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2016 IL App (1st) 153418WC-U

FILED: December 23, 2016

NO. 1-15-3418WC

IN THE APPELLATE COURT

OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

CLT TRANSPORT,)	Appeal from
)	Circuit Court of
Appellant,)	Cook County
)	No. 15L50382
v.)	
THE ILLINOIS WORKERS' COMPENSATION)	Honorable
COMMISSION <i>et al.</i> (Jerry Stiles, Appellee).)	Edmund Ponce de Leon,
)	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:* The Commission committed no error in finding a causal relationship between claimant's July 2012 work accident and both the condition of ill-being at the L5-S1 level of his spine and his need for surgery at that level.

¶ 2 On March 22, 2013, claimant, Jerry Stiles, filed an application for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 to 30 (West 2012)), seeking benefits from the employer, CLT Transport. Following a hearing, the arbitrator determined claimant sustained an accidental injury to his back that arose out of and in the course of his employment. She awarded claimant (1) 80-6/7 weeks' temporary total disability (TTD) bene-

fits, (2) medical expenses of \$46,613.53, and (3) prospective medical expenses in the form of surgery at the L4-L5 and L5-S1 levels of claimant's spine.

¶ 3 On review, the Commission reversed the arbitrator's finding of a causal connection between claimant's July 2012 work accident and a condition of ill-being at the L4-L5 level of his spine and modified the arbitrator's award of prospective medical expenses to an award of "surgery at L5-S1 only." It otherwise affirmed and adopted the arbitrator's decision and remanded to the arbitrator for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980). On judicial review, the circuit court of Cook County confirmed the Commission.

¶ 4 The employer appeals, arguing the Commission erred in finding the condition of ill-being at the L5-S1 level of claimant's spine and his need for surgery at that level was causally related to claimant's July 2012 work accident. It maintains the chain of causation was broken by a sneezing episode claimant experienced in September 2013. We affirm and remand for further proceedings pursuant to *Thomas*.

¶ 5 I. BACKGROUND

¶ 6 At arbitration, the 40-year-old claimant testified he was an over-the-road truck driver. He had worked for the employer, a trucking company that hauled hazardous and nonhazardous liquid material, for over three years. Claimant testified, on July 24, 2012, he injured his back at work and described his work accident as follows:

"So I was cranking the landing gear [on the trailer] to get it to come down so that I could hook onto it; and as I was bending over cranking on the landing gear, I felt and heard a pop in my

back and [felt] excruciating pain; and that's when all the trouble started."

¶ 7 Following his accident, claimant sought emergency room treatment at Silver Cross Hospital. He provided a history of his work accident, stating he heard a " 'pop' while bent over lowering [a] heavy tanker onto [a] truck bed." Claimant complained of right lower back pain that radiated up the right side of his back. He was diagnosed with acute low back pain, prescribed medication, and restricted from working for five days. Claimant testified he was also directed to consult with Parkview Orthopaedic Group (Parkview).

¶ 8 Hospital records further reflect claimant reported a history of lower back surgery but that he had "not ha[d] pain in 15 years." At arbitration, claimant acknowledged having a previous back injury and, in 1998, undergoing surgery at the L4-L5 level of his spine. However, he stated he returned to work shortly thereafter with no further issues.

¶ 9 On July 25, 2012, claimant also sought emergency room treatment at St. Mary's Hospital. He complained of low back pain after being injured at work the day before. Claimant reported being told by the employer to seek emergency room treatment because he was still having pain.

¶ 10 On July 30, 2012, claimant saw Dr. Chintan Sampat at Parkview. He provided a history of his work accident and complained of "severe low back pain radiating into the right buttock and posterolateral thigh down to the mid-thigh level." Dr. Sampat diagnosed claimant with lumbar degenerative disc disease, a lumbar strain, and lumbar radiculopathy. He prescribed medication and recommended a magnetic resonance imaging (MRI) scan and that claimant "stay off work." Dr. Sampat also noted claimant was a smoker and recommended that he quit smoking.

¶ 11 Claimant testified, on August 17, 2012, he underwent an MRI. The MRI report stated as follows:

"At the L5-S1 level, there is loss of disc height and signal with adjacent fatty endplate changes of the inferior L5 vertebral body. There is a broad-based right paracentral protrusion resulting in mild spinal stenosis and moderate right neuroforaminal stenosis. There is also resultant narrowing of the right lateral recess at this level."

¶ 12 On August 31, 2012, claimant returned to see Dr. Sampat with a chief complaint of low back pain radiating along his right lower extremity. Dr. Sampat reviewed claimant's MRI, which he stated demonstrated a "lumbar recurrent disc herniation *** at L5-S1 with decreased disc height causing lateral recess and foraminal stenosis." He recommended physical therapy, prescribed medication, and restricted claimant from working.

¶ 13 On September 14, 2012, claimant followed up with Dr. Sampat who noted claimant had "a history of prior lumbar microdiscectomy." Although claimant testified his previous surgery was at the L4-L5 level of his spine, Dr. Sampat noted it as having been at the L5-S1 level. Further, Dr. Sampat reiterated that claimant's recent MRI "showed a recurrent disc herniation at L5-S1 with degenerative disease at L5-S1." He diagnosed claimant with a recurrent lumbar disc herniation and lumbar radiculopathy and noted physical therapy was helping claimant's symptoms. Dr. Sampat prescribed pain medication. Further, he recommended continued physical therapy and that claimant remain off work.

¶ 14 Claimant continued to follow up with Dr. Sampat. On October 12, 2012, he complained of low back pain radiating along both lower extremities, "right greater than left." Dr.

Sampat recommended continued physical therapy and an epidural steroid injection. He also continued claimant off work. Ultimately, claimant received two epidural steroid injections, which he reported provided him with only temporary pain relief. On December 14, 2012, Dr. Sampat noted claimant was interested in surgical intervention and referred him for a second opinion to Dr. Anthony Rinella, an orthopedic surgeon.

¶ 15 On January 25, 2013, claimant saw Dr. Rinella for the first time. He provided a history of his work accident and reported feeling "sudden pain in his back radiating down his left posterior thigh and calf." Claimant also complained of intermittent right-sided pain. Dr. Rinella noted claimant rated his pain between a 5 and an 8 on a 10-point scale. Consistent with claimant's arbitration testimony, he also noted claimant's past surgical history included a "[l]eft L4-5 microdiscectomy" 15 years prior. Dr. Rinella reviewed claimant's August 2012 MRI, which he stated showed "a left-sided laminotomy at the L4-5 level" that was "very well decompressed" and "a right-sided disc herniation with lateral recess on the left side at the L5-S1 level." His impressions were "[s]tatus-post L4-5 microdiscectomy-left (15 years ago)," an L5-S1 disc herniation, and bilateral lower extremity S1 radiculopathy. Dr. Rinella recommended an L5-S1 laminectomy to address claimant's symptoms. He also recommended claimant remain off work until surgery and renewed his pain medication.

¶ 16 On March 5, 2013, claimant saw Dr. Kevin Walsh, an orthopedic surgeon, at the employer's request. Dr. Walsh prepared a report, dated March 10, 2013, which the employer submitted at arbitration. Dr. Walsh's report showed he examined claimant and reviewed various medical records. He identified claimant's "current diagnosis" as "low back pain with radicular symptoms going into both lower extremities, right and left, extending down to the plantar aspect of both right and left feet." He found it "quite clear" that claimant had "a degenerative process

present at L5-S1" as well as a history of a previous spinal surgery. Dr. Walsh believed it was likely "the degenerative process resulted in the disk bulge at L5-S1 and a broad-based right paracentral disk protrusion." However, he also opined that, [a]t best," claimant's July 2012 work accident "caused an exacerbation of a pre-existing degenerative condition resulting in a disk bulge at L5-S1." Further, Dr. Walsh stated claimant had failed conservative treatment and opined the surgery proposed by Dr. Rinella was a reasonable option.

¶ 17 On March 15, 2013, claimant followed up with Dr. Rinella. He complained of pain radiating down his right posterior thigh and calf with numbness extending down his left side. Claimant rated his pain at 6 on a 10-point scale. Dr. Rinella continued to recommend an L5-S1 laminectomy for claimant "as the disc [was] broadly herniated." On April 22, 2013, Dr. Rinella performed surgery on claimant in the form of an L5-S1 laminectomy with partial facetectomy, and a foraminotomy. Dr. Rinella's operative report identified both his preoperative and postoperative diagnosis of claimant's condition as "L5-S1 disk herniation."

¶ 18 After surgery, claimant continued to follow up with Dr. Rinella and reported improvement in his condition. On August 1, 2013, Dr. Rinella noted claimant reported that his left lower extremity symptoms had resolved but he continued to have numbness in the posterior aspect of his right lower extremity. Claimant also continued to have lumbar pain which he rated as 4 out of 10. Dr. Rinella continued claimant's medications and recommended a six-week course of physical therapy. He also recommended claimant remain off work.

¶ 19 On August 2, 2013, claimant began physical therapy. At his initial visit, claimant's problems were identified as lower back and right buttock pain and right lower extremity numbness. Claimant rated his pain as 3 to 7 on a 10-point scale. His records indicate he reported experiencing moderate pain without much variation and that his pain prevented him from

sleeping "at all," sitting more than half an hour, or standing for longer than half an hour without increasing pain. Between August 5 and September 5, 2013, claimant had 15 physical therapy visits. During those visits, he rated his pain between 2 and 5 on a 10-point scale. He reported improvement in his symptoms, but also complained of experiencing a "flare[] up" in his symptoms (August 6, 2013), numbness down his right lower extremity (August 12 and 19, 2013), feeling like his back "want[ed] to lock up" (August 15 and 19, 2013), and difficulty sleeping. On September 4, 2013, claimant reported that he woke up with increased pain and rated his pain at 5 out of 10. On September 5, 2013, he rated his pain at 4 out of 10 and reported he was "[g]etting better but still not back to normal."

¶ 20 On September 9, 2013, claimant attended a physical therapy appointment from 11 a.m. until noon. His medical records show he rated his pain at 2 on a 10-point scale. Claimant also reported that sitting "kill[ed]" him and that he had to stand while watching football the previous day. Claimant testified that, as he was driving home from his appointment, he sneezed and "it really hurt [his] back bad." He stated his back worsened throughout the afternoon and by 3 or 4 p.m., it became "unbearable." Claimant asserted he increased the amount of medications he was taking to deal with the pain.

¶ 21 On cross-examination, claimant agreed that, prior to his September 2013 sneezing incident, he was "feeling good," his condition was improving, and he was excited to return to work. He testified: "I was doing good in therapy. I was actually on the path of recovery. I was making progress until that day of [September 9, 2013]; and then, after that, I was not making substantial gains to recovery[.]"

¶ 22 On September 11, 2013, claimant had a physical therapy appointment and reported experiencing "[i]ncreased pain for the last couple days." He rated his pain at 8 out of 10 and

stated he sneezed the previous Monday and "it ha[d] been bad ever since then with pain radiating down [his] right posterior thigh to [his] foot." On September 12, 2013, he reported his pain was at 7 out of 10 and, although he was "somewhat better," his pain was "still increased from Monday." His physical therapy records show claimant reported having increased difficulty sitting, "causing increased symptoms down [his] right lower extremity posteriorly."

¶ 23 On September 13, 2013, claimant followed up with Dr. Rinella, who noted claimant had been "doing quite well until 4 days ago" when he experienced "significant pain in his right lower extremity." Claimant rated his pain at 7 out of 10. Dr. Rinella diagnosed him with "[r]ight lower extremity radiculopathy" and a "[n]ew onset [of] right L5 weakness with right lower extremity pain of a 4 day duration after no specific injury." He recommended physical therapy and that claimant remain off work.

¶ 24 The record shows claimant continued to undergo physical therapy three times a week until November 1, 2013. On September 16, 2013, he rated his pain at 5 out of 10, increasing to 7 out of 10 when "lying in supine." Thereafter, he routinely reported experiencing pain that he rated at 4, 5, or sometimes 6 out of 10. A physical therapy progress report dated November 6, 2013, noted as follows:

"[Claimant] reports that pain is located at right medial buttock. He states pain is constant into his leg [when it] was occasional. Also[,] he stated that numbness is down posterior thigh into right foot and big toe, constantly. In general, [claimant] reports that the progression of [his] symptoms is worse. Pain rating is as follows: current 4/10, best 4/10, worst 6/10."

¶ 25 On September 17, 2013, claimant returned to see Dr. Walsh at the employer's re-

quest. Again, Dr. Walsh prepared a report, dated September 22, 2013, which the employer submitted at arbitration. In his report, Dr. Walsh noted claimant reported symptoms of burning and aching in his lower back and right buttock, and numbness going down the back of the right leg and into the plantar aspect of the foot. Dr. Walsh also stated as follows:

"[Claimant] reports that since his last visit, he has had the surgery. He underwent laminectomy with facetectomy. He reports he was doing great. His progress postoperatively was slow, but okay. He still had numbness in the back of his calf and into his legs. He does not know what happened. He was working around in an examination room and developed pain and discomfort in the right buttock area."

Dr. Walsh diagnosed claimant with "status post L5-S1 laminectomy by Dr. Rinella." Although he noted claimant underwent surgery "for an L5-S1 disk herniation," he stated Dr. Rinella's operative report did "not indicate that a herniated disk was actually encountered." He opined that "[m]ore likely than not," claimant had reached maximum medical improvement with regard to his April 2013 surgery. Dr. Walsh did not believe claimant needed further physical therapy or that he would require permanent work restrictions due to his surgery. Further, he opined it was "not at all likely [claimant's] current subjective complaints [were] related to the injury described in July 2012." Dr. Walsh stated claimant could return to work without any restrictions, finding as follows: "Additional care and treatment does not appear to be reasonable or necessary as a result of the alleged injury. Of note, the operative findings do not support the findings of an acute herniated disk."

¶ 26 On October 11, 2013, claimant returned to see Dr. Rinella. He testified he re-

ported that his left leg was better but his right leg was not. Dr. Rinella's records show he diagnosed claimant with right lower extremity radiculopathy and lumbar pain. He also recommended an MRI of claimant's lumbar spine. On November 8, 2013, Dr. Rinella noted claimant was "extremely happy with his progress on the left side" but had "tenderness radiating down his right posterior thigh and calf to the plantar aspect of his foot." Claimant rated his pain at 6 out of 10. Dr. Rinella continued to recommend a lumbar spine MRI to "assess whether there [was] new neural impingement versus surgical scarring [*sic*]." He further recommended continued physical therapy that would transition into a work conditioning program and that claimant remain off work.

¶ 27 On December 4, 2013, an MRI was performed on claimant's lower back and, on December 11, 2013, he followed up with Dr. Rinella. Claimant testified, at that time, his symptoms were the same as they had been prior to his surgery. He stated he experienced numbness going down his right leg and a burning sensation in his buttocks down into his calf. Dr. Rinella's records show claimant reported being happy with the improvements on his left side but that he continued "to have tenderness running down his right posterior thigh to the level of the calf." Dr. Rinella noted claimant took pain medication for his symptoms but stated he had "significant lumbar back pain" that made it difficult for him to bend. Claimant reported his pain made it difficult for him to perform basic activities of daily living and asserted he was no longer improving with physical therapy.

¶ 28 Dr. Rinella reviewed claimant's most recent MRI, finding: "[Claimant] has right-sided and central stenosis at L4-5. At the L5-S1 level he has contrast enhanced surgical scar as well as a broad disc herniation extending into the foraminal level." He noted he discussed various treatment options with claimant, including a functional capacity evaluation to set permanent

restrictions and further surgical intervention. He also stated as follows:

"From a surgery perspective, I recommend a laminectomy at L4-5 followed by a transforaminal lumbar interbody fusion on the right side at L5-S1. This procedure is necessary because the foraminal disc herniation will require removal of the facet which would by definition cause instability. I recommend he converts to a home exercise program as physical therapy is no longer helping him. A work conditioning program would only make his symptoms worse. He will remain off work at this time. He is now over 7 months out from his injury and clearly failed conservative management with regards [*sic*] to physical therapy and epidural steroid injections. He has also failed the simple laminectomy procedure. We discussed his likelihood of returning to work as a tanker truck driver. His best chance at returning to work in this capacity would be with the surgical intervention outlined."

¶ 29 On January 24, 2014, claimant saw Dr. Rinella for a final time prior to the arbitration hearing. Dr. Rinella continued to recommend surgery in the form of "an L4-5 laminectomy with L5-S1 transforaminal lumbar interbody fusion."

¶ 30 On January 26, 2014, Dr. Walsh authored a third report after reviewing additional medical records at the employer's request. He continued to opine that claimant had reached maximum medical improvement with respect to his July 2012 work injury and his April 2013 surgery. Dr. Walsh did not believe additional surgery would benefit claimant, noting he was not an ideal surgical candidate because he was morbidly obese and a smoker. He noted claimant un-

derwent an MRI scan on December 4, 2013, which he stated showed "post laminectomy changes at L5-S1," degenerative changes along "with a broad-based right paracentral protrusion and disk osteophyte complex at L5-S1," and "a broad-based right protrusion at L4-L5." He further stated as follows:

"[Claimant's] MRI does show post laminectomy changes at L5-S1 with granulation tissue (scar tissue) abutting the posterior and right aspects of the dural sac and abutting the right S1 nerve root. At the time of the previous surgery, [claimant] had an adequate decompression. Although additional surgical intervention has been proposed by Dr. Rinella, it is not at all clear that the scar tissue at L5-S1 would be diminished by additional surgical intervention in that area. Dr. Rinella has also recommended L4-L5 surgery. This is a new recommendation following the previous surgical intervention and probably is not causally related to the injury described. There is no evidence [claimant] injured L4-L5 as well as L5-S1 at the time of initial trauma."

¶ 31 On April 22, 2014, the arbitrator issued her decision in the matter, finding claimant sustained accidental injuries arising out of and in the course of his employment. As stated, she awarded claimant (1) 80-6/7 weeks' TTD benefits from July 25, 2012, through February 11, 2014; (2) past medical expenses; and (3) prospective medical expenses in the form of the L4-L5 laminectomy and L5-S1 lumbar interbody fusion on the right recommended by Dr. Rinella. With respect to causation, the arbitrator found claimant's July 2012 work accident caused injury to his back and required an L5-S1 laminectomy. Further, she determined that, although claim-

ant's September 2013 sneezing episode "was most likely the immediate cause of [claimant's current] injuries at L5-S1 and L4-5, it was not necessarily the sole cause." The arbitrator stated as follows:

"[Claimant's] current back condition would not have developed but for the April 22, 2013[,] failed laminectomy, which was necessitated by the undisputed work accident. The Arbitrator finds that L4-L5 and L5-S1 must be considered as parts of a whole, they are inextricably entwined and cannot be separated for purposes of determining causation to the work accident due to their proximity and reliance on one another."

Therefore, the arbitrator concluded claimant's current condition of ill-being was causally connected to his July 2012 work accident.

¶ 32 On April 26, 2015, the Commission issued its decision. It determined the evidence presented failed to support the existence of a causal link between claimant's July 2012 accident and a condition of ill-being at the L4-L5 level of his spine. It reversed that portion of the arbitrator's decision but affirmed her finding of a causal relationship between the work accident and the condition of ill-being at the L5-S1 level of claimant's spine. Based on its causal connection determination, the Commission modified the arbitrator's "award of prospective medical care to surgery at L5-S1 only." It otherwise affirmed and adopted her decision. Finally, the Commission remanded the matter to the arbitrator for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327, 399 N.E.2d 1322.

¶ 33 On October 28, 2015, the circuit court of Cook County confirmed the Commission's decision.

¶ 34 This appeal followed.

¶ 35 II. ANALYSIS

¶ 36 On appeal, the employer argues the Commission erred in finding the current condition of ill-being at the L5-S1 level of claimant's spine, as well as the surgery recommended by Dr. Rinella at that level, was causally related to claimant's July 2012 work accident. It contends claimant's September 2013 sneezing episode was an intervening accident that broke the chain of causation, arguing that, after that incident, claimant experienced increased symptoms and developed a new disc herniation. The employer also maintains claimant was required to present medical opinion evidence to establish a causal connection between his work accident and his need for surgery. He asks this court to reverse the Commission's "L5-S1 fusion recommendation."

¶ 37 "To obtain compensation under the Act, a claimant bears the burden of showing, by a preponderance of the evidence, that he has suffered a disabling injury which arose out of and in the course of his employment." *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203, 797 N.E.2d 665, 671 (2003). The "arising out of" component concerns causal connection" and is satisfied by a showing "that the injury had its origin in some risk connected with, or incidental to, the employment so as to create a causal connection between the employment and the accidental injury." *Id.* at 203-04, 797 N.E.2d at 672.

¶ 38 All natural consequences that flow from a work-related injury are compensable unless the chain of causation is broken by an independent intervening accident. *National Freight Industries v. Illinois Workers' Compensation Comm'n*, 2013 IL App (5th) 120043WC, ¶ 26, 993 N.E.2d 473. "That other incidents, whether work-related or not, may have aggravated the claimant's condition is irrelevant." *Vogel v. Industrial Comm'n*, 354 Ill. App. 3d 780, 786, 821 N.E.2d 807, 812 (2005). In particular, "[t]his court has recognized repeatedly that, when the claimant's

condition is weakened by a work-related accident, a subsequent accident that aggravates the condition does not break the causal chain." *Id.* at 787, 821 N.E.2d at 813; see also *Sisbro*, 207 Ill. 2d at 205, 797 N.E.2d at 673 ("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.)).

¶ 39 "For an employer to be relieved of liability by virtue of an intervening cause, the intervening cause must completely break the causal chain between the original work-related injury and the ensuing condition." *Global Products v. Workers' Compensation Comm'n*, 392 Ill. App. 3d 408, 411, 911 N.E.2d 1042, 1046 (2009). "As long as there is a 'but-for' relationship between the work-related injury and subsequent condition of ill-being, the employer remains liable." *Dunteman v. Illinois Workers' Compensation Comm'n*, 2016 IL App (4th) 150543WC, ¶ 44, 52 N.E.3d 718.

¶ 40 Finally, "[w]hether a causal connection exists is a question of fact for the Commission, and a reviewing court will overturn the Commission's decision only if it is against the manifest weight of the evidence." *Vogel*, 354 Ill. App. 3d at 786, 821 N.E.2d at 812. In deciding questions of fact, it is the Commission's duty to resolve conflicts in the evidence, draw permissible inferences, and judge witness credibility. *National Freight*, 2013 IL App (5th) 120043WC, ¶ 26, 993 N.E.2d 473. On review, "[t]he 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." *Vogel*, 354 Ill. App. 3d at 786, 821 N.E.2d at 812-13. "For the Commission's decision to be against the manifest weight of the evidence, the record must disclose that an opposite conclusion clearly was the proper result." *Id.* at 786, 821 N.E.2d at 813.

¶ 41 Here, the Commission found claimant's condition of ill-being at the L5-S1 level

of his spine, and his need for surgery at that level as recommended by Dr. Rinella, was causally related to his July 2012 work accident. The arbitrator—whose decision the Commission affirmed and adopted as it related to the injury at L5-S1—found that, "[a]lthough claimant's sneezing episode was most likely the immediate cause of [claimant's] injuries at L5-S1 ***, it was not necessarily the sole cause." She determined claimant's back condition at L5-S1 would not have developed "but for the April 22, 2013[,] failed laminectomy, which was necessitated by the undisputed work accident." After reviewing the record, we find it contains sufficient support for the Commission's decision and it was not against the manifest weight of the evidence.

¶ 42 The record reflects, and the employer does not dispute, that in July 2012, claimant sustained work-related accidental injuries to the L5-S1 level of his spine. Claimant's injury ultimately required surgery, which claimant underwent in April 2013, in the form of an L5-S1 laminectomy with partial facetectomy, and a foraminotomy. Although the record supports a finding that claimant's condition was improving after his surgery, it also shows he continued to follow up with Dr. Rinella and underwent physical therapy. Additionally, Dr. Rinella never released claimant to return to work and claimant continued to experience pain and other symptoms. In the month prior to his September 2013 sneezing episode, claimant complained of numbness down his right lower extremity, feeling like his back wanted "to lock up," and that he had difficulty sleeping. During a physical therapy visit on the day of his sneezing episode, he reported that sitting "kill[ed]" him and he had to stand while watching football the previous day. Thus, the record supports a finding that claimant's work-related condition of ill-being had not resolved by the time of his September 2013 sneezing episode.

¶ 43 The employer points out that claimant's symptoms worsened following his sneezing episode, asserting he had increased difficulty sleeping and his pain complaints increased sub-

stantially. However, even when an intervening event causes a worsening of the claimant's symptoms, it does not necessarily follow that the intervening event broke the chain of causation between the work accident and the resulting condition of ill-being. *Teska v. Industrial Comm'n*, 266 Ill. App. 3d 740, 742-43, 640 N.E.2d 1, 4 (1994) ("Merely because [the] claimant experienced an upsurge of neck pains while bowling *** does not mean the causal connection was broken."). Under such circumstances and without more, it is just as likely that the intervening event aggravated the condition of ill-being and that the work accident remained a causative factor in the claimant's condition.

¶ 44 To support its argument that no causal connection existed between claimant's work accident and his condition of ill-being after the September 2013 sneezing episode, the employer also maintains claimant's sneezing episode caused a new disc herniation. Specifically, it notes claimant's December 2013 MRI showed a disc herniation that was not present at the time of claimant's April 2013 surgery with Dr. Rinella. The employer points to Dr. Walsh's finding that Dr. Rinella's operative report did "not indicate that a herniated disk was actually encountered."

¶ 45 We disagree with the employer's assertion. Initially, we note claimant's August 2012 MRI report documented "a broad-based right paracentral protrusion resulting in mild spinal stenosis and moderate right neuroforaminal stenosis" at the L5-S1 level. Dr. Walsh interpreted claimant's December 2013 MRI, performed after claimant's sneezing episode, as having similar findings, stating it showed "a broad-based right paracentral protrusion and disk osteophyte complex at L5-S1." Additionally, both Dr. Sampat and Dr. Rinella diagnosed claimant with a disc herniation at the L5-S1 level following his July 2012 accident but prior to his September 2013 sneezing episode. In March 2013, Dr. Rinella recommended an L5-S1 laminectomy for claimant

"as the disc [was] broadly herniated." Finally, in April 2013, Dr. Rinella performed surgery on claimant. His operative report listed both his preoperative and *postoperative* diagnosis as "L5-S1 disk herniation." Given this evidence, the employer's assertion that a previously undocumented disc herniation at L5-S1 developed following claimant's sneezing episode is contradicted by the record and without merit.

¶ 46 On appeal, the employer additionally argues that claimant's case was medically complex and, therefore, he was required, but failed, to present medical causation opinion connecting the proposed surgery to his work accident. Initially, we note "medical evidence is not an essential ingredient to support the conclusion *** that an industrial accident caused the disability." *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64, 442 N.E.2d 908, 911 (1982). As discussed, claimant's medical records in this case were sufficient to support the Commission's finding that claimant's work accident remained a causative factor in his condition of ill-being even after his September 2013 sneezing episode. Further, we note Dr. Rinella did offer opinions supporting claimant's need for surgery to resolve his L5-S1 condition of ill-being and indicating a contributing factor was claimant's "failed laminectomy" in April 2013—a surgery that the employer does not dispute was causally related to claimant's work accident.

¶ 47 Records show Dr. Rinella reviewed claimant's December 2013 MRI and found it showed scar tissue from claimant's surgery at L5-S1 "as well as a broad disc herniation extending into the foraminal level." Dr. Rinella recommended "a transforaminal lumbar interbody fusion on the right side at L5-S1," which he stated was "necessary because the foraminal disc herniation [would] require removal of the facet which would by definition cause instability." He also noted claimant had failed conservative treatment and "also failed the simple laminectomy procedure."

¶ 48 The employer maintains Dr. Rinella's opinions should be disregarded because the

record indicates he was unaware of claimant's September 2013 sneezing episode. It points to Dr. Walsh's opinions that additional surgery would not benefit claimant and that claimant's continued subjective complaints were unrelated to his work accident. We note, however, that like Dr. Rinella, Dr. Walsh made no mention of claimant's September 2013 sneezing episode in his reports. Further, he offered no medical opinion as to the effect of that episode on claimant's condition. Additionally, it was within the province of the Commission to weigh the evidence presented and we find no error in its resolution of the issues.

¶ 49 The record on appeal contains sufficient support for the Commission's decision based on claimant's ongoing symptoms and treatment at the time of his sneezing episode, medical records supporting the presence of an L5-S1 disc herniation after his work accident and before his sneezing episode, and Dr. Rinella's surgical recommendations. Given the evidence presented, the Commission's decision was not against the manifest weight of the evidence.

¶ 50 III. CONCLUSION

¶ 51 For the reasons stated, we affirm the circuit court's judgment, confirming the Commission's decision and remand for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327, 399 N.E.2d 1322.

¶ 52 Affirmed and remanded.