

No. 5-16-0534WC

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).

IN THE
APPELLATE COURT OF ILLINOIS
FIFTH DISTRICT

SUSANNE MITCHELL,)	Appeal from the
)	Circuit Court of
Appellant,)	Madison County
)	
v.)	No. 16 MR 102
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	Honorable
)	John Barberis Jr.,
(Gateway Regional Medical Center, Appellee).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* The decision of the Illinois Workers' Compensation Commission finding that the claimant's current condition of lumbar spine ill-being is not causally related to her work accident of July 19, 2013, and its determination that she reached maximum medical improvement from her work-related injuries on August 5, 2013, are not against the manifest weight of the evidence. Further, the Commission's resultant denial of temporary total disability benefits after August 5, 2013, and medical expenses incurred after that date is not against the manifest weight of the evidence.

¶ 2 The claimant, Susanne Mitchell, appeals from an order of the circuit court of Madison County which confirmed a decision of the Illinois Workers' Compensation Commission (Commission) finding that her current condition of lumbar spine ill-being is not causally related to the accident she sustained while working for Gateway Regional Medical Center (Gateway) on July 19, 2013, and the Commission's resultant denial of benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2012)), for her temporary total disability (TTD) and medical expenses for the period following August 5, 2013. For the reasons which follow, we affirm the judgment of the circuit court.

¶ 3 The following factual recitation is taken from the evidence adduced at the arbitration hearing held on December 18, 2014.

¶ 4 Prior to the events giving rise to the instant claim, the claimant had a medical history that is relevant to the disposition of this case. On May 23, 2013, the claimant presented to her primary care physician, Dr. Naser Almasalmeh, with complaints of right hip pain for the past two weeks. The claimant reported having experienced similar symptoms two years earlier. Dr. Almasalmeh diagnosed the claimant with right-sided sciatica and prescribed medication for pain. The claimant returned to Dr. Almasalmeh on July 9, 2013, reporting persistent hip pain, increased muscle spasms, and inability to rest "as [a result of] work and [caring for her] special needs son." The claimant was prescribed narcotic pain medication and a muscle relaxer.

¶ 5 At the time of the injuries at issue, the claimant was employed by Gateway as a registered nurse where she worked night-shifts in its emergency department. Her job duties included triage, treating patients, completing discharge, and transferring patients. The claimant testified that, on July 19, 2013, a patient's bed was blocking a computer that she needed access to and, although the bed was on rollers, it did not move when she attempted to push it with her hip as it was in a

locked position. She experienced immediate pain in her low back and left hip. The claimant reported the incident to her supervisor and was instructed to seek medical care from one of the doctors in Gateway's emergency department.

¶ 6 The claimant presented to Gateway's emergency department shortly after midnight on July 20, 2013, for initial treatment after the accident. Physical examination of her back revealed moderate tenderness to palpation over the low lumbar and left paralumbar areas. The claimant was diagnosed with acute low back pain and acute lumbar myofascial strain. She was prescribed pain medication and muscle relaxers and instructed to obtain follow-up care from an occupational health doctor in two days.

¶ 7 On July 22, 2013, the claimant consulted with Dr. Christopher Knapp at Gateway Occupational Health Services. She reported a consistent history of injury and complained of pain in her left hip and low back. A physical examination revealed tenderness in the left SI region but no sciatic tenderness and no spasm, inflammation, ecchymosis, edema, crepitus, or fluctuance. Straight leg raise and FABER tests were negative bilaterally. Dr. Knapp assessed the claimant as having left sacroiliac sprain. He prescribed Ibuprofen, Flexeril, Tramadol, and one week of physical therapy. The claimant was placed on "modified duty for today only" and was to "resume full duties effective tomorrow."

¶ 8 The claimant testified that she attended physical therapy at Gateway and was on "modified duty" for a "[c]ouple weeks."

¶ 9 On July 31, 2013, the claimant returned to Gateway Occupational Health Services and was seen by physician assistant (PA) Laura Horn. According to the clinical notes from that visit, the claimant stated that her low back pain worsened with physical therapy and that pushing stretchers at work caused her back to go into "complete spasm." The claimant also stated that she

was not sleeping well and was having difficulty performing daily living activities. Physical examination disclosed tenderness to palpation in the low lumbar area and paraspinous muscles and limited range of motion “in all facets secondary to pain.” PA Horn diagnosed the claimant with a lumbar strain, prescribed Tramadol and Skelaxin, ordered a lumbar spine MRI, and released the claimant to “modified work, sit-down type duty, 8 hours only ***.” The MRI, taken later that same day, was interpreted as showing: (1) a left posterior lateral disc protrusion at T11-T12 that was compressing the lateral aspect of the spinal cord on the left side; (2) severe central spinal stenosis at L4-L5; and (3) mild central spinal stenosis at L3-L4.

¶ 10 The claimant followed up with PA Horn on August 2, 2013, reporting continued pain in her “mid back radiating into her left hip and upper thigh.” PA Horn prescribed a Medrol Dosepak, continued the claimant’s Tramadol and Skelaxin, released the claimant back to full-duty work, and scheduled a follow-up appointment for August 5, 2013.

¶ 11 On August 5, 2013, the claimant saw Dr. Knapp as scheduled. Dr. Knapp’s clinic note states that the claimant “is doing about the same” but continues to experience pain in the back and left hip. He assessed the claimant as having degenerative changes in her “lower thoracic and lumbar spine region, but no significant radicular symptoms other than pain to the left hip.” Dr. Knapp encouraged the claimant to restart physical therapy to work on the SI joint. The “clinic discharge summary” from that visit states that the claimant is “[c]leared to perform all job functions associated with regular job duties.”

¶ 12 The claimant testified that she returned to full-duty work on August 5, 2013. She stated, however, that she continued to experience pain and had to ask for additional assistance in performing her job duties. The record reveals that the claimant continued to seek medical treatment from Dr. Knapp and PA Horn at Gateway Occupational Health Services on August 7,

9, and 16, 2013. During those visits, the claimant's condition remained the same and her medications, physical therapy, and release to full-duty work were continued.

¶ 13 On August 15, 2013, the claimant sought treatment from her family physician, Dr. Almasalmeh. The doctor's records from that visit state that the claimant "was trying to move [a] broken bed and [her] SI joint was torn." She was diagnosed with right sciatica, given a prescription of Tramodal and Skelaxin, and told to follow up with the occupational medicine doctors at Gateway. Dr. Almasalmeh also thought it would be reasonable for the claimant to see an orthopedic surgeon.

¶ 14 The claimant testified that, a few weeks after she returned to full-duty work, she was sprayed in the eyes with chemicals by a "psychiatric patient" while at work. She stated that she was suspended as a result of the incident and ultimately terminated from her position as a nurse.

¶ 15 On September 17, 2013, the claimant followed up with PA Horn with continued complaints of low back pain. The claimant's diagnosis at that time was left sacroiliac dysfunction. PA Horn noted that the claimant would discontinue physical therapy because it "[made] the pain worse" but would continue with the anti-inflammatories and follow up in two weeks.

¶ 16 On September 30, 2013, the claimant returned to Dr. Almasalmeh with complaints of low back pain that was worse on the left and radiating to the buttocks. Dr. Almasalmeh refilled the claimant's prescription of Tramadol and placed her on limited-duty work with restrictions of no strenuous activity and no lifting more than 10 pounds.

¶ 17 The claimant followed up with PA Horn on October 1, 2013, reporting no improvement. She was referred to Dr. Waqqas Khan for an epidural steroid injection, given a refill of her medications, continued on full-duty work, and instructed to return in one week after the injection

for further evaluation. The claimant was seen by Dr. Khan on October 18, 2013, but the doctor declined to administer an epidural steroid injection because he determined it would not relieve the claimant's left sacroiliac dysfunction.

¶ 18 In December 2013, the claimant was at a restaurant in Branson, Missouri, when she missed a step, tripped, and fell. She testified that she injured her thoracic spine. She acknowledged that she did not experience any thoracic spine pain prior to that incident and she did not believe that the incident changed her low back symptoms.

¶ 19 The claimant returned to Dr. Almasalmeh on December 19, 2013. She gave a history of falling earlier that month and was told that she had a compression fracture in the thoracic spine between T7 and T8. The claimant continued to experience left hip pain and was using a wheelchair. Dr. Almasalmeh referred the claimant to Dr. Matthew Gornet for an orthopedic evaluation.

¶ 20 On February 20, 2014, the claimant presented to Dr. Gornet at the Orthopedic Center of St. Louis, for an initial spine examination. The claimant reported a consistent history of her workplace accident of July 19, 2013, and complained of pain in the low back, left buttock, left hip, left thigh, and mid-back. She denied having any symptoms in the right leg. The claimant also told Dr. Gornet that the pain in her mid-back started in December 2013 after she fell at a restaurant. Dr. Gornet examined the claimant and observed diminished sensation in the left L5 dermatome and weakness in the left tibialis anterior and extensor hallucis longus. He also noted that the claimant weighed 275 pounds, measured 5 feet in height, and was "morbidly obese" with most of her weight distributed around her hips and buttocks. X-rays revealed L4-L5 degenerative spondylolisthesis. Dr. Gornet reviewed the claimant's medical records, including the MRI report of July 31, 2013, and determined that the claimant had preexisting degeneration in her facet

joints and spinal stenosis, which had been present prior to her work accident. However, based on the claimant's history that she was asymptomatic prior to the work accident, Dr. Gornet opined that the claimant aggravated her underlying condition at L4-L5, making her symptomatic. He stated it was also possible that the claimant sustained a new injury at L4-L5, but he was unable to say so definitively until he had an opportunity to review the actual imaging studies or her MRI. Dr. Gornet concluded that the claimant's current condition of ill-being and need for treatment were causally connected to the July 19, 2013, work accident. He ordered a new MRI of the claimant's lumbar and thoracic spine and released her to work with a 10-pound lifting restriction.

¶ 21 The claimant underwent an MRI of the lumbar and thoracic spine on April 25, 2014. The radiologist interpreted the lumbar spine MRI as disclosing: (1) a central disc protrusion at L2-L3 but without definite root impingement or stenosis; (2) mild central stenosis at L3-L4 largely due to facet arthropathy; (3) more advanced central stenosis at L4-5 due to listhesis, disc bulging, and facet changes; and (4) a small disc protrusion at L5-S1 in the midline. The cervical spine MRI revealed disc herniations at T5-T6, T6-T7, and T7-T8, and a mild disc protrusion on the left at T11-T12.

¶ 22 The claimant followed up with Dr. Gornet on April 25, 2014. The doctor reviewed the lumbar and cervical spine MRIs and recommended conservative treatment. He stated that the claimant was not a good candidate for any type of surgery due to her morbid obesity, which increased the risk of complications and lowered the chance of symptomatic improvement. Dr. Gornet referred the claimant to Dr. Boutwell for a course of epidural steroid injections in the lumbar and thoracic spine.

¶ 23 In a progress note dated June 26, 2014, Dr. Gornet stated that the claimant underwent a series of injections in May and June 2013, which helped relieve her pain. He believed that the

claimant might be a candidate for surgical intervention in the form of an L4-L5 decompression and fusion if she could lose 50 pounds and get her weight to 225 pounds. If she could accomplish that goal, the next step would be a CT myelogram.

¶ 24 Dr. Robert J. Bernardi, a spinal neurosurgeon at Olive Surgical Group, conducted an independent medical examination (IME) of the claimant on September 10, 2014, at Gateway's request. He wrote in his report that the claimant injured her low back on July 19, 2013, when she attempted to push a patient's bed while at work. The claimant also reported that she tripped and fell at a restaurant in December 2013, which caused pain in her left hip, ankle, wrist, and mid-back. At the time of the IME, the claimant had interscapular pain and low back pain, which extended to her left buttock but not down her leg. Although the claimant stated that she had never seen a medical doctor with complaints of low- and mid-back pain, Dr. Bernardi noted that the claimant's medical records from May 23, 2013, and July 9, 2013, revealed a prior diagnosis of right-sided sciatica and that she was treated with narcotic pain medication. The doctor also reviewed the claimant's lumbar spine x-ray from February 20, 2014, and lumbar and thoracic spine MRIs from April 25, 2014, and noted that the claimant had degenerative disc disease at L2-L3, L3-L4, L4-L5, and L5-S1, severe spinal stenosis at L4-L5, and a small central disc extrusion at T6. Dr. Bernardi's physical examination was unremarkable with the exception that the claimant stood 5 feet tall and weighed 250 pounds. He diagnosed the claimant with multi-level thoracic degenerative disc disease, multi-level lumbar degenerative disc disease, congenital lumbar stenosis, L4-L5 degenerative spondylolisthesis and spinal stenosis, mid-back pain of uncertain etiology, and low back and left buttock pain of uncertain etiology.

¶ 25 Dr. Bernardi opined that the claimant's current condition of ill-being in her low back was the result of her preexisting degenerative disc disease and was not related to her work accident of

July 19, 2013. In support of this opinion, Dr. Bernardi noted that diagnostic imaging of the claimant's lumbar spine revealed no acute abnormality and demonstrated multi-level degenerative disc disease that was present prior to July 19, 2013. He also explained that the medical records predating the claimant's work accident demonstrate that she reported experiencing hip pain two years prior, was diagnosed with sciatica, and had been prescribed narcotic pain medication just eight days prior to her alleged work injury. Based upon the claimant's medical history, Dr. Bernardi opined that the claimant simply suffered a "lumbar sprain/strain" or a temporary aggravation of her preexisting degenerative disease and that she should have returned to her baseline within six to eight weeks of her July 19, 2013, work accident.

¶ 26 Regarding the reasonableness and necessity of the claimant's medical treatment, Dr. Bernardi stated that he would not have recommended thoracic epidural injections because the claimant's mid-back symptoms were not a manifestation of spinal cord or nerve root compression. Although he believed the remainder of the claimant's treatment was reasonable and necessary, he stated that her need for the lumbar epidural steroid injections was not attributable to her alleged occupational injuries. With respect to the claimant's future medical treatment, Dr. Bernardi did not believe that a CT myelogram of the lumbar spine was necessary since the MRI of April 25, 2014, provided adequate information regarding the anatomy of the claimant's back. Dr. Bernardi also disagreed with Dr. Gornet's recommendation for surgical intervention. Dr. Bernardi explained that, while an L4-L5 decompression and fusion could potentially be considered, he would not offer the procedure in this case as the claimant did not have complaints or physical findings consistent with symptomatic spinal stenosis to necessitate surgery. Additionally, the claimant had other factors, including obesity, congenital stenosis, and multi-

level degenerative disc disease that increased her risk of developing recurrent low back pain. Dr. Bernardi believed that weight loss might be a more effective treatment for the claimant because “at least one study has shown that individuals with chronic back pain undergoing bariatric surgery experience significant improvement in their symptoms.”¹

¶ 27 The claimant saw Dr. Gornet on September 25, 2014. The doctor noted that the claimant made progress losing weight and he recommended moving forward with a CT myelogram. He also noted that the claimant has severe spinal stenosis at L4-L5 and the current plan is a decompression, potential fusion, potential non-segmental fixation. Dr. Gornet referred the claimant to Dr. Boutwell for a left L4-L5 epidural steroid injection, which was administered on October 20, 2014.

¶ 28 Dr. Gornet’s last office visit with the claimant was on November 20, 2014. At that time, he continued to recommend surgery but told the claimant that she needed to lose additional weight as she had gained 10 pounds since the last visit. He further noted that he had the opportunity to review Dr. Bernardi’s September 10, 2014, IME report. He disagreed with Dr. Bernardi’s statement that a CT myelogram would not be beneficial, noting that it would help determine whether there was any bony pathology or facet morphology. While Dr. Gornet agreed that the claimant’s low back pain did not radiate into the leg, he nevertheless believed she had spinal stenosis based on her complaints of hip, buttock, and upper leg pain. Dr. Gornet also acknowledged that it is “debatable” as to whether the claimant had “an active problem” prior to her alleged work accident, but explained that “relatively trivial trauma is capable of aggravating preexisting and previous quiescent spinal stenosis and it can also result in further irritation of the

¹ Bariatric surgery is performed on individuals who suffer from obesity and are seeking to lose weight.

stenosis that is already symptomatic.” Dr. Gornet opined that the claimant’s preexisting degenerative disc disease was aggravated by her work accident of July 19, 2013. He stated that the current plan was to wait for approval for treatment.

¶ 29 The claimant testified that she did not experience any pain or problems with her low back, left hip, or left thigh prior to the work accident of July 19, 2013. She admitted she previously had right hip pain, which was caused by a “crick in [her] neck” and was unrelated to her low back pain. She also acknowledged that she treated with Dr. Almasalmeh on May 23, 2013, and July 9, 2013, but denied having sciatic pain and denied reporting that she had experienced right hip pain two years earlier. The claimant testified that she continues to experience pain in her low back and left hip and would like to proceed with the surgery recommended by Dr. Gornet.

¶ 30 Following a hearing held pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2012)), the arbitrator found that the claimant sustained an accidental injury to her low back that arose out of and in the course of her employment with Gateway on July 19, 2013.² Specifically, the arbitrator found that the claimant “suffered a lumbar strain as a result of the July 19, 2013[,] incident” and reached maximum medical improvement (MMI) on August 17, 2013. The arbitrator awarded the claimant 4 2/7 weeks of TTD benefits for the period from July 19, 2013, through August 17, 2013, and ordered Gateway to pay the reasonable and necessary medical expenses incurred by the claimant through August 17, 2013. The arbitrator, however, found that the claimant failed to prove that her current condition of ill-being in her lumbar spine was causally connected to her work injury. Consequently, the arbitrator denied the claimant any

² The arbitrator also determined that the claimant’s thoracic spine injury was not work related as her slip and fall occurred outside of her employment.

award for additional medical expenses or prospective medical care.

¶ 31 The claimant sought review of the arbitrator's decision before the Commission. On December 9, 2015, the Commission issued a unanimous decision, modifying the arbitrator's decision in part and affirming and adopting it in part. In that portion of the decision modified, the Commission determined that the claimant reached MMI on August 5, 2013, the date she returned to full-duty work. Consistent with this finding, the Commission reduced the claimant's award of TTD benefits to 2 3/7 weeks (July 19, 2013, through August 5, 2013), allowed medical expenses incurred through August 5, 2013, and denied any medical benefits after that date. The Commission otherwise affirmed and adopted the arbitrator's decision and remanded the matter for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 32 The claimant filed a petition for judicial review of the Commission's decision in the circuit court of Madison County. The circuit court confirmed the Commission's decision and this appeal followed.

¶ 33 We first address the claimant's contention that the Commission's finding that she failed to prove that her current condition of ill-being was causally related to her work accident of July 19, 2013, was against the manifest weight of the evidence.

¶ 34 Before reaching the merits, we find that the claimant has forfeited her challenge to the Commission's causation finding by failing to comply with Supreme Court Rule 341 (eff. Jan. 1, 2016). Rule 341(h)(3) requires an appellant's brief to include "[a] statement of the issue or issues presented for review" as well as "a concise statement of the applicable standard of review for each issue." Moreover, Rule 341(h)(7) requires an appellant's brief to include "[a]rgument, which shall contain the contentions of the appellant and the reasons therefor, with citation of the authorities and the pages of the record relied upon." Ill. S. Ct. R. 341(h)(7) (eff. Jan. 1, 2016). "A

reviewing court is entitled to have the issues on appeal clearly defined with pertinent authority cited and a cohesive legal argument presented. The appellate court is not a depository in which the appellant may dump the burden of argument and research.” (Internal quotation marks and citation omitted.) *Express Valet, Inc. v. City of Chicago*, 373 Ill. App. 3d 838, 855 (2007). An issue not clearly defined and sufficiently presented fails to satisfy the requirements of Supreme Court Rule 341(h)(7) and is, therefore, forfeited.

¶ 35 In this case, the claimant did not include causation as one of the issues presented for review nor did she include a concise statement of the applicable standard of review for that issue in violation of Rule 341(h)(3). We also note that the claimant’s argument regarding a causal relationship between her work accident of July 19, 2013, and her current condition of lumbar spine ill-being is interspersed with her argument challenging the Commission’s MMI finding, thereby conflating the two issues. She also fails to cite any case law in support of her causation argument. Accordingly, her argument on this issue is forfeited. Forfeiture aside, and to the extent that the claimant has made a legal argument, her contention of error fails on the merits.

¶ 36 “To obtain compensation under the Act, a claimant bears the burden of showing, by a preponderance of the evidence, that [she] has suffered a disabling injury [that] arose out of and in the course of [her] employment.” *Sisbro, Inc. v. Industrial Comm’n*, 207 Ill. 2d 193, 203 (2003). “[I]n preexisting condition cases, recovery will depend on the employee’s ability to show that a work-related accidental injury aggravated or accelerated the preexisting disease such that [her] 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.” *Id.* at 204-05. “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.) *Id.* at 205.

¶ 37 Whether a claimant's condition of ill-being is attributable solely to a degenerative process of her preexisting condition or to an aggravation or acceleration of that preexisting condition, because of a work-related accident, is a factual determination to be decided by the Commission. *Id.* The Commission's findings of fact will not be disturbed unless they are against the manifest weight of the evidence. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64 (2006). For a finding of fact to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Id.* Whether a reviewing court might have reached the same conclusion is not the test of whether the Commission's determination on a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982).

¶ 38 Here, the medical evidence of record establishes that the claimant suffers from multilevel degenerative disc disease in her lumbar spine. However, the Commission found that, although the claimant sustained an injury to her low back on July 19, 2013, which arose out of and in the course of her employment with Gateway, she at most sustained a temporary strain which did not permanently aggravate or accelerate her preexisting lumbar spine condition. The Commission's determination in that regard is supported by the opinion of Dr. Bernardi.

¶ 39 Dr. Bernardi opined that the claimant's work accident of July 19, 2013, did not aggravate, accelerate, or otherwise exacerbate her preexisting lumbar spine condition. In his IME report, Dr. Bernardi noted that the claimant's medical records demonstrated that she reported a 2-year history of right hip pain, was symptomatic 10 days prior to her work accident, and received narcotic pain medication for her complaints. Dr. Bernardi reviewed the claimant's diagnostic

imaging and noted that there were no acute abnormalities to suggest a new injury. Dr. Bernardi concluded that the claimant's current lumbar spine condition of ill-being was not related to her work accident, but rather to her preexisting degenerative disc disease.

¶ 40 Although Dr. Gornet offered a contrary opinion, the Commission found his opinion "questionable" as he rendered his opinion without reviewing the claimant's MRI imaging and medical records showing that the claimant was symptomatic immediately prior to the work accident. The Commission found the opinion of Dr. Bernardi to be more credible than that of Dr. Gornet and gave greater evidentiary weight to his testimony. Finally, the Commission determined that the claimant's testimony that she was asymptomatic prior to the work accident to be incredible. The medical records from Dr. Almasalmeh establish that she had hip pain and sciatica and received narcotic pain medication 10 days prior to her work accident. The claimant's testimony to the contrary is belied by Dr. Almasalmeh's records.

¶ 41 It was the function of the Commission to judge the credibility of the witnesses, determine the weight to be accorded their testimony, and to resolve the conflicting medical evidence. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). According the required deference to the Commission's resolution of the conflict in medical opinions, we are unable to find that the Commission's decision was against the manifest weight of the evidence.

¶ 42 The claimant next contends that the Commission erred in finding that she had reached MMI on August 5, 2013, thus terminating her right to TTD benefits and medical expenses after that date. We disagree.

¶ 43 A claimant is temporarily and totally disabled from the time an injury incapacitates her until such time as she is as far recovered or restored as the permanent character of her injury will permit. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 542 (2007). In determining

whether a claimant is no longer entitled to continue receiving TTD benefits, the primary consideration is whether the claimant's condition has stabilized and whether she is capable of returning to the workforce. *Interstate Scaffolding, Inc. v. Illinois Workers' Compensation Comm'n*, 236 Ill. 2d 132, 146 (2010). "The factors to consider in deciding whether a claimant's condition has stabilized include (1) a release to return to work; (2) the medical testimony about the claimant's injury; and (3) the extent of the injury." *Land & Lakes Co. v. Industrial Comm'n*, 359 Ill. App. 3d 582, 594 (2005). Once the claimant has reached MMI, her condition has become permanent and she is no longer eligible for TTD benefits. *Archer Daniels Midland Co. v. Industrial Comm'n*, 138 Ill. 2d 107, 118 (1990). The period during which a claimant is temporarily and totally disabled is a question of fact, and as such the Commission's decision regarding whether a claimant has reached MMI will not be disturbed on appeal unless it is against the manifest weight of the evidence. *Nascote Industries v. Industrial Comm'n*, 353 Ill. App. 3d 1067, 1072 (2004). For a finding to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Westin Hotel*, 372 Ill. App. 3d at 539.

¶ 44 Applying these standards, we cannot say that the Commission's finding that the claimant reached MMI on August 5, 2013, the date she returned to full-duty work, was against the manifest weight of the evidence. The Commission observed that the medical records of Dr. Almasalmeh established the claimant was suffering from right hip pain and sciatica 10 days prior to her work accident of July 19, 2013. Following her work accident, she was diagnosed with a lumbar strain and was placed under modified work restrictions until August 2, 2013, when the treatment providers at Gateway Occupational Health Services released the claimant to return to full-duty work without restrictions. The claimant testified that she returned to full-duty work on August 5, 2013, and continued working until her employment was terminated "a few weeks"

later for reasons unrelated to her low back issues. Based upon this evidence, the Commission could have reasonably concluded that, as of August 5, 2013, the claimant's low back condition had stabilized to the point that she was capable of returning to work and, therefore, was at MMI.

¶ 45 The claimant challenges the Commission's finding by arguing that "there is absolutely no medical opinion" stating that the claimant reached MMI on August 5, 2013. While it is true that the record contains no medical opinion that the claimant was at MMI on August 5, 2013, medical testimony about the claimant's injury is just one of the factors the Commission may consider in determining whether the claimant reached MMI. See *Land & Lakes Co.*, 359 Ill. App. 3d at 594. Although Dr. Bernardi believed that the claimant's lumbar strain/sprain would have reached baseline six to eight weeks after her work injury of July 19, 2013, the Commission clearly gave more weight to the evidence establishing that the claimant was released to full-duty work on August 2, 2013, returned to work on August 5, 2013, and continued working without restrictions until her termination.

¶ 46 The claimant also maintains that she could not have reached MMI on August 5, 2013, because the medical records establish that she was "undergoing active medical treatment." She points out that, during the time she was released to full-duty work, she continued to experience pain, was prescribed a course of physical therapy, and was referred to an orthopedic doctor. While these facts were present in the record, they did not contradict the evidence that the claimant's lumbar strain/sprain had medically stabilized and that she was capable of performing her regular job duties. As discussed above, the Commission found that the claimant sustained a temporary lumbar strain as a result of her July 19, 2013, work accident and the accident did not permanently aggravate or accelerate her preexisting degenerative lumbar spine condition. Thus, the Commission could have reasonably concluded that the claimant's continued complaints of

low back pain and continued medical treatment were related to the natural progression of her preexisting degenerative condition, not her work accident. Based upon the foregoing evidence, we cannot find that the Commission's determination that the claimant reached MMI on August 5, 2013, the date she returned to full-duty work, was against the manifest weight of the evidence.

¶ 47 The claimant raises three other issues regarding her entitlement to TTD and medical benefits incurred after August 5, 2013. Each of these arguments is predicated upon her argument addressing the Commission's finding as to causation and that she had reached MMI on August 5, 2013. For the same reasons that we have rejected the claimant's argument addressed to the Commission's finding as to causation and MMI, we also reject her argument addressed to the Commission's award of TTD, medical expenses, and prospective medical expenses without further analysis. Since we are affirming the Commission's finding that the claimant reached MMI on August 5, 2013, there can be no error in the Commission's determination that the claimant was not entitled to TTD and medical benefits after that date. *Tower Automotive v. Illinois Workers' Compensation Comm'n*, 407 Ill. App. 3d 427, 436 (2011).

¶ 48 For the foregoing reasons, we affirm the judgment of the circuit court of Madison County confirming the decision of the Commission and remand this case to the Commission for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 49 Affirmed and remanded.