

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. F012020

CAROLYN SUE HAMMONS,
EMPLOYEE

CLAIMANT

WEST FORK HIGH SCHOOL,
EMPLOYER

RESPONDENT

RISK MANAGEMENT RESOURCES,
INSURANCE CARRIER

RESPONDENT

OPINION FILED AUGUST 7, 2003

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

Claimant represented by HONORABLE STEPHANI BRADY JUNGMEYER,
Attorney at Law, Fayetteville, Arkansas.

Respondents represented by HONORABLE CURTIS L. NEBBEN,
Attorney at Law, Fayetteville, Arkansas.

Decision of the Administrative Law Judge: Affirmed in part
and reversed in part.

OPINION AND ORDER

The respondents appeal an opinion and order filed by
the Administrative Law Judge on September 17, 2002. In that
opinion and order, the Administrative Law Judge found that
the claimant is entitled to both additional medical
treatment after the respondents denied further treatment on
January 17, 2002, and to additional temporary total
disability compensation for the period beginning on December
2, 2001 and continuing at least through the date of the
hearing held on September 4, 2002 (i.e., continuing to a
date yet to be determined).

After conducting a de novo review of the entire record, we affirm the Administrative Law Judge's award of additional medical treatment but reverse the Administrative Law Judge's award of additional temporary total disability after December 2, 2001.

TEMPORARY TOTAL DISABILITY COMPENSATION

Entitlement to temporary total disability benefits for an unscheduled injury requires a claimant to satisfy a two-prong test: (1) The claimant must be within her healing period and, (2) the claimant must be completely incapacitated from earning wages. Arkansas Highway & Transportation Department v. Breshears, 272 Ark. 242, 613 S.W.2d 392 (1981). The healing period is defined as that period for healing the injury, which continues until the claimant is as far restored as the permanent nature of the injury will allow. Nix v. Wilson World Hotel, 46 Ark. App. 303, S.W.2d 457 (1994). In the event that the underlying condition has stabilized and there is no additional treatment that will improve the claimant's condition, the healing period has ended. Id.

With regard to the claimant's capacity or incapacity to work after December 2, 2001, the respondents seem to suggest

on appeal that the claimant is simply not interested in returning to work. On the other hand, the Social Security Administration has found the claimant totally disabled. Dr. Moffitt indicated that the claimant cannot return to work. In addition, not only did Dr. Money indicate on March 15, 2002 that the claimant could not return to work, he also documented the presence of right parathoracic muscle spasms which clearly refutes the respondents' suggestion that the claimant is a malingerer who is simply not interested in returning to work, since both the Workers' Compensation Commission and the Arkansas courts recognize muscle spasms as an objective indicator of persistent pain.

Nevertheless, we find that the preponderance of the evidence in the record establishes that the claimant's medical condition in her thoracic spine was "permanent" (i.e., as far restored as the permanent nature of her injury would permit) by at least December 2, 2001 when the respondents last paid temporary disability compensation.

In reaching this conclusion, we note that the claimant's attorney suggests in his brief on appeal that the claimant's condition cannot be stable because her reported symptoms are worsening over time. In the alternative, the claimant's attorney argues that the claimant's condition

cannot be stable because she has not had a "clear diagnosis".

To the extent that the claimant's attorney suggests that the claimant has not been provided adequate diagnostic testing to determine the nature of her injury, we note that the respondents provided at least the following diagnostic testing that the claimant underwent prior to December 2, 2001: (1) lumbar MRI on September 20, 2000; (2) thoracic x-rays on October 9, 2000; (3) bone scan on December 12, 2000; (4) bone scan on December 19, 2000; (5) thoracic MRI with and without contrast on February 26, 2001; (6) thoracic MRI with and without contrast on April 17, 2001; (7) thoracic CT scan on July 5, 2001; (8) bone scan on July 5, 2001; (9) thoracic MRI on August 3, 2001; (10) bone scan on October 4, 2001; and (11) thoracic CT scan on October 4, 2001.

In addition to these diagnostic tests, Dr. Moffitt ordered some type of parathyroid testing in August of 2001, and Dr. Boxell indicates that the claimant also underwent some type of testing to rule out osteoporosis and multiple myeloma before September 4, 2001.

In addition to the diagnostic testing discussed above, we note that Dr. Erdem at UAMS also performed a biopsy and a vertebroplasty on the T8 vertebrae using cement on October

15, 2001. Notably, the vertebroplasty was the only treatment of record which was provided to improve the underlying nature of the claimant's admittedly compensable T-8 compression fracture. However, the claimant has apparently received no relief from her symptoms as a result of that procedure, and the procedure therefore did not have its intended effect.

After the respondents quit paying the claimant's TTD in 2001 and her medical on January 17, 2002, the claimant has undergone additional diagnostic testing (at a much lesser frequency than when the respondents were paying), including: radiographs on February 13, 2002; a bone scan on July 15, 2002; and apparently a myelogram and post myelogram CT with no report in the record performed in July of 2002. No physician has proposed any additional medical treatment after December 2, 2001 to improve the permanent nature of the claimant's thoracic vertebrae injury as a result of any of this diagnostic testing. Dr. Valley did on August 28, 2002 seek preauthorization for a four-day trial of intraspinal narcotic treatment. However, this is for management of persistent pain and not a type of treatment which would improve the permanent nature of the claimant's T-8 compression fracture injury itself.

In summary, in light of the numerous documented diagnostic tests performed prior to December 2, 2001, and the lack of any new abnormalities being discovered based on any additional/repeat diagnostic tests performed after that date, we cannot agree with the claimant's attorney's suggestion on appeal that the claimant has been provided inadequate diagnostic testing to identify her injury. The parties stipulated that the claimant sustained a T-8 compression fracture, and the last treatment performed with the intention of improving the underlying nature of that injury was a vertebroplasty performed on October 15, 2001. Unfortunately, the claimant continues to experience chronic pain as a result of her injury. However, the persistence of pain, by itself, is not sufficient to extend the healing period. Since the claimant has not received any treatment, nor been proposed any treatment after December 2, 2001, intended to improve the permanent nature of her T-8 injury, we find that the preponderance of the evidence establishes that the claimant's healing period ended at least by December 2, 2001. Therefore, the Administrative Law Judge's award of temporary disability compensation after that date must be reversed.

ADDITIONAL MEDICAL TREATMENT

However, the Commission has long interpreted that medical treatment intended to reduce pain or enable an injured worker to cope with chronic pain attributable to a compensable injury may constitute reasonably necessary medical treatment. See generally, Georgia-Pacific Corp. v. Dickens, 58 Ark. App. 266, 950 S.W.2d 463 (1997); Artex Hydrophonics, Inc. v. Pippin, 8 Ark. App. 200, 649 S.W.2d 845 (1983); Tiner v. Total Petroleum, Full Workers' Compensation Commission, Opinion filed April 3, 2003 (W.C.C. F104990). In addition, an employer may remain liable for medical treatment reasonably necessary to maintain a claimant's condition after the healing period ends. Artex Hydrophonics, Inc. v. Pippin, 8 Ark. App. 200, 649 S.W.2d 845 (1983).

In the present case, the claimant's authorized treating physician, Dr. Green, explained on December 19, 2000 that a compression fracture is a painful injury although not a serious injury. As discussed above, on March 15, 2002, some two months after the respondents cut off the claimant's access to medical treatment, Dr. Money documented the presence of continuing right parathoracic muscle spasm and indicated that a return to work is not feasible for the

claimant. As further discussed above, the Social Security Administration has likewise found the claimant totally disabled.

The claimant's treating physicians, whom she apparently began seeing after the respondents cut off her access to authorized medical treatment in January of 2002, have ordered additional radiographs on February 13, 2002, a bone scan on July 15, 2002, apparently a myelogram and post myelogram CT in July of 2002, and perhaps a repeat MRI.

We note that the record does not contain expert testimony indicating that the additional diagnostic tests performed after January 17, 2002 were either unreasonable, excessive, or inappropriate for the nature of the claimant's admittedly compensable thoracic injury and her documented persistent thoracic symptoms. Absent any expert medical evidence to the contrary, and in light of the nature and frequency of the diagnostic testing which the claimant's physicians ordered prior to the respondents' termination of additional medical treatment on January 17, 2002, and particularly in light of the objective parathoracic muscle spasms documented by Dr. Money on March 15, 2002 indicative of a persistent injury after the respondents terminated medical treatment, we affirm the Administrative Law Judge's

finding that the additional medical treatment at issue that the claimant has received after January 17, 2002 is in fact reasonably necessary for treatment of her persistent thoracic condition.

In reaching this conclusion, we note that the respondents and one Commissioner seem to place great emphasis on Dr. Boxell's November 21, 2001 letter to Ms. Morgan at Risk Management Resources, in response to a question, where Dr. Boxell indicated that the claimant would not be considered permanently disabled purely because of pain.

As we interpret Dr. Boxell's statement in that letter, however, we interpret the statement about disability and pain to mean that the claimant would not be entitled to a permanent disability rating solely because of pain under whatever rating system that Dr. Boxell uses. That would certainly appear to be an accurate interpretation of Arkansas law, since Arkansas law does not consider complaints of pain in assigning impairment ratings. On the other hand, nothing in Dr. Boxell's letter specifically indicates to us that Dr. Boxell was opining that the claimant should not be entitled to ongoing pain management or to follow-up diagnostic testing as her treating

physicians deem appropriate. Finally, even if we have misinterpreted Dr. Boxell's statement regarding a lack of permanent disability, we note that, when the issue of permanent disability comes before the Commission (which it is not at this time), the Commission has a duty to itself review the AMA Guides to determine what degree of permanent anatomical impairment an injured worker has sustained, and pursuant to Table 75, Section I on page 3/113 of the 4th Ed. of the AMA Guides, a person with compression of one vertebral body in the thoracic spine sustains a permanent impairment of the whole body of between 2% and 5%, depending on the degree of the compression. Therefore, with regard to the claimant's entitlement or lack of entitlement to ongoing medical treatment after her healing period arguably ended for purposes of temporary total disability benefits, our review of the AMA Guides and Dr. Money's notation of muscle spasm both bely the respondents' argument that the claimant's injury somehow resolved along with any need for additional medical treatment prior to the date that the respondents cut off medical benefits on January 17, 2002.

Therefore, after conducting a de novo review of the entire record, and for the reasons discussed herein, we affirm the Administrative Law Judge's award of additional

medical treatment after January 17, 2002 but reverse the Administrative Law Judge's award of additional temporary total disability after December 2, 2001.

All accrued benefits shall be paid in a lump sum without discount and with interest thereon at the lawful rate from the date of the Administrative Law Judge's decision in accordance with Ark. Code Ann. § 11-9-809 (Repl. 2002). For prevailing in part on this appeal before the Full Commission, claimant's attorney is hereby awarded an additional attorney's fee in the amount of \$250.00 in accordance with Ark. Code Ann. § 11-9-715 (Repl. 1996).

IT IS SO ORDERED.

OLAN W. REEVES, Chairman

Commissioner Turner concurs in part and dissents in part.

CONCURRING AND DISSENTING OPINION

_____ I must concur in part and dissent in part from the principal opinion, which affirms in part and reverses in part the decision of the Administrative Law Judge. Specifically, I concur in the principal opinion's affirmance of the Administrative Law Judge's determination that claimant is entitled to additional medical treatment for her compensable injury. However, I respectfully dissent from

the principal opinion's reversal of the Administrative Law Judge's determination that the claimant is entitled to temporary total disability benefits from December 2, 2002 to a date yet to be determined.

I respectfully concur in part and dissent in part.

SHELBY W. TURNER, Commissioner

Commissioner Yates concurs in part and dissents in part.

CONCURRING AND DISSENTING OPINION

I must concur in the part and dissent in part from the majority's opinion. Specifically, I concur in the finding that the claimant is not entitled to additional temporary total disability benefits. However, I must respectfully dissent from the majority's finding that the claimant proved by a preponderance of the evidence that she was entitled to additional medical treatment for her compensable back injury. Based upon my de novo review of the record, I find that the claimant has failed to meet her burden of proof.

The claimant has the burden of proving by a preponderance of the credible evidence that medical

treatment is reasonable and necessary. Norma Beatty v. Ben Pearson, Inc., Full Commission Opinion, Feb. 17, 1989 (D612291); B.R. Hollingshead v. Colson Caster, Full Commission Opinion, Aug. 27, 1993 (D703346). Employers are only liable for medical treatment and services which are deemed reasonably necessary for the treatment of employees' injuries. DeBoard v. Colson Co., 20 Ark. App. 166, 725 S.W.2d 857 (1987). In workers' compensation cases, the burden rests upon the claimant to establish his/her claim for compensation by a preponderance of the evidence. Kuhn v. Majestic Hotel, 50 Ark. App. 23, 899 S.W.2d 845 (1995); Bartlett v. Mead Container Board, 47 Ark. App. 181, 888 S.W.2d 314 (1994). When assessing whether medical treatment is reasonably necessary for the treatment of a compensable injury, we must analyze both the proposed procedure and the condition it is sought to remedy. Deborah Jones v. Seba, Inc., Full Commission Opinion, Dec. 13, 1989 (D512553).

In my opinion, a review of the medical evidence indicates that the claimant's overall condition has not changed since September 11, 2000. The claimant has seen numerous physicians. During her deposition, the claimant was questioned about whether or not the pain had gotten to a

point where it has not changed for a period of time. The claimant responded:

The pain has stayed the same almost all the time. I've had some good days -- maybe like I've had a week where I've had a couple of real, real, good days where I thought 'oh boy', it's okay now but the next day I knew it wasn't.

The claimant now contends that her condition has gradually declined since the date of the accident. However, this is in direct contradiction to her prior deposition testimony and what she told her treating physicians.

During an examination with Dr. Morse on September 20, 2000, he had the opportunity to review an MRI that had been conducted on the claimant. Dr. Morse found that the spinal cord appeared normal and that there was no evidence of disc herniation or neural element compromise. The claimant's next examination occurred in early October, 2000, when Dr. Danks ordered x-rays of the claimant's spine. Dr. Pope read the x-ray and noted that thoracic spine alignment was normal and that there were no fractures or bony lesions present on the claimant's spine. On October 12, 2000, Dr. Danks ordered another MRI of the claimant's spine and found, as did Dr. Morse, that the MRI was unremarkable. The first three doctors who examined the claimant by multiple MRIs, x-

ray, and "traditional" examinations, found between them that the claimant's spine was "unremarkable" that her alignment was normal, and that there was "no evidence of disc herniation or neural element compromise."

From October 12, 2000, through November 28, 2000, the claimant continued to experience back pain. In fact, Dr. Moffitt noted in his report of November 16, 2000, that the claimant stated that she had experienced "persistent pain" since her injury. The claimant also conveyed to treating physical therapists that she continued to experience "constant" pain. Additionally, Dr. Moffitt noted Dr. Danks' earlier finding that she did not have any type of neurological lesion present. The claimant was able to drive and, in fact, "bent over while driving in the car to put something in a sack and had a recurrence of her symptoms."

In December, 2000, Dr. Green ordered a bone scan of the claimant. Dr. Green's initial opinion was that this bone scan showed no lesions or compression. In a subsequent report, Dr. Green stated there was the possibility of compression or a compression fracture. However, Dr. Green concluded his report by stating that ultimately the claimant must have an increasing ability and willingness to do greater activities and that re-entry into a full healthy

state would require a lot of effort on the part of the claimant.

In January, 2001, the claimant continued to complain to Dr. Moffitt about experiencing good and bad days. During this visit, the claimant also indicated that while "work[ing] with her Christmas lights" the claimant twisted and felt pain occur in her back. The claimant returned to work on or about February 1, 2001, and alleged that upon her return to work, she continued to experience back pain.

A thoracic spine MRI was conducted on the claimant by Dr. Harris on February 26, 2001. Dr. Harris noted that the thoracic cord and conus medullaris were "unremarkable." Additionally, Dr. Harris opined that the claimant may be experiencing generalized sclerosis and that she had mild degenerative disc changes occurring in her spine. Dr. Moffitt also had the opportunity to review this MRI and noted that there did not appear to be a compression fracture. Another thoracic spine MRI was conducted on April 17, 2001. Dr. Pope read the results of this MRI and noted that there were no expansile or destructive bony lesions, that spine alignment was normal, and that her pain was probably related to sclerosis in the vertebrae. On May 1,

2001, because the claimant had been diagnosed with sclerosis of the vertebrae, Dr. Money prescribed a duragesic patch to her.

On August 2, 2001, almost a year after her injury, Dr. Moffitt noted that "[s]he is really no better than she was" and that he still had not managed to achieve a definite diagnosis of the cause of the claimant's pain. The following day, Dr. Pope read the results of yet another thoracic spine MRI conducted upon the claimant. Once again, Dr. Pope identified mild disc degeneration, no evidence of an expansile or destructive process and stated that the MRI suggested sclerotic process. Also of note is the fact that after reviewing the December 2000 bone scan, a February 2001 examination, and his prior April 2001 bone scan, Dr. Pope stated there was,

very little change. The hypointensity throughout the vertebrae has remained stable in its appearance. This small focus of relative hyperintensity or focus that is isointense with other normal vertebrae may be a little smaller on current exam, when compared with that prior study. There is certainly no evidence of an aggressive lesion[s] that has progressed in interval.

It is clear from Dr. Pope's review of multiple bone scans, MRI's, and reports, that he is of the opinion

that the claimant had stabilized and that, if she had not stabilized, Dr. Pope has identified sclerosis or degenerative disc disorder as the source of her pain, not trauma.

The claimant was sent by the respondents to Dr. Boxell in Tulsa, Oklahoma, for an independent medical examination. Dr. Boxell's initial report reinforced the earlier findings or opinion of Dr. Moffitt who stated they did not have a definite diagnosis of the claimant. More specifically, in his three-page report, Dr. Boxell stated he was not sure what the source of the claimant's pain was at that time. However, Dr. Boxell identified other potential sources for the pain and, accordingly, ordered a CT scan or bone biopsy to see if she had an inflammatory or tumorous process in the vertebrae. If the biopsy results were negative, Dr. Boxell stated the claimant would have probably reached maximum medical improvement. Additionally, Dr. Boxell was not of the opinion that the claimant's condition was trauma related.

While Dr. Boxell awaited the results of his biopsy, the claimant presented to Drs. McAlister and Moffitt. Dr. McAlister conducted a total body bone scan of the claimant and found that her condition was stable since

her last bone scan. Dr. McAlister also had the opportunity at this time to review a CT scan of the claimant's thoracic spine. He noted that the claimant's spine showed no malalignment, fracture, or discoloration, and showed signs of degenerative changes.

On November 9, 2001, Dr. Boxell was informed that the results of the biopsy he ordered were negative. It was also noted that the claimant continued to report little improvement and that she suffered from "the same old pain." In response to this notification, Dr. Boxell opined:

It is indeed my impression that Carolyn Sue Hammonds has reached maximum medical benefit. I cannot envision any additional therapy that might be of benefit to her. From my standpoint, I would not consider her to be permanently disabled purely because pain. She had no neurological deficit to warrant disability. Whether she returns to work or no will be her decision, but I see no medical reason that she cannot return to work.

Dr. Boxell's opinion is in harmony with the initial findings of Dr. Morse, who found on September 20, 2000, (just over one week after her injury) that there was no sign of neurological damage. Moreover, on April 15, 2002, Dr. Money found that the claimant was in fact neurologically. Not only did Dr. Boxell find that there was

no neurological deficit present in the claimant entitling her to further benefit, but Dr. Morse also came to this conclusion over a year earlier and Dr. Money confirmed Dr. Morse's diagnosis seven months later.

During March 2002, the claimant underwent a Functional Capacity Evaluation (FCE). During this evaluation, the claimant exhibited varying levels of physical effort that led her evaluator to the find that the claimant can do more physically at times than she demonstrated. Overall, the evaluator found that the claimant's subjective reports of pain or limitation were inconsistent, and that because of the claimant's lack of effort and magnification of symptoms, it was impossible to estimate her capabilities.

During April, May, and June, 2002, the claimant continued to complain of back pain and state that there had been no changes in her pain.

Following the claimant's deposition, during which she alleged that Dr. Boxell spent minimal time examining her, Dr. Boxell had the opportunity to explain his examination of the claimant. In his June 24, 2002, letter to counsel for the respondents, Dr. Boxell outlined with specificity the actions he took in arriving at his

conclusion regarding the claimant's condition. Dr. Boxell stated:

[t]here was an entrance questionnaire that was filled out by the patient regarding her past medical history. I reviewed this, and I reviewed records that were given to me by her case manager. This includes a number of pages, probably on the order of 50. Also, my medical assistant obtained additional history from the patient. Then, I spoke to the patient and examined the patient. You have a two and one half page dictation from my office which indicates the history that I gleaned from review of her records and discussion with her in regard to her pertinent past medical history, family history, pertinent physical exam, and review of her radiographic studies. I could not possibly accomplish this in a minute. This generally requires 45 to 60 minutes or longer. That is the amount of time that I spent with this patient. If she stated otherwise, then quite frankly she is lying.

It is clear Dr. Boxell had the opportunity to review all of the medical evidence and came to the conclusion that the claimant had reached maximum medical benefit and that she was not permanently disabled because of pain. After doing so, the claimant was left with no option but to attack the validity of Dr. Boxell's examination. However, it is clear that Dr. Boxell's examination was based on numerous credible and persuasive reports, evaluations, x-

rays, MRIs, CT scans, and his own independent findings. In my opinion, Dr. Boxell's findings are entitled to great weight. Moreover, it is clear that not only Dr. Boxell, but two other doctors also found that she was neurologically intact, thereby affirming Dr. Boxell's findings. Questions concerning the credibility of witnesses and the weight to be given to their testimony are within the exclusive province of the Commission. White v. Gregg Agric. Ent., 72 Ark. App 309, 37 S.W.3d 649 (2001). When there are contradictions in the evidence, it is within the Commission's province to reconcile conflicting evidence and to determine the true facts. Id. The Commission is not required to believe the testimony of the claimant or any other witness, but may accept and translate into findings of fact only those portions of the testimony that it deems worthy of belief. Id. The Commission has the duty of weighing the medical evidence as it does any other evidence, and the resolution of any conflicting medical evidence is a question of fact for the Commission to resolve. CDI Contractors v. McHale, 41 Ark. App. 57, 848 S.W.2d 941 (1993). The Commission has the authority to accept or reject medical opinions, and its resolution of the medical evidence has the force and effect of a jury verdict. Estridge v. Waste Management, 343 Ark.

276, 335 S.W.3d 167 (2000), McClain v. Texaco, Inc., 29 Ark. App. 218, 780 S.W.2d 34 (1989). The Commission has the authority to resolve conflicting evidence and this extends to medical testimony. Foxx v. American Transp., 54 Ark. App. 115, 924 S.W.2d 814 (1996). Although the Commission is not bound by medical testimony, it may not arbitrarily disregard any witnesses's testimony. Reeder v. Rheem Mfg. Co., 38 Ark. App. 248, 832 S.W.2d 505 (1992). The Commission is entitled to review the basis for a doctor's opinion in deciding the weight of the opinion. Id. There is no requirement that medical testimony be expressly or solely based on objective findings, only that the record contain supporting objective findings. Swift-Eckrich, Inc. v. Brock, 63 Ark. App. 118, 975 S.W.2d 857 (1998).

During July and August, 2002, the claimant presented to four other physicians and underwent yet another bone scan, CT scan, and myelogram. During these consultations, the claimant continued to complain of constant and unchanging pain. In fact, Dr. Foster stated that he "wonders whether or not she could have some foraminal stenosis and/or other symptomology that is persisting." Moreover, Dr. Foster subsequently stated that there was no evidence of a compression fracture at T8 and

the real question was whether she had degenerative disc disease. Dr. Foster's opinion was consistent with Dr. Harris' statement of February 26, 2001, that the claimant was experiencing degenerative disc changes, and other subsequent degenerative conclusions. Ultimately, Dr. Foster felt that surgical intervention would not benefit the claimant. On August 28, 2002, the claimant presented to Dr. Valley, who concurred with Dr. Foster's finding that there was no surgical intervention available to the claimant.

In my opinion, a review of the evidence indicates that the claimant has reached the end of her healing period and that her condition has stabilized. Specifically, the claimant has testified that she has consistently had a series of good days and bad days, but that her overall condition has gone unchanged despite the lengthy and extensive treatment she has received. Dr. Boxell and two other physicians have found that the claimant was neurologically sound. Further, Drs. Boxell, Valley, and Foster found that no surgical treatment would help the claimant. The claimant has undergone multiple x-rays, bone scans, MRIs, and other evaluations which indicate that the claimant's condition was unremarkable or normal. Therefore, I find that the claimant is not entitled to any additional

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medical treatment. Accordingly, I respectfully dissent from the majority opinion awarding additional medical benefits.

JOE E. YATES, Commissioner