

**STATE OF VERMONT
DEPARTMENT OF LABOR**

Ralph Chubbuck

Opinion No. 10-22WC

v.

By: Beth A. DeBernardi
Administrative Law Judge

New England Career Connection, Inc.

For: Michael A. Harrington
Commissioner

State File No. JJ-53371

RULING ON MEDICAL BENEFITS PURSUANT TO 21 V.S.A. § 640(a)

APPEARANCES:

Nicholas J. Seldon, Esq., for Claimant
Wesley M. Lawrence, Esq., for Defendant

ISSUE PRESENTED:

Was the lumbar MRI that Claimant underwent on February 19, 2020 reasonable medical treatment for his compensable right knee injury?

EXHIBITS:

Claimant's Statement of Undisputed Facts
Defendant's Statement of Undisputed Facts
Joint Medical Exhibit ("JME")

FINDINGS OF FACT:

1. The parties disagree about whether a diagnostic lumbar MRI performed on February 19, 2020 was reasonable treatment for Claimant's compensable right lower extremity injury. Defendant denied payment, and Claimant was billed \$2,960.00 for the procedure by his medical provider.
2. Given the limited amount in controversy,¹ the parties asked the Department to decide whether the MRI was reasonable treatment for Claimant's work injury based on their statements of uncontested facts and a joint medical exhibit, in tandem with the prevailing law. Although the parties styled their submissions as motions for judgment as a matter of law, the joint medical exhibit included competing expert opinions. To the extent that the Department weighed those opinions, this ruling includes an evidentiary determination.

¹ In the future, the Department asks that parties with similar disputes make a concerted effort to resolve them informally.

The following material facts are undisputed:

Summary of Relevant History

3. This is an accepted right knee injury claim. *Defendant's Statement of Undisputed Facts (Defendant's Statement)*, ¶ 1. On September 15, 2016, Claimant and a co-worker were carrying a heavy door from the assembly line over to the packing area when the co-worker lost control of the door. Claimant's right knee contorted into an unnatural position as he was thrown off balance, while carrying the lion's share of the weight. *Claimant's Statement of Undisputed Facts (Claimant's Statement)*, ¶ 25.
4. Claimant sustained a compensable right ACL injury that has so far necessitated two surgeries. On December 15, 2016, he underwent the first ACL reconstruction surgery using an allograft performed by board-certified orthopedic surgeon Tahsin Ergin, MD, of Valley Regional Hospital. (JME 74-87). On January 8, 2021, orthopedic surgeon Michael Sparks, MD, of Dartmouth-Hitchcock Medical Center, replaced Claimant's failed allograft. (JME 364-421). *Claimant's Statement*, ¶ 3.
5. Prior to the discovery of his failed allograft, Claimant returned to Dr. Ergin on February 3, 2020, with complaints of right lower extremity pain. Dr. Ergin ordered radiological studies of Claimant's right leg; however, those studies did not reveal the cause of his symptoms. Accordingly, Dr. Ergin ordered a diagnostic lumbar MRI to further investigate the source of Claimant's symptoms. (JME 196-204). *Claimant's Statement*, ¶ 4.
6. Lumbar spine nerve involvement commonly expresses itself as lower extremity pain. *Claimant's Statement*, ¶ 5.

Specific Treatment History

7. Claimant underwent right knee ACL repair on December 15, 2016 with Dr. Ergin. (JME 74). *Defendant's Statement*, ¶ 2. Thereafter, he underwent physical therapy through April 7, 2017. (JME 122-183). *Claimant's Statement*, ¶ 6.
8. On April 7, 2017, physical therapist Danielle Addonizio discharged Claimant from his post-surgery physical therapy to a home exercise program. At that final physical therapy visit, Claimant reported that his pain was 0/10 and:

that his pain has consistently been at a 0/10 and he only had one instance over the last two weeks where his knee was sore from standing for a long time at work. At worst his pain will increase to 1/10. Patient reports that he no longer has difficulty squatting all the way down to the floor to pick up objects up to 10#. He also no longer has difficulty going up and down the stairs. He reports that his R knee is at an 85% of its previous level.

[...]

At this time he has met all of his goals and achieved clinically significant improvement in the Lower Extremity Functional Scale outcome measure.

[...]

At this time it is agreed upon that patient will be discharged from skilled physical therapy with independent [home exercise program].

(JME 181). *Defendant's Statements*, ¶¶ 4-5.

9. On April 13, 2017, Claimant returned to Dr. Ergin and reported substantial improvement. (JME 183). Dr. Ergin wrote that Claimant was “certainly not having complaints of pain in the knee.” *Id.* Claimant reported that the swelling was down, range of motion was good and that he had finished physical therapy. *Id.* Dr. Ergin confirmed that Claimant was at work with “very minimal restrictions,” and he advised that Claimant could return to work without any restrictions. (JME 183-85). Dr. Ergin also stated:

The patient’s knee is quite stable, with no effusion, and he is doing very well using the hinge brace to protect the knee with work. I think it is wise for him to continue doing that. The graft is at its weak[est] now, and will be weak until about a year after the surgery; needs to be protected and to gradually gain strength.

Id. Claimant would be at one-year post-surgery in December 2017. *Claimant's Statement*, ¶¶ 7-8; *Defendant's Statement*, ¶¶ 6, 8.

10. Dr. Ergin directed Claimant to follow up in “about 2 months, and then perhaps again in the fall depending on how he is doing. I would like to check it again, however, at 6 months out from surgery. He can continue to work with the brace on, but without any restrictions now.” (JME 183-84). *Defendant's Statement*, ¶ 7.
11. Claimant did not return to see Dr. Ergin as was recommended at two months after his April 2017 visit nor at six months following his December 2016 surgery. (JME 186). *Defendant's Statement*, ¶ 9.
12. On August 24, 2017, Defendant wrote to Dr. Ergin regarding whether Claimant had reached an end medical result and, if so, for a determination as to the existence of any permanent impairment. On September 7, 2017, Dr. Ergin responded in writing, stating that Claimant had not returned for follow-up since the April 13, 2017 visit. (JME 186). Accordingly, Dr. Ergin was not able to offer opinions on end medical result, permanent impairment, or work capacity. *Id.* *Defendant's Statement*, ¶ 10.
13. Defendant therefore scheduled Claimant for an independent medical examination on November 15, 2017. (JME 187-90). *Defendant's Statement*, ¶ 11. Claimant did not appear for the examination. (JME 191). *Defendant's Statement*, ¶ 12.

14. Claimant has worked for at least two other employers since his employment with Defendant, including Domino's Pizza and the Timken Company. (JME 192, 279). *Defendant's Statement*, ¶ 13.
15. Claimant did not seek any workers' compensation benefits or pursue any treatment to Defendant's knowledge from April 2017 to February 2020. (JME 191-92, to demonstrate a gap in treatment dates). *Defendant's Statement*, ¶ 14.
16. On February 3, 2020, Claimant returned to Dr. Ergin for the first time since April 2017. (JME 196-204). *Claimant's Statement*, ¶ 9; *Defendant's Statement*, ¶ 16. Claimant reported right leg symptoms and pain at a level of five out of ten. (JME 196). *Claimant's Statement*, ¶ 9.
17. Dr. Ergin's notes of February 3, 2020 (JME 195-204) include the following:
 - Claimant's "CHIEF COMPLAINT" was the "right leg." (JME 196). *Claimant's Statement*, ¶ 10A.
 - "[O]ver the last two plus years [Claimant] has been having problems with pain in the right leg on an intermittent basis. It bothers him fairly consistently, however, and does not seem to be associated with knee swelling, locking, or giving away. He hasn't had any intercurrent injury to the right knee since the ACL reconstruction. He is here today for further evaluation of this leg pain. He does have some radiation of pain into his calf, but denies numbness or tingling." (JME 196). *Claimant's Statement*, ¶ 10B.
 - Dr. Ergin obtained new radiographs of Claimant's right knee and reviewed the imaging. (JME 197, 199-201). *Claimant's Statement*, ¶ 10C.
 - At that time, Dr. Ergin opined that "the patient's knee I don't believe is the source of the problem here. His examination is really benign there with good stability of the knee and an intact ACL graft. There is no evidence of meniscus tear. I believe he has sciatica as a primary source of pain in the leg." (JME 197). *Claimant's Statement*, ¶ 10D.
 - Dr. Ergin prescribed a diagnostic lumbar MRI to evaluate possible sources of Claimant's reported pathology. (JME 197, 201). Defendant denied responsibility for the resulting expense. *Claimant's Statement*, ¶ 10E.
 - Dr. Ergin prescribed physical therapy. (JME 197, 202). Defendant accepted responsibility for this expense. *Claimant's Statement*, ¶ 10F.
18. Although Claimant complained of knee pain at the February 3, 2020 visit, Dr. Ergin concluded, based on his examination and imaging study of Claimant's knee, as follows:

PHYSICAL EXAMINATION: On his examination today, the patient is an alert, pleasant, and healthy appearing 40-year-old gentleman. His right knee has no effusion today. His range of motion is from full extension with a negative hyperextension snap test to 140 degrees of knee flexion. Flexion rotation test and medial and lateral McMurray stress tests are negative. There is a firm end point to Lachman stress test and a negative pivot shift today. Again, there is no effusion in the knee and no sensitivity with manipulation of the patellofemoral joint. He does have a positive straight leg raise at 70 degrees with exacerbation with popliteal compression. Motor strength is excellent in dorsiflexion and plantarflexion of both feet against resistance and also inversion and aversion.

IMAGING: Radiographs of the right knee were taken today in the office including a PA Salt Lake City standing view of both knees, AP standing, lateral, and sunrise view for the right knee. The joint spaces are all very well maintained, equal approximately to the left knee on the standing weight bearing views. The patella appears centered and the patellofemoral joint is well aligned.

ASSESSMENT AND PLAN: The patient's knee I don't believe is the source of the problem here. His examination is really benign there with good stability of the knee and an intact ACL graft. There is no evidence of meniscus tear. I believe he has sciatica as the primary source of pain in the leg. We will try him with a course of physical therapy as well as an anti-inflammatory medication, and we will see if we can obtain an MRI of the lumbar spine given the fact that this has been bothering him now for, he tells me, two years' time. Again, his knee is really not an issue today based on today's examination.

(JME 196-97). *Defendant's Statement*, ¶ 16.

19. Dr. Ergin ordered the lumbar MRI because, at that time, he did not believe there was anything wrong with Claimant's right knee. (JME 197). *Defendant's Statement*, ¶ 17. There is nothing in the record to suggest that this recommendation was part of a differential diagnosis regarding Claimant's knee, as Dr. Ergin dismissed the knee as the cause of symptoms when he ordered the lumbar MRI. *Defendant's Statement*, ¶ 18.
20. Dr. Ergin did not submit a preauthorization request to Defendant in advance of the lumbar MRI.² *Defendant's Statement*, ¶ 20.
21. On February 11, 2020, Claimant reported to his physical therapist that his right leg pain had gotten "progressively worse" to the point of causing a sleep interruption, which "prompted his recent visit to Dr. Ergin." (JME 206). He further reported that

² Neither the workers' compensation act nor the rules require a preauthorization in order for a medical service to be covered under the act.

he “has frequent sensations of buckling” involving the right knee. *Id.* *Claimant’s Statement*, ¶¶ 11A -11B. Claimant also reported to his physical therapist that Dr. Ergin diagnosed him with sciatica, but Claimant disagreed with this assessment.³ (JME 206). The physical therapist noted: “[Claimant’s] rehab potential may be negatively impacted by his strong belief that his knee is the sole source for his symptoms and that PT will not help this.” (JME 209). *Defendant’s Statement*, ¶ 19.

22. Claimant executed a “Valley Regional Hospital Waiver” on February 19, 2020. He acknowledged that the lumbar MRI is provided on a “self-pay” basis and “may not be covered by insurance.” (JME 221). The waiver form further stated the estimated cost of the lumbar MRI as \$2,960.00. *Id.* Claimant’s signature appears below the words: “I understand and agree that I am responsible for payment to the provider of service for these services and/or supplies.” *Id.* This provider subsequently invoiced Claimant, as agreed. *Defendant’s Statement*, ¶ 21.
23. Claimant underwent the diagnostic lumbar MRI on February 19, 2020. The results were unremarkable with the exception of degenerative findings. (JME 217, 225-29). *Claimant’s Statement*, ¶ 12. In Dr. Ergin’s view, the MRI confirmed his concerns with Claimant’s lumbar spine. (JME 225-26). *Defendant’s Statement*, ¶¶ 22, 24.
24. Defendant denied responsibility for any and all medical charges associated with Claimant’s diagnostic lumbar MRI of February 19, 2020. *Claimant’s Statement*, ¶ 13. Valley Regional Hospital has demanded payment from Claimant in the amount of \$2,960.00 relative to the diagnostic lumbar MRI. *Claimant’s Statement*, ¶ 15.
25. Claimant had a telehealth visit with Dr. Ergin to review the MRI results on March 23, 2020. Defendant denied responsibility for the resulting expenses. (JME 238-242). *Claimant’s Statement*, ¶ 16. At the telehealth visit, Dr. Ergin referred Claimant to Dartmouth-Hitchcock Medical Center’s Pain Management Clinic for treatment of sciatica. (JME 242). *Claimant’s Statement*, ¶ 17. Dr. Ergin concluded as follows:

I explained to [Claimant] that when I had examined him previously, his findings were most consistent with sciatica with his knee really showing a fairly good result, with good maintenance of the joint space, no effusion, and solid stability to stress testing for the ACL. Given those physical examination findings, as well as the findings on his MRI, I think he is going to be best off treated for sciatica. To that end, I have referred him to be seen at Dartmouth-Hitchcock Pain Clinic for further evaluation. I will see him at this point in followup (sic) on an as-needed basis.

(JME 241). *Defendant’s Statement*, ¶ 23.

³ The same medical record includes additional information provided by Claimant: “He says his knee hurts all the time but is worse with standing, prolonged sitting/driving, squatting, and with walking. He says he cannot do a full squat and has difficulty kneeling. He reports frequent sensations of “buckling” but denies any falls. He denies any paresthesias, [ow] b[ack] p[ain], or pain proximal to his knee. . . . He says that when the pain is severe it travels down to his ankle.” (JME 206).

26. On March 26, 2020, three days after Dr. Ergin ruled out any ongoing, significant knee issue and recommended that Claimant treat for sciatica, Claimant sustained an injury at his current employer, the Timken Company, in Lebanon, New Hampshire. That injury was an abdominal strain, resulting in no lost time. After this new work injury, attention returned to right knee treatment, notwithstanding Dr. Ergin's recommendation to treat for sciatica. *Defendant's Statement*, ¶ 25.
27. On May 12, 2020, Emily Crouse, APRN of Dartmouth-Hitchcock Medical Center's Pain Management Clinic, evaluated Claimant and concluded that his constellation of symptoms was more consistent with an ACL graft issue than sciatica. (JME 244-51). *Claimant's Statement*, ¶ 18. APRN Crouse accordingly referred Claimant to Dartmouth-Hitchcock Medical Center's Orthopedics Clinic. (JME 250). *Claimant's Statement*, ¶ 19. In completing paperwork for this visit, APRN Crouse checked the "YES" box on the workers' compensation medical form to indicate that Claimant's symptoms were attributable to his work injury. (JME 261). Defendant denied financial responsibility for Claimant's visit with APRN Crouse. *Claimant's Statement*, ¶¶ 18, 20.
28. On June 24, 2020, Claimant sought knee treatment for the first time in three months, with a new provider at a different facility, Dartmouth-Hitchcock Medical Center. (JME 274-76). *Defendant's Statement*, ¶ 26. That provider was Elizabeth Leatherman, APRN of Dartmouth-Hitchcock Medical Center's Orthopedics Clinic. (JME 274-76). *Claimant's Statement*, ¶ 21. APRN Leatherman identified Claimant's symptoms as stemming from an ACL graft failure. (JME 276). *Claimant's Statement*, ¶ 22.
29. Claimant underwent a right knee MRI on June 29, 2020 (JME 292-94, 301), which showed a ruptured ACL graft that was not identified in February 2020. *Defendant's Statement*, ¶ 26.
30. Defendant received an invoice for the February 2020 lumbar MRI in July 2020. On August 6, 2020, it filed a timely Denial (Form 2) of the invoice. *Defendant's Statement*, ¶ 28.
31. On January 4, 2021, the Department's specialist upheld Defendant's denial of payment for the February 19, 2020 lumbar MRI and referred the dispute to the formal hearing docket for resolution. *See Defendant's Statement*, ¶ 31.
32. On January 8, 2021, orthopedic surgeon Michael Sparks, MD, at Dartmouth-Hitchcock Medical Center, performed a second compensable knee surgery to replace Claimant's failed ACL graft. (JME 366-70). *Defendant's Statement*, ¶ 26. During surgery, Dr. Sparks observed a "complete tear of [the] ACL graft." (JME 368). *Claimant's Statement*, ¶ 23.
33. Claimant has improved since the January 2021 surgery. *Claimant's Statement*, ¶ 24.

Expert Medical Opinions

34. Each party has submitted a written report from an expert witness regarding the reasonableness of the lumbar MRI. Claimant relies on the report of orthopedic surgeon Douglas Goumas, MD. (JME 544-45). Defendant relies on the report of orthopedic surgeon Leonard Rudolf, MD. (JME 445-50). Neither expert examined Claimant at the time the lumbar MRI was recommended or undertaken. *Defendant's Statement*, ¶ 27.

Douglas Goumas, MD

35. Orthopedic surgeon Douglas Goumas, MD, is a sports medicine and knee replacement specialist in Bedford, New Hampshire. *Claimant's Statement*, ¶ 26. He performed a review of Claimant's medical records on October 27, 2021. (JME 544-45).
36. Dr. Goumas offered his opinion that the diagnostic lumbar MRI was "reasonable, necessary and causally related to the injury that occurred on 9/15/16," as the MRI study was carried out in furtherance of assessing the origins of Claimant's right leg symptoms in 2020. (JME 545). *Claimant's Statement*, ¶ 27.
37. Dr. Goumas explained that Claimant presented to Dr. Ergin in February 2020 with right leg pain. Based on his pain symptoms, Dr. Ergin worked Claimant up for lumbar spine issues. Dr. Goumas opined that this was a reasonable course of action under the circumstances, even though Claimant's condition was later correctly diagnosed as a recurrent tear of his right knee ACL reconstruction. (JME 545). I find Dr. Goumas' opinion to be objectively supported by Claimant's medical records and by his expertise as an orthopedic surgeon and knee replacement specialist.

Leonard Rudolf, MD

38. Dr. Rudolf is an orthopedic surgeon and medical consultant. He performed an independent medical examination of Claimant on February 12, 2021. (JME 445-50).
39. Dr. Rudolf offered his opinion that the February 19, 2020 lumbar MRI and subsequent referral to the pain clinic were not medically necessary or causally related to Claimant's September 2016 accepted work injury. (JME 449-50). Dr. Rudolf explained that Claimant presented to Dr. Ergin with knee symptoms and that Dr. Ergin's examination did not find any motor or sensory deficits that would indicate a lumbar spine condition. Dr. Rudolf further stated that Dr. Ergin's assessment of Claimant's right knee condition was unfortunately incorrect, as Claimant's symptoms were from his knee and not his lumbar spine. (JME 450).
40. Although Dr. Rudolf convincingly explained that Claimant's symptoms were knee-related, not lumbar spine related, he did not explain how Dr. Ergin's "benign" right knee findings (*see* JME 197) would affect his diagnostic thought process *at the time he ordered the MRI*. Further, Dr. Rudolf's "final conclusion" is based in part on the fact that later treatment identified and rectified the failed ACL graft in Claimant's knee.

(JME 450). These omissions render Dr. Rudolf's opinion unpersuasive as to the reasonableness of the lumbar MRI recommendation at the time it was made.

CONCLUSIONS OF LAW:

1. The parties disagree about whether the lumbar MRI that Claimant underwent on February 19, 2020 was reasonable treatment for his compensable work injury. In support of their positions, they have submitted undisputed facts and a mutually agreed upon joint medical exhibit, including written reports from their respective experts. They have agreed that the Department may decide the issue based on their written submissions and the applicable law.

Reasonable Medical Treatment

2. Vermont's workers' compensation statute requires an employer to provide "reasonable" medical services and supplies to an injured employee. 21 V.S.A. § 640(a). Treatment can be unreasonable either because it is not medically necessary or because it is not related to the compensable injury. *Baraw v. F.R. Lafayette, Inc.*, Opinion No. 01-10WC (January 20, 2010). The Commissioner has discretion to determine whether a particular medical treatment is reasonable based on the circumstances of each case. *MacAskill v. Kelly Services*, Opinion No. 04-09WC (January 30, 2009).
3. The determination whether a treatment is reasonable must be made prospectively, at the time it is undertaken, not retrospectively and with the benefit of hindsight. *MacAskill v. Kelly Services*, Opinion No. 04-09WC (January 30, 2009); *Lukic v. Rhino Foods*, Opinion No. 49-09WC (December 15, 2009).
4. Claimant here underwent ACL reconstruction surgery using an allograft on December 15, 2016. He improved at first, but then the allograft failed, which made a second surgery necessary. Prior to the second surgery, Claimant returned to his original surgeon reporting right knee and leg symptoms. When his examination of Claimant's right knee did not reveal the pain source, Dr. Ergin considered that Claimant's right knee and leg symptoms might be caused by sciatica. He therefore ordered a diagnostic MRI of Claimant's lumbar spine. As later diagnostics revealed, Claimant's pain source was a failed allograft, not sciatica. Although the lumbar MRI, in hindsight, did not confirm Dr. Ergin's sciatica theory, that fact is not dispositive of the parties' disagreement.
5. In a case similar to Claimant's, *Skovira v. Mylan Technologies, Inc.*, Opinion No. 09-12WC (March 29, 2012), a claimant with extensive pre-existing knee pathology fell at work and injured her knee. Her treating orthopedic surgeon, Dr. Kaplan, performed arthroscopic surgery on her knee because he suspected a work-related tear of her meniscus. The defendant's expert credibly testified that Dr. Kaplan misunderstood the extent of the claimant's previous knee pathology and that she most likely did not sustain an additional meniscal tear from falling at work. The Commissioner nevertheless held that the surgery was reasonable treatment for the claimant's work

injury, based on what Dr. Kaplan knew at the time he undertook the procedure. *See Skovira*, at Conclusion of Law No. 10. The Commissioner found that the contrary opinion of defendant's medical expert was impermissibly based, at least in part, on the fact that the surgery did not find evidence of a recent tear and that the claimant's condition did not improve after surgery. The Commissioner held that, being based on hindsight, the defendant's expert's opinion did not outweigh the claimant's evidence that the treatment was reasonable.

6. The same result follows here. When Claimant returned to Dr. Ergin on February 3, 2020, he complained of significant knee pain and other right leg symptoms. He did not complain of any low back symptoms. After examination, Dr. Ergin concluded that Claimant's knee was likely not the source of his right lower extremity symptoms, and he ordered a lumbar MRI to look for sciatica. Based on the MRI's degenerative findings, and on his "benign" examination of Claimant's knee, Dr. Ergin referred Claimant to a pain clinic to treat sciatica. Although an MRI of Claimant's knee on June 29, 2020 identified the failed ACL graft, Dr. Ergin did not have that information when he misdiagnosed Claimant's pain source as sciatica. Based on what Dr. Ergin knew in February 2020, I conclude that he had a reasonable basis for exploring whether Claimant's lower extremity symptoms were due to sciatica. That his theory turned out to be incorrect does not change the reasonableness of his treatment. Accordingly, under the standard articulated in *Skovira*, I conclude that the lumbar MRI and related medical services were reasonable treatment for Claimant's compensable right lower extremity injury.

Expert Medical Opinions

7. Based on the parties' factual stipulations, Claimant's medical records, and the applicable law, I have concluded that the lumbar MRI and related medical services were reasonable treatment for Claimant's work injury. As the parties have included expert opinions in the joint medical exhibit, however, I will consider whether those opinions affect my conclusion in any way.
8. As set forth in Finding of Fact Nos. 37 and 40 *supra*, Dr. Goumas' opinion is the most persuasive. He noted that Claimant was reporting right leg symptoms and that, in his experience as an orthopedic surgeon, it was reasonable to explore whether there was a lumbar spine component to his leg symptoms. In contrast, Dr. Rudolf's opinion was influenced by the fact that Dr. Ergin was incorrect about a lumbar component to Claimant's symptoms, as determined in hindsight. Further, Dr. Rudolf did not take into consideration Dr. Ergin's findings that Claimant's knee appeared stable both on examination and on radiographs in February 2020. Accordingly, the expert opinions do not change my conclusion that the lumbar MRI and related medical services were part of a reasonable diagnostic process for Claimant's accepted right lower extremity injury.
9. I therefore conclude that Defendant is responsible to pay for the February 19, 2020 lumbar MRI and related medical services as reasonable treatment for Claimant's accepted work injury under 21 V.S.A. § 640(a).

ORDER:

Based on the foregoing findings of fact and conclusions of law, Defendant is hereby **ORDERED** to pay:

1. All medical expenses associated with Claimant's February 19, 2020 lumbar spine MRI and related medical services, in accordance with 21 V.S.A. §640(a); and
2. Costs and attorney fees in amounts to be determined, in accordance with 21 V.S.A. § 678.

DATED at Montpelier, Vermont this 5th day of May 2022.

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.