



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

ARMON STINES,
Employee,

v.
POLLARD MGT., INC.,
Employer,

and
BUILDERS INSURANCE
COMPANY,
Carrier.

Docket No. 2026-20-2953

State File No. 25938-2026

Judge Brian K. Addington

EXPEDITED HEARING ORDER DENYING BENEFITS

The Court heard Mr. Stines's request for benefits during a September 21, 2026 expedited hearing. Pollard Management contested his request for various reasons including that he previously elected a remedy in Virginia. For the reasons below, the Court holds at this time that he elected his remedy in Virginia and is not entitled to benefits in Tennessee.¹

Claim History

Pollard, a Tennessee Corporation, entered into an employment agreement with Mr. Stines, a Virginia resident. Mr. Stines alleged an injury occurring in Virginia on April 1, 2025, as he stepped off a walk board at the jobsite. He told Pollard that he threw out his back, but he did not mention that it happened at work. He went to a hospital that night and was given pain medication. He maintained contact with Pollard but did not mention a work injury.

Mr. Stines's pain continued, so he returned to urgent care and then went to the

¹ Pollard asked the Court to deem the admissions it sent Mr. Pollard admitted because he did not answer them in 30 days. Mr. Pollard filed a response and amended admissions. The Court accepts his admissions as amended.

hospital for more tests. There, doctors determined on April 7 that he needed surgery. That same day, Mr. Stines filed a claim for benefits with the Virginia Workers' Compensation Commission. He supplied his and Pollard's information, his gross wages, his date of injury, and he requested medical and temporary benefits from the date of injury through April 7.

On April 8, he contacted Pollard and requested its workers' compensation information. When asked why, he stated that he thought he was dealing originally with sciatica, but testing showed something worse. He was told to contact "Bobby." He underwent surgery that day.

The next day, he gave a recorded statement to Pollard's workers' compensation carrier. He told them his back was "messaging with him" and later said he was injured coming up off a walk board. He acknowledged he had not told Pollard that his injury was related to work until April 8. When asked if he had ever injured his back before, he replied no. He also told the adjuster that he did not have insurance, and the surgery was an emergency according to the doctor.

On April 15, the Virginia Workers' Compensation Commission confirmed that it had received Mr. Stines's claim, informed Pollard it needed to file a first report of injury, and ordered Pollard to answer an Order Response form.

On April 21, the adjuster asked Mr. Stines whether he intended to file his claim in Tennessee or Virginia. He told her Virginia, and he confirmed that in his testimony at the hearing. After that, a new adjuster filed information with the Commonwealth of Virginia.

On April 26, Mr. Stines filed another claim with Virginia based on the same incident and asked for continuing benefits. The Virginia Commission combined the two claims. On April 29, Pollard's Virginia counsel filed a notice of appearance. The next day Pollard filed a denial of the claim with the Virginia Commission on grounds that Mr. Stines untimely reported the accident and gave inconsistent accounts of how it occurred.

Later, Mr. Stines hired a Tennessee attorney, who on May 7 asked that the Virginia case be withdrawn because Mr. Stines filed it when under heavy sedation. Further, counsel said the claim was a dual-jurisdictional claim. On the same day, Tennessee counsel filed a petition for benefit determination.

On May 11, the Virginia Commission dismissed Mr. Stines's claim without

prejudice. This Court later allowed Mr. Stines's Tennessee attorney to withdraw.

Mr. Stines continued to treat on his own. He now resides in Texas and continues to treat there.

Mr. Stines argued that he is entitled to benefits and was heavily sedated when he filed his Virginia claim. Further, his former attorney chose Tennessee. Pollard requested the Court deny Mr. Stines's claim for various reasons including his election of benefits in Virginia.

Findings of Fact and Conclusions of Law

Mr. Stines must show a likelihood of prevailing at a hearing on the merits that he is entitled to benefits. Tenn. Code Ann. § 50-6-239(d)(1) (2025); *McCord v Advantage Human Resourcing*, 2015 TN Wrk. Comp. App. Bd. LEXIS 6, at *7-8, 9 (Mar. 27, 2015).

The dispositive issue is whether Mr. Stines chose Virginia as the forum to pursue his claim. The Court finds that he did.

Mr. Stines had a choice to file his claim in Tennessee or Virginia. He chose Virginia on two separate occasions. He first filed in Virginia on April 7, before he even told Pollard that he intended to file a workers' compensation claim. He argued that he was under the influence of heavy sedation and that the filing should be ignored. The Court disagrees. The filing contained all the correct information needed for filing, and Virginia accepted it. The Commission then notified Pollard that it needed to file a first report of injury. Further, Virginia had jurisdiction because the injury happened in Virginia.

Even if Mr. Stines were sedated when he first filed in Virginia, he later verbally informed Pollard's adjuster that he chose Virginia and then refiled paperwork in Virginia on April 26, well after any surgery or sedation.

Only after Pollard filed a denial with Virginia, and after he hired counsel, did Mr. Stines decide to withdraw his Virginia claim and file in Tennessee. Tennessee law is clear that once an employee actively pursues a claim in another state that has jurisdiction, that employee is barred from filing a later claim in Tennessee. *Gray v. Holloway Constr. Co.*, 834 S.W.2d 277, 281-2 (Tenn. 1992). Thus, the Court finds that Mr. Stines elected his remedy in Virginia and is unlikely to succeed at a compensation hearing on the issue of Tennessee jurisdiction.

IT IS ORDERED as follows:

1. Mr. Stines's claim for benefits is denied at this time.
2. A status hearing is set for **November 30, 2026**, at **2:00 p.m. Eastern Time**. The parties must call **855-543-5044** to participate.

ENTERED September 30, 2026.

Brian K. Addington

JUDGE BRIAN K. ADDINGTON
Court of Workers' Compensation Claims

Appendix

Exhibits:²

1. Medical records of Dr. Jody Helms
2. Daily log of Mr. Stines
3. Collective
 - a. Request for Hearing
 - b. Denial Letter
 - c. Hardship Affidavit
 - d. Ballard Health Urgent Care Medical Record
 - e. Ballard Health Hospital Medical Records
 - f. Pharmacy records
 - g. Drug Test
 - h. Automobile payment notice
 - i. Utility bill
 - j. Text message log
 - k. Medical intake sheet Dr. Jody Helms
 - l. Nurse case manager correspondence
4. Collective
 - a. Responses to employer's objections

² Pollard objected to Mr. Stines's documents. The Court took the objections under advisement but need not rule on them because they are not relevant to Mr. Stines's election of remedies.

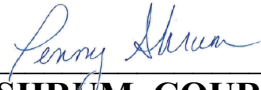
- b. Hardship portfolio
 - c. Eviction and bank Notices
 - d. Medical records -Shirley Billiot, N.P.
 - e. Medical records- Memorial Hermann discharge summary
 - f. Dr. Helms patient portal communications
- 5. Patient portal communications
- 6. Return to work note-Dr. Jody Helms (6/23/2026)
- 7. Text message log between Attorney Nicholas Peterson and Mr. Stines
- 8. Medical billing- Campbell Clinic
- 9. Hug Away Healthcare clinical sign in sheet
- 10. Urine Culture
- 11. Medical bills
 - a. Patient portal Co-Pay
 - b. CVS Pharmacy
 - c. Walmart Pharmacy
 - d. Basem Hamid, MD, PA
- 12. Medical records- Memorial Herman Southeast Hospital
- 13. Recorded statement
- 14. (Collective) Employer's expedited hearing exhibits³
 - a. Rule 72 declaration of Nicole Billings
 - b. Rule 72 declaration of Terri Vinson
 - c. Rule 72 declaration of Bobby Pollard
 - d. Rule 72 declaration of Mark Claycomb
 - e. Rule 72 declaration of Daymond Simms
 - f. Mr. Stines's Virginia Workers' Compensation file

³ Mr. Stines objected to these documents on the basis they were not provided timely. However, they were filed within the timeframes of the Rules, so the Court overrules the objection.

CERTIFICATE OF SERVICE

I certify that a copy of this order was sent as shown on September 30, 2026.

Name	Email	Service sent to:
Armon Stines, Employee	X	
Dan Cowell, Employer's Attorney	X	dan.cowell@petersonwhite.com nick.peterson@petersonwhite.com



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: _____