APPEAL NO. 001776

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing was held on July 11, 2000. The hearing officer determined that the _____, compensable injury includes a thoracic syringomyelia with marked paraparesis, and neurogenic bowel, bladder, and sexual dysfunction with sensory deficit. The appellant (carrier) appealed on sufficiency grounds. The respondent (claimant) responded that the Appeals Panel should affirm the decision and order.

DECISION

We affirm.

Carrier contends the hearing officer erred in determining that claimant's _____, compensable injury included a thoracic syringomyelia with marked paraparesis, neurogenic bowel, bladder, and sexual dysfunction with sensory deficit. Carrier asserts that: (1) the evidence did not show that claimant suffered trauma or a compression fracture to his thoracic spine; (2) the other medical evidence outweighs claimant's evidence of causation; (3) the June 1995 MRI report was not credible; (4) the opinion of Dr. Y was based on speculation or guess; and (5) the designated doctor, Dr. C, who stated that claimant did not complain of erectile dysfunction, did not rate this dysfunction.

The hearing officer summarized the facts in the decision and order and we will not repeat the facts regarding the _____, accident. Briefly, claimant's medical records indicate that he had been working doing manual landscape work at a theme park for about three years at the time of his injury. Claimant described bruises on his back from the _____, accident, but indicated that initially he did not think the injury was serious. He said he began to experience erectile dysfunction a "couple weeks" after the accident, and that he began to have bowel and bladder dysfunction starting about one and one-half months after the accident. Medical records indicate that claimant's condition worsened over the next few years and he experienced progressive numbness, pain, and bowel/bladder/sexual dysfunction.

A June 1995 MRI report stated that claimant had "low grade superior plate compression deformities of T10 and T11 incidentally suspected, age undetermined." However, doctors initially focused on claimant's lumbar spine and claimant underwent fusion surgery at the L5-S1 level in January 1996, which did not help his symptoms. In March 1999, Dr. G noted a compression fracture at the T10, T11 levels and in January 2000, Dr. G noted thoracic-level spasticity. A December 1999 MRI report stated that claimant did not have thoracic compression fractures.

Dr. Y, who performed thoracic surgery on claimant in February 2000, testified at the hearing. He stated that, within reasonable medical probability, claimant's presenting

diagnosis was post-traumatic thoracic syringomyelia and that his diagnosis has not changed.[1] Dr. Y testified that he diagnosed claimant with syringomyelia, probably post-traumatic, because claimant developed symptoms after the _____, accident. He said a syringomyelia may also be congenital, infection-related, or tumor-related, but that testing was performed to rule out a tumor and claimant had no history of a spinal infection. An October 1999 MRI report stated that there were no "acute compression fractures, although there is some mild wedging and endplate irregularity involving T10 and T11 vertebral bodies. This could represent either remote injury" or could be related to "Scheuermann's disease." Dr. Y said he did not rule out Scheuermann's disease, which he said was a condition that can affect the spinal column and cause deformities. However, he noted that if claimant had had an acute T12 deformity, he could not have been performing heavy lifting. Dr. Y also said his diagnosis was based on evidence that claimant had experienced thoracic compression fractures or compression deformities, and said that trauma can cause syringomyelia. Dr. Y said he reviewed claimant's case with radiologists and neurosurgeons and that they also believed that claimant's syringomyelia was post-traumatic. Dr. Y stated that MRI reports that stated there was no acute compression fracture meant that there was no "recent" compression fracture. Regarding the marked paraparesis (partial paralysis of the lower extremities), bowel, and bladder dysfunction, it appears undisputed that claimant experienced these symptoms. The issue was the cause of these conditions. Several doctors, including Dr. D and Dr. S, related claimant's erectile dysfunction to his work-related injury. Dr. Y related claimant's bowel and bladder dysfunction to the progressive development of a cavity in claimant's spinal cord, from the syringomyelia.

The applicable law regarding extent of injury and our appellate standard of review are discussed in Texas Workers' Compensation Commission Appeal No. 950537, decided May 24, 1995. In this case, the hearing officer weighed the evidence and determined that claimant's injury included a thoracic syringomyelia with marked paraparesis, neurogenic bowel, bladder, and sexual dysfunction with sensory deficit. The hearing officer determined that claimant's syringomyelia was traumatic and noted that claimant's thoracic condition went undiagnosed because doctors focused on his lumbar injuries. The hearing officer was the sole judge of the credibility of the evidence and she obviously credited Dr. Y's testimony regarding causation of the syringomyelia. We note that Dr. G did question the diagnosis of syringomyelia and traumatic conditions. Dr. G noted that claimant could have a facet fracture or facet cyst. The hearing officer weighed the medical evidence and determined what facts were established. After reviewing the evidence, we conclude that the hearing officer's determinations regarding the thoracic syringomyelia with marked paraparesis, bowel, bladder, and sexual dysfunction with sensory deficit are not so against the great weight and preponderance of the evidence as to be wrong or manifestly unjust. Cain v. Bain, 709 S.W.2d 175, 176 (Tex. 1986).

[1] Dorland's Medical Dictionary, 27th edition, p. 1651, defined "syringomyelia" as a slowly progressive syndrome in which cavitation occurs in the spinal cord.

We affirm the hearing officer's decision and order.

Judy L. Stephens
Appeals Judge

CONCUR:

Kenneth A. Huchton
Appeals Judge

Susan M. Kelley
Appeals Judge