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In the Matter of the Compensation of  
**MARY A. WATSON, Claimant**  
WCB Case Nos. 14-04334, 14-02546, 13-04085  
ORDER ON REVIEW  
Jodie Phillips Polich, Claimant Attorneys  
Reinisch Wilson Weier, Defense Attorneys

Reviewing Panel: Members Curey and Lanning.

Claimant requests review of Administrative Law Judge (ALJ) Mills's order that found that her disputed medical service claims were not causally related to the compensable injury. On review, the issue is medical services.

We adopt and affirm the ALJ's order with the following supplementation.

In February 2006, claimant sustained a work injury. (Ex. 117). The claim was accepted for "[r]ight complex regional pain syndrome type 1" (CRPS), among other conditions. (Ex. 117).

In May 2013, and August 2014, claimant requested review from the Workers' Compensation Division (WCD) regarding the self-insured employer's non-payment of certain medical services, reimbursements and prescriptions. Thereafter, WCD transferred the causal relationship issue to the Hearings Division.

Several opinions have addressed this medical service dispute. They are summarized below.

Following claimant's completion of a psychological examination, Dr. Glass designated an Axis I "Rule out, 307.89, Pain Disorder Associated with Both Psychological Factors and a General Medical Condition." (Ex. 116-9). Dr. Glass explained that the pain disorder diagnosis reflected "concerns regarding a somatoform disorder," and that ascribing claimant's pain complaints to CRPS, in his opinion, was not adequate. (Ex. 116-11, -12). Dr. Glass considered further clarification of claimant's physical condition to be necessary. (*Id.*)

Thereafter, Dr. Fuller, who conducted an employer-arranged examination, stated that Dr. Glass had diagnosed a somatoform pain disorder. (Ex. 125-57). Dr. Fuller did not note that the diagnosis had been made on a "rule out" basis. (*Id.*) Dr. Fuller disagreed with the CRPS diagnosis, as well as any potential work-related basis for the condition, reasoning that the onset of claimant's symptoms

was inconsistent with the occurrence of the work injury, and that she did not exhibit the requisite signs and symptoms to establish the validity of the diagnosis. (Ex. 125-58).

Several years later, claimant was re-evaluated by Dr. Fuller and Dr. Green, at the employer's request. (Ex. 225). They noted that Dr. Glass's diagnosis was somatoform pain disorder and considered claimant's physical examination of the right upper extremity to be normal and without symptoms of the previously diagnosed CRPS. (Ex. 225-16, -21). They reported that claimant's subjective pain symptoms generally worsened with stress, which was indicative of somatoform pain disorder. (*Id.*) Consequently, they opined that claimant's medical treatment with Dr. Johnston since March 31, 2012, was unrelated to any of the accepted conditions.

Dr. Hamby performed an examination at the employer's request. (Ex. 235). Dr. Hamby disagreed with the original diagnosis of CRPS, concluding that there was no evidence of the condition in his examination. (Ex. 235-67). He also considered Dr. Glass to have diagnosed a somatoform disorder, which contributed to claimant's pain complaints. (Ex. 238-1). Consequently, Dr. Hamby opined that there was no material relationship between claimant's current medical treatment and her 2006 work injury. (Ex. 238-3).

Dr. Glass agreed with Dr. Hamby's conclusion that the 2006 work injury was neither the major nor a material contributing cause of claimant's ongoing need for medical treatment. (Ex. 239-2).

In response to these opinions, Dr. Johnston, the attending physician, concluded that claimant continued to have symptoms of CRPS, which were the major contributing cause of her medical treatment. (Ex. 244-2). Dr. Johnston explained that CRPS symptoms change over time, but that claimant continued to have hypersensitivity that was indicative of ongoing CRPS. (Ex. 244-4). He did not consider claimant's pain symptoms to be consistent with referred pain from her cervical spine. (*Id.*) Dr. Johnston considered claimant's need for opioid prescriptions to be permanent. (Ex. 244-5). He disagreed with the diagnosis of somatoform disorder, but acknowledged that claimant likely had some anxiety and depression that contributed to her problems. (Ex. 244-6).

Dr. Bell conducted an examination at the employer's request. (Ex. 246). Dr. Bell concluded that, while claimant's symptoms were initially consistent with CRPS, by the time she was evaluated by Drs. Fuller and Green (some seven years

“post-injury”), her condition had significantly improved and she exhibited no objective findings of CRPS. (Ex. 246-48). Dr. Bell explained that claimant’s ongoing pain symptoms were more consistent with her preexisting cervical spondylosis and shoulder arthritis in combination with preexisting personality factors including anxiety and somatoform disorder. (Ex. 246-49). Consequently, Dr. Bell considered the medications prescribed by Dr. Johnston to be directed toward claimant’s preexisting conditions, rather than her CRPS. (Ex. 246-52).

Dr. Johnston disagreed with Dr. Bell’s opinion that claimant’s CRPS had resolved. In doing so, Dr. Johnston asserted that his “examination findings” continued to “confirm the presence of diagnostic criteria” for the condition. (Ex. 247-2). He further explained that there is “no cure” for CRPS, and that treatment focused on relieving symptoms and “slow[ing] the disease process.” (Ex. 247-3). However, Dr. Johnston acknowledged that CRPS can go into remission. (*Id.*)

The ALJ found that claimant’s accepted CRPS condition no longer required medical treatment. In doing so, the ALJ relied on the opinions from Drs. Green, Fuller and Bell that claimant’s CRPS had resolved. The ALJ was not persuaded by the contrary opinion of Dr. Johnston, who had retracted his initial concurrence with the opinions of Drs. Fuller and Green. Among other reasons, the ALJ considered Dr. Johnston’s response to Dr. Bell’s contrary position regarding claimant’s current condition to be conclusory.

On review, claimant contends that the medical opinions of Drs. Fuller, Green and Bell were based on an inaccurate characterization of Dr. Glass’s psychological examination. Based on the following reasoning, we disagree.

ORS 656.245(1)(a) provides:

“For every compensable injury, the insurer or self-insured employer shall cause to be provided medical services for conditions caused in material part by the injury for such period as the nature of the injury or the process of the recovery requires, subject to the limitations in ORS 656.225, including such medical services as may be required after a determination of permanent disability.”

The relevant inquiry is whether claimant has established a casual relationship between the disputed medical services and the work-related injury incident (compensable injury), rather than the accepted condition. *SAIF v. Carlos-Macias*, 262 Or App 629 (2014).<sup>1</sup>

Because of the varying medical opinions, the compensability issue presents a complex medical question that must be resolved by expert medical opinion. *Barnett v. SAIF*, 122 Or App 279, 283 (1993); *Randy M. Manning*, 59 Van Natta 694, 695 (2007). Where, as here, there is a dispute between medical experts, we give more weight to those opinions that are both well reasoned and based on complete information. *Somers v. SAIF*, 77 Or App 259, 263 (1986); *Linda E. Patton*, 60 Van Natta 579, 582 (2008).

Claimant contends that the opinions of Drs. Fuller, Green, Hamby and Bell are unpersuasive because they relied on Dr. Glass's "rule out" diagnosis of a pain disorder. First, we note that while Dr. Glass diagnosed a pain disorder on a "rule out" basis, he subsequently agreed with Dr. Hamby's opinion that claimant's ongoing disability and need for treatment was related to preexisting "mental and emotional" conditions and her "subjective pain condition." (Exs. 235-72, 239). Moreover, in doing so, Dr. Glass did not indicate that Drs. Fuller, Green or Hamby inaccurately characterized claimant's psychological condition. (Ex. 239).

Second, we agree with the ALJ's reasoning that Dr. Johnston's opinion is conclusory, particularly in comparison to Dr. Bell's opinion. Dr. Bell explained that claimant did not exhibit objective findings of CRPS by April 2013. (Ex. 246-48). Dr. Bell noted that Dr. Johnston had not considered whether the CRPS condition had resolved and whether her ongoing pain complaints were due to multiple other physical and psychological factors. (Ex. 246-49).

In response, Dr. Johnston stated that his "examination findings" continued to confirm the presence of diagnostic criteria consistent with CRPS. (Ex. 247-2). Yet, Dr. Johnston did not specify which examination findings he relied on, or otherwise respond to Dr. Bell's opinion that claimant's ongoing symptoms were attributable to other causes. (*Id.*) Considering the detailed explanation offered by

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<sup>1</sup> The employer contends, in the alternative, that claimant has a combined condition and that the compensable injury is no longer the major contributing cause of her need for treatment of the CRPS condition. Because a "material cause" standard has not been persuasively established, it is unnecessary to consider the employer's "combined condition" argument. See e.g. *Kristie F. Ritchey*, 68 Van Natta 46, 50, n 2 (2016).

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Dr. Bell, Dr. Johnston's response is unpersuasive. *See Moe v. Ceiling Sys., Inc.*, 44 Or App 429, 433 (1980) (rejecting unexplained or conclusory opinion); *Erich S. Sofich*, 67 Van Natta 1700, 1706 (2015).

Consequently, based on the aforementioned reasoning as well as the reasons expressed in the ALJ's order, we are not persuaded that the disputed medical services are materially related to claimant's work-related injury/incident. *See* ORS 656.245(1)(a); *Carlos-Macias*, 262 Or App at 637. Accordingly, we affirm.

ORDER

The ALJ's order dated May 5, 2015 is affirmed.

Entered at Salem, Oregon on February 4, 2016