

Commonwealth of Kentucky  
Workers' Compensation Board

OPINION ENTERED: October 11, 2019

CLAIM NO. 201800878

JBS SWIFT

PETITIONER

VS.                   **APPEAL FROM HON. CHRISTINA D. HAJJAR,  
ADMINISTRATIVE LAW JUDGE**

LYNN FIELDS  
and HON. CHRISTINA D. HAJJAR,  
ADMINISTRATIVE LAW JUDGE

RESPONDENTS

**OPINION  
AFFIRMING**

\* \* \* \* \*

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

**STIVERS, Member.** JBS Swift (“Swift”) seeks review of the April 19, 2019, Opinion, Order, and Award of Hon. Christina D. Hajjar, Administrative Law Judge (“ALJ”) finding Lynn Fields (“Fields”) sustained a low back and left leg/hip injury while an employee of Swift which necessitated lumbar fusion surgery. The ALJ found Fields retained a 22% impairment rating and is entitled to enhanced permanent partial

disability (“PPD”) benefits by the 3.6 multiplier pursuant to KRS 342.730(1)(c)1. Swift also appeals from the May 13, 2019, Order overruling its petition for reconsideration.

On appeal, Swift asserts the ALJ erred in her analysis of the medical evidence and invaded the role of the doctors in analyzing Fields’ alleged symptoms. Swift contends the ALJ erroneously ascribed Fields’ symptoms to radiculopathy. Consequently, Swift argues the fusion surgery Fields underwent is not work-related and the ALJ must recalculate the PPD benefits.

The Form 101 alleges on June 6, 2016, Fields slipped in a pool of blood while using a hook to remove a dead 160-pound hog injuring multiple body parts.

Both parties introduced Fields’ treatment records from various medical providers. Fields relied upon Dr. Mark Barrett’s August 23, 2018, report, generated as a result of a medical records review and physical examination. Pursuant to the 5<sup>th</sup> Edition of the American Medical Association, Guides to the Evaluation of Permanent Impairment (“AMA Guides”), Dr. Barrett assessed a 26% impairment rating. Swift relied upon Dr. Russell Travis’ September 19, 2018, Independent Medical Evaluation report based upon a medical records review and physical examination. Dr. Travis assessed a 22% impairment rating pursuant to the AMA Guides, none of which is attributable to the work injury. Swift also introduced the October 17, 2018, deposition of Dr. Barrett.

Fields testified at a November 8, 2018, deposition and at the February 26, 2019, hearing. Fields, who was 62 years old at the time of his deposition, testified he began working for Swift in August 1996 as a sanitation supervisor. Thereafter, he moved from various supervisory positions. Fields testified he had been working as a

supervisor in the casing department for approximately a year and three months before he was injured. On the date of the injury, he had been assigned to the kill floor because Swift was short staffed. Although Fields had worked in the kill floor before, he had to familiarize himself with the job because he had not worked there in a long time. Fields recounted what was required of the job. When Swift was short-handed, as a supervisor he had to work on the floor. Fields estimated he worked for Swift approximately 60 to 67 hours a week. Fields slipped and fell in blood on three different occasions on June 6, 2016. Just before his first fall, the general foreman informed Fields that he needed to get a hog off the floor. When pulling on the hog, Fields slipped in the blood. He explained:

Q: Okay. Why did – walk me through how the injury happened step-by-step. What were you doing and how did you fall?

A: Well, I went and got the hook that was – that was on the wall, and I went to take and – and the jab the hook around the hog's mouth and pull on it. I jabbed it around its mouth and pulled on it, and I was pulling the hog halfway out, and then I slipped on the back because the blood was all over the floor.

Fields testified the USDA had Swift shut down the area and required it to clean the blood off the floor. The USDA also directed that no hogs were to be killed until the blood was removed. The first time Fields fell, he landed on the concrete floor on his left side. Fields testified he experienced no pain after the first fall. He explained why he experienced no pain:

Q: When did you first have onset of pain as a result of this injury?

A: Well, it didn't – it didn't pain at all the two days that – the only time I had the pain was when we [sic] and my

wife was getting ready to go to church and I couldn't get out of the bathtub.

Mr. Harding: Excuse me.

A: But she had – she had done went ahead – ahead to church early, and I told her that I'd be on, and I – I took a bath and trying to get out [sic] the bathtub and couldn't get out [sic] the bathtub. So my son – he come downstairs and asked me what was wrong, and I just told him to take me to the hospital to see what's going on. And he called – called his mom, told her that we was headed to the hospital.

...

Q: Now, if the pain started two days later while you were getting out of the bathtub, why do you think it started when you fell at work?

A: I don't know. I just – I just know that when I went to the hospital, they said, "Where are you hurting at?" And I said, "All the way up and down my leg, up to my lower back." And he said that, "Well, we're going to take you back here and x-ray you." So he took me back in the x-ray room and he said –

Fields believed the back pain he eventually experienced was due to the work injury. Except for left leg stiffness, he experienced no problems between and after the three falls at work until the following Sunday. Fields estimated the three falls occurred at thirty-minute intervals. Fields provided the following account of the second fall:

A: The second fall was – was me – when me and my general foreman was pulling a hog – hog out because we got this one hook that's got two handles on it, and he had – he had the front handle because I couldn't hook the hog right, and I had the back handle. And then he said, "Pull." So when we pull it, we pull it, and that's when I slipped back again and fell.

This time Fields' left side and lower back landed on the concrete floor. Fields testified he experienced only stiffness. Although he experienced some pain upon hitting the concrete, he experienced no further pain except stiffness in his leg and lower back. He provided the following account of the third fall:

Q: All right. Now, tell me about the third fall.

A: The third fall is when another hog fell and –

Q: Off the backsaw?

A: Yes, sir.

Q: Okay.

A: And I went around to – to get it with a – with a small hook again, and I hooked him and was coming out pretty good when I went in and slipped again on that blood and fell.

Again, his left side and lower back landed on the concrete. Fields reported the injury to his supervisor and health services and worked the rest of the day. He told health services personnel he had stiffness in his leg and lower back. He was given Biofreeze to rub on the areas. Other than the Biofreeze, he received no other medical treatment. Fields' testified his condition worsened over the next couple of days culminating in the Sunday incident he described when he was unable to get out of the bathtub. Fields denied falling or sustaining an injury on Sunday. Fields experienced sharp pain up and down his leg into his back. His son took him to Norton Brownsboro Hospital on that date.

Even though the June 12, 2016, ER note reflects he suffered only left hip pain and mentioned no low back pain, Fields testified he was experiencing low back

pain at that time. He experienced pain on the left side of his low back extending down his leg and numbness in his feet.

Fields did not seek any further treatment until he went to U.S. HealthWorks at the end of June. Although the June 30, 2016, records indicate he fell twice on June 6, 2016, Fields testified he fell three times. On that date, personnel at U.S. HealthWorks gave him muscle relaxers and referred him to Frazier Rehab Institute (“Frazier Rehab”). At that time, he was experiencing constant pain, numbness, and tingling in his left leg. He was also experiencing constant low back pain. Frazier Rehab performed physical therapy which helped some.

Fields later underwent surgery on his left foot for a condition unrelated to the injury. Fields testified the left foot problem did not cause of the slip and fall. Instead, his falls were due to the blood on the kill floor. Fields was off work for three months due to the foot surgery. He was questioned about a September 15, 2016, notation by Dr. Ashok Alur at the South Oldham Medical Clinic that Fields experienced left hip and lower back pain starting three days ago and had gradually gotten worse. Fields denied telling Dr. Alur his problems started three days prior to that date. Instead, he believes Dr. Alur meant to put down three months ago instead of three days ago. Fields underwent two level lumbar fusion surgery performed by Dr. Kimathi Doss shortly after a September 25, 2016, MRI revealed two disc herniations in the lower back. Fields stated the surgery has helped quite a bit, as he no longer has leg pain. However, he still experiences muscle spasms in his legs, tingling in his feet, and constant low back pain. Fields testified he is unable to lift, sit, or stand for long periods of time. He does not believe he is capable of returning to his pre-injury job with

Swift either as a casing department supervisor or a kill floor supervisor. His last day of work was July 12, 2016. Fields explained he did not return to work after the foot surgery because his pain worsened. Fields denied experiencing any low back or left hip injuries or having pain in those areas prior to June 6, 2016.

At the February 26, 2019, hearing, Fields reiterated much of his deposition testimony. Fields testified that he returned to work in September following his July 13, 2016, left foot surgery. He worked approximately three or four days and stopped working for Swift because of the pain. He reiterated he did nothing to injure his back on June 12, 2016, while trying to get out of the bathtub, and he did not tell Dr. Alur his left hip and back pain started three days prior to September 15, 2016.

After summarizing the evidence, the ALJ provided the following findings of fact and conclusions of law in support of her determination Fields sustained a June 6, 2016, work-related injury necessitating fusion surgery:

This ALJ relies upon Dr. Barrett to find that Fields sustained a work-related injury on June 6, 2016, to his low back and left hip/leg, which resulted in the fusion surgery. When Fields sustained the fall, although he may not have had an immediate onset of pain, he clearly had symptoms, including stiffness, which progressively worsened. He reported the injury the same day and went to his company's health services, where they used biofreeze and ice. A few days later, he could not get out of the bathtub due to significant pain, and not due to any new bathtub-related injury. Further, Dr. Travis seems to ignore the Frazier Rehab notes. Thus, this ALJ is not convinced that Fields symptoms did not begin until September 12, 2016. Rather, Dr. Barrett clarifies that this is when he was first diagnosed with radiculopathy. Although Dr. Barrett agreed that bending down and having a back spasm could be the precipitating injury for a herniated disc, he did not ever say this incident is what caused Fields' injury. Rather, he attributed it to the June 6, 2016 falls.

Ultimately, this ALJ finds that Fields was credible and consistently reported to his doctors that the falls on June 6, 2016, were the precipitating cause of the onset of his low back and left hip/leg symptoms. Although Dr. Travis attributed his complaints to a pre-existing condition, there is no evidence that such condition was symptomatic or impairment ratable at the time of the injury. For these reasons, this ALJ finds that the low back and left hip/leg pain and resulting fusion surgery are due to the work injury on June 6, 2016.

The ALJ found Dr. Travis' 22% impairment rating more credible since Dr. Barrett conceded his range of motion measurements were performed three months shy of the date patients should reach full recovery. Based on the opinions of both doctors, Fields' income benefits were enhanced by a 3.6 multiplier. Swift was responsible for all reasonable and necessary medical expenses resulting from the injury, including the fusion surgery, as well as any out-of-pocket and continuing medical expenses paid by Fields.

Swift filed a petition for reconsideration requesting as follows:

1. We respectfully request that additional findings of fact be made as to the Administrative Law Judge's findings with regard to the question of causation/work relatedness.
2. In the alternative, we would ask that the finding with regard to the causation be vacated.

Notably, Swift did not point to any patent error in the ALJ's decision. Finding Swift's petition for reconsideration to be a request for the ALJ to reweigh the merits of the claim regarding causation, the ALJ overruled the petition for reconsideration.

Swift first contends that although Dr. Barrett initially opined Fields' claim is related to the June 6, 2016, injury, at his deposition he agreed the history he

received from Fields “did not match the progression of the events set out in the medical records of the various treating physicians.” Further, it maintains Fields is unqualified to opine as to the etiology of his complaints.

Swift charges the ALJ cannot substitute her opinion as to medical causation in place of the physicians’ opinions and provides a list of the ALJ’s errors. First, it cites to the ALJ’s reliance upon Dr. Barrett in finding Fields sustained a June 6, 2016, work-related low back injury resulting in hip fusion surgery. Swift contends the ALJ ignored Dr. Barrett’s deposition testimony that he agreed Fields only complained of a hip contusion on June 6, 2016. Thus, the ALJ should not have decided a hip contusion represents the onset of problems leading to lumbar fusion surgery. Swift also argues the ALJ failed to explain why she was persuaded by Dr. Barrett and did not adequately summarize or weigh the conflicting evidence nor provide a sufficient basis in order to apprise the parties of the basis for her decision.

Swift also takes issue with the ALJ’s finding that, although Fields may not have had an immediate onset of pain, he clearly had symptoms including stiffness which progressively worsened. Swift contends the ALJ is imagining a relationship between several medical events, as there is no medical evidence to show any of his symptoms, including stiffness, “were related or progressively worsened and/or led to the fusion.” Swift cites Dr. Barrett’s testimony indicating Fields’ only symptom was a hip contusion. It posits Dr. Barrett’s medical report was initially written under a mistaken impression that these L5 radicular symptoms had begun immediately after the alleged June 6, 2016, injury.

Swift questions the accuracy of the ALJ's finding that Dr. Travis seems to ignore the Frazier Rehab notes. Swift contends Dr. Travis mentioned these notes and observed they refer to low back and hip pain not radicular pain.

Swift also contends the ALJ erroneously stated she was not convinced Fields' symptoms began on September 12, 2016, because she believed Dr. Barrett clarified that was when Fields was first diagnosed with radiculopathy. Swift asserts the medical records of Norton Healthcare ("Norton"),<sup>1</sup> U.S. HealthWorks, and Frazier Rehab document Fields' history of pain. It asserts lumbar radiculopathy was not noted in Norton's June 12, 2016, record. Similarly, the June 30, 2016, report of U.S. Healthworks reported Fields' injury was confined to his left hip, and Frazier Rehab's records only record left hip and low back pain. Thus, Fields' complaints were inconsistent with radiculopathy until September 12, 2016. Swift argues the ALJ is not competent to determine when "these symptoms constituted radiculopathy."

Finally, Swift argues the ALJ's finding Fields' testimony was credible is misplaced since he only reported low back and left hip pain and not left hip/leg pain. In addition, it insists Fields and the ALJ cannot determine whether Fields experienced radiculopathy. Swift asserts that, when Dr. Barrett corrected his testimony, there is no medical evidence of the onset of radiculopathy before September 2016. Swift requests remand for findings of fact based upon the medical evidence and a new calculation of PPD benefits.

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<sup>1</sup> The records of Norton Healthcare include the records of Norton Brownsboro Hospital.

## ANALYSIS

Fields, as the claimant in a workers' compensation proceeding, had the burden of proving each of the essential elements of his cause of action, including causation. *See* KRS 342.0011(1); Snawder v. Stice, 576 S.W.2d 276 (Ky. App. 1979). Since Fields was successful in that burden, the question on appeal is whether there was substantial evidence of record to support the ALJ's decision. Wolf Creek Collieries v. Crum, 673 S.W.2d 735 (Ky. App. 1984). "Substantial evidence" is defined as evidence of relevant consequence having the fitness to induce conviction in the minds of reasonable persons. Smyzer v. B. F. Goodrich Chemical Co., 474 S.W.2d 367 (Ky. 1971).

In rendering a decision, KRS 342.285 grants an ALJ as fact-finder the sole discretion to determine the quality, character, and substance of evidence. Square D Co. v. Tipton, 862 S.W.2d 308 (Ky. 1993). An 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); Magic Coal Co. v. Fox, 19 S.W.3d 88 (Ky. 2000). In that regard, an ALJ is vested with broad authority to decide questions involving causation. Dravo Lime Co. v. Eakins, 156 S.W. 3d 283 (Ky. 2003). Although a party may note evidence that would have supported a different outcome than that 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). Rather, it must

be shown 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 that 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).

The ALJ did not err in her analysis of the medical evidence nor did she independently decide the hip contusion of which Fields initially complained resulted in fusion surgery. In support of its argument, Swift points to three medical records. It notes Fields did not provide a history to Norton on June 12, 2016, which supports a finding he sustained a low back, left hip, and leg injury when he fell on June 6, 2016. Norton's records reveal Fields initially complained of hip pain resulting in x-rays of the left hip. The diagnosis was "contusion of left hip, initial encounter." Swift also relies upon the September 12, 2016, U.S. HealthWorks note revealing intermittent pain radiating down to the lower extremity. Swift reads this note to mean Fields began experiencing radiculopathy on that date. It cites to Dr. Barrett's testimony as support for this contention. Finally, Swift cites to the records of Dr. Alur with South Oldham Medical Clinic in which he noted:

Patient is here with complaining [sic] of left hip and lower back pain which started 3 days ago and has gradually

gotten worse. He had left foot surgery about 3 months ago and he had been off since then and he was supposed to go to work 3 days ago but when he got up in the morning and bent down to pick something up he currently [sic] had a spasm in the back and it almost made a fall on the floor and given to work where he was sent to the office clinic for checkup.

Swift argues Dr. Travis accurately determined that, based on the records of U.S. HealthWorks and Dr. Alur, Fields' left hip and low back pain extending down to his leg were not a result of the injury but rather developed three months later in mid-September. We disagree and affirm.

We first note Dr. Barrett did not testify the September 12, 2016, record of U.S. HealthWorks indicates Fields first experienced radiculopathy on that date. Rather, he indicated Fields was first diagnosed with radiculopathy on September 12, 2016. Significantly, U.S. HealthWorks' June 30, 2016, records contain a handwritten notation the chief complaint was "left hip and leg - slip and fall injury." Under history of present illness/injury is written "slipped and fell getting hogs. Injured left hip 4 weeks ago [illegible] x-rays [illegible] limps." Thus, Fields complained of hip and leg pain as early as June 30, 2016, not as Swift contends, in September 2016.

In concluding Fields sustained a low back, left hip, and leg condition, the ALJ relied upon Dr. Barrett's findings and opinions. In his August 23, 2018, report, Dr. Barrett set forth the history he obtained which included a notation that when Fields was seen by Frazier Rehab in July, a history was obtained of falling on his left hip and low back. When he examined him, Fields was leaning forward and to the side because of lumbar pain and had decreased range of motion in the left hip. Even though he underwent physical therapy, the pain persisted and increased. Dr. Barrett referenced

Dr. Alur's note that Fields' back pain started three days ago and gradually worsened. However, he reported Fields told him that was not accurate, as he had told Dr. Alur it had been three months prior. On October 26, 2016, Fields complained to him of low back pain, left leg pain, and an L5 radicular pattern extending to the foot and ankle following a work-related injury which he characterized as a fall. During the fall, he had contusions of the left hip. He opined Fields "had a new onset of back pain with radicular symptoms that got progressively worse after a fall on June 6, 2016, while at work." He assessed a 26% impairment rating. Dr. Barrett concluded the June 6, 2016, fall was a "direct and precipitate cause of his subsequent clinical course and therapeutic care as outlined above." Dr. Barrett's deposition testimony reveals he was aware of the medical records upon which Swift relies. As to whether that information changed his opinion, Dr. Barrett testified as follows:

Q: Okay. And do the answers to today's questions change or affect those conclusions from your report in any way?

A: Let me think through everything we talked about. It seems like I had to correct something earlier on, but I'm not remembering. It may be the cold medicine working on me, but I can't – I can't think of anything that I had to correct other than – other than underlining the differences between what he told me and what was in that medical record with Dr. Ashok.

He testified he stood by the contents of his initial report. In light of Dr. Barrett's testimony, the ALJ could reasonably rely upon his opinions contained in his report and confirmed by his testimony in finding Fields sustained a work-related low back left hip/leg injury resulting in fusion surgery.

In our view, the ALJ's statement that Dr. Travis seems to ignore the Frazier Rehab notes is completely accurate and amply supported by the Frazier Rehab

notes and Dr. Travis' report. A review of Dr. Travis' report reveals he provided a summary of the July 1, 2016, Frazier Rehab note. However, in his summary, Dr. Travis does not include a portion of the July 1, 2016, note which reads: "left hip and low back pain, postural dysfunction, stiffness, weakness, antalgic gait." He also did not mention the patient problems were identified in the July 1, 2016, note as:

Impaired Flexibility [Back/Lower Extremity], Impaired Gait [Gait Findings], Pain [Pain Findings 1], Impaired Palpation [Back/hip], Impaired Posture [Posture Findings]. Impaired Range of Motion [Trunk]. Impaired Range of Motion Lower Extremity [Left Hip], Special Tests [Lumbar/Hip Special Tests].

In his summary of Frazier Rehab's July 7, 2016, record, Dr. Travis summarizes only the second page. Notably, the first pages reads: "left hip and low back pain, postural dysfunction, stiffness, weakness, antalgic gait," and "Pt states he is also having a pain over the left lateral leg with numbness of the left foot." From these notations, we believe the ALJ could reasonably conclude Fields was experiencing radiculopathy as early as July 2016 and did not first experience radiculopathy in September 2016 as urged by Swift. Thus, the ALJ's rejection of Dr. Travis' opinions is reasonable and amply supported by the record. Further, the medical records of Frazier Rehab and the June 30, 2016, record of U.S. HealthWorks support the ALJ's statement she was not convinced Fields' symptoms began on September 12, 2016. Similarly, the ALJ was permitted to conclude Dr. Alur mistakenly noted Fields' left hip and low back problems started three days prior to his visit to Dr. Alur. Swift's assertion to the contrary, the ALJ relied upon the medical evidence in determining the etiology of his symptoms and the June 6, 2016, falls ultimately led to the surgery performed by Dr. Doss.

Finally, although not alluded to by the ALJ, we note the last two pages of Norton's records filed by Fields on August 27, 2018, reveal Dr. Doss provided a two-page summary in which he stated, in relevant part, as follows:

Mr. Fields is a 62-year-old gentleman, who was originally seen on 10/26/2016. At that point in time he had complaints of low back pain and left leg pain in an L5 radicular pattern extending down to the foot and ankle following a work-related injury, in which case he had a fall and during the fall, had a contusion to his left hip. Prior to seeing him in the office, he had started some physical therapy and tried some medications, also steroid injection with really minimal success. He had an MRI of his lumbar spine at that point in time that did show spondylolisthesis with spondylosis and stenosis at the L5-S1 level that did correlate to his radiculopathy and back pain.

...

On history at that point in time, had continued progressively worsening back pain and now bilateral leg pain, left greater than right, L5-S1 distribution. Again, these all started following an accident where he had a fall.

...

Because of progression of symptoms, we did discuss the risks and benefits of doing posterior lumbar decompression and fusion. He subsequently underwent surgical intervention on 11/29/2017. Following that surgery, he has had significant improvement of his symptoms, now able to ambulate, pain is well controlled. He feels per his report 100% better. We do plan on getting routine followup x-rays at 3, 6, and 12 months to continue to follow him. He is going to continue with some physical therapy to improve strengthening and conditioning as he has had significant limitations following this accident with subsequent pain, conservative management treatment, and surgical intervention.

The above firmly demonstrates Dr. Doss, the physician performing the surgery, concluded the posterior lumbar decompression and fusion surgery was caused

by the June 6, 2016, falls at work. The ALJ's findings are amply supported by the medical evidence, which she cited in her opinion, including Dr. Doss' June 26, 2018, report. The credibility of the witnesses and evidence is a matter for the ALJ to decide. Paramount Foods, Inc. v. Burkhardt, 695 S.W.2d 419 (Ky. 1985).

Contrary to Swift's assertions, Dr. Barrett's opinions, the records of Frazier Rehab, the June 30, 2016, record of U.S. HealthWorks, and Dr. Doss' June 26, 2018, record comprise substantial evidence supporting the ALJ's finding the June 6, 2016, falls at work were the precipitating cause of the onset of low back and left hip/leg symptoms resulting in the need for the lumbar fusion surgery. Since this evidence constitutes substantial evidence upon which the ALJ was free to rely in reaching a decision on the merits, this Board has no authority to disturb her decision on appeal. Special Fund v. Francis, *supra*. The ALJ accurately understood the medical and lay testimony and did not determine causation unsupported by the medical evidence. Further, the ALJ sufficiently discussed the medical evidence upon which she relied and provided findings of fact sufficient to inform all of the parties and this Board of the basis for her decision. Consequently, her decision will not be disturbed.

Accordingly, the April 19, 2019, Opinion, Order, and Award and the May 13, 2019, Order overruling the petition for reconsideration are **AFFIRMED**.

ALL CONCUR.

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