IN THE INTERMEDIATE COURT OF APPEALS OF WEST VIRGINIA

FILED
November 10, 2026
ASHLEY N. DEEM, CHIEF DEPUTY CLERK
INTERMEDIATE COURT OF APPEALS
OF WEST VIRGINIA

SHARON SENCINDIVER,
Claimant Below, Petitioner

v.) No. 26-ICA-115 (JCN: 2024018570)

BERKELEY COUNTY BOARD OF EDUCATION,
Employer Below, Respondent

MEMORANDUM DECISION

Petitioner Sharon Sencindiver appeals the February 24, 2026, order of the Workers' Compensation Board of Review ("Board"). Respondent Berkeley County Board of Education ("BCBOE") filed a response.[1] Ms. Sencindiver did not reply. The issue on appeal is whether the Board erred in affirming the claim administrator's orders, which 1) denied C3-C4 anterior cervical discectomy and fusion ("ACDF") with exploration of the previous arthrodesis, and 2) denied the addition of other cervical disc displacement, spinal stenosis of the cervical region, and spondylosis without myelopathy or radiculopathy cervical region and post-laminectomy syndrome.

This Court has jurisdiction over this appeal pursuant to West Virginia Code § 51-11-4 (2026). After considering the parties' arguments, the record on appeal, and the applicable law, this Court finds no substantial question of law and no prejudicial error. For these reasons, a memorandum decision affirming the Board's order is appropriate under Rule 21 of the West Virginia Rules of Appellate Procedure.

On April 17, 2024, Ms. Sencindiver, a teacher's assistant employed by BCBOE, presented to the WVU Medicine Emergency Department via ambulance. Ms. Sencindiver was seen by Jessica Stewart, PA-C, for a head injury with laceration. She reported that she fell at school that day helping a child get outside and she caught her foot on the child's shoe and tripped, hitting her head. Ms. Sencindiver stated that she previously had neck surgery. A head CT revealed no evidence of acute intracranial process. A cervical CT revealed postoperative change and degenerative spondylosis of the cervical spine without evidence of acute fracture or traumatic malalignment. Ms. Sencindiver's head wound was

[1] Ms. Sencindiver is represented by J. Thomas Greene, Jr., Esq., and T. Colin Greene, Esq. BCBOE is represented by Steven K. Wellman, Esq., and James W. Heslep, Esq.

cleansed and two staples were placed. The assessment was acute head injury, acute scalp laceration, and acute cervical strain.

Ms. Sencindiver submitted an Employees' and Physicians' Report of Occupational Injury or Disease dated April 17, 2024, indicating that she stubbed her toe and fell, hitting her head. Ms. Sencindiver was seen at Berkeley Medical Center on the same day, for a scalp laceration and head injury. The claim administrator issued an order dated May 17, 2024, holding the claim compensable for laceration of the scalp.

Prior to the compensable injury, Ms. Sencindiver underwent a two level cervical fusion at C4 through C6 ACDF in 2001. She had cervical symptoms after the surgery. In 2002 and 2003 Ms. Sencindiver was treated for neck and arm pain, and she was referred to work hardening. Between November 30, 2023, and March 13, 2024, Ms. Sencindiver reported neck pain following an incident when she had to slam on the brakes of her car, causing her head to jerk forward. She received treatment for back spasm and pain in her neck, shoulder, and knees, among other unrelated symptoms. Her diagnoses included primary osteoarthritis of other site, and chronic pain in the back, shoulders, and knees.

Returning to the compensable injury, on June 12, 2024, Ms. Sencindiver saw Ryan Magalis, PA, at Virginia Brain & Spine Center, for left-sided neck pain and numbness and tingling in both hands. She reported a prior C4-C6 ACDF performed by Ravi Yalamanchili, M.D., in 2001. Ms. Sencindiver indicated that she had been doing very well for many years post-surgery until her compensable injury. Ms. Sencindiver stated that she was walking with a student when she tripped over his leg, fell, and hit her head on the edge of the doorway. She reported that the following day she noticed increased numbness and tingling in all of the fingertips of her left hand, and subsequently, her right hand as well. Ms. Sencindiver further reported slight increased difficulty with fine motor skills, more difficulty with tasks such as opening jars, and decreased lateral rotation of her neck towards the left, with pain in the left paraspinal musculature since the fall. Ms. Sencindiver denied any pain radiating into her shoulders or further down the arms, but she reported a "crawling bug" sensation in her right shoulder at times. PA Magalis assessed cervical spondylosis, sprain of neck muscle, and cervical spondylosis with myelopathy.

Ms. Sencindiver underwent nine sessions of physical therapy from July 1, 2024, to August 1, 2024, but reported little symptom improvement. On July 11, 2024, Ms. Sencindiver underwent an MRI of the cervical spine revealing prior mature anterior fusion changes spanning C4-C5 and C5-C6 levels, a broad-based disc bulge and uncovertebral joint spurring at C3-C4 causing severe bilateral neural foraminal narrowing, moderate central canal narrowing and focal myelomalacia within the cord, and multilevel moderate to severe neural foraminal narrowing mostly due to uncovertebral joint spurring.

On October 3, 2024, Ms. Sencindiver was seen by Dr. Yalamanchili for neck pain, tingling in all of her fingertips of both hands, and weakness of the left arm that she did not have prior to the fall. She had great difficulty moving her neck to the left because of increased pain. On physical examination, Dr. Yalamanchili noted weakness of the left arm and limited range of motion of the neck with rotation to the left. Dr. Yalamanchili suspected Ms. Sencindiver would require a discectomy at C3-C4 with extension of her previous fusion.

When Ms. Sencindiver followed up with Dr. Yalamanchili on October 29, 2024, she reported that since her last visit, her arms and legs were very cold. Ms. Sencindiver also stated that her other symptoms were worsening. On physical examination, Dr. Yalamanchili noted that her left arm was diffusely weak and did not follow any specific nerve, root, or plexus lesion; and the right side showed that she was hyper-reflexic and had a positive Hoffmann sign. The assessment was cervical post-laminectomy syndrome, cervical stenosis of the spinal canal, cervical disc displacement, and cervical spondylosis. Given Ms. Sencindiver's progressive symptoms, Dr. Yalamanchili recommended a C3-C4 ACDF with exploration of the previous arthrodesis.

The claim administrator issued an order dated December 17, 2024, which denied the request from Dr. Yalamanchili dated October 29, 2024, for C3-C4 ACDF with exploration of the previous arthrodesis based on a finding that the treatment was neither medically necessary nor reasonably required and was not causally related to the work-related injury. Ms. Sencindiver protested this order.

On February 26, 2025, Dr. Yalamanchili submitted a Diagnosis Update form requesting the following diagnoses be added as compensable conditions in the claim: other cervical disc displacement, unspecified cervical region, and secondary diagnoses of spinal stenosis, cervical region, spondylosis without myelopathy or radiculopathy of the cervical region, and post-laminectomy syndrome. He indicated that Ms. Sencindiver reported neck pain, which had persisted since the incident, tingling in all of her fingertips of both hands, and weakness of the left arm that she did not have prior to the fall. Ms. Sencindiver told Dr. Yalamanchili that she could barely move her neck to the left due to increased pain.

Ms. Sencindiver was deposed on April 15, 2025, and testified that, on April 17, 2024, while employed as a kindergarten assistant, she was taking a child to meet his parents and caught her toe on the front of his shoe. She fell and hit the top of her head on a steel door frame and her face went into the concrete. She stated that her face was black and blue the next day, and she had black eyes. Ms. Sencindiver testified that immediately following the injury, both of her shoulders and her arms hurt, and her fingers started to get numb. She stated that about a week and a half later, she experienced tingling in both of her shoulders, down her arms, radiating into her fingers, and numbness in a couple of fingers on both hands. She testified that her symptoms worsened and physical therapy did not help. Ms.

Sencindiver testified that she had no neck problems after her 2001 fusion surgery that Dr. Yalamanchili performed. She stated that Dr. Yalamanchili told her that her symptoms were only going to worsen and could lead to permanent damage. According to Ms. Sencindiver, she retired prior to the 2024-2025 school year.

On May 12, 2025, Ms. Sencindiver underwent a C3-C4 ACDF with exploration of arthrodesis performed by Dr. Yalamanchili for cervical post-laminectomy syndrome, cervical stenosis of spinal canal, cervical disc displacement, cervical spondylosis, cervical spinal cord compression, and cervical pseudoarthrosis. On May 16, 2025, the claim administrator issued an order denying the addition of other cervical disc displacement unspecified cervical region, spinal stenosis cervical region, spondylosis without myelopathy or radiculopathy cervical region, and post-laminectomy syndrome to the claim as compensable diagnoses based on a finding that the conditions are not causally related to the compensable injury. Ms. Sencindiver protested this order.

Ms. Sencindiver was examined by Galen W. Sanderson, M.D., who issued a report dated September 27, 2025. Dr. Sanderson noted that she underwent C3-C4 ACDF with Dr. Yalamanchili on May 12, 2025. Ms. Sencindiver reported that she underwent a cervical spine fusion in 2001 and was 100% improved from this surgery. She further reported having no neck pain, no arm pain, and no numbness symptoms in the fingers until after her fall at work. Dr. Sanderson diagnosed scalp laceration and cervical spine strain due to the work-related injury. He opined that the diagnoses of history of C4-C6 ACDF, C3-C4 cervical stenosis, cervical myelopathy, and cervical disc displacement were preexisting based upon Ms. Sencindiver's medical records and diagnostic testing.

Dr. Sanderson stated that adjacent segment disease after cervical spine fusion is a well-known and described etiology of pain and dysfunction. He opined that the condition at C3-C4 was due to increased motion caused by the multilevel fusion segment at C4-C6 and a progression of degenerative cervical disc disease. Dr. Sanderson alleged that the incidence of adjacent segment disease after ACDF is about 25% in the first ten years. Further, he stated that Ms. Sencindiver's cervical spine CT in 2016 showed evidence of degenerative changes at the C3-C4 level. Dr. Sanderson also noted multiple medical visits from January of 2023 to March of 2024 for cervical spine pain. Dr. Sanderson opined that Ms. Sencindiver had reached maximum medical improvement for the claim-related conditions and he did not recommend any further treatment. He further opined that the surgery was reasonable and necessary for Ms. Sencindiver's overall cervical spine health, but he did not think it was in relation to her compensable work injury.

On February 24, 2026, the Board affirmed the claim administrator's orders, which 1) denied C3-C4 ACDF with exploration of the previous arthrodesis, and 2) denied the addition of other cervical disc displacement, spinal stenosis of the cervical region, and spondylosis without myelopathy or radiculopathy cervical region and post-laminectomy

syndrome as compensable diagnoses in the claim. The Board found that the requested conditions did not result from a discrete new injury. The Board further found that C3-C4 ACDF surgery with exploration of the previous arthrodesis is not reasonable and necessary treatment for the compensable cervical strain. Ms. Sencindiver now appeals the Board's order.

Our standard of review is set forth in West Virginia Code § 23-5-12a(b) (2022), in part, as follows:

> The Intermediate Court of Appeals may affirm the order or decision of the Workers' Compensation Board of Review or remand the case for further proceedings. It shall reverse, vacate, or modify the order or decision of the Workers' Compensation Board of Review, if the substantial rights of the petitioner or petitioners have been prejudiced because the Board of Review's findings are:
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> (1) In violation of statutory provisions;
> (2) In excess of the statutory authority or jurisdiction of the Board of Review;
> (3) Made upon unlawful procedures;
> (4) Affected by other error of law;
> (5) Clearly wrong in view of the reliable, probative, and substantial evidence on the whole record; or
> (6) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

Syl. Pt. 2, *Duff v. Kanawha Cnty. Comm'n*, 250 W. Va. 510, 905 S.E.2d 528 (2024).

Ms. Sencindiver argues that it is undisputed that she suffered a "significant and violent" compensable injury to her head and neck. Further, Ms. Sencindiver argues that she had done well following her 2001 injury and that her symptoms following the compensable injury were different and more severe. Ms. Sencindiver also argues that a 2016 MRI revealed only mild degenerative changes. Finally, Ms. Sencindiver argues that there is no evidence that she had a disc herniation at C3-C4 prior to the compensable injury; and the July 11, 2024, MRI established that she continued to have "excellent decompression" at C4-C5 and C5-C6, the site of her previous surgery.

Three elements must coexist in workers' compensation cases to establish compensability: (1) a personal injury (2) received in the course of employment and (3) resulting from that employment. *Barnett v. State Workmen's Comp. Comm'r*, 153 W. Va. 796, 172 S.E.2d 698, syl. pt 1 (1970); *Sansom v. Workers' Comp. Comm'r*, 176 W. Va. 545, 346 S.E.2d 63, syl. pt. 1 (1986).

The claim administrator must provide a claimant with medically related and reasonably necessary treatment for a compensable injury. *See* West Virginia Code § 23-4-3 (2005) and West Virginia Code of State Rules § 85-20 (2006).

The Supreme Court of Appeals of West Virginia ("SCAWV") held, in *Gill v. City of Charleston*, 236 W. Va. 737, 783 S.E.2d 857 (2016):

> A noncompensable preexisting injury may not be added as a compensable component of a claim for workers' compensation medical benefits merely because it may have been aggravated by a compensable injury. To the extent that the aggravation of a noncompensable preexisting injury results in a [discrete] new injury, that new injury may be found compensable.

Id. at 738, 783 S.E.2d at 858, syl. pt. 3.

The SCAWV clarified its position in *Moore v. ICG Tygart Valley, LLC,* 247 W. Va. 292, 879 S.E.2d 779 (2022), holding:

> A claimant's disability will be presumed to have resulted from the compensable injury if: (1) before the injury, the claimant's preexisting disease or condition was asymptomatic, and (2) following the injury, the symptoms of the disabling disease or condition appeared and continuously manifested themselves afterwards. There still must be sufficient medical evidence to show a causal relationship between the compensable injury and the disability, or the nature of the accident, combined with the other facts of the case, raises a natural inference of causation. This presumption is not conclusive; it may be rebutted by the employer.

Id. at 294, 879 S.E.2d at 781, syl. pt. 5.

Here, the Board found that other cervical disc displacement, spinal stenosis of the cervical region, and spondylosis without myelopathy or radiculopathy cervical region and post-laminectomy syndrome did not result from the compensable injury. The Board further found that C3-C4 ACDF surgery with exploration of the previous arthrodesis is not reasonable and necessary treatment for the compensable cervical strain. The Board noted that Ms. Sencindiver has received medical treatment for her cervical spine area since approximately 2001 when she underwent ACDF surgery at levels C4-C6.

The Board analyzed the claim under *Gill* and *Moore* and determined that Ms. Sencindiver is not entitled to a presumption that the conditions of cervical disc displacement, unspecified cervical region, and secondary diagnoses of spinal stenosis, cervical region, spondylosis without myelopathy or radiculopathy, cervical region and

post-laminectomy syndrome, resulted from the compensable injury based upon the fact that she was symptomatic prior to the injury. Further, the Board concluded that there is not sufficient medical evidence to show a causal relationship between the compensable injury and these diagnoses. The relevant distinction is between evidence that symptoms developed or worsened after the accident and the medical evidence establishing that the accident produced a discrete new cervical injury. The Board found that Dr. Sanderson's medical opinion regarding causation of the requested secondary conditions was entitled to greater weight due to his thorough, detailed analysis. The Board noted that Dr. Yalamanchili's request to add conditions only listed Ms. Sencindiver's allegation of injury and resulting symptoms without providing a basis for relating the several chronic conditions to the compensable injury. Additionally, the Board noted that Dr. Sanderson reviewed and analyzed the treatment records from 2023 and early 2024 regarding treatment for cervical spine pain while Dr. Yalamanchili did not mention the recent symptoms and treatment.

Upon review, we conclude that the Board was not clearly wrong in finding that the requested conditions did not result from a discrete new injury. We further conclude that the Board was not clearly wrong in determining that C3-C4 ACDF surgery with exploration of the previous arthrodesis is not reasonable and necessary treatment for the compensable cervical strain. As is noted in the Board's order, Ms. Sencindiver testified that she had no cervical symptoms after her 2001 ACDF. However, the evidence of record establishes that Ms. Sencindiver's had cervical symptoms as recently as a month before the compensable injury from a neck injury due to suddenly braking her car in 2023. Moreover, Dr. Sanderson adequately rebutted Dr. Yalamanchili's Diagnosis Update request by explaining that spine levels adjacent to fusions are predisposed to disc degeneration.

As the SCAWV has set forth, "[t]he 'clearly wrong' and the 'arbitrary and capricious' standards of review are deferential ones which presume an agency's actions are valid as long as the decision is supported by substantial evidence or by a rational basis." Syl. Pt. 3, *In re Queen*, 196 W. Va. 442, 473 S.E.2d 483 (1996). With this deferential standard of review in mind, we cannot conclude that the Board was clearly wrong in affirming the claim administrator's orders.

Accordingly, we affirm the Board's February 24, 2026, order.

Affirmed.

ISSUED: November 10, 2026

CONCURRED IN BY:

Chief Judge Daniel W. Greear
Judge Charles O. Lorensen
Judge S. Ryan White