2015 IL App (1st) 141896WC-U
No. 1-14-1896WC
Order filed: September 30, 2015

IN THE

APPELLATE COURT OF ILLINOIS

FIRST DISTRICT

WORKERS' COMPENSATION COMMISSION DIVISION

DOLLAR TREE STORES, INC.,	)	Appeal from the Circuit Court
	)	of Cook County.
Plaintiff-Appellant,	)	
	)	
v.	)	No. 13-L-51119
	)	
THE ILLINOIS WORKERS'	)	
COMPENSATION COMMISSION and	)	
NITZIE D. MALDONADO,	)	Honorable
	)	Robert Lopez-Cepero,
Defendants-Appellees.	)	Judge, Presiding.

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

ORDER

¶ 1 *Held*: (1) The Commission's finding of a causal connection between claimant's neck condition and her work accident of September 21, 2010, was not against the manifest weight of the evidence; and (2) the Commission's award of prospective medical care was not against the manifest weight of the evidence.

¶ 2 Respondent, Dollar Tree Stores, Inc., appeals from the judgment of the circuit court of Cook County confirming a decision of the Illinois Workers' Compensation Commission

(Commission) awarding benefits to claimant, Nitzie D. Maldonado, pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2010)). On appeal, respondent argues that the Commission's finding of a causal connection between claimant's neck condition and her work accident of September 21, 2010, is against the manifest weight of the evidence. Respondent also contends that the Commission erred in awarding claimant prospective medical treatment. Because we disagree with both contentions, we affirm and remand this cause for further proceedings.

¶ 3 I. BACKGROUND

¶ 4 Claimant filed two applications for adjustment of claim, seeking benefits for injuries she allegedly sustained while employed by respondent. Both applications alleged the same accident date, September 21, 2010, but were premised on different theories of recovery. The first application for adjustment of claim (No. 11 WC 028533) was filed on July 27, 2011, and alleged discrete injuries to claimant's neck, right shoulder, and bilateral elbows. The second application for adjustment of claim (No. 12 WC 025900) was filed on or about July 30, 2012, and alleged a repetitive-trauma injury. The two applications were consolidated and the matter proceeded to an arbitration hearing on October 17, 2012, pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2010)). At the hearing, the parties agreed that the only issues in dispute at arbitration were whether there was a causal connection between claimant's neck condition and her employment and whether claimant is entitled to prospective medical care related to her neck condition.[1] The following evidence was presented at the arbitration hearing.

[1] According to respondent's brief, it "accepted" the compensability of claimant's shoulder and elbows. Therefore, claimant's injuries with respect to those body parts are not at

¶ 5 Claimant was employed as a manager at a store operated by respondent in Chicago. One of respondent's duties was to unload trucks delivering merchandise to the store. The deliveries occurred twice a week. During the deliveries, claimant would lift the boxes of merchandise off a waist-high "roller" and drop them down into a wheeled cart. On September 21, 2010, the store received a truck containing approximately 1,700 boxes of merchandise. While unloading the truck, claimant felt a shooting pain in both of her elbows and lost control of the box she was lifting at that time. The box weighed between 10 and 15 pounds, but some of the boxes respondent had lifted earlier in the day weighed as much as 25 pounds each. Although her symptoms were most severe in her elbows, claimant testified that she also felt pain below and above her elbows. After the incident, claimant went to her office to relax, hoping the pain would subside. That evening, claimant used ice and took Tylenol. Claimant reported to work the next day, but the pain became "unbearable," so she sought medical attention. Claimant also filed a "First Report of Injury" form with respondent. That document reflects that claimant sustained a strain to both elbows while lifting boxes of chemicals.

¶ 6 On September 30, 2010, claimant saw Dr. Annie Callangan. Claimant testified that she did not initially feel neck pain when she was injured. However, during the examination, Dr. Callangan "did something" on the side of claimant's neck that elicited neck pain. Dr. Callangan's office notes document "pain in the [right] shoulder and [right] side of the neck radiating to both sides of elbow and both arms." Dr. Callangan diagnosed a strain of the neck and upper bilateral back. Dr. Callangan referred claimant to physical therapy for her neck and

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issue in this appeal.

occupational therapy for her right shoulder, elbows, and forearms. Dr. Callangan also placed claimant on work restrictions.

¶ 7 On October 14, 2010, claimant attended the initial sessions of both her occupational and physical therapies. A "Hand Therapy Initial Evaluation" of that date prepared by occupational therapist Daniel Gutierrez includes the following comments:

> "Patient reports she began experiencing elbow pain on September 21, 2010. She reports that her elbow 'gave out' when performing lifting tasks. She was independent in all activities of daily living prior to onset of her condition.
>
> * * *
>
> Patient demonstrates 'twitch-like' muscle spasms in both upper extremities when gently palpating the extensor or flexor mass of either forearm. She reports experiencing these symptoms for several months. Patient reports pain and tingling sensations that radiate from her one extremity, into her neck and then traveling down to her other extremity and that this occurs on either side. Patient also reports tingling sensations around her mouth when this occurs."

During the evaluation, claimant also reported pain radiating from her right arm into her neck when performing a lateral-pinch test. In her testimony, claimant addressed the statement about symptoms having been present for "several months." According to claimant, that information was inaccurate, and she did not know why the record would reflect that. Claimant testified that, prior to September 21, 2010, she never had any problems with her neck, right shoulder, or elbows.

¶ 8 A "Therapy Initial Evaluation" of October 14, 2010, was prepared by physical therapist Jeannie Hopf. It reads in relevant part as follows:

"Patient states that on September 21, 2010 she was taking things off of a truck at work and putting them into the store when she felt like her elbows gave out, which caused strain on her shoulders and neck. Patient states the pain she immediately felt began in the elbow, but then went down to her shoulders and neck. Patient states the pain is worse in the right shoulder and neck than the left. *** Patient states she has had no neck problems in the past, nor has she experienced any sort of accident while at work. *** Patient states she does have feelings of muscles jumping at various times, particularly when she is touching the right side of her neck. Patient states she is able to fall sleep [*sic*], however, states she is woken up every 1-1/2 to 2 hours secondary to pain in the right shoulder, neck, and elbow.

* * *

Premorbid Functional Level: Patient able [*sic*] to complete all activities of daily living independently, as well as work full time and full duty without complaints of pain and/or discomfort.

* * *

Assessment: Patient is a 45 year old female reporting to physical therapy with complaints of bilateral shoulder pain, as well as cervical pain. *** Patient [] demonstrates decreased cervical range of motion with pain noted at end range."

Hopf prescribed several exercises for the cervical spine. Subsequent physical-therapy sessions included heat treatments to the cervical spine.

¶ 9 Claimant testified that the therapy was causing her neck pain to worsen. Dr. Callangan sent her for an MRI on her right shoulder and referred her to a shoulder specialist, Dr. Steven Sclamberg. The MRI showed a tear of the supraspinatus with impingement and tendinitis.

Claimant first consulted Dr. Sclamberg on October 21, 2010. In the history provided to Dr. Sclamberg's office, claimant wrote that she was seeking treatment for her "elbow [and] sholder neck [*sic*]" and that her symptoms began on September 21, 2010. Dr. Sclamberg's office note states that claimant's past medical history is significant for hypertension and neck problems. Based on his examination and the results of the MRI, Dr. Sclamberg diagnosed a right rotator cuff tear. He administered an injection of Lidocaine and Kenalog to claimant's shoulders, imposed work restrictions, and instructed claimant to continue physical therapy.

¶ 10 Claimant followed up with Dr. Sclamberg on November 8, 2010. At that time, Dr. Sclamberg noted that claimant was experiencing neck pain in addition to pain in her right shoulder. Dr. Sclamberg scheduled surgery to repair the right rotator cuff. He also documented "cervical spondylosis with pain." Prior to November 8, 2010, claimant continued to work with restrictions. However, Dr. Sclamberg instructed claimant to remain off work until after the shoulder surgery, which took place on November 19, 2010.

¶ 11 Following shoulder surgery, claimant underwent physical therapy at AthletiCo. AthletiCo's records of claimant's post-surgical physical therapy include multiple references to complaints involving the neck, and claimant testified that her neck pain worsened following the shoulder surgery. Claimant followed up with Dr. Sclamberg multiple times after the surgery, with continued complaints of neck pain. Dr. Sclamberg instructed claimant to remain off work through March 2011 due to the rotator-cuff surgery and "[c]ervical radiculopathy." When Dr. Sclamberg released claimant to work, it was with restrictions.

¶ 12 On March 8, 2011, claimant saw Dr. Leonard Kranzler, a board-certified neurosurgeon, for her neck symptoms. Dr. Kranzler gave an evidence deposition, and his medical records are part of the record. At the initial visit, Dr. Kranzler took a history from claimant, which included

her September 21, 2010, work injury. Claimant reported pain in the neck, head, bilateral shoulders, bilateral elbows, and bilateral arms. Upon examination, claimant demonstrated a limited range of motion in the neck. The physical findings were "definitely abnormal and of concern" to Dr. Kranzler. Dr. Kranzler's preliminary diagnosis was cervical radiculopathy, which is an irritation at the root of one of the nerves originating in the cervical spine.

¶ 13 Dr. Kranzler ordered a test known as a dermatomal somatosensory evoked potential (DSSEP), which is designed to identify conduction delays in the nerves. Dr. Kranzler explained that, based on claimant's symptoms, the DSSEP was more appropriate than the more mainstream EMG test. An EMG will typically be abnormal only if there is atrophy or weakness in the nerves. The DSSEP, in contrast, will identify nerve compressions and irritations that are sufficient to produce pain, numbness and tingling even if there is no atrophy. According to Dr. Kranzler, the DSSEP is an entirely objective test. Dr. Kranzler testified that the results of claimant's DSSEP test indicated a conduction delay of the C7 nerve, at the C6-C7 level of the cervical spine. The delay was present on both sides, but greater on the right side than on the left, which was consistent with claimant's indication that the pain was worse on the right. These results corroborated Dr. Kranzler's preliminary diagnosis of cervical radiculopathy.

¶ 14 On March 17, 2011, Dr. Kranzler recommended a home traction unit and advised claimant to discontinue its use if it caused her further pain. Dr. Kranzler explained that he prefers home therapy over supervised physical therapy because it gives the patient many more sessions over the typical course of treatment (three weeks) and it has about a 70% success rate. On April 12, 2011, claimant's next office visit, claimant told Dr. Kranzler that she had used the unit for three weeks with six pounds of weight. Dr. Kranzler characterized this as "a very reasonable amount" of weight. Nevertheless, claimant reported that its use had caused additional

pain. The traction having failed to relieve claimant's symptoms, Dr. Kranzler scheduled an MRI of the cervical spine. He also advised claimant that, pending the results of the MRI, he might recommend an anterior cervical decompression surgery.

¶ 15 The MRI ordered by Dr. Kranzler revealed a loss of the lordotic curve of the cervical spine, which is considered to be a sign of pain. The MRI also showed some arthritic changes and abnormalities at the C6-C7 level. On May 19, 2011, after reviewing the MRI results, Dr. Kranzler recommended surgery, a single-level anterior cervical decompression and fusion with instrumentation. According to Dr. Kranzler, this is a very common procedure with a high success rate. Dr. Kranzler explained that he did not believe that any additional conservative care would be beneficial given the passage of time. Dr. Kranzler also explained that, as a general rule, he does not recommend epidural steroid injections for cervical radiculopathy because they are not "definitive treatments in most cases" and they are "painful and expensive." Dr. Kranzler also noted that claimant had undergone injections for her shoulder and they had not proven effective for her.

¶ 16 Dr. Kranzler also commented upon the reference in Gutierrez's initial hand-therapy evaluation that claimant had been experiencing symptoms for several months prior to October 14, 2010. According to Dr. Kranzler, this remark was a typographical error or a mistake. He pointed out that an onset date of September 21, 2010, is corroborated by multiple other documents. He added that, even if claimant had these symptoms for several months prior to September 21, 2010, those symptoms were mild in comparison to the symptoms occurring after the aggravating activities of the date of the work accident.

¶ 17 At respondent's request, claimant was examined by Dr. Wellington Hsu, a spine surgeon, on July 11, 2011. Dr. Hsu testified by evidence deposition that his physical examination

revealed a "mildly limited" range of motion in claimant's cervical spine and that range of motion is at least partially an objective test. In Dr. Hsu's opinion, claimant was not a candidate for surgery at the time he examined her. Nevertheless, he acknowledged that the findings on claimant's MRI were "likely to get worse" over time. Dr. Hsu also opined that claimant's neck condition was not related to the September 2010 work accident. According to Dr. Hsu, there was no evidence of any neck pain noted in the medical records until February 2011. At his deposition, Dr. Hsu modified this statement, indicating that there were no complaints of neck pain "formally to a medical professional" until February 2011, or about four months after the accident. In Dr. Hsu's opinion, claimant suffered from cervical spondylosis, but that it was a pre-existing, genetic-related condition, and the work injury did not aggravate it. Further, Dr. Hsu did not believe that claimant was a candidate for a neck fusion because "a fusion for neck pain is not met with very good success or a very high success rate." If claimant had symptoms in addition to pain, such as spinal-cord compression or a frank disc herniation that caused a focal radiculopathy, Dr. Hsu would reconsider the need for a fusion. On cross-examination, however, Dr. Hsu recognized that cervical radiculopathy is an indicator for spinal fusion.

¶ 18 Dr. Kranzler commented on Dr. Hsu's findings in his deposition testimony. Dr. Kranzler agreed with Dr. Hsu that the arthritic changes seen on claimant's MRI were present before the work incident. However, he did not agree with Dr. Hsu that claimant's condition of neck and right arm pain was unrelated to that incident. In this regard, Dr. Kranzler found no indication that claimant had any cervical symptoms until after September 21, 2010, and noted that, prior to September 21, 2010, claimant never had to miss work or seek medical treatment for anything related to her neck. Moreover, Dr. Kranzler testified that claimant's neck symptoms were consistent with the type of lifting she described having done at work that day. Dr. Kranzler also

rejected Dr. Hsu's statement that there was no evidence of neck pain until February 2011. He pointed to several medical records from September and October 2010 that mentioned neck symptoms and a diagnosis of a neck strain. Dr. Kranzler opined, to a reasonable degree of medical and surgical certainty, that claimant's neck condition is related to the incident she described as having occurred on September 21, 2010.

¶ 19 Claimant testified that she continues to experience severe pain, and, since returning to work in July 2011, still has lifting restrictions. She stated that prior to September 21, 2010, she had never suffered an injury to her neck or sought treatment for any neck complaints. Claimant would like to undergo the surgery recommended by Dr. Kranzler so that she can "get [her] life back." Claimant also commented on the nature of her consultation with Dr. Hsu. According to claimant, Dr. Hsu did not conduct a physical examination when she saw him. Instead, he examined some diagnostic films she brought with her and then told her she had a genetic disease.

¶ 20 Based on the foregoing evidence, the arbitrator determined that claimant sustained her burden of establishing a causal connection between her cervical condition and her employment. Because claimant filed two applications for adjustment of claim, alleging two theories of causation for the same injuries, the arbitrator issued two decisions. Of the two theories claimant raised, the arbitrator concluded that claimant's injuries were the result of a discrete accident and not repetitive trauma. In addition, the arbitrator ordered respondent to authorize the surgical procedure recommended by Dr. Kranzler. The Commission affirmed and adopted the decision of the arbitrator and remanded the cause for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980). On judicial review, the circuit court of Cook County confirmed the decision of the Commission. This appeal by respondent ensued.

¶ 21 II. ANALYSIS

¶ 22 A. Causation

¶ 23 On appeal, respondent initially argues that the Commission erred in finding a causal connection between claimant's cervical complaints and the work accident of September 21, 2010. An employee seeking benefits under the Act has the burden of proving all elements of his or her claim. *Beattie v. Industrial Comm'n*, 276 Ill. App. 3d 446, 449 (1995). Among other things, the employee must establish 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). A work-related injury need not be the sole or principal causative factor, as long as it was *a* causative factor in the resulting condition of ill-being. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 205 (1993). Accordingly, a compensable injury may be found upon showing that an employee suffered from a preexisting condition that was aggravated or accelerated by the employment. *Sisbro, Inc.*, 207 Ill. 2d at 204-05. Additionally, a causal connection can be established by circumstantial evidence. *International Harvester v. Industrial Comm'n*, 93 Ill. 2d 59, 63-64 (1982). Thus, for instance, a chain of events that demonstrates a previous condition of good health, an accident, and a subsequent injury resulting in disability, may prove a causal nexus between a work accident and an employee's condition of ill-being. *International Harvester*, 93 Ill. 2d at 63-64.

¶ 24 Causation presents an issue of fact. *Bernardoni v. Industrial Comm'n*, 362 Ill. App. 3d 582, 597 (2005); *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 293 (1992). In resolving factual matters, it is within the province of the Commission to assess the credibility of the 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). A reviewing court may not substitute its judgment

for that of the Commission on such issues merely because other inferences from the evidence may be drawn. *Berry v. Industrial Comm'n*, 99 Ill. 2d 401, 407 (1984). We review the Commission's factual determinations under the manifest-weight-of-the-evidence standard. *Orsini v. Industrial Comm'n*, 117 Ill. 2d 38, 44 (1987). Thus, we will overturn the Commission's causation finding only if an opposite conclusion is clearly apparent. *Compass Group v. Illinois Workers' Compensation Comm'n,* 2014 IL App (2d) 121283WC, ¶ 18.

¶ 25 In the present case there is ample evidence to support the Commission's finding that claimant's cervical condition is causally related to the work accident of September 21, 2010. The record shows that prior to the work accident, claimant worked full duty and was capable of completing all activities of daily living independently. Moreover, claimant testified that prior to September 21, 2010, she experienced no neck pain or other neck-related symptoms. The accident at issue occurred on September 21, 2010, while claimant was unloading a truck at work. Claimant related that while lifting a box weighing between 10 and 15 pounds, her elbows gave out, causing her to drop the box she was lifting. Claimant immediately felt pain in both arms. As documented by physical therapist Hopf, the incident also caused strain on claimant's shoulders and neck, and, within days of the accident, claimant reported pain in her neck. At the arbitration hearing, claimant testified that she continued to experience cervical pain. As the foregoing establishes, prior to September 21, 2010, claimant did not have any cervical pain. Following the work accident, however, claimant began experiencing symptoms involving her neck that persisted to the date of the arbitration hearing. This evidence adequately supports the Commission's decision that claimant's cervical condition of ill-being is causally related to her work accident of September 21, 2010.

¶ 26 The medical evidence, while conflicting, also supports a finding of causation. Dr. Kranzler diagnosed a cervical radiculopathy and opined that claimant's neck condition is related to the incident she described as having occurred on September 21, 2010. Dr. Hsu disagreed that claimant's symptoms were related to the event at work. He opined that claimant's cervical complaints were the result of a pre-existing, genetic-related condition, and that her condition was not aggravated by the work accident. Dr. Hsu's opinion was based, in part, on the lack of any "formal" evidence of neck pain noted in claimant's medical records prior to February 2011. Although Dr. Kranzler agreed that the arthritic changes seen on claimant's MRI were present before the work accident, he noted that there was no indication of any symptoms related to the pre-existing condition prior to September 21, 2010. Moreover, Dr. Kranzler disputed Dr. Hsu's finding of no formal evidence of neck pain until February 2011, citing several medical records in September and October 2010. Dr. Kranzler added that even if claimant had symptoms for several months prior to September 21, 2010, they were mild in comparison to the symptoms occurring after the aggravating activities of the date of the work accident. As in any case, it was for the Commission to weigh the conflicting medical evidence and resolve those factual issues. *Hosteny*, 397 Ill. App. 3d at 674. The Commission resolved the conflict in claimant's favor. Based on our review of the record, we cannot say the Commission's finding is against the manifest weight of the evidence. Quite simply, the basis for Dr. Hsu's causation opinion, *i.e.*, that the record lacks evidence that claimant complained of neck pain prior to February 2011, is not supported by the record.

¶ 27 Respondent attacks the Commission's finding of causation on two principal grounds. Respondent's first argument concerns the two theories of causation (discrete accident and repetitive trauma) raised by claimant in her two applications for adjustment of claim.

Respondent insists that the Commission, in adopting the decisions of the arbitrator, did not specify the theory under which it made its causation finding. However, the record clearly demonstrates that the arbitrator rejected claimant's repetitive-trauma theory and found that claimant's injuries were the result of a discrete accident. The arbitrator stated that "this was a discrete accident" and found that "[claimant's] theory of repetitive trauma is moot." Accordingly, respondent's complaint finds no basis in the record.

¶ 28 Respondent also emphasizes that the October 14, 2010, occupational therapy report prepared by Gutierrez documents muscle spasms in defendant's forearms for "several months." However, claimant denied telling Gutierrez that her symptoms had been present for several months. More important, Gutierrez was not treating claimant's neck. Rather, claimant was referred to Gutierrez for treatment of her right shoulder, elbows, and forearms. In addition, claimant saw physical therapist Hopf for the treatment of her cervical complaints. Hopf's initial evaluation, which was also prepared on October 14, 2010, indicates that claimant reported no neck problems in the past and that she had been able to complete all daily living activities and work duties without pain or discomfort. Hopf further noted that on September 21, 2010, while lifting at work, claimant's elbows gave out, causing strain on her shoulders and neck. Since Hopf was treating claimant's neck, the Commission could have reasonably placed more weight on her evaluation than that of Gutierrez.

¶ 29 B. Medical Expenses

¶ 30 Next, respondent challenges the Commission's award of prospective medical expenses. Section 8(a) of the Act (820 ILCS 305/8(a) (West 2010)) governs medical care. That provision states in relevant part:

> "The employer shall provide and pay * * * all the necessary first aid, medical and surgical services, and all necessary medical, surgical and hospital services thereafter incurred, limited, however, to that which is reasonably required to cure or relieve from the effects of the accidental injury." 820 ILCS 305/8(a) (West 2010).

Specific procedures or treatments that have been prescribed by a medical service provider are "incurred" within the meaning of section 8(a) even if they have not been performed or paid for. *Bennett Auto Rebuilders v. Industrial Comm'n*, 306 Ill. App. 3d 650, 655 (1999). The claimant bears the burden of proving, by a preponderance of the evidence, his or her entitlement to an award of medical care under section 8(a). *Westin Hotel v. Industrial Comm'n*, 372 Ill. App. 3d 527, 546 (2007). Questions regarding entitlement to prospective medical care under section 8(a) are factual inquiries for the Commission to resolve. *Dye v. Illinois Workers' Compensation Comm'n*, 2012 IL App (3d) 110907WC, ¶ 10. The Commission's decisions on factual matters will not be disturbed on appeal unless they are against the manifest weight of the evidence. *Dye*, 2012 IL App (3d) 110907WC, ¶ 10. As noted above, a decision is against the manifest weight of the evidence only if the opposite conclusion is clearly apparent. *Compass Group*, 2014 IL App (2d) 121283WC, ¶ 18.

¶ 31 Here, the Commission was presented with conflicting medical opinions as to the necessity of surgery for claimant's condition. Dr. Kranzler diagnosed cervical radiculopathy and recommended an anterior cervical decompression and fusion. Dr. Hsu, in contrast, opined that claimant was not a surgical candidate. The Commission adopted the recommendation of Dr. Kranzler and ordered respondent to authorize surgery. Respondent criticizes Dr. Kranzler's recommendation primarily on the ground that additional conservative modalities of treatment should be tried first. However, Dr. Kranzler noted that several conservative treatments were

attempted, unsuccessfully, and he opined that additional conservative therapies would not be beneficial. He noted, for instance, that claimant was still symptomatic more than four months after the work accident. Thus, the passage of time had not helped. Moreover, claimant had undergone physical therapy sessions for her neck symptoms prior to seeing Dr. Kranzler, and that treatment had not proven to be effective. Claimant also used a home traction unit. Contrary to respondent's characterization that claimant "gave up after a few tries," the record shows that claimant used the traction unit for a period of three-weeks using a weight that Dr. Kranzler deemed "very reasonable." Nevertheless, claimant reported that this treatment only increased her pain, and Dr. Kranzler testified that when increased pain results from home traction, he instructs his patients to discontinue the therapy. Finally, while claimant did not undergo steroid injections for her neck symptoms, Dr. Kranzler explained that he opted not to pursue that course of treatment because it is not "definitive" for cervical radiculopathy and it is costly. He also pointed out that a similar modality was unsuccessful in treating claimant's shoulder problems. Given this course of unsuccessful conservative treatment, coupled with the results of the MRI and the DSSEP test, Dr. Kranzler recommended surgery. In fact, Dr. Hsu agreed that cervical radiculopathy—the condition diagnosed by Dr. Kranzler—was an indicator for surgery. In light of the foregoing evidence, we cannot say that the Commission's award of the surgery suggested by Dr. Kranzler is against the manifest weight of the evidence.

¶ 32 III. CONCLUSION

¶ 33 For the reasons set forth above, we affirm the judgment of the circuit court of Cook County, which confirmed the decision of the Commission. This cause is remanded to the Commission for further proceedings pursuant to *Thomas*, 78 Ill. 2d 327.

¶ 34 Affirmed and remanded.