

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F005665

ARONDA D. CRAWFORD, EMPLOYEE	CLAIMANT
EQUITY TRUCKING COMPANY, EMPLOYER	RESPONDENT
RELIANCE NATIONAL INSURANCE COMPANY and THE ARKANSAS PROPERTY & CASUALTY GUARANTY FUND, INSURANCE CARRIER/TPA	RESPONDENT #1
SECOND INJURY FUND	RESPONDENT #2

OPINION FILED MAY 25, 2005

Matter before Chief Administrative Law Judge David Greenbaum submitted on May 18, 2005, at Little Rock, Pulaski County, Arkansas.

Claimant represented by Mr. Richard Whiffen, Attorney-at-Law, Sikeston, Missouri.

Respondents #1 represented by Ms. Carol Lockard Worley and Ms. Melissa Ross-Criner, Attorneys-at-Law, Little Rock, Arkansas.

Respondent #2 represented by Mr. Terry Pence, Attorney-at-Law, Little Rock, Arkansas.

STATEMENT OF THE CASE

This claim has been submitted for determination based upon a stipulated record, together with legal briefs submitted by the parties. Although only a single issue has been submitted for adjudication, because the parties made arguments and comments in their briefs concerning imposition of sanctions, a partial procedural history is warranted. In addition, an attorney's fee lien has been filed by an prior attorney of record, which will be discussed for background purposes only. It must be pointed out that prior pleadings and filings by the parties are not a part of the record herein and are mentioned merely to clarify a confusing procedural

history. By necessity, all issues, save the sole issue agreed to by the parties, have been reserved for future determination. As always, it is hoped that the parties will be able to amicably resolve any remaining issues rather than require further litigation.

Prior to a claim being filed by the claimant, the employer and its insurance carrier (hereinafter referred to as "respondents #1") filed a First Report of Injury (Form A-1) as well as a controversion of the claim (Form AR-2), maintaining that the claimant's injury of April 20, 2000, did not arise out of and during the course of claimant's employment. Following failed attempts to set up a legal advisor conference and/or a mediation conference, the claim was assigned to an administrative law judge. At that time the claimant was acting *pro se*. The claimant subsequently retained the services of an attorney, the Honorable Kenneth A. Olsen, of Little Rock, Arkansas, who, by letter dated July 13, 2000, requested a hearing on compensability, medical expenses, and temporary total disability. A prehearing conference was conducted on September 12, 2000, and a Prehearing Order was filed on said date scheduling the matter for a formal hearing on November 9, 2000, with the primary issue being compensability. At the request of the respondents, without objection from the claimant, the November 9, 2000, hearing was cancelled and rescheduled for December 5, 2000. Immediately prior to the December 5, 2000, hearing, claimant's attorney advised that based upon additional records, submitted by respondents #1, additional discovery was necessary. In addition, Mr.

Olsen advised that the claimant was scheduled for additional back surgery which necessitated a continuance. Accordingly, the December 5, 2000, hearing was continued and the claim returned to open general files pending completion of additional discovery. By letter dated December 12, 2000, Mr. Olsen advised the Commission that he no longer represented the claimant; however, a lien for legal services was filed at that time. It must be noted that a part of the stipulated record includes the claimant's discovery deposition taken November 14, 2000, at which time the claimant was represented by Mr. Olsen. By letter dated January 19, 2001, claimant's current attorney of record, the Honorable Richard Whiffen, entered a Notice of Appearance while also requesting that the claim be continued for a minimum of ninety (90) days, while advising that the claimant had undergone additional surgery on December 12, 2000. The claim was then reassigned to the original administrative law judge who waited the requested ninety (90) days before sending new prehearing questionnaire requests to the parties on May 2, 2001. Upon receipt of the Prehearing Questionnaire, Mr. Whiffen again requested a continuance and relief from submitting the prehearing information filings because additional medical was necessary. Again, the claim was returned to open general files on May 16, 2001, pending further requests by the parties.

Attorney Whiffen, who practices in Sikeston, Missouri, subsequently associated the Honorable Keith Blackman, from Jonesboro, Arkansas, on the claim. No further action was taken until Mr. Blackman requested a hearing on permanent

disability by letter dated May 3, 2004. The claim was then assigned to this administrative law judge on May 12, 2004. Both a Preliminary Notice concerning mediation, as well as Prehearing Questionnaires were sent to the parties on May 12, 2004. Because claimant's attorneys failed to submit responses, the claim was again returned to general files on June 11, 2004. Respondents #1 next filed a Motion to Dismiss for failure to prosecute on October 8, 2004. In response, claimant's attorney submitted prehearing information filings requesting permanent total disability benefits, despite the fact that the original hearing request on compensability had yet to be adjudicated. An Order was filed October 12, 2004, denying respondents' Motion to Dismiss and giving respondents #1 until October 28, 2004, to file responses to the claimant's filings. The parties were further advised that in view of the amended issues, consideration might be appropriate to comply with amended Commission Rule 28 concerning joining additional parties. Respondents #1 then filed belated prehearing information filings, as well as noticed both the Death & Permanent Total Disability Trust Fund, and the Second Injury Fund as parties. Prior to the joinder of Special Funds, a prehearing conference was scheduled for January 5, 2005. By the time the conference was conducted, both the Second Injury Fund and the Death & Permanent Total Disability Trust Fund had been joined, and, in fact, participated at the prehearing conference. Because of the untimely joinder, as reflected in a January 5, 2005, Prehearing Order, it was necessary to allow the Special Funds additional time for supplemental discovery

and for all parties to submit amended filings. By agreement of the parties, another prehearing conference was scheduled for February 16, 2005. It should be noted that, in the interim, Attorney Blackman was elected as a District Judge and did not participate further.

A prehearing conference was conducted on February 16, 2005. Both the Second Injury Fund and the Death & Permanent Disability Trust Fund participated. A Prehearing Order was filed February 16, 2005. At the prehearing conference, the parties stipulated that the employment relationship existed between the claimant and respondents #1 at all relevant times, including April 19, 2000; that the claimant's average weekly wage was \$350.00, entitling her to compensation rates of \$233.00 per week for temporary total disability and \$175.00 per week for permanent partial disability; and that respondents #1 had controverted the claim in its entirety. It was further agreed that if compensability was overcome, that the claimant's healing period for the controverted injury ended March 28, 2002.

By agreement of the parties, the following issues were presented for determination:

- 1) Compensability.
- 2) The amount of permanent impairment attributable to the March 19, 2000, alleged injury.
- 3) The overall extent of claimant's permanent disability.

Claimant contended, in summary, that she sustained a compensable back injury as the result of a specific incident identifiable in time and place of occurrence

on or about April 19, 2000, that respondents #1 should be held responsible for all medical and related treatment, including, but not limited to surgeries, together with continued, reasonably necessary medical treatment; that she was entitled to temporary total disability benefits through March 28, 2002; that she sustained a forty-four percent (44%) whole body impairment as the result of her injury and subsequent surgeries which would be the responsibility of respondents #1; that she was permanently totally disabled or, alternatively, had sustained substantial wage-loss disability in excess of any permanent impairment rating; and that a controverted attorney's fee should attach to any benefits awarded.

The respondents #1 maintained that the claimant did not sustain a compensability injury on April 19, 2000; that the claimant was not engaged in employment related activities at the time of the incident, and was, therefore, not in the course and scope of employment, specifically asserting that the claimant was involved in horseplay at the time of the alleged incident and injury. In the event it was determined that the claimant sustained a compensability injury, respondents #1 contended that respondent #2 should be liable for all wage-loss disability. Concerning the claimed impairment rating, respondents #1 stated that the forty-four percent (44%) rating was not in conformity with the A.M.A. Guidelines, 4th Edition.

Respondent #2 acknowledged that it was liable for wage-loss disability in an amount equal to twenty-five percent (25%) to the body as a whole in excess of any anatomical impairment award assessed against respondents #1. Respondent #3,

(The Death and Permanent Total Disability Trust Fund), stated that since the Second Injury Fund acknowledged wage-loss disability, that it would accept whatever liability was ultimately established while requesting that it not be required to participate in the hearing concerning permanent disability, specifically accepting any determination made by the Commission as established by the evidence presented at the hearing.

By agreement of the parties, a hearing was scheduled for April 8, 2005, in Jonesboro, Arkansas.

Following further evaluation of this claim, respondent #2, by letter dated March 23, 2005, acknowledged its liability for permanent total disability benefits. Therefore, the only remaining issues concerned compensability of the claim, as well as the permanent impairment attributable to the alleged injury.

Next, by letter/fax dated April 1, 2005, respondents #1 advised, without explanation, that it now accepted compensability of the claim, including a sixteen percent (16%) impairment rating assigned by Dr. Eller. Since it was undisputed that respondents #1 had controverted the claim in its entirety, the sole remaining issue appeared to concern the dispute as to the appropriate impairment rating attributable to the now admitted injury.

Upon the Second Injury Fund's acceptance of permanent and total disability in this claim, an Order was entered April 4, 2005, dismissing the Death and Permanent Total Disability Trust Fund as a party respondent. The parties were

advised that the remaining issues would be addressed at the April 8, 2005, scheduled hearing.

Next, a prehearing telephone conference was conducted on April 7, 2005, to determine whether a formal hearing remained necessary. A Prehearing Order was filed on April 7, 2005. As reflected by the Prehearing Order, all parties agreed that the limited issue could be decided based upon a stipulated record, together with legal briefs, specifically, the parties agreed that the issue could be decided based on two (2) claimant discovery depositions, the medical reports of Dr. Gordon W. Eller and Dr. Joseph C. Boals, III, interpreting the A.M.A. Guidelines and assessing impairment, together with legal briefs submitted by the parties. By agreement of the parties, the following deadlines were established:

- 1) The claimant's depositions, as well as agreed upon medical reports, indexed and chronologically arranged by medical provider were to be submitted on or before April 15, 2005.
- 2) Briefs were to be submitted on or before May 10, 2005.
- 3) Response briefs, if necessary, were to be submitted on or before May 18, 2005, at which time the claim would be submitted based upon the aforementioned stipulated record.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

- 1) The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
- 2) On or about April 19, 2000, the claimant sustained a compensable injury arising out of and during the course of her employment with Equity Trucking

Company, at which time she earned sufficient wages to entitle her to compensation rates of \$233.00 per week for temporary total disability and \$175.00 per week for permanent partial disability.

- 3) The claimant's healing period ended March 28, 2002.
- 4) As the result of the claimant's compensable injury, and subsequent surgeries, she sustained a permanent impairment of twenty-five percent (25%) to the body as a whole which is the responsibility of respondents #1.
- 5) Respondents #1 are responsible for all hospital, medical, and related treatment as the result of claimant's compensable injury, including, but not limited to lumbar surgeries, together with continued, reasonably necessary medical treatment.
- 6) The claimant is permanently totally disabled within the meaning of the Arkansas Workers' Compensation laws and, therefore, entitled to appropriate permanent total disability benefits.
- 7) Respondent #2 has accepted liability for all wage-loss disability in this claim.
- 8) Respondents #1 have controverted this claim in its entirety.
- 9) All additional issues are, by necessity, specifically reserved.

DISCUSSION

The only genuine dispute presented for determination concerns the extent of permanent impairment attributable to the April 19, 2000, admitted injury.

As previously noted, the issue has been submitted based upon a stipulated

record, specifically, two (2) evidentiary depositions of the claimant taken November 14, 2000, and February 4, 2005, respectively, together with a joint packet of medical and related information consisting of fourteen (14) pages which were received in bound copy. Claimant's attorney and respondents #1's attorney each submitted a letter brief. Respondent #2 elected not to argue the issue. Although I found the claimant's discovery depositions to be interesting, they provided little probative value on the sole, remaining issue except to reflect the claimant's course of medical treatment and show her prior physical problems. The extent of claimant's permanent impairment turns primarily upon the medical opinion of record, together with the interpretation of the A.M.A. Medical Guidelines for Disability which will be set out further below.

The record reflects that the claimant has undergone three (3) surgeries on her lumbar spine, specifically, June 8, 2000, December 12, 2000, and May 29, 2001. In addition, the claimant also required a morphine pump as the result of continued pain. As reflected by the stipulations, claimant's healing period has long since ended. She has been evaluated for permanent impairment by three (3) different physicians, specifically, Dr. Gordon W. Eller, an orthopedic specialist with Orthopedic Associates in Cape Girardeau, Missouri, who was also the surgeon that performed the claimant's second and third back surgeries, Dr. Joseph C. Boals, III, who is a certified, independent medical examiner in Memphis, Tennessee, as well as Dr. John D. Brophy who evaluated the claimant following her release by Dr. Eller

at the request of the respondents #1 to assess permanent impairment. Dr. Brophy assessed a ten percent (10%) impairment which he attributed to the work-related injury while opining that he would not consider the increase in the rating to sixteen percent (16%) related to the fusion procedures performed by Dr. Eller to be work-related, but, rather, related to the pre-existing condition which Dr. Brophy conceded were aggravated by the work-related injury. Suffice it to say that Dr. Brophy's assessment of the causal relationship of the impairment is inconsistent with Arkansas Law. (Joint Medical Exhibit, pp.10-14)

In fact, after controverting the claim in its entirety, respondents #1, for unexplained reasons, later acknowledged that the claimant sustained a compensable injury while, at the same time, accepting a sixteen percent (16%) impairment rating assigned by Dr. Gordon Eller. A review of the Joint Medical Exhibit reveals that Dr. Eller initially assessed a thirty-five percent (35%) partial permanent disability related to the lumbar spine without explaining the difference between the sixteen percent (16%) impairment and the thirty-five percent (35%) impairment reflected in his May, 2002, office notes. (Joint Medical Exhibit, p.1)

The aforesaid ambiguous impairment rating was apparently in response to an April 15, 2002, letter with attached Table 75 of the A.M.A. Guides to the Evaluation of Permanent Impairment, 4th Edition. (Joint Medical Exhibit, pp.2-3)

In response, Dr. Eller stated that respondents' counsel's assessment would be accurate based solely upon strict guidelines provided. (Joint Exhibit, p.4)

The claimant relies upon an April 20, 2004, narrative report from Dr. Joseph C. Boals, III, which assessed an overall impairment of forty-four percent (44%) to the body as a whole. Dr. Boals' narrative report which contains a history of the claimant's course of medical treatment, his physical examination, review of the medical records, and assessment of claimant's impairment and need for continued treatment is set out in its entirety below:

CRAWFORD, ARONDA
3748 Ray Lane
Blytheville, AR 72315

4-20-04

PAST HISTORY: Previous hysterectomy, bladder repair. ALLERGIC TO PENICILLIN, CODEINE, LATEX TAPE. Presently takes Hydrocodone and Morphine.

CHIEF COMPLAINT: Injury to the back.

PRESENT ILLNESS: This 40 year old worked for the Equity Trucking Company. On 4-19-00 while at work she was leaning across a desk when an employee jokingly sat on her back causing injury. She was seen by Dr. Cullom a family doctor who took her off work. When she did not improve she saw Dr. Fields who performed a work up and then a surgical procedure on 6-9-00. After 5-6 months of follow up she was not improved and Dr. Fields suggested an exploratory procedure. Ms. Crawford refused to have that surgery and sought a second opinion from Dr. Eller. Dr. Eller performed surgery on 12-12-00 with a fusion procedure. Following this surgery she continued to have a pain syndrome. An additional Discogram was performed and Dr. Eller advised Ms. Crawford that she had a problem with the disc level above her fusion. A third operative procedure was performed on 5-29-01. When her pain syndrome continued a Morphine pump was inserted which she continues to use. She is now under the care of Dr. Soeter at the Poplar Bluff Pain Center. Ms. Crawford takes Hydrocodone on occasion along with the use of a Morphine pump. She states she has definitely improved somewhat following the last two surgeries. She does estimate that her pain with medication is a 6 on a scale of 1-10. There is constant tingling in the back of her legs and numbness in the anterior leg bilaterally. She is not working.

PHYSICAL EXAMINATION: Exam shows the following range of motion measured with an inclinometer: 2 degrees of flexion, 6 degrees of extension, 6 degrees of right lateral bend, 2 degrees of left lateral bend. There is numbness over the anterior lower leg bilaterally.

X-RAYS: AP and lateral lumbosacral spine show arthrodesis from L3 through S1 with multiple pedicle screws and attached bars.

REVIEW OF MEDICAL RECORDS: CT scan 8-22-97 showed central disc herniations at L4-5 and L5-S1. CT scan 5-2-00 showed central disc protrusion at L5-S1. MRI 6-5-00 showed central disc protrusion at L4-5 with a large central and right L5-S1 disc protrusion. Operative note 6-8-00 indicates an L5 disc was excised on the right. MRI 7-28-00 showed no evidence of a recurrent disc herniation. The post laminectomy findings were noted. Some superficial fluid collection was noted in the midline at the L3, L5 disc levels. Myelogram 9-11-00 showed post operative changes at L5-S1, a small disc herniation at L4-5 and some asymmetric soft tissue compatible with post op changes at L5-S1. CT scan 11-28-00 showed similar changes. Operative note 12-12-00 indicates a decompression laminectomy was performed at L4-5 with a posterolateral fusion and pedicle screw fixation from L4 through S1. Synthes bone spacers and autogenous graft material was utilized. CT/Myelogram 5-13-01 indicated status post surgical fusion from L4 through S1 with development of stenosis at the L3-4 level secondary to facet hypertrophy. Discogram 5-24-01 showed some extension of contrast at L3 posterolaterally to the annulus. Operative note 5-29-01 indicates that a decompressive laminectomy at L3-4 with neuroforaminotomy at L3-4 was done. Posterior lumbar interbody fusion was then accomplished with pedicle screw fixation making the fusion from L3 through S1.

DIAGNOSIS: Residuals from injury to the back requiring multiple operative procedures.

EVALUATION/RECOMMENDATIONS: Ms. Crawford has impairment based on the AMA Guides Fifth Edition and it is permanent. Since she has had multilevel surgical procedures requiring multiple operations the impairment will be assigned using the Range of Motion Model as instructed. Using instructions on page 403 the most significant impairing diagnosis of the primarily involved region would be the multilevel operative procedure that was performed. Under Table 15-7, page 404 a 12% impairment will be assigned for the first level of surgery under Section 4D. Additional impairments for the second and third operations would be 2% and 1% respectively. Since two additional levels were also operated on an additional 2% would be assigned. This total impairment equals 17% of the body as a whole for the diagnosis based estimate portion of the impairment.

Using Instruction 3 on page 403 this 17% impairment will be combined with impairments for range of motion loss and chronic pain syndrome. Applying the range of motion measurements made with an inclinometer to Tables 15-8 and 15-9 on pages 407 and 409 the overall impairment for motion loss equals 25% of the body as a whole. The estimated impairment for chronic pain syndrome which now requires a Morphine pump equals 10% of the body as a whole. Impairment for residual radiculopathy is not assigned since it is felt that it is included in the diagnosis based estimate.

Using the Combined Values Table on page 604 the overall impairment equals 44% of the body as a whole.

Ms. Crawford is essentially a back cripple. She is unable to work in my opinion. She should maintain a relationship with a physician to manager her pain medication and the Morphine pump which is in place. She should avoid prolonged walking, standing, stooping, squatting, bending, and excessive flexion, extension or rotation of the back. Her one time weight limit should be in the sedentary level and with no repetition. (Joint Exhibit, pp.5-7)

Dr. Boals' initial assessment of permanent impairment set out above is defective because first, he utilized the 5th Edition of the A.M.A. Guides rather than the 4th Edition, required under the Workers' Compensation Act, and, also, because he included a measured range of motion with an inclinometer which may come under the voluntary control of the claimant and also chronic pain as part of his assessment.

Respondents #1 correctly pointed out that the claimant has the burden to prove physical or anatomical impairment by objective and measurable, physical findings. A.C.A. §11-9-704(C)(1)(B). "Objective findings" are those findings that cannot come under the voluntary control of the patient. A.C.A. §11-9-102(16)(A)(i). Further, when determining physical or anatomical impairment ratings to the spine, the Commission may not consider complaints of pain, straight-leg-raising tests or

range-of-motion tests shall not be considered objective findings. A.C.A. §11-9-102(16)(A)(ii).

Respondents #1 assert that the Legislature has eliminated range-of-motion tests as a basis for physical or anatomical impairment ratings to the spine by definition. Respondents' #1 argument is partially flawed. The Legislature has eliminated range-of-motion as objective findings when they come under the voluntary control of the patient/claimant. However, I do not read the aforementioned sections to eliminate range-of-motion to the spine which can be documented by medical evidence and does not rely upon the patient.

The record reflects that the claimant underwent a multiple level arthrodesis procedure with metal instrumentation which caused a loss of spinal motion, specifically, from L3 through S1 with multiple pedicle screws and attached bars. This was confirmed by Dr. Boals by x-rays. Clearly, the multiple level arthrodesis is objective medical evidence and the loss of motion confirmed by medical evidence. This was made clear to respondents #1 in a June 30, 2004, follow-up report which utilized the appropriate A.M.A. Guidelines. The report is set out, in part, below:

I received your letter of June 14, 2004 requesting Ms. Aronda Crawford's impairment be rated under the AMA Guides Fourth Edition and in consideration of Rule 34 of the Arkansas Worker's [sic] Compensation Act. Keeping that rule in mind, Ms. Crawford's impairment under the AMA Guides Fourth Edition would be made as follows:

The impairment for the multilevel structural compromise with ongoing neurologic or motor compromise is assigned a 25% impairment to the whole person.

This is supported by DRE Lumbosacral Category V, page 102 and by Table 70, page 108. Structural compromise would be the multilevel fusion performed. Ongoing neurologic compromise is the radiculopathy evidenced by ongoing constant tingling in the back of her legs with numbness in the anterior leg bilaterally. When using the Fourth Edition in this manner the impairment rating is not well documented as in the newer Fifth Edition. No provision is made for the loss of motion present or the chronic pain syndrome which are significant functional losses.

It would also be possible [to] assign a 44% impairment rating to the body as a whole using the instructions in Chapter One, Section 1.3. Under that section the guides state "The physician's judgment and his or her experience, training, skill and thoroughness in examining the patient and applying the findings to guides criteria will be factors in estimating the degree of the patient's impairment." In an earlier paragraph the guides state "It should be understood that the guides does not and cannot provide answers about every type and degree of impairment." Since, at the printing of the Fourth Edition of the AMA Guides, very few spinal arthrodesis procedures were performed using pedicle screws and bars the Fourth Edition is limited in providing an answer for a complicated case such as Ms. Crawford's. The Fourth Edition of the guides does state in Section 1.5 that "the physician performing an impairment evaluation must provide more than a number or percentage. The physician should provide as comprehensive a medical picture of the patient as possible." This has been provided in my initial report. (Joint Exhibit, pp. 8-9) (Emphasis supplied)

I find that based upon the foregoing report, claimant is entitled to a twenty-five percent (25%) whole body impairment as the result of her three (3) surgeries, including a multilevel fusion. I agree with respondents #1 that pain, which was a portion of Dr. Boals' higher assessment, cannot be considered and, further, reliance, if any, on Section 1.5 of the Guides is not appropriate.

As previously noted, an attorney's fee lien has been filed in this claim which needs to be resolved prior to the disbursement of controverted attorney's fees. It is the fervent hope of this administrative law judge that the claimant's attorney and Mr. Olsen can quickly and amicably resolve that issue without necessity of

Commission intervention and additional proceedings. The parties have already resolved other issues, albeit belatedly. Any additional issues, not addressed herein, are, by necessity, specifically reserved.

AWARD

_____ Respondent #1, Arkansas Property & Casualty Guaranty Fund, is hereby directed and ordered to pay, to the claimant, temporary total disability benefits at the rate of \$233.00 per week beginning April 20, 2000, and continuing through March 28, 2002.

Additionally, respondents #1 are directed and ordered to pay, to the claimant, permanent impairment benefits at the rate of \$175.00 per week beginning March 29, 2002, and continuing for 112.5 weeks, representing a 25% whole body impairment consistent with the foregoing findings and conclusions.

All benefits having accrued, respondents #1 are to pay same in lump sum and without discount.

Respondent #2 is responsible for all wage-loss disability, having acknowledged that the claimant is entitled to permanent total disability benefits. It is also responsible for the difference between the permanent impairment rate and the total disability rate awarded herein.

Respondents #1 are further directed and ordered to pay and/or to reimburse the appropriate providers for all hospital, medical, and related treatment as the result of claimant's compensability injury, including, but not limited to prior lumbar

surgeries, together with continued, reasonably necessary medical treatment.

Additionally, respondents #1 having controverted the claim in its entirety, is responsible for the maximum statutory attorney's fee on this entire Award, one-half ($\frac{1}{2}$) to be paid by the respondents and one-half ($\frac{1}{2}$) to be paid by the claimant pursuant to A.C.A. §11-9-715.

Pending resolution of the attorney's fee lien, respondents should deduct and maintain in trust the full statutory attorney's fee to be distributed upon amicable resolution or further Orders of this Commission.

This Award shall bear interest at the legal rate until paid.

IT IS SO ORDERED.

DAVID GREENBAUM
Chief Administrative Law Judge