

**ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF 19(b) ARBITRATOR DECISION**

WILLIAMS, REGINALD

Employee/Petitioner

Case# **13WC002370**

CITY OF CHICAGO

Employer/Respondent

On 8/8/2016, an arbitration decision on this case was filed with the Illinois Workers' Compensation Commission in Chicago, a copy of which is enclosed.

If the Commission reviews this award, interest of 0.39% shall accrue from the date listed above to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.

A copy of this decision is mailed to the following parties:

4564 ARGIONIS & ASSOCIATES LLC
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STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> | Injured Workers' Benefit Fund (§4(d)) |
| <input type="checkbox"/> | Rate Adjustment Fund (§8(g)) |
| <input type="checkbox"/> | Second Injury Fund (§8(e)18) |
| <input checked="" type="checkbox"/> | None of the above |

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION
19(b)

Reginald Williams
Employee/Petitioner

Case # 13 WC 2370

v.

Consolidated cases: _____

City of Chicago
Employer/Respondent

An *Application for Adjustment of Claim* was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable **George Andros**, Arbitrator of the Commission, in the city of **Chicago**, on **4/28/16 and 5/17/16**. After reviewing all of the evidence presented, the Arbitrator hereby makes findings on the disputed issues checked below, and attaches those findings to this document.

DISPUTED ISSUES

- A. Was Respondent operating under and subject to the Illinois Workers' Compensation or Occupational Diseases Act?
- B. Was there an employee-employer relationship?
- C. Did an accident occur that arose out of and in the course of Petitioner's employment by Respondent?
- D. What was the date of the accident?
- E. Was timely notice of the accident given to Respondent?
- F. Is Petitioner's current condition of ill-being causally related to the injury?
- G. What were Petitioner's earnings?
- H. What was Petitioner's age at the time of the accident?
- I. What was Petitioner's marital status at the time of the accident?
- J. Were the medical services that were provided to Petitioner reasonable and necessary? Has Respondent paid all appropriate charges for all reasonable and necessary medical services?
- K. Is Petitioner entitled to any prospective medical care?
- L. What temporary benefits are in dispute?
 TPD Maintenance TTD
- M. Should penalties or fees be imposed upon Respondent?
- N. Is Respondent due any credit?
- O. Other _____

FINDINGS

On the date of accident, **1/7/13**, Respondent *was* operating under and subject to the provisions of the Act.

On this date, an employee-employer relationship *did* exist between Petitioner and Respondent.

On this date, Petitioner *did* sustain an accident that arose out of and in the course of employment.

Timely notice of this accident *was* given to Respondent.

Petitioner's current condition of ill-being *is* causally related to the accident.

In the year preceding the injury, Petitioner earned **\$70,324.80**; the average weekly wage was **\$1,352.40**.

On the date of accident, Petitioner was **52** years of age, *single* with **0** dependent children.

Respondent *has not* paid all reasonable and necessary charges for all reasonable and necessary medical services.

Respondent shall be given a credit of **\$97,120.57** for TTD, **\$0** for TPD, **\$0** for maintenance, and **\$0** for other benefits, for a total credit of **\$0**.

ORDER

Temporary Total Disability

Respondent shall pay Petitioner temporary total disability benefits of \$901.59/week for 172 2/7 weeks, commencing January 8, 2013 through April 28, 2016 as provided in Section 8(b) of the Act and shall continue weekly until Petitioner's work status changes or until the Respondent has a valid reason under The Act to terminate benefits in the future. Respondent shall receive a credit for any TTD already paid.

Medical benefits

Respondent shall pay reasonable and necessary medical services, pursuant to the medical fee schedule, of 1) Washington University Physicians - \$196.00, 2) Professional Imaging - \$22,623.00, 3) St. Louis Ortho - \$1,655.00, 4) Town & Country Ortho - \$2,067.00, 5) Illinois Bone & Joint - \$878.00, as provided in Sections 8(a) and 8.2 of the Act.

The prospective medical treatment ordered by Dr. Taylor, Dr. Slack, and Dr. Fisher shall be the responsibility of the Respondent, including but not limited to surgical intervention and post-operative care. Respondent shall pay for all medical services associated with said treatment pursuant to the medical fee schedule as provided in Sections 8(a) of the Act.

In no instance shall this award be a bar to subsequent hearing and determination of an additional amount of medical benefits or compensation for a temporary or permanent disability, if any.

RULES REGARDING APPEALS Unless a party files a *Petition for Review* within 30 days after receipt of this decision, and perfects a review in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest at the rate set forth on the *Notice of Decision of Arbitrator* shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.

#001 
Signature of Arbitrator

8-7-16
Date

AUG 8 - 2016

**ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION DECISION**

REGINALD WILLIAMS,)	
)	
Employee/Petitioner,)	
)	
v.)	13 WC 2370
)	Chicago
CITY OF CHICAGO ,)	
)	
Employer/Respondent.)	

ARBITRATOR'S FINDINGS OF FACT AND CONCLUSIONS OF LAW

The Arbitrator makes the following Findings of Facts:

It is undisputed that on January 7, 2013, Petitioner Reginald Williams suffered a lower back injury that arose out of and in the course of his employment with the City of Chicago, Department of Transportation. Petitioner testified that on January 7, 2013, he was injured when he was involved in a trucking accident on the way to a job-site. Petitioner testified that he was seated as a front passenger in a City owned 18 wheeler when the driver misjudged the viaduct height and collided with it at a speed of approximately 40 miles per hour. Petitioner testified that that he was restrained at the time of the incident. Petitioner testified his entire body was jolted forward and backward during the collision and that he felt immediate pain in his lower back. She further testified that he reported the incident and injury to his supervisor. He testified that he was sent to MercyWorks clinic the next day by the City of Chicago to treat his injury.

On January 8, 2013, Mr. Williams treated with Homer Diadula, M.D., at MercyWorks on Ashland. (Petitioner's Exhibit 1, p. 1, hereinafter "Pet Ex." 1). He testified that he provided a history to the doctor and complained of lower back pain. He was taken off work related to his back injury and was given an x-ray of his spine. *Id.* He was also prescribed Norco for his pain

and was instructed to follow-up in one week. *Id.* On January 15, 2013, he followed-up with the clinic. (Pet. Ex. 2, p. 2). His symptoms remained the same, he was kept off work and was prescribed physical therapy. *Id.* He followed up with MercyWorks on January 29, 2013, complaining of lower back pain and was kept off work. *Id.* Petitioner testified that he began physical therapy and that the therapy did not improve his symptoms. He also testified that he began receiving disability benefits from the City of Chicago. On February 28, 2013, he returned to MercyWorks complaining of lower back pain with numbness and tingling in his left leg. *Id.* He was kept off work at the time and prescribed Ultram as well as an MRI of the lower back. *Id.* Petitioner underwent a lumbar spine MRI at Chicago Ridge Radiology per order by MercyWorks. Pet Ex. 1, p. 4. The MRI showed a herniated disc at L5-S1 with contact on the L5 ganglion, as well as L4-5 stenosis with contact on the L4 ganglia. *Id.*

On March 22, 2013, he returned to MercyWorks for a follow-up visit and continued to complain of lower back pain with numbness and tingling into his right leg. Pet. Ex. 1, p. 3. He was prescribed work hardening, kept off work and instructed to follow-up in one month. *Id.* Petitioner testified he began work hardening. On April 18, 2013, he returned to MercyWorks with a summary of the work hardening he had done, which showed his physical capabilities. *Id.* He informed the doctors that he went to the emergency room at Barnes Jewish due to increased pain in his low back. *Id.* He was kept off work and instructed to finish off nine more sessions of Work Hardening and then to return. *Id.* He returned on May 9, 2013, after finishing work hardening. *Id.* At this time, he complained of lower back pain with numbness and tingling. *Id.* On exam, he had a positive straight leg raise test on the right. *Id.* He was kept off work and was instructed to follow-up with a specialist. Petitioner testified that during the past 4 months while under the care of MercyWorks, he did go to the emergency room a number of times due to

unbearable low back pain.

On June 3, 2014, he began treating with Adam LaBore, M.D., out of Washington University Physicians, in St. Louis, Missouri. Pet. Ex. 4, p. 2. He testified he was referred to the doctor by a family member. He testified that he has a residence in St. Louis and Chicago and that he was traveling back and forth at the time. He testified that he was off work per doctors' orders so he did not need to be in Chicago for work. Further, he testified that when he was working full duty prior to the incident, he was living in Chicago full time. He complained of lower back pain with right leg numbness and tingling. *Id.* He was examined by the doctor and was kept off work. *Id.* Further, Dr. LaBore diagnosed discogenic injury vs. right hip joint pain and ordered a diagnostic right hip injection. Pet. Ex. 4, p. 2. Mr. Williams testified he had the injection with no relief. On August 13, 2014, he returned to see Dr. LaBore complaining of lower back pain with numbness and tingling down the right leg. Pet. Ex. 4, p. 4. On examination, Mr. Williams had a positive straight leg raise test on the right side. *Id.* He was kept off work and an MRI was ordered. *Id.* An MRI was performed which Dr. LaBore interpreted and showed a right L4/5 disc herniation which he recorded correlates with his right side symptoms. Pet. Ex. 4, p. 5. A right L4/5 steroid epidural injection was ordered at this time.

On October 14, 2013, Mr. Williams underwent a fluoroscopically guided right L4/5 transforaminal steroid epidural injection, performed by Dr. LaBore. Pet. Ex. 4, p. 6. The Petitioner testified that he went to the emergency room the next day due to increased pain following the procedure. The record shows that Mr. Williams contacted Dr. LaBore the next day to inform him that he went to the emergency room. Pet. Ex. 4, p. 7. On November 26, 2013, Mr. Williams returned to see Dr. LaBore for a visit following the injection. Mr. Williams complained that the injection provided mild temporary relief but that the symptoms returned

completely. Physical therapy was ordered along with another injection at L4-S1 foramen on the right. Pet. Ex. 4, p. 9. Petitioner testified that he began therapy again and that the symptoms persisted. On December 24, 2013, Mr. Williams underwent a fluoroscopically guided L5-S1 transforaminal injection performed by Dr. LaBore. Pet. Ex. 4, p. 12. On January 12, 2014, he returned following the injection, and he stated his pain improved temporarily and that the symptoms returned. Pet. Ex. 4, p. 14 Further, the record notes that Mr. Williams informed Dr. LaBore that he went to the emergency room at DePaul when his symptoms became unbearable. *Id.* At this time he was kept off work, he was instructed to continue therapy and a repeat MRI was ordered. *Id.*

Reginald Williams underwent the MRI at Professional Imaging on January 29, 2014 per order from Dr. LaBore. Pet. Ex. 5, p. 2. The MRI showed stenosis with herniation at L4-5 and disc herniation at L5-S1 which was essentially unchanged since prior MRI study. *Id.* On March 11, 2014, he returned for a follow-up with Dr. LaBore, complaining of low back pain with radicular symptoms into the right leg. Pet. Ex. 4, p. 18. He was kept off work and Dr. Labore stated that there were no more non-operative treatment recommendations. *Id.* After review of the MRI film, he recommended that Mr. Williams undergo a surgical consult. Pet. Ex. 4, p. 21.

On April 14, 2014, he had an initial consultation with orthopedic surgeon Lukas Zebala, M.D. at Washington University Hospital in St. Louis. Pet. Ex. 4, p. 25. Mr. Williams testified that he provided Dr. Zebala with a history regarding his treatment and injury. He complained of right sided back pain with radicular symptoms into the right leg. *Id.* He informed Dr. Zebala that he was in such severe pain the day before, that he went to the emergency room in Libertyville, Illinois. *Id.* He even brought Dr. Zebala the paperwork from the emergency room which showed his lower back complaints. *Id.* Dr. Zebala reviewed the MRI films that were

brought to the visit. Pet. Ex. 4, p. 26. Dr. Zebala then recommended an L4-5 fusion with pedicle screw implementation. Pet. Ex. 4, p. 27. Mr. Williams testified that he was aware of the recommendation for surgery following the visit. The injury was causally connected to the injury sustained by Mr. Williams. *Id.* He returns to see Dr. Zebala again on June 2, 2014 for a follow-up visit. Pet. Ex. 4, p. 30. After being evaluated again, Dr. Zebala states that non-operative treatment has not offered any significant improvement in his pain. *Id.* He opines that he unsure if surgery would help solve the problem and recommends that Mr. Williams seek a second opinion as to whether surgery should be undertaken. *Id.* Mr. Williams testified that he followed Dr. Zebala's recommendation and sought a second opinion regarding necessity of surgery.

On September 23, 2014, Mr. Williams presented to Brett Taylor, M.D., orthopedic surgeon, for a second opinion regarding surgery. Pet. Ex. 6, p. 1. Mr. Williams provided a detailed history of the event causing him injury to his lower back as well as all of the treatment that he underwent conservatively. *Id.* He complained of lower back pain that has been constant since his injury. *Id.* Dr. Taylor reviewed all of his diagnostic films at the visit an confirmed the diagnostic pathology of damage to the L4-5 and L5-S1 discs. Pet. Ex. 6, p. 2. Dr. Taylor causally relates the lower back injury to the work related even from January 7, 2013 and states he would like to review Dr. LaBore's prior records prior to giving a surgical opinion. *Id.* On October 21, 2014, Mr. Williams returned to see Dr. Taylor for a follow-up visit. Pet. Ex. 6, p. 8. He complains of lower back pain with intermittent numbness and tingling down the right lower extremity. *Id.* Lower back evaluation showed a reduced range of motion of the lower back with lateral bending. *Id.* Dr. Taylor also reviewed all of the prior medical record visits with Dr. LaBore which he summarizes in his note. Pet. Ex. 6, p. 9-10. At this point Dr. Taylor states that he would be a candidate for anterior posterior fusion but that Mr. Williams would first have to

undergo additional testing. Pet. Ex. 6, p. 11. The testing included a repeat MRI, psychological testing and a discogram. On November 11, 2014, Mr. Williams returned, following the repeat MRI and having undergone the psychological testing. Pet. Ex. 6, p. 12. Review of the updated MRI, showed L4/5 pathology of herniation. Pet. Ex. 6, p. 13. Further, the record notes that they offered Mr. Williams surgery in the month of December of 2014, but that he wanted him to do a discogram first. *Id.*

On December 3, 2014, Mr. Williams saw Jay Levin, M.D., at the request of the respondent for a Section 12 examination. Mr. Williams testified that he provided Dr. Levin with a history of the occurrence and his injury and that he brought his diagnostic films for his review. Dr. Levin answers a number of questions posed to him by the respondent regarding his lower back injury. Res. Ex. 1. Dr. Levin does not document any physical examination that he performed on Mr. Williams in his report. *Id.* Dr. Levin does summarize all of the treatment records that he reviewed in his report. *Id.* Dr. Levin concedes that Mr. Williams did suffer an injury to his lumbar spine in the January 7, 2013 incident. *Id.* His review of the MRI fil taken August 23, 2013 states there is a L4-5 herniated disc with annular bulging towards the right. *Id.* He also states that Mr. Williams does not need surgery of the lumbar spine related to an occurrence of January 7, 2013. *Id.*

Mr. Williams testified that he stopped receiving medical benefits after his Section 12 evaluation by Dr. Levin. Further, he testified that this time he came back and spent most of his time in Chicago. Mr. Williams testified that he did not return to work at this time since his treating doctors had him on an off work restriction. Further, he testified that he started seeing another doctor's group in Illinois named Illinois Bone and Joint. He testified he was referred to Dr. Charles Slack by a previous doctor that he had seen for a prior knee injury. He testified that

he was required to turn in updated off work slips every three months in order to keep his job with the City of Chicago. He testified that since he was back in Illinois for the most part it was much more convenient to be following-up with doctors in Illinois.

On April 5, 2015, he treated with orthopedic surgeon Charles Slack, M.D., at Illinois Bone and Joint. Pet. Ex. 8, p. 2. He testified that he provided a history of his injury and treatment to Dr. Slack on that day. He brought in several MRI and CT scans for Dr. Slack's review. *Id.* Dr. Slack reviewed the MRI films and confirmed the disc pathology seen at L4-5 and L5-S1. Pet. Ex. 8, p. 3. Dr. Slack diagnosed Mr. Williams with an L4-5 disc herniation with nerve compression and lumbar radiculopathy. Pet. Ex. 8, p. 4. Dr. Slack opined that Mr. Williams is a candidate for surgical intervention of L4-5 fusion with decompression. *Id.* Dr. Slack referred Mr. Williams to his partner Dr. Fisher who performs these types of procedures. *Id.* Mr. Williams also testified that he was kept off work at this time. The records also show that Mr. Williams was kept off work at this time. *Id.* On August 3, 2015, Mr. Williams followed-up with Dr. Theodore Fisher. Pet. Ex. 8, p. 6. He provided a history of the work related injury as well as the treatment history. *Id.* He complained of low back pain with numbness into the right leg. *Id.* Dr. Fisher reviewed the MRI studies during the visit and rendered the same diagnosis as his partner Dr. Slack. Pet. Ex. 8, p. 7. Dr. Fisher agreed that Mr. Williams requires surgery of L4-5 discectomy with posterior lumbar interbody fusion (PLIF). *Id.* Mr. Williams testified that he was kept off work at this time.

Mr. Williams testified that since August 3, 2015 he continued to see Dr. Fisher every three months and that he has kept him off work until the present time. Mr. Williams testified that her lower back pain continues to exist with numbness down his right leg. Mr. Williams testified that he never injured his lower back prior to the work related incident of January 7,

2013. There are no records submitted by Resondent that discuss any injuries or pain in the lower back prior to January 7, 2013. Mr. Williams testified that prior to January 7, 2013, he did not have any issues performing his job. Further, he testified that he was working full duty up until January 7, 2013, when he sustained the subject injury.

The Arbitrator makes the following Conclusions of Law:

In support of the Arbitrator's decision relating to (F), whether the petitioner's present condition of ill-being is causally related to the injury, the Arbitrator finds the following facts:

The Arbitrator finds Petitioner's current condition of ill-being is causally related to his work injury of January 7, 2013. Accordingly, based on the credible testimony of the petitioner as well as the medical records and opinions of Dr. Diadula, Dr. Labore, Dr. Zebala, Dr. Taylor, Dr. Slack, and Dr. Fisher, which includes the MRI results of the lumbar spine, the Arbitrator finds that the petitioner has affirmatively demonstrated a causal relationship between his work related injury on January 7, 2013 and is current condition of ill-being. All of the above referenced physicians attribute the lower back injury to be related to the January 7, 2013 work related incident. Prior to his injury, Petitioner did not have any issues with his lower back. The injury caused an immediate disability to Petitioner's lower back. The Petitioner complained lower back pain during each and every visit and immediately following the incident. No evidence was presented that Petitioner suffered any injury other than the work related injury he suffered on January 7, 2013. Therefore, there is no evidence that would lead the Arbitrator to determine that the Petitioner's current condition to his lower back was caused by anything but the January 7, 2013, work related injury.

On December 3, 2014, Mr. Williams was sent for a Section 12 Examination with Dr. Jay Levin regarding his lower back injury. Mr. Williams testified that the insurance company for the

respondent sent him a notice of the visit and asked that he attend. Mr. Williams testified that Dr. Levin examined him during the visit. However, Dr. Levin's report does not document a physical examination that he performed. Instead, he discusses review of the prior treating doctor's records extensively and then answers a list of questions provided to him by the Respondent. Mr. Williams testified that he brought in the MRI films of his lower back for his review. Dr. Levin's evaluation of the MRI is the same as the other physicians and he agrees that the pathology on film revealed two disc herniations one of which is to the right side. This is consistent with the right sided radicular complaints. However, Dr. Levin fails to note this consistency. Instead, Dr. Levin states that it is a degenerative condition unrelated to the incident. Dr. Levin agreed that Mr. Williams sustained a work related injury but disagreed that he requires surgery as a result of the incident. Interestingly, Dr. Levin states that Mr. Williams does not need surgery related to the January 7, 2013 incident. However, Dr. Levin does not state unequivocally in his report that Mr. Williams does not need surgery on his lower back. That statement is somewhat cryptic and it is unclear whether Dr. Levin believes Mr. Williams does not surgery but that the need for surgery is unrelated to the incident.

It is well settled that employers take their employees as they find them. Therefore, even though an employee may have a pre-existing condition which may make him more susceptible to an injury, compensation for the injury will not be denied as long as it can be shown that the employment was also a causative factor. *Caterpillar Tractor Co., v. Industrial Comm'n*, 92 Ill. 2d 30, 36, 440 N.E.2d 861 (1982). Furthermore, an accidental injury need not be the sole causative factor, or even the primary causative factor as long as it was a causative factor in the resulting condition of ill-being. *Rock Road Construction Co., v. Industrial Comm'n*, 37 Ill. 2d 123, 127, 227 N.E.2d 65 (1967). Although this is well settled law in the state of Illinois, the

petitioner's work related injury was the primary causative factor in the resulting condition of ill-being. If a pre-existing condition was asymptomatic prior to the injury and then became symptomatic as a result of the injury, aggravated, exacerbated, or accelerated by an accidental injury, the employee is entitled to benefits. *Id* at 67-68.

Upon close examination of the medical records, this Arbitrator finds no inconsistent history, nor any evidence of any intervening cause for the petitioner's current condition. The respondent's doctor did not dispute that the petitioner sustained a work related injury. Additionally, Dr. Levin's opinion lacks credibility due to the many factors described above. Dr. Levin disagrees with four well qualified physicians as it relates to the injuries sustained. He states that Mr. Williams sustained a myofascial lumbar sprain yet his review of the MRI films opines that there are 2 disc herniations at L4-5 and L5-S1. He does not mention that at all in his report under the section asking for an opinion on what injuries were sustained in this incident. Therefore, this suggests that the herniations were pre-existing in his opinion. However, there is no evidence of any pre-existing injury to the lower back or any symptoms of low back pain. Under the law, even if this assessment were in fact true, the condition would still be related and compensable as an asymptomatic degenerative condition that became symptomatic as a result of the incident. Clearly, after reviewing the records of Dr. LaBore, Dr. Zebala, Dr. Taylor, Dr. Slack, and Dr. Fisher as well as the diagnostic film reports, Mr. Williams' work related injury caused injuries his lower back and he continues to need treatment. Therefore, the Arbitrator concludes that the petitioner's current condition of ill-being is causally related to the petitioner's accident of January 7, 2013.

In support of the Arbitrator's decision relating to (J), were the medical services that were provided to petitioner reasonable and necessary, the Arbitrator finds the following facts:

On June 3, 2014 the Petitioner began treating at Dr. Adam LaBore's office and treated there for roughly one year through August 8, 2014. The Arbitrator finds that the treatment rendered by the medical staff and doctor was reasonable and necessary to treat Mr. Williams for the work-related injury he sustained on January 7, 2013. The Arbitrator also finds that since the Petitioner's condition of ill-being was causally related to his injury on January 7, 2013, the respondent is responsible for the aforementioned medical charges and that such charges were generated as a result of treatment that was reasonable and necessary as well as usual and customary. The Arbitrator finds that the related bills on Petitioner's Exhibit 9, totaling \$196.00 are to be paid by Respondent according to the medical fee schedule.

On June 24, 2013, January 29, 2014 and October 17, 2014 the Petitioner went in for diagnostic testing at Professional Imaging in St. Louis Missouri. At the time of the hearing on April 28, 2016, the petitioner presented medical bills from Professional Imaging. (Pet. Ex. 6). The Arbitrator finds that the treatment rendered by Professional Imaging was reasonable and necessary to treat Mr. Williams for the work-related injury he sustained on January 7, 2013. The Arbitrator also finds that since the Petitioner's condition of ill-being was causally related to his injury on January 7, 2013 the respondent is responsible for the aforementioned medical charges and that such charges were generated as a result of treatment that was reasonable and necessary as well as usual and customary. The Arbitrator finds that the related bills on Petitioner's Exhibit 10, totaling \$22,623.00 are to be paid by Respondent according to the medical fee schedule.

On October 16, 2014 the Petitioner went for an EMG test at St. Louis Orthopedics. At the time of the hearing on April 28, 2016, the petitioner presented medical bills from St. Louis

Orthopedics. (Pet. Ex. 11). The Arbitrator finds that the treatment rendered by the doctor was reasonable and necessary to treat Mr. Williams for the work-related injury he sustained on January 7, 2013. The Arbitrator also finds that since the Petitioner's condition of ill-being was causally related to his injury on January 7, 2013, the respondent is responsible for the aforementioned medical charges and that such charges were generated as a result of treatment that was reasonable and necessary as well as usual and customary. The Arbitrator finds that the related bill on Petitioner's Exhibit 11, totaling \$1,655.00 is to be paid by Respondent according to the medical fee schedule.

On September 23, 2014 the Petitioner began treating at Town and Country Orthopedics. At the time of the hearing on April 28, 2014, the petitioner presented medical bills from Town and Country Orthopedics (Pet. Ex. 12). The Arbitrator finds that the treatment rendered by the medical staff and doctors was reasonable and necessary to treat Mr. Williams for the work-related injury he sustained on January 7, 2013. The Arbitrator also finds that since the Petitioner's condition of ill-being was causally related to his injury on January 7, 2013, the respondent is responsible for the aforementioned medical charges and that such charges were generated as a result of treatment that was reasonable and necessary as well as usual and customary. The Arbitrator finds that the related bills on Petitioner's Exhibit 12, totaling \$2,067.00 are to be paid by Respondent according to the medical fee schedule.

On April 5, 2015 the Petitioner began treating at Illinois Bone and Joint Institute. At the time of the hearing on April 28, 2014, the petitioner presented medical bills from Illinois Bone and Joint Institute (Pet. Ex. 13). The Arbitrator finds that the treatment rendered by the medical staff and doctors was reasonable and necessary to treat Mr. Williams for the work-related injury he sustained on January 7, 2013. The Arbitrator also finds that since the Petitioner's condition of

ill-being was causally related to is injury on January 7, 2013, the respondent is responsible for the aforementioned medical charges and that such charges were generated as a result of treatment that was reasonable and necessary as well as usual and customary. The Arbitrator finds that the related bills on Petitioner's Exhibit 13, totaling \$878.00 are to be paid by Respondent according to the medical fee schedule.

In support of the Arbitrator's decision relating to (K), is the Petitioner entitled to any prospective medical treatment, the Arbitrator finds the following facts:

The Arbitrator finds that the Petitioner requires additional medical treatment and is entitled to prospective medical treatment. The Arbitrator finds that the respondent is responsible for the additional treatment consistent with petitioner's treating physician's instructions. The MRI's taken of the Petitioner's lumbar spine clearly shows herniated discs at L4-5 and L5-S1 with nerve root impingement and stenosis. Pet. Ex. 1, p. 4, Pet. Ex 10. Further, the records from Dr. LaBore, Dr. Zebala, Dr. Taylor, Dr. Slack, and Dr. Fisher as well as the Petitioner's credible testimony show that the injuries were causally related and that additional treatment is needed. Pet Ex. 1-8. The medical records submitted from the aforementioned doctors' show that Mr. Williams has undergone extensive conservative treatment to no avail. The Arbitrator finds that the respondent must authorize the remaining treatment, including the lower back L4-5 posterior lumbar interbody fusion surgery as well as post-operative care. The Arbitrator finds that payment for the aforementioned treatment is also the responsibility of the respondent. Once the current recommended treatment regimen decided by the Petitioner's treating physician is rendered and complete, the petitioner's condition will be re-evaluated in order to ascertain whether additional treatment is necessary.

In support of the Arbitrator's decision relating to (L), is the Petitioner entitled to any TTD benefits, the Arbitrator finds the following facts:

Having found an accident that arose out of an in the course of Petitioner's employment, and that Petitioner's current condition of ill-being is causally related to the injury, the Arbitrator awards temporary total disability benefits to Mr. Williams. The medical records show that Mr. Williams has been kept off of work since his injury on January 7, 2013. Pet. Ex. 1-8. Mr. Williams testified that he has been kept on an off work restriction by Dr. Fisher to the present date. The Arbitrator finds that Mr. Williams is owed temporary total disability benefits from January 8, 2014 through April 28, 2016, for a total of 172 and 2/7 weeks. Further the Arbitrator awards that TTD should continue until Mr. Williams is released to return to work by her treating physicians or until work status becomes validly disputed in the future. The Respondent is awarded a credit for TTD paid in the amount of \$97,120.57 for TTD paid from January 8, 2013 through January 13, 2015.
