

No. 1-21-0855WC

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IN THE
APPELLATE COURT OF ILLINOIS
FIRST DISTRICT

AMALIA REYES,)	Appeal from the
)	Circuit Court of
Appellant,)	Cook County
)	
v.)	Nos. 20 L 050136
)	
THE ILLINOIS WORKERS' COMPENSATION)	
COMMISSION <i>et al.</i> ,)	Honorable
)	Melissa Morgan,
(Labor Temps, Appellee).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* We found that the Illinois Workers' Compensation Commission's (Commission) decision, modifying the benefits that the claimant was awarded by the arbitrator pursuant to Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)), was not against the manifest weight of the evidence. Consequently, we affirmed the circuit court's order which confirmed the decision of the Commission.

¶ 2 The claimant, Amalia Reyes, filed the instant appeal from an order of the Circuit Court of Cook County, confirming a decision of the Illinois Workers' Compensation Commission (Commission) which reduced the benefits to which she was entitled under the Illinois Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)) from those awarded by an arbitrator. For the reasons which follow, we affirm the judgement of the circuit court.

¶ 3 The claimant filed an application for adjustment of claim pursuant to the Act, seeking benefits for injuries to her lumbar spine, right foot, and right ankle sustained while working for the Labor Temps (Labor) on November 19, 2012. The following recitation of the facts relevant to a disposition of this appeal is taken from the evidence adduced at the arbitration hearing held on October 12, 2016.

¶ 4 The claimant testified that, at all times relevant, she was employed by Labor, a staffing agency, and assigned to work at a company called Freedom in Aurora, Illinois. Her duties at Freedom involved the sorting of letters and other items and putting the items in boxes which she then placed on a pallet. The claimant stated that she would fill a box every four to five minutes, and that the weight of the boxes ranged from very light to 50 pounds. She testified that, as she was performing her usual duties on November 19, 2012, she turned while attempting to move a box of papers and caught her foot in a torn floor mat that she was standing on. She stated that her right foot twisted, and she grabbed a table to prevent falling. According to the claimant, she immediately felt pain in her low back, right knee, right foot, and ankle. Following the incident, the claimant attempted to continue working but was unable to do so and reported the incident to her supervisor.

¶ 5 As the issues on appeal are addressed only to the claimant's low-back condition, we will omit some of the medical evidence relating to the claimant's right foot and ankle injury.

¶ 6 The claimant was sent to Concentra Occupational Health Clinic (Concentra) where she complained of pain over the lateral aspect of her right ankle and foot and pain radiating to the lateral aspect of her right lower leg. According to Concentra's records of that visit, the claimant gave a history of stepping on a warped floor mat while working, causing her to twist her right ankle. Following x-rays and an examination which revealed swelling laterally and limited range of motion with pain in all directions, the attending physician diagnosed a sprain/strain of the claimant's right ankle and a sprain of her right foot. The claimant was given crutches, prescribed medication, and restricted to no weight bearing, sedentary work.

¶ 7 On the following day, November 20, 2012, the claimant returned to Concentra complaining of pain in her right ankle and right lower back pain which radiated to her right hip and knee. The records of that visit reflect that, on examination, the claimant exhibited tenderness in the right lower lumbar paraspinals, and straight leg raising caused the claimant discomfort in her low back on the right side without radiculopathy. Examination of the claimant's right knee revealed tenderness medially and laterally with swelling. As of that examination of the claimant, Dr. Sonal Bhatt diagnosed her as suffering from a lumbar strain, right knee sprain/strain, and a right ankle sprain/strain. The claimant's work restrictions were continued, and she was scheduled for physical therapy.

¶ 8 When the claimant was seen at Concentra on November 30, 2012, she complained of pain in her lower back that increased with bending and lifting. She returned to Concentra on December 7, 2012, again complaining of increased pain in her lower back on the right side.

¶ 9 On December 12, 2012, the claimant underwent a lumbar MRI that revealed disc bulges at L2-L3 and L3-L4, and a 5mm disc protrusion at L4-L5. Following the MRI, the claimant was seen

by Dr. Bhatt on December 14, 2012, at which time she complained of right-sided low-back pain and stiffness in her right thigh. Dr. Bhatt continued to diagnose a lumbar strain.

¶ 10 When the claimant presented at Concentra on December 21, 2012, she reported soreness on the right side of her low back, tightness, and right thigh pain. The claimant returned to Concentra on December 28, 2012, and was again seen by Dr. Bhatt. She reported improvement in her symptoms but complained of pain in her lumbar spine on the right side and in her right ankle.

¶ 11 When the claimant was seen by Dr. Bhatt on January 4, 2013, she reported mild low-back pain, occasional tingling, and pain in her right ankle that increased with pressure. Dr. Bhatt issued work restrictions of no lifting or pulling of more than 25 pounds.

¶ 12 The claimant was last seen by Dr. Bhatt at Concentra on January 11, 2013. The records of that visit reflect that the claimant complained of mild pain in the medial aspect of her right ankle. Dr. Bhatt noted “trace occasional soreness” in the claimant’s lower back without radiculopathy. A physical examination of the claimant showed full range of motion without pain and negative straight leg raising. The claimant’s right ankle showed no edema or bruising and full range of motion without weakness. She had mild complains medially. Dr. Bhatt discontinued the claimant’s physical therapy, instructed her to perform home exercises, maintained her work restrictions, and suggested that she return for a follow-up visit in 5 days. As of that visit, Dr. Bhatt diagnosed a resolved lumbar strain and an ongoing strain/sprain of the right ankle. The claimant testified that she did not return to Concentra after that visit because she was told that her treatment options had been exhausted. According to the claimant she was still walking with a cane.

¶ 13 The claimant presented at Marque Medicos on January 18, 2013, and was seen by Dr. Fernando Perez. The records of that visit reflect that the claimant complained of constant right-

sided low-back pain, radiating into her right buttock and right thigh. She also complained of right ankle and foot pain. The claimant told Dr. Perez that she felt as if her right knee was going to give out, and she was experiencing stiffness and weakness in her right foot and ankle. Dr. Perez diagnosed the claimant as suffering from a herniated lumbar disc and right ankle pain. Dr. Perez issued light duty work restrictions and referred the claimant to Dr. Andrew Engel for pain management and to Dr. Robert Erickson, a neurosurgeon, for a consultation.

¶ 14 The claimant underwent a lumbar MRI. The scan revealed disc dehydration at L2-L3, L3-L4, and L4-L5.

¶ 15 On January 18, 2013, the claimant was seen by Dr. Engel at Marque Medicos Pain and Surgical Specialists. The records of that visit reflect that the claimant complained of right-sided low-back pain, radiating into her right buttock and right thigh. On examination, Dr. Engel noted swelling in the claimant's right ankle with decreased range of motion, and her straight leg raising test was positive on the right and negative on the left. Dr. Engel also noted that x-rays of the claimant's right foot, right ankle, and lumbar spine showed no fractures. Dr. Engel diagnosed a lumbar herniated disc with foot and ankle pain.

¶ 16 When she was seen by Dr. Engel on January 24, 2013, and February 13, 2013, the claimant complained of persistent low back pain. On examination, Dr. Engel noted positive straight leg test findings in the right leg.

¶ 17 On February 15, 2013, the claimant underwent an EMG. That test revealed an acute denervation of the right S1 nerve root.

¶ 18 When the claimant was seen by Dr. Engel on February 26, 2013, a positive straight leg test was noted. During the period from January 28, 2013, through February 26, 2013, the claimant had

13 physical therapy sessions. However, because of lack of improvement, physical therapy was discontinued.

¶ 19 On March 14, 2013, Dr. Engel gave the claimant an epidural steroid injection at L5-S1. On April 3, he recommended a neurosurgical consultation to assess the claimant for a disc herniation.

¶ 20 In February and March of 2013, the claimant missed two appointments for an examination by Dr. Mark Levin requested by Labor. On April 15, 2013, Dr. Levin issued a report following his review of the claimant's medical records from Concentra and Marque Medicos. He reported that, absent a physical examination of the claimant, he was unable to render opinions on the issues of causation, the necessity of the medical treatment that the claimant had received, and her ability to work.

¶ 21 The claimant was first seen by Dr. Erickson on April 15, 2013. Dr. Erickson noted that he read the claimant's December 12, 2012, MRI to show a central disc herniation at L4-L5 with no clear nerve compression. As of that visit, Dr. Erickson did not recommend surgery, but did recommend an epidural steroid injection.

¶ 22 On April 23, 2013, the claimant was examined by Dr. Levin at Labor's request. In his report of that examination, Dr. Levin noted that the claimant gave a history of having caught her foot in a mat while working. According to the claimant, she heard a crack, and her right foot became hot and swollen. She reported that, about 1 ½ hours later, she was unable to walk due to the swelling. The claimant complained of low-back pain, and right ankle pain. The claimant told Dr. Levin about her medical treatment at Concentra and Marque Medicos and that she had received physical therapy and chiropractic treatments. The claimant related that she had a 30% improvement of her symptoms since her initial injury. Dr. Levin's report states that the claimant

stated that the epidural steroid injection she received on March 14, 2013, did not improve her symptoms. Dr. Levin reported that, on examination of the claimant in the supine position, straight raising on the right was 40 degrees and the claimant complained of low-back pain and became rigid. According to his report, Dr. Levin found the claimant's subjective complaints to be out of proportion to the objective pathology and not substantiated. According to his report, Dr. Levine found "no objective pathology requiring treatment for an alleged work occurrence." He also found no objective pathology which prevented the claimant from returning to her previous work duties. As of that date, Dr. Levin found the claimant to be at maximum medical improvement (MMI) with regard to the condition of her lumbar spine.

¶ 23 The claimant received 12 chiropractic treatments by Dr. Phillip Gattas for her lumbar spine through April 24, 2013.

¶ 24 On April 29, 2013, Dr. Erickson administered an epidural steroid injection to the claimant, followed by two more injections on May 15, 2013, and May 29, 2013.

¶ 25 When the claimant was seen by Dr. Erickson on June 7, 2013, she reported right leg pain, radiating to the right heel and the top portion of her right foot. She also reported that the last two epidural steroid injections that she received failed to provide lasting relief and that she was experiencing right leg pain that was worse than her back pain. On examination of the claimant, Dr. Erickson noted paresthesias affecting the claimant's first, second, and third toe of her right foot. Dr. Erickson suggested that the claimant undergo a minimally invasive hemilaminectomy at L4-L5 on the right. Dr. Erickson noted his belief that the L4-L5 disc was the source of the claimant's back pain. He also noted his opinion that the claimant's need for surgery was related to her November 19, 2012, work accident.

¶ 26 On June 21, 2013, the claimant underwent a surgical procedure performed by Dr. Erickson that consisted of a minimally invasive approach to L4-L5 with foraminotomies over the L4 and L5 nerve roots, placement of an intervertebral device for annular repair, and dissection under the operating microscope. In his operative report, Dr. Erickson noted that he found comminuted fragments in the central and paracentral location on the right side which were removed. He also noted that the nerves relaxed further and the evoked potentials improved, and upon completion of the decompression, the nerve root at L4-L5 began to pulse freely.

¶ 27 The claimant treated with Dr. Erickson postoperatively. On July 3, 2013, Dr. Erickson noted that the claimant had decreased pain and diminished paresthesia, but persistent sciatic pain. Straight leg raising remained positive.

¶ 28 The claimant saw Dr. Gattas on July 12, 2013, for chiropractic treatment, and over the following 6 weeks she saw Dr. Gattas 18 times.

¶ 29 After reviewing the December 12, 2012, MRI of the claimant's lumbar spine, Dr. Levin authored an additional report on July 18, 2013, in which he stated that the MRI showed degenerative signal changes from L3 to L5 with multi-level spondylosis and degenerative disc protrusion. Dr. Levin found that the claimant had a posterior central disc protrusion at L4-L5 that did not impinge on the nerve roots. He reported that his prior opinions remained unchanged.

¶ 30 As of August 12, 2013, Dr. Erickson noted that the claimant had no further numbness in her right posterior thigh. When he saw the claimant on September 5, 2013, Dr. Engel noted that the claimant reported reduced pain and had a negative straight leg test. In his records of that visit, Dr. Engel recorded that the claimant had plateaued in physical therapy and he prescribed a functional capacity evaluation (FCE).

¶ 31 The claimant had the recommended FCE on September 20, 2013. The evaluator noted that the claimant put forth full and consistent effort throughout the evaluation. The report of the FCE states that the claimant was capable of performing sedentary light work with occasional standing and a 10-pound lifting restriction.

¶ 32 The claimant saw Dr. Engel on October 2, 2013, and complained of increased pain that she attributed to her participation in the FCE. Dr. Engel prescribed an MRI of the claimant's lumbar spine. The scan was taken on October 8, 2013, and revealed post-surgical changes and no herniation or stenosis.

¶ 33 On October 24, 2013, the claimant was treated by Dr. Lorena Ramirez, a chiropractor, at Marque Medicos. The notes of that visit reflect that the claimant complained of pain in her lumbar spine and right foot. The claimant was next seen by Dr. Ramirez on November 6, 2013, again complaining of pain in her lumbar spine and right foot. According to the notes of that visit, Dr. Ramirez interpreted the claimant's MRI as showing enhancing granulation tissue on the right side of the L4-L5 disc. Dr. Ramirez recommended that the claimant return to see Dr. Erickson and continued her off-work status.

¶ 34 The claimant was seen by Dr. Perez at Marque Medicos on January 24, 2014, and complained of persistent low-back pain, radiating into her right leg along with constant numbness and tingling in her right leg. Dr. Perez continued the claimant's off-work status and advised her to seek follow-up treatment with Dr. John Kane, a podiatrist, as Dr. Engel was no longer affiliated with Marque Medicos.

¶ 35 On March 5, 2014, the claimant was again seen by Dr. Erickson. His notes of that visit state that the claimant complained of low-back pain, leg pain, and tingling in her toes. In his notes,

Dr. Erickson also recorded that the claimant had undergone a successful decompression at L4-L5 on the right and noted that her recent MRI revealed fibrosis but no disc herniation. Following an SSEP study, Dr. Erickson diagnosed recurrent L5 radiculopathy on the right and recommended a new course of epidural steroid injections. Dr. Erickson imposed permanent work restrictions as set forth in the claimant's FCE and referred the claimant for pain management.

¶ 36 On referral from Dr. Erickson, the claimant was seen by Dr. Sue Harsoor on April 18, 2014. She complained of constant pain which she described as throbbing, sharp, and tingling with numbness that lasted all day. According to the notes of that visit, the claimant reported that she was able to perform the activities of daily living but could not lift heavy objects. As recommended by Dr. Erickson, Dr. Harsoor administered an epidural steroid injection at L5-S1.

¶ 37 The claimant returned to see Dr. Erickson on August 27, 2014, and September 17, 2014, complaining of back pain on both occasions. Dr. Erickson noted that the injections administered by Dr. Harsoor afforded the claimant only temporary relief. He recommended that the claimant undergo lumbar discography.

¶ 38 The recommended lumbar discography was performed on September 26, 2014. Dr. Erickson reviewed the test results and noted that the claimant experienced pain in each of the four discs that were injected and determined that the claimant had multilevel segmental disease underlying her back pain. He discharged the claimant from care on October 8, 2014.

¶ 39 Dr. Harsoor administered a final epidural steroid injection on October 31, 2014. During that visit, the claimant again complained of low-back pain. After discussing the possibility of a medial branch block or a spinal cord stimulator, Dr. Harsoor discharged the claimant from care, noting that she had reached MMI.

¶ 40 On January 6, 2015, the claimant began treating for both back and ankle pain at Rehab Dynamix. During the period from January 6, 2015, through February 5, 2015, the claimant received 21 chiropractic treatments. The notes of her visit on February 5, 2015, state that she was discharged from care.

¶ 41 The claimant testified that she suffers from pain in her back and right foot for which she takes over-the-counter medications. According to the claimant, the pain in her low back has not improved since her surgery. She admitted, however, that she has not sought medical treatment since September 2015. She testified that, prior to her injury on November 19, 2012, she worked as a laborer and never underwent any medical treatment for an injury to her back. We note, however, that Dr. Levin's April 23, 2013, report states that the claimant related having developed sharp low-back pain in June or July 2012 and was seen at Rush-Copley where she was given pain medication. The report states that the claimant told Dr. Levin that as a result she was off work for a week, returned to work without a release note, and felt fine. The claimant also testified that, subsequent to her accident, she only sought work with Labor. She stated that, although she attempted to work doing house cleaning in May of 2016, she only showed up for three shifts before she felt that she was unable to do the work. The claimant testified that, when she spoke to "people in front" at Labor about returning to work, she was told that there was no work available.

¶ 42 Elizabeth Ochoa, Labor's general manager, testified that, although her clients often cannot accommodate a worker with restriction of the type of the claimant's, there is typically work available at Labor for its injured employees. According to Ochoa, she remembered having one conversation with the claimant regarding her returning to light duty work, but the claimant produced an off-work slip, not a light-duty authorization from her doctor. She also testified that,

at no time after November 19, 2012, did either of her assistants report that the claimant had inquired about returning to work.

¶ 43 Labor introduced two utilization review (UR) reports. The first report dated August 27, 2013, reviewed all of the claimant's medical treatment at Concentra through the diagnostic studies ordered by Dr. Erickson prior to the claimant's surgery on June 21, 2013. 10 of the 13 therapeutic exercises for the claimant's back condition and 15 of the therapeutic exercises for her right foot injury were approved along with certain diagnostic studies and initial epidural steroid injections. The second UR report is dated December 15, 2014, and none of the claimant's treatment following the first UR was approved, including the claimant's spine surgery and all of the chiropractic, physical therapy, and pain management treatment charges thereafter.

¶ 44 At the arbitration hearing, which was held on October 12, 2016, the arbitrator read from the parties' stipulation sheet, listing the issues in dispute as causal connection, medical expenses, TTD, and the nature and extent of the claimant's injuries. Following the arbitration hearing, the arbitrator issued a written decision on March 14, 2017, finding that the claimant sustained injuries to her lumbar spine, right foot, and right ankle on November 19, 2012, which arose out of and in the course of her employment with Labor. The arbitrator ordered Labor to pay all reasonable and necessary medical expenses incurred by the claimant relating to her lumbar spine condition from November 19, 2012 through October 8, 2013, and relating to her right foot and ankle condition which were incurred from November 19, 2012, through July 28, 2014, with the exemption of the following charges which the arbitrator found were not "medically necessary and appropriate": charges for history and physical with pre-operative labs, an EKG, and a chest x-ray prior to March 13, 2013; charges for four physical therapy sessions between April 18, 2013, and April 23, 2013;

transportation expenses; and chiropractic office charges that are concurrent with any of the claimant's physical therapy sessions. The arbitrator also awarded the claimant: temporary total disability (TTD) benefits for the period from November 20, 2012, through July 28, 2014, against which Labor was granted a \$2,786.79 credit for TTD benefits paid to the claimant; and permanent partial disability (PPD) benefits for 25% loss of her right foot and 20% loss of the person as a whole.

¶ 45 Labor filed a petition for review of the arbitrator's decision before the Commission. On February 3, 2020, the Commission issued a unanimous decision modifying the arbitrator's decision in the following respects. Finding that the claimant reached MMI with regard to her "lumbar strain" on April 23, 2013, as opined by Dr. Mark Levin, the Commission awarded the claimant the medical expenses incurred for that condition through April 23, 2013. The Commission also reduced the claimant's PPD award for loss of the person as a whole to 7.5%. The Commission specifically found "the opinions expressed by Dr. Levin persuasive that *** [the claimant] reached MMI with regard to her lumbar strain on April 23, 2013 ***" and determined based upon the medical records of Concentra and her December 2012 MRI that the claimant sustained a "lumbar strain" as a result of her November 19, 2012, work-related accident. The Commission noted that Concentra's records from January 11, 2013, reflect that the orthopedic exam of the claimant's lumbar spine was normal, and Concentra's record of the claimant's January 18, 2013, visit states that she had a "trace soreness" in her lumbar spine. In all other respects, the Commission affirmed and adopted the arbitrator's decision.

¶ 46 The claimant sought a judicial review of the Commission's decision in the circuit court of Cook County. On June 28, 2021, the circuit court confirmed the Commission's decision, and this

appeal followed.

¶ 47 We begin our analysis with Labor's motion to strike from the claimant's brief all arguments related to her entitlement to a vocational assessment and maintenance benefits. Labor argues that both issues have been forfeited by reason of the claimant's failure to raise either issue before the arbitrator, the Commission, or the circuit court. For the reasons which follow, we believe that Labor's motion is well taken.

¶ 48 As noted above, the parties' pre-arbitration stipulation sheet listed the contested issues as causal connection, medical expenses, TTD, and the nature and extent of the claimant's injuries. There is no reference in the stipulation sheet to the issues of vocational assessment or maintenance benefits. Further, the record reflects that the claimant never raised her entitlement to either before the arbitrator, the Commission, or the circuit court. Issues not raised before the arbitrator or the Commission are forfeited and may not be raised for the first time on appeal. *R.D. Masonry, Inc. v.* 215 Ill. 2d 397, 414 (2005); *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 336 (1980). As a consequence, we grant Labor's motion to strike the claimant's arguments on appeal relating to her entitlement to a vocational assessment and maintenance benefits.

¶ 49 Next, we address the remaining assignments of error raised by the claimant; namely, that the Commission's finding that she suffered a mere "lumbar strain" is against the manifest weight of the evidence as is the Commission's award of PPD benefits for 7.5% loss of use of the person as a whole, which was based on that finding. In addition, the claimant argues that the Commission's denial of an award for medical expenses incurred in the treatment of her lumbar spine condition after April 23, 2013, is against the manifest weight of the evidence.

¶ 50 Labor does not contest the Commission's finding that the claimant suffered an injury to

her lumbar spine as a result of her November 19, 2012, work-related accident. The Commission found that she sustained a lumbar strain for which she reached MMI on April 23, 2013, and awarded her the medical expenses incurred in the treatment of that condition up to April 23, 2013. The claimant argues that the Commission's finding of a mere lumbar strain is against the manifest weight of the evidence and that the evidence of record established that she suffered a far more serious injury to her lumbar spine that required surgery.

¶ 51 The claimant in a workers' compensation claim has the burden of establishing, by a preponderance of the evidence, the extent and permanency of her injury. *Chicago Park District v. Industrial Comm'n*, 263 Ill. App. 3d 835, 843 (1994). The extent of an injured employee's disability is a question of fact for the Commission to determine. *Sysco Food Services of Chicago v. Illinois Workers' Compensation Commission*, 2017 IL App (1st) 170435WC, ¶ 50.

¶ 52 For the Commission's resolution of a fact question to be contrary to the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *Tolbert v. Illinois Workers' Compensation Comm'n*, 2014 IL App (4th) 130523WC, ¶ 39. Whether a reviewing court might reach the same conclusion is not the test of whether the Commission's determination of 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).

¶ 53 The following evidence appearing in the record supports the claimant's argument that, as a result of her work-related accident, she suffered an injury greater than a mere lumbar strain and that she had not reached MMI for her lumbar spine condition by April 23, 2013: her consistent complaints of low-back pain from November 20, 2012, through the date of the arbitration hearing

on October 12, 2016; her testimony that she had never received medical treatment for her back prior to November 19, 2012; her December 12, 2012, lumbar MRI that revealed disc bulges at L2-L3 and L3-L4, and a 5mm disc protrusion at L4-L5; Dr. Perez's January 18, 2013, diagnosis of a herniated lumbar disc; her positive straight leg tests conducted on November 20, 2012, January 18, 2013, January 24, 2013, February 13, 2013, February 26, 2013, and July 3, 2013; her February 15, 2013, EMG that revealed an acute denervation of the right S1 nerve root; Dr. Erickson's opinions that the claimant's L4-L5 disc was the source of her back pain and her need for surgery was causally related to her November 19, 2012, accident; Dr. Erickson's operative report which states that the surgery he performed on June 21, 2013, revealed comminuted fragments in the central and paracentral location on the right side at L4-L5 and that, upon completion of the decompression, the nerve root at L4-L5 began to pulse freely; Dr. Erickson's March 5, 2014, diagnosis of recurrent L5 radiculopathy; and the results of her September 26, 2014, lumbar discography.

¶ 54 The evidence contained within the record which supports the Commission's determination that, as a result her November 19, 2012, work-related accident, the claimant suffered a lumbar strain that resolved by April 23, 2013, as found by the Commission, consists of the following: Dr. Bhatt's diagnosis of a lumbar strain on November 20, 2012, and December 14, 2012; Dr. Bhatt's notation on January 11, 2013, that the claimant had "trace occasional soreness" in her low back and his diagnosis of that date of a resolved lumbar strain; the claimant's negative straight leg raising tests conducted on January 11, 2013, and August 12, 2013; and Dr. Levin's examination report and the opinions contained therein.

¶ 55 The December 12, 2012, MRI of the claimant's lumbar spine established that, as of that

date, she suffered from disc bulges at L2-L3 and L3-L4, and a 5mm disc protrusion at L4-L5. In his report dated July 18, 2013, Dr. Levin stated that he had reviewed the actual films of that MRI and found that they showed degenerative signal changes, most noted at L3-L4 and L4-L5; multilevel spondylosis with degenerative disc protrusion; and a posterior central disc protrusion at L4-L5 that did not impinge upon the nerve roots. Dr. Erickson noted that he read the claimant's December 12, 2012, MRI to show a central disc herniation at L4-L5 with no clear nerve compression. The question before the Commission, however, was the extent of the claimant's low-back condition that was causally related to her November 19, 2012, accident.

¶ 56 Glaringly absent from the evidence presented in this case are specific medical causation opinions addressed to the claimant's lumbar spine conditions as revealed by her December 12, 2012, MRI. The closest opinions found in the record that relate to causation are the opinions of Drs. Levin and Erickson. In his report of April 23, 2013, Dr. Levin wrote that he found "no objective pathology requiring treatment for an alleged work occurrence." After reading films of the claimant's December 12, 2012, MRI, Dr. Levin issued a report on July 18, 2013, in which he stated that the findings contained in his report of April 23, 2012, remained unchanged. It can reasonably be inferred from Dr. Levine's opinion that the conditions which he noted after reading the claimant's December 12, 2012, MRI films, were not related to a work injury. When Dr. Erickson recommended that the claimant undergo a minimally invasive hemilaminectomy at L4-L5, he opined that the claimant's need for surgery was related to her November 19, 2012, work accident. Implicit in that opinion is his conclusion that the conditions he noted from his review of the December 12, 2012, MRI were related to the claimant's work accident. In this case, the Commission found the opinions expressed by Dr. Levin "persuasive."

¶ 57 The claimant also argues that she established a causal connection between her condition of lumbar spine ill-being that was the subject of the surgery performed by Dr. Erickson and her November 19, 2012, work accident based a chain of events theory. She correctly asserts that a causal connection between a condition of ill-being and a work-related accident may be established by evidence that the employee had a history of good health prior to the accident and following the accident the employee is unable to carry out her duties because of a physical condition. *BMS Catastrophe v. Industrial Comm'n.*, 245 Ill. App. 3d 359, 365 (1993). The claimant points to her arbitration testimony during which she stated that, prior to her work-related accident, she never received medical treatment for an injury to her back. However, Dr. Levin's April 23, 2013, report states that the claimant told him that she developed sharp low-back pain in June or July 2012 and was seen at Rush-Copley where she was given pain medication. The report also states that the claimant told Dr. Levin that as a result she was off work for a week, returned to work without a release note, and felt fine.

¶ 58 It was the function of the Commission to resolve conflicts in the evidence, including medical opinions; assess the credibility of the witnesses; assign weight to the evidence; and draw reasonable inferences from the evidence. *ABBF Freight System v. Illinois Workers' Compensation Commission*, 2015 IL App (1st) 141306WC, ¶ 19. In this case, the Commission found the opinions expressed by Dr. Levin "persuasive." In addition, directly contradicting the claimant's arbitration testimony, we note the passage in Dr. Levin's April 23, 2013, report wherein he states that the claimant reported having received medical treatment for sharp back pain in June or July 2012, a date prior to her work-related accident.

¶ 59 Based upon the evidence in the record supporting the Commission's determination that, as

a result of her November 19, 2012, work-related accident, the claimant suffered a lumbar strain and the deference we accord to the Commission's resolution of conflicts in medical opinions, we are unable to find that the Commission's finding of a lumbar strain is against the manifest weight of the evidence.

¶ 60 The final two arguments raised by the claimant, that the Commission's PPD award and medical expense award are against the manifest weight of the evidence, are based upon her first argument that the Commission's finding that, as a result of her November 19, 2012, work-related accident, she suffered only a mere lumbar strain is against the manifest weight of the evidence. Having rejected the claimant's first argument upon which her final two arguments are based, it follows that we also reject her final two arguments addressed to PPD and medical expenses.

¶ 61 For the reasons stated, we affirm the judgment of the circuit court which confirmed the Commission's decision.

¶ 62 Affirmed