

BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

CLAIM NO. E712283

DIANA VAUGHAN,
EMPLOYEE

CLAIMANT

APS SERVICES, LLC,
EMPLOYER

RESPONDENT

HARTFORD UNDERWRITERS INSURANCE CO.,
INSURANCE CARRIER

RESPONDENT

OPINION FILED OCTOBER 11, 2006

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

Claimant represented by the HONORABLE KENNETH E. BUCKNER,
Attorney at Law, Pine Bluff, Arkansas.

Respondents represented by the HONORABLE A. GENE WILLIAMS,
Attorney at Law, Little Rock, Arkansas.

Decision of the administrative law judge: Affirmed in part,
reversed in part, and modified in part.

OPINION AND ORDER

The respondent appeals from an administrative law judge's opinion filed March 8, 2006. The administrative law judge found, in pertinent part, "The claimant has proven her entitlement to additional medical treatment, both past and future, including revision of her internal stimulator, which was denied in January of 2005, medication and equipment rental for an external stimulator, as well as a cubital tunnel release and elbow injections proposed by Dr. Hixson. Claimant has proven entitlement to follow-up treatment with Dr. Amad in regard to the treatment of her reflex sympathetic dystrophy (RSD), as her treating physician, Dr.

Ackerman, is no longer practicing in this state and did not release claimant from care prior to moving. Claimant has proven entitlement to reinstatement of temporary total disability (TTD) indemnity benefits commencing on or about May 5, 2005, and continuing to a date yet to be determined.”

After reviewing the entire record *de novo*, the Full Commission affirms in part, reverses in part, and modifies in part the opinion of the administrative law judge. We find that the claimant proved her entitlement to past and future treatment for her RSD and that she is entitled to follow-up treatment for this condition with Dr. Amad. However, we find that the claimant failed to prove that the cubital tunnel release and elbow injections proposed by Dr. Hixson were reasonably necessary in connection with her compensable injury. The Full Commission further finds that claimant only proved her entitlement to temporary total disability compensation from on or about May 5, 2005 through June 15, 2005.

I. History

The claimant, age 45 (9/03/61), worked for the respondent as a temporary employee who had been assigned to work at a discount bakery. On September 17, 1997, the claimant sustained an admittedly compensable injury

involving pain in her neck, right shoulder, and right arm while performing her job duties for the respondent. When the claimant's pain failed to improve, she reported this to her employer, who suggested she consult with her family physician. As a result, on September 19, 1997, the claimant was seen by her family physician, Dr. Thomas S. Duckworth. Since this time, the claimant has treated with several other doctors and specialists.

Specifically, a review of the evidence shows that the claimant was initially treated for "cervical neuritis, spasm right trapezius, and scalenus spasm w/flexus pressure on the right." The claimant underwent extensive conservative treatment, which included physical therapy treatment, trigger point injections, and a medication regimen.

Although the respondent accepted the claim as compensable and paid some benefits, it subsequently controverted the claimant's entitlement to additional benefits. Therefore, the claimant's September 17, 1997 injury has been the subject of several hearings.

The first hearing was held in this matter on July 17, 1998. It was conducted in order to determine the claimant's entitlement to additional medical treatment and temporary total disability benefits. The claimant contended that she

should be awarded additional temporary total disability compensation for the period beginning February 10, 1998, and continuing until a date to be determined, as well as benefits for unpaid medical expenses and a surgical procedure recommended by orthopedic surgeon, Dr. Charles A. Clark. In an opinion dated September 30, 1998, the administrative law judge found, in pertinent part:

3. The preponderance of the evidence shows that, as a result of her compensable injury, the claimant has remained in a healing period and has suffered a total incapacity to earn wage from February 10, 1998, until a date to be determined.

4. The preponderance of the evidence shows that the claimant's medical care after February 10, 1998, has been reasonably necessary in connection with her compensable injury.

5. The preponderance of the evidence fails to show that the surgery recommended by Dr. Clark is at this time reasonably necessary in connection with the claimant's compensable injury.

The respondent appealed from this opinion. In an opinion dated May 27, 1999, the Full Commission affirmed and adopted the administrative law judge's decision. No further appeals were filed from this decision.

On June 2, 2000, a second hearing was held in order to determine if the medical treatment provided to the claimant by Dr. Dalwyn Sealy and Dr. Charles Watson was reasonably necessary and related to the claimant's compensable injury;

to determine if the claimant was entitled to future medical treatment as recommended by Dr. Watson or Dr. Ackerman; her entitlement to a change of physician to Dr. Ackerman; and to whether she was entitled to a period of temporary total disability from November 19, 1999 to a date yet to be determined. In an opinion dated July 26, 2000, the administrative law judge essentially found that the claimant developed reflex sympathetic dystrophy (RSD), as a result of her compensable injury. Hence, the administrative law judge further found, in pertinent part:

4. The preponderance of the evidence reflects that the claimant is entitled to a period of temporary total disability from November 19, 1999 to a date to be determined; specifically, the preponderance of the evidence reflects that claimant is within his healing period and is totally incapacitated from earning wages and has been since November 19, 1999.

5. The preponderance of the evidence reflects that the past and unpaid medical treatment from Dr. Sealy and Dr. Watson was reasonable and necessary medical treatment and related to the claimant's injury. The preponderance of the evidence reflects that the treatment of Dr. Sealy and Dr. Watson is the responsibility of the respondent. The preponderance of the evidence reflects that the treatment accorded by Dr. Ackerman was based on claimant's decision to see him on her own accord and the responsibility of that treatment is not the respondents.

6. The preponderance of the evidence reflects that the claimant's authorized treating physician should be changed from Dr. Watson to Dr. Ackerman. The preponderance of the evidence reflects that

further medical treatment of the claimant is reasonable and necessary and is related to the claimant's admittedly compensable injury.

The aforementioned decision was not appealed by the respondent. However, a third hearing was held on October 3, 2003 to determine the claimant's entitlement to additional benefits and penalties because the respondent had ceased paying benefits after having been ordered to do so in the year 2000. In an opinion dated October 29, 2003, the administrative law judge found that the claimant was entitled to a reinstatement of temporary total disability compensation commencing January 15, 2003, and continuing through a date yet to be determined. However, the administrative law judge found that the claimant was not entitled to penalties associated with the reinstatement of temporary total disability compensation. No appeal was filed from this decision.

A review of the medical records show that the claimant continued to treat with Dr. Ackerman due to complaints of pain in the right upper extremity and shoulder.

On August 5, 2004, Dr. Ackerman assessed the claimant as having "ulnar neuropathy," as she had tenderness to palpation about her ulnar nerve at the elbow. Therefore,

Dr. Ackerman recommended that the claimant consult with Dr. Marcia Hixson.

The claimant underwent evaluation with Dr. Hixson on October 12, 2004. Dr. Hixson reported having last examined the claimant in April of 2002 following carpal and cubital tunnel surgery on her left upper extremity. Since that time, she noted that the claimant had a spinal cord stimulator implanted in October of 2002 by Dr. Jordan and that this had helped quite a bit. She also reported that they had released her right carpal tunnel in 2001. The claimant reported a history of pain of the right elbow, shoulder and neck. Dr. Hixson reported that the claimant might have right cubital tunnel syndrome. Therefore, she ordered nerve conduction studies of the right upper extremity.

On January 11, 2005, although Dr. Hixson reported that a nerve conduction study performed that day was normal, she clinically assessed the claimant as having "right cubital tunnel syndrome." Therefore, she injected the claimant's right cubital tunnel with a cortisone preparation.

On January 26, 2005, the claimant underwent an independent evaluation with Dr. John Lytle. He noted that the claimant's medications included Celebrex, Hydrocodone,

and Zanaflex. Hence, Dr. Lytle noted that the claimant had significantly cut her medications since having the spinal cord stimulator implanted. He reported the claimant's most recent procedure had been performed on January 19, 2005, to revise the wire and replace the battery. The claimant reported having been told that the battery was extended life and would have to be replaced approximately every 5 years. After reviewing multiple medical records from multiple physicians, and examining the claimant, Dr. Lytle reported, in pertinent part:

What is the diagnosis?

Neuropathic pain to the RUE; weakness of the RUE NOS; pain in the LUE; weakness of the LUE; s/p carpal tunnel release bilaterally; cubital tunnel syndrome bilaterally with surgery on the L. She is postop spinal cord stimulator for pain control.

All of these problems that seem to have evolved over time with Ms. Vaughan are related by her to her original problem as this developed while working in the bread store on 9/17/97. Without the rather constant and continuous medical involvement, it would be difficult to relate her current condition to her seemingly benign injury at that time.

Does injured worker suffer from any other medical condition not related to the injury?

Not that is evident to me at this time.

How is medical care rendered to date and been reasonable and necessary to treat the injury and the sequela described above?

This is extremely complex and extremely in depth. I refer you to the chronology and history of this case as compiled by Dr. J.K. Smeltz in an Independent Medical Evaluation dated 1/10/03.

What would be a medically reasonable and necessary plan for future treatment? Indicate use of medication use in your answer.

Seeing how that she has just recently undergone surgery for revision of her implanted spinal cord stimulator, I think that it is reasonable to continue to support that implant as necessary, including future battery changes.

Medication seems to be stable. I would appreciate the continuous use of anti-inflammatory medicine and obviously the occasional and as needed use of narcotic pain medicine for which she seems to have become accustomed.

Does the injured worker need any additional diagnostic testing?

I see no reasonable diagnostic testing that would assist this woman in becoming pain-free and returning to her normal functional position in life.

Please state whether the effects of the injury will ever resolve?

No. I do not see any chance that this problem will resolve in her lifetime.

Is the injured employee able to work, and if so, in what capacity?

This is a most difficult question. I see no reason she could not do cognitive work and at this point some work with her L hand. I think the functional use of her R hand is extremely limited, even from the seemingly benign activities such as answering the phone.

This is a most confounding and frankly bizarre progression of subjective symptoms without objective physical findings. This has escalated to the point now where she is truly a functional invalid. There are in my opinion significant psychological and physical dependencies on her treatment and medication at this point.

On April 4, 2005, the claimant underwent follow-up treatment with Dr. Ackerman due to complaints of pain in the right upper extremity. He noted that the claimant had undergone a revision of her dorsal column stimulator by Dr. Richard Jordan. He further noted that the claimant had reported the simulator was providing her with significant pain relief in her hand. However, at that time, the claimant complained of spasms in her right trapezius muscle. She reported she was receiving intermittent myofascial trigger point injections for these muscle spasms, but they were not controlled with Zanaflex. Dr. Ackerman assessed the claimant with, "reflex sympathetic dystrophy, right upper extremity; ulnar neuropathy; and persistent myofascial muscle spasms." He wrote:

PLAN: Rather than constant injections of her trapezius muscle, it is my medical opinion that RS muscle stimulator could cause less trauma to the muscle. She was advised that repetitive injections with a needle can cause muscle trauma. With her history of reflex sympathetic dystrophy and the fact that she may need further surgery, I would like to minimize any invasive procedures and proceed with a less invasive modality, such as the RS stimulator.

In a letter dated June 15, 2005, Dr. Ackerman reported the following:

CHIEF COMPLAINT:

Pain in the left ankle.

INTERIM HISTORY:

We obtained a CAT scan of her left ankle. She does have some degenerative changes, no fracture appreciated. Dr. Richard Jordan has placed her at maximum medical improvement. Her reflex sympathetic dystrophy is stable. She still requires medication and it is my medical opinion that she will require medications long-term. She is currently not working.

Medications:

Hydrocodone, Sonata, Vistaril for insomnia.

PHYSICAL EXAMINATION:

GENERAL: She is alert and oriented x3.

VITAL SIGNS: Weight: 181 pounds. Blood pressure: 119/83. Pulse; 93. Respirations:18.

EXTREMITIES: She has a normal venous pattern over the dorsum of her foot. No edema appreciated. No shininess of her skin or allodynia.

Assessment:

Status post trauma to left lower extremity with a history of reflex sympathetic dystrophy.

PLAN:

Continue her medications as prescribed. She has to have a new physician for a refill of her medications as I will be leaving the state. I do recommend Dr. Amad in North Little Rock, a physician trained at Yale University and has a fellowship in pain medicine and is an expert in reflex sympathetic dystrophy.

On October 3, 2005, Dr. Marcia Hixson's deposition was taken. She admitted to seeing the claimant on October 12, 2004 due to complaints of right elbow, shoulder and neck pain. According to Dr. Hixson, she thought the claimant might be suffering from right cubital tunnel syndrome, which she explained as being compression of the ulnar nerve at the elbow. However, Dr. Hixson essentially admitted that there were no objective findings of right cubital tunnel syndrome, and she also admitted that the nerve conduction studies performed on January 11, 2005, were normal. Dr. Hixson testified that she thought the cause of the claimant's cubital tunnel syndrome was probably "idiopathic." She admitted to having recommended a surgical procedure to correct this which consisted of releasing the right ulnar nerve at the elbow and probably transposing it. Dr. Hixson essentially testified that the claimant's pre-existing reflex sympathetic dystrophy did not have any relationship to this nerve problem. She specifically testified:

Q. When you said it was idiopathic, do I understand that to just be unknown, unexplained?

A. That's correct.

A fourth hearing was held in this matter on December 8, 2005. At the hearing, the claimant gave testimony. The claimant agreed that she has treated with Dr. Ackerman for

several years due to reflex sympathetic dystrophy. The claimant testified that she was injured in September of 1997, in what seemed to be a very simple injury, but it turned into a very complex one for her. According to the claimant, she went from burning pain in her shoulder, which escalated to her not being able to move her right upper extremity, and it radiated into her left upper extremity. The claimant testified that she was required to take many powerful narcotics for pain, until Drs. Ackerman and Jordan agreed to try the spinal column stimulator. At which point, she made great leaps ahead and was able to get off the narcotics, as her pain has not completely gone away, but it has become very tolerable.

The claimant testified she continues to have problems in using her right arm, but she does not have any problems with her left arm. The claimant further testified that although she has problems with her right hand and arm swelling, and some pain, it is now a lot more tolerable. According to the claimant, she also has an external stimulator that she uses for muscle spasms that has helped tremendously since she no longer has medication.

The claimant admitted to having last treated with Dr. Ackerman on April 4th or 5th of this year (2006). The

claimant testified that she is unable to get refills on her medications because Dr. Ackerman is no longer practicing in Arkansas. According to the claimant, although Dr. Ackerman's patients have been referred to Dr. Ahmad's office, she has not been able to get an appointment with him because of payment arrangements. The claimant agreed that during her last visit with Dr. Ackerman, he had indicated that he wanted to start her on a muscle stimulator that would cause less trauma to the muscles than the injections.

The claimant admitted that she has a stimulator from RS Medical, but she is uncertain if it has been paid for. According to the claimant, her arm symptoms go all the way down into her fingertips. The claimant admitted that Dr. Hixson could not tie the problems she was treating her for to her RSD. The claimant admitted she was having severe shooting pains around the elbow area that would shoot down into the last three fingers of her hand from the ring finger over to the pinky finger, which has worsened. She further testified that the internal stimulator introduced by Dr. Jordan has helped, as well as the external stimulator. However, the claimant maintains that she now sometimes has excruciating pain, which was as recent as over the weekend with a duration of 36 hours. She further testified that it

had gotten better, but was still a little cold. The claimant admitted that at the point that Dr. Jordan did the stimulator in 2003, her symptoms got better and she was able to get off most of the medications. She further admitted to having surgery on the spinal cord stimulator earlier this year because it quit working as well, as another battery had to be put in it.

The claimant admitted to taking the exam to obtain her commercial driver's license, but she failed the test. The claimant testified she believed she could drive commercially due to the vast improvements to what she would call her normal self. The claimant maintains that she last tried to contact Dr. Ackerman's and Dr. Ahmad's office some time in July.

On cross-examination, the claimant agreed that she had the internal stimulator put in by Dr. Jordan in October of 2002, and that he had reported her at almost complete resolution of the right shoulder and arm pain. However, the claimant denied that it ever completely resolved, but she did admit to almost complete resolution of her pain. The claimant essentially admitted to being able to do most of her household chores. She admitted that she has not looked for employment.

Prior to the hearing, a prehearing conference was conducted in this claim on August 29, 2005, from which a Prehearing Order was filed on that same date. The parties agreed to the following stipulations:

- 1). The claimant sustained a compensable injury on September 17, 1997.
- 2). Compensation rate: \$173.00- TTD, \$154 -PPD.

By agreement of the parties, the issues to be litigated at the hearing were limited to the following: Claimant's entitlement to additional TTD benefits from on or about May 1, 2005 to a date yet to be determined. That date will be specifically determined and specified at the hearing. Other issues include claimant's entitlement to additional medical expenses, both past and future, as well as attorney's fees.

The claimant contended that her weekly indemnity benefits were terminated some time around the first of May, 2005; that certain medical bills have remained unpaid in spite of the Commission's orders; and that no attorney fees have been paid since May of 2005. Specifically, claimant contended that she is entitled to the replacement of her stimulator, which was denied in January 2005 and that in regard to future medical she contended she is entitled to a cubital tunnel release proposed by Dr. Hixson, as well as elbow injections proposed by Dr. Hixson, and that she is

entitled to follow-up by Dr. Ackerman or whomever Dr. Ackerman refers her to, as Dr. Ackerman has moved to Ohio, in regard to the treatment for her reflex sympathetic dystrophy.

In contrast, the respondent contended that the claimant has been provided all benefits to which she is entitled; that her healing period should be at an end; and that she is simply not entitled to any further TTD benefits or any medical benefits as she cannot prove that any medical is reasonably necessary or related to her compensable injury of September 17, 1997.

The administrative law judge, found in pertinent part, "The claimant has proven her entitlement to additional medical treatment, both past and future, including revision of her internal stimulator, which was denied in January of 2005, medication and equipment rental for an external stimulator, as well as a cubital tunnel release and elbow injections proposed by Dr. Hixson. Claimant has proven entitlement to follow-up treatment with Dr. Amad in regard to the treatment of her reflex sympathetic dystrophy (RSD), as her treating physician, Dr. Ackerman, is no longer practicing in this state and did not release claimant from care prior to moving; and Claimant has proven entitlement to

reinstatement of TTD indemnity benefits commencing on or about May 5, 2005, and continuing to a date yet to be determined.”

The respondent appeals to the Full Commission.

II. Adjudication

A. Medical Treatment

An employer shall promptly provide for an injured employee such medical treatment as may be reasonably necessary in connection with the injury received by the employee. Ark. Code Ann. § 11-9-508 (a). The claimant bears the burden of proving that she is entitled to additional medical treatment. Dalton v. Allen Eng'g Co., 66 Ark. App. 201, 989 S.W.2d 543 (1999). What constitutes reasonably necessary medical treatment is a question of fact for the Commission. Wright Contracting Co. v. Randall, 12 Ark. App. 358, 676 S.W.2d 750 (1984).

The administrative law judge essentially found in the present matter, “The claimant has proven her entitlement to additional medical treatment, both past and future, including revision of her internal stimulator, which was denied in January of 2005, and medication and equipment rental for an external stimulator. Claimant has proven entitlement to follow-up treatment with Dr. Amad in regard to the treatment of her reflex sympathetic dystrophy (RSD),

as her treating physician, Dr. Ackerman, is no longer practicing in this state and did not release claimant from care prior to moving." The Full Commission hereby affirms these findings.

Specifically, we find that the claimant has proven by a preponderance of the evidence that she is entitled to additional medical treatment for her ongoing symptoms of RSD, both past and future, including revision of the internal stimulator, which was denied in January of 2005, as well as medication and equipment rental for an external stimulator. The claimant sustained an admittedly compensable injury on September 17, 1997 while working for the respondent. Since this time, although the claimant has received extensive treatment in the form of extensive medications and various other modalities, she has consistently complained of pain and related symptoms due to her compensable injury and resulting RSD, as said complaints are corroborated by the medicals. Specifically, it appears that both Drs. Ackerman and Jordan have pursued treatment of the claimant's RSD condition through use of both, an internal and an external stimulator, along with various other conservative methods, which have failed to improve the claimant's symptoms. However, all of these modalities appear to be reasonable and necessary treatment for the

claimant's condition. In addition to this, we find that the claimant credibly testified that her symptoms have been significantly reduced as a result of the internal and external stimulators, as she has been able to get off of the narcotics. While we realize that in a letter dated June 15, 2005, Dr. Ackerman pronounced that the claimant's RDS had stabilized, he opined that the claimant would still require medications long-term. He further noted in this letter that since he was leaving the state, the claimant would need a new physician for a refill of her medications. Therefore, Dr. Ackerman recommended that the claimant be referred for treatment with Dr. Amad, a physician trained at Yale University, who has a fellowship in pain medicine and is an expert in reflex sympathetic dystrophy. As pointed out by the administrative law judge, Dr. Lytle has also opined in his IME report that some future medical care would be reasonable and necessary. The Full Commission finds that based on the expert opinions of Drs. Ackerman and Lytle, and given all of the other foregoing evidence, the administrative law judge correctly found that the claimant has proven her entitlement to follow-up treatment with a physician trained to treat her condition and should be hereby referred to Dr. Amad for future treatment of her reflex sympathetic dystrophy (RSD), as her treating

physician, since Dr. Ackerman is no longer practicing in this state.

The administrative law judge also found that the cubital tunnel release and elbow injections proposed by Dr. Hixson were reasonably necessary in connection with the claimant's compensable injury. The Full Commission reverses this finding. In the present matter, Dr. Ackerman referred the claimant to Dr. Hixson due to ulnar neuropathy symptoms at the right elbow. In October of 2004, Dr. Hixson opined that the claimant might have right cubital tunnel syndrome and may need cubital tunnel release. Although as of the date of the hearing, Dr. Hixson had not performed the surgical release of the claimant's right ulnar nerve at the elbow, she had given the claimant injections into the cubital tunnel. However, during her deposition testimony, Dr. Hixson essentially opined that although the claimant had pre-existing reflex sympathetic dystrophy, it did not have any relationship to right cubital tunnel syndrome. She also stated that the claimant's cubital tunnel syndrome was probably "idiopathic," as there were no objective medical findings establishing this condition. We find that the preponderance of the evidence shows that this condition is not causally connected to the claimant's compensable injury. As such, the Full Commission further finds that the claimant

has failed to establish that the cubital tunnel release and elbow injections proposed by Dr. Hixson were reasonably necessary in connection with her compensable injury.

B. Temporary total disability

An injured employee is entitled to temporary total disability compensation during the time that she is within her healing period and totally incapacitated to earn wages. Arkansas State Highway and Transportation Department v. Breshears, 272 Ark. 244, 613 S.W.2d 392 (1981).

With respect to the temporary total disability compensation, the administrative law judge found that the "Claimant has proven entitlement to reinstatement of temporary total disability (TTD) indemnity benefits commencing on or about May 5, 2005, and continuing to a date yet to be determined." The Full Commission hereby affirms as modified this finding. Here, it appears that the respondent stopped paying temporary total disability compensation for the claimant's compensable injury on or about May 5, 2005. However, the preponderance of the evidence shows that the claimant continued within her healing period from May 5, 2005 until June 15, 2005, at which point Dr. Ackerman pronounced her RSD condition had stabilized. At this time, Dr. Ackerman also reported that the claimant had no shininess of her skin or allodynia, nor

was any edema appreciated. The claimant testified that her symptoms had been significantly reduced with the introduction of the stimulators, and that she had gotten off of the narcotics. In light of all of the foregoing, we find that the preponderance of the evidence demonstrates that the claimant reached the end of her healing period no later than June 15, 2005. Temporary disability cannot be awarded after the claimant's healing period has ended. Trader v. Single Source Transportation, Workers' Compensation Commission E507484 (Feb. 12, 1999). As a result, the Full Commission hereby modifies the finding of the administrative law judge, so as to award the claimant temporary total disability compensation from May 5, 2005 until June 15, 2005.

Based on our *de novo* review of the entire record, the Full Commission hereby affirms in part, reverses in part, and modifies in part the decision of the administrative law judge.

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).

Since the claimant's injury occurred prior to July 1, 2001, the claimant's attorney's fee is governed by the

provisions of Ark. Code Ann. §11-9-715 as it existed prior to the amendments of Act 1281 of 2001. Compare Ark. Code Ann. §11-9-715 (Repl. 1996) with Ark. Code Ann. §11-9-715 (Repl. 2002). For prevailing in part on this appeal before the Commission, the claimant's attorney is hereby awarded an additional attorney's fee in the amount of \$250.00 as provided by Ark. Code Ann. § 11-9-715 (b) (Repl. 1996).

___IT IS SO ORDERED.

OLAN W. REEVES, Chairman

SHELBY W. TURNER, Commissioner

KAREN H. MCKINNEY, Commissioner