

OPINION ENTERED: SEPTEMBER 14, 2012

CLAIM NO. 201199821

NANCY RUSSMAN

PETITIONER

VS.

**APPEAL FROM HON. JEANIE OWEN MILLER,  
ADMINISTRATIVE LAW JUDGE**

JEFFERSON COMMUNITY TECHNICAL COLLEGE  
and HON. JEANIE OWEN MILLER,  
ADMINISTRATIVE LAW JUDGE

RESPONDENTS

**OPINION AFFIRMING**

\* \* \* \* \*

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

**SMITH, Member.** Nancy Russman ("Russman") appeals from the March 23, 2012 Opinion, Order and Award rendered by Hon. Jeanie Owen Miller, Administrative Law Judge ("ALJ"), finding Russman sustained a temporary injury on November 4, 2010 within the course and scope of employment with Jefferson Community & Technical College ("JCTC"). The ALJ awarded a period of temporary total disability ("TTD") benefits and a limited period of medical benefits. Russman

also appeals from an April 20, 2012 order denying her petition for reconsideration. Russman argues she sustained a permanent injury at the L4-5 disc level as a result of the incident.

Russman filed her Form 101, Application for Resolution of Injury claim on September 9, 2011, alleging she injured her low back when she stepped in a hole on November 4, 2010. Russman, now age 61, is a college graduate with an Associate degree in Culinary Arts.

Russman testified by deposition on December 14, 2011, and at the hearing held January 26, 2012. Hired in August 1995 as a chef-instructor, she taught management classes and conducted cooking classes five hours or more every day. Her duties involved walking, repetitive lifting, climbing, stooping, twisting, bending, picking things up, and going in and out of the walk-in refrigerator, freezer/locker, and dry storage pantry. She had to frequently lift heavy sauté pans filled with food, use knives and lift heavy stockpots. She also lifted and carried bags of flour and sugar weighing 25 or 50 pounds and lifted other dry ingredients which were shipped in 50 pound bags.

In October 2009, Russman was promoted to academic program coordinator for the Culinary Arts Department and continued to perform her job as a chef-instructor. She

indicated the increased workload caused her to have mental stress and physical difficulty ambulating due to back pain. She acknowledged having back pain since 2004 and taking Percocet for that condition. She was also taking Paxil for anxiety and depression prior to September 9, 2011. Her physician ordered her to use a motorized scooter to commute from one building to another on campus.

Russman stated she had been involved in a motor vehicle collision in 2008 sustaining a closed head injury, a torn left medial meniscus and a broken bone in a toe of her left foot. She acknowledged she had a permanent handicap parking tag prior to the work injury.

Russman testified that on November 4, 2010, she was returning from a restaurant supply store when she stepped in a hole while walking across a grassy area. She was carrying an oven peel and oven brush which were four or five feet in length. Russman used them like a cane to avert falling. As she entered the building she took the tools to the kitchen and then went to her office and laid down on the floor with a stool underneath her knees. She completed an accident report and left it in Dr. Besser's mailbox in the business department.

Russman testified her pain following the work incident was unlike anything she had experienced in the past. She stated:

I had a pain where I never had pain before, and it was in my, for lack of better words, right butt and my bottom and then it was going down my right shin in the front, and this is never happened before, ever, and that's why I was freaking, but I kept thinking, okay, I can control this, I can do it, I'm German, I'm very headstrong, and I'm going to win, you see.

Russman testified she performed home exercises to keep her pain level down and stayed home and rested over the weekend. On Monday, November 8, 2010, she returned to JCTC and met with Dr. Besser. She verified Dr. Besser had received the accident report.

Russman continued to work until November 14, 2010. Russman stated her pain became so great she was throwing up and almost passing out.

At the hearing, Russman acknowledged she had prior low back pain as well as pain in her right thigh and feet. She had treated with Dr. Jeffrey Berg for this condition. Dr. Berg treated her with pain medication and administered epidural injections. She stressed the pain in her right buttock and shin was a new complaint resulting from the work injury.

Russman submitted the November 17, 2011 and February 16, 2012 reports and records of Dr. Joseph G. Werner, Jr. On November 17, 2011, Dr. Werner noted a history of Russman stepping in a hole at work and experiencing pain in the right buttock and right lower extremity. He noted Russman reported the buttock and shin pain were new complaints. Dr. Werner stated "the new finding on MRI was right L4-5 far lateral disc extrusion, which was quite large and did indeed match the radiating buttock pain and her side of weakness." Dr. Werner indicated Russman had reached maximum medical improvement ("MMI") but continued to have residual left buttock and right lower extremity pain. He assessed a 10% whole person impairment pursuant to the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition ("AMA Guides").

In his February 16, 2012 report, Dr. Werner stated as follows:

When I first saw Ms. Russman on 2/1/11, she stated that after the November 4th accident, "the difference she states is the pain is in the buttock and in the shin and that these areas are new to her". Shin pain typically is associated with L4, or possibly the L5 dermatome. Her MRI obtained in February of 2011 did show a right far lateral L4-5 disc extrusion, quite large, which I believe matched the site of her pain. This was distinctly different from previous MRI findings, and I thought was entirely

consistent with her report of new injury and new leg ("shin") pain. I tend to believe that this matches perfectly her description and therefore had no reason to question Ms. Russman's testimony. I have not, however, completely examined the entirety of Dr. Travis' testimony, and if there exists prior documentation of such pain then that would tend to refute at least her history. On the other hand, the MRI findings are completely new and distinct from any previously seen or described. Certainly other levels can cause shin pain as I described L4 and L5.

Dr. Werner stressed the February 2011 MRI showed a distinctly new finding of far lateral disc protrusion at the L4-5 disc level. He stated the 2008 and prior MRIs demonstrated significantly lesser findings according to reports. Dr. Werner acknowledged he did not personally review the prior reports.

JCTC submitted the report of Dr. Terry Troutt who reviewed extensive medical records and diagnostic studies. Dr. Troutt stated Russman's current symptoms were related to or the direct result of pre-existing active conditions. He indicated Russman had reached MMI. Dr. Troutt stated the findings in the 2010 MRI were basically unchanged from the lumbar MRI taken in 2008. He noted Russman had a condition of chronic low back pain prior to the injury on November 4, 2010. He also noted she had a long history of treatment for

low back pain as early as 2003 with radicular pain in the lower extremity. Dr. Troutt noted a March 5, 2003 MRI also revealed the right lateral neural foraminal stenosis, moderate in severity, as shown in the 2010 MRI. He further stated a December 17, 2010 note reported no focal neurological deficits to support lumbar radiculopathy and no measured lumbar spine range of motion loss to support any significant measured functional deficits. Dr. Troutt stated as follows:

Documentation supports lumbar spine sprain/strain associated with the Nov. 2010 fall and temporary exacerbations of the pre-existing condition of lumbar spine degenerative joint disease (DJD) associated with history of CLBP. There is no objective evidence regarding exacerbation of lumbar spine pre-existing degenerative disc disease (DDD) comparing the 2010 MRI of the lumbar spine to the 2008 and 2003 MRI findings. Injured worker should be proficient with the use of a HEP shown to her in the past by PT to maximize strength, conditioning of the lumbar support structures. Yes, the injured worker has had sufficient time to heal from injuries described above. Maximum medical improvement (MMI) as of 1-14-11, no current objective findings in documentation supporting measured functional deficits in relation to the lumbar spine that have not existed prior to the injury date in question.

JCTC submitted treatment notes from Dr. Terry Weiss relating to treatment from November 8, 2007 through November

2, 2010. Notes from October 2009 through January 2010 indicate Russman needed a scooter to help her travel around the campus. Notes from February 23, 2010 onward, document the continuing use of a scooter. Records also reflect ongoing complaints of back pain and that Russman is being followed by Dr. Jeffery Berg for that condition.

JCTC submitted medical records from Dr. Berg relating to treatment from 2003 through 2010. Numerous notes indicate treatment for disc protrusions at L2-3, L3-4 and L4-5. Russman was noted to have thigh pain as early as December 10, 2004. Records from 2009 contain numerous notations of lumbar degenerative disc disease at L3-4 and L4-5 with foraminal stenosis. Records in 2009 also report complaints of radiation into the right knee and foot.

JCTC submitted medical records from Louisville Bone and Joint Specialists, P.S.C. These records include an MRI study of the lumbar spine performed on March 5, 2003 revealing disc desiccation and slight annular disc bulging at L4-5. A May 22, 2008 MRI showed disc desiccation and 2 to 3 mm far right posterior lateral disc bulging at L4-5. There was mild narrowing of the inferior right neural foramen. The bulging at L4-5 was noted to have increased from the prior examination. A December 12, 2008 MRI revealed a stable 2 to 3 mm far right posterior lateral disc

bulge with stable mild right intervertebral foraminal stenosis and bilateral facet hypertrophy.

A February 1, 2011 report records the history of Russman stepping into a hole at work, injuring her buttocks and right lower extremity. The records contain results of a February 10, 2011 MRI revealing a 5 to 6 mm far right posterior lateral disc herniation which appeared to touch but not definitely displace the exiting right L4 nerve root in the neural foramen. In an addendum to that report, Dr. Beth Debose stated the disc herniation at L4-5 was increased in size in comparison to the right posterior lateral disc bulge seen on the previous examination. A February 15, 2011 note indicates Russman's MRI shows a right L4-5 far lateral disc extrusion, "quite large, which would appear to be the source of her pain and leg weakness."

JCTC submitted the report of Dr. Russell Travis who performed an independent medical evaluation on January 4, 2012. Dr. Travis reviewed extensive medical records and diagnostic studies and provided a 27 page summary of those records. He took a history from Russman and performed a physical examination. His impression was complaints of low back pain and pain in the right lower extremity. He noted this was not a new complaint. From his review of the medical records, he noted Russman had complained of pain in

the low back and right lower extremity since at least April 7, 2003. He also noted Russman had been on Percocet on a monthly basis since at least December 11, 2002. He noted there were practically monthly visits to the Norton Audubon Hospital and Dr. Burks' pain clinic since 2002 and 2003.

Dr. Travis stated:

Although she related to me in the history I took that she had not had pain in the right leg, i.e. "shin pain", she apparently has forgotten the past history of extensive low back pain and right leg pain. "Right leg pain" indicates pain below the knee, in the shin or at least in the right leg, which is [sic] had for quite some time, at least 2003-2004. For reasons that are unclear on 3/2/05 her Percocet was increased to q 8 h. By 8/25/06 her Percocet was increased to 3-4 per day.

Although she told me she hadn't had the burning pain in the buttocks before on 11/2/07 a complaint was listed as "burning in the buttock, low back and right leg pain."

Dr. Travis noted her mobility problems and need to use a scooter to get around campus. He further noted she had a visit with Dr. Weiss just two days prior to the alleged work incident. Dr. Travis found Russman did not suffer any new injury in the alleged fall on November 4, 2010. He noted she had a previous long-standing history of low back pain for which she had multiple lumbar epidural steroid

injections prior to the work incident, was using a scooter at the time, and was taking 7.5 mg q 6 h for low back pain.

Dr. Travis responded to a number of questions posed by JCTC's counsel. Dr. Travis indicated the only diagnosis one could make related to the work incident was continuation of the same low back and right lower extremity pain Russman had complained about since at least 2003. Dr. Travis indicated Russman had a far lateral disc extrusion at L4-5 which likely compromised either the exiting L4 root above or the traversing L5 root below and thus she would warrant a DRE lumbar category III, rating of 10%. However, he stated 100% of the impairment would have to be considered to be pre-existing and active since she was taking Percocet, and using a scooter for the same low back and right lower extremity pain at the time of the work incident. Dr. Travis indicated he placed no restrictions on Russman specifically related to the alleged injury. He stated she would have restrictions for the far lateral disc extrusion at L4-5 which compromised the exiting and/or traversing nerve root. However, he noted this was present on the MRI of December 12, 2008 and essentially unchanged when that MRI was compared to the February 10, 2011 MRI.

Dr. Travis stated he saw no indication for any future medical treatment specifically related to the alleged work injury. He compared the MRIs and stated:

There may be some small enlargement of the far lateral HNP compared to 12/12/08, however, it is of no consequence since this nerve root is clearly compressed on both MRIs and 12/12/08 the nerve root compression does not appear any greater than that of 2/10/11 and is unequivocal that this nerve root is compressed on both MRIs both before and after the 11/4/10 fall. Likewise, it is clear from the medical records that her complaint of low back and right lower extremity pain and buttock pain is unchanged as she had complained of all of these problems prior to 11/4/10.

The ALJ made the following findings relevant to this appeal:

For guidance in this determination, the undersigned turns to the case of Koroluk vs. United Parcel Service, No. 2006-SC-000946-WC (Ky. 2007). In that case, Kentucky's highest court stated in pertinent part:

Contrary to the claimant's assertion, Robertson vs. United Parcel Service, supra, makes it clear that when work-related trauma causes temporary symptoms requiring medical treatment, a harmful change has occurred. Thus, the worker has sustained an injury as defined by KRS 342.0011(1) and is entitled to whatever income and medical benefits the evidence

**supports.** (Id.). (Emphasis ours).

In applying the principles of Koroluk vs. United Parcel Service, supra, I find that Plaintiff sustained an injury as defined by the Act and discussed in Robertson vs. United Parcel Service, 63 SW3d 284 (Ky. 2001). There was a reported event, and even instructions from her supervisor for her to go for medical treatment, which she eventually did, albeit some nine days later. She saw Dr. Seligson and he sent her for more tests and ultimately referred her to Dr. Berg and then on to Dr. Werner. The Plaintiff was injured at work, the supervisor was notified and Plaintiff was instructed to go for medical treatment. I find that Plaintiff sustained a work-related injury on November 4, 2010. In making this finding, I rely upon the testimony of the Plaintiff and the medical records of Dr. Seligson.

### **3. Pre-existing Active Disability /Impairment**

I believe that the core issue in this case is whether Plaintiff suffered from a pre-existing active disability. I find that the overwhelming evidence is that she did suffer a pre-existing active impairment immediately before this work injury. The issue then becomes whether this injury was only temporary (requiring medical treatment) or whether it cause[d] additional permanent impairment. This is a medical question and therefore I must determine which of the medical opinions are more persuasive. In this case I find Dr. Russell Travis' and Dr. Terry Trout's opinion(s) to be most persuasive. I find that Plaintiff was suffering from a pre-existing impairment of 10%

immediately before the work injury of November 4, 2010. I find that the work injury did not result in any additional impairment. For this finding I rely on the testimony of Dr. Travis. I further find that the work injury was a temporary aggravation which did require a period of medical treatment.

However, our inquiry must further determine whether Plaintiff is entitled to any future medical benefits due to the work injury. For this determination we turn to the holdings in Robertson vs. United Parcel Service, 64 SW3d 284 (Ky. 2001). In Robertson, the Court held that because the claimant's work-related injury was only a temporary flare-up of symptoms from a pre-existing, nonwork-related condition, he was not entitled to future medical benefits.

However subsequent to the Robertson holding, The Supreme Court rendered its opinion in FEI Installation Inc. vs. Williams, 214 SW3d 313 (Ky. 2007). In that case, the Court addressed whether KRS 342.020(1) entitles an injured worker who has reached maximum medical improvement but has no permanent impairment rating from the injury to continue to be awarded future reasonable and necessary medical treatment for the effects of his injury. The Williams court acknowledged, however, that an injury may be temporary and warrant only temporary medical benefits. Thereafter, in Mullins vs. Catron Construction/Catron Interior Systems, Inc., 237 SW3d 561 (Ky. App. 2007) the court reaffirmed an ALJ's decision to deny future medical benefits to a worker **who suffered a temporary exacerbation of his pre-existing condition** and failed to show the need for medical treatment after the date he reached MMI.

I believe that the issues in Plaintiff's case are most like those in the Mullins case. The fact I found the Plaintiff does not retain an impairment rating from the injury, does not result in the automatic determination that she is not entitled to future medical benefits. However, like the Mullins case, I find that Plaintiff will not require future medical treatment "for any effects of her work-related injury." There can be no question that Plaintiff had significant pre-existing, active impairments immediately prior to the work injury of November 4, 2010. She had a long-standing history of numerous injuries with significant and ongoing treatment for same.

The evidence is contradictory regarding whether Plaintiff sustained any impairment as a result of her November 4, 2010 injury. The evidence is substantial that she had not only significant impairments prior to her November 2010 work injury but was actively treating for chronic pain and many associated disabling conditions at the time of the injury.

I find Dr. Travis' summary of the medical records is the most accurate and inclusive of the medical history of the Plaintiff. I also find his reading and interpretation of the MRI (upon which Dr. Werner relies) more persuasive. After reviewing Plaintiff's history and also clinically examining her, Dr. Travis opined that her work injury did not cause any permanent change. I also rely on the testimony of Dr. Terry Trout [sic] in determining that Plaintiff's work injury caused a "temporary exacerbation of the pre-existing condition" and a "lumbar spine sprain/strain associated with the Nov. 2010". I rely on Dr. Trout's [sic]

opinion and find that Plaintiff's work-related injury was only a temporary flare-up of symptoms from a pre-existing, non-work-related condition and warranted only temporary medical benefits. I find Plaintiff is not entitled to future medical benefits. In making this finding I rely on Dr. Trout [sic] and Dr. Travis' testimony. I find Plaintiff suffered a temporary exacerbation of her pre-existing condition and failed to show the need for medical treatment associated with this injury after the date she reached MMI. I find Dr. Werner's opinion as it relates to maximum medical improvement is the most persuasive and find that Plaintiff reached MMI on October 18, 2011. Accordingly, she will be entitled to medical benefits up to and including that date.

Russman filed a petition for reconsideration requesting additional specific findings regarding her pre-existing condition and pre-existing active impairment.

By order dated April 20, 2012, The ALJ denied the petition for reconsideration noting Russman's specific requests for clarification and concluding as follows:

In the eighteen (18) page Opinion, twelve (12) of those pages were devoted to the review of the facts and evidence in this case. The ALJ is obligated merely to set forth the basic facts from the evidence upon which her ultimate conclusions are drawn, so as reasonably to apprise the parties of the basis of her decision and permit meaningful appellate review. See Big Sandy Community Action Program vs. Chaffins, Ky., 502 SW2d 526 (1973) and Shields vs. Pittsburgh and Midway Coal

Mining Co., Ky. App., 634 SW2d 440 (1982).

Here, the undersigned relied upon the testimony of Dr. Travis as grounds for determining that Plaintiff suffered from an active pre-existing impairment. The undersigned considered and weighed all of the evidence in this case, as is apparent from the Opinion. It is abundantly clear from these findings and conclusions that the undersigned accepted Dr. Travis' testimony to be the most persuasive, primarily due to his extensive detailing of the medical records and the history gleaned from those records.

It is well within [sic] ALJ's discretion to pick and choose from the evidence. The fact finder may 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. Magic Coal vs. Fox Ky., 19 SW3d 88 (2000); Whittaker vs. Rowland, Ky., 998 SW2d 479 (1999).

On appeal, Russman argues this matter must be remanded to the ALJ to issue additional findings of fact regarding pre-existing active impairment. Russman notes that, while the records establish she had a bulging disk that was later described as a herniated disc at L4-5, there is no evidence she complained of pain attributable to the L4-5 level. She notes she only made one complaint of burning in her buttocks three years before the accident and there were no prior complaints of pain in her right shin. Russman

contends there is no evidence of pre-existing symptoms or impairment to the L4-5 level. Russman argues she sustained a compensable work injury to the L4-5 disc as a result of the November 4, 2010 accident. She notes Dr. Werner characterized the L4-5 as a new injury since the size and scope were never seen on her prior films. Russman argues the L4-5 level was a dormant condition made symptomatic and disabling by the work accident. She contends there is no evidence the L4-5 disc was symptomatic immediately prior to the work accident.

Russman further argues she is entitled to future medical care since the L4-5 injury is permanent. She argues that, once Dr. Werner determined she reached MMI on October 18, 2011, she did not return to her pre-injury state of health with regard to the L4-5 disc. She states her pain complaints are currently controlled by pain medications and epidural injections. She notes Dr. Werner opined she would need future medical care, possibly including a discectomy at L4-5 in the future. She argues her injury is permanent and she did not return to her pre-injury state of health.

Russman contends there is no evidence to support Dr. Travis' contention L4-5 was symptomatic immediately before the work accident. She contends the ALJ's reliance on Dr.

Travis is misplaced since his opinions cannot be considered as substantial evidence. Russman notes Percocet and the epidural blocks performed by Dr. Berg were not for her L4-5 condition but rather for the L2-3 and L3-4 discs. Russman concludes she is entitled to permanent partial disability benefits based upon a 10% impairment rating and future medical benefits.

It is well-established a claimant in a workers' compensation claim bears the burden of proving each of the essential elements of her cause of action. Burton v. Foster Wheeler Corp., 72 S.W.3d 925 (Ky. 2002). Since Russman was unsuccessful in her burden of proof regarding whether the physical injury to her neck, low back and right knee generated a permanent impairment rating and the need for future medical expenses, the question on appeal is whether, upon consideration of the whole record, 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 that is 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).

As fact-finder, the ALJ has the sole authority to determine the quality, character, and substance of the

evidence. Square D Company v. Tipton, 862 S.W.2d 308 (Ky. 1993); Paramount Foods, Inc. v. Burkhardt, 695 S.W.2d 418 (Ky. 1985). The ALJ may 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. Magic Coal Co. v. Fox, 19 S.W.3d 88 (Ky. 2000). Although a party may note evidence that would have supported a different outcome than that reached by the ALJ, such proof is not an adequate basis to reverse on appeal. McCloud v. Beth-Elkhorn Corp., 514 S.W.2d 46 (Ky. 1974). Russman must show there was no evidence of substantial probative value to support the decision. Special Fund v. Francis, 708 S.W.2d 641 (Ky. 1986).

The function of the Board in reviewing an ALJ's decision is limited to a determination of whether the findings made are so unreasonable under the evidence they must be reversed as a matter of law. Ira A. Watson Department Store v. Hamilton, 34 S.W.3d 48 (Ky. 2000). 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 other conclusions or reasonable inferences that otherwise could have been drawn

from the evidence. Whittaker v. Rowland, 998 S.W.2d 479 (Ky. 1999).

This Board must reject Russman's contention the ALJ erred in finding the injury in question did not generate any permanent impairment rating and erred in failing to award future medical benefits for her physical injuries. Since the rendition of Robertson v. United Parcel Service, 64 S.W.3d 284 (Ky. 2001), this Board has consistently held it is possible for an injured worker to establish a temporary injury for which TTD and temporary medical benefits may be paid, but yet fail in her burden of proving a permanent harmful change to the human organism for which permanent benefits are authorized. In Robertson, the ALJ determined the claimant failed to prove more than a temporary exacerbation and also sustained no permanent disability as a result of this injury. Therefore, the ALJ found the worker was entitled to only medical expenses the employer had paid for the treatment of the temporary flare-up of symptoms. The Kentucky Supreme Court noted the ALJ concluded Robertson suffered a work-related injury, but its effect was only transient and resulted in no permanent disability or change in the claimant's pre-existing spondylolisthesis. The court stated:

Thus, the claimant was not entitled to income benefits for permanent partial disability or entitled to future medical expenses, but he was entitled to be compensated for the medical expenses that were incurred in treating the temporary flare-up of symptoms that resulted from the incident.

Russman's arguments on appeal are essentially an attempt to have the Board re-weigh the evidence and substitute its opinion for that of the ALJ. We may not do so. While Russman has pointed to evidence upon which the ALJ could have relied to find in her favor, conflicting evidence alone does not require reversal on appeal. Whittaker v. Rowland, *supra*. The sole issue on appeal is whether the opinions of Dr. Travis and Dr. Troutt constitute substantial evidence supporting the ALJ's dismissal of the claim for permanent income or medical benefits as it applies to the low back injury. We believe the opinions of Dr. Travis and Dr. Troutt constitute substantial evidence supporting the ALJ's decision on this matter. The ALJ was well within her role as fact-finder in accepting the opinions of Dr. Travis and Dr. Troutt who determined Russman sustained only a transient sprain or strain of her back as a result of the work injury which generated no permanent impairment. Dr. Troutt specifically found Russman recovered from the sprain/strain injury

sustained from the work injury. As such, the record did not compel a contrary finding. Dr. Travis stated any ongoing symptoms and treatment would be unrelated to the work injury of November 4, 2010. In light of this medical opinion and considering the fact Dr. Troutt opined the injury in question was temporary in nature, the evidence did not compel a finding future medical benefits were warranted to treat Russman's low back injury. See also UPS v. Robertson, supra.

To summarize, the ALJ properly considered all evidence of record, weighed the evidence, and reached a decision supported by substantial evidence and in conformity with the law. Thus, we are without authority to direct a different result.

Accordingly, the March 23, 2012 Opinion, Order and Award and the April 20, 2012 Order denying Russman's petition for reconsideration rendered by Hon. Jeanie Owen Miller, Administrative Law Judge, are hereby **AFFIRMED**.

ALL CONCUR.

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