbar spine incident to have occurred on October 25, 2024.

The claimant was asked on cross examination about the Baptist Health ER report from October 26, 2024, as follows:

Q I am looking at a record from the emergency department at Van Buren, that is Claimant's Medical Exhibit Page 001, and in the first paragraph here it says, "Patient presents to the emergency department due to back pain with radiation into his right leg for two weeks now."

A I seen that on that report and that is incorrect. I told them two days, which would have been Saturday and the Friday, the day before.

Q So do you know why it would reflect in your medical records that you have been complaining of pain for two weeks?

A I have no idea why it says that on that paper.

The claimant was also asked about that medical record on re-direct examination as follows:

Q Chuck, I am looking at this record that was referenced and it says, "Patient presents to the ED," emergency department, "due to back pain with radiation into his right leg" and it says, "for two weeks now." And you are saying that is wrong. It was not two weeks, it was two days?

A I told them two days.

Q The 25th and 26th?

A Yes, sir.

Q Okay. And then it says, "He states he was lifting a heavy wall panel at work," and she has again, the nurse that took your information down says, "Two weeks ago."

A Yes.

Q And you are saying that was not two weeks ago. That was two days ago?

A Two days.

Q Meaning the 25th and 26th?

A Yes, sir.

Q Okay. It then says – she goes on to say, “He has a history of back problems.”

And I asked you on Direct. Have you ever had a back problem with your lumbar spine in your life?

A Never in my life.

Q Have you ever been to a doctor for a back problem?

A Never.

Q “With surgery in the past,” so you are saying you’ve never seen a doctor, much less had a back surgery?

A Right.

Q So that is false, as well?

A Yes, sir.

Q Okay. She goes on to say, “Prior to this, he did not have any back issues for a while.”

You are saying you’ve never had a low back issue in your life?

A I never have.

The claimant returned to work the following Monday and again reported his alleged work injury. The claimant gave the following direct examination testimony about that process:

Q Okay. When Monday morning came around, did you go into the office? Did you go back to Trane?

A Yes. I went back to work.

Q Okay. What did you do when you got to Trane for your shift on Monday morning?

A I seen Jessie, one of the main leads. She had been there longer than Alex had been and I told her what happened and she took me into a little room and had me fill out some papers and told me to sit there and wait until Alex, the safety guy, got there. There is another Alex.

Q Another Alex?

A Yes.

Q Okay. So you did not go back on Monday morning and begin your job?

A No.

Q It was about filling out workers' comp paperwork?

A Right.

Q And Jessie assisted you with that?

A Yes.

Q And then you were to meet with a second Alex?

A Yes.

Q Okay. And you got all of the paperwork filled out?

A Yes, sir.

Q Okay. So, then, what happened on Monday? Did you work?

A After, they took me over to their doctor over in Van Buren, a clinic over there.

Q Okay.

A She ordered an MRI done.

Q And that was over at Conservative Care Occupational Health?

A Yes, sir.

On October 28, 2024, the claimant was seen at Conservative Care Occupational Health by APRN Jacee Banning. Following is a portion of that medical record:

EMPLOYER DESCRIPTION OF ACCIDENT

Requested and authorized by: Alex

Main Contact: Stephen Smith.

Employer Description of Accident: Employer states that on 10/25/24, Charles was lifting a panel from floor level when felt pain to his lower back and right side of leg. He was seen at Baptist Health ER in Van Buren on 10/26/24.

PATIENT DESCRIPTION OF ACCIDENT

Patient states that he was picking up sections of wall and putting them on a unit when he injured his lower back. The pain is going from his lower back down the back side of his right leg.

CHIEF COMPLAINT

Lower back pain radiating down right leg.

HISTORY OF PRESENT ILLNESS

Charles' primary problem is pain located in the lower back. He describes it as throbbing, aching. He considers it to be severe. The problem began on 10/25/24. Charles says that it seems to be constant. He has noticed that it is made worse by Constant pain. It is improved with nothing.

COMMENTS ON HISTORY OF PRESENT ILLNESS

Charles is here for an initial evaluation of a low back injury he sustained on 10/25/24 when he was lifting sections of wall while at work. He reports a history of cervical spine herniated disc that required surgery in 1999; however, he does not report previous injury to his lumbar spine. He was evaluated at Baptist ED in Van Buren on 10/26/24 where he received 2 injections and a prescription for Flexeril. He is unsure of what injections he received. ED records have been requested. He states he has tried Flexeril, Aleve, ibuprofen, Biofreeze, heat/ice and nothing seems to help. He reports the pain radiates down his right leg. Given his history, I will order an MRI.

DIAGNOSIS

1. Radiculopathy, lumbar region (M54.16)
2. Low back pain (M54.50)

ASSESSMENT

Charles has lumbar pain with radiculopathy and I am unable to rule out the cause. He denies any numbness or incontinence of bowel/bladder. Discussed evaluated bp with patient. He states he has never had elevated blood pressure. Number and Complexity of Problems Addressed: 1 acute, uncomplicated illness or injury.

On November 6, 2024, the claimant underwent an MRI of the lumbar spine at Synergy Radiology Associates. Following is a portion of that diagnostic report that was authored by Dr. Charles Kim:

FINDINGS:

Bones/joints: The normal lumbar lordosis is preserved. No abnormalities in sagittal alignment are identified. The vertebral body heights are maintained. The marrow signal is within normal limits.

Spinal cord: The distal cord and cauda equina nerve roots are unremarkable. The conus medullaris terminates at L1.

L1-L2: No significant disc disease, without spinal canal or neural foraminal stenosis.

L2-L3: Minimal disc bulging, without spinal canal or neural foraminal stenosis.

L3-L4: Broad-based disc bulging with facet arthrosis. Mild bilateral neural foraminal stenosis. No significant spinal canal stenosis.

L4-L5: Diffuse disc bulge with facet arthrosis and hypertrophy of ligamentum flavum. Mild bilateral neural foraminal stenosis. No significant spinal canal stenosis.

L5-S1: Posterior annular fissure with diffuse disc bulging. Mild bilateral neural foraminal stenosis. No significant spinal canal stenosis.

Soft tissues: Unremarkable.

IMPRESSION:

Mild degenerative changes of the lumbar spine.

On November 8, 2024, the claimant was again seen by APRN Banning at Conservative Care Occupational Health. Following is a portion of that medical record:

COMMENTS ON HISTORY OF PRESENT ILLNESS

Charles is here for his second visit for evaluation of a low back injury he sustained on 10/25/24 when he was lifting sections of wall while at work. He reports a history of cervical spine herniated disc that required surgery in 1999; however, he does not report previous injury to his lumbar spine. He reports the pain is still radiating down his right leg. He was evaluated at Baptist ED in Van Buren on 10/26/24 where he received an injection of SOLU-Medrol, and injection of Norflex, and a prescription for Flexeril. He reports none of those alleviated his pain. He has also tried Aleve, ibuprofen, Biofreeze, and heat/ice. He reports none of those were helpful either. MRI results showing mild degenerative changes of the lumbar spine have been reviewed and discussed with patient. I recommend that he try Voltaren gel. When I attempted to provide him with stretching exercises for sciatic pain, he impolitely declined and stated, "I will go somewhere else." I recommended he follow up with his PCP as this does not appear to be work related.

DIAGNOSIS

1. Radiculopathy, lumbar region (M54.16)
2. Low back pain (M54.50)

ASSESSMENT

Charles continues to have lumbar pain with radiculopathy. He denies any numbness or incontinence of bowel/bladder. Number and Complexity of Problems Addressed: 1 acute, uncomplicated illness or injury.

The claimant's light duty status was removed by APRN Banning and the claimant was released to return to regular duty. Prior to that return to regular duty the claimant testified that he was unable to perform the light duty work he was assigned. Following is a portion of the claimant's direct examination testimony:

Q And what was your understanding of what light duty was?

A That, I didn't really know because I never had to do that in my life as far as light duty goes, but their light duty consisted of me basically doing the exact, same thing I was doing before I got hurt.

Q Okay. So when you go back to Trane on Monday from Occupational Health, you are doing the same job that you had been doing when you hurt your back?

A Yes, sir.

Q Okay. How long were you able to do that?

A I worked that whole week, the first week of November, and I told them I couldn't do that no more, so. ...

Q Okay.

A I could hardly walk.

Q Okay. Was it making it worse?

A Yes.

After the claimant testified that he was unable to perform the light duty work he was assigned, it was during that same time frame that he was released from care by APRN Banning. The claimant was then seen at Baptist Health Medical Center ER in Fort Smith. The claimant continued to complain of lumbar spine pain and difficulties. The claimant was recommended to get a referral from his primary care physician to neurosurgery.

The claimant received a referral from Dr. Sarikun Tjandra to Dr. Arthur Johnson, a neurosurgeon, and began to see Dr. Johnson's medical staff on December 5, 2024, when the claimant was seen by APRN Billie Jo Nelson. Following is a portion of that medical record:

Subjective:

Charles F Updegraff is a 62 y.o. year-old male seen at the request of Tjandra, Sarikun, MD who comes to us with a history of lower back pain since 10/25/2024 after lifting something heavy at work. He reports that after he lifted the air conditioner, he felt immediate pain, numbness, tingling, and burning that radiates into right buttock, and posteriorly down leg to ankle. He reports that he has tried NSAIDs, heat/cold therapy, muscle relaxant, opioids, and Gabapentin with no improvement. He states that he has not been able to sleep very much due to the pain. Hurts to walk, stand, sit

and lay down. No PT, no injections. Has been to ER several times and was given shots of morphine which have also not helped. He rates the pain a 9/10.

Back Pain

This is a new problem. The current episode started more than 1 month ago. The problem occurs constantly. The problem has been rapidly worsening since onset. The pain is present in the gluteal and lumbar spine. The quality of the pain is described as aching, burning, shooting and stabbing. The pain radiates to the right knee and right thigh. The pain is at a severity of 10/10. The pain is the same all the time. The symptoms are aggravated by bending, position, laying down, sitting, standing and twisting. Stiffness is present All day. Associated symptoms include leg pain, numbness, paresthesias, tingling and weakness. Pertinent negatives include no abdominal pain, bladder incontinence, bowel incontinence, chest pain, dysuria, fever, headaches, paresis, pelvic pain or perianal numbness. Risk factors include recent trauma.

Visit Diagnoses

Acute right-sided low back pain with right-sided sciatica – Primary
Annular tear of lumbar disc; L5-S1
Degeneration of intervertebral disc of lumbar region with
discogenic back pain and lower extremity pain
Lumbar disc herniation with radiculopathy
Facet arthropathy, lumbar

* Patient has annular tear and small disc herniation at L5-S1 that is more likely than not secondary to heavy lifting at work. Patient is to be on light duty with no bending, no kneeling, no stooping, no twisting, and no lifting more than 10 lbs until after re-evaluated at his follow-up.

* Physical therapy with lumbar traction to alleviate pain, discomfort and improve mobility.

* Refer to Dr. Clint Wood for LESI – Radiculopathy is severe and greatly impacts patient's quality of life and function

*If conservative treatments are not effective, will schedule with Dr. Johnson for surgical consultation.

The claimant underwent physical therapy and two epidural steroid injections at the recommendation of APRN Nelson with little to no relief.

Dr. Johnson saw the claimant on February 25, 2025. Following is a portion of that clinic note.

February 25, 2025: He is here for a surgical consultation of his lumbar areas. He finished the physical therapy program and he has had 2 Epidural injections. He states that nothing has worked. He continues to have back pain, pain, buttock and down his right leg all the way to his ankle. Has numbness, tingling and burning sensation. Bearing down to move bowel causes pain. He has difficulty sleeping due to pain.

Plan:

I have discussed the treatment options which I believe include modified activity, therapy, injections, and surgery.

Based on that discussion we are going to proceed with:

Neuroforaminal stenosis of lumbar spine, right L5-S1
Right L5-S1 microdiscectomy

Lumbar disc herniation with radiculopathy, right L5-S1 – Primary
Right L5-S1 microdiscectomy

- * Schedule right L5-S1 microdiscectomy
- * The disc at the L5-S1 level does cause compression of the right S1 nerve root and the nerve root itself appears to be slightly inflamed.

The claimant underwent surgical intervention at the hands of Dr. Johnson on March 6, 2025, in the form of a microdiscectomy at the L5-S1 level of the lumbar spine. Following are portions of that operative report:

Preoperative Diagnosis: Active Problems
Lumbar disc herniation with radiculopathy, right L5-S1
Neuroforaminal stenosis of lumbar spine, right L5-S1

Postoperative Diagnosis: Active Problems
Lumbar disc herniation with radiculopathy, right L5-S1
Neuroforaminal stenosis of lumbar spine, right L5-S1

Procedure:

Hemilaminectomy with decompression of the right L5-S1 nerve root, partial facetectomy, foraminotomy and excision of herniated intervertebral disc at L5-S1.

The claimant has asked the Commission to determine whether he sustained a compensable lumbar spine injury on October 25, 2024.

In order to prove a compensable injury as the result of a specific incident that is identifiable by time and place of occurrence, a claimant must establish by a preponderance of the evidence (1) an injury arising out of and in the course of employment; (2) the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings establishing an injury; and (4) the injury was caused by a specific incident identifiable by time and place of occurrence. *Odd Jobs and More v. Reid*, 2011 Ark. App. 450, 384 S.W. 3d 630.

The claimant must prove the existence of objective medical findings. The March 6, 2025, operative report authored by Dr. Johnson and the claimant's November 6, 2024, lumbar spine MRI both provide objective medical findings of derangement to the claimant's lumbar spine; specifically, at the L5-S1 level where the MRI revealed a "posterior annular fissure with diffused disc bulge." This is the same level that Dr. Johnson performed a microdiscectomy on March 6, 2025.

The claimant must also show by a preponderance of the evidence a causal connection between the lifting incident on October 25, 2024, he alleges and those objective medical findings he is able to prove. The claimant immediately reported his injury and sought medical treatment the day after. The claimant then re-reported his injury when he returned to work after the weekend. The claimant's testimony has been consistent with medical records in evidence, except

the first emergency room visit, which reports an injury two weeks ago instead of two days ago. I believe this to be an error in the medical record. The claimant has no prior history of lumbar spine difficulties until his October 25, 2024, incident. APRN Nelson, who is part of Dr. Johnson's medical team, in a December 5, 2024, medical record states, "Patient has ulnar tear and small lumbar disc herniation at L5-S1 that is more likely than not secondary to heavy lifting at work." Finally, the claimant reports that the surgical intervention by Dr. Johnson has improved his condition and on direct examination gave the following testimony:

Q Okay. All right. So on March 6th of this year, of 2025, you do, in fact, go to Dr. Johnson and he performs what he called in his records a microdiscectomy?

A Yes, sir.

Q Okay. At L5-S1. What were the results of that surgery?

A It helped a lot. I don't have no more pain in my right leg.

Q Okay. So let's stick with the right leg. So you are saying the burning, stabbing, charley horse pain that had been in your leg since 10/25 was gone?

A Yes.

Q Okay. Not down to a seven or a five or a three. You are saying that pain was gone?

A Yes.

Q Do you ever have any problems with the right leg anymore?

A Every now and then it will flare up. It lasts for a few seconds and goes away.

Q What does that feel like?

A Kind of like a throbbing.

Q Okay. But you are saying that lasts for only a few seconds?

A Yes, sir.

Q Okay. So would you consider – as we sit here today, would you consider your right leg healed by this surgery?

A Yes.

Q Okay. Let's talk about your low back now. You said before the surgery it was a ten. It was the worse pain you've had.

A Right.

Q After the surgery, after Dr. Johnson went in and did the microdiscectomy that removed all your right leg pain, what did it do for pain in your lumbar spine?

A It knocked it down to about a seven.

Q Okay. So you went from a ten to a seven?

A Yes, sir.

The claimant is able to prove by a preponderance of the evidence that he sustained a compensable lumbar spine injury on October 25, 2024.

The claimant has asked the Commission to determine whether he is entitled to medical treatment for his compensable lumbar spine injury.

Employers must promptly provide medical services which are reasonably necessary in connection with the 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).

After a review of the medical evidence submitted into the record, I find the treatment records admitted into evidence are reasonable and necessary treatment for the claimant's compensable lumbar spine injury. The respondents shall be responsible for the payment of that treatment. This is to include reimbursement to the claimant for out-of-pocket expenses and mileage per the Arkansas Workers' Compensation Act.

The claimant has asked the Commission to determine if he is entitled to temporary total disability benefits.

In order to be entitled to temporary total disability benefits, the claimant has the burden of proving by a preponderance of the evidence that he remains within his healing period and that he suffers a total incapacity to earn wages as a result of his compensable injury. *Arkansas State Highway & Transportation Department v. Breshears*, 272 Ark. 244, 613 S.W. 2d 392 (1981).

The claimant last worked for the respondent at the end of the first week of November 2024. It was the claimant's testimony that he was unable to continue doing the light duty work that was assigned to him by the respondent. The medical provider of the respondent's choice during that same time frame determined via APRN Banning that the claimant's back difficulties were not work related and returned the claimant to regular duty. However, the claimant did suffer a compensable lumbar spine injury and was in his healing period during that time frame. I find that the claimant was suffering a total incapacity to earn wages due to his compensable lumbar spine injury when he was no longer able to continue light duty work sometime around the end of the first week of November 2024. The claimant is entitled to temporary total disability benefits which shall begin the day after he last worked in November 2024 until a date yet to be determined.

From a review of the record as a whole, to include medical reports, documents, and other matters properly before the Commission, and having had an opportunity to hear the testimony of the witness and to observe his demeanor, the following findings of fact and conclusions of law are made in accordance with A.C.A. §11-9-704:

FINDINGS OF FACT & CONCLUSIONS OF LAW

1. The stipulations agreed to by the parties at the pre-hearing conference conducted on August 21, 2025, and contained in a Pre-hearing Order filed August 22, 2025, are hereby accepted as fact.

2. The claimant has proven by a preponderance of the evidence that he sustained a compensable lumbar spine injury on October 25, 2024.

3. The claimant has proven by a preponderance of the evidence that he is entitled to medical treatment for his compensable lumbar spine injury, including reimbursement for out-of-pocket expenses and mileage per the Arkansas Workers' Compensation Act.

4. The claimant has proven by a preponderance of the evidence that he is entitled to temporary total disability benefits beginning the day after he last worked for the respondent in November 2024 to a date yet to be determined.

5. The claimant has proven by a preponderance of the evidence that his attorney is entitled to an attorney's fee in this matter.

ORDER

The respondents shall pay the costs associated with the medical treatment for the claimant's compensable lumbar spine injury, including surgical intervention by Dr. Johnson. The respondents shall also be responsible for any out-of-pocket expenses of the claimant from said medical treatment, including mileage, as directed by the Arkansas Workers' Compensation Act.

The respondents shall pay the claimant temporary total disability benefits beginning the day after the last day the claimant worked in November 2024 to a date yet to be determined. That temporary total disability shall be paid at the appropriate rate which was not an issue brought before the Commission in this matter.

The respondent shall pay to the claimant's attorney the maximum statutory attorney's fee on the benefits awarded herein, with one-half of said attorney's fee to be paid by the respondent in addition to such benefits and one-half of said attorney's fee to be withheld by the respondent from such benefits pursuant to Ark. Code Ann. § 11-9-715.

All sums herein accrued are payable in a lump sum and without discount and shall earn interest at the legal rate until paid.

If they have not already done so, the respondents are directed to pay the court reporter, Veronica Lane, fees and expenses within thirty (30) days of receipt of the invoice.

IT IS SO ORDERED.

**HONORABLE ERIC PAUL WELLS
ADMINISTRATIVE LAW JUDGE**