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2016 IL App (1st) 151270WC-U

Order filed: November 18, 2016

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

PHILLIP HILL,)	Appeal from the Circuit Court
)	of Cook County, Illinois
)	
Appellant,)	
)	
v.)	Appeal No. 1-15-1270WC
)	Circuit No. 14-L-50525
)	
ILLINOIS WORKERS' COMPENSATION)	Honorable
COMMISSION, <i>et al.</i> , (Deans Ice Cream,)	Carl Anthony Walker,
Inc., Appellees).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* (1) The Commission's finding that the claimant failed to prove that his current condition of ill-being is causally related to a work-related accident was not against the manifest weight of the evidence; and (2) the Commission's finding that the claimant was not entitled to TTD benefits, medical expenses incurred after he reached MMI, prospective medical treatments, maintenance benefits, or vocational rehabilitation was not against the manifest weight of the evidence.

¶ 2 The claimant, Phillip Hill, filed an application for adjustment of claim under the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), seeking benefits for injuries to his lower back which he allegedly sustained while working for respondent Deans Ice Cream, Inc. (employer). After conducting a hearing, an arbitrator found that the claimant sustained a work-related accident on May 19, 2012, which resulted in, "at most," a lumbosacral strain. However, the arbitrator found that the claimant reached MMI from this injury on October 16, 2012, at which time he was able to return to work full duty without restrictions. The arbitrator found that the claimant had failed to prove that his current condition of ill-being was causally related to the May 19, 2012, work-related accident, and denied all benefits after October 16, 2012 (including temporary total disability (TTD) benefits, medical expenses for treatments incurred after October 16, 2012, maintenance benefits, vocational rehabilitation, work hardening, and prospective medical treatment).

¶ 3 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission (Commission). The Commission unanimously affirmed and adopted the arbitrator's decision.

¶ 4 The claimant then sought judicial review of the Commission's decision in the circuit court of Cook County, which confirmed the Commission's ruling.

¶ 5 This appeal followed.

¶ 6 **FACTS**

¶ 7 The claimant worked for the employer as a delivery driver for more than 16 years. His job duties consisted of driving an 18-wheeler and making deliveries to retail stores. The tractor and trailer the claimant drove was equipped with an air compression seat. The claimant testified that, on May 19, 2012, he was driving for the employer on his way back to work when his air

bag and seat "blew out and shot [him] straight to the floor." He immediately reported the incident to his dispatcher, who told the claimant to "try and get back safe." The claimant testified that, while driving back, he felt pain in his back radiating to his buttock, inner calf, and toes. He took two Advil and kept working.

¶ 8 On May 21, 2012, the claimant sought medical treatment at Concentra Medical Center, where he was examined by Dr. Stanley Simon. The claimant told Dr. Simon that the airbag in his seat blew out, which "put [his] seat all the way to the floor and [he] drove going back to the barn sitting on the floor driving, hurting both sides of [his] back." Upon physical examination, Dr. Simon noted tenderness of the lumbar spine and both paraspinal muscles with decreased active range of motion. Flexion was 45 degrees with pain. Extension and side bending elicited pain. The claimant had negative bilateral straight leg raising. He had normal strength in his gait, and he exhibited full range of motion of his bilateral hips. There was no pain with passive range of motion testing. X-rays of the claimant's lumbar spine showed no fracture and no spondylolisthesis or spondylolysis.¹ However, the x-rays revealed degenerative facet sclerosis from L3-S1 with minimal degenerative changes. Dr. Simon's diagnosed a lumbar strain/sprain. He prescribed ibuprofen, Ultram and physical therapy three times a week for 1-2 weeks. He imposed work restrictions of no lifting over 20 pounds, no pushing or pulling over 30 pounds, no bending more than 3 times per hour, and no driving of the company vehicle.

¶ 9 On May 23, 2012, Dr. Simon re-examined the claimant. At that that time, the claimant stated that his pattern of symptoms was stable. He continued to rate his lower back pain level at

¹ "Spondylolysis" is a crack or stress fracture in one of the vertebrae. In some cases, the stress fracture weakens the bone so much that it is unable to maintain its proper position in the spine and the vertebra starts to shift or slip out of place. This condition is called "spondylolisthesis."

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7 on a scale of 1 to 10, and he described the pain as "sharp." The pain was exacerbated by prolonged sitting and walking. The claimant reported that he had walked a block the previous day and developed numbness in his legs, but the numbness had since resolved. Dr. Simon's physical examination revealed tenderness of the lumbar spine and the paraspinous muscles, on the right side more than the left. The claimant had decreased active range of motion. Flexion was 45 degrees, with pain. Extension was 5 degrees, with pain. The claimant still had negative bilateral leg raises, and he continued to exhibit full range of motion of the bilateral hips with a normal gait. Dr. Simon modified his prior diagnosis by speculating that the claimant might have lumbar radiculopathy in addition to a lumbar strain. He prescribed a Medrol dose pack and recommended that the claimant continue physical therapy. Dr. Simon maintained the prior work restrictions.

¶ 10 On May 29, 2012, the claimant was examined by Dr. Irene Baral at Concentra. The claimant continued to complain of right-sided lower back pain that was not improving, as well as numbness in the second, third and fourth toes on the right foot. He denied having radicular symptoms. Dr. Baral's physical examination revealed decreased lumbar range of motion, with pain. Palpation was positive for pain in the paraspinous area at L4-5. Dr. Baral prescribed Naproxen and recommended continued physical therapy. She prescribed work restrictions of no lifting over 10 pounds, no pushing or pulling over 20 pounds of force, no bending, and sitting 70 percent of the time.

¶ 11 On June 1, 2012, Dr. Simon re-examined the claimant. The claimant reported that his pattern of symptoms was stable. He continued to complain of lower back pain, which he rated at 5-6 on a scale of 1-10. The claimant also complained of numbness in his right foot which was exacerbated by prolonged walking. He stated that the prescribed medication and physical therapy

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was not improving his symptoms. Dr. Simon's physical examination revealed tenderness of the lumbar spine and right paraspinous muscles with decreased active range of motion. Flexion was 60 degrees, with pain, extension was 5 degrees, with pain and bilateral side bending elicited pain. The claimant continued to have a negative bilateral straight leg raising. Dr. Simon recommended a lumbar MRI to rule out disc disease. He continued the claimant's physical therapy and maintained his prior work restrictions.

¶ 12 On June 13, 2012, an MRI was performed on the claimant's lumbar spine. Two days later, Dr. Simon re-examined the claimant and reviewed the lumbar MRI results. The MRI showed no evidence of fracture or malalignment. There was high signal intensity in L2, which might have been due to trauma or might indicate the presence of a hemangioma. There was no disc herniation or spinal stenosis. However, the MRI showed bilateral facet arthropathy at L3-4 through L5-S1, with no significant foraminal stenosis. Dr. Simon recommended that the claimant continue physical therapy and continue taking the previously prescribed medications. He imposed work restrictions of no lifting over 10 pounds, no pushing or pulling over 20 pounds of force, no prolonged standing or walking longer than tolerated, and sitting 50 percent of the time. Dr. Simon's updated assessment was lumbar strain and lumbar pain. He referred the claimant to an orthopedic surgeon.

¶ 13 On June 22, 2012, the claimant was examined by Dr. Charles Mercier, an orthopedic surgeon at Concentra. Upon physical examination, the claimant had pain over the right posterior iliac crest and right sciatic notch. Forward flexion was to 45 degrees, and extension was painful. Lateral bending was equal, without muscle spasms. The claimant continued to exhibit good range of motion of both hips without pain. His straight leg testing was negative bilaterally, and his motor strength was normal. The claimant's sensation in his lower extremities was intact.

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After reviewing the June 13, 2012, MRI of the claimant's lumbar spine, Dr. Mercier opined that the MRI revealed "degenerative changes only without evidence of neural impingement at any level from any cause." He diagnosed a lumbosacral strain. He recommended that the claimant continue his physical therapy and receive injections in his lower back. The employer denied payment for the injections. The claimant testified that his back pain worsened after three months.

¶ 14 On July 16, 2012, the claimant treated with Dr. Kevin Koutsky, at Elmhurst Orthopedics. Upon physical examination, the claimant had full strength and sensation in his legs. Dr. Koutsky noted that the claimant's right-sided straight leg raise test was positive, and the claimant had "some paralumbar muscle tenderness and spasm to palpation with limited range of motion."

After reviewing the June 13, 2012, lumbar MRI, Dr. Koutsky opined that it showed evidence of spondylotic changes and mild stenosis at multiple levels but "no evidence of any large herniated disk or severe canal stenosis or fracture." Dr. Koutsky diagnosed lumbar spondylosis and stenosis with radiculopathy. He discussed with the claimant the importance of weight loss for his overall health. He recommended continued physical therapy and kept the claimant off work. Dr. Koutsky also recommended injections for the low back, which were again denied by the insurer.²

¶ 15 On October 16, 2012, the claimant was examined by Dr. Thomas Gleason, an orthopedic surgeon who served as the employer's section 12 independent medical examiner. On that same day, Dr. Gleason prepared a report outlining his examination findings and medical opinions. Dr. Gleason obtained a complete history from the claimant and reviewed the claimant's medical

² Thereafter, the claimant used his union insurance and his wife's insurance to cover his medical expenses, including for two lumbar injections (which the claimant testified were not helpful) and a second MRI.

treatment records and diagnostic studies. Dr. Gleason's physical examination revealed that the claimant was six feet tall and weighed 255 pounds. Dr. Gleason considered the claimant to be obese, stating that "[h]is BMI would be greater than 30." He noted that the claimant was able to stand and walk in a non-antalgic fashion "with no evidence of limp secondary to pain." The claimant reported a little tenderness on palpation, but the tenderness was nonlocalized; it was diffuse throughout the lumbar and paralumbar tissues, right greater than left. As Dr. Gleason explained, "there was no localized tenderness *** Everywhere that [Dr. Gleason] palpated, *** [the claimant] reported *** a little tenderness. There was otherwise no paraspinal tenderness, and there was no evidence of any palpable spasm, tenseness, or asymmetry." The doctor further noted that the claimant was able to: (1) bend with his knees extended; (2) bend with his fingers to his knees; and (3) extend 10 degrees, "which would be normal." Dr. Gleason performed low back tests and noted that the claimant had "no groin pain on gentle rotation of the lower extremities." Dr. Gleason noted that the claimant's deep tendon reflexes were symmetric, his sensation was intact, and "[t]here was no evidence of any tests suggesting any spinal cord abnormality." He administered a "Britton test," which was negative. Dr. Gleason noted that "there was no evidence of radiculopathy or sciatica, but [the claimant] complained of back pain, and yet he was able to have a negative Britton test." Dr. Gleason opined that this was "an apparent contradiction, [an] inconsistency." He noted that the claimant's subjective complaints could not be confirmed by the objective findings, and that the apparently inconsistent, "if not contradictory" findings on physical examination suggested "at least some symptom magnification."

¶ 16 Regarding the claimant's diagnostic studies, Dr. Gleason opined that: (1) x-rays taken of the claimant's lumbar spine on October 16, 2012, showed "no evidence of fracture, dislocation,

[or] osseous or joint pathology"; and (2) an MRI scan of the claimant's lumbar spine performed on June 13, 2012, revealed "facet arthropathy [at] L3-L4-L5-S1 with no significant foraminal stenosis" and "no disc herniation or spinal stenosis." Dr. Gleason opined that the MRI also showed "high signal intensity at L2" which may be due to trauma or may indicate the presence of a hemangioma. The para-spinal soft tissues were normal, and Dr. Gleason opined that the June 13, 2012, MRI was "otherwise unremarkable."

¶ 17 In sum, Dr. Gleason concluded that: (1) there was "no evidence" that the claimant's current diagnosis was causally related to the May 19, 2012, work accident; (2) that claimant had complaints on May 21, 2012, which "may have been consistent with a low back strain and or a temporary aggravation of an underlying condition," from which the claimant had since recovered; (3) "the treatment to date, while reasonable, has probably been largely unnecessary and somewhat excessive"; (4) "no further additional institutionalized/formalized treatment and or diagnostic tests would be recommended," although Dr. Gleason encouraged the claimant to undertake a home exercise program and noted that he might also benefit from over the counter medications or nonsteroidal anti-inflammatory medication; (5) the claimant had reached MMI for any work injury which he may have sustained on May 19, 2012, and was able to return to work without restrictions; (6) a functional capacity evaluation (FCE) was not necessary; and (7) the claimant had no permanent partial impairment due to the May 19, 2012 work accident.

¶ 18 Dr. Koutsky testified by way of an evidence deposition, which was taken on December 20, 2012. During his deposition, Dr. Koutsky challenged certain opinions that Dr. Gleason included in his October 16, 2012, report. Specifically, Dr. Koutsky testified:

"Dr. Gleason states *** that his MRI scan of the lumbar spine shows no disc herniation or stenosis but some degenerative changes of the facets.

Obviously, that's inconsistent with what we know here through the CT myelogram and the MRI scan that [the claimant] had subsequent to the one that [Dr. Gleason] was reviewing[.]”

However, during cross-examination, Dr. Koutsky testified that an MRI of the claimant's lumbar spine taken on October 26, 2012, "wasn't different at all significantly" from the lumbar MRI scan taken on June 13, 2012.

¶ 19 On January 11, 2013, the claimant underwent an L4-5 laminectomy with foraminotomy, performed by Dr. Koutsky. The postoperative diagnosis was L4-5 spondylosis and stenosis. Dr. Koutsky's postoperative report noted "[e]xcellent decompression of the L4 and the L5 nerve roots" on the left side after surgery.

¶ 20 Dr. Gleason testified by way of an evidence deposition, which was taken on March 19, 2013. During his evidence deposition, Dr. Gleason testified that, when he examined the claimant on October 16, 2012, "x-rays of the [claimant's] lumbar spine as well as the anteroposterior, the pelvis, demonstrated no evidence of fractures, dislocation, bone, or joint pathology." Dr. Gleason stated that the June 13, 2012, lumbar MRI report showed "a high signal intensity at L2, which could be due to trauma or may indicate presence of a hemangioma," which he defined as "a benign accumulation of blood similar to the red blotches that people see sometimes on individuals on their skin." According to Dr. Gleason, the June 13, 2012, lumbar MRI revealed that "the paraspinal soft tissues were normal," "there was no disc herniation or spinal stenosis, and "there was some degenerative arthropathy," *i.e.*, "arthritis of the facet joints *** between the different vertebrae at L3-4-5-S1, with no significant foraminal stenosis." In sum, Dr. Gleason opined that the June 13, 2012, MRI showed "no narrowing of any significance," and "the scan was otherwise unremarkable.”

¶ 21 Based upon his October 16, 2012, physical examination of the claimant, his review of the claimant's medical treatment records, and the diagnostic studies, Dr. Gleason agreed with the diagnoses and findings reflected in the diagnostic studies, including the June 13, 2012, lumbar MRI. He opined that his physical examination of the claimant revealed "no positive objective findings *** relative to the low back and normal extremities." Dr. Gleason recommended "no further additional institutionalized, formalized treatment or diagnostic tests" for the claimant. He encouraged the claimant to lose weight and to begin a home exercise program. He also noted that the occasional use of over-the-counter medication or nonsteroidal anti-inflammatory medication could also benefit the claimant.

¶ 22 Dr. Gleason further testified that, on January 20, 2013, he prepared a supplemental report after reviewing Dr. Koutsky's medical records and the treatment records of Physio Sports & Rehabilitation, Elmhurst Orthopaedics, Quality Pain Management, and Elmhurst Memorial Hospital. Before preparing his supplemental report, Dr. Gleason also reviewed CD-ROMS containing CT and MRI scans of the claimant's lumbar spine, including an MRI scan taken at Elmhurst Memorial Hospital on October 26, 2012, and the June 13, 2012, MRI taken at Midwest Open. Dr. Gleason also reviewed the report of a myelogram and post-myelogram CT scan performed on December 14, 2012. Dr. Gleason testified that the October 26, 2012, lumbar MRI scan "reflected findings virtually identical to those demonstrated on a prior, previously noted MRI scan of June 13, 2012." He opined that the December 14, 2012, myelogram and CT scan revealed "evidence of some mild bulging," but were "otherwise overall unremarkable." Dr. Gleason also noted that while "[t]here was some mention of *** a protrusion which might be affecting the L4 nerve root," "there were no complaints consistent with L4 nerve root irritation, so that was not remarkable." In response to Dr. Koutsky's opinion that the October 26, 2012,

lumbar MRI and the December 14, 2012, myelogram and CT scan contradicted Dr. Gleason's findings of no disc herniation or stenosis, Dr. Gleason stated:

"the MRI scans still show no disc herniation or stenosis but only degenerative changes of facets *** They showed that when I reviewed them. They showed that when I compared the two of them. They showed that when Dr. Mercier reviewed them, and furthermore, I don't think Dr. Koutsky even found a herniation on the operation that he performed, not to mention the fact that the level of the operation was different than what one might even expect if a person did have complaints to the S1 nerve root distribution that the patient was complaining about."

¶ 23 Dr. Gleason also reviewed the January 11, 2013, postoperative report from Elmhurst Memorial Hospital. After reviewing that report, Dr. Gleason opined that: (1) the claimant did not have either examination findings or diagnostic study findings which would indicate a need for surgery to be performed; and (2) the claimant's history did not suggest any condition in existence as of October 16, 2012, that was related to the May 19, 2012, work incident.

¶ 24 On May 9, 2013, the claimant was examined by Dr. Mark Lorenz, an orthopedic surgeon, at his attorney's request. Dr. Lorenz testified by way of an evidence deposition, which was taken on July 15, 2013. During his deposition, Dr. Lorenz opined that there was a causal relationship between the May 19, 2012, work accident and the claimant's reported injuries. In support of his causation opinion, Dr. Lorenz noted that the claimant experienced back and leg pain after his truck seat blew out during the work accident, which led to surgical intervention. He noted that:

"[w]hen you have an axle load on a previously degenerative disc, the disc can be subjective [*sic*] to damage easier than if it was a healthy disc, and that damage

then can express itself as a painful low back with irritation of the nerve root, and it usually is associated with the inflammatory processes that are brought about after the cell destruction."

Dr. Lorenz noted that all of the diagnostic testing (*i.e.* the MRI scans, CT scan, and myelogram) showed degenerative changes, predominantly at the L4-L5 level. He opined that the surgery performed by Dr. Koutsky was reasonable and necessary to decompress the nerve root at L4-L5. Dr. Lorenz also opined that the claimant now has spondylolisthesis, which had not been reported anywhere in the claimant's medical records. Moreover, Dr. Lorenz noted that it is conceivable that the laminectomy performed by Dr. Koutsky made the spine segment a bit more unstable, which may or may not cause long-term back pain. However, he noted that it was too early to tell in the claimant's case.

¶ 25 Dr. Koutsky's reexamined the claimant on August 19, 2013. At that time, the claimant continued to complain of back and leg pain. However, Dr. Koutsky noted that he was "doing better than he was preoperatively." Dr. Koutsky recommended work conditioning/work hardening followed by an FCE. He kept the claimant off work pending the FCE and noted that it was unlikely that the claimant would be able to return to his former line of employment. Dr. Koutsky opined that the claimant would be at MMI following work conditioning and the FCE, and he informed the claimant that he might always have some chronic back and leg pain that would wax and wane as he got older.

¶ 26 On or about August 21, 2013, Dr. Koutsky sent correspondence to the claimant's counsel stating that the claimant's October 26, 2012, lumbar MRI "showed evidence of intraforaminal right-sided disk herniation at L4-5."

¶ 27 During the arbitration hearing, the claimant testified that he currently has weakness and numbness in three toes on his right foot as well as sciatic nerve pain. The claimant stated that he was unable to walk, sit, or stand for more than 20 minutes.

¶ 28 The arbitrator found that the claimant sustained a work-related accident on May 19, 2012, which resulted in, "at most," a lumbosacral strain. The arbitrator found that the claimant had failed to prove that his current condition of ill-being was causally related to the May 19, 2012, work-related accident. In reaching this conclusion, the arbitrator "g[ave] greater evidentiary weight" to Dr. Gleason's testimony, which the arbitrator found to be "most credible." The arbitrator expressly relied upon Dr. Gleason's opinion that the claimant "attained full-duty, maximum medical improvement status as of October 16, 2012, and therefore, [his] present condition of ill-being is not causally-related to the May 19, 2012 injury." The arbitrator also found "significant and persuasive" Dr. Mercier's and Dr. Gleason's opinions that the June 13, 2012, lumbar MRI showed degenerative changes but "no disc herniation or stenosis and no evidence of neural impingement at any level." The arbitrator found that, "at most, [the claimant] sustained a lumbosacral strain, as originally diagnosed by Dr. Simon and subsequently confirmed by Dr. Mercier and Dr. Gleason." She credited Dr. Gleason's testimony that the October 26th, 2012, lumbar MRI scan "reflected findings virtually identical to those demonstrated on prior previously noted MRI scan of June 13th, 2012," and that the claimant "did not have either examination findings or diagnostic study findings which would indicate a need for any surgery to be performed ... [and] [the claimant's] history [did] not suggest any condition in existence as of 10-16-12 related to a reported incident of 5-19-12." In finding Dr. Gleason's testimony to be most credible, the arbitrator also noted that Dr. Lorenz, the claimant's IME, testified that he thought Dr. Gleason was "a good doctor."

¶ 29 Having found that the claimant reached MMI on October 16, 2012, (and that the claimant was able to work full duty without restrictions as of that date), the Commission declined to award any benefits after that date, including TTD benefits, medical expenses for treatments incurred after October 16, 2012, prospective medical treatments, maintenance benefits, vocational rehabilitation, work hardening, and an FCE. The arbitrator found that that "the services provided to the petitioner by [the employer] were reasonable and necessary." However, she found that "[t]hose services which [the claimant] chose to pursue, *i.e.* injections and surgery, were not indicated by his diagnostic studies" and "therefore are not the responsibility of the [the employer]." Finally, relying upon the July 2012 opinions of two utilization review doctors, the arbitrator found that the lumbar epidural injections the claimant received were not reasonable or necessary, and she therefore declined to award the claimant the medical expenses incurred for those injections.

¶ 30 The claimant appealed the arbitrator's decision to the Illinois Workers' Compensation Commission, which unanimously affirmed and adopted the arbitrator's decision. The claimant then sought judicial review of the Commission's decision in the circuit court of Cook County, which confirmed the Commission's ruling.

¶ 31 This appeal followed.

¶ 32 ANALYSIS

¶ 33 The claimant argues that the Commission's finding that he failed to prove that his current condition of ill-being in his lower back is causally related to the May 19, 2012, work accident is against the manifest weight of the evidence.

¶ 34 To obtain compensation under the Act, a claimant must prove that some act or phase of his employment was a causative factor in his ensuing injuries. *Land & Lakes Co. v. Industrial*

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Comm'n, 359 Ill. App. 3d 582, 592 (2005). In resolving disputed issues of fact, including issues related to causation, it is the Commission's province to assess the credibility of witnesses, draw reasonable inferences from the evidence, determine what weight to give testimony, and resolve conflicting medical evidence. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980); *Hosteny v. Illinois Workers' Compensation Comm'n*, 397 Ill. App. 3d 665, 675 (2009); *Fickas v. Industrial Comm'n*, 308 Ill. App. 3d 1037, 1041 (1999). We will overturn the Commission's causation finding only when it is against the manifest weight of the evidence. A factual finding is against the manifest weight of the evidence if the opposite conclusion is "clearly apparent." *Swartz v. Industrial Comm'n*, 359 Ill. App. 3d 1083, 1086 (2005). The test is whether the evidence is sufficient to support the Commission's finding, not whether this court or any other tribunal might reach an opposite conclusion. *Pietrzak v. Industrial Comm'n*, 329 Ill. App. 3d at 828, 833 (2002).

¶ 35 Applying this standard, we cannot say that the Commission's causation finding was against the manifest weight of the evidence. After examining the claimant and reviewing his medical records and all the diagnostic studies (including the June 13, 2012, and October 26, 2012, MRI scans, the December 14 myelogram and CT scan, and the January 2013 postoperative report), Dr. Gleason opined that: (1) the claimant had no condition on October 16, 2012, that was causally related to the May 19, 2012, work incident; and (2) there were no examination findings or diagnostic study findings which would indicate a need for surgery to be performed. In his October 16, 2012, expert report, Dr. Gleason opined that the claimant had complaints on May 21, 2012, which "may have been consistent with a low back strain and or a temporary aggravation of an underlying condition," from which the claimant had since recovered. He concluded that the claimant had reached MMI for any work injury which he may have sustained on May 19, 2012,

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and was able to return to work without restrictions. He further opined that the claimant's subjective complaints could not be confirmed by objective findings, that the claimant was magnifying his symptoms, and that there was "no evidence" that the claimant's current alleged low back condition was causally related to the May 19, 2012, work accident.

¶ 36 Some of Dr. Gleason's opinions were corroborated by two of the claimant's treating physicians. Like Dr. Gleason, Dr. Simon opined that the June 13, 2012, MRI showed bilateral facet arthropathy at L3-4 through L5-S1 (a degenerative condition), with no significant foraminal stenosis. Similarly, Dr. Mercier, opined that the June 13, 2012, MRI revealed "degenerative changes only without evidence of neural impingement at any level from any cause." Like Dr. Gleason, Drs. Simon and Mercer each diagnosed a lumbosacral strain. Although Drs. Koutsky and Lorenz came to a different conclusion, it is the Commission's province to assess the credibility of witnesses, weigh the witnesses' testimony, and resolve conflicts in the medical opinion evidence. *O'Dette*, 79 Ill. 2d at 253; *Hosteny*, 397 Ill. App. 3d at 675; *Fickas*, 308 Ill. App. 3d at 1041. It is for the Commission to determine which medical opinion is to be accepted or given greater weight. *Piasa Motor Fuels v. Industrial Comm'n*, 368 Ill. App. 3d 1197, 1206 (2006). We cannot say that the Commission's decision to credit the opinions of Drs. Gleason, Simon, and Mercier over those of Drs. Koutsky and Lorenz was against the manifest weight of the evidence.

¶ 37 The claimant argues that he established causation through a "chain of events" analysis. "A chain of events which demonstrates a previous condition of good health, an accident, and a subsequent injury resulting in disability may be sufficient circumstantial evidence to prove a causal nexus between the accident and the employee's injury." *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64 (1982). The claimant argues that the evidence

establishes that he did not suffer from back pain or any disabling back condition prior to the accident, and that he has experienced "uninterrupted pain" since the time of the accident which has prevented him from returning to work as a truck driver.

¶ 38 We do not find this argument persuasive. Although a "chain of events" like the one asserted by the claimant may support a reasonable inference of causation, the Commission was not required to draw such an inference in this case given the credible medical testimony contradicting the purported chain of events. Dr. Gleason opined that, as of October 16, 2012, the claimant was not disabled, he was able to return to work full duty without restrictions, and he did not need any further "formalized" medical treatment. (As noted, Dr. Gleason diagnosed a lumbosacral strain sustained during the work accident which had resolved by October 16, 2012.) Dr. Gleason concluded that his examination of the claimant and his review of the diagnostic studies revealed "no positive objective findings *** relative to the low back and normal extremities," and he opined that the claimant's subjective complaints of pain and other symptoms could not be confirmed by the objective findings. He further noted that there were some apparently inconsistent, "if not contradictory," findings upon physical examination, which suggested that the claimant was magnifying his symptoms. Accordingly, there was medical opinion evidence contradicting the claimant's assertion that he has had uninterrupted, disabling back pain since the time of the work accident. The Commission was entitled to credit that evidence and disregard the claimant's contrary testimony.³

³ The claimant also argues that the Commission's causation finding was improperly based, in part, on the reports of two utilization review doctors, both of whose records and opinions were rejected as exhibits. Contrary to the claimant's argument, however, there is no indication that the Commission relied on these opinions in reaching its causation finding. Although the

¶ 39 The claimant also argues that the Commission's erred by denying him benefits after October 16, 2012, the date that the Commission found him to be at MMI from the work injury. As noted above, Dr. Gleason opined that the claimant had reached MMI on October 16, 2012, that he was capable of full duty work without restrictions on that date, and that he needed no additional formalized medical treatment thereafter. Drs. Koutsky and Lorenz provided contradictory testimony on these issues (as did the claimant), but the Commission was entitled to credit Dr. Gleason's testimony over the testimony of other witnesses. Moreover, as noted above, the Commission's finding that the claimant failed to establish that his alleged current conditions of ill-being were causally related to the work accident is not against the manifest weight of the evidence. Accordingly, the Commission properly denied all benefits accruing after October 16, 2012, including TTD benefits, medical expenses for treatments provided after October 16, 2012, prospective medical treatments, maintenance benefits, vocational rehabilitation, work hardening, and a FCE. See *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 436 (2011).

¶ 40 The claimant also argues that the Commission erred by denying him medical expenses for the two lumbar epidural steroid injections he received based upon the medical opinions of two utilization review doctors whose expert reports and opinions were previously rejected as exhibits. Although the Commission did not rely upon these medical opinions in reaching its

Commission briefly referenced the opinions of the two utilization review doctors in the "findings of fact" section of its written decision, it did not address either opinion in its conclusions of law as to causation. Moreover, the opinions referenced by the Commission addressed only whether lumbar injections prescribed by Dr. Koutsky were reasonable and necessary, not the ultimate causation issue or the necessity of lumbar surgery or other treatments.

causation finding, it expressly relied upon them in finding that the lumbar epidural steroid injections the claimant received were neither reasonable nor necessary. We agree that the Commission erred by considering and relying upon evidence that was not properly submitted and accepted into evidence. See *Estate of Burns v. Consolidated Cable Co.*, 2015 IL App (5th) 140503 (2015). However, the Commission's error does not require reversal in this instance. We may affirm the Commission's decision upon any legal basis in the record that supports its decision, regardless of the Commission's findings or reasoning. *General Motors Corp. v. Industrial Comm'n*, 179 Ill. App. 3d 683, 695 (1989). The claimant does not indicate when he received the epidural steroid injections. However, the record indicates that he received both of the injections in November 2012, which was after Dr. Gleason put him at MMI and opined that no further medical treatments were necessary. On October 16, 2012, Dr. Gleason concluded that his examination of the claimant and his review of the diagnostic studies revealed no evidence of any lumbar condition requiring treatment. Thus, the Commission's conclusion that the lumbar epidural steroid injections received by the claimant were "not indicated by his diagnostic studies," and were therefore not "reasonable and necessary," was not against the manifest weight of the evidence.

¶ 41

CONCLUSION

¶ 42 For the foregoing reasons, we affirm the judgment of the circuit court of Cook County, which confirmed the Commission's decision.

¶ 43 Affirmed.