



**TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT MEMPHIS**

CHRISTIAN TORRES ANTUNEZ,)	Docket No. 2025-80-2021
Employee,)	
v.)	
MG DYESS, INC.,)	State File No. 860087-2025
Employer,)	
And)	
OLD REPUBLIC INSURANCE)	Judge Lisa A. Lowe
COMPANY,)	
Carrier.)	

EXPEDITED HEARING ORDER

Christian Torres Antunez injured various body parts in a trench collapse while working for MG Dyess, which denied the claim because of misrepresentation. Mr. Torres obtained unauthorized treatment and asked for payment of past medical expenses, ongoing medical benefits, temporary benefits, and attorney fees.

For the reasons below, the Court finds Mr. Torres proved that he is likely to prevail at a hearing on the merits and grants his requested orthopedic treatment. The Court lacks sufficient proof to order reimbursement of past medical bills and temporary disability benefits and denies the request for attorney fees at this time.

History of Claim

Mr. Torres applied for work as a laborer with MG Dyess using the name and documentation of Ephraim Alvarez.

On March 17, 2025, while working in a deep trench, it collapsed, injuring Mr. Torres's ribs, back, knees, shoulders, jaw, neck, and face. A coworker dug him out, and his supervisor took him to the emergency room, where Mr. Torres gave the name and documentation of Ephraim Alvarez.

Due to his injuries, Mr. Torres returned home to Pearland, Texas, and sought unauthorized orthopedic treatment for his right knee and low back. Mr. Torres underwent knee surgery with Dr. Dashi Parameswaran and back injections with Dr. Rubin Bashir. He testified that he needs additional treatment.

Mr. Torres seeks payment of past medical expenses, ongoing medical treatment, temporary disability benefits, and attorney fees. He acknowledged that he used a false identity to obtain employment but asserted that case law requires a connection between misrepresentation and the injury, which is not present here.

MG Dyess argued no valid contract of hire existed due to the false name, so Mr. Torres was not an employee. Additionally, it contended it would not have hired Mr. Torres had he not used a false identity because Ephraim Alvarez was eligible to work in the United States, but Mr. Torres was not. MG Dyess acknowledged that existing case law requires a connection between the misrepresentation and the work incident but asked the Court to create new law to deny benefits for using a false identity.

Findings of Fact and Conclusions of Law

At the expedited hearing stage, Mr. Torres must prove he is likely to prevail at a hearing on the merits that he is entitled to the requested benefits. Tenn. Code Ann. § 50-6-239(c)(6) (2024); *McCord v. Advantage Human Resourcing*, 2015 TN Wrk. Comp. App. Bd. LEXIS 6, at *7-8, 9 (Mar. 27, 2015).

As a threshold issue, MG Dyess raised a notice defense in its brief but did not address it at the hearing. The Court finds MG Dyess had actual notice of the injury because Mr. Torres gave unrefuted testimony that his supervisor took him to the hospital immediately after the accident. This defense lacks merit.

Next, looking at whether Mr. Torres's misrepresentation of his name voids the employment contract, the Court turns to the definitions in section 50-6-102. Subsection (10)(A) states "'employee' includes every person . . . whether lawfully or *unlawfully* employed . . . in the service of an employer[.]" (Emphasis added). Based on the legislature's use of "unlawfully employed," the Court holds that Mr. Torres's identification misrepresentation does not void his status as an employee.

Turning to the misrepresentation defense, for a false statement to bar benefits: (1) the employee must have knowingly and willfully made a false representation of his *physical condition*; (2) the employer must have relied upon the false representation and this reliance must have been a substantial factor in the hiring; and (3) there must have been a *causal connection* between the false representation and the injury. *Fed'l Copper & Alum. Co. v. Dickey*, 493 S.W.2d 463, 465 (Tenn. 1973) (Emphasis added).

Here, Mr. Torres's misrepresentation involved his identity, not a physical condition. Further, MG Dyess did not establish a causal connection between Mr. Torres's false identity and the trench collapse.

As to MG Dyess's request that the Court make new law, a judge's role is to apply the existing law to the facts of each case, while the legislature creates the law. *See Henderson v. PeeDee Country Enters., Inc.*, 2021 TN Wrk. Comp. App. Bd. LEXIS 26, at *13 (Mar. 1, 2022) (policy arguments are "within the purview of the General Assembly."). Thus, the Court finds that Mr. Torres is likely to prevail at a hearing on the merits that he is entitled to benefits.

As to medical benefits, section 50-6-204(a)(1)(A) states that an employer shall furnish, free of charge to the employee, "treatment . . . made reasonably necessary" by the work accident. To that end, subsection 50-6-204(a)(3)(A)(i) requires an employer to offer an injured employee a panel of three doctors, from which the employee may choose a treating physician. An employer who fails to give a panel of physicians runs the risk of having to pay for unauthorized medical care if the trial court determines that a panel should have been provided. *Young v. Young Elec. Co.*, 2016 TN Wrk. Comp. App. Bd. LEXIS 24, at *16 (May 25, 2016).

Here, MG Dyess never offered Mr. Torres panels of physicians for his injuries, so he reasonably sought unauthorized treatment. He has established significant doctor/patient relationships with Drs. Parameswaran and Bashir. The Court deems them as authorized treating physicians. MG Dyess shall authorize and schedule appointments with both doctors for reasonable, necessary, and related treatment.

Mr. Torres also requested payment of his unauthorized medical expenses and presented several bills. However, he offered no proof as to the reasonableness and necessity of these bills. An employee's testimony alone is insufficient to award reimbursement of medical expenses, where no other evidence shows that the bills were incurred because of a compensable work injury or that the expenses were reasonable and necessary. *Mollica v. EHHI Holdings, Inc.*, 2020 TN Wrk. Comp. App. Bd. LEXIS 22, at *7 (Apr. 21, 2020). Thus, this request is denied at this time.

Additionally, Mr. Torres asked for temporary benefits. To qualify, he must show he became disabled due to a compensable injury, a causal connection between the injury and his inability to work, and the duration of his disability. For temporary partial disability benefits, he must show that his treating physician returned him to work with restrictions that MG Dyess either could not or would not accommodate. *Jones v. Crenco Leasing and Sales*, 2015 TN Wrk. Comp. App. Bd. LEXIS 48, at *7-8 (Dec. 11, 2015). Considering his injuries, presumably for a time Mr. Torres was unable to work and/or had restrictions. However, the medical records did not address his inability to work or restrictions. Mr. Torres's request for temporary disability benefits is denied at this time.

Mr. Torres also seeks attorney fees for wrongful denial of medical treatment and failure to provide a panel of physicians. The Court has the authority to award reasonable attorney fees “if the workers’ compensation judge makes a finding that such benefits were owed at an expedited hearing[.]” *Id.* § 50-6-226(d)(1)(B). However, a decision to award attorney fees at an interlocutory stage of a case should be made only in extremely limited circumstances. *Thompson v. Comcast Corp.*, 2018 TN Wrk. Comp. App. Bd. LEXIS 1, at *29 (Jan. 30, 2018). The Court does not find extremely limited circumstance to justify an award of attorney fees at this interlocutory stage. Mr. Torres may renew the issue at the Compensation Hearing.

Finally, based on the Court’s findings, MG Dyess is referred to the Compliance Program for consideration of a penalty for failure to provide a panel.

IT IS, THEREFORE, ORDERED as follows:

1. MG Dyess, Inc. shall authorize appointments for Mr. Torres with Dr. Dashi Parameswaran and Dr. Rubin Bashir to provide reasonable, necessary, and related treatment.
2. Mr. Torres is not entitled to payment of past medical expenses, temporary disability benefits, or attorney fees at this time.
3. The Court sets a Status/Scheduling Hearing on June 23, 2026, at 9:00 a.m. Eastern Time. The parties must call 855-383-0003 to participate.
4. Unless an interlocutory appeal is filed, compliance must occur by **seven** business days of entry of this order as required by Tennessee Code Annotated section 50-6-239(d)(3).

ENTERED February 10, 2026

JUDGE LISA A. LOWE
Court of Workers’ Compensation Claims

APPENDIX

Exhibits:

1. Rule 72 Declaration of Christian Torres Antunez
2. Rule 72 Declaration of Joyce Donaldson, with exhibits
3. Form C-41 Wage Statement
4. Medical Records & Expenses Table of Contents:
 - a. Fort Sanders Regional Medical Center
 - b. Texas Health Clinic
 - c. STAT Diagnostics
 - d. OSD Surgery Center
 - e. AA Orthopedics
 - f. Texas Ortho Spine Center

CERTIFICATE OF SERVICE

I certify that a copy of the order was sent as shown on February 10, 2026.

Name	Mail	Email	Service sent to:
Michael C. Beehan, Employee's Attorney		X	michael@foxlawtn.com
Sarah H. Best, Employer's Attorney		X	shbest@mijs.com
Compliance Program		X	wccompliance.program@tn.gov

Penny Shrum

PENNY SHRUM, Court Clerk
WC.CourtClerk@tn.gov



Right to Appeal:

If you disagree with the Court's Order, you may appeal to the Workers' Compensation Appeals Board. To do so, you must:

1. Complete the enclosed form entitled "Notice of Appeal" and file it with the Clerk of the Court of Workers' Compensation Claims before the expiration of the deadline.
 - If the order being appealed is "expedited" (also called "interlocutory"), or if the order does not dispose of the case in its entirety, the notice of appeal *must* be filed *within seven (7) business days* of the date the order was filed.
 - If the order being appealed is a "Compensation Order," or if it resolves all issues in the case, the notice of appeal *must* be filed *within thirty (30) calendar days* of the date the Compensation Order was filed.

When filing the Notice of Appeal, you must serve a copy on the opposing party (or attorney, if represented).

2. You must pay, via check, money order, or credit card, a **\$75.00 filing fee** *within ten calendar days* after filing the Notice of Appeal. Payments can be made in-person at any Bureau office or by U.S. mail, hand-delivery, or other delivery service. In the alternative, you may file an Affidavit of Indigency (form available on the Bureau's website or any Bureau office) seeking a waiver of the filing fee. You must file the fully-completed Affidavit of Indigency *within ten calendar days* of filing the Notice of Appeal. **Failure to timely pay the filing fee or file the Affidavit of Indigency will result in dismissal of your appeal.**
3. You are responsible for ensuring a complete record is presented on appeal. If no court reporter was present at the hearing, you may request from the Court Clerk the audio recording of the hearing for a \$25.00 fee. If you choose to submit a transcript as part of your appeal, which the Appeals Board has emphasized is important for a meaningful review of the case, a licensed court reporter must prepare the transcript, and you must file it with the Court Clerk. The Court Clerk will prepare the record for submission to the Appeals Board, and you will receive notice once it has been submitted. For deadlines related to the filing of transcripts, statements of the evidence, and briefs on appeal, see the applicable rules on the Bureau's website at <https://www.tn.gov/wcappealsboard>. (Click the "Read Rules" button.)
4. After the Workers' Compensation Judge approves the record and the Court Clerk transmits it to the Appeals Board, a docketing notice will be sent to the parties.

If neither party timely files an appeal with the Appeals Board, the Court Order becomes enforceable. See Tenn. Code Ann. § 50-6-239(d)(3) (expedited/interlocutory orders) and Tenn. Code Ann. § 50-6-239(c)(7) (compensation orders).

For self-represented litigants: Help from an Ombudsman is available at 800-332-2667.



NOTICE OF APPEAL

Tennessee Bureau of Workers' Compensation
www.tn.gov/workforce/injuries-at-work/
wc.courtclerk@tn.gov | 1-800-332-2667

Docket No.: _____

State File No.: _____

Date of Injury: _____

Employee

v.

Employer

Notice is given that _____

[List name(s) of all appealing party(ies). Use separate sheet if necessary.]

appeals the following order(s) of the Tennessee Court of Workers' Compensation Claims to the Workers' Compensation Appeals Board (check one or more applicable boxes and include the date file-stamped on the first page of the order(s) being appealed):

Expedited Hearing Order filed on _____ Motion Order filed on _____

Compensation Order filed on _____ Other Order filed on _____

issued by Judge _____

Statement of the Issues on Appeal

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

Parties

Appellant(s) (Requesting Party): _____ Employer Employee

Address: _____ Phone: _____

Email: _____

Attorney's Name: _____ BPR#: _____

Attorney's Email: _____ Phone: _____

Attorney's Address: _____

** Attach an additional sheet for each additional Appellant **

Employee Name: _____ Docket No.: _____ Date of Inj.: _____

Appellee(s) (Opposing Party): _____ Employer Employee

Appellee's Address: _____ Phone: _____

Email: _____

Attorney's Name: _____ BPR#: _____

Attorney's Email: _____ Phone: _____

Attorney's Address: _____

** Attach an additional sheet for each additional Appellee **

CERTIFICATE OF SERVICE

I, _____, certify that I have forwarded a true and exact copy of this Notice of Appeal by First Class mail, postage prepaid, or in any manner as described in Tennessee Compilation Rules & Regulations, Chapter 0800-02-21, to all parties and/or their attorneys in this case on this the _____ day of _____, 20 ____.

[Signature of appellant or attorney for appellant]



**Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667**

AFFIDAVIT OF INDIGENCY

I, _____, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the costs of this appeal and request that the filing fee to appeal be waived. The following facts support my poverty.

1. Full Name: _____ 2. Address: _____

3. Telephone Number: _____ 4. Date of Birth: _____

5. Names and Ages of All Dependents:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

6. I am employed by: _____

My employer's address is: _____

My employer's phone number is: _____

7. My present monthly household income, after federal income and social security taxes are deducted, is:

\$ _____

8. I receive or expect to receive money from the following sources:

AFDC \$ _____ per month beginning _____

SSI \$ _____ per month beginning _____

Retirement \$ _____ per month beginning _____

Disability \$ _____ per month beginning _____

Unemployment \$ _____ per month beginning _____

Worker's Comp. \$ _____ per month beginning _____

Other \$ _____ per month beginning _____

9. My expenses are:

Rent/House Payment	\$ _____ per month	Medical/Dental	\$ _____ per month
Groceries	\$ _____ per month	Telephone	\$ _____ per month
Electricity	\$ _____ per month	School Supplies	\$ _____ per month
Water	\$ _____ per month	Clothing	\$ _____ per month
Gas	\$ _____ per month	Child Care	\$ _____ per month
Transportation	\$ _____ per month	Child Support	\$ _____ per month
Car	\$ _____ per month		
Other	\$ _____ per month (describe: _____)		

10. Assets:

Automobile	\$ _____	(FMV) _____
Checking/Savings Acct.	\$ _____	
House	\$ _____	(FMV) _____
Other	\$ _____	Describe: _____

11. My debts are:

Amount Owed	To Whom
_____	_____
_____	_____
_____	_____
_____	_____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this appeal.

APPELLANT

Sworn and subscribed before me, a notary public, this
_____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____