2012 IL App (1st) 112830WC-U

Workers' Compensation
Commission Division
Filed: December 21, 2012

Nos. 1-11-2830WC and 1-11-2946WC (Consolidated)

IN THE APPELLATE COURT OF ILLINOIS
FIRST JUDICIAL DISTRICT
WORKERS' COMPENSATION COMMISSION DIVISION

JOHNSBYRNE COMPANY, Appellee, v. ILLINOIS WORKERS' COMPENSATION COMMISSION, *et al*., (MID-AMERICA PRINTING and DAVID SCUMACI, Appellants).	)	Appeal from the Circuit Court of Cook County Nos. 11 L 50079, 11 L 50080 and 11 L 50085 (Consolidated) Honorable James C. Murray, Judge Presiding.

JUSTICE HOFFMAN delivered the judgment of the court.
Justices Hudson, Holdridge, Appleton and Stewart concurred in the judgment.

ORDER

¶ 1 *Held*: The judgment of the circuit court is reversed; the decision of the Commission is reinstated; and the cause is remanded to the Commission for further proceedings.

¶ 2 Both the claimant, David Scumaci, and Mid-America Printing (Mid-America) have appealed from an order of the Circuit Court of Cook County which reversed, in part, a decision of Illinois Workers' Compensation Commission (Commission), awarding the claimant certain benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq*. (West 2008)), for injuries he

allegedly received while in the employ of Mid-America. We consolidated the two appeals for review. For the reasons that follow, we reverse the judgment of the circuit court, reinstate the decision of the Commission, and remand the cause to the Commission for further proceedings.

¶ 3 The following factual recitation is taken from the evidence presented at the consolidated section 19(b) arbitration hearing conducted on December 21, 2009.

¶ 4 On January 22, 2005, the claimant was employed as a plant manager for Mid-America and was assisting a new operation manger in rearranging office furniture. While he and a coworker were moving a large desk, the coworker dropped his end. The claimant testified that, when the desk fell, he felt a "pop" in his right wrist and pain in his left arm and on the left side of his cervical region. After reporting the accident to his employer, he went to the emergency room at Edward Hospital, where he was diagnosed with a right-wrist strain, and left-arm and cervical pain. His treatment included a right-wrist splint, and he was referred to Dr. Julio Gonzalez, an orthopedist.

¶ 5 Two days later, the claimant was evaluated by Dr. Gonzales, who diagnosed a right-wrist sprain and left-sided cervical radiculopathy. A cervical MRI revealed that the claimant had degenerative disc disease and spondylotic changes at C4-5 and C5-6, with no evidence of cervical disc herniation or bulging. Dr. Gonzales prescribed a course of physical therapy for the cervical condition and referred the claimant to Dr. Mark Cohen for the injury to his right wrist.

¶ 6 Between January 31, 2005, and March 14, 2005, the claimant attended physical therapy to treat the left-sided cervical strain with radiculopathy. When the claimant was discharged from physical therapy, he continued to experience headaches and numbness in the third and fourth fingers of his left hand, but he had improvement in his cervical mobility and decreased soreness. An EMG

study performed in March 2005 revealed moderate left-wrist carpal tunnel syndrome and no evidence of cervical radiculopathy or plexopathy.

¶ 7 On February 2, 2005, the claimant began treatment with Dr. Cohen for his right-wrist injury, and this care continued while he was being treated for his cervical condition. During the initial two months of treatment, the claimant's right wrist was immobilized in a short cast, and Dr. Cohen administered periodic cortisone injections. Thereafter, the claimant was referred for physical therapy of the right wrist. In April 2005, Dr. Cohen also diagnosed the claimant with benign left-wrist carpal tunnel syndrome. Dr. Cohen administered a cortisone injection in the claimant's left carpal canal and prescribed a left-wrist splint.

¶ 8 In May 2005, Dr. Cohen concluded that conservative measures had failed to alleviate the claimant's right-wrist injury, and he recommended surgery to alleviate that condition. On May 24, 2005, Dr. Cohen performed a right-wrist partial fusion with distal radius auto-graft, formal staphoid excision, and radial styloidectomy to the claimant's right wrist. The hardware was removed in July 2005, and Dr. Cohen prescribed a postoperative occupational-therapy program. The claimant completed care for his right-wrist injury on November 23, 2005, when he was discharged from physical therapy without recommendations for further treatment of his right wrist.

¶ 9 While he was receiving treatment for his right-wrist injury, the claimant continued with conservative care for the left-sided cervical and left-arm pain. In September 2005, the claimant began treatment with Dr. Brian O'Leary. Dr. O'Leary administered a course of cervical epidural injections on September 22, 2005, October 25, 2005, and November 4, 2005. During this time period, Dr. O'Leary prescribed Vicodin and Lyrica for the claimant's pain and nerve complaints.

¶ 10 After the series of epidural injections, the claimant reported continued cervical pain, and Dr. O'Leary referred him for additional physical therapy. The claimant attended 64 physical-therapy sessions from December 2, 2005, through May 11, 2006. Dr. O'Leary also referred the claimant for treatment with Dr. Yousuf Sayeed, a pain-management specialist. Dr. Sayeed agreed with the claimant's course of physical therapy and recommended a repeat series of epidural steroid injections following the completion of therapy. In May 2006, Dr. Sayeed administered two, successive epidural steroid injections. When he was evaluated by Dr. O'Leary on June 4, 2006, the claimant reported a decrease in his cervical pain and advised that he was considering returning to work.

¶ 11 In June 2006, the claimant was approached by Johnsbyrne regarding a management position. The claimant testified that he informed Johnsbyrne of his prior work injury and physical restrictions, and eventually he was offered a light-duty management position as a press-room manager. On June 26, 2006, Dr. O'Leary released the claimant to return to light duty work with restrictions of lifting no more than five pounds. The claimant began working for Johnsbyrne two days later.

¶ 12 The claimant testified that, when he was hired by Johnsbyrne, he understood that he would be working nine to ten hours per day for five days each week and that his job duties included management of the press-room activities and were within his work restrictions. The claimant further testified that, within two months of beginning employment for Johnsbyrne, his work hours increased to an average of over 60 hours per week and, on some occasions, he would work 16 hours straight for six to seven days a week. The claimant also stated that, as opposed to working within his light-duty job restrictions, his press-room management duties included lifting and carrying materials well in excess of his five-pound lifting restriction. The claimant testified that, at times, he would carry

printing materials ranging from five to 100 pounds. The claimant further explained that, because Johnsbyrne's facility was under construction, he would need to clear debris from hallways when escorting a client to the press room to evaluate a printing job. The claimant stated that the activities he performed for Johnsbyrne were inconsistent with the way in which the position was explained on the date of his hire and that, while performing these activities, his cervical symptoms increased.

¶ 13 After he began working with Johnsbyrne, the claimant attended 13 physical-therapy sessions from July 13, 2006, through September 12, 2006. Upon being discharged from therapy, the claimant noted that he continued to have left-sided cervical tightness, but his pain had decreased. A home-exercise program was recommended, but no additional therapy was prescribed.

¶ 14 When he was evaluated by Dr. O'Leary on October 23, 2006, the claimant advised that he felt increased cervical pain and stress when he worked seven days a week and upwards of 14 to 15 hours per day. Dr. O'Leary issued a written work restriction, limiting the claimant to working no more than ten hours per day. According to the claimant, his work hours at Johnsbyrne remained the same, despite this work restriction. Though he was exceeding the work restrictions imposed by Dr. O'Leary, the claimant did not miss any time from work until December 11, 2006.

¶ 15 The claimant testified that, on December 11, 2006, he was preparing a project for customer approval, which involves taking a customer to the press room to review a printing job and confirm that it is consistent with the customer's specifications. The claimant further testified that, while he was preparing for the customer approval, he encountered a hallway that was blocked by a pallet stacked with printing materials. The claimant stated that he attempted to push the pallet out of the pathway so that the client would have access to the press room. While attempting to push the skid,

he experienced immediate, severe cervical pain, which radiated down his arm and into both legs. The claimant stated that he had never before experienced such severe cervical pain, which was significantly greater than that he had experienced after the January 22, 2005, employment accident at Mid-America.

¶ 16 The claimant also testified that the pain he experienced while attempting to move the pallet caused him to fall to the floor. A coworker helped him to his feet and assisted him to Johnsbyrne's human resources department. The claimant testified that he asked Sabina Krzyzak, the human resources representative, for authorization to be evaluated at the company clinic. According to the claimant, Krzyzak advised him to go to the doctor and assured him that she would notify Jack Gustofason, the owner of the company.

¶ 17 After leaving work on December 11, 2006, the claimant sought treatment with Dr. O'Leary. The claimant advised Dr. O'Leary that his neck pain had become so severe he now wished to undergo an evaluation with a spine specialist. Dr. O'Leary refilled and increased his pain medications. The claimant applied ice packs to his neck. On December 15, 2006, the claimant tried to perform his work duties, but the pain was so severe that he had difficulty walking. After telling Krzyzak that he needed to seek medical attention, the claimant was taken to the emergency room at Edward Hospital, where Dr. Sayeed administered a left-sided cervical epidural steroid injection. In his report, Dr. Sayeed noted that the claimant previously had excellent relief of his cervical symptoms, but that he had indicated that his symptoms had returned.

¶ 18 On December 29, 2006, the claimant was evaluated by Dr. Harel Deutsch. During that evaluation, the claimant reported that he had suffered a work-related accident and that he had not

been able to return to work after the accident. Dr. Deutsch also noted that the claimant's cervical symptoms were exacerbated while he was employed by Johnsbyrne. Dr. Deutsch reviewed the claimant's cervical MRI films from the prior year and agreed that they revealed disc pathology at the C4-5 and C5-6 levels. Following this evaluation, Dr. Deutsch recommended that the claimant undergo a two-level cervical discectomy and fusion, and that he should remain off work until the procedure was completed.

¶ 19 In January 2007, the claimant began treating with Dr. Edward Goldberg for his cervical condition. Dr. Goldberg agreed that surgery was recommended, noting that an MRI revealed cervical degenerative disease with stenosis at the C4-5 and C5-6 levels. On September 20, 2007, Dr. Goldberg performed an anterior cervical discectomy and fusion at levels C4-5 and C5-6, with anterior cervical instrumentation at the corresponding levels. The claimant began postoperative therapy on October 12, 2007, and continued therapy through February 6, 2008. On March 31, 2008, Dr. Goldberg confirmed that the two-level fusion had healed and that the claimant could continue with therapy. The claimant attended physical therapy for approximately four weeks. A functional capacity evaluation (FCE) performed in May 2008 indicated that the claimant was capable of performing work at a light to medium physical-demand level. On May 12, 2008, Dr. Goldberg recommended that the claimant begin a work-conditioning program. Because the claimant was experiencing increased discomfort, his work-hardening program was temporarily suspended, and he was referred for a physiatrist evaluation with Dr. Lawrence Frank.

¶ 20 On July 8, 2008, the claimant was evaluated by Dr. Frank, who recommended an updated EMG study and a series of facet injections. Dr. Frank administered left-sided facet injections at C6-7

and C7-T1 on July 31, 2008. An August 2008 EMG study revealed asymptomatic evidence of left-wrist median neuropathy but no evidence of left-sided cervical radiculopathy, brachial plexopathy, or ulnar nerve injury. While he was treating with Dr. Frank, the claimant continued with the work-conditioning program from August 25, 2008, through November 2, 2008. Dr. Frank also prescribed Lyrica, Trazodone, and Tramadol to assist with the claimant's pain and nerve discomfort. An October 2008, FCE confirmed that he was capable of working at a light to medium physical-demand level. The claimant was last evaluated by Dr. Frank on November 7, 2008.

¶ 21 Thereafter, Dr. Goldberg referred the claimant for a left-shoulder evaluation with Dr. Nikhil Verma. Dr. Verma did not identify any intrinsic left-shoulder pathology and recommended that the claimant be evaluated for thoracic outlet syndrome.

¶ 22 The claimant was evaluated by Dr. William Warren, a thoracic surgeon, on February 9, April 15, and August 17, 2009. Dr. Warren's opinions regarding the claimant's current condition of ill-being and future medical needs were expressed in a narrative report written on August 22, 2009, and at his evidence deposition on November 18, 2009. In particular, Dr. Warren concluded that the claimant suffered from a left thoracic outlet syndrome. This conclusion was premised on the fact that the claimant had a clearly audible bruit over the left subclavian artery when he assumes Adson's position. Dr. Warren also concluded that the claimant's thoracic outlet syndrome more probably than not is related to his December 2006 employment accident. Dr. Warren explained that the claimant may have been predisposed to develop thoracic outlet syndrome, but the syndrome remained asymptomatic until the claimant sustained the work-related accident in December 2006.

¶ 23 Dr. Warren noted that, as of August 2009, the claimant was unable to raise his left arm above

the level of his shoulder and that attempts to do so caused him pain in the left arm radiating down into the fourth finger of the left hand. He further noted that the claimant was unable to sleep without constantly turning to avoid pain, and his ability to drive and perform other activities of daily living had been affected. In addition, the claimant had been unable to return to work as a result of the pain caused by the December 2006 injury, and pain medication had not provided significant relief. Dr. Warren further opined that a surgical resection of the claimant's left, first rib was medically necessary to decompress the thoracic outlet and that the failure to perform this procedure would lead to prolonged pain and disuse of the left arm, as well as further weakening and compromise of use of the left arm.

¶ 24 At Johnsbyrne's request, the claimant was examined by Dr. Avi Bernstein on June 25, 2009. Following this examination, Dr. Bernstein concluded that the claimant had reached maximum medical improvement (MMI) for his cervical injury and that no further treatment was necessary, but he did not express any opinion as to whether the claimant's cervical injury was related to either the January 2005 or the December 2006 work accident. Dr. Bernstein stated that he did not believe the claimant's cervical surgery was a reasonable course of medical care, but he agreed that the FCE properly assessed the claimant's work capabilities at the light to medium physical-demand level. With respect to the diagnosis of thoracic outlet syndrome, Dr. Bernstein found no evidence of such syndrome based on the physical examination. Yet, Dr. Bernstein acknowledged that he was not an expert in thoracic outlet syndrome, and he recommended that the claimant undergo an evaluation with a thoracic outlet syndrome expert.

¶ 25 In August 2009, Dr. Bernstein reviewed additional records of the claimant's prior medical

treatment. At the request of Johnsbyrne, Dr. Bernstein prepared a supplemental opinion, dated August 25, 2009, in which he concluded that the claimant's cervical spine injury and subsequent surgery were most likely causally related to the initial work incident of January 22, 2005. In support of his opinion, Dr. Bernstein noted that the claimant's MRI findings from January 25, 2005, and January 10, 2007, were similar. Dr. Bernstein further noted that the claimant's cervical symptoms following the January 2005 accident were not completely resolved when he began working for Johnsbyrne. Though he expressed his understanding that the claimant had pursued employment at the sedentary level, Dr. Bernstein did not indicate whether he had received or considered any information regarding the claimant's actual work duties while he was employed with Johnsbyrne.

¶ 26 At the request of Mid-America, the claimant was examined by Dr. Alexander Ghanayem on July 24, 2009. The report documenting the findings of that examination noted that the claimant had sustained a work injury, but the report did not indicate whether Dr. Ghanayem's conclusions were based on the January 2005 accident or the December 2006 accident. Dr. Ghanayem concluded that the claimant had aggravated his cervical disc disease from a work injury. Dr. Ghanayem further explained that an individual working between 50 to 60 hours per week could have aggravated a preexisting cervical condition. Dr. Ghanayem agreed with the claimant's course of cervical care and also agreed that the FCE appropriately indicated that the claimant was capable of light to medium work. Dr. Ghanayem stated, however, that he did not believe the claimant exhibited clinical or objective symptoms of thoracic outlet syndrome. Dr. Ghanayem also found that the claimant had reached MMI for his cervical injury and required no further treatment.

¶ 27 At Mid-America's request, Dr. Ghanayem prepared a supplemental opinion, dated October

16, 2009. In his supplemental opinion, Dr. Ghanayem stated that surgery of the nature performed on the claimant is elective and is only administered at the choice of the patient. Dr. Ghanayem further explained that the claimant was working effectively and did not elect to have surgery after his initial work accident in January 2005. However, Dr. Ghanayem noted that the claimant elected to proceed with surgery after the second injury in December 2006. Based on this chain of events, Dr. Ghanayem concluded that the December 2006 injury aggravated the claimant's cervical injury to the point that surgical intervention became necessary. According to Dr. Ghanayem, the claimant could have lived with the residual symptoms stemming from the January 2005 work injury, but the second injury in December 2006 forced him to undergo the surgical intervention performed by Dr. Goldberg in September 2007.

¶ 28 The claimant testified that, as of the date of the hearing, he continued to suffer from pain that originates in the left side of his neck at the cervical area of the shoulder. According to the claimant, the pain radiates up into his head and down his left arm and also causes blurred vision and burning in the third and fourth fingers of his left hand. The claimant further testified that this pain is much more severe than what he had experienced following the January 2005 accident. The claimant also stated that, because his TTD and medical benefits were terminated in March 2009, he was not able to undergo the surgery recommended by Dr. Warren.

¶ 29 Dean Fairley, the claimant's supervisor at Johnsbyrne, testified that the claimant's responsibilities as a press-room manager included overseeing the manufacturing floor, monitoring the quality of the press jobs, and ensuring that the press-room employees were maintaining appropriate levels of productivity. Fairley stated that the claimant had performed his job well and

was promoted in September 2006. Following the promotion, the claimant's responsibilities included overseeing the second and third shifts, as well as the first shift. In describing the claimant's job duties, Fairley noted that the claimant's work activities included a fair amount of walking and monitoring of the press-room activities. Fairley further testified that the claimant should have utilized press-room employees to assist with transportation of printing materials. However, Fairley acknowledged that, if a press-room employee was not available and a supervisor was capable, the supervisor would be expected to move debris or transport printing materials.

¶ 30 Fairley also testified that he attended an end-of-the-year evaluation meeting with the claimant and Johnsbyrne's owner, Jack Gustofason, on the morning of December 15, 2006. According to Fairley, this meeting was cut short because the claimant was experiencing severe headaches.

¶ 31 Sabina Krzyzak testified that she had a telephone conversation with the claimant on December 19, 2006, during which he reported that his current state of ill-being was related to a work injury. Krzyzak further testified that she sent the claimant an employee-accident report, which he completed and returned. In the accident report, the claimant stated that he suffered an injury to his cervical region, which aggravated his preexisting cervical injury.

¶ 32 Upon consideration of the evidence presented at the hearing, the arbitrator found that the claimant sustained two workplace accidents and that the claimant's condition of ill-being from January 22, 2005, through December 10, 2006, was attributable to the injuries sustained while he was employed by Mid-America, but his condition of ill-being from December 11, 2006, onward was attributable to the injuries sustained during his employment with Johnsbyrne. In particular, the arbitrator noted that, following the December 2006 accident, the claimant sought immediate medical

care for the injury to his cervical region and did not return to work after he left the year-end meeting early due to severe headaches and cervical pain. The arbitrator also observed that the claimant was able to return to work with conservative treatment following the January 2005 accident at Mid-America and that, but for the subsequent accident at Johnsbyrne, the claimant would have continued working without electing to undergo surgical intervention. The arbitrator found that the opinions of Dr. Warren and Dr. Ghanayem, that the claimant's current condition of ill-being is causally related to the December 2006 accident, were more persuasive than the contrary conclusion of Dr. Bernstein. The arbitrator found Dr. Bernstein's causation opinion to be unpersuasive because it was premised solely on a comparison of the claimant's cervical MRI studies and offered no explanation as to why his symptoms increased significantly and necessitated surgery after the December 2006 injury. The arbitrator further noted that, although Dr. Bernstein and Dr. Ghanayem disagreed with the diagnosis of thoracic-outlet syndrome, neither of those doctors is a thoracic specialist, as is Dr. Warren.

¶ 33 Based on these factual and credibility determinations, the arbitrator found that Mid-America was liable for temporary total disability (TTD) benefits and medical expenses for 74 2/7 weeks from January 22, 2005, through June 27, 2006, and that Johnsbyrne was liable for TTD benefits and medical expenses for 141 6/7 weeks from December 11, 2006, through September 2, 2009, as well as for the prospective surgery recommended by Dr. Warren.

¶ 34 Johnsbyrne sought review of the arbitrator's decision before the Commission. In a unanimous decision, the Commission corrected two minor errors, relating to the chronology of the claimant's medical treatment, but otherwise affirmed and adopted the findings of the arbitrator, including the determination of liability attributable to Mid-America and Johnsbyrne. The Commission also

remanded the cause for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980).

¶ 35 Johnsbyrne sought review of the Commission's decision in the circuit court of Cook County.[1] The circuit court reversed the Commission's decision, in part. The circuit court ruled that the Commission's finding, that the December 11, 2006, injury at Johnsbyrne was an independent, intervening accident that broke the causal chain stemming from the January 22, 2005, accident at Mid-America, is against the manifest weight of the evidence. Accordingly, the circuit court ruled that Mid-America is liable for all TTD and medical expenses from January 22, 2005, through September 2, 2009, as well as for the prospective surgery recommended by Dr. Warren. This appeal followed.

¶ 36 On appeal, Mid-America argues that the circuit court erroneously ruled that the Commission's finding, that the claimant's December 2006 injury at Johnsbyrne was an independent, intervening accident that broke the causal chain stemming from his January 2005 accident at Mid-America, is against the manifest weight of the evidence. We must agree.

¶ 37 To receive compensation under the Act, a claimant must prove, by a preponderance of the evidence, that he suffered a disabling injury that arose out of and in the course of his employment. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665 (2003). The "arising out of" element refers to the causal connection between the accident and the claimant's injury. *Sisbro*, 207 Ill. 2d at 203. An injury arises out of the employment if it "had its origin in some risk connected

[1] The claimant also sought review in the circuit court, but acknowledged in his brief that he agreed with the Commission's findings.

with, or incidental to, the employment so as to create a causal connection between the employment and the accidental injury." *Sisbro*, 207 Ill. 2d at 203.

¶ 38 Every natural consequence that flows from an injury arising out of and in the course of a claimant's employment is compensable unless such injury is caused by an independent intervening act which breaks the causal connection between the employment and the claimant's condition of ill-being. *Greaney v. Industrial Comm'n*, 358 Ill. App. 3d 1002, 1013, 832 N.E.2d 331 (2005); *Teska v. Industrial Comm'n*, 266 Ill. App. 3d 740, 742, 640 N.E.2d 1 (1994). An independent, intervening accident breaks the chain of causation between a work-related injury and an ensuing disability or injury. *Teska*, 266 Ill. App.3d at 742. A causal connection between an accident and a claimant's condition may be established by a chain of events, including the fact that the employee was able to perform manual duties prior to the date of an accident and then had a decreased ability to perform such duties immediately following that date. *Zion-Benton Township High School Dist. 126 v. Industrial Comm'n*, 242 Ill. App. 3d 109, 114, 609 N.E.2d 974 (1993) (citing *Pulliam Masonry v. Industrial Comm'n*, 77 Ill. 2d 469, 471, 397 N.E.2d 834 (1979); *Darling v. Industrial Comm'n*, 176 Ill. App. 3d 186, 193, 530 N.E.2d 1135 (1988)). In addition, the aggravation or acceleration of a preexisting condition caused by an accident occurring in the course of employment is a compensable injury under the Act. *Caterpillar Tractor Co. v. Industrial Comm'n*, 92 Ill. 2d 30, 36, 440 N.E.2d 861 (1982); *Central Rug & Carpet v. Industrial Comm'n*, 361 Ill. App. 3d 684, 690, 838 N.E.2d 39 (2005). A finding of a causal relationship may be based upon a medical expert's opinion that an injury "could have" or "might have" been caused by a work-related accident. *Mason & Dixon Lines, Inc. v. Industrial Comm'n*, 99 Ill. 2d 174, 182, 457 N.E.2d 1222 (1983); *Price v. Industrial Comm'n*,

278 Ill. App. 3d 848, 853, 663 N.E.2d 1057 (1996).

¶ 39 Whether a claimant's condition is attributable to a preexisting condition or to an aggravation of that condition caused by an employment accident is a question of fact for the Commission. *Sisbro*, 207 Ill. 2d at 205-06. In resolving questions of fact, it is the function of the Commission to judge the credibility of the witnesses and resolve conflicting medical evidence. *Sisbro*, 207 Ill. 2d at 206-07. Factual determinations by the Commission will not be set aside on review unless it is against the manifest weight of the evidence. *Franklin v. Industrial Comm'n*, 211 Ill. 2d 272, 279, 811 N.E.2d 684 (2004); *University of Illinois v. Industrial Comm'n*, 365 Ill. App. 3d 906, 910, 851 N.E.2d 72 (2006). For a finding of fact to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *University of Illinois*, 365 Ill. App. 3d at 910. If the record provides an adequate basis for the Commission's finding with regard to causation, the Commission's decision must be confirmed. See *Sisbro*, 207 Ill. 2d at 215.

¶ 40 In this case, the evidence established that, after the January 2005 accident, the claimant's cervical symptoms and complaints had subsided as a result of treatments that were conservative and progressively less frequent. Indeed, the evidence indicates that from July to December 2006, the claimant had been performing job responsibilities that were physically very demanding, such as working an average of 60 hours per week and carrying printing materials that weighed up to 100 pounds. Following the December 2006 accident, however, the claimant experienced new symptoms, including severe cervical pain that radiated down his arm and into both legs. Also, the severity of the claimant's pain and cervical symptoms increased significantly. These circumstances prevented him from performing his employment responsibilities and hampered his ability to engage in the

activities of daily life. The new and increased symptoms caused the claimant to seek immediate medical treatment and to opt for elective surgery. Thus, the December 2006 accident necessitated more frequent and more aggressive treatment than the claimant had undergone previously. Drs. Warren and Ghanayem both opined that the claimant's current condition of ill-being is causally related to the December 2006 accident. The Commission found those opinions to be persuasive and relied on them in determining that, but for the December 2006 accident at Johnsbyrne, the claimant would have continued working without electing to undergo surgical intervention. In rejecting Dr. Bernstein's causation opinion as unpersuasive, the Commission noted that it was premised solely on a comparison of the claimant's cervical MRI studies and offered no explanation as to why his symptoms increased significantly and necessitated surgery after the December 2006 injury.

¶ 41 As set forth above, credibility determinations and the resolution of conflicts in medical opinions falls within the province of the Commission. *Sisbro*, 207 Ill. 2d at 206-07. Here, the testimony of the claimant, his medical records, and the opinions of Dr. Warren and Dr. Ghanayem provide sufficient evidence to support the Commission's finding that the claimant's current condition of ill-being is causally related to the December 2006 injury, which was an independent, intervening accident that broke the chain of causation stemming from the claimant's initial injury in January 2005. Consequently, we cannot conclude that the Commission's holding in this regard is against the manifest weight of the evidence.

¶ 42 For the foregoing reasons, we reverse the judgment of the circuit court, reinstate the decision of the Commission, and remand the cause to the Commission for further proceedings.

¶ 43 Circuit court judgment reversed; Commission decision reinstated; and cause remanded.