

BEFORE THE KANSAS WORKERS COMPENSATION APPEALS BOARD

DJUAN WILLIAMS)
Pro Se Claimant)
V.)
) AP-00-0494-587
DG LOGISTICS LLC) CS-00-0491-487
Respondent)
AND)
)
INDEMNITY INS CO OF N AMERICA)
(INA INS) (CT GEN))
Insurance Carrier)

ORDER

Claimant appealed the February 10, 2026, preliminary hearing Order entered by Administrative Law Judge (ALJ) Larry Gurney. Djuan Williams appeared Pro Se. John Ryan and David Mosh appeared for Respondent and its insurance carrier.

RECORD AND STIPULATIONS

The Board adopted the same stipulations and considered the same record as the ALJ, consisting of the transcript of Preliminary Hearing from December 17, 2025, with exhibits; transcript of Preliminary Hearing from February 10, 2026, and the documents of record filed with the Division including the parties' briefs.

ISSUES

Did Claimant sustain personal injury by repetitive use/trauma arising out of and in the course of his employment with Respondent, including was Claimant's accident the prevailing factor causing his injury and medical condition?

FINDINGS OF FACT

On February 3, 2023, Claimant suffered an injury through his employment with International Paper (IP). He suffered injuries to his bilateral shoulders, neck and back. Claimant received conservative treatment. His claim with IP is still pending.

Claimant is 48 years of age. His employment with Respondent began on June 13, 2025. According to Claimant, his injury began due to repetitive bending and lifting on June 13. Claimant continued to work his regular job duties. His pain escalated from July 27-29. On the 29th, Claimant was throwing freight and felt an immediate sharp pain from the top of his neck, through his right shoulder, down his right arm to his thumb and first two fingers. He reported this to Nurse Triage with Reliance Matrix, a third-party administrator for Respondent. They suggested he go to the emergency room, which refused to see him. He notified Nurse Triage again and they referred him to Xpress Wellness Urgent Care (Xpress). On July 29, Claimant sought treatment at Xpress. He was diagnosed with muscle and tendon strains in the back wall of his thorax. Claimant was encouraged to continue taking NSAIDs such as Motrin or ibuprofen and was given temporary work restrictions with instructions to return on August 12.

Claimant had a cervical CT Scan on August 3, 2025. It revealed no acute fracture or traumatic subluxation. It showed degenerative disc disease, mild at C5-6 and moderate at C6-7. There was mild facet arthrosis.

Claimant filed an Application for Hearing (E1) on August 6, 2025, alleging injuries to his back, neck, upper and lower back, bilateral shoulders, right upper extremity, and other affected body parts suffered on July 29, 2025, due to repetitive bending and lifting. On August 20, 2025, Claimant filed an Application for Preliminary Hearing (E3) requesting medical treatment and payment of medical bills.

In a letter dated August 8, 2025, Respondent denied Claimant's request for benefits and, to date, has not provided any authorized medical treatment or other benefits. Claimant returned to work on September 22, 2025.

On November 16, 2025, Claimant filed a document entitled Motion for Award of Permanent Disability Benefits and Continuation of Claim. Claimant sought compensation for his alleged injury in conjunction with his pending claim with IP based on a 45 percent whole body impairment. Claimant acknowledged the July 29, 2025, injury was a continuation or aggravation of his 2023 injury with IP.

A preliminary hearing was held on December 17, 2025, to address Claimant's request for a medical treatment, payment of medical bills and temporary total benefits from July 29 through September 9, 2025. Claimant submitted the following evidence, which was admitted without objection, in support of his request:

1. Letter to Claimant from Respondent denying his workers compensation claim, dated August 8, 2025.
2. Medical record from Xpress Wellness Urgent Care, dated July 24, 2025.
3. Medical bill from Common Spirit Health in the amount of \$3,151.98.

4. Medical bill from Colorado Imaging Associates, PA in the amount of \$174.00.
5. Cervical spine CT performed on August 3, 2025.

In response to inquiry from the ALJ, Claimant acknowledged there was no medical evidence stating what was or was not wrong with him regarding his injury with Respondent. When the ALJ asked Claimant if he had anything setting forth his current injury was a new, distinct injury and not an aggravation of his IP injury, he responded "At this time, no, Your Honor."¹ When asked by Respondent's counsel about his injury with IP, Claimant stated:

What happened with that injury is that it's pretty much basically almost the same thing. I was lifting and having to push and pull units and product that was on a continuous basis for a long period of time and it ended up resulting in a, they call it a repetitive motion injury.²

When Respondent's counsel asked Claimant if he provided Respondent with any medical records stating his medical condition was the result of his work activities with Respondent, he replied "I wasn't allowed to."³

The ALJ denied Claimant's request for benefits. In so doing, he stated:

Based on the evidentiary record before the Court, Claimant has failed to establish an entitlement to an award of compensation or benefits under the Kansas Workers Compensation Act. The statutes set forth above require Claimant to prove by a preponderance of the credible evidence that an accident occurred and it is the prevailing factor causing the injury, medical condition, and resulting disability or impairment. It is not sufficient to show an aggravation, acceleration or exacerbation of a preexisting condition. The medical evidence in the record does not demonstrate that Claimant's current condition is any different than it was prior to his employment by Respondent. In fact, the medical evidence does not demonstrate a current need for medical treatment.

Claimant argues that he is entitled to an evaluation by a medical professional provided by his employer. However, it is not Respondent's burden to show that Claimant does not need treatment or that the prevailing factor for any need for treatment is not the claimed accident. K.S.A. 44-501b(c) places the burden of proof on Claimant, not the Respondent.⁴

¹ P.H. Trans. (Dec. 17, 2025) at 30.

² P.H. Trans. (Dec. 17, 2025) at 20.

³ P.H. Trans. (Dec. 17, 2025) at 25.

⁴ ALJ Order (Dec. 10, 2025) at 5.

Claimant did not appeal the ALJ's order. Instead, he filed the following documents with the Division:

1. Motion for Reconsideration of Denial of Medical and Temporary Total Disability Benefits filed on January 2, 2026, alleging the ALJ misapplied the Workers Compensation Act by denying benefits. Claimant argued Respondent had the obligation to provide authorized medical treatment prior to adjudication and their failure to do so shifted the burden of proof to Respondent to establish the injury and medical condition were not work-related.
2. Motion for an Expedited Hearing filed on January 2, 2026, alleging the absence of medical treatment and TTD created an urgent need for judicial intervention.
3. Application for Preliminary Hearing (E-3), with copies of emails attached setting forth settlement discussions filed on January 11, 2026.
4. Request for Settlement Conference and Claim Valuation Discussion along with a Cover Letter to Division of WC filed on January 14, 2026. The cover letter sought review of the ALJ's order pursuant to K.S.A. 44-528, Review and Modification, mediation, expedited evidentiary hearing and a notice of intent to seek review of any adverse determination regarding requested benefits.
5. Three were filed on January 17, 2026. They were entitled Motion To Expand Issues At Preliminary Hearing, To Compel Medical Treatment And TTD Benefits, And To Admit Evidence Of Post-Injury Retaliation And Adverse Employment Actions As Probative Of Causation, Credibility, And Motive; Preliminary Hearing Brief Of Claimant (Pro Se); and, Proposed Order.
6. Two were Non-Response On The Record And For Case Management Direction filed on January 21, 2026. They were entitled Settlement Agreement proposal and the other was a copy of an email/letter sent to Respondent and their attorney regarding demand for TTD and work disability compensation.
7. Motion To Place Settlement Proposal And Respondent's on February 4, 2026.

A second preliminary hearing was held on February 10, 2026. The ALJ denied Claimant's renewed request for benefits. In so doing, he stated:

Following the decision, Claimant filed a number of documents in OSCAR requesting multiple types of relief. One document, filed January 2, 2026, is a "Motion for Reconsideration of Denial of Medical and Temporary Total Disability Benefits". By email dated January 14, 2026 (see, Correspondence in OSCAR) and at the beginning of this Preliminary Hearing, the Court advised Claimant that there is no

authority for a Motion for Reconsideration in the Kansas Workers Compensation Act. During this hearing the Court provided the citation of Aaronell Gardner v. Certainteed Corporation, 2023 WL 3814534 (Kan. Work.Comp.App.Bd.) on the issue of motions for reconsideration.

To the extent that the present proceeding can be characterized as a preliminary hearing, Claimant's requests for benefits are denied for the reasons stated in the December 30, 2025 order. No additional relevant evidence was presented for the Court's consideration. If the present proceeding is alternatively characterized as a motion for reconsideration, Claimant's request for relief is denied based on Aaronell Gardner v. Certainteed Corporation, 2023 WL 3814534 (Kan. Work.Comp.App.Bd.).⁵

PRINCIPLES OF LAW AND ANALYSIS

Claimant appealed the ALJ's denial of his request for benefits. In so doing, he restated his previous arguments to the ALJ. Claimant asserts Respondent did not provide medical treatment after he reported his injury. Respondent's failure to do so shifted the burden of proof to Respondent to prove Claimant's medical condition is not related to his work activities. Respondent maintains the ALJ's Order denying benefits should be affirmed.

The burden of proof shall be on the employee to establish the right to an award of compensation, based on the entire record under a "more probably true than not" standard and to prove the various conditions on which the right to compensation depends.⁶ The Appeals Board possesses authority to review *de novo* all decisions, findings, orders and awards of compensation issued by administrative law judges.⁷ A *de novo* hearing is a decision of the matter anew, giving no deference to findings and conclusions previously made by the administrative law judge.⁸

An injury by repetitive trauma shall be compensable only if the employment exposes the worker to an increased risk of injury, the employment is the prevailing factor in causing the repetitive trauma and the repetitive trauma is the prevailing factor in causing the medical condition.⁹ The repetitive nature of the injury must be demonstrated by diagnostic

⁵ ALJ Order (Feb. 10, 2026) at 1-2.

⁶ See K.S.A. 44-501b(c) and K.S.A. 44-508(h).

⁷ See K.S.A. 44-555c(a).

⁸ See *Rivera v. Beef Products, Inc.*, No. 1,062,361, 2017 WL 2991555 (Kan. WCAB June 22, 2017).

⁹ See K.S.A. 44-508(e).

or clinical tests.¹⁰

Prevailing factor is defined as the primary factor compared to any other factor, based on consideration of all relevant evidence.¹¹ Establishing prevailing factor is based on all relevant evidence and is not dependent on medical opinions.¹² An injury is not compensable solely because it aggravates, accelerates or exacerbates a preexisting condition or renders a preexisting condition symptomatic.

The undersigned Board Member affirms the ALJ's decision. The ALJ found Claimant failed to present any medical evidence or testimony supporting his request for benefits. The only medical evidence in the record are the results of a CT scan and a note from Xpress setting forth medication recommendations and temporary restrictions. There is nothing in either of these records establishing a connection between the medical conditions noted and Claimant's work activities with Respondent.

Likewise, Claimant's testimony does not establish a connection between his medical condition and his work activities. Indeed, Claimant's testimony and the statements made in his multiple filings reveal his belief his current condition is directly related to his IP injury, i.e., "it's pretty much basically almost the same thing."¹³

Claimant's argument Respondent has the burden of proof to establish Claimant's medical condition is not related to work activities because they did not provide medical treatment after he reported his injury is misplaced. Respondent is not under any obligation to provide medical treatment or any other benefits under the Act until Claimant presented sufficient evidence he suffered a work-related injury resulting in a medical condition necessitating treatment. K.S.A. 44-501b(c) clearly places the burden of proof on Claimant to establish their right to benefits. There is no exception to this rule.

This Board Member agrees with the ALJ's analysis and conclusions Claimant did not meet his burden of proving he sustained personal injury by accident arising out of and in the course of his employment with Respondent and the accident was the prevailing factor causing his medical condition. The ALJ's Order is affirmed and Claimant's request for benefits are denied.

¹⁰ See K.S.A. 44-508(e).

¹¹ See K.S.A. 44-508(d),(g).

¹² See *Fish v. Mid America Nutrition Program*, No. 1,075,841, 2018 WL 3740430 (Kan. WCAB Jul. 12, 2018).

¹³ P.H. Trans. (Dec. 17, 2025) at 20.

DECISION

WHEREFORE, it is the finding, decision and order of the undersigned Board Member the Order of Administrative Law Judge Larry Gurney dated February 10, 2026, is affirmed.

IT IS SO ORDERED.

Dated this _____ day of March, 2026.

CHRIS A. CLEMENTS
BOARD MEMBER

c: Via OSCAR

Djuan Williams, Pro Se Claimant
John Ryan, Attorney for Respondent and its Insurance Carrier
David Mosh, Attorney for Respondent and its Insurance Carrier
Hon. Larry Gurney, Administrative Law Judge