2021 IL App (3d) 200316WC-U
No. 3-20-0316WC
Order filed June 21, 2021

IN THE

APPELLATE COURT OF ILLINOIS

THIRD DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

JOHN BALENSIEFEN,	)	Appeal from the Circuit Court
	)	of Marshall County.
Appellant,	)	
	)	
v.	)	No. 19-MR-39
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION, *et al*.	)	
	)	Honorable
(Emerald Performance Materials,	)	Bruce Phillip Fehrenbacher,
Appellee).	)	Judge, Presiding.

JUSTICE HUDSON delivered the judgment of the court.

Presiding Justice Holdridge and Justices Hoffman, Cavanagh, and Barberis concurred in the judgment.

ORDER

¶ 1 *Held*: (1) The Illinois Workers' Compensation Commission's finding that claimant failed to prove his diagnosis of iron deficiency anemia was causally related to a workplace exposure to hazardous chemicals was not against the manifest weight of the evidence; and (2) in light of claimant's failure to establish causation, appellate court would not address claimant's argument that he is entitled to medical benefits, temporary total disability benefits, and permanent partial disability benefits.

¶ 2 Claimant, John Balensiefen, filed an application for adjustment of claim pursuant to the Workers' Occupational Diseases Act (Act) (820 ILCS 310/1 *et seq*. (West 2012)) seeking benefits

for injuries he allegedly sustained while in the employ of respondent, Emerald Performance Materials. Relevant here, claimant alleged that he developed iron deficiency anemia because of chronic and repetitive exposure to hazardous chemicals in the workplace. Following a hearing, the arbitrator concluded that claimant failed to prove that he suffers from an occupational disease which arose out of his employment or that there was a causal connection between his condition of ill-being and his employment. The Illinois Workers' Compensation Commission (Commission) affirmed and adopted the decision of the arbitrator. On judicial review, the circuit court of Marshall County confirmed the decision of the Commission. In this appeal, claimant disputes the Commission's finding that his condition of ill-being was not causally related to his exposure to hazardous chemicals in the workplace. Claimant further asserts that because the Commission's causation finding was erroneous, he is entitled to medical benefits, temporary total disability benefits, and permanent partial disability benefits. For the reasons set forth below, we affirm the judgment of the circuit court.

¶ 3 I. BACKGROUND

¶ 4 Respondent operates a factory in Henry, Illinois which produces chemicals used in the manufacture of rubber and plastics. Claimant was an employee of the factory. In 2012, when claimant was 59 years old, he was diagnosed with iron deficiency anemia. Claimant filed an application for adjustment of claim pursuant to the Act alleging that his exposure to hazardous chemicals during his employment with respondent caused or contributed to the development of the disease. The following evidence was presented at the arbitration hearing on claimant's application for adjustment of claim, which was held on September 20, 2018, before arbitrator Gerald Granada.

¶ 5 A. Claimant's Testimony

¶ 6 Claimant began working at respondent's factory in January 1988. He initially worked as a "helper" before becoming a chemical operator. At the time claimant's employment began, the factory was owned by B.F. Goodrich. The factory was subsequently acquired by respondent. The factory consists of various structures. The principal structure was known as building 712. Other structures on the factory campus were known as building 711, building 722, and building 725. Claimant worked an alternating schedule of three days one week, four days the next. This resulted in claimant working a total of seven days over each two-week period. Each workday was 12 hours long, but claimant usually worked overtime two days a week.

¶ 7 Claimant spent the first five years of his career in building 712. There, claimant mixed chemicals inside reactors and packaged "OBTS flakes," an accelerator used to cure rubber. Packaging occurred four times per shift, with each packaging period lasting about 45 minutes. Claimant testified that morpholine was added to the OBTS during packaging, causing the emission of vapors. Although claimant wore gloves, a hard hat, and a respirator while packaging, the protective gear did not cover his entire body. As a result, the morpholine would get on claimant's face and hands and in his throat. Claimant testified that the exposure occurred daily and would cause a burning effect similar to that of applying aftershave.

¶ 8 Claimant worked in building 711 from 1993 until the end of his employment with respondent in 2012. Respondent manufactured mercaptobenzothiazole (MBT) crude in building 711. Claimant testified that building 711 is a single-story, enclosed metal structure approximately 120 feet long and 30 feet wide. The building had fans at the north and south ends for ventilation, but there was always a fan or two not working properly. Claimant testified that building 711 had two main reactors, which were 500-gallon steel vessels used to mix chemicals, and "charge" tanks, which were 100- to 200-gallon steel vessels used to "charge" the chemicals. There were also

storage tanks outside building 711 which contained raw materials. The raw materials were pumped from outside through metal pipes into the charge tanks. Once "charged," the raw materials were transferred to the main reactors and heated for three to four hours for the reactions. Claimant wore safety glasses, a hard hat, gloves, and Nomex clothing while working in building 711.

¶ 9 Claimant testified that the raw materials used in building 711 included aniline and carbon disulfide. Claimant testified he was exposed to aniline when a flange or seal on a "charge pump" would fail and the aniline leaked out. This would occur four times a year, and the leak would occur near his desk. Claimant testified he was also exposed to carbon disulfide through leaks at the pump seal or flange. These carbon disulfide leaks occurred monthly. Claimant testified that while working in building 711, he was also exposed to toluene, a chemical used in the purification of MBT crude. According to claimant, the toluene leaked from overhead pipes that brought the chemical into the building. These pipes leaked monthly. At times the leaking was so bad that the foreman brought in kiddie pools to collect the leaking toluene. Claimant testified most of his exposure to aniline, carbon disulfide, and toluene was through inhalation, but the chemicals would sometimes splatter on his skin, particularly toluene, which would drip from the overhead lines.

¶ 10 Claimant testified that he was also exposed to hydrogen sulfide gas as a byproduct that would come off the reactors. Claimant could smell the hydrogen sulfide early in his shift, but he would become desensitized to the smell after a while. Claimant testified that hydrogen sulfide leaks occurred when the seals on top of the reactors would fail. He testified repairs were usually made only if more than one of the chemical operators complained. Claimant wore a hydrogen sulfide monitor, which would sound when the level of the chemical in the building was elevated. According to claimant, the monitors would sound weekly. The monitors had to be sent for

calibration, and they would not always work when they came back. Employees wore a respirator when the level of hydrogen sulfide "got bad," which was once or twice a week.

¶ 11 Claimant testified that, early in his career, he was exposed to methylene chloride while cleaning vessels in building 725. Claimant was also exposed to Cure-Rite powder when he went into building 725, where he would go to use the lunchroom and to send samples to the lab. Claimant did not wear a respirator when he was exposed to the powder. In addition, claimant testified that he cleaned up chemical leaks in other buildings. Claimant always used personal protective equipment while cleaning up leaks. Claimant also helped out in building 722 once a month. He was exposed to paraformaldehyde vapors in building 722. Claimant did not wear any protective equipment or a respirator in building 722 because he was just helping.

¶ 12 Claimant would shower at the end of his shift and then put on street clothes, which he had not worn during his shift. Despite this, claimant testified that he would occasionally notice a chemical smell on his bed sheets.

¶ 13 B. Testimony of David Smid

¶ 14 David Smid worked for respondent between 2005 and 2010. Smid worked in building 712, where respondent manufactured OBTS. According to Smid, the manufacturing process for OBTS used morpholine and toluene. Despite wearing protective gear, a chemical operator involved in the manufacturing process for OBTS would be exposed to vapors and "finite dust," which Smid testified would irritate the skin. Further, when bagging the OBTS, more concentrated dust would come off the bagger, causing more irritation. Smid wore a respirator while bagging due to the dust. He recounted, however, that because the powder was so fine, the dust would stick to him. Smid further testified that respondent manufactured a product known as MBDS in building 712. Smid stated that that process also involved the use of morpholine and toluene and led to similar chemical

exposures. Smid testified that although there were exhaust fans in building 712, many did not work. Smid also noted that the pipes that delivered materials to building 712 leaked.

¶ 15 Smid also worked in building 711, which he described as "the crude building." Smid explained that crude was the main catalyst for all chemical-reaction processes at respondent's factory. In building 711, Smid wore personal protective equipment, including fire-retardant clothing, a face mask, hearing protection, a hard hat, steel-toed boots, and gloves. While working in building 711, Smid would smell carbon disulfide and could see it dripping out of the charge tank in the building. Smid attributed this to the seals on the equipment not being compatible with the product and not being changed out regularly. According to Smid, the main source of ventilation in building 711 was open doors. Although this generated a breeze, it did not effectively ventilate the building. Smid also testified that the toluene piping system in building 711 had leaking valves and flanges. In building 711, Smid also worked with aniline, which leaked, and hydrogen sulfide.

¶ 16 Smid also worked in building 725 bagging Cure-Rite. During this process, Smid would wear a hard hat, gloves, fire-retardant clothing, steel-toed shoes, a respirator, and hearing protection. Smid testified that Cure-Rite is a powder. The granules were finer than the OBTS product and would become airborne during the bagging process. He testified the whole floor would look like snow. Smid testified the Cure-Rite powder would get on his skin and he would breathe it in. Smid testified he only bagged in building 725 while working overtime, but that he would also use the breakroom in building 725. According to Smid, there was powder on the tables in the breakroom. Smid testified that the means of ventilation in building 725 were exhaust fans, but many of them did not work.

¶ 17 C. Government Materials, Reports, and Investigations

¶ 18 Material Safety Data Sheets for chemicals present at respondent's facility were provided as exhibits at the arbitration hearing. These included the Material Safety Data Sheets for Cure-Rite 18 powder, hydrogen sulfide, methylene chloride, morpholine, toluene, carbon disulfide, and aniline.

¶ 19 Additionally, documentation from the Illinois Environmental Protection Agency (IEPA), the United States Environmental Protection Agency (USEPA), and the National Institute of Occupational Safety Hazard (NIOSH) was presented. The documentation from the environmental protection agencies related to faulty monitoring of equipment, the failure to reasonably identify leaking components of a particular chemical, and a failure to immediately report the discharge of substances. The documentation from NIOSH included a letter dated March 19, 2013, discussing results from general air sampling and employee interviews at respondent's factory, and a final health hazard evaluation program report dated June 2014. The health hazard evaluation indicated that NIOSH representatives visited respondent's facility in October 2012 and July 2013, interviewed 10 employees about health and workplace concerns, observed work practices and reviewed safety data sheets, sampled the air for chemicals and dust, and took wipe samples on surfaces to look for aniline. In addition, the NIOSH representatives reviewed injury and illness logs, employee medical records, workers' compensation claims, prior sampling results, and facility policies and procedures. The health hazard evaluation concluded that all airborne exposure levels measured were well below occupational limits except for OTOS (the same chemical compound as Cure-Rite 18 powder).

¶ 20 D. Medical Treatment

¶ 21 Claimant's primary medical care in 2011 and 2012 was provided by Dr. Marianna Cuany and Ruth Smith, an advanced practice nurse. Claimant's medical records showed a history of

gastroesophageal reflux disease (for which he was prescribed Nexium and omeprazole), hypothyroidism, hypertension, hyperlipidemia, deep vein thrombosis, and atrial fibrillation. On November 11, 2011, claimant presented to Dr. Cuany for a review of bloodwork done as part of his annual physical at work. Claimant's bloodwork revealed a hemoglobin count of 12.7, a red blood cell size measurement of 77, and serum iron of 41. It was noted that at a previous assessment in June 2010, claimant's hemoglobin count had been 14.8 and his red blood cell measurement had been 88. Both June 2010 numbers would have been within the normal range. Claimant was assessed with iron deficiency anemia of unknown etiology. On June 5, 2012, additional bloodwork was completed which demonstrated that claimant had a severe iron deficiency and would require oral iron supplementation. On June 7, 2012, claimant underwent a blood transfusion.

¶ 22 On June 14, 2012, claimant presented to the emergency room with complaints of shortness of breath, which had been intermittent for the previous six months. Claimant reported that the day prior, he experienced a worsening of symptoms and chest pressure with activity. Claimant also reported that three weeks earlier he was diagnosed with a blood clot in his left calf. Claimant was admitted to the intensive care unit with a pulmonary embolism and was found to be anemic, with iron indices consistent with iron deficiency anemia. During his hospitalization, claimant underwent a series of tests to determine the source of his anemia. Those tests included an esophagogastroduodenoscopy, which was negative and found no localized source of bleeding; a colonoscopy, which was negative; an X ray of the stomach and bowel, which was negative; a CT scan of the abdomen and pelvis, which revealed no evidence of an abdominal or pelvic mass; and a capsule endoscopy, which was negative. Claimant was discharged from the hospital on June 24, 2012, with diagnoses including iron deficiency anemia, hypothyroidism, and bilateral pulmonary emboli. Claimant followed up with Smith on July 2, 2012. Smith noted that despite a good workup

at the hospital, the source of claimant's anemia remained unknown. Claimant underwent an ultrasound of his left calf on July 31, 2012, after telling Smith that his left leg was "always swollen." The ultrasound revealed a blood clot extending from the left mid superficial femoral vein to the midcalf. The clot was occlusive and believed to be relatively acute. Smith referred claimant to Illinois Cancer Care.

¶ 23 On August 3, 2012, claimant presented to Illinois Cancer Care for an evaluation by Dr. Madhuri Bajaj, a hematologist. Dr. Bajaj noted that, over the prior two months, claimant had experienced a drop in his hemoglobin range, resulting in a blood transfusion. Dr. Bajaj diagnosed claimant with microcytic anemia and ordered additional testing to confirm iron deficiency anemia. Dr. Bajaj noted that claimant had had a complete endoscopic evaluation, including a video capsule study, and that there was no site of active bleeding. Dr. Bajaj confirmed iron deficiency anemia on August 31, 2012, and advised him to continue taking oral iron supplements. Dr. Bajaj further noted that if claimant's response to oral iron was blunted, she would consider intravenous iron treatment. Although claimant had some improvement with oral iron supplements, Dr. Bajaj started him on intravenous iron in November 2012 to replete his iron stores faster. Once claimant's iron stores improved, Dr. Bajaj restarted claimant on oral iron supplementation. Claimant thereafter continued to follow up with Dr. Bajaj and Illinois Cancer Care.

¶ 24 On June 21, 2016, Dr. Bajaj noted that claimant had failed oral iron and began him on injections. By September 20, 2016, Dr. Bajaj noted that claimant's iron levels were replete with normal hemoglobin levels. Claimant continued to follow up with Dr. Bajaj thereafter for management of his condition. Dr. Bajaj ordered additional iron injections as recently as June 26, 2018, at which time she also recommended he follow up on September 18, 2018.

¶ 25 During this time, claimant also treated with Dr. James Williams for deep vein thrombosis and pulmonary emboli, Dr. Cuany for chronic neck pain and other ailments, and Drs. Shahid Wazir and Adel Mina for atrial fibrillation and supraventricular tachycardia.

¶ 26 Claimant testified that he receives injections of iron every six or twelve months and that they help. Nevertheless, claimant stated he gets winded easier than he should, which progresses when his iron is low. Claimant explained that as his injection becomes more distant, he starts to feel more run down and he just wants to lay down and sleep. Regarding his other health issues, claimant testified that he began having cardiac issues 15 years earlier. The first time he experienced a blood clot in his legs was in 2010. Claimant noted that he was diagnosed with hyperthyroidism prior to June 2012. Claimant also was diagnosed with acid reflux, for which he has been taking Nexium or omeprazole for a few years before June 2012.

¶ 27 E. Report of Dr. David Fletcher

¶ 28 On April 22, 2013, at the request of his attorney, claimant presented for an evaluation by Dr. David Fletcher, a board-certified specialist in occupational and environmental medicine. Dr. Fletcher prepared a report of his findings. As part of his report, Dr. Fletcher examined claimant and reviewed various documents, including claimant's medical records and a "preliminary report" of the NIOSH health hazard evaluation.

¶ 29 Claimant told Dr. Fletcher that he worked uneventfully for respondent as a chemical process operator until June 2012, when he experienced the sudden onset of shortness of breath and chest pain discomfort. Claimant was hospitalized and diagnosed with pulmonary emboli and severe anemia, with no source of bleeding detected. At the time, claimant was being treated with Coumadin, an anticoagulation drug, to prevent blood clots in his legs and lungs. He was also

receiving iron supplementation. Dr. Fletcher's physical examination of claimant was unremarkable.

¶ 30 Dr. Fletcher diagnosed acute microcytic anemia. Dr. Fletcher noted that claimant's work with respondent exposed him to various chemicals, including aniline, hydrogen sulfide, methylene chloride, toluene, and Cure-Rite 18 dust. Finding that the "etiology of the sudden onset of microcytic anemia accompanied without a source of a known bleed and on iron supplement had not been clearly established," Dr. Fletcher opined that claimant's "chronic chemical exposure has caused or contributed" to his current condition.

¶ 31 F. Report of Dr. Shirley Conibear

¶ 32 Dr. Shirley Conibear, a physician board certified in occupational medicine, conducted an independent medical examination of claimant on August 31, 2015. She authored a report dated September 18, 2015, containing her findings. In preparation for her report, Dr. Conibear examined claimant, read Dr. Fletcher's report, and reviewed various documents, including medical records, the final NIOSH health hazard evaluation, and Material Safety Data Sheets for the chemicals to which claimant was exposed.

¶ 33 Claimant told Dr. Conibear that in 1988, he was hired by BF Goodrich as a chemical operator. Claimant's position entailed monitoring the reaction process. Claimant worked with various chemicals, including aniline, carbon disulfide, toluene, sodium hydrosulfide, and methylene chloride. At some point, respondent acquired the facility where claimant worked. Claimant told Dr. Conibear that when respondent took over, safety went "downhill" and maintenance was "neglected." In 2011, claimant participated in a medical surveillance program at work that included a variety of blood tests. Late in 2011, claimant presented the results to his doctor. Subsequently, claimant reported that he gradually became fatigued, weak, and short of

breath with minimal exercise. In June 2012, claimant became acutely ill and was diagnosed with atrial fibrillation, pulmonary emboli, and severe iron deficiency anemia. The anemia diagnosis resulted in claimant undergoing a blood transfusion. Claimant's medical team conducted extensive testing of claimant's upper and lower gastrointestinal tract to look for evidence of bleeding, but none was ever found. Claimant was placed on iron supplementation. Claimant's hematologist did not indicate a source of claimant's anemia except to say that the iron deficiency was not attributable to the loss of blood.

¶ 34 Dr. Conibear diagnosed claimant with microcytic hypochromic iron deficiency anemia. She noted that occult bleeding had been ruled out as a cause of claimant's anemia. Dr. Conibear opined that the cause of claimant's condition was insufficient iron in his diet and an inability to absorb iron from food. She noted there are various eating habits that increase the risk of iron-deficiency anemia, and some prescription medications can also interfere with iron absorption, including Nexium and omeprazole, which claimant took.

¶ 35 Dr. Conibear opined that claimant's diagnosis was not related to his work with respondent for several reasons. Among these, Dr. Conibear stated: (1) the Material Safety Data Sheets and toxicology data for the chemicals to which claimant was exposed do not indicate that they cause iron deficiency anemia or inhibit iron absorption; (2) there was nothing unique about claimant's condition; (3) claimant had responded well to oral iron treatments; and (4) there was no temporal relationship between claimant's exposure and the onset of his symptoms. With respect to the last reason, Dr. Conibear explained that claimant's condition improved with treatment, not because he left employment.

¶ 36 In addition, Dr. Conibear disagreed with Dr. Fletcher's causation opinion for several reasons. First, she disagreed that claimant's condition had a "sudden onset," noting that the

problem was identified prior to November 2011 by a blood test done during respondent's medical surveillance program. Second, she disagreed that the etiology of the condition had not been clearly established, noting that cause was identified as being due to an iron deficiency by Dr. Bajaj. Third, Dr. Conibear stated that Dr. Fletcher did not provide any references to the published medical and toxicologic literature to support the assertion of a causal relationship between the chemicals with which claimant worked and a diagnosis of iron deficiency anemia. Fourth, Dr. Conibear noted that Dr. Fletcher did not present any objective evidence such as industrial hygiene measurements to support his opinion that claimant was exposed to harmful levels of chemicals in the workplace. Finally, Dr. Conibear noted that Dr. Fletcher did not have the opportunity to review the final NIOSH study when he formulated his opinions. The NIOSH study concluded that there was no pattern of abnormality in the blood analyzed for respondent's medical surveillance program that caused them to suspect adverse biological effects from exposures in the workplace.

¶ 37 G. Testimony of Dr. David Fletcher

¶ 38 Dr. Fletcher testified by evidence deposition on August 31, 2016. Dr. Fletcher reiterated that he diagnosed claimant with an acute, sudden onset of microcytic anemia due to an iron deficiency. Dr. Fletcher explained that microcytic anemia is a global term meaning the size of the blood cells is small and there is a decrease in the amount of hemoglobin (red blood cells).

¶ 39 Dr. Fletcher opined that there was a causal relationship between claimant's condition of ill-being and his exposure to chemicals in the workplace. In particular, Dr. Fletcher reasoned that the chemical exposure interfered with claimant's ability to absorb and metabolize iron to produce red blood cells. He explained that there is a strong relationship between claimant's work exposure and his condition as evidenced by the fact that claimant remained in the workplace up until he presented with pulmonary emboli and was diagnosed with severe anemia. Moreover, Dr. Fletcher

testified that toluene and Cure Rite have "some relationship" to the onset of anemic conditions. He noted, for instance, that the Material Safety Data Sheet for toluene specifies that the substance has "an effect on the blood forming system." At the same time, he acknowledged that "[w]e don't know exactly, because there wasn't any testing of it, how much potential *** exposure was in that workplace, was not tested by NIOSH." He also acknowledged that "you don't have large sample sizes of human disease to be able to, you know, arrive at opinions and so you have to basically rely on what some reports are, animal studies, some population studies, and stuff like this." Dr. Fletcher also noted that because the Material Safety Data Sheet for aniline reflects that exposure to the substance suppresses "the blood forming organ system," the chemical "can result in anemia."

¶ 40 Dr. Fletcher testified that he reviewed various documents from the IEPA and the USEPA and other governing bodies related to respondent's facility. Among these, Dr. Fletcher noted that the IEPA and the USEPA cited respondent for poor compliance with environmental protection regulations with respect to hazardous chemicals at its factory, which resulted in leaks. Dr. Fletcher also testified that he reviewed the "initial" assessment done by the NIOS team and found that it was critical of respondent's personal-protective-equipment practices, including its respirator program. Dr. Fletcher stated that he helped facilitate the NIOSH health hazard evaluation and "interacted with the NIOSH people" preparing the report. Dr. Fletcher pointed out that because NIOSH's evaluation occurred in 2013, after claimant left respondent's employ, it was "not the exact same workplace" in which claimant worked.

¶ 41 Dr. Fletcher was asked about the significance of claimant's exposure to toluene, aniline, and carbon disulfide "assuming" that the chemicals were leaking on an intermittent basis throughout claimant's employment at respondent's factory. Dr. Fletcher responded that under such a scenario claimant had "some potential for both dermal and inhalation exposure." Dr. Fletcher

testified that even though claimant is no longer exposed to chemicals, he continues to have anemia because the multiplicity of exposure to chemical agents at respondent's facility "affected his iron processing" causing "chronic deficiencies in his iron stores that are not rectified by oral medications." Dr. Fletcher opined that the fact that there has been no finding of any significant blood loss to account for claimant's anemia supported his finding of a causal relationship with claimant's employment. Dr. Fletcher classified claimant's condition as a "chronic illness" that will require regular care and maintenance.

¶ 42 On cross-examination, Dr. Fletcher testified that the substances responsible for claimant's anemia were lead, aniline, hydrogen sulfide, carbon disulfide, toluene, and methylene chloride. Dr. Fletcher testified that he reviewed the Material Safety Data Sheets for each of these substances. He testified that the Material Safety Data Sheet for aniline references anemia as to "animal studies," but acknowledged that it does not mention anything about humans. Nevertheless, he found that "animal studies are very helpful" in situations in which there is limited data. Moreover, other than lead, Dr. Fletcher acknowledged that he was unaware of any studies that establish a causal relationship between any of the other substances he mentioned and the development of anemia in humans. Dr. Fletcher acknowledged, however, that he never mentioned lead in his report and was not aware of the amount or frequency of claimant's exposure to lead. Similarly, Dr. Fletcher admitted that while claimant was exposed to the other substances he mentioned, he did not have data about how much exposure claimant had to aniline, hydrogen sulfide, carbon disulfide, toluene, or methylene chloride.

¶ 43 Dr. Fletcher also testified on cross-examination that iron deficiency anemia is a common medical condition throughout the world. He acknowledged that microcytic anemia is a symptom of hypothyroidism, a condition with which claimant was diagnosed in 2009. Nevertheless, Dr.

Fletcher did not believe there was any relationship between claimant's hypothyroidism and his anemia. In this regard, he noted that claimant's hypothyroid condition is controlled by medication. He stated that if the hypothyroidism were causative of the anemia, he would only expect claimant to have anemia if the hypothyroidism was not under control.

¶ 44 Dr. Fletcher acknowledged that claimant was taking Nexium and omeprazole, proton pump inhibitors, for a reflux condition. Dr. Fletcher agreed that these medications reduce stomach acid and can interfere with the absorption of iron. However, he did not believe that the medications were a contributing cause for claimant's condition, explaining that claimant had been on the medications well before the sudden onset of his anemic condition. Dr. Fletcher further testified on cross-examination that claimant has seen many doctors, none of whom rendered an opinion that his anemia is causally connected to his chemical exposure at respondent's facility.

¶ 45 Dr. Fletcher described the statement in Dr. Conibear's report that he did not review the NIOSH report as "absolutely ridiculous." Dr. Fletcher acknowledged, however, that his report was completed on May 13, 2013, and the final NIOSH report was issued in June 2014. Nevertheless, he explained that he "had the information" in the NIOSH report because he had discussions with the epidemiologist and he viewed preliminary reports. Dr. Fletcher stated that his failure to have access to the final NIOSH report does not change his opinions. In addressing Dr. Conibear's criticism that he did not cite any literature in support of his position, Dr. Fletcher testified that he did not think he needed to cite any literature given his board certification in occupational medicine.

¶ 46 H. Testimony of Dr. Shirley Conibear

¶ 47 Dr. Conibear testified that claimant was diagnosed with iron deficiency anemia. This meant that claimant is not getting enough iron from his diet, his body is not absorbing iron, or he is losing blood. Dr. Conibear noted that claimant underwent extensive testing of his gastrointestinal tract

and no bleeding was found. Dr. Conibear testified that certain medications can interfere with the absorption of iron by depleting acid in the stomach. Among these are proton pump inhibitors like Nexium and omeprazole. Dr. Conibear noted that claimant took both Nexium and omeprazole, although she did not know claimant's specific dosages. While Dr. Conibear opined that these medications contributed toward claimant's anemia, she did not believe these medications were the sole cause. Rather, she attributed claimant's condition to a combination of not taking in enough iron because of his diet, his body not absorbing the iron due to his medication, and losing iron because of medical issues, including clotting and atrial fibrillation. Regarding claimant's comorbidities, Dr. Conibear testified that atrial fibrillation is "very hard on the red blood cells and beats them up" while pulmonary emboli and blood clots in the leg "[u]se up red blood cells." She added that "when the clotting happens, then those blood cells are destroyed and the iron then is back in play in the metabolism."

¶ 48 Dr. Conibear reviewed Material Safety Data Sheets and medical literature for aniline, carbon disulfide, toluene, and methylene chloride, chemicals to which claimant was exposed at respondent's facility. Dr. Conibear opined there was no indication that exposure to these chemicals would lead to iron deficiency anemia. Dr. Conibear acknowledged that aniline and methylene chloride have been known to cause hemolytic anemia. She described that condition as "the destruction of red blood cells when they come in contact with a chemical." In contrast, iron deficiency anemia occurs when an individual does not have enough iron to make hemoglobin. She said that the only similarity between the two conditions is that they both result in anemia.

¶ 49 Dr. Conibear opined that there was no causal relationship between claimant's exposures at respondent's factory and his medical condition of iron deficiency anemia. In support of her opinion, Dr. Conibear summarized: (1) the chemicals to which claimant was exposed have not

been shown to cause iron deficiency anemia; (2) the presentation of claimant's anemia is explained by other factors typical of iron deficiency anemia; and (3) claimant has responded when treated with iron supplements.

¶ 50 I. Decisions of the Arbitrator, Commission, and Circuit Court

¶ 51 Based on the foregoing, the arbitrator denied claimant's request for benefits, concluding that he failed to meet his burden of proof on the issues of accident and causation. In so concluding, the arbitrator gave more weight to the opinion of Dr. Conibear than that of Dr. Fletcher. Dr. Conibear found no relationship between claimant's workplace exposure to chemicals and his anemia, noting that there was no evidence to support the notion that exposure to the chemicals increased the risk of an individual developing iron deficiency anemia. The arbitrator acknowledged Dr. Fletcher's testimony of a causal relationship between claimant's condition of ill-being and his workplace exposure to chemicals, but gave it less weight because: (1) Dr. Fletcher did not know the extent of claimant's exposure to any of the chemicals at respondent's facility; (2) Dr. Fletcher acknowledged that iron deficiency anemia is a common condition suffered by members of the general public without exposure to the chemicals used in respondent's factory; (3) there was a lack of evidence causally relating the chemicals to which claimant was exposed to iron deficiency anemia; (4) none of claimant's other doctors rendered an opinion on causation; and (5) the NIOSH study did not find an overexposure in the workplace to suggest a causal relationship between claimant's employment and his condition of ill-being.

¶ 52 Claimant filed a petition for review of the arbitrator's decision with the Commission. The Commission unanimously affirmed and adopted the decision of the arbitrator. On judicial review, the circuit court of Marshall County confirmed the decision of the Commission. This appeal ensued.

¶ 53 II. ANALYSIS

¶ 54 On appeal, claimant argues that the Commission's finding that his condition of ill-being was not causally related to a workplace exposure to toxic chemicals was against the manifest weight of the evidence and should be reversed. Claimant further asserts that because the Commission's decision as to causal connection was against the manifest weight of the evidence, he should have been awarded medical benefits, temporary total disability benefits, and permanent partial disability benefits. We address each issue in turn.

¶ 55 A. Occupational Disease

¶ 56 The claimant in an occupational disease case has the burden of proving both that he suffers from an occupational disease and that a causal connection exists between the disease and his employment. *Freeman United Coal Mining Co. v. Illinois Workers' Compensation Comm'n,* 2013 IL App (5th) 120564WC, ¶ 21; *Anderson v. Industrial Comm'n,* 321 Ill. App. 3d 463, 467 (2001). The occupational activity need not be the sole or even principal causative factor, as long as it was *a* causative factor in the resulting condition of ill-being. *Gross v. Illinois Workers' Compensation Comm'n,* 2011 IL App (4th) 100651WC, ¶ 22. Whether an employee suffers from an occupational disease and whether there is a causal connection between the disease and the employment are questions of fact. *Freeman United Coal Mining Co.*, 2013 IL App (5th) 120564WC, ¶ 21; *Bernardoni v. Industrial Comm'n,* 362 Ill. App. 3d 582, 597 (2005); *Anderson*, 321 Ill. App. 3d at 467. In resolving questions of fact, it is within the province of the Commission to assess the credibility of witnesses, resolve conflicts in the evidence, assign weight to be accorded the evidence, and draw reasonable inferences from the evidence. *Hosteny v. Illinois Workers' Compensation Comm'n,* 397 Ill. App. 3d 665, 674 (2009). This is especially true with respect to the resolution of medical questions. *Long v. Industrial Comm'n*, 76 Ill. 2d 561, 566 (1979). We

owe heightened deference to the Commission on medical matters due to the expertise it has long been recognized to possess in the medical arena. *Long*, 76 Ill. 2d at 566.

¶ 57 We will not overturn the decision of the Commission on a factual matter unless it is against the manifest weight of the evidence. *Bolingbrook Police Department v. Illinois Workers' Compensation Comm'n*, 2015 IL App (3d) 130869WC, ¶ 38. A decision is against the manifest weight of the evidence only if an opposite conclusion is clearly apparent. *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 539 (2007). "The test is not whether this or any other tribunal might reach an opposite conclusion but whether there is sufficient factual evidence in the record to support the Commission's determination." *Navistar International Transportation Corp. v. Industrial Comm'n*, 331 Ill. App. 3d 405, 415 (2002). "A reviewing court will not reweigh the evidence, or reject reasonable inferences drawn from it by the Commission, simply because other reasonable inferences could have been drawn." *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64 (2006).

¶ 58 Claimant argues that he satisfied his burden of proving that he suffers from an occupational disease and that a causal connection exists between the disease and his employment. In support thereof, claimant asserts that his testimony regarding the chemical exposure to which employees were subjected at respondent's factory was corroborated by Smid and unrebutted by any of the evidence presented by respondent. Moreover, claimant relies on the testimony of Dr. Fletcher to support his position that there is a causal relationship between his condition of ill-being and his workplace exposure to these chemicals. Respondent counters that given the differing medical opinions on causation, the Commission's finding was not against the manifest weight of the evidence.

¶ 59 The Commission was faced with conflicting medical opinions in this matter. Dr. Fletcher opined that claimant's exposure to hazardous chemicals in the workplace caused or contributed to his iron deficiency anemia. Dr. Conibear disagreed. Noting that none of the chemicals to which claimant was exposed had been shown to cause iron deficiency anemia, Dr. Conibear opined that claimant's disease was attributable to the medications he was taking for reflux, his diet, and his medical history, which included blood clots and atrial fibrillation. Regarding the weight accorded the conflicting medical opinions in this matter, the Commission, in affirming and adopting the decision of the arbitrator, articulated sound reasons for giving less weight to the opinion of Dr. Fletcher. In particular, the Commission attributed less weight to the opinion of Dr. Fletcher because: (1) Dr. Fletcher did not know the extent of claimant's exposure to any of the chemicals at respondent's facility; (2) Dr. Fletcher acknowledged that iron deficiency anemia is a common condition suffered by members of the general public who have not been exposed to the chemicals present in respondent's factory; (3) there was a lack of evidence causally relating the chemicals to which claimant was exposed to iron deficiency anemia; (4) none of claimant's other doctors rendered an opinion on causation; and (5) the NIOSH study did not find an overexposure in the workplace to suggest a causal relationship between claimant's employment and his condition of ill-being. After reviewing the record, we cannot say that the Commission's findings were against the manifest weight of the evidence.

¶ 60 Nevertheless, claimant sets forth several reasons why he believes the opinion of Dr. Fletcher is more persuasive than that of Dr. Conibear. Initially, claimant disputes Dr. Conibear's opinion that his condition was in part attributable to Nexium and omeprazole, his reflux medications. Dr. Conibear explained that these two medications, a class of drugs known as proton pump inhibitors, reduce the amount of acid in the stomach, thereby minimizing the body's ability

to absorb iron. Dr. Fletcher agreed that Nexium and omeprazole reduce the amount of acid in the stomach and can interfere with the absorption of iron. Claimant notes, however, that he had been taking these medications "for some time prior to the sudden decrease in his blood count which occurred in June 2012." In other words, claimant suggests that absent a change in the dosage of these medications, there was no evidence to support a causal relationship between the medications and the decrease in his blood count in June 2012. As respondent points out, however, claimant had been exposed to the same chemicals in respondent's facility for more than 20 years. Claimant did not present any evidence of a change in his exposure in June 2012. Consequently, based on claimant's own logic, there would be no causal relationship between the workplace exposure of chemicals and his anemia condition. Moreover, claimant's diagnosis of iron deficiency anemia coincided with blood clots in the leg and pulmonary emboli. Dr. Conibear explained those conditions were also factors contributing to the anemia.

¶ 61 Claimant also argues that there is no support for Dr. Conibear's opinion that claimant's comorbidities contributed to his anemia diagnosis. We disagree. Dr. Conibear testified that atrial fibrillation and blood clots contributed to his low hemoglobin counts and iron deficiency. In this regard, she explained that atrial fibrillation is "very hard on the red blood cells and beats them up" and that pulmonary emboli and blood clots in the leg "us[e] up red blood cells." She elaborated that "when the clotting happens, then those blood cells are destroyed and the iron then is back in play in the metabolism." Claimant cites no evidence to contradict this testimony from Dr. Conibear.

¶ 62 Claimant next challenges Dr. Conibear's testimony that none of the chemicals to which claimant was exposed had been shown to cause iron deficiency anemia. According to claimant, Dr. Fletcher's testimony demonstrates that there is medical literature to support a causal

connection between claimant's workplace exposure to various chemicals and anemia. Specifically, claimant argues that the Material Safety Data Sheets establish that exposure to toluene, chloride, aniline, and Cure-Rite powder is known to cause anemia. We disagree. While the Material Safety Data Sheet for toluene indicates that long-term exposure may be related to effects on the liver, kidney, and blood, there is no indication that anemia is one of these effects. The Material Safety Data Sheets for methylene chloride and Cure Rite powder list cancer as possible health effects, but not anemia. The Material Safety Data Sheet for aniline does suggest that exposure has been linked to a decrease in red blood cell count, hemoglobin levels, and hematocrit. However, this data was from animal studies, and the Commission was not bound to accept it. Moreover, while Dr. Conibear did acknowledge that exposure to aniline and methylene chloride has been known to cause hemolytic anemia, this is different from the iron deficiency anemia with which claimant was diagnosed. Given this evidence, claimant's reliance on the medical literature cited by Dr. Fletcher does not compel reversal of the Commission's decision.

¶ 63 Claimant also faults Dr. Conibear's reliance on the NIOSH report in formulating her opinion. In particular, claimant notes that because the report related to exposures measured in 2013, it may not reflect the conditions at the time claimant worked for respondent. However, the Commission was aware of this discrepancy. As the trier of fact, it was within the province of the Commission to decide the weight to be given to the evidence. We cannot say that this factor compels a finding that the Commission's decision was against the manifest weight of the evidence.

¶ 64 Finally, claimant argues that Dr. Conibear's opinion "amounts to an acknowledgement that the cause of [claimant's] iron deficiency anemia was multifactorial." He therefore reasons that even if his medications and comorbidities were contributing factors, "this does not exclude [claimant's] workplace exposures as a contributing factor as well." We disagree. Although Dr.

Fletcher opined that claimant's workplace exposure to chemicals was causally connected to his iron deficiency anemia, Dr. Conibear disagreed. For the reasons discussed earlier, the Commission gave more weight to Dr. Conibear's opinion. We have determined that the Commission's decision was not against the manifest weight of the evidence. Ergo, the Commission had a reasonable basis to reject claimant's argument that his workplace exposure to these chemicals was at least a causative factor in his development of iron deficiency anemia.

¶ 65 In short, claimant's arguments essentially amount to a request for this court to reweigh the evidence and substitute our judgment for that of the Commission, which we will not do. *Setzekorn v. Industrial Comm'n*, 353 Ill. App. 3d 1049, 1055 (2004). The Commission was faced with conflicting medical opinions. Both Dr. Fletcher and Dr. Conibear agreed that claimant suffered from iron deficiency anemia. However, they disagreed as to the cause of the disease. Dr. Fletcher opined that the disease was work related while Dr. Conibear reached the opposite conclusion. Ultimately, the Commission placed more weight on Dr. Conibear's opinion and determined that claimant failed to prove that he suffers from an occupational disease which arose out of and in the course of his employment and that there is a causal connection between claimant's anemia and his exposure to chemicals at respondent's facility. Based on the record before us, we cannot say that the Commission's findings were against the manifest weight of the evidence.

¶ 66 B. Benefits

¶ 67 Having concluded that the Commission's finding that claimant's condition of ill-being was not causally related to a workplace exposure of chemicals was not against the manifest weight of the evidence, we need not address claimant's arguments that he is entitled to medical benefits, temporary total disability benefits, and permanent partial disability benefits.

¶ 68 III. CONCLUSION

¶ 69 For the reasons stated, we affirm the judgment of the circuit court of Marshall County which confirmed the decision of the Commission.

¶ 70 Affirmed.