

**STATE OF VERMONT
DEPARTMENT OF LABOR**

Gaetan Brochu

Opinion No. 18-20WC

v.

By: Beth A. DeBernardi
Administrative Law Judge

Peck Electric Co.

For: Michael A. Harrington
Commissioner

State File No. HH-63000

OPINION AND ORDER

Hearing held via Skype on August 21, 2020
Record closed on September 21, 2020

APPEARANCES:

Christopher McVeigh, Esq., for Claimant
Bonnie J. Badgewick, Esq., for Defendant

ISSUES PRESENTED:

1. Did Claimant sustain a compensable low back injury as a result of his February 18, 2016 work-related fall?
2. If yes, to what workers' compensation benefits, if any, is he entitled?

EXHIBITS:

Joint Exhibit I: Medical records
Claimant's Exhibit A: Unemployment records

CLAIM:

All workers' compensation benefits to which Claimant proves his entitlement as causally related to his low back condition

FINDINGS OF FACT:

1. Claimant was an employee and Defendant was his employer as those terms are defined in the Vermont Workers' Compensation Act.
2. I take judicial notice of all forms and correspondence in the Department's file relating to this claim.

Claimant's Prior Work History and Medical History

3. Claimant is a 51-year-old man who lives in Walden, Vermont. Prior to his employment with Defendant, he worked as an electrician for several other businesses, including Ames Electric and H.A. Manosh. During his prior employment, Claimant sustained several work injuries, including a right shoulder injury in 2001 and several wrist injuries in 2005. He underwent multiple wrist surgeries and was out of work for several years, during which time he collected workers' compensation benefits.
4. Claimant has no history of low back symptoms prior to his employment with Defendant.

Claimant's Work for Defendant

5. Claimant began work for Defendant in 2014 as a lead technician, working on a three-member crew. The other two crew members installed residential solar panels, typically on a customer's roof, and Claimant ran power from those panels to the inverters and distribution panels. He performed this work for about three years.

Claimant's February 2016 Work Injury

6. On February 18, 2016, Claimant was working with a crew in Warren, Vermont, installing solar panels on a one-story house. Claimant climbed a ladder to the garage roof to take photos of the solar panel installation. When he was done, he walked to the edge of the roof and prepared to climb down the ladder. At that moment, he lost his footing, knocked the ladder over, and slid to the edge of the roof. He grabbed the roof with his left arm but could not hold on. Claimant fell off the roof, landing in the driveway about ten feet below. When he stood up, he felt pain in his left shoulder.
7. Claimant's supervisor, Curt Beacham, was at the jobsite. Claimant watched Mr. Beacham fill out a First Report of Injury and report his accident by telephone to someone in Defendant's office.
8. Claimant then drove to a nearby express care facility. That visit's medical record states that he fell off a roof, injuring his left shoulder and bruising his right knee. Claimant credibly testified that his left shoulder injury occurred when he grabbed the roof in a last-ditch attempt to stem his fall. The record includes no report of any back injury, nor any symptoms associated with back pain or discomfort. *Joint Exhibit I*, at 392-93.
9. The next day, Claimant saw his primary care provider, family medicine physician Kimberly Bruno, MD. Claimant reported to Dr. Bruno that he fell off the roof and landed on his right knee. *Joint Exhibit I*, at 394. He did not report any back pain.
10. In March 2017, Claimant underwent an independent medical examination with occupational medicine physician William Boucher, MD. Claimant reported to Dr. Boucher that he slipped off a roof, tried to catch himself with his left arm, and landed

on his right side. *Joint Exhibit I*, at 762. Claimant did not report any back pain to Dr. Boucher.

11. I find that Claimant's accounts of the roof incident given to the urgent care facility, to Dr. Bruno the next day, and to Dr. Boucher are generally consistent. Further, they are among the accounts closest in time to the incident. Reading them together, I find that Claimant grabbed the roof with his left arm, slipped off the roof, and landed on his right side, sustaining a shoulder injury and a knee bruise. None of these accounts mention landing on his back or buttocks, nor do they mention any low back injury, pain or symptoms.

Claimant's Subsequent Medical Treatment

12. Claimant returned to work about a week after his fall, but his shoulder pain persisted. In March 2016, he was diagnosed with a torn rotator cuff, and he stopped working to undergo rotator cuff repair surgery with orthopedic surgeon John Macy, MD.
13. In anticipation of that surgery, Claimant completed a health history worksheet for Dr. Macy. *Joint Exhibit I*, at 424-25. The worksheet asked whether he had chronic neck or back problems, and he responded "no." The worksheet included space for patients to expand on their answers. Claimant added additional information about his cigarette smoking, but he did not add any information about his back. Additionally, the worksheet's last question asked about "Other Medical Conditions not addressed above." Claimant did not identify any low back symptoms there, either. *Id.* at 425.
14. Dr. Bruno performed a pre-operative evaluation on April 11, 2016. Her physical examination of Claimant noted that his spine was "unremarkable" and that he had a full range of motion in his spine "without pain." *Joint Exhibit I*, at 441.
15. The rotator cuff repair surgery on April 12, 2016 was successful, and Claimant furthered his recovery with 22 physical therapy visits from May through August of 2016. None of these records record any low back pain, symptoms or treatment. *See Joint Exhibit I*, at 499-512, 515-54.
16. Claimant was out of work from March 2016 until August 2016, when he returned to work for Defendant. In November 2016, a nurse practitioner at Copley Hospital provided a note that Claimant could work full duty with no restrictions, although he had already returned to his regular duties. *Joint Exhibit I*, at 556.
17. Claimant's job duties upon his return were similar to his pre-injury duties. These duties continued through the spring of 2017.
18. Claimant did not report any low back injury or symptoms to Defendant or to his physicians at any time between February 18, 2016 and May 23, 2017. His shoulder treatment included months of physical therapy, but he never mentioned any back symptoms to his physical therapists, either.

19. When Dr. Boucher performed his independent medical examination of Claimant in March 2017, *see* Finding of Fact No. 10 *supra*, he provided Claimant with multiple opportunities to report any low back symptoms, including a questionnaire asking about his fall from the roof, the pain he experienced at that time, and the pain he was experiencing at the examination time. Claimant reported no low back pain or symptoms to Dr. Boucher, nor did he indicate any back pain when he completed the pain inventory drawings, which asked him to indicate where his pain was “now.” *Joint Exhibit I*, at 767.

Claimant’s Low Back Condition and his Separation from Employment

20. Defendant had an ongoing business relationship with a Vermont solar energy company known as SunCommon, whereby Defendant’s employees performed residential solar installations for SunCommon. In January 2017, Claimant heard that SunCommon was planning to reduce the level of work performed by Defendant’s employees, in favor of doing that work in-house. Claimant was one of the employees who performed work under this arrangement, and he was not happy about the rumored change.
21. On May 24, 2017, Claimant presented to Dr. Bruno complaining of low back pain. He reported that he had been experiencing persistent low back pain since the roof incident; he also mentioned that his pain worsened after a stumbling incident at work three weeks ago. *Joint Exhibit I*, at 561. A radiology report from May 24, 2017 found degenerative changes in his lumbar spine but no acute findings. *Joint Exhibit I*, at 560. A second radiology report found degenerative disc disease with evidence of spinal stenosis. *Joint Exhibit I*, at 572.
22. On May 30, 2017, Claimant sought treatment for low back symptoms with pain management physician Anne Vitaletti-Coughlin, MD. Claimant reported to her that his low back pain was from his fall off a roof in February 2016. Her notes do not reflect any mention of a recent stumbling incident. *Joint Exhibit I*, at 577.
23. In June 2017, Claimant’s supervisor, Mr. Beacham, informed him that he would no longer be working on residential solar installations. Instead, he was reassigned to work on Defendant’s commercial solar field installations.
24. Claimant was “mad and angry” about the reassignment because Mr. Beacham did not explain why he was being reassigned or give him more notice. He was also angry that Defendant asked him to return his company mobile phone. Claimant used that phone for personal purposes and credibly testified that he “had half my life on [that phone].” Claimant did not ask Defendant why he was being reassigned because he thought Defendant owed him an explanation and that he should not need to ask.
25. Claimant set off to work on a solar field for the first time on June 19, 2017. The work involved walking on uneven surfaces, as well as wearing a toolbelt. After working between two and four hours, Claimant told an assistant supervisor that he could not perform the work, and he left. He never returned to work for Defendant.

26. Claimant eventually called Mr. Beacham to ask whether there was any work available that would not aggravate his back. Mr. Beacham did not get back to Claimant, and Claimant did not follow up. Claimant filed for unemployment benefits in June 2017.
27. On June 30, 2017, Claimant began chiropractic treatment with Trevor Howard, DC, for his low back symptoms. He reported to Dr. Howard that his back pain began when he fell off the roof and has persisted ever since. *Joint Exhibit I*, at 592, 596. He reported no job duties that caused or contributed to his back pain, nor did he mention a stumbling incident. *Id.*
28. On July 25, 2017, Dr. Howard released Claimant to work with no restrictions. *Joint Exhibit I*, at 604. Claimant testified that he did not return to work for any employer that summer, but on August 8, 2017, Dr. Howard recorded that Claimant was doing significantly better and had returned to work without episode. *Id.* I find Dr. Howard's contemporaneous record more reliable than Claimant's testimony and therefore find that Claimant had returned to some type of employment before August 8, 2017.
29. Claimant had a family court hearing scheduled for November 22, 2017 to revisit his child support obligation. On November 13, 2017, he contacted Dr. Bruno's office asking for a note stating that he was unable to work. *Joint Exhibit I*, at 663. On November 17, 2017, Claimant reported to his physical therapist that he felt 70 percent better since starting physical therapy. The physical therapist noted minimal limping, minimal pain on palpation, and good mobility. The therapist wrote that Claimant's back symptoms were resolving and that he should resume his normal activities as tolerated. *Id.* at 664. Claimant then saw Dr. Bruno three days later to obtain an unable-to-work note for his child support hearing. He reported to Dr. Bruno that his symptoms were only 25 percent improved since starting physical therapy and that he did not feel that he could work. *Id.* at 665. The next day, Dr. Bruno provided a note for Claimant's child support hearing, stating that he could not work. *Id.* at 667. Ten days later, Claimant reported to his physical therapist that he felt 70 to 80 percent better and had returned to most of his normal activities. The therapist noted a normal gait and gross spinal motions within normal limits. *Id.* at 668. Given that Claimant's purpose in meeting with Dr. Bruno was to obtain a letter for his child support case, I find his statements to the physical therapist more credible than his statements to Dr. Bruno.
30. In May 2018, Claimant started a new job with CFW Electric, performing mostly residential electrical work. He continued working there until he injured his shoulder in November 2018. As of the hearing date, Claimant was back to work for CFW Electric after a period of absence related to his shoulder injury.
31. In March 2019, at an independent medical examination with Victor Gennaro, MD, Claimant reported that Defendant had reassigned him to work on solar field installations, a position that required more bending, carrying and walking than his prior duties. Claimant reported that, as time went by, the solar field job became increasingly difficult for him to do, so he changed jobs. Claimant did not inform Dr.

Gennaro that he worked on a solar field for only two to four hours before leaving his employment. *See Joint Exhibit I*, at 785.

Claimant's Allegation of Sustaining a Low Back Injury in the 2016 Roof Incident

32. Claimant alleges that he sustained a low back injury in the February 2016 roof incident. He testified that he “probably” had low back pain when he fell off the roof and that his pain persisted, at a level of six out of ten, for the next 15 months.
33. However, Claimant did not report any low back pain either to his employer, or to any of his medical providers, for 15 months following the roof incident. *See Finding of Fact Nos. 8-11, 13-15, and 18-19, supra.* Claimant testified that he did not mention his back pain because his shoulder injury was more urgent; however, he did not report any back pain even after he underwent successful shoulder surgery two months after the fall.
34. During those 15 months, Claimant had physical therapy, shoulder treatment with a pain management physician, and treatment for unrelated medical conditions. He also underwent an independent medical examination with Dr. Boucher. Despite all these evaluations and treatments, providing him with ample opportunity to report persistent low back pain at a level of six out of ten, Claimant reported no such symptoms until May 24, 2017.
35. Further, Claimant’s medical records reveal that he is not someone who shies away from medical treatment. He sought treatment for a prior shoulder injury, several prior wrist injuries, hypertension, and a variety of other medical conditions over the years.
36. I therefore find that Claimant’s account of experiencing persistent low back pain from the date of the roof incident is not credible.

Claimant's Allegation of Sustaining a Low Back Injury in a 2017 Stumbling Incident

37. Claimant also alleges that he stumbled (but did not fall) while carrying an inverter at work in the spring or summer of 2017. He testified that this stumbling incident caused his low back pain to be four times worse than before. No one witnessed the alleged stumbling incident, nor did Claimant report it to Defendant or mention it to either of the other employees who were at the jobsite that day.
38. Assessing Claimant’s credibility concerning the unwitnessed and unreported stumbling incident requires careful evaluation of the evidence so as to explore any inconsistencies, investigate possible intervening causes, and evaluate “hidden or not-so-hidden motivations.”¹ In making my assessment of Claimant’s credibility here, I

¹ *See Jurden v. Northern Power Systems, Inc.*, Opinion No. 39-08WC (October 6, 2008), citing *Russell v. Omega Electric*, Opinion No. 42-03WC (November 10, 2003); *see also Fanger v. Village Inn*, Opinion No. 05-95WC (April 20, 1995).

have taken into consideration the questions enumerated by the Commissioner for evaluating credibility under these circumstances.²

39. Claimant did not report a stumbling incident to his employer when it allegedly happened, nor did he seek medical treatment at that time, despite his testimony that the pain from the stumbling incident was four times greater than his baseline pain, which he already described as a level six out of ten. Claimant testified that he did not report the incident to Defendant because he did not think it was “that serious,” even though he described it as “very painful.”
40. Although Claimant mentioned a stumbling incident to his primary care physician on May 24, 2017, he stated that the alleged incident had occurred three weeks earlier. Further, his subsequent medical records include no reference to a stumbling incident. For example, when he saw Dr. Vitaletti-Coughlin one week after his visit to Dr. Bruno, Claimant did not mention a stumbling incident, but rather attributed his low back symptoms to the roof incident.
41. The records reveal other inconsistencies in Claimant’s reporting as well, including his representations to Dr. Bruno in connection with his request for an out-of-work note for his child support hearing. *See* Finding of Fact No. 29 *supra*. As another example, Claimant reported to Dr. Gennaro that his solar field duties made his back progressively worse over time, without informing the doctor that he performed those duties for no more than four hours. *See* Finding of Fact No. 31 *supra*. These inconsistent reports reflect on Claimant’s credibility.
42. Claimant acknowledged that he is familiar with the process of reporting workers’ compensation injuries. Not only did he file prior workers’ compensation claims and receive benefits, but he also watched his supervisor complete a First Report of Injury for his February 2016 fall. *See* Finding of Fact No. 7 *supra*. Claimant also knew that Defendant kept a supply of such forms in the work trailers that were present at each jobsite. Despite his familiarity with the reporting process, and his testimony that his pain from the stumbling incident was four times worse than his previous level six out of ten pain, Claimant did not report a stumbling incident to his employer.
43. Finally, Claimant was angry at Defendant for reassigning him to the solar fields and for taking his mobile phone away. It was only after that happened that he reported work-related back pain to his employer.

² “First, are there medical records contemporaneous with the claimed injury and/or a credible history of continuing complaints? Second, does the claimant lack knowledge of the workers’ compensation reporting process? Third, is the work performed consistent with the claimant’s complaints? Fourth, is there persuasive medical evidence supporting causation?” *Larrabee v. Heavensent Farm*, Opinion No. 13-05WC (February 4, 2005), citing *Seguin v. Ethan Allen*, Opinion No. 28S-02WC (July 25, 2002).

44. Based on Claimant's inconsistent accounts, his anger towards his employer, and his failure to report a work-related stumbling incident despite his knowledge of the reporting process, Claimant has not persuaded me that such an incident took place.

Medical Testimony

45. The parties presented expert medical testimony as to the causal relationship between Claimant's low back condition and his employment with Defendant.

(a) William Boucher, MD

46. William Boucher, MD, is a board-certified occupational medicine physician. At Defendant's request, he conducted an independent medical examination of Claimant on March 8, 2017. Dr. Boucher performed a physical examination of Claimant, interviewed him, and asked him to complete a questionnaire and some pain inventory drawings.

47. Claimant reported to Dr. Boucher that he suffered a left shoulder injury when he fell off a roof. He did not report any low back pain or symptoms, despite multiple opportunities to do so. *See* Finding of Fact No. 19 *supra*.

48. Dr. Boucher offered no medical opinions concerning Claimant's low back condition, as Claimant had not brought any such condition to the attention of any medical provider between the February 2016 roof incident and the March 2017 examination.

(b) Victor Gennaro, DO

49. Victor Gennaro, DO, is a board-certified orthopedic surgeon. At Claimant's request, Dr. Gennaro performed an independent medical examination of him on March 8, 2019. Dr. Gennaro took Claimant's medical history, performed a physical examination, and reviewed his medical records from May 2017 onward.

50. Dr. Gennaro's physical examination revealed the flattened spinal curvature typical of arthritic spines and widespread, advanced degenerative disc disease. He credibly assessed Claimant with pre-existing degenerative disc disease and spinal stenosis.

51. Dr. Gennaro testified that Claimant fell from a roof in February 2016 and landed on his buttocks. In his opinion, a fall onto the buttocks can compress the spine in an axial manner, causing lumbar strain. However, Claimant did not report to Dr. Gennaro that he landed on his buttocks; he reported that he landed on his right side. *See Joint Exhibit I*, at 780; *see also* Finding of Fact No. 11 *supra*. Accordingly, Dr. Gennaro's opinion as to the mechanism of injury is based on a factual misunderstanding, and I do not accept it.

52. Dr. Gennaro also offered his opinion that, if Claimant experienced immediate low back pain when he fell off the roof, and if the pain persisted from that date forward, then his low back symptoms are causally related to the roof incident. Dr. Gennaro

acknowledged that the lack of contemporaneous medical documentation causes difficulty in establishing causation, but he found that Claimant's history "seems believable." *Joint Exhibit I*, at 785. He wrote: "It is a matter of what facts are correct. If the patient experience[d] immediate pain and continued symptoms since the fall, then there is a causal relationship to the fall." *Id.* at 785.

53. Dr. Gennaro offered a second basis for a causal connection between Claimant's employment and his low back symptoms: his change in job duties. Claimant reported to Dr. Gennaro that Defendant had reassigned him to more strenuous solar field work and that such work became increasingly difficult for him to do. *See* Finding of Fact No. 31 *supra*. In Dr. Gennaro's opinion, the more physical nature of the solar field work aggravated Claimant's low back condition; therefore, Claimant's low back condition is causally related to his employment for Defendant. *See Joint Exhibit I*, at 785. However, Dr. Gennaro did not know that Claimant worked on a solar field for only two to four hours before leaving his employment. *See* Finding of Fact No. 31 *supra*. Accordingly, this opinion is also based on a factual misunderstanding, and I do not accept it.
54. Dr. Gennaro offered a third basis for a causal connection between Claimant's employment and his low back condition, namely that a stumbling incident at work aggravated his low back condition. As with his opinion concerning the roof incident, this opinion also depends on Claimant's credibility. Further, Dr. Gennaro did not have any detailed information about the alleged stumbling incident, nor did he explain a mechanism of injury or the likely nature and scope of such an injury.
55. In summary, I have rejected Dr. Gennaro's opinions that Claimant suffered a back injury when he landed on his buttocks, or that he suffered a back injury working in the solar fields, as those opinions were based on factual misunderstandings. His other two opinions depend on Claimant's credibility concerning his alleged persistent back pain since the roof incident and the alleged stumbling incident. Having found that Claimant's accounts are not credible, I find that Dr. Gennaro's opinions are not persuasive.

(c) George White, MD

56. At Defendant's request, George White, MD, a board-certified occupational medicine physician, conducted an independent medical examination of Claimant on January 4, 2018. Dr. White took Claimant's medical history, performed a physical examination, and reviewed his medical records back to the February 2016 injury date.
57. Dr. White's review of Claimant's MRI studies found multilevel degenerative disc changes in his lumbar spine.
58. Claimant reported to Dr. White that he fell off a roof in February 2016, injuring his shoulder and knee. He further reported that he began to experience low back pain when he fell and that his pain has persisted and progressively worsened since the fall.

59. Dr. White noted that there are no contemporaneous medical records documenting any such pain complaints from Claimant. He further noted that Dr. Bruno's April 2016 pre-operative examination found that Claimant's spine was "unremarkable" and that he had "full range of motion without pain." *Joint Exhibit I*, at 778. The first documentation of back pain that Dr. White found in Claimant's medical record was Dr. Bruno's report from May 24, 2017, some 15 months after the roof incident. Based on his review of these records, Dr. White offered his opinion that whether Claimant's low back condition is causally related to the roof incident depends on "which takes precedence," the contemporaneous medical records or Claimant's subjective history provided 15 months later. *Joint Exhibit I*, at 778.
60. Notably, Dr. White did not answer this question in his January 2018 report or in his testimony. Instead, he acknowledged that the conclusion to be drawn about causation here largely resides with the trier of fact, as the causal connection must turn on Claimant's credibility in reporting his low back symptoms. In Dr. White's opinion, if Claimant's account of persistent low back symptoms from the date of the roof incident is credible, then the trier of fact can believe him and find a causal relationship. Otherwise, the trier of fact should rely on the medical records and find no causal relationship. I find Dr. White's analysis here well-founded and persuasive. Having already found that Claimant's pain reports were not credible, I find that Dr. White's opinion persuasively supports a conclusion that there is no causal relationship between Claimant's low back condition and the 2016 roof incident.
61. During cross examination, Dr. White was asked whether a stumbling incident could have incited or aggravated Claimant's low back condition. Dr. White offered his opinion that such an incident could cause or aggravate a low back condition. However, he was not presented with details of Claimant's alleged stumbling incident, nor did he offer any opinion as to the mechanism of injury or the nature and extent of an injury that could result from such an incident. Moreover, any opinion as to whether Claimant's low back condition was caused by a stumbling incident depends on believing that Claimant did, in fact, stumble at work.
62. As set forth in Finding of Fact No. 44 *supra*, I have already found that Claimant's report of a stumbling incident lacks credibility. Applying Dr. White's credible analytical framework, I therefore do not find expert medical support for Claimant's contention that a stumbling incident caused or contributed to his low back complaints.

CONCLUSIONS OF LAW:

1. In workers' compensation cases, the claimant has the burden of establishing all facts essential to the rights asserted. *King v. Snide*, 144 Vt. 395, 399 (1984). He or she must establish by sufficient credible evidence the character and extent of the injury, *see, e.g., Burton v. Holden & Martin Lumber Co.*, 112 Vt. 17 (1941), as well as the causal connection between the injury and the employment, *Egbert v. The Book Press*, 144 Vt. 367 (1984). There must be created in the mind of the trier of fact something more than a possibility, suspicion or surmise that the incidents complained of were the cause of the injury and the resulting disability, and the inference from the facts proved

must be the more probable hypothesis. *Burton, supra* at 19; *Morse v. John E. Russell Corp.*, Opinion No. 40-92WC (May 7, 1993).

2. Where the causal connection between employment and injury is obscure, and a layperson could have no well-grounded opinion as to causation, expert medical testimony is necessary. *Lapan v. Berno's Inc.*, 137 Vt. 393, 395-96 (1979).
3. The issue to be determined here is whether Claimant sustained a compensable low back injury as a result of his February 18, 2016 work-related fall. Although not presented as a second issue for determination, Claimant alternately contends that he injured his back in a stumbling incident in the spring or summer of 2017.
4. Dr. Gennaro and Dr. White both offered opinions on the causal connection between Claimant's work for Defendant and his low back condition. However, their opinions depend on the credibility of Claimant's accounts.
5. As set forth in Finding of Fact Nos. 36 and 44 *supra*, I have found that Claimant's accounts are not credible. Therefore, the opinions of Dr. Gennaro and Dr. White do not establish a causal relationship between Claimant's low back pain and either the 2016 roof incident or the 2017 alleged stumbling incident. *See S.D. v. Fletcher Allen Health Care*, Opinion No. 08-07WC (February 28, 2007) (where a claimant's reports are not credible, medical opinions based on those reports "may lack the soundness to support an award"); *R.O. v. Buttura & Sons*, Opinion No. 52-08WC (December 15, 2008), at ¶ 2, citing *Magill v. Mack Molding Co., Inc.*, Opinion No. 58-05WC (September 9, 2005) (when medical opinions rely on a patient's history that proves not credible, those opinions lose their crucial base). Without a persuasive medical opinion, Claimant cannot establish causation. *Lapan v. Berno's Inc.*, 137 Vt. 393, 395-96 (1979).
6. Accordingly, Claimant has not met his burden of proof that he sustained a compensable low back injury as a result of his February 18, 2016 work-related fall or otherwise causally related to his employment with Defendant.

ORDER:

Based on the above Findings of Fact and Conclusions of Law, Claimant's claim for workers' compensation benefits causally related to his low back condition is hereby **DENIED**.

DATED at Montpelier, Vermont this 4th day of November 2020.

Michael A. Harrington
Commissioner

Appeal:

Within 30 days after copies of this opinion have been mailed, either party may appeal questions of fact or mixed questions of law and fact to a superior court or questions of law to the Vermont Supreme Court. 21 V.S.A. §§ 670, 672.