No. 2—10—0734WC
Order filed June 22, 2011

IN THE

APPELLATE COURT OF ILLINOIS

SECOND DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

BRENDA CULHANE, Plaintiff-Appellant, v. ILLINOIS WORKERS' COMPENSATION COMMISSION and NISSAN NORTH AMERICA, Defendants-Appellees.	)))))))))))	Appeal from the Circuit Court of Kane County. No. 09—MR—603 Honorable Michael J. Colwell, Judge, Presiding

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JUSTICE HUDSON delivered the judgment of the court.
Presiding Justice McCullough and Justices Hoffman, Holdridge, and Stewart concurred in the judgment.

ORDER

Held: Commission's finding that claimant's condition of ill-being after June 17, 2004, was not causally related to claimant's work accident is not against the manifest weight of the evidence. Medical evidence was conflicting regarding whether claimant's current condition of ill-being was causally related to her accident at work, and the evidence presented at the arbitration hearing supported the Commission's factual findings.

I. INTRODUCTION

Claimant, Brenda Culhane, filed four applications for adjustment of claim pursuant to the Workers' Compensation Act (Act) (820 ILCS 205/1 *et seq*. (West 2004)) alleging that she injured various parts of her body in June 2004, while working for respondent, Nissan North America. After the four claims were consolidated and the parties presented evidence, the arbitrator found that claimant sustained a compensable accident which aggravated a pre-existing degenerative condition in her upper back. However, the arbitrator also found that claimant's condition of ill-being was temporary, having resolved by June 17, 2004. In addition, the arbitrator declined to award temporary total disability (TTD) benefits for any period of time claimant was treating for her upper back condition on the basis that claimant did not request TTD benefits. The Illinois Workers' Compensation Commission (Commission) affirmed and adopted the decision of the arbitrator. Thereafter, the circuit court of Kane County confirmed. On appeal, claimant argues that the Commission's finding that her condition of ill-being after mid-June 2004 is not causally connected to an industrial accident is against the manifest weight of the evidence.

II. BACKGROUND

Given the voluminous record in this case, we initially summarize only those facts necessary to frame the issue on appeal. Any additional relevant facts will be discussed in the analysis section below.

In June 2004, claimant was working as a "warehouse operator" at an automotive parts distribution center operated by respondent. Claimant worked in the "bulk put away" area unloading stock from crates and placing individual items on shelving units. When there was no stock to unload, claimant worked as an order picker. Claimant's position required her to drive a forklift truck and wear a safety harness. At the arbitration hearing, claimant testified that she was "having

problems" with her back when, on June 13, 2004, her back pain became so bad that she could hardly stand anymore. Claimant attributed the pain to two causes. First, she claimed that the hydraulics on the truck she used were not working properly, causing "jarring" and "shaking" when the forklift descended with a crate. Second, she claimed that the safety harness that she wore at work was "obsolete" and that the buckle on the harness would "hit[]" her on the back of the neck. Claimant testified that she informed respondent of her condition at that time, but did not report it "as work comp" until a later date. She then sought medical treatment.

On June 13, 2004, claimant was examined at the Valley West Community Hospital emergency room. There, claimant reported upper back pain and tightness in her shoulders and neck, which she attributed to stress and a "chemical imbalance." Claimant reported an onset of these symptoms about one month earlier. She also noted that she had been seen by a chiropractor 10 times for the pain and that a doctor had prescribed Flexeril. Examination revealed increased tenderness of the bilateral trapezius and pain with range of motion in the shoulders and neck. A chest radiograph was negative but showed mild degenerative changes in the mid- and lower-thoracic spine. Claimant was diagnosed with back and trapezius pain. She was prescribed Vicodin, authorized off work for three days, and instructed to follow up with her primary-care physician.

Claimant testified that she saw Dr. Kenneth Kavanaugh at Sandwich Family Practice on June 15, 2004. At that time, claimant complained of chronic back pain, a chemical imbalance, and increased stress and anxiety. Dr. Kavanaugh noted that claimant "[w]ears a harness @ work that pulls on shoulder→back pain." Dr. Kavanaugh diagnosed a thoracic condition (the exact nature of which is unclear, as the doctor's writing is illegible). He also suspected that claimant had underlying osteoarthritis aggravated by the harness worn at work. Dr. Kavanaugh believed that claimant needed

to correct the activity that aggravates the problem. He then noted that claimant was scheduled to return to work on June 17, 2004, with a "new, better-fitting harness." He also wrote that if claimant's pain does not improve or if it is reaggravated, he would recommend an evaluation at a pain clinic. On June 17, 2004, Dr. Kavanaugh completed a "Nissan Certification of Health Care Provider" form. The form indicates that claimant was suffering from back pain since January 2004. Dr. Kavanaugh indicated that claimant would be qualified to return to work on June 17, 2004. He also noted that a "new harness-better fitted-hopefully, will [decrease] back pain." A second form, completed by Dr. Caroline Morrison, claimant's psychiatrist, indicates that claimant was off the same period of time for a "major depressive disorder-recurrent."

Claimant did not seek treatment again until July 22, 2004, when she was examined by Dr. Syed Naveed upon referral from a Dr. Gowhar Kahn. At that time, claimant's chief complaint was low-back pain with a reported onset date a year earlier. She also complained of having neck pain for about the same period of time. Claimant told Dr. Naveed that she experiences "on and off exacerbations" and that the pain is worsened by sitting, standing, bending, walking, and climbing. Dr. Naveed's diagnosis was (1) lumbosacral radiculopathy or lumbosacral strain and (2) possible carpal tunnel syndrome with possibility of cervical radiculopathy. Dr. Naveed was also suspicious of a bilateral distal median mononeuropathy versus cervical radiculopathy. He recommended an electrodiagnostic study of the lower extremities to look for right lumbosacral radiculopathy. However, the study did not indicate "any clear-cut evidence of right lumbosacral radiculopathy." Claimant also underwent an electrodiagnostic study of her upper extremities and an MRI of the cervical spine. The electrodiagnostic study revealed very mild bilateral distal median mononeuropathy at the wrists and evidence of right lower cervical radiculopathy at C8-T1. The MRI

of the cervical spine, taken August 2, 2004, demonstrated varying degrees of degenerative disc disease producing abnormalities most prominent at C5-C6, to a lesser degree at C6-C7 and C4-C5, and relatively mild changes at C3-C4 and C2-C3.

On August 23, 2004, claimant returned to Sandwich Family Practice with complaints of neck pain. The diagnosis was osteoarthritis of the cervical spine. It was noted that claimant had an upcoming appointment at a pain clinic.

On August 26, 2004, claimant began a course of treatment at the Valley West Community Hospital pain clinic. At that time, claimant completed a "pain clinic nursing history" form in which she described the pain a "muscle spasms under shoulder blades into neck, stiffness [and] tightness in upper back." Claimant wrote that the pain started about two years earlier when her legs started hurting. She also indicated that the pain was not the result of a work-related injury. Claimant was examined by Dr. Ronald Kloc. Dr. Kloc's "operative report" of that date notes that claimant complained of pain in the lower back and pain in the upper back radiating to her right arm. Dr. Kloc's impression was generalized arthritis in the neck and suspected generalized arthritis in the lower back. Dr. Kloc recommended a lumbar epidural steroid injection, which was administered that day.

When claimant next saw Dr. Kloc on September 9, 2004, she reported that her low back pain was "much improved" following the injection. However, she complained of increased pain in her mid-thoracic spine. Claimant attributed the thoracic spine pain to "possibly finally having relief of her low back pain and focusing more on her mid back pain." Dr. Kloc diagnosed mid-thoracic spine pain and administered a thoracic epidural steroid injection. Claimant returned to Dr. Kloc at the end of September to report feeling "much better" after the thoracic epidural steroid injection. She also

reiterated that her lower back and legs continued to feel much better after the lumbar epidural steroid injection. Dr. Kloc cleared claimant to return to work, and noted that claimant planned to do so on October 19, 2004.

On October 19, 2004, Dr. Kloc ordered an MRI of claimant's thoracic spine. The MRI was taken three days later. The film was interpreted as showing multilevel disc disease with focal left paracentral disc protrusion at T3-4 associated with a Schmorl's node at the superior endplate of T4 as well as mild protrusions at the mid- to lower-thoracic levels. In addition, a limited evaluation of the cervical spine demonstrated mild, broad-based bulges from C4 through C7 with probable mild associated central stenosis.

Claimant again saw Dr. Kloc on October 28, 2004. At that time, claimant stated that the lumbar and thoracic epidural steroid injections made her feel much better in the legs and back. However, she reported neck and shoulder pain, and Dr. Kloc noted that the MRI of the thoracic spine showed some cervical regions with bulging discs. Dr. Kloc diagnosed neck and shoulder pain. He administered trigger-point injections in the bilateral trapezius muscles. Dr. Kloc's report also noted that claimant was scheduled to return to full-time work the following day.

Claimant returned to Dr. Kloc on December 23, 2004. Claimant reported doing well following the trigger-point injections until pain in her bilateral legs returned a couple of weeks prior to her appointment. Claimant also complained of pain on the left side of her neck. Dr. Kloc diagnosed low-back pain and neck pain. He administered a lumbar epidural steroid injection and trigger-point injections in the left neck. On January 20, 2005, Dr. Kloc authored a letter stating that claimant has "a number of chronic pain conditions which are stable." Dr. Kloc also noted in the

letter his belief that claimant is able to continue working, but cautioned that "overtime work *** would be too taxing for her."

Claimant saw Dr. Naveed again on February 15, 2005. Dr. Naveed noted that claimant is a "53 year[] old who works in a warehouse for the last 17 years, having problems with the lower back on and off as well as in the neck. She says over the past year symptoms are getting progressively worse; over the past three to four months, have been severe." Claimant's symptoms included weakness in the hands, numbness and tingling radiating from the neck to the hands, and low back pain radiating bilaterally to the buttocks and posterior thighs. Dr. Naveed found claimant's symptoms to be consistent with (1) severe cervical radiculopathy with spinal cord lesions and (2) low back pain with disc herniation and possible lumbosacral radiculopathy. He prescribed an electrodiagnostic study which showed the presence of severe bilateral cervical radiculopathy particularly at C8-T1 as well as C-7 and right C6.

Claimant returned to Dr. Naveed's office on February 18, 2005. Dr. Naveed's notes indicate that claimant "came in initially about a week ago." Dr. Naveed also stated that claimant had severe cervical radiculopathy and low back pain with pain radiating to the buttock, posterior thigh, and calf with numbness in the right leg. Dr. Naveed recommended another electrodiagnostic study of the lower extremities to rule out lumbosacral radiculopathy. The study was performed that same day and did not indicate "any clear-cut evidence of a lumbosacral radiculopathy."

Claimant next saw Dr. Naveed on March 16, 2005, with complaints of neck pain and low back pain. Claimant related that her pain worsens with sitting, bending, standing, and walking. Dr. Naveed opined that the pain "represents possibly musculoskelatal possibly lumbar strain." He prescribed Vicodin.

On March 18, 2005, claimant saw Dr. Morrison. Dr. Morrison's notes indicate that at that time, claimant had been off work for eight weeks post myocardial infarction. Claimant told Dr. Morrison that she was contemplating a workers' compensation case secondary to multiple herniated discs which she believed were caused by a faulty harness and equipment she was given to use at work.

Following claimant's appointment with Dr. Morrison, and prior to the February 5, 2009, arbitration hearing, claimant treated with or was examined by a variety of other physicians, including Dr. Julie York, Dr. Thomas McNally, Dr. Howard An, Dr. Gary Koehn, Dr. H.S. Tsang, Dr. Mark Lorenz, Dr. Spiros Stamelos, Dr. Jeffrey Coe, Dr. Martin Herman, Dr. Robert Eilers, Dr. Michael Coulson, Dr. Michael Caron, Dr. Stephen Ondra, Dr. Richard Fessler, and Dr. Andrew Zelby. During this period of time, claimant underwent three surgeries at the direction of Dr. York: (1) a posterior C2 through C7 laminectomy in June 2005; (2) a right hemilaminectomy at L4-5 and an L4-5 foraminotomy with resection of synovial cyst in October 2005; and (3) a C4-5, C5-6, and C6-7 anterior cervical laminectomy with fusion and plating in June 2006.

Claimant also underwent a functional capacity evaluation (FCE) in March 2006. At the time of the FCE, claimant's primary complaints included general pain in her bilateral hip and buttock area and aching in the thoracic spine. The evaluator found that claimant demonstrated signs of full effort during the evaluation. The FCE showed that claimant was capable of working in the light-to-medium category with maximum lifting abilities ranging from 10 to 50 pounds with repeated 12-inch to knuckle lift ability of 30 pounds. Claimant underwent a second FCE in May 2007. That study also placed claimant's functional capabilities at the light-to-medium physical demand level. As such, claimant would be capable of occasionally lifting 40 pounds, with frequent lifting to 25

pounds. The May 2007 evaluation noted that claimant's job with respondent was considered a medium-level position and therefore exceeded her capabilities.

At the arbitration hearing, claimant acknowledged that between December 2003 and December 2004, she periodically took off work for a variety of medical reasons, including depression. These periods of time included one from June 14 through June 17, 2004, and one in December 2004. According to claimant, she worked for respondent during the times that she was not on leave. Claimant also testified that she was off work from February 14, 2005, through August 9, 2007, when she returned to respondent's employ as a receptionist. Claimant testified that her duties as a receptionist involved greeting individuals as they entered respondent's facility, sorting documents, entering data into a computer, and typing correspondence. Claimant left the receptionist position on November 21, 2007, because, she stated, both the hour-long commute each way and the extended periods of sitting required of the position hurt her back. On June 16, 2008, claimant voluntarily retired from respondent's employ. Claimant testified at the arbitration hearing that she was no longer undergoing any treatment other than home exercise. In addition, she stated that she collects social security benefits and long-term disability through a policy that she had while working for respondent.

The arbitrator concluded that claimant sustained a compensable accident on June 13, 2004, when the harness she was wearing at work aggravated a pre-existing degenerative condition in her upper back. The arbitrator based this finding on claimant's testimony and the June 15, 2004, progress note from Dr. Kavanaugh at Sandwich Family Practice. However, the arbitrator also found that the aggravation of the degenerative condition of claimant's upper back was only temporary. The arbitrator explained this finding as follows:

"This is based on [claimant's exhibit 22] and the Nissan Certificate of Health form. The records of Dr. McNally *** and Dr. Herman *** show the harness was replaced. It is unclear whether [claimant] continued to work or was off due to her depression. But when she first saw Dr. Naveed on July 22, 2004, it was primarily for her lower back. A cervical MRI on August 2, 2004 showed degenerative changes. Nothing in the records between June 17, 2004 and Feb. 15, 2005 shows any relationship between [claimant's] spinal condition and her work. Nor did she testify to any continuing aggravation of her condition while working. During this period she saw Dr. Khan, Dr. Naveed and Dr. Kloc, not to mention the doctors who administered various MRIs. Not one shows any relationship between her work and the conditions they treated her for. Of the doctors who offered causal connection opinions, only Dr. Zelby addressed the absence of any history of a work accident during this eight month period, and he concluded there was no causal connection. Dr. Herman was an examining doctor who agreed with Dr. York's diagnosis and surgery prescription. Yet he was unable to reach a causal connection opinion because he had not seen her early treatment records. The arbitrator finds Dr. Herman's opinion highly credible because both his reports and his conclusions indicate he did a truly independent review. While several of [claimant's] doctors reported [claimant's] history relating her pain to her work and two examining doctors gave express causal connection opinion, the Arbitrator finds those opinions unpersuasive in light of the eight month absence of an accident history, which [claimant] herself was unable to explain. The replacement harness that caused the initial aggravation and the lack of evidence regarding whether [claimant] continued to work at all after she took *** leave on June 17,

2004 further add to the Arbitrator's sense that the contribution of her work to her spinal condition ended that day."

The arbitrator awarded claimant $574 in medical expenses. However, because claimant did not request TTD for any period during 2004 when she was treating for her upper back condition, the arbitrator did not award any TTD benefits. Further, the arbitrator concluded that claimant did not sustain any permanent disability as a result of the temporary aggravation of her upper back condition on June 13, 2004. The Commission, consisting of Commissioners Gore, DeMunno, and Basurto, affirmed and adopted the decision of the arbitrator. On judicial review, the circuit court of Kane County confirmed. This appeal followed.

III. ANALYSIS

The employee seeking an award under the Act carries the burden of proving by a preponderance of the evidence all of the elements of his or her claim. *Illinois Bell Telephone Co. v. Industrial Comm'n*, 265 Ill. App. 3d 681, 685 (1994). Among other things, the employee must establish that he or she was injured in an accident that arose out of and in the course of employment and that there is a causal connection between the employment and the injury for which he or she seeks benefits. *Boyd Electric v. Dee*, 356 Ill. App. 3d 851, 860 (2005). As noted above, in this case, the Commission, in affirming and adopting the decision of the arbitrator, found that claimant sustained a compensable accident on June 13, 2004, when the harness she was wearing at work aggravated a pre-existing condition in her upper back. The Commission further found, however, that the aggravation was temporary, having resolved by June 17, 2004.

On appeal, claimant insists that the Commission's finding that her condition of ill-being after mid-June 2004 is not causally connected to the event of June 13, 2004, is against the manifest weight

of the evidence. Whether a causal connection exists between an employee's work-related accident and his or her current condition of ill-being, is a question of fact for the Commission. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (2003); *P.I. & I Motor Express, Inc./For U, LLC v. Industrial Comm'n*, 368 Ill. App. 3d 230, 240 (2006). In deciding issues of fact, it is the function of the Commission to determine the weight to be given to the evidence, to judge the credibility of the witnesses, and to resolve conflicting medical evidence. *Boyd Electric*, 356 Ill. App. 3d at 860-61. Although we might draw different inferences from the facts, a reviewing court will not overturn the Commission's decision on a factual matter unless it is against the manifest weight of the evidence. *P.I. & I Motor Express, Inc./For U, LLC*, 368 Ill. App. 3d at 240. For a finding to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Illinois Bell Telephone Co.*, 265 Ill. App. 3d at 687.

Claimant asserts that the Commission's finding of no causal connection after the middle of June 2004 was premised on the following three grounds: (1) that her harness was replaced by June 15, 2004; (2) that claimant was off work after June 15, 2004, and did not continue to work or suffer a continuing aggravation from the harness or forklift; and (3) that the medical records, with the exception of the initial visit to Valley West Community Hospital, do not record a history of any work injury for eight months. According to claimant, however, "each and every fact that the Commission relied upon in finding no causal connection" is contradicted and unsupported by the evidence presented at the arbitration hearing.

With respect to whether claimant's old safety harness was replaced with a new harness, the Commission cited the records of Dr. McNally and Dr. Herman. Although the copy of Dr. McNally's

progress note in the record is missing some pages, the portion we have been provided supports the Commission's finding. Notably, Dr. McNally writes:

> "From what I understand, the warehouse supervisor did fit her for the new harness and got one for her. However, according to her, in our conversation, that did not occur until approximately one month after she had informed her immediate supervisor of the original poorly-fitting harness."

Although it is unclear from Dr. McNally's progress note when exactly claimant's harness was replaced, Dr. Herman's report sheds some light on the matter:

> "[Claimant] was held in place on her [forklift] with a mesh harness. She claims that the harness she was using in May and June was an old harness with stiff material and loose belt buckles around her leg so that she had a great deal of difficulty with reaching without causing pain. She said that she complained to her boss and he did not initially obtain a new harness until she developed severe neck pain on June 11 and ended up in the emergency room on June 13. She said that when she returned to work she had a new harness."

This evidence supports the Commission's finding that claimant's harness was replaced.

Despite the foregoing, claimant insists that she continued to use the old harness until she was taken off work in February 2005. In support of her argument, claimant cites the following two passages of her testimony on cross-examination:

> "Q [respondent's attorney]: So, in February 2005, you're not at work because you had a heart attack—because you had a heart attack; and if that's when you came upon the revelation that work was a cause of your back pain, what is it that made—what it is that revealed that to you? What made you think that work was the cause?

A [claimant]: Because I realized that it was more severe, because I had—the hook was hitting on my neck, and my lower back hurt because the truck was dropping and shaking and it was hurting my back."

* * *

Q [respondent's attorney]: I don't remember whether I asked you this or not. But it was roughly February of 2005 that you first went to [respondent] and said this condition that I'm having in my back is because of work; is that right?

A [claimant]: No. That's the day I went in and said I couldn't stand up anymore, and I need to go home; because my back is hurting me. He [respondent's human resources representative] knew at that point that my back was hurting me before."

Claimant does not explain how either of these two passages contradicts the Commission's finding that her harness was replaced, and it is not apparent to us. With respect to the first passage cited above, claimant merely testified regarding the mechanism she thought was the source of her pain. Claimant did not testify whether the harness had been replaced or when it had been replaced. Moreover, we fail to understand the significance of the second passage cited above. It does not mention the harness at all. Instead, it concerns whether claimant reported to respondent her belief that her condition was related to work.

Claimant cites her testimony that she missed only three or four days from work in 2004 for "unrelated health reasons" as further support for her claim that the harness had not been replaced. A review of the testimony cited by claimant demonstrates that claimant acknowledges taking off short periods of time late in 2003 and in 2004 for depression. She is then asked by respondent's attorney whether she was working for respondent between the periods of time she was off work.

Claimant responds in the affirmative. Again, this testimony does not reference the status of the harness. As such, it does not support claimant's claim that the Commission's finding that her harness was replaced is erroneous.

Claimant also contends that the medical evidence contradicts the Commission's finding that the harness was replaced. Claimant first cites the June 15, 2004, progress note from Dr. Kavanaugh. That note states that claimant"[w]ears a harness @ work that pulls on shoulders→back pain." Dr. Kavanaugh's assessment was some type of thoracic condition, and he suspected "underlying [osteoarthritis]—aggravated by harness worn @ work." We fail to see how this medical record supports claimant's condition that the harness was not replaced. The record indicates that claimant first reported her injury on June 13, 2004. She was off work from June 14, 2004, through June 17, 2004. Thus, as of June 15, 2004, claimant could not have known whether the harness had been replaced.

Claimant also relies on the January 20, 2005, note from Dr. Kloc. According to claimant, that note records that her "current work situation, indicating that the old harness and old fork lift, was still problematic for her and he restricted her from working overtime hours." The entire text of Dr. Kloc's January 20, 2005, note is as follows:

> "My name is Dr. Ronald F. Kloc and I have been taking care of [claimant] as my patient in a pain clinic here at Valley West Community Hospital. [Claimant] has a number of chronic pain conditions which are stable; however, which should keep her from working any forced overtime. I believe that [claimant] is able to continue with her job; however, overtime work I believe would be too taxing for her."

Contrary to claimant's assertion, we find no reference to the harness in the text of Dr. Kloc's note.

Claimant further asserts that when Dr. McNally saw her on March 25, 2005, "he noted that [claimant] was still wearing the old harness, and never indicated, contrary to the Commission's finding, that the harness had been replaced." We note initially that the pages of the record cited by claimant for this argument are not from Dr. McNally's records. Rather, they consist of a note from claimant's examination with Dr. Naveed on February 18, 2005, and a record from Morris Hospital. We find that claimant's failure to properly cite the record results in forfeiture of this argument on appeal. See Ill. S. Ct. Rule 341(h)(7) (requiring appellant's brief to contain argument with citation to the pages of the record relied on) (eff. July 1, 2008); In re Commitment of Doherty, 401 Ill. App. 3d 615, 623 (2010); Elizondo v. Ramirez, 324 Ill. App. 3d 67, 78 (2001). Even absent forfeiture, however, we would find claimant's argument unpersuasive. The March 25, 2005, report from Dr. McNally appears to be the same report cited by the Commission in support of its express finding that the harness had, in fact, been replaced. Claimant suggests that in the same report, Dr. McNally opined that she "needed to go to her supervisor and request a new harness because otherwise this exacerbation of her mid-thoracic [sic] may become a workman's compensation claim." However, as noted previously, there are pages missing from Dr. McNally's report. It is the appellant's burden to present a sufficiently complete record to support a claim of error, and any doubts that may arise from the incompleteness of the record will be resolved against the appellant. *Foutch v. O'Bryant*, 99 Ill. 2d 389, 391-92 (1984). In this case, given that pages of Dr. McNally's March 25, 2005, report are missing from the record, we are unable to place claimant's contention in context and we must resolve this argument against claimant.

Claimant also asserts that Dr. York noted that when she treated claimant "the old harness and the use of the old forklift caused claimant's pain." Claimant further asserts that nowhere in Dr.

York's records was it stated that the old harness had been replaced. However, Dr. York's reference to the harness was merely in conjunction with the history claimant provided her regarding the alleged mechanism of injury. As such, we do not find this argument persuasive.

Claimant additionally argues that when Dr. Herman examined her, "he even noted that she was working with an old harness that she related caused her pain." Again, this remark was merely in reference to the history claimant provided Dr. Herman. It therefore has no significance on the issue whether the harness was replaced. Claimant also insists that nowhere in Dr. Herman's report did he indicate that the harness had been replaced. This claim is contradicted by the record. As noted earlier, Dr. Herman wrote in his report that claimant "said that she complained to her boss and he did not initially obtain a new harness until she developed severe neck pain on June 11 and ended up in the emergency room on June 13. *She said that when she returned to work she had a new harness*." (Emphasis added.)

Finally, claimant argues that neither the report of Dr. Eilers nor the report of Dr. Zelby indicate that her harness was ever replaced. We disagree in part. Although the Commission did not rely on Dr. Eilers report in support of its finding that the harness had been replaced, it easily could have. Dr. Eilers documented a history that claimant complained that her harness "was banging her neck *and was replaced*." (Emphasis added.) Thus, claimant misreads Dr. Eilers' report. While we do not find any reference in Dr. Zelby's report regarding the replacement of claimant's harness, we do not attribute any significance to this absence in light of the other overwhelming evidence that the harness had been replaced upon claimant's return to work.

Next, claimant argues that the manifest weight of the evidence shows that she continued to work for respondent after June 13, 2004, until she was taken off work in February 2005. According

to claimant, the Commission found that she "was off the majority of 2004 for depression based on [leave] forms offered by [respondent]." We do not agree with claimant's interpretation of the Commission's findings. The arbitrator, whose findings were affirmed and adopted by the Commission, stated that "[i]t is unclear whether [claimant] continued to work or was off due to her depression." The arbitrator later added that "[t]he replacement of the harness and the lack of evidence regarding whether [claimant] continued to work at all after she took *** leave on June 17, 2004 further add to the Arbitrator's sense that the contribution of her work to her spinal condition ended that day." Thus, the Commission did not find that claimant was off "the majority of 2004 for depression." Rather, the Commission merely recognized that the record is unclear regarding the amount of time claimant was off after June 13, 2004.

Claimant insists that her testimony at the arbitration hearing shows that she was off only three or four days following the date of her injury and that she continued to work until February 2005. According to claimant, the leave forms admitted into evidence show that she was off work from April 5, 2004, through April 8, 2004 (prior to the injury), for depression, and from June 14, 2004, to June 17, 2004. Claimant states that "[t]hese are the only definitive dates the evidence shows that [she] was off from April to December 2004." However, as the Commission found, it is unclear from the record which days, if any, claimant was off between the date of the injury and February 2005. The evidence of record supports the Commission's finding. For instance, Dr. Morrison completed a leave form dated May 27, 2004, stating that claimant may periodically need to be off work secondary to debilitating symptoms. The record does not indicate how many days, if any, claimant was off pursuant to this note. Similarly, a leave form completed by Dr. David Faulk dated December 27, 2004, indicates that claimant consulted with him on December 20, 2004, regarding irritable

bowel syndrome with an onset of symptoms at least three weeks earlier. That form does not indicate how many days, if any, claimant was off work because of these symptoms. Moreover, a progress note from Dr. Morrison dated July 12, 2004, indicates that claimant was on vacation the previous week. A progress note from Dr. Morrison dated October 19, 2004, indicates that claimant is "concerned re[garding] returning to work next week" and that she had been on medical leave since August 2004. In addition, Dr. Kloc authorized claimant to return to work effective October 19, 2004. This supports the notion that claimant was not working at some time prior to that date. Accordingly, there was sufficient evidence to support the Commission's finding that the record was unclear as to the amount of time claimant was off following the injury in June 2004.

Next, claimant insists that the manifest weight of the evidence demonstrates that the medical records consistently reference her condition being connected to her use of the old harness and the forklift at work. Claimant misinterprets the record and the Commission's findings.

Claimant first notes that when she was seen by Dr. Kavanaugh on June 15, 2004, he recorded that she "[w]ears a harness @ work that pulls on shoulders→back pain." The doctor's assessment that day was some type of thoracic condition, and he suspected that claimant had "underlying [osteoarthritis]—aggravated by harness worn @ work." Claimant insists that the Commission "completely ignored" this evidence. We disagree. The Commission references this progress note in its recitation of the facts. More significantly, the Commission expressly relies on this progress note in concluding that claimant sustained a compensable accident on June 13, 2004, when the harness and forklift aggravated a pre-existing degenerative condition in claimant's upper back. The Commission stated that its finding was based on "[claimant's] testimony which was corroborated by the note of June 15, 2004." However, the Commission also found that this aggravation of

claimant's pre-existing condition was temporary. The basis for this latter finding are the grounds claimant now disputes, including her failure to document a link between her condition and work for a period of over eight months following June 15, 2004.

The other medical records cited by claimant in support of this argument are no more persuasive. Claimant cites to Dr. Kloc's January 20, 2005, note. Although that note advises claimant not to work overtime, we find no language linking claimant's condition to work. Claimant also cites Dr. Naveed's February 15, 2005, progress note. According to claimant, Dr. Naveed recorded a history that claimant's pain started from her work activities for respondent in June 2004. Claimant misinterprets the note. Dr. Naveed actually states that claimant is a "53 year[] old who [has] work[ed] in a warehouse for the last 17 years, having problems with the lower back on and off as well as in the neck." Thus, Dr. Naveed merely commented on claimant's age, her work history, and her chief complaint. There is nothing in the progress note that links claimant's condition to work. Similarly, the remainder of the medical records cited by claimant merely recount claimant's version of the mechanism of injury. We note that all of these records are from March 2005 or later.

Claimant also insists that the medical records show that she continued to be symptomatic after June 17, 2004, and she sought medical treatment consistently from that point forward for her neck and back.

Although claimant was treated by numerous physicians, only a handful provided causation opinions. Dr. Herman's diagnosis was cervical stenosis. He noted that claimant had been seeing a chiropractor prior to the alleged injury date. As such, he found claimant's condition to be pre-existing. With respect to causation, he stated that claimant's "description of her accident is minor enough that I do not know whether this was a definitive cause or not." Dr. Herman indicated

that he would have to review additional medical records to make this determination. Dr. Robert Eilers diagnosed cervical radiculopathy, mild pain involving the lumbar and cervical spine, a nonsurgical thoracic disc herniation, and chronic pain. It was Dr. Eilers' opinion that claimant "has had the cervical degenerative arthritis, as well as lumbar degenerative arthritis which were aggravated with her work conditions with the equipment, as well as a jack, and it became symptomatic, eventually necessitating a lumbar laminectomy, as well as her cervical laminectomy for decompression." Dr. Lorenz found that claimant's "subjective and objective findings are consistent with an injury where she was operating a crown truck on 6/13/04." Similarly, Dr. Coe opined that there is a causal relationship between the repetitive strain injuries suffered by claimant at work for respondent on June 11, 2004, and her current symptoms and state of impairment. Dr. Zelby diagnosed claimant with (1) cervical spondylosis with myelopathy; (2) history of cervical laminectomy; (3) history of anterior cervical discectomy and fusion; (4) lumbosacral spondylosis; and (5) history of lumbar laminotomy. Dr. Zelby did not find a link between claimant's conditions and her employment. He noted that "the relationship of her complaints to any injury or activity at work appears to be a revelation that was made nearly a year after the injury actually took place." Dr. Zelby also noted that claimant had symptoms, as well as treatment for those symptoms, prior to the alleged work injury. As such, Dr. Zelby concluded that claimant's conditions of ill-being were exclusively a manifestation of her underlying degenerative condition and was not caused, exacerbated, or accelerated as a consequence of an injury or repetitive activities at work.

As the foregoing suggests, the Commission was presented with conflicting medical opinions regarding the relationship between claimant's conditions of ill-being after June 17, 2004, and her activities at work. As noted above, in deciding issues of fact, it is particularly within the function

of the Commission to determine the weight to be given to the evidence, to judge the credibility of the witnesses, and to resolve conflicting medical evidence. *Boyd Electric*, 356 Ill. App. 3d at 860-61. Here, the Commission found the opinions of Drs. Herman and Zelby more persuasive than those of the other physicians who offered causation opinions. In so finding, the Commission stressed that only Dr. Zelby addressed the absence of any history of a work accident during the eight-month period after June 17, 2004. While the Commission noted that Dr. Herman was unable to reach a causal connection opinion, it found him "highly credible." Claimant insists that the bases for Dr. Zelby's opinion, in particular his finding that claimant she did not link her condition to work until nearly a year after the alleged injury, are contradicted by the evidence. According to claimant, the June 15, 2004, medical record from Dr. Kavanaugh "clearly notes that [she] related her symptoms to wearing a harness at work." However, as the Commission noted, the records after this date and prior to mid-February 2005 do not show any relationship between claimant's conditions and her employment, and claimant was unable to explain the absence of the accident history. Given this finding, coupled with the Commission's finding that claimant's harness had been replaced when she returned to work (which Dr. Kavanaugh cited as a cause of claimant's upper back pain), the unclear record regarding how many days claimant actually worked upon her return, and the conflicting opinion testimony eight-month absence of a history of work accident in the medical records, we cannot say that the Commission's conclusion that claimant's conditions of ill-being after June 17, 2004, are not related to her employment activities is against the manifest weight of the evidence.

IV.CONCLUSION

For the reasons set forth above, we affirm the judgment of the circuit court of Kane County.

Affirmed.