

Commonwealth of Kentucky
Workers' Compensation Board

OPINION ENTERED: November 22, 2019

CLAIM NO. 201754578

ARYONE LYMON

PETITIONER

VS. **APPEAL FROM HON. MONICA RICE-SMITH,
ADMINISTRATIVE LAW JUDGE**

GEORGIA PACIFIC AND
HON. MONICA RICE SMITH,
ADMINISTRATIVE LAW JUDGE

RESPONDENTS

**OPINION
AFFIRMING**

* * * * *

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

ALVEY, Chairman. Anyone Lymon (“Lymon”) appeals from the August 2, 2019 Opinion and Order, and the August 30, 2019 Order overruling her petition for reconsideration rendered by Hon. Monica Rice-Smith, Administrative Law Judge (“ALJ”). The ALJ found Lymon’s low back condition, including the L4-5 herniation and resulting cauda equina syndrome and foot drop, is unrelated to her December 1 and 2, 2017 work activities.

On appeal, Lymon argues the overwhelming evidence compels a contrary result and a reversal of the ALJ's decision. Lymon argues Dr. Timothy Kriss' opinion does not constitute substantial evidence since he assumed her failure to self-diagnose her condition equates to her sustaining an injury. Lymon also argues Dr. Kriss misunderstood her medical history. Lymon additionally argues the ALJ neither adequately set forth the basic facts supporting her conclusion, demonstrated all evidence was properly considered, nor properly articulated the basis for her decision. Because substantial evidence supports the ALJ's determination regarding causation and a contrary result is not compelled, we affirm.

Lymon filed a Form 101 alleging she sustained a "Cauda Equina Injury to low back/spinal cord" on December 2, 2017, while working for Georgia Pacific as a machine loader. She has not returned to any work since the alleged work injury.

Lymon testified by deposition on March 1, 2018, and at the final hearing held June 3, 2019. Lymon was born in June 1987. Prior to December 2017, Lymon was involved in a motor vehicle accident on June 13, 2015. According to Lymon, she was diagnosed with a pinched nerve in her low back. Lymon testified her low back symptoms resolved after completing two months of physical therapy. Other than the prior 2015 accident, Lymon denied any previous low back problems, symptoms, or treatment.

Lymon testified she began working for Georgia Pacific, a manufacturer of Dixie cups, in July 2017 as a DCM operator. She typically worked forty hours a week with overtime opportunities. She worked twelve-hour shifts, 7:00

p.m. to 7:00 a.m. Lymon reported she also smashed two fingers while working at Georgia Pacific for which she did not seek treatment or miss any work.

As a machine operator, she was responsible for running fifteen to sixteen machines throughout a shift. One of her responsibilities entailed loading the bottom of the machines with paper rolls, and then threading the paper through the machine. She estimated she had to change out two to three paper rolls per running machine, per shift. At her deposition, Lymon estimated each paper roll weighed between twenty to thirty pounds and were approximately five feet tall. At the hearing, Lymon amended her estimate indicating the rolls weighed fifty pounds each.

Lymon explained the paper rolls were stored on a rack. She rolled the paper off the rack and to the machine. She then used a crank to lower the machine and slide the roll from the floor using her right foot. If the paper roll was the incorrect size, Lymon had to take it off the machine, roll it back, lift it onto the rack using her foot and hands, and begin the loading process again with a different size roll. She testified this required awkward positioning and lifting. Lymon estimated she had three to four rolls per machine each shift that were the incorrect size.

Each machine had a wheel crank. Lymon testified at the deposition that the cranks on the machines “very seldom” worked. Under this circumstance, Lymon described the awkward positioning she undertook using her foot and hands in order to load the paper roll onto the machine:

A: . . . When it's on the rack - - it comes on the rack.
We have to roll it off the rack and roll it to the machine.
And, then, if the crank is broke on my machine, I have

to lift it up by my hand and foot to place it on the little -
- the cylinder that they provide that the paper goes on.

....

A: We have a crank. The crank is supposed to crank down, that way when the paper is on the floor it can just slide to the height of the cylinder that's in the pole of the paper. I can just slide it on there. If the crank is broken, I have to lower lift it probably about two or three inches off the floor with my foot and my hand and place it on this cylinder, all while trying to keep my balance, not having to fall and the paper fall on me just to put it on the machine.

In the days leading up to her December 1, 2017 shift, Lymon was not experiencing any symptoms in her low back or right foot. Lymon reported to work at 7:00 p.m. on December 1, 2017. She worked her normal twelve-hour shift and clocked out at approximately 7:00 a.m. on December 2, 2017. Lymon testified she experienced a normal day at work, and did her job as usual. She could not recall any specific work event or accident, and left work experiencing no right lower extremity or low back symptoms. Lymon drove home, took a shower, and went to sleep. At approximately 4:00 or 5:00 p.m., she awoke experiencing tingling and pain in her right foot. She took another shower, ate, and left for her next shift beginning at 7:00 p.m. on December 2, 2017. While she was driving, she experienced right foot tingling, numbness and swelling to such a degree that she went to her sister's house, who took her to the emergency room.

Emergency personnel initially informed Lymon she had a pinched nerve, prescribed medication, and restricted her from work for two days. Her right upper extremity symptoms worsened over the next couple of days, and she began experiencing low back pain and urinary incontinence. She returned to the

emergency room on December 5, 2017 and underwent surgery the next day after a lumbar MRI showed a ruptured disc. The surgery, performed by Dr. Harry Lockstadt, resolved her low back pain and urinary incontinence. She continues to experience right foot pain and swelling, and right foot drop.

Lymon testified her sister called her supervisor, Sharon Markle (“Markle”), on December 2, 2017, to tell her they were on their way to the emergency room due to her right foot symptoms. Lymon testified she also called the safety advisor at Markle’s direction. Lymon testified she called Markle again after she left the emergency room to report she was diagnosed with a pinched nerve and restricted from work for two days. Lymon testified that at this time she told Markle she believed her work activities caused her symptoms.

Lymon’s supervisor, Markle, testified by deposition on May 25, 2018. Markle testified Lymon worked a full shift without incident or complaint on December 1, 2017. Markle testified Lymon called into work the next afternoon to report she had smashed two fingers at work. Markle denied Lymon reported a low back or right foot injury at that time. Markle testified she learned of Lymon’s low back condition when she received an email from the human resources department stating she was undergoing emergency surgery for three ruptured discs. To her knowledge, no work event or accident occurred on December 1, 2017.

Markle testified Lymon worked as a DCM operator. She testified DCM operators are required to load the bottom paper rolls, which weigh approximately sixty pounds. She stated the operators roll the paper rolls off the rack and to the machine, use a crank to lower the machine, and slide on the rolls. Once

secured, operators crank up the machine and thread the paper into the machine. Operators also performed quality checks on the Dixie cups produced and empty out their trashcans at the end of the shift. Markle agreed the job required bending and stooping, and that Lymon worked twelve-hour shifts. However, Markle estimated each active machine required one to two paper roll changes per shift, and Lymon was responsible for a group of twelve machines. Not all twelve machines ran every night due to maintenance and repair. Markle also testified that in the “almost 11 years that I’ve been here, we’ve never had a crank that I know of that’s been broke.” Markle indicated company policy required its employees to report broken cranks and prohibited them from lifting the paper rolls with their feet and hands as described by Lymon. Markle also indicated there were no problems with paper rolls fitting into the machines until January 2018, after Lymon’s alleged work injury.

Georgia Pacific filed the emergency room records dated December 2, 2017 and December 5, 2017 from Saint Joseph East. Lymon was seen on December 2, 2017 in the evening for two chief complaints. Lymon complained of right leg numbness, pain in her right buttock radiating down her right leg, and difficulty with mobility in her toes and leg. Lymon reported these symptoms “began yesterday and has been present for 24 hours or longer She says she has not had any problems like this in the past. She denies any acute injury or trauma She does say her mother has multiple sclerosis and asked if that could be related.” Lymon also reported she injured two fingers the previous Tuesday. A CT scan of her head returned negative. Lymon was diagnosed with right lower extremity sciatica, right lower extremity radiculopathy due to lumbar or sacral spine pathology, and blunt

trauma to left third digit with subsequent digital nerve dysfunction. Lymon was prescribed medication and advised to follow up with a neurologist. Lymon returned to the same emergency room on December 5, 2017 with worsening right leg weakness and bladder difficulty. A December 5, 2017 lumbar MRI demonstrated, “prominent lower lumbar disc disease with large extrusion L4-L5.” Dr. Lockstadt saw Lymon the following day at the hospital, who noted she complained of extreme pain, numbness, and weakness in her right foot, as well as urinary difficulty, which had developed approximately 24 hours ago. Dr. Lockstadt reviewed the MRI, which confirmed a large herniation on the right side at L4-5 compressing up against the spinal cord and recommended urgent decompression surgery.

Dr. Lockstadt performed a L4-5 laminectomy, discectomy and sequestrectomy on December 6, 2017. In the most recent treatment note of record, dated June 7, 2018, Dr. Lockstadt noted Lymon’s bladder functions had fully recovered and that her right-sided foot drop was gradually improving. He diagnosed Lymon as status post L4-5 discectomy, for cauda equina syndrome; bladder and anal sphincter showing functional recovery; and foot drop with weakness right lower extremity. He anticipated Lymon’s foot drop would only partially recover and did not foresee the ability to return to factory environment.

Lymon submitted two questionnaires completed by Dr. Lockstadt. The first, dated February 1, 2018, contained a series of questions to which Dr. Lockstadt marked “yes” or “no.” Dr. Lockstadt handwrote “possible but unlikely” to the question of whether cauda equina syndrome can be caused by heavy lifting over a period of months. Dr. Lockstadt checked “yes” to the following questions: can

cauda equina syndrome manifest without a specific incident that would cause immediate pain and numbness; can a lumbar disc herniate due to repetitive heavy lifting without causing an immediate onset of pain; can a lumbar disc herniate such that the disc material slowly extrudes over time leading to cauda equina syndrome without an immediate onset of pain at the time of the initial rupture; and can a person develop cauda equina syndrome due to heavy lifting without a specific instance of a feeling of pain, tear or immediate twinge or similar occurrence. Dr. Lockstadt indicated there are multiple causes of cauda equina, including heavy lifting. In Lymon's case, Dr. Lockstadt noted her symptoms started when she felt swelling and numbness in her foot. Based upon his treatment and review of the medical records, Dr. Lockstadt stated, "it is possible [Lymon] sustained an injury that caused her cauda equina syndrome as a result of an extruded herniated disc that was caused as a result of heavy lifting."

In a letter dated March 8, 2018, Dr. Lockstadt diagnosed Lymon with "HNP, L4-5 with Cauda Equina Syndrome, R foot drop." Dr. Lockstadt restricted Lymon from protracted walking and right foot dorsiflexion. He noted Lymon requires no further treatment and expects her right foot drop to improve. He assessed a current 13% impairment rating, but noted this can decrease to 10% depending on her recovery.

Lymon filed a November 15, 2018 questionnaire completed by Dr. Brandon Cook, who checked "yes" or "no" to a series of questions after performing a medical records review. He indicated Lymon's cauda equina syndrome was due to the herniated lumbar disc, which in turn was caused by her work activities at

Georgia Pacific. Based upon his review, Dr. Cook indicated it was “highly likely” Lymon sustained an injury leading to cauda equina syndrome due to her work activities at the Georgia Pacific. He concluded Lymon, “without a doubt had Cauda Equina Syndrome, which was secondary to a large herniated disc which in her case was sudden which is usually correlated with heavy lifting.”

Lymon filed the October 23, 2018 medical records review report by Dr. Joseph Zehner, who reviewed records from 2017 and 2018. He opined Lymon had pre-existing, dormant annular tears at L4-5 and L5-S1, which were brought into disabling reality by the alleged work injury. He further opined the L5 tear allowed a free fragment to escape into the spinal canal during her sleep, which was caused by repetitive forward bending/lifting while balancing on one foot at work. He opined all of Lymon’s conditions, including the disc herniation and cauda equina syndrome, are related to the December 2, 2017 work injury. He specifically indicated Lymon had a dormant, pre-existing lumbar condition which was brought into disabling reality by the December 2, 2017 work injury.

Georgia Pacific filed the April 11, 2018 report by Dr. Timothy Kriss, who reviewed the mechanism of injury reported by Lymon. He also reviewed the medical records and performed an examination. He diagnosed,

status post right L4/L5 lumbar discectomy surgery for treatment of a large, free-fragment, migrated, sequestered, right L4/L5 disc herniation which was large enough to compress the cauda equina, right L5, and right S1 nerve roots sufficiently to cause cauda equina syndrome, heralded by complete foot drop, right radicular leg pain, recurrent urinary incontinence, decreased anal tone on examination, decreased right lower extremity proprioception, and decreased perineal sensation.

He noted the cauda equina syndrome had resolved except for the right foot drop. He anticipated Lymon would attain maximum medical improvement (“MMI”) one year from the date of her surgery. Dr. Kriss found no evidence of any pre-existing, active lumbar condition or impairment. Dr. Kriss noted the L4-5 disc herniation caused the cauda equina syndrome, foot drop, associated symptoms in the right leg and foot, the temporary bladder problems, and need for surgery.

Regarding causation, Dr. Kriss opined the L4-5 disc herniation occurred naturally and spontaneously, without any associated or triggering trauma, and is the consequence of naturally occurring lumbar degenerative disc disease. In support of his conclusion, Dr. Kriss noted there is no evidence in the medical records or Lymon’s reported mechanism of injury indicating a work-related cause for the L4-5 disc herniation. He noted there was no onset of symptoms or aggravation of symptoms at work associated with a physical event or activity and Lymon did not describe any work injury, acute or cumulative. Dr. Kriss reviewed 34 treatment records beginning on December 2, 2017, and found none described any work-related onset of symptoms, aggravation of symptoms, acute trauma or cumulative trauma. Dr. Kriss further noted the most common cause of lumbar disc herniation is degenerative and atraumatic, and that only 20% of all disc herniations are caused by trauma. Therefore, spontaneous degenerative causation is statistically mostly likely the cause of Lymon’s symptomatic lumbar disc herniation, particularly in light of the lack of contemporaneous medical documentation noted above. Further, Dr. Kriss noted Lymon’s chronic degenerative disc disease is confirmed by the December 5, 2017 MRI. Dr. Kriss also commented on the questionnaire completed by Dr.

Lockstadt, noting he found it only “possible” that Lymon’s work-related activities caused the disc herniation and cauda equina syndrome.

In an April 11, 2018 supplement, Dr. Kriss noted he had reviewed additional medical records and found no pre-existing, active lumbar condition or impairment prior to December 1, 2017. Dr. Kriss also prepared a May 12, 2018 response to Lymon’s motion to strike his April 11, 2018 report.

Dr. Kriss performed a second evaluation on December 12, 2018. He diagnosed Lymon with cauda equina syndrome from a large L4-5 free fragment disc herniation. Dr. Kriss noted that although the cauda equina syndrome resolved completely with surgical decompression, Lymon still has a residual chronic right L5 lumbar radiculopathy manifesting as chronic foot weakness with associated numbness and tingling. He found Lymon attained MMI on December 6, 2018 and assessed a 12% impairment rating, none of which he attributed to the alleged work injury. He also critiqued Dr. Cook’s report, particularly in light of the fact that he did not identify or reference the records he reviewed in formulating his opinions.

Dr. Kriss also testified by deposition on February 13, 2019. The majority of the questions posed by Lymon’s counsel did not involve her specific alleged injury. Rather, they consisted of general questions concerning the different variations of disc disorders and cauda equina syndrome. The testimony also involved contentious exchanges concerning the reliability and/or credibility of a textbook entitled, *Orthopaedic Pathology*, Fifth Edition, authored by Peter G. Bullough, MB, ChB, and of the scientific study discussed by Dr. Kriss in his April 2018 report. Dr. Kriss reiterated his causation opinions contained within his reports.

In the August 2, 2019 Opinion, the ALJ made the following analysis in determining Lymon failed to prove her work activities caused her low back condition:

After careful review of all the medical evidence and lay testimony, the ALJ finds Lymon failed to satisfy her burden of proving her low back condition is work related. Clearly, Lymon had a serious low back condition that required immediate surgery; however, the undersigned is not convinced Lymon's work activities caused her condition.

The ALJ finds Lymon's testimony unpersuasive. Lymon testified she was required to lift the rolls of paper repetitively during her shift; however, she believed the rolls of paper weighed 20-30 pounds. Markle later testified the rolls weigh 60 pounds. The ALJ finds it suspect that someone lifting 60 pounds, as frequently as Lymon alleges, would believe it was only 20-30 pounds. Markle testified Lymon's position did not require her to lift over 50 pounds. Further, Lymon's testimony about notifying Markle of her condition is contradictory and confusing. Lymon testified that she called Markle and told her that the heavy lifting at work caused her to have a pinched nerve and the doctor told her to take a couple days off. She also testified that she believed her condition was related to her work. However, the treatment note of December 2, 2017, does not mention any work relationship other than for the two fingers Lymon previously smashed at work. Moreover, the treatment note does not indicate Lymon thought her condition was due to work activities, but to multiple sclerosis. Lymon never talked to Dr. Stack about whether her condition was related to work, but she did ask if it could be related to MS, as her mother suffered from MS. Dr. Stack even ordered a CT scan of Lymon's head to evaluate MS as a cause. Dr. Stack notes it is unlikely MS, but that only through close follow up can he be certain. Dr. Stack does not discuss or indicate any other possible cause for the condition despite Lymon testifying he told her it was heavy lifting.

The ALJ finds it compelling that the treating surgeon, Dr. Lockstadt, does not relate Lymon's back condition

to her work activities. Dr. Lockstadt actually states it is possible but unlikely that Cauda Equina Syndrome is caused by heavy lifting over a period of months. He merely states it is a possibility that Lymon's condition was caused by heavy lifting. He does not opine there is a causal relation to work within reasonable medical probability.

The ALJ finds Dr. Kriss' opinion most persuasive in this case. Dr. Kriss opines there is no evidence to indicate any work related causation for the L4/5 herniation and Cauda Equina Syndrome. He opines the L4/5 disc herniation occurred naturally and spontaneously, without any associated or triggering trauma. It is a consequence of naturally occurring lumbar degenerative disc disease, a degenerative process of aging, and common to all humans.

Although Dr. Zehner and Dr. Cook opine Lymon's condition is related to her work activities, their opinions are based on Lymon's account of her work duties, which the ALJ believes is inaccurate. Despite stating there is no evidence Lymon had any incidental hereditary or medical condition that may have led to her Caudal Equine[sic] Syndrome, he does state she had pre-existing annular tears at L4-5 and L5-S1. He also states that disc pressure not only increases with forward bending and lifting, but also gradually increases during sleep.

Based on the foregoing, the ALJ finds that Lymon failed to sustain her burden of proving her L4/5 herniation and resulting Caudal Equine[sic] Syndrome and foot drop are related to her work activities on December 1, 2017. Although the undersigned believes heavy repetitive lifting can cause disc herniation, I am not convinced Lymon performed those activities or that such caused her low back condition.

Lymon filed a petition for reconsideration arguing the ALJ failed to weigh or consider various portions of her testimony, Markle's testimony, and the job description filed into evidence. Lymon argued the ALJ misconstrued Dr. Lockstadt's questionnaire form and did not consider Dr. Cook's or Dr. Zehner's

opinions. Lymon asserted the ALJ did not consider the intradiscal pressures that occurs with lifting and carrying objects, and Lymon's age at the time of the injury. Lymon argued Dr. Kriss' opinions cannot constitute substantial evidence and she did not sufficiently explain her reliance on his opinions. Lymon repeatedly alleged the ALJ did not appropriately weigh the evidence, and failed to provide a sufficient explanation or basis for her conclusion to allow meaningful review.

The ALJ overruled Lymon's petition in an order dated August 30, 2019. She specifically found Lymon's petition a request for the ALJ to re-weigh the evidence and did not allege any patent errors on the face of the opinion. The ALJ reiterated she was not convinced by Lymon's testimony and found Dr. Kriss' opinion most persuasive.

On appeal, Lymon argues the evidence was so compelling that the ALJ's decision must be reversed. Lymon argues Dr. Kriss' opinion cannot constitute substantial evidence since he assumed her failure to self-diagnose her condition equates to not sustaining an injury. Lymon points out portions of Dr. Kriss' testimony where he responds to general questions regarding cauda equina syndrome and swelling or inflammation. Lymon also asserts Dr. Kriss misconstrued her medical history by stating she had no pre-existing lumbar impairment, but found she has degenerative disc disease. She argues Dr. Kriss' misconstruction renders his opinion unsubstantial pursuant to Cepero. V Fabricated Metals Corps, 132 S.W.3d 839 (Ky. 2004). Lymon asserts Dr. Kriss postulated the wrong standard of causation.

Lymon also argues the ALJ did not properly consider all the evidence, nor articulate the basis for her decision to allow for meaningful review. She argues the ALJ failed to articulate how her severe condition could arise in such a short period of time without the presence of any prior lumbar condition; did not properly consider Dr. Lockstadt's opinion and misunderstood his report; did not consider disc pressure involved with lifting versus lying in bed; did not consider photographic evidence entered as exhibits at the final hearing; did not properly consider Dr. Cook's opinion; erroneously weighed the testimony of Markle and herself; failed to consider a job description tendered by Georgia Pacific; and erroneously found Dr. Kriss' opinion most persuasive.

As the claimant in a workers' compensation proceeding, Lymon bore the burden of proving each of the essential elements of her cause of action, including work-relatedness/causation. Snawder v. Stice, 576 S.W.2d 276 (Ky. App. 1979). Because she was unsuccessful in that burden, the question on appeal is whether the evidence compels a different result. 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). The function of the Board in reviewing the ALJ's decision is limited to a determination of whether the findings made by the ALJ are so unreasonable under the evidence that they must be reversed as a matter of law. Ira A. Watson Department Store v. Hamilton, 34 S.W.3d 48 (Ky. 2000).

As fact-finder, the ALJ has the sole authority to determine the weight, credibility and substance of the evidence. Square D Co. v. Tipton, 862 S.W.2d 308 (Ky. 1993). Similarly, the ALJ has the discretion to determine all reasonable inferences to be drawn from the evidence. Miller v. East Kentucky Beverage/Pepsico, Inc., 951 S.W.2d 329 (Ky. 1997); Jackson v. General Refractories Co., 581 S.W.2d 10 (Ky. 1979). 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 supporting a different outcome than reached by an ALJ, this is not an adequate basis to reverse on appeal. McCloud v. Beth-Elkhorn Corp., 514 S.W.2d 46 (Ky. 1974).

The Board, as an appellate tribunal, may not usurp the ALJ's role as fact-finder by superimposing its own appraisals as to the weight and credibility to be afforded the evidence or by noting reasonable inferences that otherwise could have been drawn from the record. Whittaker v. Rowland, 998 S.W.2d 479, 481 (Ky. 1999). As long as the ALJ's ruling with regard to an issue is supported by substantial evidence, it may not be disturbed on appeal. Special Fund v. Francis, 708 S.W.2d 641, 643 (Ky. 1986).

We find substantial evidence supports the ALJ's determination Lymon failed in her burden of proving her work activities caused her low back condition and a contrary result is not compelled. Causation is a factual issue to be determined within the sound discretion of the ALJ as fact-finder. Union Underwear Co. v. Scarce, 896 S.W.2d 7 (Ky. 1995). When the question of causation involves a

medical relationship not apparent to a layperson, the issue is properly within the province of medical experts and an ALJ is not justified in disregarding the medical evidence. Mengel v. Hawaiian-Tropic Northwest and Central Distributors, Inc., 618 S.W.2d 184, 186-187 (Ky. App. 1981). Medical causation must be proven by medical opinion within “reasonable medical probability.” Lexington Cartage Company v. Williams, 407 S.W.2d 395 (Ky. 1966). The mere possibility of work-related causation is insufficient. Pierce v. Kentucky Galvanizing Co., Inc., 606 S.W.2d 165 (Ky. App. 1980).

The ALJ clearly relied upon the opinions of Dr. Kriss in reaching her ultimate conclusion. Dr. Kriss prepared a supplemental report on April 11, 2018, responded to a motion to strike his April 11, 2018 report, and testified by deposition. In the April 11, 2018 report, Dr. Kriss noted the mechanism of injury as reported to him by Lymon. He emphasized Lymon reported to be asymptomatic while at work and when she left for home to following morning on December 2, 2017. She did not identify any specific traumatic event at work, or any onset or aggravation of symptoms while at work. Dr. Kriss reviewed all relevant medical records, including the December 5, 2017 MRI. Dr. Kriss stated as follows regarding causation:

The culprit for all this misery – the foot drop, the cauda equina syndrome, the pain, the weakness, the numbness, the tingling, the temporary bowel and bladder problems, the need for surgery, and the permanent impairment, is the large right L4/5 disc herniation.

This disc herniation occurred naturally and spontaneously, without any associated or triggering trauma. It is a consequence of naturally occurring lumbar degenerative disc disease, a degenerative processes of aging, a process common to all humans, including Ms. Lymon. (original emphasis)

There is no evidence whatsoever to indicate any work-related causation for this right L4/L5 disc herniation.

Ms. Lymon did not have any onset of symptoms at work associated with a physical event or physical activity.

Ms. Lymon did not have any aggravation of symptoms at work associated with a physical event or physical activity.

Ms. Lymon does not describe any actual work injury, discrete (one-time) or cumulative.

While it might seem strange that a big L4/L5 disc herniation could transpire and cause all of these symptoms and problems completely spontaneously and in the absence of any trauma whatsoever, and without initial back pain, this is in fact what has happened.

Both Ms. Lymon today and the voluminous medical records are crystal clear on this.

Indeed, the most common cause of lumbar disc herniation in humans is degenerative and atraumatic, causing roughly 80% of all symptomatic lumbar disc herniations; trauma only causes about 20% of all disc herniations in humans. Thus spontaneous degenerative causation is by far the statistically most likely cause of symptomatic lumbar disc herniation in Ms. Lymon, as it is in all humans, and when there is literally no evidence whatsoever to indicate any causal, contributory or aggravating role for trauma, the disc herniation is, by medical definition, naturally occurring, spontaneous, degenerative, and atraumatic.

Dr. Kriss identified a total of 34 medical records from December 2, 2017, December 5, 6, 7, and 8, 2017, December 10, 2017, December 21, 2017, January 15, 2018, and February 26, 2018, none of which documented any work-related onset of symptoms, work-related aggravation of symptoms, acute work injury or cumulative trauma injury. Rather, Dr. Kriss concluded Lymon has degenerative disc disease, culminating in an L4-5 disc herniation, which in turn caused all of her

associated symptoms and need for surgery. Dr. Kriss noted the degenerative disc disease is confirmed by the December 5, 2017 MRI. Dr. Kriss also discussed at length the Lancet Twin Study, *Occupational Driving and Lumbar Disc Herniation: Case-Control Study*, by Battie and Videman, published in the November 2002 issue of Lancet. Despite a contentious and extensive cross-examination by Lymon's counsel at Dr. Kriss' deposition testimony, his causation opinions as to the cause of Lymon's disc herniation remained unchanged. We do not interpret Dr. Kriss' opinion, as suggested by Lymon, as requiring her to self-diagnose her condition in order to establish a work-related injury.

Dr. Kriss' opinion alone constitutes substantial evidence supporting the ALJ's determination Lymon failed to prove her work activities caused her low back condition, and no contrary result is compelled. Lymon's numerous attacks on Dr. Kriss' opinion go to the weight of the evidence, and do not constitute an adequate basis to reverse on appeal. We also determine Cepero, supra, is clearly distinguishable in this instance. Cepero was an unusual case involving not only a complete failure to disclose, but also affirmative efforts by the employee to cover up a significant injury to the left knee two and a half years prior to the alleged work-related injury to the same knee. The prior, non-work-related injury left Cepero confined to a wheelchair for more than a month. The physician upon whom the ALJ relied was not informed of this prior history by the employee and had no other apparent means of becoming so informed. Every physician who was adequately informed of this prior history opined Cepero left knee impairment was not work-related but, instead, was attributable to the non-work-related injury two and a half

years previous. In Cepero, the Supreme Court found a medical opinion erroneously premised on the claimant's egregious omission of directly relevant past medical history was sufficient to mandate reversal based on an insufficient history received by the medical expert. The Court held a "medical opinion predicated upon such erroneous or deficient information that is completely unsupported by any other credible evidence can never, in our view, be reasonably probable." Id.

We find no merit in Lymon's assertion that the ALJ did not set forth sufficient findings in support of her determination. While authority generally establishes that an ALJ must effectively set forth adequate findings of fact from the evidence in order to apprise the parties of the basis for his decision, he or she is not required to recount the record with line-by-line specificity nor engage in a detailed explanation of the minutia of his reasoning in reaching a particular result. In reaching a determination, the ALJ must only provide findings sufficient to inform the parties of the basis for the decision to allow for meaningful review. Kentland Elkhorn Coal Corp. v. Yates, 743 S.W.2d 47 (Ky. App. 1988); Shields v. Pittsburgh and Midway Coal Mining Co., 634 S.W.2d 440 (Ky. App. 1982); Big Sandy Community Action Program v. Chafins, 502 S.W.2d 526 (Ky. 1973). The ALJ adequately informed all parties of the basis for her reliance upon Dr. Kriss, and in rejecting the opinions of Drs. Lockstadt, Cook and Zehner.

Therefore, the August 2, 2019 Opinion and Order, and the August 30, 2019 Order on petition for reconsideration rendered by Hon. Monica Rice-Smith, Administrative Law Judge, are hereby **AFFIRMED**.

ALL CONCUR.

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