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2017 IL App (5th) 160077WC-U

FILED: June 8, 2017

NO. 5-16-0077WC

IN THE APPELLATE COURT

OF ILLINOIS

FIFTH DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

ROBERT WEIR,	)	Appeal from the
Appellant,	)	Circuit Court of
v.	)	St. Clair County.
THE ILLINOIS WORKERS' COMPENSATION	)	No. 15-MR-225
COMMISSION *et al*. (Cerro Flow Products, LLC,	)	
Appellee).	)	Honorable
	)	Robert P. LeChien,
	)	Judge Presiding.

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

ORDER

¶ 1 *Held*: (1) The Commission's finding that claimant's condition of ill-being after September 30, 2008, was not causally related to his work accident was not against the manifest weight of the evidence; and (2) given the Commission's conclusion regarding causal connection, its decisions to limit medical expenses to those incurred through September 30, 2008, to terminate TPD benefits, and modify PPD benefits, were not against the manifest weight of the evidence.

¶ 2 On August 18, 2008, claimant, Robert Weir, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (820 ILCS 305/1 to 30 (West 2006)), seeking benefits from the employer, Cerro Flow Products, LLC. Following a hearing, the arbitrator de-

termined claimant sustained an accident on July 18, 2008, which arose out of and in the course of his employment, and that his current condition of ill-being was causally related to that accident. The arbitrator awarded claimant 19-3/7 weeks temporary partial disability (TPD) benefits, from July 6, 2010, to November 18, 2010, medical expenses totaling $55,763.48, and 62.5 weeks permanent partial disability (PPD) benefits for a 12.5% loss of use of the man as a whole.

¶ 3 On review, the Workers' Compensation Commission (Commission) found claimant's current condition of ill-being not related to his July 18, 2008, work accident. Accordingly, the Commission vacated the arbitrator's award of TPD benefits (referenced as temporary total disability (TTD) benefits in the Commission's decision) and medical expenses. The Commission reduced the arbitrator's award of PPD benefits to 7.5% loss of use of the man as a whole. On judicial review, the circuit court of St. Clair County confirmed the Commission's decision. Claimant appeals, arguing the Commission's finding that his condition of ill-being after September 30, 2008, was not causally related to his work accident was against the manifest weight of the evidence. We affirm and remand.

¶ 4 I. BACKGROUND

¶ 5 At arbitration, the 66-year-old claimant testified he had worked for employer as a maintenance worker for 25 years. Claimant injured his low back on July 18, 2008, while attempting to repair a bundle loader at work. Claimant testified a large plate weighing 60-70 pounds fell to the floor. Claimant bent over the piece and attempted to lift the plate. Claimant testified "something popped" in his back, he felt pain, and could not move.

¶ 6 On the day of his accident, claimant sought treatment at Midwest Occupational Medicine. He provided the medical provider a history of his work accident, stating he attempted to lift a plate weighing 30-40 pounds and "felt acute and sudden pain in his low back." Claimant

complained of low back pain, mostly on his right side. He denied any radiation of pain into either leg. He was diagnosed with acute lumbosacral strain to the low back and prescribed Motrin and compresses. Claimant was returned to work the following day with restrictions including "no stooping, standing, or prolonged walking, no running and no lifting greater than 5 pounds."

¶ 7 Claimant returned to Midwest Occupational Medicine on July 22, 2008. He reported "an occasional catch in his back" but did not have pain in the night and "actually felt better this morning." Claimant was to begin back strengthening exercises and continue the use of ibuprofen and moist heat on his back. He was to work as tolerated, with no bending, lifting, or climbing.

¶ 8 Claimant continued treatment with Midwest Occupational Medicine on July 28, 2008. Claimant reported pain down both legs and in the center of his back. He reported using ibuprofen and moist heat, and completing his exercises. He had been tasked with "dusting things" at work. Claimant underwent a lumbar spine series which appeared negative for fracture, subluxation, or other bony abnormalities. Claimant was diagnosed with low back strain and instructed to continue his use of ibuprofen and moist heat, and to complete the back strengthening exercises. Claimant was returned to work with the same restrictions, no bending, lifting, or climbing.

¶ 9 On August 11, 2008, claimant returned to Midwest Occupational Medicine. He complained of an occasional "catch" in the right mid-lumbar area. He reported he took an "occasional ibuprofen," did not use moist heat, and did not do his back strengthening exercises. The physician's assistant diagnosed claimant with resolving low back pain and emphasized the importance of claimant completing his back strengthening exercises. Claimant was returned to full-duty work.

¶ 10 Claimant returned to Midwest Occupational Medicine on September 9, 2008. He complained of pain in his upper right lumbar area when he did a lot of lifting or was on his feet for a long time, but that he did not have constant pain. The medical notes show a diagnosis of low back pain. Claimant was referred to physical therapy for three weeks and provided a small back support to be worn while working.

¶ 11 Claimant last treated with Midwest Occupational Medicine on September 30, 2008. Claimant reported pain only when working. The multiple treatment professionals involved in claimant's care agreed there was a "lack of physiologic evidence of disease here." Dr. Brian Ruiz, an internist, noted he observed "no swelling, bruising, or any abnormalities." He further noted a "[l]ack of physical evidence to verify subjective complaints." With a finding of "nothing physical *** requir[ing] treatment," he discharged claimant from Midwest's care.

¶ 12 The record also shows a course of treatment with Dr. Justin Huynh, an internist practicing with Washington University Physicians. On August 8, 2008, claimant sought follow up medical treatment with Dr. Huynh following prostate and colon tests. Claimant reported having "some back pain" and occasional pain shooting down his legs bilaterally following a work accident three weeks earlier, on July 18, 2008. Claimant reported taking ibuprofen for one week following the accident. Dr. Huynh noted the back pain was resolving and prescribed nonsteroidal anti-inflammatory pain relievers as needed.

¶ 13 Claimant sought additional follow up with Dr. Huynh on October 6, 2008, related to an episode of rectal bleeding two months earlier. Dr. Huynh noted claimant had low back pain following a work accident but the pain was resolving with "no current worrisome [signs or symptoms]."

¶ 14 Claimant next sought treatment with Dr. Huynh on March 16, 2009, for an evaluation of back pain. He had last treated with Dr. Huynh five months earlier. Claimant reported back pain which worsened at work and pain radiating from his back down both legs, right worse than left. Dr. Huynh's impression was chronic low back pain, likely sciatica, and bilateral radicular neck pain. He referred claimant for physical therapy and x-rays of the lumbar spine. Claimant did not attend physical therapy.

¶ 15 Claimant returned to Dr. Huynh the following month, on April 15, 2009, reporting he had experienced neck and back pain for several months. Claimant reported his low back pain did not bother him until he started working. He complained of radiating pain down his right leg and occasionally his left leg while walking. Claimant reported heavy lifting produced severe pain in his back that went down into his leg. Dr. Huynh reviewed the March 16, 2009, x-ray films of the lumbar spine. The x-rays revealed mild degenerative disc disease at L4-5 and minimal spondylolisthesis at L3-4. Dr. Huynh noted claimant likely suffered a mild radiculopathy with pain into the legs, right greater than left, and again prescribed nonsteroidal anti-inflammatory pain relievers as needed and physical therapy. The record shows claimant underwent a course of physical therapy at the Rehabilitation Institute of St. Louis from May 1, 2009, to May 29, 2009.

¶ 16 Claimant next sought treatment with Dr. Huynh on October 22, 2009. He had last treated with Dr. Huynh six months earlier. Claimant complained of low back pain, neck pain, and hand pain. Claimant reported that his low back pain had worsened over the last several months with pain now radiating to his left leg and into his foot. Dr. Huynh diagnosed claimant with mild degenerative disc disease and radiculopathy with low back pain. Dr. Huynh recom-

mended claimant have a lumbar spine magnetic resonance imaging (MRI) scan, which claimant underwent on October 30, 2009. The impression from the MRI report was as follows:

> "1. Multilevel degenerative changes of the lumbar spine as described in detail above.
>
> 2. There is a sequestered disc fragment posterior to the L5 vertebral body which abuts the left S1 nerve root."

¶ 17 Dr. Huynh's records show he reviewed claimant's MRI on November 23, 2009, and found it showed claimant had a "fragmented [] herniated disc impinging on S1 nerve root." He noted claimant had a "spine surgery" appointment on January 14, 2010. Claimant next treated with Dr. Devyani Hunt and Dr. Monica Rho on January 28, 2010, undergoing a fluoroscopically guided right L5/S1 transforaminal epidural steroid injection.

¶ 18 On May 21, 2010, claimant began treatment with Dr. Justin Brown, a board certified neurosurgeon with Washington University Physicians. Claimant reported severe pain radiating across his back following a July 2008 work accident. He reported his pain had worsened since the accident and now involved his low back, thighs, legs, and buttocks. He continued to perform his work duties but performed fewer household chores. Dr. Brown requested claimant have an MRI scan of the cervical and lumbar spine which he underwent on the same day he began treatment with Dr. Brown, May 21, 2010. The report showed degenerative disc disease in the cervical spine, most severe at C4-C5, and a straightening of the lumbar lordoses with degenerative disc disease most severe at L3-L4. The sequestered disc fragment at L5-S1 noted in the report of claimant's previous MRI scan (October 30, 2009) was no longer present.

¶ 19 Dr. Brown testified at his evidence deposition taken on March 20, 2013, that because claimant's MRI results did not correspond well to claimant's complaints, he referred

claimant for a lumbar myelogram and post-myelogram computerized tomography (CT) scan performed on June 2, 2010. The impression from the report revealed degenerative disc disease of the lumbar spine and severe central canal stenosis at L2-L3, with moderate central canal stenosis at L3-L4 and L4-L5.

¶ 20 Claimant returned to Dr. Brown on June 18, 2010, reporting an exacerbation of his symptoms following the lumbar myelogram. Dr. Brown noted claimant experienced "significant back pain and bilateral radicular pain primarily in the S1 distribution, but appears to be more diffuse and severe at times." In his review of x-rays, Dr. Brown stated the following:

> "[Claimant] had a MRI of the cervical spine, which demonstrated degenerative disc disease throughout. He has stenosis of the central canal throughout, which is most severe at the C4-5 level. On MRI of his lumbar spine, there is a left paracentral disc herniation at the L5-S1 level abutting the traversing S1 nerve root. There is also multilevel canal stenosis, which is mild at L2-3, moderate to severe at L3-4, [and] mild at L4-5. At the L2-3 level, the left neuroforamina is moderate[ly] stenosed. At the L4-5[] level[,] foramina are moderately stenosed. On the CT myelogram of the lumbar spine, the traversing S1 nerve root [seems] to be compressed bilaterally both by a broad disc bulge and facet hypertrophy. This appears to be more severe on the left side than the right, but appears to be present on both sides. Again, the canal stenosis is more apparent on this film than on the MRI. It looks to be severe at L2-3, moderate [at] L3-4 and moderate at L4-5."

Dr. Brown recommended claimant undergo a multilevel laminectomy with multilevel foraminotomies. Claimant continued to perform his work duties until he had surgery on July 8,

2010. The operative report identifies the surgery as "L2-3, L3-4, and L4-5 bilateral interlaminar decompressions *** with resection of ligamentum flavum[,] and S1 complete bilateral laminectomy and decompression."

¶ 21 Claimant was seen by Dr. Brown postoperatively on July 16, 2010. Claimant reported intermittent leg pain with some residual tenderness in the paraspinal muscles. Claimant was next seen by Dr. Brown on August 6, 2010, reporting his back pain had improved. Claimant last treated with Dr. Brown on November 19, 2010. Claimant reported his leg symptoms had resolved and Dr. Brown returned claimant to full-duty work.

¶ 22 At arbitration, the arbitrator admitted into evidence the transcript of Dr. Michael Chabot's evidence deposition, taken August 16, 2013. Dr. Chabot testified he was an orthopedic spine surgeon who conducted an independent medical examination (IME) of claimant on October 12, 2011, at the request of the employer. In addition to conducting a physical examination of claimant, Dr. Chabot reviewed reports of claimant's x-rays, MRIs, lumbar myelogram, and post-myelogram CT scan, prepared from March 16, 2009, through July 11, 2011; and claimant's medical records prepared by Midwest Occupational Medicine, Dr. Huynh, Dr. Hunt, Dr. Rho, and Dr. Brown. Dr. Chabot characterized claimant's work injury on July 18, 2008, as "a simple strain injury to the lumbar spine." He opined claimant "was treated appropriately, *** his condition improved, [and] he was returned to regular work duties" on September 30, 2008. In Dr. Chabot's opinion, claimant's "symptoms changed at a later date, months later down the road, to include radiation of symptoms from the back into the lower extremities, which [claimant] did not have initially at the time of his []injury" on July 18, 2008. According to Dr. Chabot, claimant underwent surgery on July 8, 2010, "for *** a chronic degenerative condition resulting in spinal stenosis and nerve root compression." Dr. Chabot testified claimant "underwent a simple de-

compression procedure by Dr. Brown," noting claimant "did not undergo any surgery to the disc to suggest that he had acute disc pathology." In Dr. Chabot's opinion, claimant's treatment beginning more than five months after returning to full-duty work for employer, and ultimately his surgery on July 8, 2010, was not related to the July 2008 work accident.

¶ 23 Dr. Chabot further opined the treatment claimant received following his return to full-duty work was unrelated to the July 2008 work accident and that the work injury was neither a cause nor a contributing factor of claimant's need for treatment months after returning to work. According to Dr. Chabot, claimant's complaints in March 2009 "appeared more significant" than his complaints following the July 2008 accident, and also, his complaints to Dr. Brown in May 2010 were very different than those he made following his work accident. Further, Dr. Chabot stated in his report that claimant suffered "multi-level degeneration involving the lumbar spine which would have progressed regardless of what activities he performed." Dr. Chabot opined that claimant suffered a preexisting degenerative disease involving the lumbar spine with spinal stenosis, which ultimately caused claimant to undergo surgery.

¶ 24 At arbitration, the arbitrator admitted Dr. Brown's evidence deposition taken March 20, 2013. Dr. Brown diagnosed claimant with lumbar stenosis. When asked his opinion on causation of claimant's condition, Dr. Brown explained lumbar stenosis is a chronic degenerative process that "can be exacerbated by acute events, but for the most part these are chronic events that develop over years." Dr. Brown further characterized claimant's degenerative spine condition as "something that is a result of wear and tear throughout life." When asked if claimant's work accident exacerbated claimant's condition, Dr. Brown first stated it would be closer to a 10% chance his work accident exacerbated claimant's condition than a 90% chance. Claimant's attorney next presented Dr. Brown with a hypothetical scenario paralleling the work acci-

dent experienced by claimant on July 18, 2008, and the course of treatment. Claimant's attorney inquired of Dr. Brown his opinion "as to aggravation of this man's lumbar stenosis." Dr. Brown stated the following:

> "Okay. The description of the event that I have, from Dr. Chabot's note here, is the back pops, and then he immediately thereafter has back pain, *** which is solely localized to the back. It isn't until sometime thereafter that I see in the notes that he had pain affecting the leg, as well.
>
> That being the case, yes, we could conjecture that this contributed to or maybe accelerated the degeneration of his spine, but this would be an indirect correlation. A herniated disc which immediately compressed a nerve root would be a direct correlation. A back spasm episode, which is what this more describes, would be an indirect correlation. It could have resulted in an acceleration of the degenerative process that was already going on over the next few years."

¶ 25 On cross-examination, Dr. Brown stated he did not observe any indication of acute trauma during claimant's surgical procedure. He agreed that based on the severity of claimant's stenosis, claimant's degenerative condition would have preexisted his work accident. Dr. Brown "guessed" it would be true that claimant experienced back pain prior to his accident based on the severity of claimant's stenosis. Dr. Brown confirmed he could not state, with any degree of medical certainty, that the condition for which claimant required surgery was related to his work accident on July 18, 2008. Dr. Brown characterized claimant's work accident injury as "more like a muscular back strain."

¶ 26 On July 1, 2014, the arbitrator issued his decision. As stated, he found claimant's condition of ill-being in his low back was causally related to the July 2008 work accident. Ac-

cordingly, the arbitrator awarded claimant (1) 19-3/7 weeks TPD benefits, from July 6, 2010, to November 18, 2010, (2) medical expenses totaling $55,763.48, and (3) 62.5 weeks PPD benefits for a 12.5% loss of use of the man as a whole.

¶ 27 On June 9, 2015, the Commission modified the arbitrator's decision upon finding claimant's current condition of ill-being not causally related to his July 18, 2008, work accident. The Commission found claimant suffered a "back strain" on July 18, 2008, which resolved shortly thereafter. In addition, the Commission found Dr. Brown's causation opinion "too speculative to support a finding of causal connection between [claimant's] July 18, 2008[,] work accident and his current condition of ill-being," and further found "Dr. Chabot's causation opinion more persuasive than Dr. Brown's admittedly speculative opinion." As stated, the Commission modified the award to include only those expenses for medical services rendered through September 30, 2008, and it terminated claimant's TPD benefits. In addition, the Commission reduced the arbitrator's award of PPD benefits to 7.5% loss of use of the man as a whole. Claimant sought judicial review and on January 29, 2016, the circuit court of St. Clair County confirmed the Commission's decision. This appeal followed.

¶ 28 II. ANALYSIS

¶ 29 Claimant argues the Commission's decision on causation is against the manifest weight of the evidence. In challenging the Commission's finding with regard to causation, claimant advances the opinion of Dr. Brown over the opinion of Dr. Chabot. Claimant argues the Commission's finding that Dr. Brown's causation opinion was "too speculative," while Dr. Chabot's opinion established claimant's current condition of ill-being is not causally related to his July 2008 work accident, is against the manifest weight of the evidence.

¶ 30 In workers' compensation proceedings, the claimant has the burden of establishing a causal connection between his employment and his condition of ill-being. *ABF Freight System v. Illinois Workers' Compensation Comm'n*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. When an employee has a preexisting condition, he must "show that a work-related accidental injury aggravated or accelerated the preexisting disease such that the employee's current condition of ill-being can be said to have been causally connected to the work-related injury and not simply the result of a normal degenerative process of the preexisting condition." *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 204-05, 797 N.E.2d 665, 672 (2003). "Accidental injury need not be the sole causative factor, nor even the primary causative factor, as long as it was *a* causative factor in the resulting condition of ill-being." (Emphasis in original.) *Sisbro*, 207 Ill. 2d at 205, 797 N.E.2d at 673.

¶ 31 Whether a causal connection exists is a question of fact for the Commission. *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. On review, the Commission's factual findings will not be disturbed unless they are against the manifest weight of the evidence. *Bolingbrook Police Department v. Illinois Workers' Compensation Comm'n*, 2015 IL App (3d) 130869WC, ¶ 38, 48 N.E.3d 679. "A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent." *Bolingbrook Police Department*, 2015 IL App (3d) 130869WC, ¶ 38, 48 N.E.3d 679.

¶ 32 Additionally, "[a]s the trier of fact, the Commission is primarily responsible for resolving conflicts in the evidence, assessing the credibility of witnesses, assigning weight to evidence, and drawing reasonable inferences from the record." *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. "This is especially true regarding medical matters, where we owe great deference to the Commission due to its long-recognized expertise with such is-

sues." *ABF Freight System*, 2015 IL App (1st) 141306WC, ¶ 19, 45 N.E.3d 757. On review, the appropriate test is whether the record contains sufficient evidence to support the Commission's decision, not whether this court might reach the same conclusion. *Dig Right In Landscaping v. Illinois Workers' Compensation Comm'n*, 2014 IL App (1st) 130410WC, ¶ 27, 16 N.E.3d 739.

¶ 33 In this case, claimant sustained an undisputed work-related accident on July 18, 2008. As stated, the Commission determined his work accident caused only a "back strain" and determined claimant's work-related condition "resolved shortly after the date of injury." After reviewing the record, we find it contains sufficient support for the Commission's decision and it is not against the manifest weight of the evidence.

¶ 34 In reaching its decision, the Commission relied on Dr. Chabot's medical opinions. Based on his review of claimant's medical records, Dr. Chabot determined claimant suffered "a simple strain injury" on July 18, 2008, underwent a course of treatment, and was returned to full-duty work on September 30, 2008. According to Dr. Chabot, claimant's complaints changed beginning in March 2009, eight months after his work accident. Claimant complained of radiating pain from the back into the lower extremities and eventually underwent surgery for lumbar stenosis, a chronic degenerative condition. Dr. Chabot opined within a reasonable degree of medical certainty, there was no causal relationship between claimant's work injury on July 18, 2008, and the lumbar condition for which claimant underwent surgery approximately two years later. Dr. Chabot explained claimant's muscle strain resolved in approximately six to eight weeks, the anticipated timeframe for a muscle strain to resolve. In contrast, claimant's degenerative condition would not resolve, even following surgery. Claimant could experience persistent pain and would likely have intolerance to many physical activities due to his degenerative condition involving the lumbar spine.

¶ 35 Although Dr. Huynh on August 8, 2008, noted claimant complained of occasional pain shooting down his legs bilaterally, he also noted claimant's pain was resolving and prescribed only anti-inflammatory medication. According to Dr. Chabot, Dr. Huynh provided "the lowest level of medication for pain [and thus,] the perception is the pain level at that time shortly after the accident was relatively mild." Likewise, Dr. Huynh noted on October 6, 2008, that claimant reported some pain upon exertion but was not taking any type of pain medication. Dr. Huynh noted "no current worrisome [signs or symptoms]."

¶ 36 The Commission characterized Dr. Brown's opinions as "too speculative" to support a finding of causal connection between claimant's work accident in July 2008 and his need for a lumbar decompression in July 2010. We note both Drs. Chabot and Brown characterized claimant's work injury as a back strain and both agreed claimant's degenerative condition would have preexisted his work accident. Claimant sought treatment with Dr. Brown almost two years after his work accident reporting severe pain radiating across his back and down his right leg.

¶ 37 During his deposition, Dr. Brown stated "we could conjecture" that the work accident "could have" contributed to or "maybe" accelerated the degenerative process "already going on over the next few years." He confirmed he could not state, with any degree of medical certainty, that the condition for which claimant required surgery was related to his work accident in July 2008. As claimant argues, a finding of a causal relationship may be based on expert medical testimony that an accident "could have" or "might have" caused an injury. See *Freeman United Coal Mining Co. v. Industrial Comm'n*, 318 Ill. App. 3d 170, 174, 741 N.E.2d 1144, 1147 (2000). However, the presentation of such evidence does not mandate a finding of causation where the Commission finds it is unpersuasive. The Commission must consider all of the evi-

dence and draw reasonable inferences and conclusions. This court may not disregard or reject those inferences merely because other inferences might be drawn. *Sisbro*, 207 Ill. 2d at 206, 797 N.E.2d at 673.

¶ 38 We note further, during the course of his deposition, Dr. Brown relied on Dr. Chabot's IME report as he did not have treatment notes from the time of claimant's accident (July 2008) to the time he first treated claimant (May 2010). Dr. Brown acknowledged he was not aware of "gaps of time" where claimant did not receive medical treatment.

¶ 39 The Commission expressly found "Dr. Chabot's causation opinion more persuasive." As discussed, it is particularly within the province of the Commission to resolve conflicts in the medical evidence. Under the circumstances presented, we find no error in the Commission's reliance on Dr. Chabot's opinions over those offered by Dr. Brown. Dr. Chabot's opinions are supported by claimant's medical records, which show claimant suffered a back strain on July 18, 2008, underwent a course of treatment, and was returned to full-duty work on September 30, 2008.

¶ 40 Claimant argues his July 2008 work injury aggravated or accelerated his chronic degenerative condition and thus, was a causative factor of his lumbar stenosis and need for a lumbar decompression. "Whether a claimant's disability is attributable solely to a degenerative process of the preexisting condition or to an aggravation or acceleration of a preexisting condition because of an accident is a factual determination to be decided by the Industrial Commission." *Sisbro*, 207 Ill. 2d at 205-06, 797 N.E.2d at 673. Here, the Commission adopted Dr. Chabot's opinion, finding claimant's medical treatment after September 30, 2008, "related to [claimant's] ongoing degenerative condition, rather than to his work injury." The record establishes claimant suffered a back strain in July 2008. Claimant did not sustain an injury to his

lumbar spine as a result of that accident. Dr. Chabot explained that "most of [claimant's] complaints initially were associated with the tissue inflammation from a strain injury." He testified there was no evidence to show anything occurred at the time of claimant's work accident that affected his lumbar spine. According to Dr. Chabot, claimant suffered "multi-level degeneration involving the lumbar spine which would have progressed regardless of what activities he performed." Dr. Chabot opined that claimant suffered a preexisting degenerative disease involving the lumbar spine with spinal stenosis, which ultimately caused claimant to undergo surgery. The Commission's findings with respect to claimant's preexisting degenerative disease are supported by the medical evidence contained in the record.

¶ 41 Claimant also disputes the Commission's causation finding asserting the Commission relied on a "legally erroneous premise to find a fact." This is a reference to a single sentence in Dr. Chabot's seven page IME report, stating "[t]he prevailing factor in [claimant's] condition, which ultimately required surgical intervention was advanced lumbar spinal stenosis at multiple levels secondary to pre-existing degenerative disease involving the lumbar spine." We agree a reference to "the prevailing factor" is not the legal standard in Illinois; a claimant need only prove that employment was *a* factor in the ensuing condition of ill-being. See *Sisbro*, 207 Ill. 2d at 205, 797 N.E.2d at 673. However, Dr. Chabot made no further reference to "the prevailing factor" legal standard in his report or in his deposition testimony. During his deposition, Dr. Chabot opined that the treatment claimant received following his return to full-duty work was unrelated to the July 2008 work accident and that the work injury was neither a cause nor a contributing factor of claimant's need for treatment months after returning to work. Moreover, there is nothing in the Commission's decision to suggest it relied on an erroneous legal standard in finding claimant's current condition of ill-being was not related to his work accident. We do

not find a single reference in Dr. Chabot's IME report to "the prevailing factor" renders the Commission's decision against the manifest weight of the evidence.

¶ 42 Given the evidence presented, we cannot say an opposite conclusion from that reached by the Commission was clearly apparent. The Commission's determination that claimant's condition of ill-being after September 30, 2008, was not causally related to his work accident was supported by Dr. Chabot's opinions and claimant's medical records. Because the Commission committed no error in finding no causal relationship between claimant's work injury and his lumbar stenosis condition of ill-being, it also committed no error in its decisions to limit medical expenses to those incurred through September 30, 2008, to terminate TPD benefits, and modify PPD benefits.

¶ 43 III. CONCLUSION

¶ 44 For the reasons stated, we affirm the circuit court's judgment and remand the matter for further proceedings.

¶ 45 Affirmed and remanded.