

NOTICE

Decision filed 04/19/13. The text of this decision may be changed or corrected prior to the filing of a Petition for Rehearing or the disposition of the same.

2013 IL App (5th) 120094WC-U  
NO. 5-12-0094WC  
IN THE  
APPELLATE COURT OF ILLINOIS  
FIFTH DISTRICT

NOTICE

This order was filed under Supreme Court Rule 23 and may not be cited as precedent by any party except in the limited circumstances allowed under Rule 23(e)(1).

WORKERS' COMPENSATION COMMISSION DIVISION

---

FREEBURG ANIMAL HOSPITAL,	)	Appeal from the
	)	Circuit Court of
Appellant,	)	St. Clair County.
	)	
v.	)	No. 11-MR-182
	)	
THE ILLINOIS WORKERS' COMPENSATION	)	
COMMISSION <i>et al.</i> ,	)	Honorable
	)	Stephen P. McGlynn,
(Judith Newell, Appellee).	)	Judge, presiding.

---

JUSTICE STEWART delivered the judgment of the court.  
Presiding Justice Holdridge and Justices Hoffman, Hudson, and Harris concurred in the judgment.

**ORDER**

- ¶ 1 *Held:* The Commission's determination that the claimant's cervical condition was causally related to her accident was not against the manifest weight of the evidence where physical therapy records showed that the claimant complained of neck pain two weeks after the accident, and there was medical testimony that there was a causal relationship between her condition and the accident. The Commission's award of prospective medical treatment was not against the manifest weight of the evidence where two physicians stated that disc replacement surgery was a viable option to treat the claimant's condition.
- ¶ 2 The claimant, Judith Newell, filed an application for adjustment of claim against her employer, Freeburg Animal Hospital, seeking workers' compensation benefits for cervical injuries she allegedly sustained during a fall on February 24, 2008. The claim proceeded to an expedited arbitration hearing under section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/19(b) (West 2008)). By stipulation of the parties, the only two issues

addressed at the arbitration hearing were causation regarding the claimant's cervical condition and her need for surgery related thereto. The arbitrator found that the claimant's cervical condition was causally related to her workplace accident on February 24, 2008. The employer was ordered to pay for prospective medical care including cervical spine surgery prescribed by her treating physician.

¶ 3 The employer appealed to the Illinois Workers' Compensation Commission (Commission), which affirmed and adopted the decision of the arbitrator. The employer filed a timely petition for review in the circuit court of St. Clair County. The circuit court confirmed the Commission's decision, and the employer appealed.

¶ 4 **BACKGROUND**

¶ 5 The claimant testified that on February 24, 2008, she worked for the employer as an animal caretaker. Her job duties included feeding, walking, and administering medications to the animals and cleaning. She testified that on February 24, 2008, she came in from walking a small dog, slipped, and fell into a doorjamb. She reported the accident to her supervisor and finished her shift.

¶ 6 The employer stipulated to the accident and accepted liability and causation as it related to the claimant's shoulder injury. The sole issues at the arbitration hearing were whether the claimant's need for neck surgery was reasonable and necessary and whether it was causally related to the accident of February 24, 2008. The parties agreed that the claimant was temporarily totally disabled from February 25, 2008, through August 23, 2009, and that the employer paid her the sum of \$23,194.08 in temporary total disability (TTD) benefits.

¶ 7 The claimant testified that the morning after the accident, due to the pain, she went to Dr. Shabbir Shaikh, her family physician. Dr. Shaikh wrote in his office notes that the claimant told him that while walking a dog she slipped and landed on her left shoulder. The

claimant complained of pain on the top of her left shoulder and left upper arm. He noted that she had shoulder tenderness with palpation and that her range of motion was decreased. Dr. Shaikh examined the claimant approximately 16 times between February 25, 2008, and August 12, 2008. He prescribed physical therapy.

¶ 8 The claimant participated in a course of physical therapy. On March 11, 2008, in her initial physical therapy evaluation/examination, the therapist wrote that her physical therapy diagnosis was shoulder and neck pain.

¶ 9 In Dr. Shaikh's office notes dated June 3, 2008, he noted that the claimant continued to have "discomfort on the top of the lt. shoulder at the base of the lt. side of the neck." On July 15, 2008, Dr. Shaikh wrote in his office notes that the claimant continued to have pain and discomfort in her left shoulder and on the left side of the base of her neck. He wrote that a magnetic resonance imaging (MRI) showed a spur and a questionable herniated disk.

¶ 10 Dr. Shaikh referred the claimant to Dr. Donald A. Weimer. On June 5, 2008, the claimant had an appointment with Dr. Weimer. In her patient visit form she wrote that on February 24, 2008, she fell at work and suffered from "shoulder pain sometimes assoc[iated] with neck pain." In an office note from that appointment, Dr. Weimer wrote that the claimant came in for an exam complaining of left shoulder pain that began February 24, 2008, after she slipped on the floor at work and landed on her left shoulder. He wrote that the claimant had cervical spine complaints and pain that radiated up to her neck and down to her hand. He diagnosed her primary problem as a mild case of adhesive capsulitis. He injected the glenohumeral joint with Kenalog and ordered physical therapy.

¶ 11 On July 2, 2008, Dr. Charisse H. Barta wrote a letter to Dr. Shaikh following her examination of the claimant for shoulder pain and numbness and burning in the left arm. The claimant told her that she fell at work when caring for a small dog. The claimant told Dr. Barta that after her fall her left shoulder hurt and that she has had numbness and tingling in

the fingers ever since. Dr. Barta assessed the claimant's left hand numbness and forearm burning as possibly radicular in nature and suggested an MRI of her cervical spine.

¶ 12 On July 10, 2008, the claimant had an MRI of the cervical spine. Dr. David Martin wrote in the radiology report that a focal ventral extradural deformity was seen on the thecal sac at C5-6, that at C5-6 there was a focal subarticular ventral extradural deformity seen on the thecal sac consistent with disk herniation or spurring, and that there was a minimally asymmetric annular bulging at C3-4.

¶ 13 On July 24, 2008, Dr. Barta performed a nerve conduction study on the claimant. She found carpal tunnel syndrome and a sensory peripheral neuropathy affecting both upper extremities. She wrote that there was no evidence of an acute cervical radiculopathy.

¶ 14 On January 20, 2009, Dr. Guy T. Burrows, a neurologist, examined the claimant. He wrote that the claimant suffered from left shoulder pain and associated numbness in her fingers following a work injury where she slipped and hit a door frame. Dr. Burrows performed an EMG and found that it was unlikely that the claimant's symptoms were due to a peripheral neuropathic process or nerve root impingement.

¶ 15 In an office note dated January 14, 2009, Dr. Weimer wrote that the claimant was still having posterior shoulder pain and some trapezial pain up to the cervical spine area. In an office note dated February 17, 2009, someone from Dr. Weimer's office wrote that the claimant called and stated she discontinued shoulder therapy due to neck pain.

¶ 16 Dr. Sprich testified by evidence deposition. He stated that he is a board-certified neurosurgeon. He stated that he first examined the claimant on March 5, 2009, on referral from Dr. Shaikh. The claimant told Dr. Sprich that in February 2008, she was walking a small dog and fell into a doorjamb. She informed him that she had been told by orthopedists that she had sustained an injury to her rotator cuff as well as frozen shoulder, that she had some recommendations for operative intervention, and that she had neck complaints and

wanted to be sure there was nothing else wrong with her neck. His examination of the claimant revealed that she had tenderness of the posterior ligamentous structures in her neck, supraclavicular tenderness to the left side of the neck over the brachial plexus, marked tenderness of the acromial process, and marked limitation of range of motion of the left upper extremity. He reviewed the MRI of her neck that Dr. Shaikh had ordered. It revealed slight asymmetric bulging of the disc at C3-C4 and a disc and some spur formation at C5-C6. He diagnosed the claimant with referred primarily musculoskeletal and myofascial pain to the cervical spine from her injury to her left rotator cuff. He referred her to Dr. Weimer for an orthopedic opinion.

¶ 17 On March 11, 2009, the claimant had an MRI of the cervical spine. Dr. Brian McElaney wrote in his radiology report that the MRI was conducted for neck pain radiating to the left upper extremity. He noted that there was a right posterolateral disk osteophyte complex at C5-6 with minimal impingement upon the neural foramen.

¶ 18 On May 5, 2009, Dr. Weimer performed left shoulder arthroscopy with arthroscopic subacromial decompression, arthroscopic distal clavicle excision, and a debridement of a partial articular-sided supraspinatus rotator cuff tear. His postoperative diagnosis was left shoulder partial articular-sided supraspinatus rotator cuff tear, subacromial impingement, and acromioclavicular joint osteoarthritis. On June 17, 2009, the claimant was examined by Dr. Weimer. He wrote that she was having some continued pain, particularly scapular pain and some symptoms of numbness. He indicated that the claimant was at maximum medical improvement.

¶ 19 Dr. Sprich testified that he examined the claimant again on March 17, 2010, for complaints of neck and shoulder pain. She informed Dr. Sprich that she had undergone a shoulder repair performed by Dr. Weimer, but that she had not had any significant improvement in her symptoms. Dr. Sprich explained that when a patient has had both a neck

and a shoulder injury, the doctor must determine which injury is most pressing and most in need of care. Initially he believed that the claimant's symptoms stemmed from her shoulder, so he referred her to Dr. Weimer. Because she had no response to the repair, he ordered a provocative discography to see if they could provoke the pain by doing injections into the cervical discs.

¶ 20 Dr. Sprich referred the claimant to Dr. Hong-Kai Kevin Du. On March 29, 2010, Dr. Du performed a C4-C5, C5-C6, and C6-C7 cervical discogram study on the claimant. In his operative report he wrote that the claimant had a history of chronic neck pain, left shoulder pain, and left arm numbness and tingling. Dr. Du found that the claimant had C4-C5 right paracentral posterior disk bulging with an annular tear and contrast leaking and C5-C6 diffuse disk bulging with a posterior annular tear and contrast leaking to the cervical epidural space.

¶ 21 On March 29, 2010, the claimant had a computed tomography (CT) scan of her cervical spine. Dr. Bennett Gray wrote in his radiology report that this was performed after her cervical discogram performed at C4-C5, C5-C6, and C6-C7. He found that at the C5-C6 level there was a grade 3 annular tear and a disc spur complex causing right neural foramen stenosis.

¶ 22 Dr. Sprich testified that the discography was not very helpful because they were unable to reproduce the claimant's pain with any of the injections. Dr. Sprich diagnosed the claimant with cervical radiculopathy secondary to a disc injury at C5-C6. He stated that because historically the claimant had no symptoms prior to her accident and her symptoms developed after her accident, it was more likely than not that her injury at the C5-C6 level was causally related to falling on the doorjamb on February 24, 2008.

¶ 23 On April 13, 2010, a pain management referral form was completed by Dr. Sprich's office referring the claimant to Dr. Thom for pain in her neck. On the form the reason for

the consultation was listed as "Doctor Sprich recommends selective L C6 root block." On May 3, 2010, Dr. William Thom examined the claimant. Dr. Thom wrote that the claimant had a history of left neck and shoulder pain since falling at work while walking a dog. After examining the claimant, Dr. Thom's impression was brachial neuritis or radiculitis not otherwise specified, spinal stenosis in cervical region, degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, cervicgia, myalgia and myositis unspecified, osteoarthritis localized primary involving shoulder region, stiffness of joint not elsewhere classified involving shoulder region, and pain in limb. Dr. Thom performed left splenius, trapezius, levator scapulae, and rhomboids muscle trigger point injections for the treatment of myalgia. Dr. Thom x-rayed the claimant's left shoulder and found left AC joint instability and osteoarthritic change. On May 28, 2010, Dr. Thom performed a cervical interlaminar epidural steroid injection at C6-7.

¶ 24 In a letter from Dr. Sprich to the claimant's attorney dated May 12, 2010, he wrote that the claimant was walking a small dog and fell into a doorjamb. He wrote: "This would be causatively related to her condition of ill-being in her neck, which I assume is related to her employment in her capacity as an assistant to the veterinary institution where she was currently working. Obviously, she has had difficulty with her shoulder as well."

¶ 25 Dr. Sprich testified that he examined the claimant again on June 9, 2010. At that visit they reviewed the discography and selective nerve root blocks. Based on the significant relief the claimant experienced from the nerve root block, he prescribed a disc replacement. On cross-examination Dr. Sprich admitted that he did not have a copy of the selective root injection report and that he could not remember if it was performed by Dr. Du or Dr. Thom. He testified that although he did not have a written report, he spoke to the doctor who performed the test. Dr. Sprich testified that he told the claimant that she could either live

with the pain or have the disc replacement surgery, which had a 60 to 70% overall incidence of improvement. He stated that other than living with her condition of ill-being, he believed that disc replacement surgery was the only viable treatment option for the claimant.

¶ 26 Dr. Sprich testified that the claimant informed him that she had no prior complaints of cervical conditions. He opined that, to a reasonable degree of medical certainty, the claimant's accident on February 24, 2008, caused her to be symptomatic with a cervical condition.

¶ 27 On May 17, 2010, Dr. Rob Fast, a chiropractor, examined the claimant. The claimant complained of neck problems that radiated from her neck to her left shoulder. The claimant told Dr. Fast that she suffered from neck problems since her February 24, 2008, accident. Dr. Fast diagnosed the claimant with possible adhesions of her left C6 dural sleeves, spinal nerve roots, or adjacent structures of the joint capsule of her left shoulder. The claimant underwent a series of conservative chiropractic therapy.

¶ 28 At the request of the employer, the claimant had independent medical evaluations by three different doctors. On September 10, 2008, Dr. David Peeples, a neurologist, performed the first independent medical evaluation of the claimant. He stated that he reviewed the MRI scan of the cervical spine dated July 10, 2008, which revealed a small disc herniation at C5-6. He opined that her neurological examination was normal. He found that she did not have the clinical symptoms, exam findings, or diagnostic studies to indicate the presence of a cervical radiculopathy, brachial plexopathy, thoracic outlet syndrome, left upper extremity mononeuropathy, myopathy, or generalized peripheral neuropathy. From a neurologic standpoint, he felt she was at maximum medical improvement. He did state that he would defer to an orthopedist as to whether she had any intrinsic shoulder pathology that may require further evaluation or treatment.

¶ 29 On February 16, 2009, Dr. James P. Emanuel performed an independent medical

evaluation of the claimant. He wrote that the claimant complained of pain radiating from the base of the left side of her neck into the left shoulder. The claimant denied any previous history of neck or left shoulder pain. Dr. Emanuel wrote that the examination of her neck revealed significant limitation of movement in flexion and extension which seemed magnified. Dr. Emanuel wrote that based on his review of the medical records, he would state within a reasonable degree of medical certainty that the claimant's February 24, 2008, injury most likely aggravated some preexisting arthritic changes of the acromioclavicular joint rendering it symptomatic and unresponsive to conservative treatment. He further opined that he believed the findings on the MRI scan of the claimant's neck were preexistent and unrelated to her fall. He recommended that the claimant have an arthroscopy of the shoulder with subacromial decompression and distal clavicle resection. He wrote that the need for shoulder surgery was directly causally related to her February 24, 2008, injury.

¶ 30 On September 17, 2009, Dr. Emanuel examined the claimant again. The claimant had undergone arthroscopic surgery in May 2009 performed by Dr. Weimer. He found that the surgery was well performed and that the treatment was reasonable and necessary. He stated he would not recommend further physical therapy or medical or surgical intervention. He opined that the claimant had reached maximum medical improvement.

¶ 31 On March 15, 2010, Dr. Michael Nogalski performed an independent medical evaluation of the claimant. Dr. Nogalski reviewed medical records from Dr. Weimer, Dr. Emanuel, Dr. Shaikh, Dr. Burrows, Dr. Peebles, and Dr. Barta. He wrote that, in the absence of any other previous medical records, the claimant's injuries were in part related to her claimed February 24, 2008, injury at work. He stated: "It is possible she may have sustained a blunt trauma to the shoulder and some type of mild polyneuropathy or stretch injury. Her exam findings are somewhat inconsistent though and I do not identify within a reasonable degree of medical certainty that her subjective complaints match up with objective findings."

He felt that she was at maximum medical improvement as of her last visit with Dr. Weimer.

¶ 32 Dr. Peebles performed a second independent medical evaluation of the claimant on July 19, 2010. The claimant informed Dr. Peebles that in May 2009, she had left shoulder surgery that was somewhat beneficial, but that her neck pain became more prominent. She complained of pain on the left side of her neck, down the left arm into her bicep, and across the left posterior shoulder region. Dr. Peebles reviewed her medical records from Dr. Sprich, Dr. Nogalski, Dr. Emanuel, Dr. Weimer, Dr. Barta, Dr. Shaikh, Dr. Thom, and Dr. Fast. He wrote: "It appears that following treatment focused on her shoulder her neck symptoms became more prominent. I cannot reasonably attribute this to the single reported work incident of 2.24.08 for which she had no significant clinical findings when I saw her seven months later." He went on to say, "That is not to say that the opinion to operate with a single level C5-6 disc replacement surgery is inappropriate, but rather my clinical impression is that it may not result in long-term benefit, could make her worse, and should be done only if Ms. Newell finds her symptoms intolerable." He wrote that her medical treatment from a neurologic standpoint had been reasonable. He opined that from a neurologic standpoint referable to her cervical spine, the claimant was at maximum medical improvement with regards to her February 24, 2008, accident.

¶ 33 The claimant testified that she was terminated from her job with the employer. She looked for a job and eventually started her own house cleaning service. She stated that prior to this accident she had never received medical treatment for her neck or cervical spine. The claimant testified that she had constant pain in her neck and shoulder and that she wanted to have the disc replacement recommended by Dr. Sprich because she could no longer handle the pain.

¶ 34 The arbitrator found that the claimant sustained an accident that arose out of and in the course of her employment with the employer and that her condition of ill-being in her

cervical spine was causally related to the accident. The employer was ordered to authorize and pay for the surgery recommended by Dr. Sprich. The employer was given a credit of \$23,194.08 for TTD. The arbitrator noted that Dr. Peeples found that the claimant's treatment had been reasonable and that surgery was not inappropriate, but that it may not result in long-term benefits.

¶ 35 The employer sought review of the arbitrator's decision. The Commission affirmed and adopted the arbitrator's decision and remanded the case to the arbitrator for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980). The employer appealed the Commission's decision to the circuit court. The circuit court confirmed the Commission. The employer filed a timely notice of appeal.

¶ 36 ANALYSIS

¶ 37 The employer argues that the Commission's determination that the claimant's condition of ill-being was causally related to the February 24, 2008, accident is against the manifest weight of the evidence.

¶ 38 A reviewing court will set aside the Commission's decision only if its decision is contrary to law or its fact determinations are against the manifest weight of the evidence. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64, 862 N.E.2d 918, 924 (2006). "A reviewing court will not reweigh the evidence, or reject reasonable inferences drawn from it by the Commission, simply because other reasonable inferences could have been drawn." *Id.* The Commission's decision is not against the manifest weight of the evidence when there is sufficient evidence in the record to support the Commission's determination. *R&D Thiel v. Illinois Workers' Compensation Comm'n*, 398 Ill. App. 3d 858, 866, 923 N.E.2d 870, 877 (2010).

¶ 39 The employer argues that the claimant did not complain of cervical discomfort until June 2008. This is inaccurate. On March 11, 2008, just over two weeks after her accident,

at the claimant's initial physical therapy evaluation, her therapist diagnosed her with neck and shoulder pain. In Dr. Shaikh's office notes from June 3, 2008, he wrote that the claimant *continued* to have pain on the left side of her neck and the top of her left shoulder. Based on the record, the claimant began complaining of neck pain shortly after her accident.

¶ 40 The employer argues that the Commission's decision is in direct conflict with the overwhelming weight of the evidence in the case. It asserts that apart from Dr. Sprich, no other physician gave an opinion of a causal connection between the February 2008 accident and the claimant's cervical condition. It argues that two physicians stated there was no causal relationship. Dr. Emanuel opined that he did not believe that the claimant's cervical condition was related to her February 2008 accident. Dr. Peeples stated that the claimant's neck symptoms became more prominent after her treatment for her shoulder, but he could not attribute it to the February 2008 accident because she had no significant clinical findings when he examined her seven months earlier. It is the Commission's function to resolve conflicting evidence, including medical evidence. *Edward Hines Precision Components v. Industrial Comm'n*, 356 Ill. App. 3d 186, 196, 825 N.E.2d 773, 782 (2005).

¶ 41 The claimant testified that prior to the February 24, 2008, accident she did not have medical issues or complaints of pain in her cervical spine. Physical therapy records show that she complained of neck pain just two weeks after the accident. When Dr. Weimer first examined the claimant on June 5, 2008, he noted that she complained of cervical spine pain that radiated up to her neck. In his July 15, 2008, office notes, Dr. Shaikh wrote that an MRI showed a spur and a questionable herniated disc. In Dr. Peeples' independent medical evaluation notes from his September 10, 2008, evaluation of the claimant, he wrote that he reviewed a July 10, 2008, MRI of the claimant's cervical spine which revealed a small disc herniation at C5-C6.

¶ 42 In May 2009, Dr. Weimer performed a left shoulder arthroscopy. This did not resolve

the claimant's neck pain. Dr. Sprich testified that patients can have both neck and shoulder injuries and that when a patient has both, the doctor first treats the one which he or she believes is most in need of care. He testified that he initially believed that the claimant's symptoms stemmed from her shoulder. When she experienced no relief from the shoulder arthroscopy, he concentrated treatment on her neck.

¶ 43 Dr. Du performed a discogram on the claimant on March 29, 2010, and found that she had a C5-C6 diffuse disc bulging with a posterior annular tear. A CT scan performed that day showed a grade 3 annular tear at the C5-C6 level and a disc spur complex. The March 2010 findings and the July 2008 MRI both show a disc herniation at C5-C6. Based on the claimant's discography and selective nerve root blocks, Dr. Sprich recommended that the claimant undergo a disc replacement at C5-C6. Dr. Sprich testified that, to a reasonable degree of medical certainty, there was a causal relationship between her cervical condition and her February 24, 2008, accident.

¶ 44 The Commission resolved the conflict in medical evidence in favor of Dr. Sprich's causation opinion. The claimant testified that, prior to the February 24, 2008, accident, she never had problems with her neck. Physical therapy records show that the claimant was diagnosed with neck pain on March 11, 2008. An MRI from July 2008 shows a disc herniation at C5-C6. When the claimant continued to have neck pain after her shoulder arthroscopy, Dr. Sprich focused his treatment on her neck. After a discography and selective nerve root blocks, he determined that the only viable treatment option was disc replacement at C5-C6. Dr. Sprich testified that there was a causal connection between the claimant's cervical condition and the February 24, 2008, accident. There is sufficient evidence in the record to support the Commission's determination that there was a causal relationship between the claimant's cervical condition and the February 24, 2008, accident.

¶ 45 The employer next argues that the Commission's determination that prospective

medical care is reasonably necessary is against the manifest weight of the evidence. "Whether a medical expense is either reasonable or necessary is a question of fact to be resolved by the Commission, and its determination will not be overturned on review unless it is against the manifest weight of the evidence." *Absolute Cleaning/SVML v. Illinois Workers' Compensation Comm'n*, 409 Ill. App. 3d 463, 470, 949 N.E.2d 1158, 1165 (2011). The employer argues that Dr. Sprich based his recommendation for a C5-C6 disc replacement on the results of a selective nerve root block but there was no credible evidence that a selective nerve root block was ever performed on the claimant. The employer argues that Dr. Sprich admitted he did not have a copy of the results of the selective nerve root block and that he could not remember if it was performed by Dr. Du or Dr. Thom. The employer points out that neither Dr. Du nor Dr. Thom's medical records admitted into evidence contain a copy of the selective nerve root block report. The employer asserts that this "leads to the inescapable conclusion that Dr. Sprich was confused or mistaken in his belief that the test had been performed at all." The employer argues that there is an insufficient basis for Dr. Sprich's opinion that a C5-C6 disc replacement surgery is reasonable and medically necessary.

¶ 46 Dr. Sprich testified that at the claimant's June 9, 2010, appointment they reviewed the results of the discography and selective nerve root blocks. He stated that the claimant had significant relief from the nerve root block. While he admitted that he did not have a copy of the report from the selective nerve root block and he could not remember if the test was performed by Dr. Du or Dr. Thom, he testified that he spoke to the doctor who performed the test. He stated that he asked the physician to perform a selective nerve root block to block the C5-6 nerve root on the left-hand side and when he spoke to the physician he was "happy with the result." In his office consultation notes from June 9, 2010, he wrote that the claimant thought the selective nerve root block was "significantly helpful in terms of

alleviating her symptomatology." He wrote that he also reviewed the discography with the claimant which showed discogenic changes at C5-C6. Based on the results of the discography and the selective nerve root block, he opined that she was a candidate for disc replacement at C5-C6.

¶ 47 Dr. Sprich testified that the claimant's only two viable options were to live with her pain or have the disc replacement surgery. Dr. Peeples wrote in his July 2010 summary of his independent medical evaluation that the disc replacement surgery was not inappropriate, but that it should only be done if the claimant found the pain intolerable. The claimant testified that she wanted the surgery because the pain was unbearable. The Commission ordered the employer to authorize and pay for the disc replacement surgery recommended by Dr. Sprich. There is sufficient evidence in the record to support the Commission's determination that prospective medical care is reasonable and necessary.

¶ 48 As the trier of fact, the Commission resolved the issues of whether a causal relationship exists between the claimant's cervical condition of ill-being and her February 24, 2008, accident, and the reasonableness and necessity of her prospective medical expenses. While there was conflicting medical evidence, we cannot say based on the record before us that the Commission's decision is contrary to the manifest weight of the evidence.

¶ 49 **CONCLUSION**

¶ 50 For the foregoing reasons, the judgment of the circuit court confirming the decision of the Commission is affirmed and the cause is remanded to the Commission for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980).

¶ 51 Affirmed and remanded.