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IN THE
APPELLATE COURT OF ILLINOIS
FIFTH DISTRICT

STEVEN L. FOSTER,)	Appeal from the
)	Circuit Court of
Appellant,)	Washington County.
)	
v.)	No. 13-MR-8
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	Honorable
)	Daniel J. Emge,
(Nascote Industries, Appellee).)	Judge, Presiding.

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

ORDER

¶ 1 *Held:* The judgment of the circuit court was affirmed, where the Commission's determination that the claimant failed to prove that his present state of ill-being was causally related to his two successive workplace injuries was not contrary to the manifest weight of the evidence, and his contention regarding the improper exclusion of evidence was forfeited on appeal.

¶ 2 The claimant, Steven L. Foster, appeals from the circuit court order which confirmed the decision of the Illinois Workers' Compensation Commission (Commission) denying him benefits pursuant to the Workers' Compensation Act (Act) (820 ILCS 305/1 *et seq.* (West 2008)). The claimant argues that (1) the Commission's finding that he failed to prove that his lumbar spine

injury was causally related to his workplace accidents of May 16 and May 19, 2008, is contrary to the manifest weight of the evidence, and (2) certain evidentiary rulings denied him a fair hearing. For the reasons that follow, we affirm the judgment of the circuit court.

¶ 3 The following factual recitation is taken from the evidence presented at the arbitration hearing conducted on June 8, 2011.

¶ 4 Prior to the events giving rise to the instant claim, the claimant had a medical history which is relevant to the disposition of this case. According to medical records and the claimant's testimony, since about 2000, he had been receiving treatment for pain in his lower back. An MRI report dated October 25, 2004, noted a "very minimal" disc bulge at posterior L5-S1 that "just contacts the dural sac and the right S1 nerve root." He was also diagnosed with sciatica around that same time. By 2005, the claimant was seeking a referral for orthopedic surgery, and on January 25, 2006, he underwent surgery on his left leg for the insertion of a stent into the left iliac artery. According to the surgical report, the procedure was intended to rectify buttock claudication, a condition with which the claimant had been suffering for four years, but which had recently worsened with a finding of 99% stenosis in the left common iliac artery. The claimant testified that the claudication had caused cramping in his left hip radiating down his left leg, and that, once the blockage was released, he had immediate relief from the symptoms in his left hip and suffered no further symptoms in his back, hip or leg until April of 2008.

¶ 5 In April of 2008, the claimant sought treatment for lower back pain accompanied by pain running down his left leg. The treatment was administered on April 11, April 15 and April 18, 2008, by a physical therapy assistant employed by NovaCare. The NovaCare records for April

11, 2008, state that the claimant reported having experienced pain in his lower back and left leg for about three weeks. The records further state that the claimant had undergone no prior "related surgery" for these symptoms. According to the NovaCare treatment plan, the claimant was to receive electrical stimulation, ultrasound, range of motion and lumbar strengthening therapy. The claimant testified that he was not placed on restricted duty or prescribed any type of medication as a result of this treatment.

¶ 6 At the time of the injuries at issue, the claimant had been employed by Nascote Industries (Nascote), for several years as a maintenance technician. He described his job responsibilities as maintaining and repairing mechanical and electrical equipment for the plant. His duties required pulling and lifting using large "cheater bars" and heavy wrenches, often while working in confined spaces and awkward positions. The claimant testified that, on May 16, 2008, he was on top of a machine, lying flat on his stomach with his hands extended and his legs unsupported. As he was attempting to loosen a bolt with a heavy wrench, he experienced "severe pain" in his lower back and shoulder. Thereafter, on May 19, 2008, as he was again attempting to loosen large bolts with a pipe wrench, he felt immediate pain in his left shoulder.* He stated that he also felt pain in his back, but to a lesser extent. The claimant returned to work after the incident. According to the claimant, the back pain that he experienced was nearly identical to the pain he had experienced in April of 2008.

*The claimant's shoulder injury is not at issue in this appeal. We therefore limit our recitation of facts related to the shoulder injury.

¶ 7 The claimant testified that his pain worsened over the next few days, and on May 22, 2008, he informed Nascote that he had a lower back injury. Monica Zapp, an occupational health nurse employed by Nascote, testified that she met with the claimant at that time and that he described the mechanism of his injuries. According to Zapp, the claimant made no mention of severe pain, but instead claimed to have experienced discomfort and a "pulling sensation" at the time of the alleged accidents, followed by pain upon awakening the following day.

¶ 8 On May 22, 2008, the claimant also sought treatment from his family physician, Dr. Gregg Fozard, of Family Medical Center. The claimant complained of severe pain "all the way from his left shoulder down to his left lower back" and leg. The claimant informed Dr. Fozard that he had been injured at work and that he desired a referral to an orthopedic specialist. The doctor noted generalized tenderness over the claimant's left sacroiliac joint and left trapezius muscle area, and he ordered the claimant off of work for one week.

¶ 9 On May 23, 2008, the claimant sought treatment for back pain at the emergency room of Good Samaritan Hospital. The emergency room records of that visit state that the claimant reported no acute distress. A CT scan disclosed, in relevant part, a possible L5-S1 disc herniation. The treating physician recommended an MRI study in order to obtain more detailed information about the condition. On May 29, 2008, the claimant returned to the emergency room, and according to the records of that visit, was given Dilaudid and Norflex for pain in his left shoulder radiating down to his left leg.

¶ 10 On June 9, 2008, the claimant presented to Orthopedic Center of Southern Illinois (Orthopedic Center), where he gave a history of left-sided back pain and thoracic pain as a result

of a work-related accident of May 16, 2008. He was treated by Dr. Aiping Smith, whose records reflect a diagnosis of myofascial pain in the thoracic area and left sacroiliac joint dysfunction, or "sacroilitis." Dr. Smith's report also noted that the MRI, performed on June 7, 2008, disclosed evidence of lumbar facet degenerative joint disease, but no significant abnormality of the lumbar disc.

¶ 11 On June 9, 2008, the claimant was also evaluated by Dr. Marvin Mishkin, a spinal surgeon, at the request of Nascote. After examining the claimant and reviewing his medical history, Dr. Mishkin stated that he was unable to associate the claimant's complaints of pain around his lumbar spine with any specific objective evidence of injury. Dr. Mishkin opined that the claimant's lumbar spine pain was not caused by or related to the incident of May 16, 2008, nor could his current pain be associated with any cumulative trauma resulting from his occupational duties. The doctor noted that there was no objective evidence of a herniated disc, radiculopathy, or nerve root compression, and no pain or tenderness with specific palpation of the left sacroiliac joint. Dr. Mishkin concluded that the claimant's lumbar spine pain was generalized in nature and that it is difficult to correlate with the lack of objective findings of a spinal injury.

¶ 12 On June 18, 2008, the claimant filed an application for adjustment of claim under the Act, alleging an accident on May 16, 2008. According to the application, the accident occurred while the claimant was "lifting tools to break bolts," and it affected his shoulders and lower back. The application contained no reference to any accident or injury on May 19, 2008. However, the record reflects that the claimant filed an additional application for adjustment of claim on

October 22, 2010, alleging a workplace accident on May 19, 2008, as a result of which he injured his shoulder and back.

¶ 13 On June 23, 2008, the claimant again was seen by Dr. Fozard, who confirmed a diagnosis of left sacroiliac joint dysfunction. That same day, the claimant was also seen by Dr. Don Kovalsky, of Orthopedic Center. Dr. Kovalsky similarly diagnosed the claimant with residual left sacroiliac joint dysfunction, and prescribed continued physical therapy, along with treatment in the form of injections and radiofrequency neurectomy in order to alleviate the claimant's pain. According to Dr. Kovalsky's records, the claimant had no anatomical injury with regard to the structure of the spine or sacroiliac joint.

¶ 14 On July 14, 2008, Dr. Smith prescribed pain medication for the claimant and recommended that he receive left sacroiliac joint injections and remain off of work until his next visit. He also prescribed physical therapy for the claimant. In the following weeks, Dr. Smith administered multiple diagnostic as well as steroid injections into the claimant's sacroiliac joint. He then referred the claimant to Dr. Kovalsky for a final review regarding his back pain.

¶ 15 On December 4, 2008, following a thorough examination of the claimant's lumbar spine, Dr. Kovalsky reported that there were no signs of stenosis or disc herniations and that the sacroiliac joint injections had resulted in an improvement of the claimant's pain. The claimant continued receiving injections and treatment for sacroiliac joint dysfunction and degenerative disc disease at the Orthopedic Center. In December of 2008, he was referred for a work-hardening program, and as of January 16, 2009, Dr. Kovalsky authorized the claimant to return to full duty work.

¶ 16 On May 11, 2009, Dr. Fozard referred the claimant to Dr. Andrew Youkilis for a spinal evaluation. In his medical evaluation, Dr. Youkilis noted that the claimant had reported a work-related accident, that he had undergone extensive physical therapy and received multiple injections, and that he wore a TENS unit constantly. The doctor also reported that, according to the claimant, his symptoms were 50% improved, and the sacroiliac joint injections had provided him with the greatest benefit. Dr. Youkilis assessed the claimant as "a 53-year-old smoker with left buttocks pain and left posterior thigh pain likely related to sacroiliac joint pathology and piriformis syndrome." The doctor found no evidence of a lumbar radiculopathy or nerve root compression. He recommended that the claimant quit smoking, lose weight, and continue with pain management in the form of injections and physical therapy for sacroilitis.

¶ 17 Subsequently, the claimant was referred to Dr. Matthew Gornet, an orthopedic surgeon specializing in the care of the spine. When he first saw Dr. Gornet on September 23, 2009, the claimant complained of pain in his lower back and left leg. Following an examination of the claimant, Dr. Gornet recommended a reduction in pain medication and a new MRI scan. The notes of that visit state that Dr. Gornet believed that the claimant's symptoms are causally related to his work accident. Additionally, Dr. Gornet recommended a discography and L4-5 and L5-S1.

¶ 18 The MRI was performed on November 3, 2009, and the report of that scan disclosed dessication and an annular disc bulge at the L4-L5 level, with moderate right and mild to moderate left foraminal stenoses. The MRI report also noted desiccation at L5-S1, with right ventral dural displacement and a moderate degree of left foraminal stenosis due to facet disease.

¶ 19 Dr. Gornet testified that, on February 3, 2010, he performed a discography upon the claimant which disclosed an obvious annular tear at L5-S1. He stated that, during the discography, he obtained two CT-scan images; one image showed that the disc at L4-5 was completely normal while the second image clearly showed that the claimant had suffered a structural injury to, and an annular tear of, the disc at L5-S1. Furthermore, Dr. Gornet testified that pressure applied to the disc at L5-S1 reproduced the pain symptoms of which the claimant had complained prior to the discography study. He noted that claimant was "blinded" during the study, and that, because they were able to reproduce the pain at L5-S1 by applying pressure, it proved that the disc was the source of his pain. With regard to treatment, Dr. Gornet testified that he preferred a disc replacement for the claimant rather than the alternative, a spinal fusion, due to the inability for fusion growth to occur in patients such as the claimant. Dr. Gornet believed that a disc replacement could result in an 80% improvement in the claimant's pain and ability to function at work.

¶ 20 Dr. Gornet opined that, based upon a review of the claimant's history, medical records and MRIs, his current lower back symptoms are causally related to his workplace injuries of May 16 and 19, 2008. However, when confronted with the claimant's NovaCare records from April of 2008, Dr. Gornet acknowledged that the information contained therein "would potentially change my opinion in the sense that it clearly demonstrates that [the claimant] has some history" of "on and off" lower back and leg pain. Nonetheless, the doctor believed that the claimant's work injuries in May of 2008 were, at the very least, an aggravation of the preexisting back condition.

¶ 21 On cross-examination, Dr. Gornet admitted that, in formulating his opinion as to the causal connection between the claimant's alleged work accidents and his current back symptoms, he had no records of any preexisting back condition prior to the records of the claimant's treatment at NovaCare in April 2008. Dr. Gornet confirmed that the annular disc tear and spinal facet changes of the type affecting the claimant were, in fact, "degenerative" in nature, meaning they were always accompanied by ongoing disc degeneration. He also admitted that the claimant's long history of smoking, along with his everyday living, placed him at greater risk for disc degeneration.

¶ 22 On September 13, 2010, Dr. Mishkin examined the claimant for a second time at the request of Nascote. He reported that when he saw the claimant on that date, he found it significant that the claimant was able to move around and change posture without difficulty. Dr. Mishkin again opined that there was no basis to conclude that the claimant had any residual injury related to, or caused by, the alleged accidents of May 16 or May 19, 2008.

¶ 23 In his deposition, Dr. Mishkin testified that, in providing his medical history, the claimant had denied any prior injury or trauma to his back or shoulder. According to the doctor, this was obviously inaccurate, because as early as 2004, an MRI of the claimant's spine showed evidence of degenerative disc disease and bulging at L5-S1, and he had in fact been diagnosed with sciatica. Dr. Mishkin testified that the discogram performed on the claimant by Dr. Gornet showed pathology at L5-S1, and that this same condition had been documented on various MRI studies, including those predating the claimant's alleged work accidents of May 2008. The doctor believed that the physical therapy records from NovaCare in April of 2008 reflected

symptoms of pain not unexpected in an individual with chronic degenerative disc disease. Further, Dr. Mishkin testified that there was no significant difference between the MRI of October of 2004 and that of June 2008. Accordingly, Dr. Mishkin reiterated that there is no causal relationship between the claimant's current condition, for which he was seeking disc replacement surgery, and any alleged work injury in May of 2008.

¶ 24 On March 9, 2011, at the request of his own counsel, the claimant was examined by Dr. David Volarich. Dr. Volarich diagnosed the claimant with lumbar radicular syndrome, secondary to internal disc derangement at L5-S1, causing right leg radicular symptoms. The doctor opined that the claimant's work injury of May 16, 2008, was the "competent producing factor causing" his lumbar spine condition, and that the injury of May 19, 2008, further aggravated that condition. He advised that the claimant undergo disc replacement surgery to repair the L5-S1 disc, as recommended by Dr. Gornet.

¶ 25 With regard to the claimant's medical history, Dr. Volarich noted ongoing difficulties with his lower back going back to 2002, with symptoms very similar to those that the claimant was currently experiencing. According to Dr. Volarich, at least part of the previous discomfort in the claimant's hip and left leg was attributable to a blocked iliac artery in the left hind quarter, which completely resolved following the insertion of the stent. However, Dr. Volarich testified that the claimant continued to experience recurrent lower back discomfort, even within the month preceding his May 16, 2008, injury. Although Dr. Volarich found some evidence of sacroiliac joint disease, he did not believe that this was the sole cause of the claimant's discomfort, because it failed to address the radicular symptoms that the claimant was

experiencing. He testified that, in his opinion, the claimant's work injury caused the development of radicular symptoms and discogenic pain that was more than just a progression of degenerative disc disease.

¶ 26 On cross-examination, Dr. Volarich acknowledged that, in April of 2008, the claimant had also exhibited lower back pain accompanied by radicular symptoms. He also admitted that the claimant's symptoms immediately following the incidents in May of 2008 were very similar to those of which he complained less than one month prior to the work accidents of May 2008. Dr. Volarich testified that, in arriving at his opinions as to causation, he relied upon the history provided by the claimant and did not review any MRIs or x-rays prior to April of 2008.

¶ 27 On April 8, 2011, Nascote commissioned a records review from Dr. David Lange, an orthopedic surgeon. In his report, Dr. Lange stated that he reviewed approximately 600 pages of medical records and four CDs containing lumbar imaging studies going back to 2004. Dr. Lange opined that the claimant suffers from non-work-related chronic left sacroiliac disc disease. Dr. Lange placed particular emphasis upon the diagnostic implications of the sacroiliac joint interventions. In particular, he noted two reports pertaining to the sacroiliac joint injection which suggested significant reduction in the claimant's left lower back and hip pain in response to the pharmacological action of the local anesthetic. In addition, the doctor observed that the claimant had documented left sacroiliac joint disease going all the way back to 2004 and continuing until 2005, and that his medical records for April 11, 2008, suggested similar symptoms. He observed that the claimant's injuries of May 16 and May 19, 2008, manifested symptoms "essentially concurrent" with those shown in April of 2008. Based upon these concurrent symptoms, Dr.

Lange opined the claimant's alleged accidents in May of 2008 could not have aggravated his preexisting condition.

¶ 28 Dr. Lange questioned the conclusions of the discography performed by Dr. Gornet, for several reasons. First, Dr. Lange pointed out that the claimant had known psychological disease, and research suggests an extremely high incidence of false positives when discography is utilized in individuals with premorbid psychological disease. Second, Dr. Lange stated that false positives may also occur in individuals with known annular lesions, such as the degenerative disc prominence at L5-S1 suffered by the claimant, particularly if injection pressures are not monitored and kept below approximately 50 lbs per square inch. The doctor believed that, because there is no indication in the discography notes that such monitoring occurred, the possibility of a false positive result is real. Third, Dr. Lange noted that, since 2005, the claimant's symptoms had been on the left side, but that the annular extension of the dye used in the injection, which allegedly caused pain to the claimant, was actually on the right side.

¶ 29 Doctor Lange noted that the claimant's prognosis is fair and that there would be no reason to impose any restrictions on his employment. He observed that, although sacroiliac disc symptomology can be traumatic, it is often precipitated by inflammatory conditions in the body, or is purely idiopathic. The doctor concluded that, as the medical records demonstrated that the claimant had been able to maintain his full duties since his disc disease was first documented in 2004, he should be able to continue doing so.

¶ 30 After considering the evidence presented at a consolidated hearing held pursuant to section 19(b) of the Act (820 ILCS 305/19(b) (West 2010)), addressing both of the claimant's

applications for adjustment of claims, the arbitrator issued a single decision holding that, with regard to the alleged accidents of May 16, 2008, and May 19, 2008, the claimant had failed to prove that he sustained injuries to his lower back that arose out of and in the course of his employment and failed to show that the current condition of ill-being in his low back was causally related to his employment. The arbitrator observed that Drs. Kovalsky and Youkilis, initial treating physicians of the claimant's own choosing, both determined that the claimant had a chronic sacroiliac joint dysfunction. The arbitrator found Dr. Lange's conclusions, that the claimant's disc disorder predated his alleged work injuries, to be persuasive. Specifically, Dr. Lange observed the manifestation of symptoms of the disorder as far back as 2004, and as recently as April of 2008, one month prior to the claimed work injuries. The arbitrator rejected Dr. Gornet's opinion that the claimant required disc replacement surgery even though he had been able to work full duty after January 16, 2009. Accordingly, the arbitrator denied the claimant's request for temporary total disability and temporary partial disability benefits. With regard to the claimant's shoulder injury, however, the arbitrator found that he did sufficiently prove an injury occurring within the scope of his employment, but noted that permanency benefits for the shoulder were not an issue during that hearing.

¶ 31 The claimant sought a review of the arbitrator's decision before the Commission. The Commission unanimously affirmed and adopted the arbitrator's decision.

¶ 32 The claimant sought judicial review of the Commission's decision in the circuit court of Washington County. The circuit court confirmed the decision of the Commission, and this appeal followed.

¶ 33 The claimant argues that the Commission's finding that he failed to prove the occurrence of a work-related accident that caused the current condition of ill-being in his lower back is against the manifest weight of the evidence. In particular, he disputes the Commission's finding that the condition of ill-being of his low back was not caused by his May 16 and 19, 2008, work accident, but is exclusively the result of a preexisting lumbar spine condition.

¶ 34 In a workers' compensation case, the claimant has the burden of proving, by a preponderance of the evidence, all of the elements of his claim. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Whether a causal relationship exists between a claimant's employment and his condition of ill-being is a question of fact to be resolved by the Commission, and its determination of the issue will not be disturbed on appeal unless it is against the manifest weight of the evidence. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). In resolving such issues, it is the function of the Commission to decide questions of fact, judge the credibility of witnesses, and resolve conflicting medical evidence. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 207 (2003); *O'Dette*, 79 Ill. 2d at 253. For a finding of fact to be against the manifest weight of the evidence, a conclusion opposite to the one reached by the Commission must be clearly apparent. *Caterpillar, Inc. v. Industrial Comm'n*, 228 Ill. App. 3d 288, 291 (1992). Whether a reviewing court might have reached the same conclusion is not the test of whether the Commission's determination on a question of fact is supported by the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's determination. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982).

¶ 35 Where there is evidence that a claimant has a preexisting condition, the burden rests with him to show that a work-related accident or injury aggravated that condition, such that the

claimant's current state of ill-being can be said to have resulted from the work-related injury and is not simply the result of the normal degenerative process of the preexisting condition. *Sisbro*, 207 Ill. 2d at 204-05. However, an employer takes its employees as it finds them; therefore, even if a preexisting condition is present, an employee may still recover if he shows that his employment is *a* causative factor, though not necessarily the *sole* causative factor, of his current state of ill-being. *Id.*

¶ 36 The claimant first contends that the arbitrator disregarded facts proving that he had sustained work-related accidents on May 16 and May 19, 2008, which ultimately led to his present state of ill-being. He points to the intensive medical intervention he received in the period following those accidents, including his two visits to the emergency room, his CT and MRI scans, and his prescriptions for various narcotic pain medications, physical therapy and a TENS unit. The claimant argues that, when this treatment is contrasted with the relative lack of medical care he required for his lower back from 2006 until the incidents on May 16 and 19, 2008, it becomes clear that he suffered work-related injuries on those dates.

¶ 37 Based upon our review of the arbitrator's findings, we cannot agree that he failed to consider the above facts. Rather, following his thorough review of the evidence, the arbitrator concluded that the claimant's treating physicians uniformly found that his symptoms were caused by a chronic, degenerative left sacroiliac joint dysfunction rather than a workplace accident. This conclusion was further supported by the diagnoses of Drs. Smith, Mishkin and Fozard, who similarly found sacroiliac joint dysfunction based upon their review of claimant's MRI in June of 2008. In addition, Dr. Mishkin reported that he was unable to locate any objective evidence of injury to the claimant's spine that would correlate to his complaints of severe pain during June of 2008. He noted no significant difference between the claimant's MRI of October 2004 and that

of June 2008, taken only two weeks after his claimed workplace injury. Despite being informed by the claimant as to the mechanics of his May 2008 accidents, none of these physicians provided any evidence that he had sustained a work-related injury or suffered from an accident at work that aggravated his degenerative sacroiliac joint condition. In fact, Drs. Mishkin and Lange both gave opinions to the contrary, concluding that the claimant's symptoms following the May 2008 incidents were unrelated to his employment.

¶ 38 The claimant also takes issue with the arbitrator's finding that he had a preexisting condition. He acknowledges that he had suffered pain in his left lower back and leg even prior to 2004, but argues that the evidence demonstrated that this condition was completely resolved following the insertion of a stent on January 25, 2006. Again, we disagree. According to Dr. Lange, the lower back symptoms manifested by the claimant at NovaCare in April of 2008, the month prior to his alleged work injuries, were "identical" to those treated subsequent to the workplace incidents in May of 2008. The arbitrator found Dr. Lange's opinion to be most persuasive, noting that he had reviewed over 600 pages of the claimant's medical history going back to 2004. In arriving at his determination that the claimant was suffering from chronic sacroiliac joint dysfunction, Dr. Lange also found it significant that the claimant's lower back pain had improved significantly after injections into the sacroiliac joint. Both Drs. Kovalsky and Youkilis recommended further injections along with physical therapy as an appropriate treatment for the claimant's symptoms.

¶ 39 A review of the medical records in this case supports the conclusion that the claimant had manifested similar pain symptoms, been prescribed physical therapy and a TENS unit, and had shown consistent MRI results, on and off from 2004 through at least June of 2008. Both Drs. Lange and Mishkin opined that the claimant suffered from chronic sacroiliac joint degeneration

that was unrelated to his employment and was not aggravated by his employment. They further believed that the disc replacement recommended by Dr. Gornet was unnecessary. Although Drs. Gornet and Volarich did not agree that sacroiliac joint disease was the sole cause of the claimant's back pain, these physicians, unlike Lange and Mishkin, did not appear to have thoroughly considered the claimant's medical history prior to May of 2008. Accordingly, there is no basis to conclude that the Commission's finding, that the claimant's current condition of ill-being was not caused by any work-related accident or injury, is contrary to the manifest weight of the evidence or that a contrary result is readily apparent.

¶ 40 The claimant next argues that the arbitrator made two erroneous evidentiary rulings which denied him a fair hearing. Specifically, the claimant contends that (1) he was denied an opportunity to testify regarding the discogram procedure that was performed by Dr. Gornet, and (2) he was barred from offering testimony of his wife to discredit the testimony of Monica Zapp.

¶ 41 However, the claimant fails to cite to any legal authority for either of these arguments, as is specifically required under Supreme Court Rule 341(h)(7) (eff. Feb. 6, 2013). Because the claimant failed to support his arguments with citations to authority, the arguments have been forfeited for purposes of this appeal. *Ameritech Services, Inc. v. Workers' Compensation Comm'n*, 389 Ill. App. 3d 191, 208 (2009).

¶ 42 For the foregoing reasons, we affirm the judgment of the circuit court which confirmed the decision of the Commission.

¶ 43 Affirmed.