BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION
CLAIM NO. H507666

ROSMARY PINO POITO, EMPLOYEE	**CLAIMANT**
VS.	
UNIVERSITY OF ARKANSAS, EMPLOYER	**RESPONDENT**
PUBLIC EMPLOYEE CLAIMS DIVISION, CARRIER	**RESPONDENT**

OPINION FILED JUNE 17, 2026

Hearing before Administrative Law Judge, James D. Kennedy, on the 29TH day of April 2026, in Springdale, Arkansas.

Claimant is represented by Evelyn E. Brooks, Attorney at Law, Fayetteville, Arkansas.

Respondent is represented by Charles McLemore, Attorney at Law, Fayetteville, Arkansas.

STATEMENT OF THE CASE

A hearing was conducted on the 29th day of April 2026, to determine the issues of compensability for a work-related lower back injury and related medical, notice, and attorney fees. The parties agreed to reserve the issue of temporary total disability at the close of the hearing. At the time of the hearing, the parties stipulated that the average weekly wage was $397.61 with the TTD/PPD rate $265.00/$199.00 respectively. A copy of the Pre-hearing Order was marked "Commission Exhibit 1" and made part of the record without objection. The Order provided that the parties stipulated that the Arkansas Workers' Compensation Commission has jurisdiction of the within claim and that an employee/employer/carrier relationship existed on July 31, 2025, the date of the claimed injury in question. There was no objection to these stipulations and the Prehearing Order was admitted into the record.

The claimant's and respondent's contentions are all set out in their respective responses to the Pre-hearing Questionnaire and made a part of the record without objection. The claimant contended that an employer/employee relationship existed at all relevant times and that she is entitled to medical treatment for her back. The respondents contended the claimant reported on December 10, 2025, that she sustained a workers' compensation injury to her lower back. However, the respondents contend that on July 31, 2025, the claimant had complained of having pain but witnesses, including those who spoke Spanish to the claimant that day, reported that the claimant had pain due to a urinary tract infection. The claimant was taken by ambulance to the hospital that day and was treated for a urinary tract infection. The claimant suffered from a preexisting condition in her back which she had been treated prior to any work injury on July 31, 2025, including being treated after a motor vehicle accident on or about February 27, 2025. Respondents further contended that the claimant did not sustain a compensable back injury arising out of and in the course of her employment on July 31, 2025. Additionally, the claimant did not give notice to her employer of an alleged work injury until December 10, 2025, and the respondents cannot be liable for any benefits before the claimant gave notice of the work injury when the claimant originally had told her employer that she had a severe urinary tract infection at the time, not a work injury to her back. The sole witness to testify was the claimant, Rosmary Pino Poito. From a review of the record as a whole, to include medical reports and other matters properly before the Commission and having had an opportunity to observe the testimony and demeanor of the witness, the following findings of fact and conclusions of law are made in accordance with Ark. Code Ann. §11-9-704.

FINDINGS OF FACT AND CONCLUSSIONS OF LAW

1. The Arkansas Workers' Compensation Commission has jurisdiction over this claim.
2. That an employer/employee/carrier relationship existed on June 31, 2025, the date of the claimed injury. At the time, the claimant earned an average weekly wage of $397.61 a week, sufficient for a TTD/PPD rate of $265.00/$199.00 per week.
3. That the claimant has failed to prove by a preponderance of the credible evidence that her claim for an injury to her lower back on or about July 31, 2025, is a compensable claim under the Arkansas Workers' Compensation Act.
4. That consequently all other issues are moot.
5. If not already paid, the respondents are ordered to pay for the cost of the transcript forthwith.

REVIEW OF TESTIMONY AND EVIDENCE

The Pre-hearing Order along with the Pre-hearing questionnaires of the parties were admitted into the record without objection. The claimant submitted an exhibit of medical records that consisted of 163 pages which were admitted without objection. The respondent also submitted Medical Records that consisted of 66 pages, which were also admitted without objection. An objection was made to the respondents proposed admission of statements by employees that were not present to testify and to cross examination, and the objection was sustained, but the respondent was allowed to proffer the statements, which were placed in a sealed envelope and consequently made available in the record if an appeal was filed and the Full Commission ruled they should

be held admissible on appeal. Additionally, the deposition of the claimant was admitted into the record, without objection.

The claimant was the only witness to testify and testified that she was 41 years old at the time of the hearing and had worked for the respondent for almost two years cleaning bathrooms, carpets, and walls, using vacuum cleaners and shampooers. On July 31, 2025, she came to work as she normally did and started cleaning in the office of the nurse's station. "I was cleaning the bathroom and all of a sudden I had this very intense pain and it was extremely different from anything else I had ever felt. I felt like I was spasming and couldn't move. The intense pain was in my leg and left buttock." "I was bent over in pain. I couldn't take it." 911 was called due to the claimant stating that she was unable to stand, sit, or do anything. An ambulance finally showed up and took the claimant to Washington Regional. The claimant further testified that after she got out of the hospital, she returned to work and talked to her boss. She suffered intense pain and was not able to continue to work for a period of time, but did return to work for a couple of days. "I wasn't able to do what I usually did because of the pain. I had numbness in my leg and then pain in my lower back and my buttocks." She went on to testify that her boss notified the group leader of everything that she was unable to do, but they still sent her to clean bathrooms and mop which she was unable to perform. After a few days, she just did not return to work. "I just couldn't do what they were asking me to do, and they sent me home." The claimant further testified that ever since the day that she was taken by ambulance, she hasn't had the same ability to work. "I can't lift more than 20 pounds and I can't mop because of the twisting movement. I can barely squat very carefully. I can't

walk as quickly as I used to. I am slower because of my back." In regard to her personal housework, her children and boyfriend now help her. (Tr. 11 – 15)

Since the injury, she stated she had received physical therapy and received two injections for back pain. She also had taken pain medications and can return for another injection. She stated that the injections helped for a short period of time, for about two or three months. (Tr. 17)

The claimant also admitted being involved in a motor vehicle accident in February of 2025, where she injured the left side of her neck. She admitted that her lower back hurt "a little" after the accident, and that she received physical therapy after the accident. (Tr. 18) The claimant thought she had 18 physical therapy visits from February 28th, through March 26th, due to her neck injury, dizziness, and headaches. The claimant went on to state that she needed additional physical therapy and was able to obtain additional treatment, which ended in May in regard to her neck. Due to the motor vehicle accident, she missed one to two weeks of work and then returned and performed her regular job duties. (Tr. 19, 20)

In regard to her lower back problems prior to July 31, the claimant stated that her lower back bothered her a little bit prior to that date, but that she was able to do everything. She also admitted having a kidney infection and having low back pain with the infection. "I went to the doctor to find out what was going on because I had so much pain like I never had before and they said it was just a small kidney infection and they prescribed medication that did improve the infection, but I was still hurting." When asked if the pain in her low back was the same after the July 31st bathroom cleaning, she responded, "No. On that day the pain was so much more intense and my leg went numb and I started

feeling like ants in it. My buttocks went numb, my leg was numb, and I am still having those problems today." (Tr. 21, 22)

On cross examination, the claimant testified she spoke little English, and her supervisor spoke no Spanish. Her boss would instruct the group leader who would in turn instruct us. The claimant further testified that she had a bachelor's degree, a technical university degree, and attended law school in Venezuela. She admitted first seeing Dr. Miedema in 2023 due to her neck pain which was also causing pain in her arms and "a little" in her back as well. The claimant was questioned about her diagnosis by Dr. Miedema back in 2023 of lumbar spondylosis, along with receiving an MRI at the time. (Tr. 22- 24) She denied ongoing back problems at the time but admitted receiving physical therapy mainly for her neck and part of her back. She explained that the problem was her neck and not her back. She also admitted receiving treatment for her back after the February 27th, 2025, motor vehicle accident, but stated it was just "a mild level of pain in my back." She also admitted missing work after the accident and thought the note from Dr. Scott Morris which took her off work due to the injuries to her neck and back from the motor vehicle accident, was from March 18, 2025, thru March 21, 2025, more than a month after the accident. (Tr. 25)

In regard to her urinary tract infection, she stated she did not really remember, but thought it lasted about a week. She thought her pain, which was intense, was coming from her kidney at that time and that was why she went to the doctor. She was asked if she was still feeling the same pain on July 31 and responded "No. I had never felt that kind of pain. But my butt cheek went numb. My left leg felt like ants were all over it and it was numb. But my butt cheek, my left butt cheek stayed numb for a very long time. I had

never in my life felt a pain that intense for that long in my life." (Tr. 26) She admitted being transferred by an ambulance and thought she had mentioned the infection to the ambulance crew. She was taken to emergency and admitted she communicated that she had an infection due to thinking the pain might possibly be coming from the infection. "I didn't realize it, but it wasn't because of the infection. It was the back injury." (Tr. 27) The claimant further admitted that she saw her supervisor later that day and told him "I had extreme back pain and I gave him what they had given me at the hospital." She also admitted that she worked a few more days after that and agreed that other than providing a work note with restrictions from her doctor, she did not directly have any additional conversations about her injury directly with her supervisor. (Tr. 28)

Her back started bothering her when she started using the floor cleaning machine, and she thought she used the machine between two to three weeks. (Tr. 29) In regard to her back pain, "From the first day I used the machines, it kept progressing and progressing and getting worse." "But what killed my back was the use of the machine." "The machine started bothering my back, but on the 31st of July when I was cleaning the bathroom is when I was injured exactly in the moment when I bent over to clean a toilet and I couldn't stand back up." She denied it was due to the urinary tract infection. She also agreed she had not been treated by Dr. Miedema since April 9, 2026, when he released her without any restrictions. She also admitted that she had been working for Uber and Spark for a long time. (Tr. 30 - 32)

On redirect, the claimant admitted it was her understanding that surgery was recommended. The claimant also stated that her symptoms had not changed since her April 9, 2026, visit and admitted that Dr. Miedema explained she had herniated discs. She

also admitted receiving an MRI on October 3, 2025, which was two to three months after the motor vehicle accident. She denied ever previously receiving an MRI of the lower back but admitted previously received a cervical MRI. (Tr. 33 – 35) She also responded that she was able to perform her regular job duties prior to July 31, 2025. (Tr. 36)

On recross, the claimant admitted that she could not deny telling Dr. Miedema back on February 5, 2026, that it was a six month follow up evaluation for low back pain radiating into her left leg, and that her symptoms were precipitated after work in June of last year while lifting a vacuum up steps. The claimant was also questioned about her complaint of a back sprain back in April of 2023 when she went to the Community Clinic and responded "Yes, but if I'm not mistaken, it was neck pain." She added "I am not saying it is wrong." (Tr. 38) The claimant also admitted to a nerve conduction study and driving for Uber and Spark the day prior to the hearing. (Tr. 39)

On redirect, the claimant admitted the numbness and tingling in her leg was a new symptom following the July 31st accident and she talked to Dr. Miedema about her general job duties. (Tr. 41) On recross, the claimant was asked if she decided to see Dr. Miedema after the emergency room visit and she responded that the primary clinic where she normally goes referred her to Dr. Miedema after the nerve conduction study. (Tr. 42, 43)

The claimant's first exhibit consisted of 163 pages of medical records. The records provide that the claimant first presented to the Community Clinic on April 18, 2023, due to a sprain of her low back along with multiple other issues. (Cl. Ex. 1, P. 1-3) An MRI report dated June 14, 2023, provided that the claimant presented with a mild straightening of the normal cervical lordosis and with no suspicious bone marrow signal, no marrow edema, and no vertebral body height loss. The report provided under impression for mild

multilevel sclerosis of the cervical spine and mild canal stenosis at C5-6. (Cl. Ex. 1, P. 4, 5) On June 23, 2023, the claimant presented to Evelene Bible (APN) with a complaint of right arm pain with no injury reported. The report provided that the pain started in the shoulder and went all the way to her hand. The report did refer to the claimant falling at work. Claimant was advised to use a cervical collar to stabilize and rest her neck. (Cl. Ex. 1, P. 6 - 9) On June 26, 2023, a fax cover sheet provided for cervical pain radiating into the right arm to the hand and stated that the MRI was attached. (Cl. Ex. 1, P. 10)

The claimant was first seen by Dr. Mark Miedema on November 8, 2023. The records provided that the claimant reported severe neck and arm pain with the timing of the onset not being identified. The MRI of the cervical spine showed multilevel stenosis of the cervical spine and recommended spine rehabilitation due to an osteophyte complex at C5-6, and the doctor opined that it was the most likely the source of her current symptoms. (Cl. Ex. 1, P. 11 - 19) On December 12, 2023, the claimant presented to Northwest Rehab and Wellness for a physical therapy evaluation. The report provided that the claimant presented with neck pain and radicular symptoms into both arms and her lower back and that she was a good candidate for skilled physical therapy. (Cl. Ex. 1, P. 20 – 24) The claimant then returned to Dr. Miedema on December 19, 2023. The report provided that the claimant presented with several years of neck and low back pain. She had pain radiating intermittently down both arms but that her pain had been improving with physical therapy. The report also referred to an MRI of the cervical spine and mentioned spondylosis of the lumbar region. (Cl. Ex. 1, P. 25 – 33)

Claimant returned to the Community Clinic on June 18, 2024, and again on August 30, 2024. (Cl. Ex. 1, P. 34 – 39) On her initial visit, her complaint consisted of an injury to

her anterior neck due to a cut across her neck as the result of an assault, along with other issues that she was facing. On February 17, 2025, the claimant presented to Meghann Whatley, CNP at the Community Clinic. (Cl. Ex. 1, P. 40 – 42)

The Claimant presented to the Washington Regional Medical Center Emergency Room with complaints of headache, neck, mid, and low back pain, after being involved in a motor vehicle accident after being T-boned on February 27, 2025. A further assessment provided for a closed head injury, a cervical myofascial strain, abdominal pain, and back strain. (Cl. Ex. 1, P. 43 – 46) The claimant returned to the Community Clinic on March 3, 2025, for a follow up following the motor vehicle accident. The report provided for an assessment of neck pain along with additional issues. (Cl. Ex. 1, P. 47 – 49)

The claimant then returned to Meghann Whatley, CNP, at the Community Clinic for a wellness check on May 19, 2025. (Cl. Ex. 1, P. 50 -52) Later on July 28, 2025, the claimant presented to the Community Clinic for a suspected UTI. The report provided that the claimant would be treated with an antibiotic and a culture would be obtained. (Cl. Ex. 1, P. 53 – 56)

On July 31, 2025, a Central EMS Incident Report provided that they picked up the claimant due to low back pain, nausea and vomiting, and a urinary tract infection. The report provided that the claimant was diagnosed with a kidney infection on Monday and was given a prescription for Nitrofurantoin and that she had continued to have pain throughout the week with no improvement. She also had nausea and vomiting associated with the pain. She had gone to work that morning and was barely able to walk due to her back pain. She tried to bend over to pick something up but then had worse pain, which lead to her co-workers calling 911. (Cl. Ex. 1, P. 57 – 61) The claimant was taken to

Washington Regional ER and the report provided that the claimant stated she had pain over the last 10 days, with worsening back pain. She provided that she bent over to pick something up and the pain got worse. She also provided she had fever chills over the last week and was being treated for an UTI. (Cl. Ex. 1, P. 62 - 64)

The claimant then returned to Meghan Whatley, CNP, on August 1, 2025, due to a back injury while bending over at work, desiring a referral to Ozark Orthopedics. (Cl. Ex. 1, 65 – 67) The medical records then provided that the claimant presented to Sean Wright, PA-C on August 4, 2025. The report provided the claimant presented to the clinic for an evaluation of her lower back and that she had been suffering lower back pain for one month which had worsened, causing numbness and tingling down her lower extremities. An x-ray provided that mild degenerative disc disease was noted throughout the lumbar spine and specifically over L5- S1. The report further provided the claimant could return to work on August 5, 2025, with no stooping, bending or lifting more than 15 pounds. (Cl. Ex. 1, P.68 - 77)

The claimant then returned to Northwest Rehab and Wellness for another Rehab Evaluation. A home exercise program was recommended with a fair potential to reach the recommended goals due to claimant's low back pain and radiculopathy in the lumbar region. (Cl. Ex. 1, P. 78 – 80) The claimant then again presented to Dr. Miedema, on September 25, 2025. His report provided that the claimant stated she was worse since her last appointment and presented with low back pain radiating into her left leg. Six weeks of physical therapy made the pain worse. Two lumbar x-rays provided for minimal disc narrowing and mild facet arthropathy at L5-S1. A return-to-work slip provided that the claimant could return to work on October 26, 2025, with no bending/lifting, stooping or

twisting with weights over 10 pounds. (Cl. Ex. 1, P. 81 – 90) Claimant then returned to Dr. Miedema a few days later, on October 3, 2025, and the assessment provided for lumbar radiculopathy. An MRI of the lumbar spine provided for a diffuse disc bulge with a right central disc extrusion and bilateral facet arthropathy which resulted in a severe right lateral recess narrowing and a possible impingement upon the transiting right L5 nerve root, and also bilevel lumbar spondylosis. (Cl. Ex. 1, P. 91 – 100) A return-to-work note dated October 29, 2025, provided that the claimant could return to work on December 1, 2025, with no bending/lifting and no stooping/twisting. (Cl. Ex. 1, P. 101, 102) The claimant received an epidural steroid injection on November 11, 2025, from Ozark Orthopedics at the left of the L4-5 and the L5-S1 levels. (Cl. Ex. 1, P. 103, 104)

The claimant returned to Dr. Miedema on December 1, 2025. The report provided that the claimant went to physical therapy for six weeks which only made her pain worse. She received an epidural steroid injection on November 10, 2025, which resulted in 80% pain relief and a functional improvement. In the meantime, she remained on light duty work with no lifting, bending, or stooping with any weight over ten pounds. (Cl. Ex. 1, P. 105 -115) A little over two months later, on February 5, 2026, the claimant returned to Dr. Miedema and the report provided the claimant was better than the last visit. The report further provided for an additional steroid injection, and that if she doesn't improve, she should obtain a surgical opinion. The claimant could return to work on February 6, 2025, again with a ten-pound limit as to lifting, stooping, or twisting. (Cl. Ex. 1, P. 116 – 125) A plan of care from Ozark Orthopedics Physical Therapy provided that the claimant presented with range of motion and strength deficits secondary to lumbar radiculopathy. (Cl. Ex. 1, P. 126 – 131) A Discharge Sheet from Ozark Orthopedics provided that the

claimant was discharged due to lack of use on February 19, 2026. (Cl. Ex. 1, P. 132) A Flow Sheet from Ozark Orthopedics from the same date provided that the claimant had trouble standing and walking longer distances and was unable to work. (Cl. Ex. 1, P. 133 – 136)

An EMG and Nerve Conduction study from Northwest AR EMG clinic on February 25, 2026, provided for a normal electrodiagnostic study of the left lower extremity. There was electrodiagnostic evidence of radiculopathy, plexopathy, and a generalized peripheral neuropathy or peripheral nerve entrapment syndrome. Of note, the patient's history and clinical examination was suggestive of radicular involvement although as noted above, the report provided they were unable to confirm this electro-diagnostically at the time. (Cl. Ex. 1, P. 137 – 143)

The claimant was seen at Ozark Orthopedics Physical Therapy on February 27, 2026, again on March 3, 2026, and on March 5, 2026, and the reports provided that the claimant completed her exercises and her pain had improved. (Cl. Ex. 1, P. 144 – 152) The claimant received an epidural steroid injection on March 18, 2025. (Cl. Ex. 1. 153, 154) The final document of record from the claimant was a clinic note form Dr. Miedema, dated April 9, 2025, which provided that the claimant rated her pain at the time of the report as a 2 which was a significant improvement. No work restrictions were recommended. She was instructed to return to the office as needed and the benefits of extended conservative management versus escalation to injections or surgery were discussed at the time. (Cl. Ex. 1, P. 155 – 163)

The respondents also submitted 66 pages of medical records that were admitted without objection. Many of these reports were also submitted by the claimant and are

repetitive. A detailed CT report of the head and brain dated February 27, 2025, provided for no acute intercranial activity and no acute traumatic cervical spine injury with mild cervical spondylosis and for no acute injury to the chest, abdomen, or pelvis. (Resp. Ex. 1, P. 17 – 21) An LGM body exam provided for a chief complaint of neck pain with the pain 8 out of 10, with eighteen following visits, and with the last visit on March 26, 2025. (Resp. Ex. 1, P. 22 – 40) An off-work notice by Dr. Scott Morris dated March 19, 2025, provided that the claimant should remain off work from March 18, 2025, thru March 21, 2025, due to neck and back injuries from a motor vehicle accident. (Resp. Ex. 1, P. 45)

Claimant's exhibit two consisted of documentary evidence which was admitted without objection. A CFS Report from the University of Arkansas Police Department and dated July 31, 2025, provided for an Emergency Services dispatch for medical services and provided that the claimant/patient was suffering from an infection that was preventing her from walking. (Resp. Ex. 2, P. 1, 2) The second document of record was a Form C, received on December 3, 2025, which provided that the claimant was injured while cleaning the bathroom. (Resp. Ex. 2, P. 3.) An email chain dated December 11, 2025, from Michael Cramer of the University of Arkansas, provided that the claimant was transported by ambulance on July 31, 2025, after needing medical attention. The report referred to a severe UTI infection that day and also provided the claimant had suffered back pain since starting to work there. The report further provided that the claimant was given light duty restrictions and was helping dust the football suites. She did not work the next week. When she returned, she helped where she could but there seemed to be more standing around than working. She ended up being sent home and instructed to not return

until she had zero restrictions. (Resp. Ex. 2, P. 4, 5). The exhibits also included a Form AR-N signed by the claimant dated December 15, 2025. (Resp. Ex. 2, P. 6, 7)

Respondents Exhibit 3 consisted of the deposition of the claimant that was admitted without objection. The claimant testified she left work due to problems with her back. She injured her back due to the machines she used when the stadium flooded at the first game. She was told not to return to work until she had no restrictions, and she thought that the last day she worked was the Thursday before the first game of the season of American football. She admitted to previously being in a car wreck and after the wreck starting to feel a minimal pain in her back but denied hurting her back elsewhere. She also admitted that her back was later treated by Dr. Miedema, that she received physical therapy, and that she never had back surgery. She denied seeing a chiropractor. She felt her pain increased when she was required to use the carpet cleaning machines and felt the prolonged use of the machine caused her back problems.

On the day that she was taken by the ambulance to Washington Regional, she testified that Lorena called for the ambulance. The emergency room referred her to Dr. Miedema.

The proffered statements were also attached in a sealed envelope to the transcript.

DISCUSSION AND ADJUDICATION OF ISSUES

In regard to the primary issue of compensability, the claimant has the burden of proving by a preponderance of the evidence that she is entitled to compensation benefits for the claimed injury to her lower back under the Arkansas Workers' Compensation Law. In determining whether the claimant has sustained her burden of proof, the Commission shall weigh the evidence impartially, without giving the benefit of the doubt to either party.

Ark. Code Ann §11-9-704. *Wade v. Mr. Cavananugh's*, 298 Ark. 364, 768 S.W. 2d 521 (1989). Further, the Commission has the duty to translate evidence on all issues before it into findings of fact. *Weldon v. Pierce Brothers Construction Co.*, 54 Ark. App. 344, 925 S.W.2d 179 (1996).

Under workers' compensation law in Arkansas, a compensable injury must be established by medical evidence supported by objective findings and medical opinions addressing compensability and must be stated within a degree of medical certainty. *Smith-Blair, Inc. v. Jones*, 77 Ark. App. 273, 72 S.W.3d 560 (2002). Additionally, these objective findings are findings that cannot come under the voluntary control of the patient. A.C.A. §11-9-102 (16). More specifically, to prove a compensable injury, the claimant must establish by a preponderance of the evidence: (1) an injury arising out of and in the course of employment; (2) that the injury caused internal or external harm to the body which required medical services or resulted in disability or death; (3) medical evidence supported by objective findings, as defined in A.C.A. §11-9-102 (16) establishing the injury and (4) that the injury was caused by a specific incident and identifiable by time and place of occurrence. If the claimant fails to establish any of the requirements for establishing the compensability of the claim, compensation must be denied. *Mikel v. Engineered Specialty Plastics*, 56 Ark. App. 126, 938 s.W.2d 876 (1997). It is also important to note that the claimant's testimony is never considered uncontroverted. *Lambert v. Gerber Products Co.* 14 Ark. App. 88, 684 S.W.2d 842 (1985).

The medical records and testimony in the present matter clearly provide that the claimant sadly suffered from a myriad of health-related issues including low back issues which included mild degenerative disc disease which had presented prior to the claimed

work-related injury. It is clear that an employer takes the employee as it finds him or her and employment circumstances that aggravate preexisting conditions are compensable. *Heritage Baptist Temple v. Robinson*, 82 Ark. App. 460, 120 S.W.3d 150 (2003). Further, a claimant is not required in every case to establish the casual connection between a work-related incident and an injury with an expert medical opinion. See *Wal-mart Stores, Inc. v. VanWagner,* 337 Ark. 443, 990 S.W.2d 522 (1999). Arkansas courts have long recognized that a causal relationship may be established between an employment-related incident and a subsequent physical injury based on evidence that the injury manifested itself within a reasonable period of time following the incident so that the injury is logically attributable to the incident, where there is no other reasonable explanation for the injury. *Hail v. Pitman Construction Co*. 235 Ark. 104, 357 A.W.2d 263 (1962).

In the present matter, the testimony and medical records provide that in the first part of 2025, the claimant had been T-boned in a motor vehicle accident where she injured the left side of her neck, and she also admitted that her lower back hurt “a little” at the time. At the time of claimed work related back injury, the claimant admitted she had been suffering from a urinary tract or kidney infection which required her to seek medical help only three days prior to the claimed work-related injury. She testified in regard to the pain that “I went to the doctor to find out what was going on because I had so much pain like I never had before and they said it was just a small kidney infection and they prescribed medication that did improve the infection, but I was still hurting.” It is also noted that she had stated on the day of the claimed work injury, that the pain was much more intense on that date and her leg went numb and felt like ants were in it and that the problems continued to this day but that the medical records of the time did not clarify this issue.

Medical records provided that the claimant suffered a sprain to her low back in April of 2023, although it appears that her primary problem at the time was related to her cervical spine, which caused radiculopathy to her right arm. At that time, Dr. Miedema recommended the claimant receive spinal rehabilitation. Medical records and testimony also provided the claimant was involved in a motor vehicle accident on February 27, 2025, which resulted in a cervical myofascial strain along with back pain. A work note by Dr. Scott Morriss dated March 19, 2025, provided she remain off work from March 18, 2025, thru March 21, 2025, due to her neck and back injuries from the motor vehicle accident. Additional medical provided that the claimant presented to the Community Clinic on July 28, 2025, with low back pain and that she had a suspected urinary tract infection that would be treated with an antibiotic and confirmed with lab tests. When she was taken by ambulance to Washington Regional on July 31, 2025, the Central EMS Incident Report provided they picked the claimant up due to low back pain, nausea, vomiting, and a urinary tract infection. The claimant had clearly suffered from various cervical and lower back problems for years and was diagnosed only three days earlier with a urinary tract infection. Speculation and conjecture cannot substitute for credible evidence in determining the cause of the injury. See *Liaromatis v. Baxter County Regional Hospital*, 95 Ark. App. 296, 236 S.W.3d 524 (2006).

It is also very clear that the workers' compensation claimant bears the burden of proving the compensable injury by a preponderance of the evidence. A.C.A. §11-9-102 (4) (E) (i). A compensable injury is one that was the result of an accident that arose in the course of his employment and that it grew out of or resulted from the employment. See *Moore v. Darling Store Fixtures*, 22 Ar. App 21, 732 S.W.2d 496 (1987). Preponderance

of the evidence means the evidence having greater weight or convincing force. *Metropolitan Nat'l Bank v. La Sher Oil Co*., 81 Ark App. 263, 101 S.W.3d 252 (2003). Based upon the available evidence in the case at bar, there is no alternative but to find that the claimant has failed to satisfy the required burden of proof to show that the claimed injury to her lower back on July 31, 2025, is in fact work related and compensable under the Arkansas Workers' Compensation Act.

After weighing the evidence impartially, without giving the benefit of the doubt to either party, there is no alternative but to find that the claimant has failed to prove by a preponderance of the credible evidence that her claim for an injury to her lower back on or about July 31, 2025, is a compensable claim under the Arkansas Workers' Compensation. As a consequence, all other issues are moot. If not already paid, the respondents are ordered to pay the cost of the transcript forthwith.

IT IS SO ORDERED.

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JAMES D. KENNEDY
Administrative Law Judge