

2015 IL App (2d) 140724WC-U

No. 2-14-0724WC

Order filed September 24, 2015

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IN THE
APPELLATE COURT OF ILLINOIS
SECOND DISTRICT
WORKERS' COMPENSATION COMMISSION DIVISION

PATRICK STORBERG,)	Appeal from the
)	Circuit Court of
)	Lake County.
Appellant,)	
)	
v.)	No. 13 MR 1648
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	
)	Honorable
)	Jorge L. Ortiz,
(Village of Lake Zurich, Appellee).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* The Commission's decision denying the claimant temporary total disability benefits and medical treatment after December 9, 2010, was not against the manifest weight of the evidence where medical evidence was presented that the claimant had reached maximum medical improvement as of that date

and that his subjective complaints were inconsistent with any objective findings.

¶ 2 The claimant, Patrick Storberg, filed an application for adjustment of claim against his employer, the Village of Lake Zurich, seeking workers' compensation benefits for a low back injury arising from a work accident on February 22, 2010. The claim proceeded to an expedited arbitration hearing under section 19(b) of the Workers' Compensation Act (the Act) (820 ILCS 305/1 *et seq.* (West 2010)). The arbitrator found that the claimant sustained an injury to his low back that arose out of and in the course of his employment. He further found that the claimant was temporarily totally disabled from April 29 to December 9, 2010. The arbitrator found that the claimant reached maximum medical improvement on November 5, 2010, and that his current condition of ill-being was not related to his work injury. He found that the employer provided all necessary medical services up to November 5, 2010, and that it was not liable for any medical bills after that date.

¶ 3 The claimant appealed to the Illinois Workers' Compensation Commission (Commission). The Commission affirmed and adopted the arbitrator's decision. The claimant filed a timely petition for review in the circuit court of Lake County, which confirmed the Commission's decision. The claimant appeals.

¶ 4 **BACKGROUND**

¶ 5 The following factual recitation is taken from the evidence presented at the arbitration hearing conducted on March 19, 2012.

¶ 6 The parties stipulated and agreed that on February 22, 2010, the claimant sustained accidental injuries arising out of and in the course of his employment for the employer. The claimant testified that he worked for the employer as a water operator in the water and sewer department. His water and sewer maintenance duties in the Village of Lake Zurich included repairing water main breaks and maintaining sewers, lift stations, pumps, and motors.

¶ 7 The claimant testified that on February 22, 2010, the employer directed him and a co-worker to replace a failed well pump. They drove to a well house to pick up a replacement pump and motor. The claimant and his co-worker lifted the replacement pump and motor into the back of a pick-up truck and drove to the site of the broken pump. The claimant testified that upon arriving at the jobsite, he lifted the pump, which weighed approximately 120 pounds, to pull it out of the truck bed and felt pain down his back. He immediately dropped the pump. The claimant and his co-worker inspected the malfunctioning pump to determine if it could be repaired without being replaced. Upon determining that repairing the pump was not feasible, they returned to the shop, and the claimant reported the accident to his supervisor. The claimant completed an incident report. In the report, the claimant wrote that the accident occurred "while lifting a small approx. 10 lb. pump out of the back of the truck."

¶ 8 The claimant testified that he continued to experience low back pain the next day. His supervisor directed him to seek medical treatment at Good Shepherd Advocate Occupational Health Clinic. The medical record from that date shows that the claimant complained of low back pain with occasional numbness and tingling sensations on both

lower extremities down to the toes. The claimant was diagnosed with low back pain/low back strain. He was placed on light-duty restrictions.

¶ 9 The claimant was seen again at Good Shepherd Advocate Occupational Health Clinic on March 9, 2010. He reported moderate low back pain that he felt was improving. He was given a home exercise program and referred to physical therapy. The claimant continued light-duty work.

¶ 10 The claimant reported back to Good Shepherd Advocate Occupational Health Clinic on March 18, 2010. He had completed his first session of physical therapy the previous day and felt that his pain had increased. He complained of constant burning and aching pain in his low back accompanied by numbness in his right toes. He was ordered to continue with restricted duty, physical therapy, and medications.

¶ 11 On March 23, 2010, the claimant returned to Good Shepherd Advocate Occupational Health Clinic. He reported severe pain in his low back accompanied by right foot numbness and tingling from the metatarsals distally. He also reported experiencing occasional loss of bladder control. Due to the claimant's neurologic/urologic symptoms he was sent for an immediate magnetic resonance imaging (MRI) scan of his lumbar spine. Dr. Suryaprak Nadimpalli wrote in his report that the MRI scan was essentially a "normal survey." He noted that the claimant had a minimal central posterior bulge/protrusion at L4-L5 and L5-S1 discs, and minimal foraminal bulging of L3-L4, L4-L5, and L5-S1 bilaterally. He also had a small annular fissure in the posterior aspect at L4-L5.

¶ 12 On March 26, 2010, the claimant was examined by Dr. Harpreet Basran at McHenry County Orthopedics. The claimant advised Dr. Basran that he injured his back lifting a 20-pound pump out of a truck. Dr. Basran wrote in his patient notes that a review of the claimant's MRI scan showed disc bulging and protrusion at the L4-L5 and L5-S1 levels, with some impingement at the L4-L5 level. He diagnosed the claimant with a lumbar strain with disc bulging and recommended that he proceed with a surgical spine evaluation. He referred the claimant to Dr. Kanu Panchal, a board certified neurosurgeon.

¶ 13 On April 12, 2010, Dr. Panchal examined the claimant. Dr. Panchal diagnosed the claimant with lumbar radiculopathy and bulging disc at L4-L5. The claimant was continued on light-duty work and told to continue physical therapy.

¶ 14 The claimant followed up with Dr. Panchal on April 28, 2010. He complained of severe back pain and pain in the right foot. Dr. Panchal recommended a lumbar epidural steroid injection and restricted the claimant from all work activities. The parties agreed and stipulated that the employer began paying temporary total disability payments on April 29, 2010.

¶ 15 The claimant continued his physical therapy and followed up with Dr. Panchal on May 13, 2010. Dr. Panchal continued to recommend a lumbar epidural steroid injection, continued the claimant's prescription for physical therapy, and continued the claimant off work.

¶ 16 The claimant elected to obtain a second opinion from Dr. Adeel Ahmad, a board certified physical medicine and rehabilitation specialist. Dr. Ahmad examined the

claimant on May 28, 2010. In his patient notes, Dr. Ahmad wrote that on February 22, 2010, the claimant injured his back lifting a 25-pound motor from a truck at work. The claimant complained of worsening pain with prolonged standing or sitting and reported right great toe numbness and left anterior leg numbness below the knee and dorsum of the left foot. He reported some improvement with physical therapy. Dr. Ahmad reviewed the claimant's MRI scan and noted an L4-L5 central posterior disc bulge and annular fissure, an L5-S1 posterior central bulge, and facet arthropathy at the lower lumbar levels. Dr. Ahmad testified by evidence deposition that he felt the claimant had lumbar spine pain related to the L4-L5 annular tear and a component of lumbar radiculopathy and facet arthropathy. He prescribed medication, additional physical therapy, and a bilateral L4 transforaminal epidural steroid injection.

¶ 17 The claimant received the injection on June 22, 2010. He followed up with Dr. Ahmad on July 7, 2010. In his patient notes, Dr. Ahmad reported that the claimant's pain did not improve following the bilateral L4 transforaminal epidural steroid injection. Dr. Ahmad diagnosed the claimant with an L4-L5 annular tear, lumbar radiculopathy, and facet arthropathy. Dr. Ahmad testified that the fact that the claimant did not experience any noticeable relief from the injection made the specific etiology of his pain uncertain. He ordered an EMG to see if there was electrodiagnostic evidence of a lumbar radiculopathy and if so at what level it was located. The claimant continued physical therapy.

¶ 18 On August 11, 2010, the claimant underwent the EMG. Dr. Bharathi Swaminathan wrote in his report that it was a "normal nerve conduction stud[y] and

needle emg of the lower extremities." He further noted that there was "[n]o evidence of active lumbrosacral radiculopathy, bilaterally."

¶ 19 Dr. Ahmad examined the claimant on August 24, 2010. He testified that the EMG did not confirm a radiculopathy. Dr. Ahmad opined that the claimant's pain was related to his L4-L5 annular tear and/or facet arthropathy. He recommended continuing medication and physical therapy. He also recommended a facet injection and repeating the lumbar epidural injection.

¶ 20 Dr. Ahmad examined the claimant on September 28, 2010. The claimant reported some relief from physical therapy but complained that some exercises aggravated his symptoms. Dr. Ahmad recommended a right L4-L5, L5-S1 facet joint injection, along with a right sacroiliac joint injection. Dr. Ahmad testified that he recommended the injections because he felt the axial location of the claimant's pain, as well as the pain with extension and rotation, indicated that the claimant might have some sort of facet generated joint pain. He continued the claimant's medication, physical therapy, and work restrictions.

¶ 21 Orthopedic spine surgeon Dr. Jesse Butler testified that, at the employer's request, he performed an independent medical evaluation of the claimant on October 28, 2010. He reviewed the claimant's prior medical records, his March 23, 2010, MRI scan, and the August 11, 2010, EMG report. Based on the results of the MRI scan, he found that there was a slight tear in the annulus at L4-L5, and he opined that the films were essentially normal. Based on his review of the EMG, he felt it was normal and indicated that there was no detectable abnormality of the lumbar nerve roots consistent with a radiculopathy.

He opined that the fact that the claimant reported no improvement in pain following injection therapy indicated that there was no compression of the nerve and no actual abnormality of the nerve. Dr. Butler averred that the level of pain the claimant reported during his examination did not correlate with the objective findings on the MRI scan. Dr. Butler performed a sensory examination involving light touch with palpation of the left leg. The claimant reported sensory loss extending across the L3, L4, L5, and S1 dermatomes. Dr. Butler opined that, anatomically, the claimant's claim made no sense. He commented that even if you gave the claimant "the benefit of the doubt that with this slight tear that you saw at L4-5, there could be, you know, some potential nerve irritation, the degree of numbness that he described was beyond what's anatomically explicable." Based on his examination of the claimant and a review of the medical records, Dr. Butler diagnosed, to a reasonable degree of medical and surgical certainty, the claimant with a mild lumbar sprain. He found that, to a reasonable degree of medical and surgical certainty, the claimant's condition as of his examination on October 28, 2010, was not causally related to the claimant's accident on February 22, 2010. He averred that the claimant "appears to be with findings consistent with symptom magnification and subjective complaints that were inconsistent with any objective findings." He felt that the claimant did not need any further medical treatment as a result of his current lumbar spine condition. He further opined that the claimant could return to full-duty work and that he had reached maximum medical improvement. Dr. Butler agreed that the treatment the claimant had until his examination on October 28, 2010, was reasonable and necessary.

¶ 22 Dr. Ahmad examined the claimant on January 7, 2011. He continued to recommend facet joint and sacroiliac joint injections. He also recommended work conditioning and a functional capacity evaluation. He continued to restrict the claimant from work.

¶ 23 On February 16, 2011, the claimant underwent a functional capacity evaluation. The evaluation showed the claimant's functional capabilities were at the light to medium physical demand level with occasional lifting of 39 pounds and frequent lifting of 17 pounds. Based on the results of the evaluation, the claimant could not return to regular-duty work. The assessor recommended that the claimant participate in a work-conditioning/hardening program.

¶ 24 Dr. Butler testified that he reviewed the claimant's functional capacity evaluation. In his addendum to his independent medical report, he wrote that he could not dispute the results of the functional capacity evaluation as it appeared to have been appropriately performed. He stated that the functional capacity evaluation was not medically necessary as it related to the claimant's February 22, 2010, work injury. He noted that "[a]n issue the [functional capacity evaluation] does not address is whether the patient's fitness would yield these responses absent the remote history of a 'workplace injury'." He opined that, to a reasonable degree of medical and surgical certainty, the causal basis for the findings of the functional capacity evaluation and the claimant's current condition of ill-being were most likely the result of his morbid obesity and overall physical deconditioning. He opined that he thought the claimant "would have done very poorly on

[a functional capacity evaluation], even absent any injury because he gave [him] the general impression that he was not - - not in very good physical shape."

¶ 25 Dr. Butler wrote that the "findings of the functional capacity evaluation from February 16, 2011, are not related to the work accident of February 22, 2010." He further opined that the mechanism of the claimant's injury did not correlate with the radiographic findings or the strong subjective complaints noted on the physical examination. He felt that the mechanism of the claimant's injury did not match the multitude of pain behaviors he demonstrated. He stated that the review of the functional capacity evaluation did not change his opinion as outlined in his report of the October 8, 2010, independent medical evaluation.

¶ 26 On March 10, 2011, Dr. Ahmad examined the claimant for increased pain following the functional capacity evaluation. Dr. Ahmad recommended continued work restrictions consistent with his functional capacity evaluation and noted that the claimant should start a work-conditioning program, use pain medication, and return to the clinic in six to eight weeks.

¶ 27 Dr. Ahmad testified that when the claimant lifted a 25 pound motor it could have exacerbated an underlying condition or caused the claimant's lumbar spine condition. He further opined that the claimant's medical treatment up to the date of the examination was reasonable and necessary. Dr. Ahmad testified that he continued to believe that the claimant's pain was related to the L4-L5 annular tear, radiculopathy, or facet medial joint pain. He opined that the claimant's complaints of numbness were consistent with an L4, L5, and/or possibly a S1 distribution. He also noted that the claimant's annular fissure

could place increased stress on his facet joints. He recommended continuing medications, work conditioning, a right L4-L5, L5-S1 facet injection, and a right sacroiliac joint injection. He noted that the claimant may require further testing or procedures to elucidate the cause of his pain. Dr. Ahmad opined that, to a reasonable degree of medical certainty, the claimant's February 22, 2010, work accident could have exacerbated an underlying condition, if not caused it entirely. Dr. Ahmad felt that the claimant's need for treatment was the result of his work accident.

¶ 28 Dr. Butler testified that, based on his examination of the claimant, the claimant did not have facet-mediated joint pain because his complaints were very poorly localized, and the neurologic complaints he had in the legs did not make anatomic sense and were not consistent with an individual with facet disease. He described facet-mediated pain as "one of those garbage can terms for nonspecific lower back pain." Dr. Butler opined that an individual cannot have facet-mediated joint pain and have a normal MRI scan. He further stated that facet hypertrophy would not be an abnormal finding in a man of the claimant's age, height, and weight. He stated that in a man of the claimant's height and weight he would expect to see significant stress of the facet joints but that the MRI scan did not show any significant structural abnormalities to indicate that those joints were worn out. He stated that even though the claimant had an annular fissure, his discs were at essentially normal height. He further opined that facet injections would not be of any diagnostic significance because the claimant's facet joints were normal on the MRI scan, his pain complaints were above and beyond what one would consider to be facet-

mediated, and even if the claimant had some steroid effect and subjective relief from that type of injection, the injection would only provide very temporary relief.

¶ 29 The arbitrator found that the claimant's testimony that the pump weighed 120 pounds was not credible, and he did not place any weight on it. He found that the testimony was speculative and did not correlate to the information the claimant provided in medical reports or the incident report.

¶ 30 The arbitrator found that the claimant's current condition of ill-being was not causally related to the February 22, 2010, work injury. He placed greater weight on the independent medical evaluation and testimony of Dr. Butler than the opinion of Dr. Ahmad. The arbitrator noted that Dr. Ahmad's records indicated that the claimant underwent an MRI scan, which Dr. Butler read to be essentially normal. He also underwent an EMG, which did not show any radicular symptoms and was essentially normal. The arbitrator found that the claimant sustained a lumbar strain, which had resolved at the time of Dr. Butler's independent medical evaluation, and that his current condition of ill-being was not related to the claimant's accident.

¶ 31 The arbitrator noted that Dr. Butler released the claimant to work regular duty as of November 5, 2010, the date of the independent medical evaluation report, but that the temporary total disability benefits were payable to the claimant until December 9, 2010, pursuant to a stipulation of the parties. He found that the claimant was at maximum medical improvement as of November 5, 2010. The arbitrator agreed with Dr. Butler's opinion that the claimant's current condition of ill-being as documented on the functional

capacity evaluation of February 11, 2011, was the result of his physical condition and deconditioning, which were not causally related to his February 22, 2010, work accident.

¶ 32 The arbitrator held that the employer provided all necessary medical services up to Dr. Butler's independent medical evaluation. The arbitrator found that, because the claimant was at maximum medical improvement as of November 5, 2010, the employer was not liable for charges after this date including the bill for the functional capacity evaluation and Dr. Ahmad's 2011 medical bills.

¶ 33 The arbitrator found that the employer had provided all necessary and related temporary total disability benefits from April 29 to December 9, 2010. The arbitrator found Dr. Butler credible. Based on Dr. Butler's opinion that the claimant suffered a mild sprain/strain of his lumbar spine and should have been able to return to work on November 5, 2010, the arbitrator found that the claimant was not entitled to any further temporary total disability benefits.

¶ 34 The arbitrator further found that the claimant failed to prove entitlement to prospective medical benefits. He relied on Dr. Butler's independent medical evaluation indicating that the claimant was at maximum medical improvement on November 5, 2010. The arbitrator found that Dr. Butler's opinion was based on the objective medical evidence in his review of the MRI scan and the EMG reports, whereas Dr. Ahmad's diagnosis was based on the claimant's subjective complaints that did not correlate with any objective medical testing. The arbitrator found that the claimant did not prove entitlement to any further or prospective medical treatment as recommended by Dr. Ahmad.

¶ 35 The claimant sought review of this decision before the Commission. The Commission affirmed and adopted the arbitrator's decision. The claimant sought judicial review of the Commission's decision in the circuit court of Lake County. The circuit court confirmed the Commission's decision. The claimant appealed.

¶ 36 **ANALYSIS**

¶ 37 The claimant argues that the Commission's decision denying him temporary total disability benefits and medical treatment after December 9, 2010, was against the manifest weight of the evidence.

¶ 38 To be entitled to temporary total disability benefits, a claimant must show not only that he did not work, but that he was unable to work, and the duration for which he was unable to work. *Cropmate Co. v. Industrial Comm'n*, 313 Ill. App. 3d 290, 296, 728 N.E.2d 841, 845 (2000). It is the province of the Commission to determine whether a claimant was unable to work and the duration for which he was unable to work, and its determination will not be set aside on review unless it is against the manifest weight of the evidence. *Id.*, 728 N.E.2d at 845-46. Fact determinations are against the manifest weight of the evidence only where an opposite conclusion is clearly apparent. *Durand v. Industrial Comm'n*, 224 Ill. 2d 53, 64, 862 N.E.2d 918, 924 (2006). "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." *Id.* When reviewing a decision of the Commission, the relevant test is whether there is sufficient evidence in the record to support the decision. *Interstate Scaffolding, Inc. v.*

Illinois Workers' Compensation Comm'n, 236 Ill. 2d 132, 142-43, 923 N.E.2d 266, 272 (2010).

¶ 39 Temporary total disability benefits are awarded from the date when an employee is incapacitated by the injury until he has recovered as much as the character of the injury will permit. *Mechanical Devices v. Industrial Comm'n*, 344 Ill. App. 3d 752, 760, 800 N.E.2d 819, 826 (2003). When a claimant seeks temporary total disability benefits, the dispositive inquiry is whether the claimant's condition has stabilized, that is, whether the claimant has reached maximum medical improvement. *Interstate Scaffolding, Inc.*, 236 Ill. 2d at 142, 923 N.E.2d at 271. Once an injured employee has reached maximum medical improvement, the employee is not eligible for temporary total disability benefits because his condition is no longer temporary even though he may be eligible to receive permanent total or partial disability benefits. *Freeman United Coal Mining Co. v. Industrial Comm'n*, 318 Ill. App. 3d 170, 178, 741 N.E.2d 1144, 1150 (2000). "Among the factors to be considered in determining whether a claimant has reached maximum medical improvement include a release to return to work, with restrictions or otherwise, and medical testimony or evidence concerning claimant's injury, the extent thereof, the prognosis, and whether the injury has stabilized." *Id.*

¶ 40 It is the province of the Commission to weigh and resolve conflicts in the evidence and to evaluate witnesses. *Compass Group v. Illinois Workers' Compensation Comm'n*, 2014 IL App (2d) 121283WC, ¶ 18, 28 N.E.3d 181. A reviewing court will defer to the Commission's findings regarding medical issues, as its expertise in this area is well recognized. *Id.*

¶ 41 Reviewing the record, we find that Dr. Butler's opinion, which the Commission found to be more persuasive than that of Dr. Ahmad, supports the determination that the claimant had reached maximum medical improvement and that his current condition of ill-being was not related to his work accident. Dr. Butler diagnosed the claimant with mild lumbar strain. He reviewed the MRI scan and the EMG report and found that both were essentially normal. Based on his examination of the claimant, he found that the claimant's complaints made no anatomical sense. He opined that the claimant's subjective complaints were inconsistent with any objective findings and that the claimant magnified his symptoms. Dr. Butler opined that as of the date of the independent medical evaluation the claimant had reached maximum medical improvement and could return to full-duty work. He averred that the claimant's current condition of ill-being was not related to his work accident.

¶ 42 The claimant argues that the functional capacity evaluation demonstrated that the claimant was disabled from returning to work. He asserts that Dr. Butler attributed his disability to "the fact that he had become deconditioned as a result of his inactivity due to his work injury." When asked on cross-examination whether he believed that the claimant became deconditioned as a result of his work accident, Dr. Butler responded "[w]ell, I'm sure during the course of his inactivity from the moment of the injury until I saw him eight months later, he had probably gone through some deconditioning during that process, despite the physical therapy that was attempted." The claimant argues that Dr. Butler's answer demonstrates beyond question that he believed the claimant was

deconditioned by his injury, that the claimant was disabled due to being deconditioned, and that the claimant's deconditioned state was the result of his work injury.

¶ 43 Dr. Butler testified that he could not dispute the results of the functional capacity evaluation because it appeared to have been appropriately performed. He opined that the causal basis for the findings of the functional capacity evaluation and the claimant's current condition of ill-being was not the result of his work accident, but were most likely the result of his morbid obesity and overall physical deconditioning. He stated that even absent the work injury, the claimant would have done poorly on the functional capacity evaluation because he was not in good physical shape. He noted that the functional capacity evaluation did not address whether the claimant's fitness "would yield these responses absent the remote history of a 'workplace injury'." Dr. Butler did not state that the claimant was deconditioned due to his work injury and that his deconditioning made him disabled. He stated that the claimant may have become somewhat deconditioned from the date of his injury until Dr. Butler examined him, but that his deconditioning was due to his physical shape and that he would have done poorly on the functional capacity evaluation absent the work injury. He specifically opined that the findings of the functional capacity evaluation were not related to the February 22, 2010, work accident. He averred that the claimant's strong subjective complaints did not correlate with the MRI scan, the EMG report findings, or the physical examination.

¶ 44 In forming his opinion that the claimant's current condition of ill-being was not the result of the February 22, 2010, work accident, Dr. Butler considered the results of the functional capacity evaluation. He based his opinion on his examination of the

claimant, his review of the claimant's medical records, and the claimant's MRI scan and EMG report. There is sufficient evidence in the record to support the Commission's finding that the claimant had reached maximum medical improvement as of the date of Dr. Butler's independent medical evaluation and that he was not eligible for temporary total disability benefits after December 9, 2010.

¶ 45 The claimant argues that the Commission's decision to deny prospective medical care is against the manifest weight of the evidence. Section 8(a) of the Act, which governs medical care, 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).

The claimant bears the burden of proving, by a preponderance of the evidence, that he is entitled to an award of medical benefits under section 8(a). *Dye v. Illinois Workers' Compensation Comm'n*, 2012 IL App (3d) 110907WC, ¶ 10, 981 N.E.2d 1193. Questions of prospective medical care under section 8(a) are factual determinations and their resolution is the province of the Commission. *Id.* The Commission's factual determinations will not be disturbed on appeal unless they are against the manifest weight of the evidence. *Id.*

¶ 43 In the instant case, the Commission determined that the claimant reached maximum medical improvement on November 5, 2010, and that his current condition of

ill-being was not related to his work accident. The Commission did not err in denying prospective medical expenses because the claimant's current condition of ill-being was not causally related to his work injury and the medical services were not necessary to relieve the effects of the accidental injury.

¶ 46

CONCLUSION

¶ 47 For the foregoing reasons, we affirm the judgment of the circuit court of Lake County confirming the decision of the Commission and remand this case to the Commission for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327, 399 N.E.2d 1322 (1980).

¶ 48 Affirmed and remanded.