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2013 IL App (4th) 120741WC-U

Order filed July 12, 2013

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

R & L CARRIERS,	)	Appeal from the Circuit Court
	)	of the 6th Judicial Circuit,
Appellant,	)	Champaign County, Illinois
	)	
v.	)	Appeal No. 4-12-0741WC
	)	Circuit No. 12-MR-199
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	Honorable
COMMISSION <i>et al.</i> (Edward T. Reynolds,	)	Thomas J. Difanis,
Appellee).	)	Judge, Presiding.

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JUSTICE HOLDRIDGE delivered the judgment of the court.  
Justices Hoffman, Hudson, Harris, and Stewart concurred in the judgment.

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¶ 1 *Held:* The Commission's findings that the claimant's current condition of ill-being was causally related to an industrial accident on September 14, 2007, and its award of benefits and medical expenses as a result of that accident were not against the manifest weight of the evidence.

¶ 2 The claimant, Edward Reynolds, filed an application for adjustment of a claim under the Workers' Compensation Act (the Act) (820 ILCS 305/1 *et seq.* (West 2006)) seeking benefits for injuries to his right leg, right arm, and low back allegedly sustained on September 14, 2007, during his employment as a truck driver for R & L Carriers (employer). An arbitrator found that

the claimant proved that he had sustained an accidental injury on September 14, 2007, and ordered payment of medical expenses up to February 14, 2008. The arbitrator further determined that the claimant's current condition of ill-being was the result of an intervening work-related accident occurring on February 14, 2008. The arbitrator awarded no temporary total disability (TTD) benefits because the claimant had lost no work after the September 14, 2007, accident. The arbitrator awarded \$1335.70 in reasonable and necessary medical expenses. The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (the Commission), which affirmed and adopted the arbitrator's finding that the claimant sustained an accidental injury on September 14, 2007, but reversed the arbitrator's finding that the claimant's current condition of ill-being was not causally related to the September 14, 2007, accident. Accordingly, the Commission awarded the claimant TTD benefits from May 21, 2008, through August 24, 2008, and from July 15, 2009, through November 18, 2010, for a total of 84 weeks. The Commission also ordered the employer to pay \$30,686.94 for reasonable and necessary medical expenses and further ordered the employer to pay the cost of surgery recommended by the claimant's treating physician. The employer then sought judicial review of the Commission's decision in the circuit court of Champaign County, which confirmed the Commission's ruling by docket entry dated August 1, 2012. No written order was issued. The employer then brought this appeal.

¶ 3 The employer raises the following issues on appeal: (1) whether the Commission's finding that the claimant proved a causal connection between his current condition of ill-being and the accident on September 14, 2007, was against the manifest weight of the evidence; (2) whether the Commission's award of medical expenses incurred up to the date of the hearing was

against the manifest weight of the evidence; (3) whether the Commission's award of prospective medical expenses was against the manifest weight of the evidence; and (4) whether the Commission's award of temporary total disability benefits was against the manifest weight of the evidence.

¶ 4

#### FACTS

¶ 5 On September 14, 2007, the claimant, a 54-year-old truck driver, made a delivery to a factory in Rantoul, Illinois. While he was inside the trailer arranging product for his next delivery, someone moved the dock plate that connected his trailer to the loading dock. When the claimant stepped backwards out of the trailer, his left leg became wedged in the space between the trailer, and the dock and his right hip "planted square on the dock." The claimant testified that it took several minutes for him to free himself.

¶ 6 The claimant further testified that he immediately phoned his supervisor, John Chapman, to inform him of the accident. He told Chapman that he could complete his route, which he did without incident. When he got home, the claimant took photographs of his left leg and thigh, which depicted multiple cuts, abrasions, and bruises. The following work day, September 17, 2007, the claimant reported to work, filled out an accident report wherein he noted low back, left thigh, and right arm pain. Chapman also filled out a separate report indicating that the claimant "would try to work through the injury."

¶ 7 The claimant testified that he attempted to work through the pain until about two weeks later when he informed Chapman that he could not keep working and needed to see a doctor. Chapman asked him to wait another two weeks until two other employees returned from their vacations. The claimant waited two more weeks to contact his family physician, Dr. Muhammad

Kahn. The claimant was told that he could not get in to see Dr. Kahn until November 30, 2007, approximately one month later. The claimant testified that, although he continued to experience pain, he continued working until his appointment with Dr. Kahn. The claimant further testified that he did not seek emergency room treatment at any time prior to his appointment with Dr. Kahn because he could not afford the insurance deductible for emergency room care. The claimant also testified that he complained to Chapman on several occasions that he was in severe pain while working.

¶ 8 William Garret, a coworker of the claimant, testified that, in September 2007, the claimant complained to Garret of back, knee, and leg pain and told him about falling between a trailer and a dock plate. Garret also testified that Chapman had occasionally asked him to reschedule doctor's appointments when they were short handed at work. Garret stated that the employer was very short staffed so, if two people were out, it created a strain on everyone else. "That's one of the reasons that [the claimant] kept working like he did for the simple fact that if one of us don't show up, it puts a real strain on absolutely everyone else." Garret also testified that, when he went to the local urgent care center for his own workers' compensation claims, he never paid a penny out of his own pocket. He stated that no one from the employer ever stopped him from seeking medical treatment for his work injuries. He also agreed that he had the option to visit an urgent care center in the evening or on weekends.

¶ 9 John Chapman, the claimant's immediate supervisor, testified that once a work-related accident was reported, the employee could seek treatment at one of three clinics in Springfield or Decatur. Two of those clinics were open on weekends. Chapman testified that he was not short staffed on September 14, 2007, and would not have stopped the claimant from seeing a doctor

that day because of staffing issues. He also testified that the claimant had not requested any days off until November 14, 2007, when he asked to use a personal day to go to court. He also testified that the claimant took vacation days from February 25, 2008 through February 29, 2008. He also denied that the claimant asked for time off because of pain or injury between September 14, 2007, and February 25, 2008, and he further denied that the claimant asked to have another employee perform his job or that his job duties be altered in any way during that period. On cross-examination, Chapman agreed that he sometimes asked drivers to reschedule a doctor or dentist appointment if the maximum number of drivers were already off that day, but he denied that was the same thing as refusing them time off. On redirect, Chapman testified that he would never ask an employee to reschedule a doctor visit for some urgent health problem. He denied ever asking an employee to reschedule a doctor appointment related to a work injury. On recross, Chapman testified that the claimant passed his March 17, 2007, Department of Transportation physical examination. He also agreed that nothing in the examination report indicated the claimant had any back pain prior to the September 14, 2007, accident. In regard to prior workers' compensation claims, Chapman was not aware of any of those claims pertaining to a low back injury.

¶ 10 On November 30, 2007, the claimant was examined by Dr. Kahn. The claimant gave a history of the work accident on September 14, 2007, and complained of constant low back pain that was exacerbated by sitting, standing, lifting, and bending. Dr. Kahn ordered an X-ray of the left arm which proved unremarkable. Diagnostic testing of the spine, however, revealed degenerative spondylosis in the lumbar and thoracic spine, as well as joint hypertrophy in the lumbar region.

¶ 11 On January 7, 2008, the claimant again sought treatment from Dr. Kahn. The claimant complained of continuing back pain, as well as symptoms of congestion and coughing. Dr. Kahn's treatment notes indicated the claimant complained of back pain since the September accident. Dr. Kahn ordered an MRI and prescribed Skelaxin, a pain inhibitor and muscle relaxant. The claimant continued to work.

¶ 12 On February 14, 2008, the claimant was in a motor vehicle accident while working. He testified that he was driving his truck approximately 40 miles per hour when another driver ran a stop sign and hit the rear of the claimant's truck. The claimant suffered a broken bone in his right wrist. He filed a workers' compensation claim for his wrist injury, which was settled. The claimant denied any back injury as a result of this accident "because [his] back was hurt before the accident."

¶ 13 On May 2, 2008, the claimant returned to Dr. Kahn, complaining of worsening back pain. Dr. Kahn prescribed physical therapy and ordered the claimant off from work for one week. On May 19, 2008, the claimant underwent an MRI which revealed to Dr. Kahn bulging discs at L5-S1 and L4-L5. Dr. Kahn also noted posterior bulging at L1-L2. The claimant participated in physical therapy at Decatur Memorial Hospital from May 20, 2008, until June 18, 2008. Treatment records indicated that Dr. Kahn discontinued physical therapy after concluding it was providing only transient relief.

¶ 14 On June 16, 2008, Dr. Kahn referred the claimant to Dr. Thomas D. Fulbright, a board-certified neurologist. Dr. Fulbright examined the claimant on June 30, 2008. The claimant gave Dr. Fulbright a history of the September 14, 2007, work accident and reported that he continued to work his regular job until "about a month ago when he was placed on light duty." The

claimant stated his light duty work was revoked and he was told to use FMLA (Family Medical Leave Act) time and, if he could not return to unrestricted duty after that, he would be fired. Dr. Fulbright noted that he had operated on the claimant's cervical spine in 1987. Dr. Fulbright examined claimant and reviewed the diagnostic MRI films. He found only dessication at L1-L2 and mildly diastatic facet joints at L3-L4 on the films. Dr. Fulbright believed surgical intervention was unlikely to improve the claimant's condition. He ordered additional diagnostic testing to look for evidence of an injury that might have alluded prior testing. If no such injury was found, Dr. Fulbright recommended conservative treatment and physical therapy. On July 10, 2008, the claimant underwent diagnostic tests ordered by Dr. Fulbright. Those tests revealed no evidence of additional injuries.

¶ 15 The claimant returned to Dr. Fulbright on July 14, 2008, who reviewed the prior diagnostic tests but found no additional abnormalities. The claimant told Dr. Fulbright that he had only about eight more weeks of FMLA (Family Medical Leave Act) time before he was to be terminated. The claimant did not believe he could perform his job and he did not think physical therapy would be beneficial. Dr. Fulbright gave the claimant a release to return to work without restrictions in six weeks. He instructed the claimant to return if he did not believe he could return to work at that time.

¶ 16 On August 25, 2008, the claimant reported to Dr. Fulbright that he still had significant pain but that he would lose his job if he did not return to work. The claimant asked Dr. Fulbright to give him a full release to work even though he did not think he was fit for work. Dr. Fulbright "accommodated" the claimant's request and noted he should seek follow-up treatment as needed.

The claimant testified that he asked Dr. Fulbright to release him to work even though he was still in pain. He stated, “[the employer] denied my workman's comp and put me on family leave which was only twelve weeks, so it was either get a full release and go back to work or get fired.” When the claimant returned to work, his coworkers helped him so that he would not have to do any heavy lifting. The claimant was, however, eventually terminated by the employer. He testified that he was fired because “[the employer] told [him] that back pain was not significant reason to miss work.” After being terminated, the claimant applied for Social Security Disability. The record does not indicate whether the application was granted.

¶ 17 On March 12, 2009, the claimant returned to Dr. Khan, who noted that he last examined the claimant in August 2008. The claimant reported pain in his legs, especially with walking, and ongoing back pain he rated at 7 or 8 on a scale of 1 to 10. Dr. Khan referred the claimant for further diagnostic testing. The claimant saw Dr. Khan again on April 6, 2009, and reported ongoing back pain with tingling and numbness in his legs. He also reported having trouble getting up and down from his truck. Dr. Khan ordered a repeat lumbar spine MRI and gave the claimant a referral to a pain clinic. The claimant underwent the MRI on April 7, 2009, which revealed mild neural foraminal encroachment by disc bulge bilaterally at L5-S1 and degenerative changes.

¶ 18 On April 30, 2009, the claimant began treatment with Dr. John R. Underwood at St. Mary's Pain Center in Decatur, Illinois. The claimant completed a patient questionnaire, indicating that his low back pain started on September 14, 2007, after he fell between a loading dock and trailer. Dr. Underwood diagnosed with lumbar IVD syndrome and lumbar radiculopathy. He prescribed epidural steroid injections for pain management. The claimant

received four injections between April 30, 2009, and June 16, 2009. On July 7, 2009, the claimant received additional lumbar facet block injections on the right side at L3, L4, and L5.

¶ 19 On June 19, 2009, a settlement contract pertaining to the February 14, 2008, accident was approved by the Commission. That agreement provided that the claimant sustained only a wrist injury in that accident and that he did not miss any work as a result of that injury.

¶ 20 On July 15, 2009, the claimant sought treatment at the emergency department of Decatur Memorial Hospital, where he complained of extreme pain in the lower back. He gave a history of his September 2007 fall and the subsequent treatment. He reported that his back had been better following the injections at St. Mary's Pain Center, but the day before, he did a great deal of heavy lifting at work, and his current back pain was much worse. The claimant was diagnosed with lumbar strain and was prescribed pain medication. He was discharged with instructions to avoid heavy lifting until seen by his primary doctor. The claimant then saw Dr. Khan on July 16, 2009. Dr. Khan noted the claimant was treated in the emergency department the prior day because of severe back pain. Dr. Kahn ordered the claimant off from work.

¶ 21 On July 23, 2009, the claimant was examined by Dr. John M. Furry at St. Mary's Pain Center. Dr. Furry's specialization is in pain management. Dr. Furry took a history of the September 14, 2007, accident and noted that the claimant had denied any back pain prior to that accident. Dr. Furry recommended a lumbar discography, which was performed on August 21, 2009. The test revealed an annular tear at L5-S1 and at L4-L5. Dr. Furry reviewed the test results on September 18, 2009, and recommended a disc decompression surgery. He also prescribed Vicodin for the claimant's pain.

¶ 22 On October 28, 2009, Dr. Furry issued a report to the employer in which he gave a history of the claimant's September 14, 2007, accident and subsequent care, including treatment with Dr. Khan, Dr. Fulbright, and the pain injections. Dr. Furry noted the findings of an April 7, 2009, MRI and August 21, 2009, discography. He opined that those findings correlated with the claimant's subjective complaints. Given the test results and the failed conservative treatments, Dr. Furry recommended a disc decompression surgery.

¶ 23 On January 26, 2010, Dr. Furry gave deposition testimony. He testified that he was board certified in family medicine, anesthesiology, and pain management. Relying on his records, Dr. Furry gave a history of claimant's treatment at St. Mary's Pain Center. He discussed the discogram which revealed annular tears at L5-S1 and L4-L5. He agreed that the earlier MRI had not shown the tears but stated that such discrepancies were not uncommon because the discogram was a much more sensitive test. Dr. Furry opined that the annular tears were caused by the September 14, 2007, work accident. His opinion was based on the fact that claimant reported having no prior back pain but, after the accident, the claimant experienced back pain which the discogram subsequently showed to be emanating from the lumbar discs with annular tears. Dr. Furry recommended disc decompression surgery to relieve the pressure on the annulus.

¶ 24 On cross-examination, Dr. Furry testified that he did not review any medical records from Dr. Khan. The only record he had from before the claimant's treatment at St. Mary's Pain Center was an MRI dated April 7, 2009. He agreed that his causation opinion was based on what the claimant told him regarding the September 14, 2007 accident. Dr. Furry stated that he would have to review any earlier records indicating the claimant injured his back before deciding if his causation opinion was incorrect. Dr. Furry agreed that the claimant had said he was not allowed

to go to the company doctor after his accident because his employer was short-handed, but he did not recall the claimant stating why he could not seek treatment in the evenings or weekends. Dr. Furry had no records indicating that the claimant was taken off work or put on light duty between September 14, 2007, and November 30, 2007.

¶ 25 Dr. Furry testified that he was given no history of a motor vehicle accident but agreed that a history of a traumatic motor vehicle accident could impact his causation opinion. Dr. Furry had no records of the tests ordered by Dr. Fulbright, but stated that, even if the tests showed a lack of spondylolisthesis or instability in the spine, that would not tell him anything regarding bulging discs or annular tears. Dr. Furry stated that the recommended disc decompression was intended to decrease the claimant's pain and increase his activity level. He agreed that the claimant would not be disabled if he did not undergo the procedure. On re-direct, Dr. Furry testified that the claimant did not appear to be magnifying his symptoms and that the objective findings from his examination of the claimant were consistent with his subjective complaints.

¶ 26 On February 17, 2010, the claimant was examined at the request of the employer by Dr. Lawrence Leventhal, a board-certified orthopedic surgeon. The claimant gave Dr. Leventhal a history of his September 14, 2007, work accident and subsequent treatment for low back pain. He also gave a history of the February 14, 2008, work accident but said the only injury in that accident was to his right wrist. The claimant also reported that he did office work in June 2008 and then was off work from the end of June 2008 through September 2, 2008. He worked regular duty until July 14, 2009, when he was taken off work by Dr. Kahn. He was then terminated by the employer in September 2009. Dr. Leventhal reviewed the claimant's medical records and injury reports. He obtained lumbar diagnostic tests, which revealed spurring at

L1-L2, L2-L3, L3-L4, and minor narrowing of the facet joints at L5-S1 bilaterally. A physical examination revealed limited flexion and extension of the lumbar spine, no tenderness in the paraspinal muscles, and a negative sitting straight leg raising test.

¶ 27 Dr. Leventhal diagnosed low back pain with degenerative disc and arthritis with a history of injury on September 14, 2007. He opined that the claimant's back complaints after September 14, 2007, were indicative of an underlying degenerative and arthritic condition prior to the accident on that date. He further opined that the claimant "may have strained his lower back on September 14, 2007," but if it had caused a significant increase in pain, the claimant would have sought medical treatment sooner than he actually did. Dr. Leventhal also noted the claimant's complaints of increased back pain after the February 14, 2008, accident, but he opined that "a collision of significant magnitude to cause an injury to the wrist could also cause an aggravation of a degenerative condition in his back and cause increasing pain." He believed that the claimant received appropriate treatment for the back strain after September 14, 2007, and that the claimant's back pain was completely alleviated after January 17, 2008.

¶ 28 Dr. Leventhal gave deposition testimony on April 21, 2010, in which he summarized his findings, conclusions, and opinions regarding the claimant. He reiterated his opinions that the claimant suffered a back strain on September 14, 2007, that was completely resolved by January 17, 2008. He further opined that the February 14, 2008, accident reagravated a preexisting degenerative arthritis. He agreed that the claimant needed to be taken off work and undergo further medical treatment related to the reagravation he suffered on February 14, 2008. On cross-examination, Dr. Leventhal agreed that the claimant's reported pain levels were the same on November 30, 2007, and January 17, 2008, but he noted that, on January 17, 2008, the

claimant told Dr. Kahn that his back was better. Dr. Leventhal did not find any signs of symptom magnification in his examination of the claimant. He agreed that the injections the claimant received at St. Mary's Pain Center were reasonable but he was not sure about the reasonableness of the discogram, which he maintained was usually only done in contemplation of surgery.

¶ 29 The arbitrator found that the claimant sustained accidental injuries to his right leg, right arm, and low back arising out of and in the course of his employment on September 14, 2007, and awarded the cost of treatment with Dr. Khan in November 2007 and January 2008, as well as the X-rays ordered by Dr. Khan. The arbitrator found that the claimant's current condition and need for medical treatment was related solely to the intervening accident of February 14, 2008. In support of that finding, the arbitrator noted that the claimant lost no time from work until after February 14, 2008, nor did he receive any treatment for his back besides limited diagnostic testing prior to that date. The arbitrator also noted that Dr. Khan never offered a causation opinion which related the claimant's back condition to the September 2007 accident.

¶ 30 The Commission viewed the evidence differently. It noted that, while the claimant made no claim regarding his back on February 14, 2008, that fact was not relevant to the claimant's current claim since the agreement stated that the claimant's sole injury in that accident was to his wrist. The Commission also noted that the claimant gave no complaint of back pain immediately after the February 14, 2008, accident and made no attempt to link his increased back pain to that accident. The Commission also noted that the employer failed to offer any evidence that the claimant complained of new or increased back pain in connection with the February 2008 accident. Finally, the Commission found that, although Dr. Khan did not offer a causation

opinion relating the claimant's low back condition to the September 14, 2007, accident, he first recommended a lumbar MRI on January 17, 2008, shortly after the September 2007 accident.

¶ 31 The Commission observed that, while the claimant continued to work full duty between September 14, 2007, and February 14, 2008, both the claimant and Garret credibly testified that the claimant complained of back and leg pain during this period. Additionally, the Commission found that the claimant's testimony that his supervisor asked him to delay his doctor visit because the employer was short handed was credible given the testimony of both Chapman and Garret.

¶ 32 Based on its interpretation of the factual record, the Commission modified the arbitrator's decision and found that the claimant proved a causal connection between his current low back condition and the work accident of September 14, 2007. The Commission awarded the claimant the medical expenses incurred for treatment of his low back after February 14, 2008, and the prospective cost of the surgery recommended by Dr. Furry. The Commission also awarded TTD benefits from May 21, 2008, through August 25, 2008, and July 15, 2009, through November 18, 2010, the last day of the arbitration hearing.

¶ 33 The employer sought review in the circuit court of Champaign County, which confirmed the decision of the Commission. The employer then filed the instant appeal.

¶ 34 ANALYSIS

¶ 35 1. Causation

¶ 36 The employer maintains that the Commission erred in finding a causal relationship between his current condition of ill-being and the September 14, 2007, industrial accident. Rather, the employer suggests, the claimant's current condition of ill-being was caused solely by the motor vehicle accident occurring on February 14, 2008.

¶ 37 Whether a claimant has established a causal connection between his current condition of ill-being and his employment is a question of fact to be determined by the Commission, and its determination will not be overturned by a reviewing court unless it is contrary to the manifest weight of the evidence. *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). The test of whether a decision of the Commission is contrary to the manifest weight of the evidence is not whether the reviewing court might reach the opposite conclusion on the same evidence, but whether there is sufficient factual evidence in the record to support the Commission's determination. *Bradley Printing Co. v. Industrial Comm'n*, 187 Ill. App. 3d 98, 103 (1989). Moreover, it is distinctly within the purview of the Commission to judge the credibility of witnesses, and resolve conflicts in evidence, assign weight to conflicting medical opinion testimony, and draw reasonable inferences from the evidence. *Beattie v. Industrial Comm'n*, 276 Ill. App. 3d 446, 449 (1995).

¶ 38 In the instant matter, the manner in which the Commission chose to weigh the competing evidence and the inferences it made from that evidence was sufficient to support its determination. The evidence was certainly subject to differing interpretations. The employer maintained that the medical evidence did not support the Commission's finding. Specifically, it pointed out that Dr. Khan, the claimant's initial treating physician, did not offer any opinion regarding the claimant's low back pain during the time he treated the claimant after the September 14, 2007, accident. Likewise, the employer suggests that Dr. Fulbright, who treated the claimant after Dr. Khan, did not find a causal link. The employer further pointed out that its examining physician, Dr. Leventhal, opined that no causal connection existed between the claimant's current condition of ill-being and the September 14, 2007, accident. While the

employer acknowledges that Dr. Furry opined that a causal connection did exist, it points to the fact that he was not a board-certified orthopedic surgeon while Dr. Leventhal was a "noted" and "respected" board-certified orthopedic surgeon.

¶ 39 Balanced against the employer's interpretation of the evidence is the fact that Dr. Furry was qualified to read and interpret the discography and related tests performed in August 2009. He opined to a reasonable degree of medical certainty, based on those tests, that the claimant suffered annular tears and disc pathologies in the lower back as a result of the September 14, 2007, accident. In addition, the Commission credited the claimant's testimony that he suffered back pain immediately after the September 14, 2007, accident, noting that he listed on the accident report that his back was one of the areas injured in the accident. The Commission also credited the claimant's coworker's testimony that he observed the claimant complain of low back pain shortly after the accident in September 2007. Additionally, while there was some evidence that the claimant had a preexisting low back injury, there was no evidence that the claimant suffered low back pain in the months prior to the September 2007 accident. Moreover, the Commission noted that, although Dr. Kahn did not render an opinion regarding the claimant's back injury, he had ordered an MRI of the lumbar region while treating the claimant after the September 14, 2007, accident. The Commission saw this as clear evidence that the claimant's low back pain was present prior to the February 14, 2008, accident. This evidence undercut the employer's theory that the claimant's current condition of ill-being was caused solely by the February 14, 2008, accident. Also, the record in the instant matter established that the claimant and the employer settled the February 2008 claim by agreeing that the extent of the injuries resulting from that accident was limited to the claimant's right wrist.

¶ 40 The employer also maintains that the fact that the claimant missed no work after the September 14, 2007, accident is proof that he suffered no injury to his low back after that accident. The Commission regarded this evidence with some reserve, crediting the claimant's testimony that he worked through pain for fear of losing his job.

¶ 41 It is the function of the Commission alone to determine the weight to be accorded to evidence, to weigh competing medical opinions, and to draw reasonable inferences from the evidence. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 411 (1984). When different reasonable inferences can be drawn from the facts, the inferences drawn by the Commission will be accepted unless they are against the manifest weight of the evidence. *Gilster Mary Lee Corp. v. Industrial Comm'n*, 326 Ill. App. 3d 177, 182 (2001). Here, the Commission exercised its proper function and simply found the opinion of Dr. Furry to be more persuasive on the issue of causation than the opinion of Dr. Leventhal, credited the claimant's testimony regarding the presence of low back pain following the September 2007 accident, and did not find any evidence of low back injury resulting from the February 2008 accident. There is nothing in the record which would lead to a conclusion that the Commission's findings and inferences were against the manifest weight of the evidence or in anyway contrary to law.

¶ 42 2. TTD and Medical Expenses

¶ 43 The employer also maintains that the Commission erred in awarding the claimant certain medical expenses, TTD benefits, and ordering the employer to pay prospective medical expenses. The employer's argument on each of these issues is that the claimant failed to establish a causal connection between his current condition of ill-being and the February 14, 2007, accident; thus, the Commission's award of these benefits was against the manifest weight of the evidence.

Because we find that the Commission's finding as to causation was correct, these contentions can be rejected without further analysis. *Tower Automotive v. Industrial Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 436 (2011).

¶ 44

#### CONCLUSION

¶ 45 For the foregoing reasons, the judgment of the circuit court of Champaign County which confirmed the Commission's decision is affirmed and the matter is remanded to the Commission for further proceedings.

¶ 46 Affirmed and remanded.