

No. 5-15-0195WC

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IN THE
APPELLATE COURT OF ILLINOIS
FIFTH DISTRICT

AMANDA DAWSON,)	Appeal from the
)	Circuit Court of
Appellant,)	Franklin County.
)	
v.)	No. 12-MR-56
)	
ILLINOIS WORKERS' COMPENSATION)	
COMMISSION, <i>et al.</i> ,)	
)	Honorable
(Franklin County Juvenile Detention Center,)	David K. Overstreet,
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 decision of the Illinois Workers' Compensation Commission, finding that the claimant's current condition of ill-being is not causally related to the work accident she suffered on August 16, 2010, and refusing to award her total disability benefits for the period following February 15, 2012, or the prospective medical care recommended by her physician, is not against the manifest weight of the evidence.

¶ 2 The claimant, Amanda Dawson, appeals from an order of the circuit court of Franklin County which confirmed a decision of the Illinois Workers' Compensation Commission

(Commission), finding that her current condition of ill-being is not causally related to the work accident she suffered while working in the employ of the Franklin County Juvenile Detention Center (Franklin County) on August 16, 2010, and refusing to award her temporary total disability (TTD) benefits for the period following February 15, 2012, or the prospective medical care recommended by her treating physician. For the reasons that follow, we affirm the judgment of the circuit court.

¶ 3 The following factual recitation is taken from the evidence adduced at the arbitration hearing held on February 15, 2012.

¶ 4 On August 16, 2010, the claimant was employed by Franklin County as a detention officer. While working on that date, the claimant attempted to take a 15-year-old detainee to his room when the detainee grabbed her by the neck and placed her in a choke hold. According to the claimant, the detainee squeezed tightly while pulling on her neck. She was freed from the detainee's grip by one of her supervisors. The claimant testified that she felt immediate pain in her neck after the assault ended.

¶ 5 The claimant sought treatment at Good Samaritan Hospital. A CT scan was performed on August 17, 2010, which revealed degenerative disc disease at C5-6 and C6-7 with spurring at C5-6.

¶ 6 Also on August 17, 2010, the claimant sought treatment from Dr. Dennis McGuire, a chiropractor. The claimant complained of a sharp burning pain in her neck, low back pain, and a headache aggravated by movement. She told Dr. McGuire that she was not able to carry heavy objects or perform daily living activities. Dr. McGuire noted that the claimant's symptoms included dull, sharp, and aching pain in her neck along with pain on the right side of her low back. Dr. McGuire's records reflect that the claimant's neurological examination was normal.

His orthopedic examination revealed pain in the claimant's cervical spine on palpation, normal deep tendon reflexes and normal cervical range of motion. X-rays taken of the claimant's spine showed mild disc degeneration at L5-S1. Dr. McGuire diagnosed cervical disc herniation, lumbar spine sprain/strain, and right sacroiliac joint sprain. Dr. McGuire began a course of chiropractic treatment for the claimant's neck and back and recommended that she have an MRI of her cervical spine. Dr. McGuire did not place any restrictions on the claimant's ability to work, and his records do not contain any comment on the claimant's ability to work.

¶ 7 The claimant saw Dr. McGuire on August 18 and 20, 2010. As of those visits, the claimant reported some mild relief but complained of headaches. When the claimant saw Dr. McGuire on August 23, 2010, she complained of increased pain in her neck.

¶ 8 The claimant had the MRI recommended by Dr. McGuire, and in his records of August 24, 2010, Dr. McGuire noted that the scan revealed disc bulges from C4-7 with cord compression at C5-6. Dr. McGuire referred the claimant to Dr. Joel Ray, a neurosurgeon, for further evaluation.

¶ 9 The claimant was seen by Dr. Ray on September 1, 2010. His records of that visit reveal that she complained of pain in her neck and arm along with throbbing headaches. The claimant reported that conservative chiropractic adjustments had not relieved her symptoms. Dr. Ray's physical examination of the claimant revealed limited neck range of motion to both the left and the right and some guarding in muscle testing of her arms. Although Dr. Ray found the claimant's MRI scan difficult to read, he noted that the scan revealed multi-level disc herniations, most prominently at C5-6. As of that visit, Dr. Ray recorded an impression of neck pain and bilateral arm symptoms following her work accident of August 16, 2010. In his report, Dr. Ray wrote that he did not feel that the claimant could carry out her work activities as a detention

officer. Dr. Ray recommended that the claimant be evaluated by a neuropsychologist, an ear, nose, and throat (ENT) doctor, and he also recommended that the claimant have an MRI of the brain.

¶ 10 As recommended, the claimant was evaluated by a neuropsychologist, Dr. Steven Jordan, had the MRI scan of her brain on October 27, 2010, and underwent an ENT evaluation. According to Dr. Ray's testimony, the MRI of the claimant's brain produced normal findings as did her ENT evaluation.

¶ 11 When the claimant was seen by Dr. Ray on November 17, 2010, he noted that she complained of worsening neck pain with radiation into both arms. His diagnoses as of that visit were post-traumatic stress disorder (PTSD) related to the claimant's work injury on August 16, 2010, bilateral arm symptoms following her work accident, and irritable bowel syndrome. Dr. Ray recommended that the claimant have another MRI of her spine and that she undergo an anterior cervical microdiscectomy with graft and plating at at least one level as soon as possible. He authorized the claimant to remain off of work. When deposed, Dr. Ray admitted that his notes do not indicate that he physically examined the claimant on that date, and he also admitted that his conclusions were based upon the claimant's subjective complaints.

¶ 12 The claimant also continued to treat with Dr. McGuire for her neck and low back through January 7, 2011. According to the claimant's testimony, Dr. McGuire's chiropractic treatment did not help her neck pain.

¶ 13 On January 13, 2011, the claimant was examined by Dr. David Lange at Franklin County's request. In his report of that examination, Dr. Lange noted that the claimant complained of neck pain; occasional throbbing and tingling in her head; aching, numbness and tingling in her arms, legs, feet and hands; significant low back pain; and numbness in a left hemi-

body fashion. She claimed that her symptoms were getting worse and were aggravated by all activity, regardless of position. Dr. Lange's report reflects that he reviewed the claimant's medical records and performed a physical examination. According to Dr. Lange, the claimant's CT scan on August 17, 2010, revealed multilevel degenerative changes, minimally at C4-5, moderately at C6-7, and to a greater extent at C5-6 with spurs and ossification of a posterior bar. He found that her MRI scan of August 24, 2010, reflected multilevel degenerative changes with decreased lordosis at C5-6. On physical examination of the claimant, Dr. Lange found that, although she complained of pain with motion of her neck and low back at a level of 10 out of 10, her complaints were difficult to explain as her neurologic and mechanical examinations were normal and consistent with her imaging studies. Dr. Lange noted that the claimant could have sustained a cervical strain or soft tissue injury, but it was difficult to relate her symptoms to a lesion in her cervical spine, and he recommended that surgery should not be "enthusiastically offered." He did not believe that the claimant was disabled from all occupations. Dr. Lange was of the opinion that it would be desirable for the claimant to return to work at some type of physical demand level. Dr. Lange testified that most individuals with mechanical neck or low back injuries reach maximum medical improvement (MMI) about six months following an accident and that the claimant's treatment would probably cease shortly after his examination.

¶ 14 The claimant saw Dr. Ray on February 9, 2011. His records of that visit reflect that the claimant complained of worsening neck pain, radiating down both arms and into her hands. The claimant also revealed that she had sustained a whiplash injury to her neck about 10 years earlier as the result of a motor vehicle accident. Dr. Ray continued to recommend that the claimant have a follow-up MRI and undergo a C5-6 microdiscectomy. Again when deposed, Dr. Ray

admitted that his notes of the claimant's visit on February 9, 2011, do not reflect physical examination findings.

¶ 15 On March 2, 2011, the claimant underwent an MRI scan at St. Francis Medical Center as recommended by Dr. Ray. The scan showed the following: diffuse bulging and mild stenosis at C3-4; moderate disc protrusion with mild chronic cord compression and mild foraminal narrowing at C4-5; moderate central disc protrusion pressing on the spinal cord at C5-6; moderate central disc protrusion pressing on the spinal cord at C6-7; and a small left paracentral disc protrusion with slight right stenosis and no cord compression at C7-T1. The claimant saw Dr. Ray on that same day, complaining of neck pain, numbness in both arms, and numbness on the dorsum of her right foot. Dr. Ray reviewed her MRI results and recommended a two or three level anterior cervical microdiscectomy with graft and plating. He also found that the claimant could not work. Dr. Ray noted that the claimant suffered a whiplash injury 10 years earlier, but found that the condition had completely resolved. Dr. Ray testified that he recommended surgery in order to avoid gradual worsening of the claimant's symptoms. He admitted however that he had not compared the claimant's MRI films, nor had he performed a recent physical examination of the claimant.

¶ 16 Dr. Lange reviewed Dr. Ray's office notes and, on March 17, 2011, advised that his opinions were unchanged. According to Dr. Lange, the prominence at C5-6 as shown on the claimant's CT scan was a chronic ossification, and her widespread symptoms could not be explained by the results of her imaging studies.

¶ 17 On April 6, 2011, the claimant returned to Dr. Ray complaining of neck pain radiating into her arms and numbness in her legs. Again, Dr. Ray's notes of that visit do not reflect any

findings on physical examination. Dr. Ray recommended an MRI of the claimant's lumbar spine and noted that she was to remain off of work.

¶ 18 The claimant next saw Dr. Ray on May 18, 2011. The doctor's notes of that visit state that the claimant reported that her back pain was intermittent and not bothersome, but that her neck pain and arm symptoms had increased. Dr. Ray's notes do not reflect any physical examination findings and contain no comment on the claimant's work status. Dr. Ray again recommended that the claimant have surgery as soon as possible. When deposed, Dr. Ray was unable to identify any specific functional limitation which was keeping the claimant from working. According to Dr. Ray, if the claimant did not undergo the recommended surgery, she would be "following a course towards paralysis and total disability."

¶ 19 On October 25, 2011, the claimant was examined by Dr. Wayne Stillings, a psychiatrist, at Franklin County's request. The claimant told Dr. Stillings that she was experiencing pain in her neck, back, arms, groin and legs; that she had numbness in her hands and legs; and that she experienced taste changes, ringing in her ears, shortness of breath, an inability to stand for long periods, and urinary urgency. She reported that, although she could dress and bathe herself, she was dependent upon others to assist with her children, run errands, shop, cook, and do laundry. According to Dr. Stillings' report, the claimant made no complaints of a psychiatric nature or suggestive of PTSD. She did inform the doctor that she began experiencing anxiety in her early twenties and took medication for the condition prior to her work accident. Dr. Stillings performed a mental status examination of the claimant and administered psychological testing. He found that the claimant displayed no psychological distress from her work, but she did experience distress from her parents' illnesses. According to Dr. Stillings, the claimant had pre-existing, generalized anxiety, depressive disorder, and emotional problems. He also found that

the claimant had an unspecified adjustment disorder from her work injury which was in remission. Dr. Stillings concluded that the claimant's current psychiatric condition is not causally related to her work injury, but is due to her pre-existing psychiatric conditions and other factors not related to her work injury. Dr. Stillings opined that, from a psychiatric standpoint, the claimant was at MMI and was able to perform her regular job duties without restrictions.

¶ 20 At the arbitration hearing, the claimant testified that she had no neck problems prior to her work accident of August 16, 2010, and since that date she has experienced constant neck pain rated at 10 on a scale of 10. She testified that she is unable to stand or walk for long periods and spends 90% of her time in bed. She stated that she had not attempted to return to work since August 16, 2010, and that she wanted to have the surgery recommended by Dr. Ray. During cross-examination, the claimant admitted that she went to her child's play on December 20, 2011, after which she went shopping with her mother. She testified that, while shopping, she needed to lean on a shopping cart for support and denied pushing the cart after it was full. According to the claimant, her mother loaded the groceries into the cart. She denied putting any of their purchases into her car after leaving the store. The claimant also admitted that she went to the pawn shop where her husband is employed, but did not recall carrying a box after leaving the store. On re-direct examination, the claimant testified that she was in pain while at her child's play and after attending the play. She stated that following the play she went home and went to bed.

¶ 21 Franklin County offered in evidence a 15-minute-surveillance video of the claimant's activities on December 20, 2011, between the hours of 7:59 a.m. and 2 p.m. The video was recorded by Mark Calandro, an employee of Global Options Investigations. Calandro testified that he took the video using both a Sony Handycam Camcorder and an 808 Microcam and produced a DVD containing the video footage from both cameras. He stated that he was not in

possession of any footage which was not shown at the hearing, specifically stating that nothing was redacted from the video which he took. He testified that the video was an accurate representation of what he saw on December 20, 2011. Calandro testified that he turned the video recorder off when the claimant was not in his view. Following his cross-examination of Calandro, the claimant's attorney objected to the admission of the video into evidence, stating that his objection was "based on the fact that—of gaps in the surveillance. It is not a continuous recording. So I'd like to object upon that basis." The arbitrator overruled the objection and admitted the video into evidence.

¶ 22 The arbitrator's recitation of the content of the video as contained in his decision is an accurate description of the events recorded. On the video, the claimant is seen smiling, laughing, moving her head through a full range of motion including bending up and down. The claimant is seen driving a car, walking briskly, and standing on one leg while checking her shoe. While in the grocery store, the claimant can be seen loading and pushing a shopping cart. Outside of the grocery store, she is seen pushing the shopping cart, taking four bags of groceries out of the cart, and placing them into her car. The claimant also took two other bags of groceries and a gallon of milk out of the cart and handed them to her mother who placed the items into the car. Later, the claimant's mother is seen unloading the groceries from the car, handing several of the bags to the claimant who can be seen carrying the bags. Outside of the pawn shop where her husband works, the claimant is seen lifting a large box and placing it into her car.

¶ 23 Following a hearing held on February 15, 2012, pursuant to section 19(b) of the Workers' Compensation Act (Act) (820 ILCS 305/19(b) (West 2012)), the arbitrator issued a decision, finding that the claimant sustained injuries to her neck on August 16, 2010, which arose out of and in the course of her employment with Franklin County. The arbitrator awarded the claimant

78 2/7 weeks of TTD benefits for the period from August 17, 2010, through February 15, 2012, against which Franklin County was granted a credit for the \$33,571.30 of TTD benefits which it paid to the claimant prior to the arbitration hearing. The arbitrator found that the testimony of both the claimant and her treating physician were unconvincing and lacked credibility, and concluded that, as of the date of the arbitration hearing, the claimant had reached MMI and that her condition of ill-being causally related to her work accident had resolved. The arbitrator also found the claimant failed to prove that she was entitled to TTD benefits after February 15, 2012, or that the surgery recommended by her treating physician, Dr. Ray, is reasonably necessary to cure or relieve the effects of her work accident. The arbitrator denied the claimant's request for prospective medical care.

¶ 24 The claimant filed a petition for review of the arbitrator's decision before the Commission. The Commission issued a unanimous decision on December 6, 2012, affirming and adopting the arbitrator's decision and remanding the matter back to the arbitrator for further proceedings pursuant to *Thomas v. Industrial Comm'n*, 78 Ill. 2d 327 (1980).

¶ 25 Thereafter, the claimant sought judicial review of the Commission's decision in the circuit court of Franklin County. On May 11, 2015, the circuit court entered an order confirming the Commission's decision, and this appeal followed.

¶ 26 For her first assignment of error, the claimant argues that the Commission erred in affirming the arbitrator's decision to admit the surveillance video into evidence. She argues that the video should have been excluded "on relevance grounds because it was incomplete, misleading, and prejudicial."

¶ 27 As a preliminary matter, we note that the claimant has cited a number of Commission decisions dealing with the admissibility of photographs and surveillance videos into evidence.

However, as we have we have held, Commission decisions have no precedential value and should not be cited in an appellate brief. *Global Products v. Illinois Workers' Compensation Comm'n*, 392 Ill. App. 3d 408, 413 (2009).

¶ 28 Franklin County argues that the claimant has waived the issue of whether the surveillance video should have been excluded on relevance grounds as she did not object to its admission on grounds of relevance before the arbitrator. *Barreto v. City of Waukegan*, 133 Ill. App. 3d 119, 130 (1985) ("Specific objections to evidence, based solely on particular grounds, are a waiver of objections to all grounds not specified or relied upon."). We have no quarrel with the proposition of law cited by Franklin County, but a fair reading of the claimant's argument is that the video should have been excluded from evidence on relevance grounds because it was incomplete. As noted above, the claimant's attorney objected to admission before the arbitrator on the grounds that the video was not a continuous recording and that there were gaps in the surveillance footage. We believe that the objection which was made at the arbitration hearing is sufficient to encompass the incompleteness argument raised by the claimant on appeal, and we therefore reject Franklin County's waiver argument. Nevertheless, we find no merit in the claimant's argument that the Commission erred in affirming the arbitrator's decision to admit the surveillance video into evidence.

¶ 29 The admissibility of evidence is a matter committed to the discretion of the Commission, and its decision in the matter will not be disturbed on review absent an abuse of that discretion. *RG Construction Services v. Illinois Workers' Compensation Comm'n*, 2014 IL App (1st) 132137WC, ¶ 35. An abuse of discretion occurs when the Commission's ruling is arbitrary, fanciful, unreasonable, or where no reasonable person would take the view adopted by the Commission. *Jacobo v. Illinois Workers' Compensation Comm'n*, 2011 IL App (3d) 100807WC,

¶ 44. Illinois Rules of Evidence govern proceedings before the Commission or an arbitrator. *RG Construction Services*, 2014 IL App (1st) 132137WC, ¶ 35.

¶ 30 A video recording may be admitted in evidence if it is properly authenticated and relevant to the issues in controversy. *People ex rel. Sherman v. Cryns*, 203 Ill. 2d 264, 283 (2003). First, a foundation must be laid by someone having personal knowledge of the filmed object and is capable of testifying that the video is an accurate portrayal of what it purports to show. *Cisarik v. Palos Community Hospital*, 144 Ill. 2d 339, 342 (1991). In this case, Calandro testified that he took the video and that the video was an accurate representation of what he saw. His testimony clearly satisfied the foundation requirements necessary for the admission of the video into evidence. Second, a video is considered relevant only "if its probative value is not substantially out-weighed by the danger of unfair prejudice." *Id.* There is little question as to the probative value of the video in this case as it demonstrates the claimant's physical capabilities and ability to ambulate, and it rebuts her claims of constant pain. The question remains, however, whether the danger of unfair prejudice in admitting the video is outweighed by its probative value.

¶ 31 The claimant argues that the video is both incomplete and prejudicial. She asserts, without citation to any evidence of record, that Franklin County "selectively edited the footage to come up with a 'highlight' re[el] to show only those moments that it thought supported its position on the [claimant's] *** level of activity" and was "edited so that much [*sic*] footage was omitted." However, Calandro, the photographer, specifically testified that nothing was added to, or redacted from, the video.

¶ 32 As noted earlier, the video depicts 15 minutes of activity over a 6-hour time span. Calandro admitted that the cameras he was using were turned off when the claimant was not in his view. He also testified that he was not in possession of any footage that was not shown to the

arbitrator. On cross-examination, however, Calandro admitted that there were periods of time during which the claimant was only briefly in his line of sight when he did not activate the recorders.

¶ 33 Based upon the limited recording of the claimant's activities during the six hours of surveillance, the claimant argues that "the clear inference is that [Franklin County] *** deleted any photographic or video evidence damaging to [its] *** position and favorable to the [claimant]." The inference that Franklin County deleted portions of the video recording is just that, an inference. There is no evidence in the record that any recorded footage was deleted. The Commission could certainly have drawn the inference suggested by the claimant (see *Carroll v. Preston Trucking Co.*, 349 Ill. App. 3d 562, 566-67 (2004)), but elected not to do so in the face of Calandro's testimony that nothing had been redacted from the video. When, as in this case, more than one reasonable inference might be drawn from the facts, the resolution of the issue presents a question of fact to be resolved by the Commission. *Orsini v. Industrial Comm'n*, 117 Ill. 2d 38, 44 (1987).

¶ 34 The absence of any evidence that Franklin County or its agents deleted any video footage, coupled with the highly probative value of the claimant's activities as depicted in the video, leads us to conclude that admission of the video into evidence did not subject the claimant to unfair prejudice. As a consequence, we find no abuse of discretion in the Commission's decision to adopt the arbitrator's ruling which overruled the claimant's objection and admitted the surveillance video into evidence.

¶ 35 Next, the claimant argues that the Commission's finding that she failed to prove that her current condition of ill-being is causally related to her work accident is against the manifest weight of the evidence. In related arguments, the claimant also contends that the Commission's

findings that her testimony lacked credibility and that the testimony of Dr. Ray was unconvincing are also against the manifest weight of the evidence.

¶ 36 In order to be entitled to compensation under the Act, the claimant must show, by a preponderance of the evidence, that she has suffered a disabling injury which arose out and in the course of her employment. *Sisbro, Inc. v. Industrial Comm'n*, 207 Ill. 2d 193, 203 (2003). The issue of whether there is a causal connection between a claimant's condition of ill-being and her employment is a question of fact to be resolved by the Commission. *Certi-Serve, Inc. v. Industrial Comm'n*, 101 Ill. 2d 236, 244 (1984). The Commission's finding on a question of fact will not be disturbed on review unless it is against the manifest weight of the evidence. *Orsini*, 117 Ill. 2d at 44. For a finding of fact to be against the manifest weight of the evidence, an opposite conclusion must be clearly apparent. *City of Springfield v. Illinois Workers' Compensation Comm'n*, 388 Ill. App. 3d 297, 315 (2009).

¶ 37 In deciding issues of fact, it is the function of the Commission to judge the credibility of the witnesses, determine the weight to be accorded their testimony, and to resolve conflicting medical evidence. *O'Dette v. Industrial Comm'n*, 79 Ill. 2d 249, 253 (1980). Whether this court might reach the same conclusions is not the test of whether the Commission's determinations are against the manifest weight of the evidence. Rather, the appropriate test is whether there is sufficient evidence in the record to support the Commission's decision. *Benson v. Industrial Comm'n*, 91 Ill. 2d 445, 450 (1982).

¶ 38 The Commission found the claimant's testimony that she is in constant pain at a level of 10 on a scale of 10, is unable to perform daily living activities, and is forced to spend 90% of her time in bed, lacked credibility based upon the surveillance video showing that she is capable of functioning normally and is able to use her head, neck and arms in an unrestricted fashion. The

content of the surveillance video coupled with Dr. Lange's opinion that the claimant's complaints do not correlate with her radiographic and clinical findings provide more than sufficient evidence to support the Commission's finding that she lacked credibility when testifying to her condition of ill-being.

¶ 39 The Commission also found the opinions of Dr. Ray to be unpersuasive as they were based in large part on the claimant's subjective complaints which, as discussed in the preceding paragraph, the Commission determined lacked credibility. It is clear from his testimony that Dr. Ray relied upon the claimant's subjective complaints of increasing neck and arm pain in making his surgical recommendations, and his records do not show that he physically examined the claimant after her initial visit on September 1, 2010. In contrast, Dr. Lange's report states that, when he examined the claimant on January 13, 2011, her objective neurological and mechanical examinations were normal and that her symptoms were unsupported by imaging studies or clinical findings. Based upon the Commission's determination that the claimant lacked credibility, the video, and the conflicting medical opinions in the record, we are unable to conclude that the Commission's finding that Dr. Ray's opinions are unpersuasive is against the manifest weight of the evidence.

¶ 40 The nature and extent of a claimant's disability is a question of fact to be determined by the Commission. *Oscar Mayer & Co. v. Industrial Comm'n*, 79 Ill. 2d 254, 256 (1980). The Commission's finding in this case that the claimant's testimony relating to her condition of ill-being lacked credibility and its rejection of Dr. Ray's opinions, coupled with the surveillance video and the opinions of Dr. Lange, are sufficient to support its conclusion that, as of the date of the arbitration hearing, the claimant's condition of ill-being related to her work accident had resolved.

¶ 41 Next, the claimant argues that the Commission's findings that she failed to prove her entitlement to TTD benefits after February 15, 2012, or prospective medical treatment as recommended by Dr. Ray are against the manifest weight of the evidence. We will address each issue in turn.

¶ 42 In order to be entitled to TTD benefits, a claimant must show not only that she did not work, but also that she was unable to work. *Health & Hospitals Governing Comm'n of Cook County v. Industrial Comm'n*, 72 Ill. 2d 263, 274 (1978). The time during which a claimant is temporarily totally disabled is a question of fact to be resolved by the Commission. *Archer Daniels Midland Co. v. Industrial Comm'n*, 138 Ill. 2d 107, 118-19 (1990).

¶ 43 The only evidence in the record supporting the claimant's argument that she is entitled to TTD benefits after the date of arbitration is her testimony that she is in constant pain and unable to perform basic living activities, which the Commission found lacking in credibility, and the opinions of Dr. Ray based upon the claimant's subjective complaints, which the Commission also found unpersuasive. In contrast, the surveillance video depicts the claimant functioning normally. She is moving her head, neck and arms in an unrestricted fashion, bending up and down, walking briskly, and lifting grocery bags. Further, when deposed, Dr. Ray failed to articulate the reasons why the claimant was unable to work and failed to describe her functional limitations. These facts, coupled with Dr. Lange's finding that the results of his neurologic and mechanical examinations of the claimant were normal, are sufficient to support the Commission's determination that the claimant failed to prove her entitlement to TTD benefits after February 15, 2012.

¶ 44 Finally, we address the claimant's argument that the Commission's finding that she failed to prove that the surgery recommended by Dr. Ray is reasonably necessary to cure or relieve the

effects of her work accident and its consequential denial of her request for an order for prospective medical care are against the manifest weight of the evidence.

¶ 45 The question of whether medical services are reasonably necessary to cure or relieve the effects of a work-related injury is a question of fact to be resolved by the Commission, and its resolution of the issue will not be disturbed on appeal unless it is against the manifest weight of the evidence. *Cole v. Byrd*, 167 Ill. 2d 128, 136-37 (1995). In this case, the Commission credited Dr. Lange's opinion that the claimant is not a candidate for surgical intervention, and it found Dr. Ray's recommendation to the contrary unpersuasive. In so doing, the Commission resolved a conflict in medical evidence, and we are unable to find that a conclusion opposite to that of the Commission is clearly apparent. Consequently, we find that the Commission's determination that the claimant failed to prove that the surgery recommended by Dr. Ray is reasonably necessary to cure or relieve the effects of her work accident and its consequential denial of her request for prospective medical care are not against the manifest weight of the evidence.

¶ 46 Based upon the foregoing analysis, we reject each of the claimant's assignments of error and, therefore, affirm the judgment of the circuit court which confirmed the Commission's decision and remand the matter back to the Commission for further proceedings.

¶ 47 Affirmed and remanded.