

**BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION**

**CLAIM NO. F505215**

<b>CLINT R. HARDIN, EMPLOYEE</b>	<b>CLAIMANT</b>
<b>MID-SOUTH MFG. INC., EMPLOYER</b>	<b>RESPONDENT</b>
<b>AMERICAN HOME ASSURANCE CO., CARRIER</b>	<b>RESPONDENT</b>

**OPINION FILED NOVEMBER 23, 2005**

Hearing before ADMINISTRATIVE LAW JUDGE ANDREW L. BLOOD, October 7, 2005, at Jonesboro, Craighead County, Arkansas.

Claimant represented by the HONORABLE RICHARD A. REID, Attorney at Law, Blytheville, Arkansas.

Respondents represented by the HONORABLE LEE J. MULDROW, Attorney at Law, Little Rock, Arkansas.

**STATEMENT OF THE CASE**

A hearing was conducted in the above-styled claim to determine the claimant's entitlement to additional workers' compensation benefits. On August 23, 2005, a pre-hearing conference was conducted in this claim, from which a Pre-hearing Order was filed. The Pre-hearing Order reflects stipulations entered by the parties, the issues to be addressed during the course of the hearing, and the parties' contentions relative to the issues. The Pre-hearing Order is herein designated a part of the record as Commission Exhibit. #1.

The testimony of Clint Hardin, the claimant, coupled with medical reports and other document comprise the record in this claim.

## DISCUSSION

Clint Hardin, the claimant, with a date of birth of January 11, 1984, is a high school graduate who resides in Marked Tree, Arkansas, and had been employed by respondents for approximately one and one-half years. On December 8, 2004, claimant suffered an injury to his back which serves as the basis for the present claim.

In describing the mechanics of the December 8, 2004, accident, claimant's testimony reflects:

I was driving a forklift and when I got off the forklift there was a plastic piece of mesh left in the aisle by another co-worker and when I was walking down the aisle, it was greasy and I slipped and fell on my back. (T. 7).

Claimant acknowledged that in 2003 he injured his back, however denies that it was as severe as the December 8, 2004, injury. Medical treatment was afforded to claimant following the accident by physicians, Drs. Brophy and Eichert, recommended by respondents. The testimony of the claimant reflects that there have been surgical recommendations by his treating physicians in the treatment of this back injury.

Claimant's testimony reflects that he is aware that Dr. Jim J. Moore, a Little Rock neurosurgeon, who he has seen on one occasion has recommended a course of treatment other than surgery. In explaining his preference to undergo surgery, claimant testified:

Because I've had the injections and I've tried medicines. It's been almost a year now. I'm just ready to get it over with. I like the way Dr. Eichert has described what the surgery would do. He told me what was involved and I just - that Neurontin that he put me on - I've heard a lot of bad things about it and I'm just ready to get it over with. (T. 8).

Claimant returned to light duty work in the employment of respondent on August 9, 2005.

Claimant testified regarding the impact of his injury on his ability to even perform light duty work:

No, I'm on light duty, and I have to take pain pills almost every day and I'm on light-duty, but it takes everything I've got to go up there and do light duty, but I couldn't see doing full duty right now. (T. 8).

Claimant's testimony reflects regarding his current symptoms attributable to the December 8, 2004, injury:

Lower back pain, in the middle of my back, and a lot of leg pain down my left leg. (T. 11).

Claimant notes that he continues to take medication as prescribed by Dr. Eichert.

Claimant explained that he is aware of the various recommendations of the out-of-state physicians that have reviewed his medical records at the request of respondents. With regard to the recommendations of Dr. Moore, claimant testimony reflects that he has undergone a myelogram with the contrasting CT scan.

A review of the medical in the record reflects that claimant was seen at the emergency room of St. Bernard's Regional Medical Center on December 8, 2004, following his injury at work. The attending emergency room physician, Dr. Kristi Statler, obtained a CT of lumbar spine on December 11, 2004, which disclosed the presence of questionable disc rupture. The study was technically limited due to the claimant's body habitus, and recommended that a lumbar myelography prior to any surgical intervention. (JX. #1, p. 3-4).

At the time of his December 8, 2004, discharge from the emergency room of St. Bernard's Regional Medical Center claimant was directed to follow up medical care with his family physician, Dr. Kim Saito. (JX. #1, p. 5). Claimant was also provided prescriptions for

Anaprox (Naproxen Sodium) and Vicodin (Hydrocodone & Acetaminophen) in the treatment of his back injury at the time of the December 8, 2004, emergency room discharge. (JX. #1, p. 6).

On December 13, 2004, claimant was seen by Dr. Saito in Marked Tree, pursuant to the directions of the St Bernard,s Regional Medical Center attending emergency physician, relative to his December 8, 2004, compensable back injury. A neurosurgical referral was made by Dr. Saito following the December 13, 2004, visit of the claimant. (JX. #1, p. 7-9).

The claimant was examined by Dr. Stephen J. Eichert, D.O., at Mid-South Neurosurgery, Inc., on December 21, 2004, pursuant to the December 13, 2004, referral of Dr. Saito. In his December 21, 2004, report relative to the evaluation Dr. Eicher noted:

. . . On December 8<sup>th</sup> , he slipped and fell and had back and left leg pain that is worse standing. His initial numbness has resolved. He is not weak. Symptoms are severe despite Naproxen and Lortab. He had a back injury two or three years ago while working for Great Dane who fired him. He was off work a couple of months and returned to work. He has not had intervening back problems. He is on no other medicine and is allergic to none. . . .

Height 6' 7", weight 335. Examination of head and neck is unremarkable. There are no orbital, cranial or carotid bruits. Heart is regular without an S3 or murmur. Lungs are clear. Abdomen soft. Extracocular movements are full. . . . Deep tendon reflexes are brisk. Plantar responses are flexor. There is no focal weakness or drift. Straight leg raising is positive on the left.

His MRI performed on 12/11/04 at St. Bernards Hospital reveals what may well be a C4-5 [L4-5] disk herniation centrally. There is some question about this because of the patient's size.

Clint Hardin has an acute lumbar radiculitis, which is posttraumatic and clearly related to his injury.

We are going to place him on prednisone and he will remain off work as He is temporarily totally disabled and I will see him back in this office in two weeks. (JX. #1, p. 10).

Claimant was seen in follow-up by Dr. Eichert on January 4, 2005. The office note regarding the afore visit reflects that while the claimant's back and leg pain was markedly better, it was still was not "right". The office note does reflect that the claimant was stable and that a course of physical therapy would be instituted. (JX. #1, p. 11-13).

Claimant underwent physical therapy at St. Bernard's Industrial Rehabilitation Center pursuant to the above recommendation. After detailing the progress and setbacks/flare-ups encountered by the claimant during physical therapy, a February 2, 2005, report of the physical therapist, Richard DeKok, to Dr. Eicher regarding the claimant recommended that he be returned to light duty work. (JX. #1, p. 21-22).

On February 10, 2005, claimant was evaluated by Dr. Terence P. Braden, III, D.O., regarding his compensable December 8, 2004, back injury, pursuant to the recommendation of Ms. Lillian Rawlings-Wall of Concentra Managed Care. After reciting a history of the claimant's injury, reviewing the prior pertinent medical records, and conducting a physical examination, the February 10, 2005, report of Dr. Braden concludes:

**SUMMARY:**

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1. Mr. Clint Hardin is a pleasant 21-year-old male who has bilateral back pain and left lower extremity pain.
  2. He has a pre-existing illness with the herniated disc at L5-S1.
  3. His CT scan shows a new level of injury at L4-5 with a perhaps central disc herination compromising both L5 nerve roots.

**PLANS:**

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1. I think that an MRI scan of the lumbosacral spine to be able to look better at his L4-5 area would be prudent. This will also give us the opportunity to look at the L5-S1 area and compare it to one that has been done previously.
  2. I think alternate duty is certainly appropriate with no lifting greater than 10 pounds, no bending, twisting, pushing, or pulling.

He is able to do sedentary activities with the ability to sit when needed or stand when needed.

3. Once I have the results of that scan, we'll be able to make a further assessment of what may be in his best interest including continued outpatient therapy, epidural steroid injections, etc.

The above was discussed with Mr. Hardin as well as his father who accompanied him throughout this entire visit. At the conclusion of the visit this was discussed in conference with Ms. Lillian Rawlings-Wall, his Nurse Case Manager. His physical findings as well as plan of care and treatment. (JX. #1, p. 26).

On February 14, 2005, claimant underwent the above recommended MRI of his lumbar spine at St Barnards Medical Center. The results reflect "moderately large central HNPs at levels L4 through S1", and "slight impingement of the L5 nerve roots bilaterally by the HNP at L4-L5" (JX. #1, p. 27-28).

In two (2) office notes of February 17, 2005, Dr. Braden relayed the results of his communications with the claimant and the Nurse Case Manager regarding the impact that driving the forklift was having on the claimant's symptoms and the decision to pursue conservative treatment measures in the form of epidural steroid injections. (JX. #1, p. 29-30). Dr. Braden authored a light duty release directing that the claimant not operate the forklift until further notice. (JX. #1, p. 31).

Claimant was again seen by Dr. Braden on February 22, 2005. The office note regarding the afore visit reflects, in pertinent part:

Mr. Hardin is accompanied during this visit by his father who accompanies him on all of his visits and his examinations.

Mr. Clint Hardin says very little during this visit today. His father does all of the talking. I presented to them that the MRI scan did show that he has a large disc at L4-5 on the scan result.

\* \* \*

Discussed with Mr. Hardin and Mr. Hardin the options that are available.

Option Number one is epidural steroid injections since he does have this disc, to see if it will give him any distinct improvement. This is not acceptable to Mr. Hardin, Sr. and Clint says very little but then he agrees with his father, he doesn't want to go through epidural steroids.

The other option is a neurosurgical referral for opinion. His father says, "I want this fixed". I explained to Mr. Hardin, Sr. that disc herniations often will regress with time given the appropriate treatment. He is not interested in this option. Clint again says very little during this visit.

Explained that I would be very happy to discuss with Ms. Lillian Rawlings-Wall referral to neurosurgery and they would decide then which neurosurgeon to see for his ongoing symptoms if they were not interested in a trial of epidural steroid injections.

\* \* \*

Ms. Lillian-Rawlings-Wall then met with me after this visit and conferenced regarding his complaints as well as the visit and what has been requested.

There is no further need for Mr. Hardin to see me in the office. There is nothing else that I have to offer him and this has been brought to the attention of Ms. Walls as well. We'll be happy to be involved if there is something I can identify but currently I cannot. (JX. #1, p. 32-33).

The evidence in the record reflects that following the claimant's discharge from the care of Dr. Braden, arrangements were made by the Nurse Case Manager for him to be evaluated by Dr. John D. Brophy, a Memphis, Tennessee neurosurgeon, on March 24, 2005, relative to the December 8, 2004, compensable injury. Conservative treatment measures were instituted by Dr. Brophy to include a referral to Dr. Phillip Green for lumbar epidural steroid injection, which claimant underwent on March 28, 2005. (JX. #1, p. 37-40). A March 29, 2005, office visit note of the claimant to Dr. Green reflects, in pertinent part:

Mr. Hardin presents 1 day pot-block. He states that last night, he had a significant increase in his low back pain with radiation to the left leg and a flushing of his face. He was frightened and went to the E.R. for an evaluation and was told that he was having a reaction to the block medications. He states however that today he is much improved and although he is no better than he was prior to the block, he is certainly no worse. He does not feel at this point in time that he has had a negative reaction to the block although he does think that he may have experienced some side effects from the medications. (JX. #1, p. 51).

The claimant was returned to the care and treatment of Dr. Brophy by Dr. Green following the March 29, 2005, visit.

Claimant was seen by Dr. Brophy on April 21, 2005. The clinic note relative to the visit reflects, in pertinent part:

Mr. Hardin reports no improvement in his pain since undergoing a lumbar epidural steroid injection at L4-5 and L5-S1 on 28 March, 2005. Based on an increase in pain, he required evaluation in the emergency room after the procedure. Today, his chief complaint is left lower extremity pain extending from the superior buttock to the calf. He also describes low back pain. He considers his leg pain worse than a month ago. He denies weakness or right side symptoms.

\* \* \*

RECOMMENDATIONS: Treatment options were again reviewed with Mr. Hardin and his father. We discussed the option of continued activity modification and alternative employment versus a second lumbar epidural steroid injection. Based on the severity of his pain and his difficulty tolerating light duty, he is considering surgical intervention. I suggested further evaluation with lumbar myelogram/CT scan to verify definite evidence of nerve root compression prior to considering surgical intervention. This procedure will be set up at Methodist Hospital. He will remain on his current light duty status and undergo follow-up evaluation upon completion of the myelogram to determine if further treatment is indicated. He was dispensed from the clinic Naprosyn 500 mg. i tab po b.i.d, #60 and Ultram 50 mg. i tab po q 6h prn, #60. He was also given a prescription for Lortab to be used at home only. (JX. #1, p. 53).

On April 29, 2005, claimant underwent the above diagnostic studies at Methodist Hospital. (JX.

#1, p. 56-58). Claimant was seen in follow-up by Dr. Brophy on May 9, 2005. The chart note relative to the visit reflects, in pertinent part:

Mr. Hardin continues to describe left lower extremity radicular pain extending from the left buttock to the calf. He underwent evaluation with lumbar myelogram/CT scan on 29 April, 2005. This study demonstrates a central L405 HNP slightly eccentric to the left potentially compressing the left L5 nerve root. There is also a shallow central HNP at L5-S1 without evidence of nerve root compression at this level.

These findings were reviewed with Mr. Hardin and his family. He was counseled that the indications for surgery are progressive weakness or pain in his left leg that he is unable to tolerate any further in terms of limitation of his activities after a reasonable trial of conservative management. Conservative options include continued activity modification to the extreme of alternative employment versus another lumbar epidural steroid injection. The left L4-5 discectomy procedure was described and the complications discussed. . . He has requested an opportunity to consider his options and will notify our office of his decision. He will remain on his current light duty status and will be cleared to return to work at full duty on 16 May, 2005. (JX. #1, p. 59).

Claimant was provided a prescription for Lortab by Dr. Brophy at the time of the May 9, 2005, visit.(JX. #1, p. 60). A restricted release authored by Dr. Brophy relative to the claimant in conjunction with the May 9, 2005, clinic visit noted that the claimant was to continue his current light duty “until 2<sup>nd</sup> opinion”. (JX. #1, p. 61). Other releases authored by Dr. Brophy released the claimant to return to full duty on May 16, 2005. (JX. #1, p. 62-63).

On May 24, 2005, claimant was again seen by Dr. Eichert. The May 24, 2005, report of Dr. Eichert regarding the claimant’s visit reflects that he was aware of the medical treatment that the claimant had received since last having been seen by Dr. Eichert. The May 24, 2005, report further reflects, in pertinent part:

. . . . Today he has no discrete weakness. Straight leg raising is positive on the left. There is no reflex asymmetry. His myelogram and post myelo-

gram CT performed at Methodist Central on 04/29/05 reveals a left paramedian L4-5 disk herniation.

He has a chronic lumbar radiculitis due to his work injury and for this reason we discussed endoscopic lumbar discectomy with him and his dad. Risks, benefits, and alternatives were discussed. These included, but were not limited to infection, bleeding, pain, weakness, thrombophlebitis, and recurrence. They have requested that we proceed with surgery. We will schedule this at his earliest convenience. (JX. #1, p. 64).

Respondents submitted the claimant's medical records to two (2) other physicians and solicited their opinion regarding the medical necessity of the procedure recommended by Dr.

Eichert. A June 8, 2005, correspondence of Dr. William D. Abraham, reflects, in pertinent part:

. . . In the absence of physician discussion, I am unable to recommend the endoscopic lumbar discectomy in this 21-year-old male without evidence of neuro compression and noncompliance with treatment. Physician discussion would be of benefit regarding the claimant's objective findings on examination and willingness to be an active participant in rehabilitation. (JX. #1, p. 66).

A June 28, 2005, correspondence of Dr. Michael W. Weiss, reflects in pertinent part:

Based on a review of the medical records the request for the endoscopic lumbar discectomy is not recommended as medically necessary. . . . . It also appears that the claimant was seen by physicians other than Dr. Eichert according to his 05/24/05 letter but none of those records have been forwarded for review. This information would be helpful to determine their opinion regarding surgical intervention for this claimant. . . . (JX. #1, p. 67).

The correspondence reflects that Dr. Weiss is a board certified orthopedic surgeon licensed in the state of Pennsylvania. The record is silent with respect to the medical speciality of Dr. Abraham.

A August 12, 2005, chart note of Dr. Brophy relative to the claimant, generated pursuant to an inquiry of the claimant's attorney reflects, in pertinent part:

. . . As stated in previous notes, Mr. Hardin has complained of back and

left leg pain for several months. He has undergone standard conservative treatment. Based on his persistent pain, he is apparently now requesting surgical intervention. Based on his symptoms and the findings of lumbar myelogram/CT scan from April 2005, he is considered a candidate for surgical intervention. (JX. #1, p. 68).

On September 6, 2005, claimant underwent a neurosurgical evaluation under the direction of Dr. Jim J. Moore, a Little Rock, Arkansas neurosurgeon, at the request of respondents. The September 6, 2005, report of Dr. Moore reflects a history of the claimant's December 8, 2004, compensable back injury as well as medical treatment received relative to same as well as the result of the physical examination conducted by Dr. Moore. The September 6, 2005, report concludes:

I am unwilling to make a definite commitment on this patient until I have had an opportunity to review his MRI and myelogram and this is going to require the films rather than the CT. If this could be made available I would be happy to submit a supplemental report. At this time, however, there are a number of factors that would be against surgery of any sort in decompressing the nerve at the L4/5 level. Specifically he has not had a selective nerve block nor has he had the use of Gabapentin or Neurontin to see if nerve pain could be benefitted. The patient has a TENS unit which doesn't help him. The mechanics of the injury did not include axial loading that would be more likely to injure the disc than his description of the fall.

DIAGNOSIS: Lumbar HNP. (JX. #1, p. 70).

Dr. Moore provided a supplemental report of September 27, 2005, after receipt of additional material from St. Bernards Medical Center relative to the claimant. Specifically a CD was provided. The September 27, 2005, report of Dr. Moore provides:

I have been provided a CD from St. Bernard's Medical Center although I had requested films. In any event there are two MRI's. There is an MRI and a CT on this. The CT of 2-11-04 and the MRI of 2-14-05. Both of these were looked at with one of the radiologists here in town. The axial views do demonstrate a fairly good bulging at L4/5 central and

slightly to the left with good exiting of the nerve roots with only a possible brushing of the left L5 root. There is also a bulge somewhat less intense at L5/S1 showing non evidence of nerve root compromise.

A surgical excision should be determined all factors being considered. This patient's type of injury and my initial report would suggest some suspect. The patient is neurologically intact. He has not had a trial with Neurontin which frequently will give good nerve relief. I am concerned that this patient and his father may have unrealistic expectations so far as what surgery can accomplish. Therefore, I am wondering whether or not it might not be appropriate to consider one additional diagnostic study on this patient specifically a diskogram with contrasted CT to follow to pursue if the Neurontin is unsuccessful in giving relief. This patient's size is going to make his potential surgery a considerable challenge. (JX. #1, p. 71).

Responsive to September 30, 2005, inquiry from respondents' attorney, Dr. Moore clarified the order of his recommendations relative to the treatment of the claimant's complaints. The order of the recommendations, pursuant to the indications of Dr. Moore is Neurontin, a diskogram, and a contrasted CT scan. (JX. #1, p. 72).

After a thorough consideration of all of the evidence in this record, to include the testimony of the claimant, review of the medical reports and other documentary evidence, application of the appropriate statutory provisions and case law, I make the following:

#### **FINDINGS**

1. The Arkansas Workers' Compensation Commission has jurisdiction of this claim.
2. On December 8, 2004, the relationship of employee-employer-carrier existed among the parties.
3. On December 8, 2004, the claimant earned wages sufficient to entitle him to weekly compensation benefits of \$379.00/\$253.00, for temporary total/permanent partial disability.

4. On December 8, 2004, the claimant sustained a low back injury arising out of and in the course of his employment.

5. The surgery recommended in the treatment of the claimant's compensable December 8, 2004, back injury is reasonably necessary treatment in connection with the injury.

6. The respondent shall pay all reasonable hospital and medical expenses arising out of the injury of December 8, 2004.

7. The respondents have controverted the claimant's entitlement to recommended low back surgery relative to the compensable December 8, 2004, injury.

### **CONCLUSIONS**

The compensability of the claimant's December 8, 2004, compensable low back injury is not disputed. Claimant has provided specific details of the mechanics of the injury which serves as the basis of the present claim. Before the commission at this juncture is the claimant's request for medical treatment in the form of surgery in connection with his compensable injury.

Respondents take the position that low back surgery is not medically indicated and does not constitute reasonably necessary treatment.

The present claim is one governed by the provisions of Act 796 of 1993, in that claimant asserts entitlement to workers' compensation benefits as a result of an injury having been sustained subsequent to the effective date of the afore provision. Ark. Code Ann. §11-9-508 requires employers to provide such medical services as may be reasonably necessary in connection with the employee's injury. *Cox v. Klipsch & Associates*, 71 Ark. App. 433, 30 S.W.3d 764 (2000). The claimant bears the burden of proving, by a preponderance of the evidence, that additional medical treatment is reasonably necessary in connection with his

compensable injury of December 8, 2004. Additionally, whether a medical procedure or device is reasonable and necessary treatment is a question of fact.

In the instant claim, following the December 8, 2004, compensable injury to his low back, the accident was reported to appropriate supervisory personnel of respondent by the claimant. Medical treatment was received by the claimant at the emergency room of St. Bernards Medical Center. The emergency room report reflects the claimant's history of his injury, to include the mechanics thereof:

Pt is a 20 y/o wm that presents after falling at work. States that he Stepped on a piece of plastic and his feet slid out from under him. Landed flat on his back. States he had some L arm and shoulder pain earlier, but has improved. Now having low back pain and some radiation of pain into his L leg. (JX. #1, p. 1).

The claimant's December 8, 2004, injury has been diagnosed as a herniated disc at L4-5. The credible evidence in the record reflects that claimant has remained symptomatic since sustaining the compensable injury. Further, the credible evidence discloses that the claimant has been compliant with respect to the medical treatment of his physicians and medical providers.

Claimant has undergone an adequate and appreciable period of conservative treatment relative to his compensable injury, to include physical therapy, medication, and epidural steroid injections. Two (Drs. Eichert and Brophy) of the three competent neurosurgeons to have hands-on contact with the claimant have recommended surgery in connection with the treatment of the claimant's compensable injury. Further, a review of the evidence in the record reflects extensive diagnostic studies have been conducted relative to the claimant. Dr. John Brophy is a Memphis neurosurgeon frequently utilized by respondents relative to work-related injuries. Based on this examiner's experience Dr. Brophy is best categorize as conservative in his medical treatment of

patients. The fact that the claimant was referred by Dr. Brophy to Dr. Phillip Green for the epidural steroid injections bespeaks the conservative character of Dr. Brophy's treatment approach. Nonetheless when the claimant was unable to obtain relief of his symptoms as a result of treatment measures of Dr. Green, he was returned to the care of Dr. Brophy, who performed further diagnostic studies. The August 12, 2005, chart note of Dr. Brophy displays the basis for the recommendation for surgical intervention in connection with the claimant's compensable December 8, 2004, injury.

It is noteworthy that in his August 12, 2005, chart note Dr. Brophy referenced the claimant's history in connection the results of the April 29, 2005, diagnostic studies obtained at his directions in concluding that the claimant was "considered a candidate for surgical intervention". (JX. #1, p. 68). It is further noted that claimant has been seen on multiple occasions relative to his compensable injury by both Dr. Eichert and Dr. Brophy. Claimant was seen on only one occasion by Dr. Moore, who has recommended a continued conservative treatment modalities. Claimant has already undergone medication therapy, to include Vicodin (Hydrocodone and Acetaminophen), Naprosyn, Ultram, and Lortab.

The evidence preponderated that the surgical intervention recommended by Dr. Stephen Eicher and Dr. John Brophy, is reasonably necessary medical treatment in connection with the claimant's December 8, 2004, compensable injury. Further the claimant has remained symptomatic relative to the compensable injury despite having complied with conservative treatment measures such that surgery intervention is warranted at this time. Respondents have controverted the claimant's entitlement to the surgery as recommended by his treating and examining physicians.

**AWARD**

Respondents are herein ordered and directed to pay all reasonable related medical, hospital, nursing, and other apparatus expenses, to include recommended surgical intervention and medical related travel growing out of the claimant's compensable injury of December 8, 2004.

The claimant's attorney is entitled to fees for legal services pursuant to Ark. Code Ann. §11-9-715 (Repl. 2002), and based upon any indemnity benefits which may derive from the awarded surgical intervention.

This award shall bear interest at the legal rate pursuant to Ark. Code Ann. §11-9-809, until paid.

Matters not addressed herein are expressly reserved.

**IT IS SO ORDERED.**

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**Andrew L. Blood, Administrative Law Judge**