OPINION ENTERED: June 14, 2012

CLAIM NO. 201095778

LEEANNA ATWOOD PETITIONER

VS. **APPEAL FROM HON. DOUGLAS W. GOTT, ADMINISTRATIVE LAW JUDGE**

CONNECTING HEARTS, LLC
and HON. DOUGLAS W. GOTT,
ADMINISTRATIVE LAW JUDGE RESPONDENTS

OPINION
AFFIRMING

* * * * * *

BEFORE: ALVEY, Chairman; STIVERS and SMITH, Members.

ALVEY, Chairman. Leeanna Atwood ("Atwood") seeks review of the opinion, award and order rendered February 2, 2012 by Hon. Douglas W. Gott, Administrative Law Judge ("ALJ") dismissing her claim for benefits against Connecting Hearts, LLC ("Connecting Hearts") for cervical, head and psychological injuries. The ALJ awarded Atwood temporary

total disability benefits and medical benefits for her head injury. Neither party filed a petition for reconsideration.

On appeal, Atwood argues the evidence established Atwood suffers from a major depressive condition which compels a finding of some impairment stemming from her psychological injury alone "and/or in combination with an exacerbation and/or activation of those pre-existing conditions into disabling reality." Atwood insists Dr. Ruth's opinion should be disregarded as inconsistent. She also argues Dr. Toennis should not be criticized for his inability to assess an impairment pursuant to the AMA Guides. Atwood appeals only the ALJ's decision regarding her psychological condition. We do not agree and therefore affirm.

Atwood testified by deposition on July 14, 2011 and at the hearing held on December 14, 2011. She is a resident of Hebron, Kentucky who was born September 3, 1958. She completed high school and received a certificate in phlebotomy. Atwood's work history includes employment as a food preparer, nursing assistant, telemarketer and factory worker. She began working for Connecting Hearts on September 6, 2007 as a home health assistant and was acting in such capacity on January 8, 2010. As a home health

assistant, Atwood bathed patients, assisted patients with dressing, cooked and performed light housekeeping.

Atwood testified she previously injured her lower back in 1989, which completely resolved. She was also involved in two motor vehicle accidents, neither of which resulted in any injury. Atwood denied any other slip and falls or other injuries prior to January 8, 2010. Atwood testified she has received treatment for diabetes, Grave's disease, rheumatoid arthritis and heart disease. She was hospitalized after suffering a "nervous breakdown" years ago when she lost a child during childbirth.

Atwood testified that on January 8, 2010, her husband drove her to a patient's home because it had snowed the night before. She walked into the breezeway, which connected the house and the garage, and slipped on a threshold covered with snow and ice. Atwood testified as follows:

> A: . . . . And I went to walk in, and I stepped on the threshold, which I guess was icy, and the last thing I remember is going forward and my head repeatedly hitting the ground and my glasses flying off.
>
> . . . .
>
> Q: Okay. I understand now. All right. And what is the next thing that you do remember after you fell?

> A: I remember my husband asking to help me up. And I couldn't move. My brain would not send a signal to my legs. I had no feeling whatsoever in my legs.

Her husband took her to the emergency room at St. Luke Hospital and she was released that day. Atwood testified she did not remember what was done at the hospital, but at the time, her head hurt and the feeling in her legs waxed and waned. Atwood does not remember whether she lost consciousness on January 8, 2010. The next day, Atwood treated at St. Elizabeth Hospital. Atwood continues to treat with Drs. Haney and Pagani who she sees once every two months. Atwood testified Dr. Pagani prescribes Topiramate, Ambien, Mobic, Cyclobenzaprine, Cymbalta, Abilify and Vicodin as a result of her January 8, 2010 slip and fall. Atwood testified neither physician has released her to return to work, nor has she returned to any employment since January 8, 2010.

Atwood testified she currently suffers from constant headaches, neck pain radiating into her shoulder, arm and hand numbness, sharp shooting pain in her right eye, blurred vision in her right eye and memory loss. Atwood testified she could remember everything prior to the accident, but now she has to write everything down. She has not suffered a panic attack since August or September 2007

and she had no problem going to and from work due to her panic attacks or depression. She has actively treated for depression since her slip and fall.

Stanley Atwood ("Stanley"), Atwood's husband of six years, also testified at the hearing on December 14, 2011. He confirmed he drove Atwood to work the morning of January 8, 2010. He testified he did not actually see her fall, but he went to her aid when he noticed her lying on the ground. Stanley also testified Atwood had experienced memory loss since the slip and fall incident.

Atwood filed the Form 101 on April 14, 2011, alleging she injured her head when she slipped and fell on January 8, 2010. Atwood supported the filing with the medical record of Dr. Luis Pagani, a neurologist, dated May 18, 2010. Dr. Pagani noted Atwood has no recollection of the fall and continues to suffer from memory loss, head pain, and neck pain radiating to her shoulders and chest. He also noted an episode of hand numbness with digit tingling. Atwood was referred for a SPECT scan and a Carotid Doppler study on March 23, 2010. The SPECT scan was interpreted by Dr. Pretroius as abnormal and consistent with mild cognitive impairment but "showed intact cerebral flow reserved overall is an encouraging finding which is absent in nearly 70% of patients with traumatic brafin (sic)

injuries." The Carotid Doppler demonstrated bilateral carotid plaques, 40-59% narrowing on the right and 60-79% on the left. Dr. Pagani diagnosed post-concussion syndrome and bilateral carotid artery disease. He prescribed hydrocodone and Cymbalta for depression.

Atwood submitted the medical record of Dr. Pagani dated June 23, 2011. He noted Atwood had a continuation of symptoms. Dr. Pagani noted Atwood's past medical history of arthritis, headaches, stroke, diabetes, reflux, Graves' disease, polymyalgia rheumatic, asthma, major depression and anxiety. Dr. Pagani noted Atwood had visited the emergency room recently for a suspected stroke. He reviewed the SPECT scan, Carotid Doppler, a normal MRI of the brain, a normal CT of the head, and a chest x-ray. Dr. Pagani diagnosed post-concussion syndrome or traumatic brain injury and major depressive disorder with anxiety. Dr. Pagani concluded:

> CAUSATION: Directly related to the fall in January of 2010 at work.
>
> IMPRESSION: This is a permanent injury, and the symptoms will continue into the future. The patient is totally disabled to return to work, and it[sic] will be so in the future; in other words, she is permanently and totally disabled. In regard to Chapter 12 of the Second Edition, I think that her case fits the class of impairment for 55-75% or an average number of 65%.

Atwood submitted the psychological report prepared by Dr. Spencer Booth, a psychologist with Cincinnati Counseling Services, dated February 22, 2011. Dr. Booth noted Atwood complained of weight gain, difficulty sleeping, tiredness, and feelings of anger, frustration and depression. Dr. Booth noted her flat affect, memory trouble and tearfulness during examination. Testing indicated severe intellectual impairment and mild mental retardation, vulnerability to periods of affective disturbance, severe psychological distress with a preoccupation by physical and health complaints, acute emotional distress, severe depression, major depressive disorder and anxiety. As a result, Dr. Booth diagnosed major depressive disorder and generalized anxiety disorder. He also noted Atwood had severe impaired cognitive functioning.

Atwood submitted the medical report of Dr. Bruce Siegel dated July 11, 2011 who noted Atwood had struck her head and face, and jarred her neck as a result of the slip and fall. Atwood complained of recurrent headaches, pain in her neck, shoulder and behind her right eye, memory loss, poor balance and dizziness. Based upon the medical records, physical exam, consistent subjective complaints, and injury mechanism, Dr. Siegel opined Atwood:

> continues to suffer with symptoms related to the post concussion syndrome with memory loss and headaches, ie.[sic] traumatic brain injury and the major depressive disorder with anxiety. She also suffers with a cervical sprain of the neck.

Dr. Siegel opined Atwood will require ongoing medical treatment with no improvement anticipated in the foreseeable future. Dr. Siegel assessed a 15% impairment rating for her cervical sprain and strain and a 5% impairment rating for her recurrent headaches, for a combined 19% impairment rating, pursuant to the American Medical Association Guides to Evaluation of Permanent Impairment, 5th Edition ("AMA Guides"). He also noted he would not render a psychological impairment rating, but pursuant to Table 14-1, "it appears her impairment functioning falls between a Class III for moderate impairment and Class IV for marked impairment. . . ." Dr. Siegel opined Atwood is unable to work, and she is permanently and totally disabled solely due to the injuries of January 8, 2010. He restricted Atwood to no prolonged standing, bending, reaching, lifting and pulling on patients as required of a home health care nurse.

Atwood submitted a vocational report prepared by Dr. Mark Toennis, a psychologist, dated July 30, 2011. Dr. Toennis administered a clinical interview, several tests,

and reviewed Atwood's medical records. He observed she had suffered considerable trauma during her life and noted a probable history of post-traumatic stress disorder. Subsequent to testing, Dr. Toennis opined her daily living activities are impacted by her reported physical injuries and mental status. He also noted a depressed level of concentration and a negative impact on her capacity to recall previous information. Using the AMA Guides, 5th Edition, Dr. Toennis opined Atwood fell into the following classes: Class 4, marked impairment in the area of activities of daily living; Class 3, moderate impairment of social functioning; Class 4, marked impairment in the area of adaptation; and Class 4, marked impairment in the area of concentration, persistence and pace. For mental health disorder pursuant to the AMA Guides, 2nd Edition, Dr. Toennis found:

> Intelligence – 3 mildly retarded to moderately retarded due to her lower working memory results
>
> Thinking – 2 slight deficit due to limits in focus and attention and delayed processing
>
> Perception – 1 no deficit
>
> Judgment – 1 to 2 no to slight deficit due to processing delays

> Affect - 2 slight problem likely due to physical discomfort and medication effects
>
> Behavior – 1 no real concerns
>
> Ability – 2 needs minor help
>
> Potential – 4 condition static with possible 3 based upon the impact of medication and talk

Dr. Toennis diagnosed major depression and chronic pain disorder associated with psychological factors and medical condition. He opined Atwood is permanently disabled and not trainable for renewed employment. Dr. Toennis recommended Atwood continue her pharmaceutical regimen and pursue talk therapy to address her depression. In an addendum dated September 6, 2011, Dr. Toennis assessed, pursuant to the AMA Guides, 2nd Edition, the following percentages of disability: Intelligence 10-20%, Thinking 10-20%, Affect 10-20%, Activities of Daily life 55-75%, Potential 55-75%.

Finally, Atwood submitted a physical therapy note from St. Elizabeth Healthcare dated May 18, 2010, which noted minimal progression with physical therapy after three weeks, and recommended additional therapy, including speech therapy.

A psychiatric evaluation was performed on August 16, 2011 by Dr. Douglas Ruth, a psychiatrist, at the request

of Connecting Hearts. Dr. Ruth diagnosed panic disorder with agoraphobia and depressive disorder, NOS. He noted Atwood complained of cognitive symptoms, but found them to be feigned or exaggerated. Dr. Ruth opined Atwood's symptoms of anxiety and depression pre-existed her injury date. Her panic disorder is pre-existing since medical records demonstrate she underwent treatment prior to the work injury. However, Dr. Ruth noted less detail regarding specific symptoms and treatment of a depressive disorder in her prior medical records. He also noted Atwood could not provide a date for the onset of her depression symptoms, other than they arose after the work injury. Dr. Ruth concluded Atwood's self-report to be unreliable since she had also stated her anxiety treatment started after the work injury, despite medical records showing otherwise. Dr. Ruth opined more likely than not, the depressive symptoms were also pre-existing. Dr. Ruth also noted a pattern of dissimulation, citing several inconsistencies in Atwood's self-reporting and her medical records, her implausible and non-physiological history, inconsistencies in her stated deficits and her activities, her lack of effort in testing, and testing results indicating marked exaggeration of her current symptoms and functional limitations while under-reporting those preceding the work injury.

In an addendum dated September 12, 2011, Dr. Ruth assessed a 3% impairment rating pursuant to the AMA Guides, 5th and 2nd Edition. He further noted:

> The entirety of this psychiatric impairment rating is attributable to her pre-existing psychiatric conditions. While Ms. Atwood reported increased psychiatric complaints following the work incident, the examination reveals numerous indicators of feigning, symptom exaggeration, and over reporting of complaints following the work injury while, on the other hand, she markedly minimized those problems that preceded the work incident. There is no credible evidence that she has greater psychiatric problems following the work incident and those preceding it.

Connecting Hearts submitted the medical report of Dr. Kriss, a neurosurgeon, dated October 31, 2011. He noted current complaints of constant headache, neck pain radiating into the shoulder, bilateral hand weakness and loss of balance, memory and concentration. Atwood attributed all her symptoms to her slip and fall and denied any pre-existing conditions. Dr. Kriss noted Atwood is severely depressed and had the "flattest affect I have ever seen in a patient." Upon examination, Dr. Kriss noted exaggerated responses. Dr. Kriss diagnosed absence of concussion/brain injury and resolved contusions to her head and face. He found Atwood did not sustain a concussion on January 8, 2010 since there was no loss of consciousness, no evidence of

structural intracranial findings of brain trauma, no neurologic symptoms upon initial emergency room visit, no neurologic findings at any of the multiple initial medical evaluators, normal follow-up MRI and head CT, and a normal initial Glasgow coma score. Dr. Kriss also noted his disagreement with Dr. Pretorius' interpretation of the SPECT scan and stated the scan is a "famously unreliable test for brain imaging, particularly for traumatic brain injury, and for all intent and purposes, is NEVER utilized in the clinical management of traumatic brain injury."

Dr. Kriss further opined Atwood's headaches were migraines, rather than post-concussive headaches, for which she has a pre-existing active history. He also noted no medical evidence whatsoever supports a cervical structural injury, permanent harmful change, pinched nerve, radiculopathy, pinched spinal cord or myelopathy. Dr. Kriss noted no traumatic brain injury, citing the normal Glasgow coma score, head CTs and brain MRI scan. Pursuant to the AMA Guides, 5th Edition, Dr. Kriss assigned a 0% impairment rating for Atwood's cervical condition. He found Atwood reached maximum medical improvement on February 22, 2011, declined to assign permanent physical restrictions, and noted there is no work-related reason why she could not return to her previous work duties.

Regarding Atwood's psychological claim, Dr. Kriss opined Atwood has a documented pre-existing, active history of psychosomatic symptoms. He noted her history of panic disorder and treatment since 2007. He noted a documented history of pre-existing, active panic attacks, anxiety and depression, conditions defined by subjectively debilitating symptoms which nonetheless have no physical basis. Finally, Dr. Kriss opined her contusion and normal test results cannot cause the vast majority of Atwood's complaints and psychiatric conditions.

Finally, Connecting Hearts submitted a vocational evaluation prepared by Ralph Haas, a vocational counselor, on October 1, 2011. Haas noted Atwood showed no observable signs of physical discomfort during the examination, a muted affect, and was slow to respond to questions. Haas opined if Atwood was considered capable of doing at least sedentary work from an orthopedic standpoint, consistent with Drs. Siegel's and Ruth's opinions, she would be able to compete in a variety of jobs including health care support, customer services, sales, telesales, administrative support, cashier jobs and paraprofessional jobs.

In a decision rendered February 2, 2012, the ALJ dismissed Atwood's claim for benefits for both her physical and psychological injuries, but awarded her temporary total

disability benefits and medical benefits for her head injury. The ALJ stated as follows:

> **b. Cervical claim.**
>
> The ALJ finds that Atwood has not sustained her burden of proving a cervical spine injury on January 8, 2010. The only medical evidence supporting the cervical claim is from Dr. Siegel, Atwood's evaluating physician, and the ALJ did not find it to be reliable in this instance. Dr. Siegel's report primarily focuses on the post concussion syndrome he says Atwood still suffers from, but he then summarily assigns 15% impairment for "cervical sprain and strain." The ALJ does not find that rating reliable, in part because it is assigned under the range of motion method of the AMA Guides, with no explanation as to why the DRE method was not used. The Guides, at page 379, states that the DRE method "is the principal methodology used to evaluate an individual who has had a distinct injury," and that if the DRE is not applicable then the reason for using the ROM method "must be carefully supported in writing." Even if the ROM method was applicable, the calculations for arriving at 15% impairment are not stated. Additionally, there are no treatment records documenting a cervical spine injury, or diagnostic studies to support such an injury. The ALJ also recognized that Dr. Pagani, a neurologist trained to treat cervical disorders, did not treat or rate a cervical condition. Dr. Kriss' opinion that Atwood suffered no cervical injury is more persuasive in this instance.
>
> Further, Dr. Siegel's rating of 5% for headaches under the pain chapter of

the AMA Guides is unreliable. Chapter 18 provides for an increase in impairment of up to 3%, and that is only after a pain-related assessment is performed, of which there is no mention in Dr. Siegel's report.

b.[sic] Psychological claim.

Ms. Atwood presents a sympathetic case in some respects, but she simply has not sustained her burden of proving a permanent injury based on the poor evidence presented.

To begin with, the ALJ finds that Dr. Kriss accurately states that there is no objective evidence to support the diagnosis of a concussion. That Atwood sustained a cognitive injury is contradicted by the lack of loss of consciousness; the lack of neurologic symptoms or findings at the hospital; the normal brain MRI and CT studies; and a normal Glasgow coma score. While this ALJ has had occasion in prior opinions to express reservations about Dr. Kriss' ventures into advocacy in his reports, his explanation of the lack of reliability of the allegedly positive SPECT scan result is accepted here.

Next, Dr. Pagani's evidence was not persuasive. As noted above in the summary of Dr. Pagani's evidence, there are mishaps in his dictation that affect the overall reliability of his opinions. While any physician is theoretically qualified to give a medical opinion, even outside his or her area of expertise, Dr. Pagani's opinion on psychological impairment from his perspective as a neurologist is not persuasive here. He assigns numerical impairment from the Second Edition of the Guides, which is appropriate, but is to be done only after having first

assigned the corresponding, non-numerical class of impairment from the Fifth Edition. *Knott County Nursing Home v. Wallen*, 74 S.W.3d 706 (Ky. 2002). He did not indicate that he analyzed Atwood's impairment under the Fifth Edition. Dr. Pagani also was unaware of and therefore failed to properly consider Atwood's preexisting psychological condition, one that her own evaluator, Dr. Toennis, said was consistent with post traumatic stress and depression.

Finally, the evidence from Dr. Toennis was not deemed reliable because it demonstrated a lack of knowledge of the AMA Guides. In his first report, Dr. Toennis assigned impairment for each of the four separate "Area or Aspect of Functioning" considerations for determining a class of impairment under the Fifth Edition. From that, his average was a Class 4. He did not translate that opinion of Class 4 impairment into an opinion of numerical impairment from within the 55-75% range of Class 4 impairment in the Second Edition. He complicated matters in the first report by also assigning impairment for the[sic] each of the eight separate "Mental Status," "Activities of Daily Living," and "Rehabilitation of Treatment Potential" categories that are provided for in the Second Edition for determining the applicable class of impairment. The average of those ratings would be Class 2, which is not consistent with the Class 4 he assigned using the Fifth Edition criteria. In his supplemental report, he translates the classes of impairment from Second Edition Class 2 criteria – instead of the Fifth Edition criteria – into numerical percentages. He never stated a sum total opinion on impairment. He never translated his

> opinion on a class of impairment from the Fifth Edition into a numerical percentage under the Second Edition. When Dr. Toennis stated that "the following percentages of disability are presented" for Atwood's condition, this ALJ recognized a lack of working knowledge of the AMA Guides from erroneously interchanging the use of the terms "impairment" and "disability." Also, although Dr. Toennis acknowledged that Atwood had a history consistent with preexisting post traumatic stress and depression, he did not follow up to give an opinion on whether her impairment should be appoprtioned[sic] between her pre- and post-injury status. Overall, Dr. Toennis' evidence was simply not reliable.
>
> The actual occurrence of Atwood's fall appeared to be somewhat called into question by questions asked of her on cross examination, but the ALJ believes such a fall occurred as the photographs taken afterwards clearly demonstrate. The Defendant never presented any information about payment of medical or TTD information, and therefore must rule as if no TTD was paid. Based on Dr. Kriss' opinion that Atwood would have reached maximum medical improvement within six weeks of the injury, the ALJ finds that she is entitled to TTD through February 22, 2010.

Neither party filed a petition for reconsideration. Atwood only appeals the ALJ's decision pertaining to her alleged psychological injury. On appeal, Atwood argues the evidence demonstrates she is suffering from a major depressive event and she specifically argues the following:

> Petitioner probably did have a psychological impairment pre-injury but feels the totality of the record as a whole compels a finding of at least some degree of psychological impairment due to this injury alone and/or in combination with an exacerbation and/or activation of those pre-existing conditions into disabling reality.

Atwood also argues Dr. Ruth's report should be disregarded because of inconsistences and Dr. Toennis should not be criticized for his inability to assess an impairment rating pursuant the AMA Guides.

As the claimant in a workers' compensation proceeding, Atwood had the burden of proving each of the essential elements of his cause of action, including psychological injury. Burton v. Foster Wheeler Corp., 72 S.W.3d 925 (Ky. 2002). Since Atwood was unsuccessful before the ALJ regarding her alleged psychological injury and causation, the question on appeal is whether the evidence compels a finding in her favor. Wolf Creek Collieries v. Crum, 673 S.W.2d 735 (Ky. App. 1984). Compelling evidence is defined as evidence so overwhelming no reasonable person could reach the same conclusion as the ALJ. REO Mechanical v. Barnes, 691 S.W.2d 224 (Ky. App. 1985).

In the case *sub judice*, no petition for reconsideration was filed. Therefore, on questions of fact,

the Board is limited to a determination of whether there is substantial evidence contained in the record to support the ALJ's conclusion. Stated otherwise, inadequate, incomplete, or even inaccurate fact-finding on the part of an ALJ will not justify reversal or remand if there is substantial evidence in the record that supports the ultimate conclusion. Eaton Axle Corp. v. Nally, 688 S.W.2d 334 (Ky. 1985).

In rendering a decision, KRS 342.285 grants the ALJ as fact-finder the sole discretion to determine the quality, character, and substance of evidence. AK Steel Corp. v. Adkins, 253 S.W.3d 59 (Ky. 2008). The ALJ may draw reasonable inferences from the evidence, reject any testimony, and believe or disbelieve various parts of the evidence, regardless of whether it comes from the same witness or the same adversary party's total proof. Jackson v. General Refractories Co., 581 S.W.2d 10 (Ky. 1979); Caudill v. Maloney's Discount Stores, 560 S.W.2d 15 (Ky. 1977). Although a party may note evidence supporting a different outcome than reached by an ALJ, such proof is not an adequate basis to reverse on appeal. McCloud v. Beth-Elkhorn Corp., 514 S.W.2d 46 (Ky. 1974). The function of the Board in reviewing an ALJ's decision is limited to a determination of whether the findings are so unreasonable

they must be reversed as a matter of law. Ira A. Watson Department Store v. Hamilton, 34 S.W.3d 48 (Ky. 200). The Board, as an appellate tribunal, may not usurp the ALJ's role as fact-finder by superimposing its own appraisals as to weight and credibility or by noting reasonable inferences that otherwise could have been drawn from the evidence. Whittaker v. Rowland, 998 S.W.2d 79 (Ky. 1999).

That said, we do not find the evidence compels a finding of psychological impairment due to Atwood's work-related injuries occurring on January 8, 2010. The ALJ found the opinion of Drs. Pagani and Toennis unpersuasive and provided his reasoning for so finding. The opinions of Drs. Ruth and Kriss constitute substantial evidence establishing Atwood did not sustain a psychological injury. Dr. Ruth diagnosed panic disorder with agoraphobia and depressive disorder, NOS and assigned a 3% impairment rating which he attributed to her pre-existing psychiatric conditions. He noted Atwood's prior treatment for panic attacks and anxiety was well documented in her medical records. He also found Atwood's self-report of depressive symptoms beginning after the January 8, 2010 unreliable in light of the fact she could not identify a date of symptom onset and had denied prior treatment for anxiety, despite medical records showing otherwise. Dr. Ruth also emphasized

indicators of feigning, symptom exaggeration, and over-reporting of complaints following the work injury while, on the other hand, she markedly minimized those problems preceding the work incident.

Dr. Kriss also opined Atwood has a documented pre-existing active history of psychosomatic symptoms, and he noted her history and treatment of panic attacks, anxiety and depression. He also concluded injuries sustained as a result of her slip and fall on January 8, 2010 could not have caused Atwood's psychiatric conditions.

Likewise, we do not find the evidence compels a finding of head or cervical injuries were sustained as a result of the January 8, 2010 fall. Dr. Kriss found Atwood did not sustain a concussion or traumatic brain injury, and he noted her head CTs, MRI and Glasgow coma score were all normal. Dr. Kriss opined Atwood's primary complaint was migraine headaches, which were pre-existing and active prior to the date of injury. He also noted no medical evidence whatsoever supported the finding of a cervical injury. The ALJ noted the only medical evidence supporting a cervical injury came from Dr. Seigel, whom he found unreliable. As noted by the ALJ, Dr. Pagani, Atwood's treating neurologist and spine specialist, did not treat or rate a cervical condition. We believe the ALJ's decision is supported by

the evidence of record and a contrary result is not compelled.

Accordingly, the ALJ's decision rendered February 2, 2012 dismissing Atwood's claim for benefits for physical and psychological injuries, is hereby **AFFIRMED.**

ALL CONCUR.

COUNSEL FOR PETITIONER:

HON GREGORY B KRIEGE
P O BOX 249
COLD SPRING, KY 41076

COUNSEL FOR RESPONDENT:

HON MELANIE B GABBARD
P O BOX 34048
LEXINGTON, KY 40588

ADMINISTRATIVE LAW JUDGE:

HON DOUGLAS W GOTT
400 EAST MAIN ST, STE 300
BOWLING GREEN, KY 42102