WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

WAYNE DAILEY, *Applicant*

vs.

TACO CHARLEY, INC.; ARGO GROUP, INC., *Defendants*

Adjudication Numbers: ADJ4241704 (MF) (SAC 0109584);
ADJ4098181 (RDG 0030010)
Redding District Office

OPINION AND ORDER
GRANTING PETITION FOR
RECONSIDERATION
AND DECISION AFTER
RECONSIDERATION

Applicant, acting in pro per, seeks reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on July 1, 2024,[1] wherein the WCJ found in pertinent part that while employed on July 20, 1982 (as to ADJ42471704), and during the period January 31, 1983 through January 31, 1984 (as to ADJ4098181) as a manager by defendant sustained injury arising out of and occurring in the course of employment to his back, legs, both shoulders and both hips; that there was no substantial medical evidence to support that applicant sustained injury to the cervical spine or neck; and that applicant is not entitled to future medical treatment to the cervical spine or neck.

Applicant contends that there is no time limit for an injured worker to seek medical care pursuant to a prior Award for medical care as necessary to cure or relieve from the effects of the injuries. Applicant also contends that the WCJ erred in finding that applicant is not entitled to medical care for injuries to applicant's cervical spine.

We received an Answer from defendant.

The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that the Petition be denied.

[1] The Findings and Order was signed on June 28, 2024, and served on July 1, 2024.

We have considered the allegations in the Petition, the Answer, and the contents of the Report with respect thereto.

Based on our review of the record, and for the reasons discussed below, we will grant applicant's Petition, rescind the July 1, 2024 Findings and Order, substitute new findings, which find that applicant is entitled to further medical treatment to applicant's compensable consequence injury to his neck.

BACKGROUND

In case number ADJ4241704, applicant claimed injury to various body parts while employed by defendant as a working area manager as a result of a work-related motor vehicle accident on July 20, 1982. In case number ADJ4098181, applicant claimed injury to various body parts while employed by defendant as a working area manager, during the period from January 31, 1983 to January 31, 1984.

Both cases went to trial in 1988 and again in 2024. We will briefly review the relevant facts leading up to the 1988 trial. [2]

From 1982 until 2016, applicant's primary treating doctor was orthopedic surgeon M. Robert Ching, M.D. (Minutes of Hearing / Summary of Evidence [MOH/SOE], June 5, 2024 trial, p. 2; MOH/SOE, February 17, 1988 trial, p. 4.)

Applicant was evaluated by orthopedic qualified medical evaluator (QME) Andrew Burt, M.D., who issued reports on May 15, 1985 (Exhibit A) and May 4, 1987 (Exhibit C). Applicant was also evaluated by defense QME Joel Renbaum, M.D., who issued a report on January 5, 1987. (Exhibit B.)

On February 17, 1988, the matter proceeded to trial, before the previous WCJ. Applicant was the only witness to provide testimony at trial. Although the medical reports were not described individually in the summary of evidence, reports from both applicant and defendant were admitted into evidence. (MOH/SOE February 17, 1988 trial, p. 2.)

On September 7, 1988, the WCJ issued a Joint Findings and Award, which was based on applicant's testimony and medical reports, particularly Dr. Burt's May 4, 1987 report. (Opinion on Decision, dated September 7, 1988, p. 1.) In pertinent part, he found that applicant sustained industrial injury during the period from January 31, 1983 to January 31, 1984 and on July 20, 1982

[2] The record of the events that gave rise to applicant's injuries is rather sparse as the injuries occurred in the 1980s.

to "his shoulders, back, hips, and legs." He also found that applicant had a need for medical treatment.

Subsequently, applicant's primary treating doctor Dr. Ching referred applicant to Edward Sun, M.D., for consultation.

On October 26, 2004, Dr. Sun took applicant's history, examined applicant, and reviewed imaging of applicant's cervical and lumbar spine. (Exhibit 2, Report of Dr. Sun, dated October 26, 2004, pp. 2-4.) With respect to the cervical spine, Dr. Sun diagnosed multilevel cervical spondylosis, C4 to C7, noting loss of disc height at C4-5, C5-6, and C6-7. He recommended a course of physical therapy for a cervical stabilization program. (*Id.* at p. 4.) Dr. Sun articulated no opinion as to whether applicant's cervical spondylosis was industrial, and his only opinion as to causation was that applicant's "neck pain started approximately six years ago without any specific injury." (*Id.* p. 1.)

Turning to QME Dr. Xeller, there are four reports in evidence: February 14, 2013 (Exhibit 5); April 4, 2013 (Exhibit 6); April 6, 2017 (Exhibit 7); and December 19, 2019 (Exhibit 10).

In his report of February 14, 2013, Dr. Xeller stated that:

> Through the years, he has had slowly and progressively escalating neck pain, Now he has pain and tingling down both arms.
> ...
> Again, 1982 is the injury date. This is from records available. It is a motor vehicle accident at 55 miles per hour. He went over a fence, turned over several times. He had multiple injuries to head, spine, upper extremities, and lower extremities. He does note that initially he did have a cervical collar. He also has a large laceration on his head, had fracture dislocation of the left shoulder, as well as his left hip.

(Exhibit 5, Report of Dr. Xeller, dated February 14, 2013, p. 2.)

Dr. Xeller diagnosed: "progressive left hip arthritic degeneration. Also DJD /DDD of neck and low back." (*Id.* at p. 9.) He opined that: "with regards to his neck, at this point in time, he would be a DRE category II . . ., which is 8% for his ongoing pain tingling." With respect to causation, he commented that: "MVA roll over with significant trauma to neck, left shoulder, [l]eft hip and lumbar spine." (*Id.* at p. 10.) He recommended that:

> This gentleman needs ongoing treatment. I would find it related to the motor vehicle accident. It has taken him some 21 years to reach the present state, but I believe a lot of it is the result of the motor vehicle accident. ...

> In reference to the neck (and complaints of arm tingling), he should have an MRI of his neck, as well as an EMG and nerve conduction study of the upper extremities to rule out cervical radiculopathy.

(*Id.* at p. 11.)

> On April 4, 2013, Dr. Xeller provided the following update:
>
> [A]n MRI has now been obtained, which I have reviewed. This is an MRI of the neck which shows multilevel spondylosis and disc bulging. It states that multifactorial changes of the cervical spine with borderline stenosis C4-5 through C6-7.

(Exhibit 6, Report of Dr. Xeller, dated April 4, 2013, p. 1.)

With respect to causation, he further stated that:

> Also, electrodiagnostic testing was noted in this patient, which said there was not overt radiculopathy with some consideration he may be developing carpal tunnel (That would not be sequitur to this case.)
> ...
> Regarding his neck impairment it is 8 percent. In regards to his low back, 5 percent.
>
> The cervical spine is 8 percent, combined with 5 percent for the low back is 13 percent, combined with 4 percent for his hip, total whole person impairment should be 16 percent.
>
> In regards to his neck and low back I would apportion 50 percent due to activities of daily living and age, 50 percent due to motor vehicle accident.
>
> With regards to his hip, I feel it was 100 percent work related.

(*Id.* at p. 2.)

> On April 6, 2017, Dr. Xeller provided the following opinion with respect to causation:
>
> Regarding his hip, this is easily 80% industrial versus 20% due to his age and other activities of daily living.
>
> I would accept that his hip is mainly industrially-related at least 80% to the fracture dislocation. I feel the same way about his back.
>
> His neck did not appear as significantly involved. That was mainly a soft tissue whiplash injury, but now be also has rather extensive degenerative changes, noting he had a rollover injury. I would apportion his neck as 50% - 50%.

(Exhibit 7, Report of Dr. Xeller, dated April 6, 2017, p. 17.)

On December 19, 2019, Dr. Xeller again opined that:

> The date of injury is back in 1982. He was in a company Escort and unfortunately forced off the road and had a rollover. He suffered a fractured hip, the left hip, for which he had open reduction and internal fixation. He had treatment in closed fashion of a left shoulder fracture dislocation. **He also had significant trauma to his neck** and his back.

(Exhibit 10, Report of Dr. Xeller, dated December 19, 2019, p. 2, emphasis added.)

On November 2, 2012, Dr. Ching, applicant's primary treating physician, provided the following opinion:

> We have been focusing on the follow up of his left hip, but patient states that his neck and left shoulder has continued to give him pain. He has numbness and tingling in his left upper extremity and left hand involving fingers one to four. He did go to a Cervical Spine Clinic in 2006, at which time, he was told he had spurs.
> ...
> X-RAYS of the C-spine obtained in my office at this time shows C3-4, C4-5 and CS-6, severe DJD with hypertrophic spur formation especially at C4-5 level. The oblique view showed left neuroforaminal encroachment at multiple levels especially four and five.
>
> ASSESSMENT: Cervical DJD with left neuroforaminal encroachment at multiple levels and left upper extremity cervical radiculopathy.

(Exhibit 4, Report of Dr. Ching, dated November 2, 2012, p. 1.)

He recommended that: "the above is industrial [*sic*] related in view of the immediate symptoms he had right after his industrial injury 28 years ago. We would like to obtain an MRI of the cervical spine and may need to follow this with EMG and NCVs of his left upper extremity. The above will be scheduled upon your approval." (*Id.* at p. 2.)

On June 5, 2024, the matter proceeded to trial. As pertinent herein, the following issues were raised: further medical treatment as to applicant's cervical and thoracic spine; liability for self-procured medical treatment of $392; and whether the spine and spinal cord, including the cervical, thoracic, and lumbar spine, were included in the "back" description of body parts in the 1988 award so that applicant was not "adding additional body parts." Applicant contended that defendant had approved and provided medical care of the cervical spine up until the doctor request for authorization for surgery. (MOH/SOE, June 5, 2024 trial, pp. 2-3.)

DISCUSSION

I.

Former Labor Code section[3] 5909 provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part that:

> (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.
>
> (b)
>
> (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
>
> (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected in Events in the Electronic Adjudication Management System (EAMS). Specifically, in Case Events, under Event Description is the phrase "Sent to Recon" and under Additional Information is the phrase "The case is sent to the Recon board."

Here, according to Events, the case was transmitted to the Appeals Board on August 6, 2024, and 60 days from the date of transmission is Saturday, October 5, 2024. The next business day that is 60 days from the date of transmission is Monday, October 7, 2024. (See Cal. Code Regs., tit. 8, § 10600(b).) This decision is issued by or on Monday, October 7, 2024, so that we have timely acted on the Petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall be notice of transmission.

[3] All statutory references are to the Labor Code unless otherwise stated.

According to the proof of service for the Report and Recommendation by the WCJ, the Report was served on August 6, 2024, and the case was transmitted to the Appeals Board on August 6, 2024. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that the parties were provided with the notice of transmission required by section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on August 6, 2024.

II.

Subject to the limitations of section 5804, "[t]he appeals board has continuing jurisdiction over all its orders, decisions, and awards made and entered under the provisions of [Division 4] ...." (Lab. Code, § 5803.) Section 5804 provides in pertinent part: "No award of compensation shall be rescinded, altered, or amended after five years from the date of the injury except upon a petition by a party in interest filed within such five years...." (Lab. Code, § 5804.) However, the power of the WCAB to enforce an award is not constrained by the limitations set forth in section 5804 with respect to rescinding, altering, or amending an award. (*Barnes v. Workers' Comp. Appeals Bd*. (2000) 23 Cal.4th 679, 687 [65 Cal.Comp.Cases 780]; *Kauffman v. Workers' Comp. Appeals Bd*. (1969) 273 Cal.App.2d 829, 838-839 [34 Cal.Comp.Cases 373], emphasis added.)

It is well settled that, where there is an existing award of future medical treatment, the WCAB has jurisdiction to enforce that medical treatment award more than five years after the employee's date of injury, even when no petition for new and further disability under section 5410, or no petition to reopen under sections 5803 and 5804, has been timely filed. (*Barnes v. Workers' Comp. Appeals Bd*. (2000) 23 Cal. 4th 679, 687-688 (65 Cal.Comp.Cases 780).)

Here, it is undisputed that that applicant sustained injury arising out of and in the course of employment to various body parts and was awarded future medical care to cure or relieve applicant from the effects of those industrial injuries. However, the parties dispute the injured body parts, with the 1988 Award listing shoulders, back, hips, and legs, as well as what the word "back" encompassed in the 1988 Award. While it is undisputed that defendant has furnished some medical treatment, there is dispute regarding medical treatment for the cervical spine. Applicant claims that defendant has been approving and providing medical care of the cervical spine up until requests for authorization for surgery to the cervical spine in March 2022.

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As we stated in our en banc opinion in *Wilson v. State Cal Fire* (2019) 84 Cal.Comp.Cases 393 (Appeals Bd. en banc):

> An injury must be proximately caused by the employment in order to be compensable. (Lab. Code, § 3600(a)(3); see also *Clark, supra*, 61 Cal.4th at pp. 297-298.[4]) Proximate cause in workers' compensation requires the employment be a contributing cause of the injury. (*Clark, supra*, 61 Cal.4th at pp. 297-298 [outlining this standard and analyzing the difference between causation in tort law and causation in workers' compensation].) Causation of an injury may be either direct or as a compensable consequence of a prior injury. More precisely, an injury may be directly caused by the employment. Alternatively, a subsequent injury is a compensable consequence of the first injury where it "is not a new and independent injury but rather the direct and natural consequence of the" first injury. (*Carter v. County of Los Angeles* (1986) 51 Cal.Comp.Cases 255, 258 (Appeals Board en banc).) The "first injury need not be the exclusive cause of the second but only a contributing factor to it…So long as the original injury operates even in part as a contributing factor it establishes liability." (*State Compensation Ins. Fund v. Industrial Acc. Com.* (*Wallin*) (1959) 176 Cal.App.2d 10, 17 [24 Cal.Comp.Cases 302].) In other words, if the first injury is a contributing cause of the second injury, the second injury is a compensable consequence of the first injury. Whereas the first injury is directly caused by the employment, a compensable consequence injury is indirectly caused by the employment via the first injury.

(*Wilson v. State Cal Fire* (2019) 84 Cal.Comp.Cases 393, 403-404 (Appeals Bd. en banc).)

Based on the record, the issues before us appear to fall squarely within the scope of the compensable consequence doctrine. A subsequent injury to a body part may be compensable, whether an aggravation of the original injury or a new and distinct injury, if it is the direct and natural result of a compensable primary injury. (*So. Cal. Rapid Transit Dist. v. Workers' Comp. Appeals Bd. (Weitzman)* (1979) 23 Cal.3d 158 [44 Cal.Comp.Cases 107]; *Rodgers v. Real Property Mgt. Co*. (1984) 49 Cal.Comp.Cases 561 (Appeals Bd. en banc); *Laines v. Workers' Comp. Appeals Bd*. (1975) 48 Cal.App.3d 872 [40 Cal.Comp.Cases 365].) In such cases, there is a causal nexus between the two events. Thus, the secondary incident is not considered a new and independent injury.

Section 4600(a) states:

> (a) Medical, surgical, chiropractic, acupuncture, licensed clinical social worker, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatuses, including orthotic and prosthetic devices and services,

[4] *South Coast Framing v. Workers' Comp. Appeals Bd. (Clark)* (2015) 61 Cal. 4th 291, 297-298 [80 Cal.Comp.Cases 489]

> that is reasonably required to cure or relieve the injured worker from the effects of the worker's injury shall be provided by the employer. In the case of the employer's neglect or refusal reasonably to do so, the employer is liable for the reasonable expense incurred by or on behalf of the employee in providing treatment.

(Lab. Code, § 4600(a).)

As set forth in the Petition, section 4600 contains no time limit on the medical care that is reasonably required to cure or relieve from the effects of the worker's injury. Applicant is not making a claim for a new industrial injury or seeking to reopen for new and further disability. As the WCJ acknowledges in the Report, section 5410 does not apply to the facts before us.

When the WCJ issues an award of further medical treatment to cure or relieve the employee from the effects of the industrial injury, the employer must provide medical treatment necessary to cure or relieve the employee from the effects of any related medical condition that is a compensable consequence of the original injury, even if the employee first requests treatment for the related condition more than five years after the date of injury. (*Otis Elevator v. Workers' Comp. Appeals Bd. (Bodegraven)* (1984) 49 Cal.Comp.Cases 637 (writ den.).) So long as the treatment is reasonably required to cure or relieve from the effects of the industrial injury, the employer is required to provide the treatment. (*Granado v. Workmen's Comp. App. Bd*. (1968) 69 Cal.2d 399, 405-406 [33 Cal.Comp.Cases 647].)

A WCJ's decision must be supported by substantial evidence in light of the entire record. (Lab. Code, § 5952(d); *Lamb v. Workmen's Comp. Appeals Bd*. (1974) 11 Cal.3d 274, 281 [39 Cal.Comp.Cases 310]; *Garza v. Workers' Comp. Appeals Bd*. (1970) 3 Cal.3d 312, 317 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd*. (1970) 1 Cal.3d 627, 635 [35 Cal.Comp.Cases 16].)

The WCJ relied on several medical reports, which we will examine in the order discussed in the Report:

On October 26, 2004, Dr. Sun took applicant's history, examined applicant, and reviewed imaging of applicant's cervical and lumbar spine. He diagnosed multilevel cervical spondylosis, C4 to C7 and recommended treatment.

In his February 14, 2013 report, PQME Dr. Xeller discussed applicant's ongoing neck pain, and he noted that in 1982, following the high speed rollover automobile accident, applicant had a cervical collar and had multiple injuries to his head, spine, upper extremities, and lower

extremities. He observed that with respect his neck, applicant would be a DRE category II, with "8% for his ongoing pain tingling." He again stated that applicant was in an "MVA roll over" with significant trauma to his neck, left shoulder, left hip and lumbar spine. He concluded that applicant required medical treatment and stated that: "It has taken him some 21 years to reach the present state, but I believe a lot of it is the result of the motor vehicle accident." He recommended that applicant have an MRI of his neck, as well as an EMG and nerve conduction study of the upper extremities to rule out cervical radiculopathy.

On April 4, 2013, Dr. Xeller stated that applicant's MRI showed: "multilevel spondylosis and disc bulging. It states that multifactorial changes of the cervical spine with borderline stenosis C4-5 through C6-7." He again found neck impairment of 8 percent, and as to the neck and back, he stated that he would apportion 50 percent due to activities of daily living and age, 50 percent due to the motor vehicle accident.

On April 6, 2017, Dr. Xeller opined that applicant's injury "was mainly a soft tissue whiplash injury, but now he also has rather extensive degenerative changes. . . I would apportion his neck as 50% - 50%."

On December 19, 2019, Dr. Xeller stated that with respect to the motor vehicle accident, applicant had significant trauma to his neck and his back.

Dr. Ching, applicant's primary treating physician from 1982 until 2016, stated in a November 2, 2012 report that: "We have been focusing on the follow up of his left hip, but patient states that his neck and left shoulder has continued to give him pain. He has numbness and tingling in his left upper extremity and left hand involving fingers one to four." He diagnosed applicant with cervical DJD with left neuroforaminal encroachment at multiple levels and left upper extremity cervical radiculopathy. He determined that the injury, and therefore the need for medical treatment was industrially related "in view of the immediate symptoms he had right after his industrial injury 28 years ago."

To be substantial evidence, a medical opinion must be well-reasoned, based on an adequate history and examination, and it must disclose a solid underlying basis for the opinion. (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604 (Appeals Bd. en banc); see also *E.L. Yeager Construction v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th 922, 928 [71 Cal.Comp.Cases 1687].) Here, Drs. Xeller, Sun, and Ching each took applicant's history, performed physical examinations, reviewed medical records and diagnostic reports, and articulated

the basis for their opinions. As such, we find their opinions to be substantial medical evidence. The WCJ references a Utilization Review by Genex, but as it is not medical report, it is not substantial medical evidence upon which we can rely. In light of the entire record, including the substantial medical evidence of Drs. Xeller, Sun, and Ching, applicant met his burden of showing that injuries to his cervical spine are a compensable consequence of his prior industrial injuries. As such, applicant is entitled medical care reasonably required to cure or relieve from the effects of injuries to his cervical spine.

The Appeals Board has the discretionary authority to develop the record when the medical record is not substantial evidence or when appropriate to provide due process or fully adjudicate the issues. (*McClune v. Workers' Comp. Appeals Bd*. (1998) 62 Cal.App.4th 1117, 1121-1122 [63 Cal.Comp.Cases 261]; *McDuffie v. Los Angeles County Metropolitan Transit Authority* (2001) 67 Cal.Comp.Cases 138, 141 (Appeals Bd. en banc); see also *Tyler v. Workers' Comp. Appeals Bd*. (1997) 56 Cal.App.4th 389, 394 [62 Cal.Comp.Cases 924]; Lab. Code, §§ 5701, 5906.) While here we conclude that applicant met his burden based on the substantial medical evidence in the record, when the medical record is not substantial, the Appeals Board and the WCJ may always consider whether to further develop the record.

Finally, we observe that based upon the record before us, we note that the "back" would appear to include both the thoracic and lumbar spine. If a further dispute arises between the parties, the WCJ has great discretion to further develop the medical record.

Accordingly, we grant applicant's Petition, rescind the July 1, 2024 Findings and Order, substitute new findings, which provide for further medical treatment to applicant's compensable consequence injury to his neck.

For the foregoing reasons,

IT IS ORDERED that applicant's Petition for Reconsideration is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that Findings and Order issued by the WCJ on July 1, 2024 is **RESCINDED** and the following **SUBSTITUTED** in its place:

FINDINGS OF FACT

1. Wayne Dailey, while employed on July 20, 1982 (as to ADJ42471704), and during the period January 31, 1983 through January 31, 1984 (as to ADJ4098181) as a manager, by Taco Charley, whose workers' compensation insurance carrier during the relevant time period, was Argo Group, Inc., sustained injury arising out of and occurring in the course of employment to his back, legs, both shoulders and both hips.

2. A Findings and Award issued on September 7, 1988, which found that applicant sustained injury arising out of and in the course of employment to the shoulders, back, hips, and legs.

3. Applicant was awarded future medical care as necessary to cure or relieve applicant from the effects of the injuries.

4. Applicant is entitled to medical care for injuries to the cervical spine, as a compensable consequence of his injuries.

5. Applicant is entitled to reimbursement for self-procured medical treatment in the sum of $392.00 for a consultation and x-ray of the cervical spine and x-ray of the shoulder, which were paid by applicant.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ CRAIG SNELLINGS, COMMISSIONER

JOSEPH V. CAPURRO, COMMISSIONER
CONCURRING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

October 7, 2024

SERVICE MADE ON THE ABOVE DATE ON THE PERSONS LISTED BELOW AT THEIR ADDRESSES SHOWN ON THE CURRENT OFFICIAL ADDRESS RECORD.

WAYNE DAILEY (pro per)
THOMAS LEDGERWOOD
FRIEDMAN BARTOUMIAN

JB/*pm*

I certify that I affixed the official seal of the Workers' Compensation Appeals Board to this original decision on this date. *o.o*