

**WORKERS' COMPENSATION APPEALS BOARD  
STATE OF CALIFORNIA**

***ALICIA DELGADO, Applicant***

**vs.**

**NEW VISTA HEALTH CARE INC.; STATE COMPENSATION INSURANCE FUND,  
*Defendants***

**Adjudication Number: ADJ4457963  
Oxnard District Office**

**OPINION AND DECISION  
AFTER RECONSIDERATION**

We previously granted reconsideration<sup>1</sup> in this matter to provide an opportunity to further study the legal and factual issues raised by the Petition for Reconsideration. Having completed our review, we now issue our Decision After Reconsideration.

Defendant State Compensation Insurance Fund (defendant) seeks reconsideration of the February 22, 2021 Findings and Award and Order (F&A), wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as a nurse's aide from April 25, 2002, to April 25, 2003, claims to have sustained industrial injury to her back, neck, shoulders, arms and psyche. The WCJ found, in relevant part, that the charges of Angoal Medical (lien claimant) are reimbursable as an ML-103 expense together with statutory increase and interest pursuant to Labor Code<sup>2</sup> section 4622. The WCJ further determined that the section 4903.8(d) declaration of lien claimant was valid, that the assignment of the receivable of Julie Goalwin, M.D. to Angoal Medical Collections was valid, and that lien claimant's Exhibit 12 was a legally obtained medical-legal report.

Defendant contends that lien claimant failed to prove the reasonableness of its charges; that the section 4903.8(d) declaration of lien claimant is not valid; that lien claimant does not have a

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<sup>1</sup> Commissioner Sweeney, who was previously a member of this panel, no longer serves on the Workers' Compensation Appeals Board. Commissioner Razo, who was previously a member of this panel, is currently unavailable. Other panelists have been appointed in their place.

<sup>2</sup> All further references are to the Labor Code unless otherwise noted.

valid assignment; that Dr. Goalwin was not appropriately selected as a QME under the law as it existed prior to 2005; that the record does not support the imposition of statutory increase or interest; and that lien claimant is not entitled to reimbursement of its filing fee.

We have received an Answer from Angoal Medical Collections. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition for Reconsideration, the Answer, and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed below, we will rescind and restate the F&A except that we will amend the decision to defer the issues of whether applicant validly selected Dr. Goalwin to prepare a comprehensive medical-legal report and the reasonableness of the charges and related statutory increase, interest and filing fees. We will then return this matter to the trial level for further proceedings consistent with this decision.

## **FACTS**

The WCJ's Report sets forth the relevant factual background as follows:

Applicant filed this workers' compensation claim by way of DWC-1 Claim Form and application for adjudication of claim dated 05/05/2003 (Lien Claimants' Exhibits 2 and 3). She alleged, inter alia, industrial injury in the form of stress, anxiety and depression.

On 09/20/2003 Dr. Goalwin issued a report titled "Psychiatric Qualified Medical-Legal Evaluation" addressed to applicant's attorney. The report included a history of the presenting problem, personal history, reporting on psychological testing, discussion of causation, disability, work restrictions, apportionment, vocational rehabilitation and future medical care. The report concludes with a disclosure and declaration under penalty of perjury, citing regulation 10978 (since repealed) and Labor Code Section 4628. (Lien Claimants' Exhibit 12.)

On 09/30/2003 Dr. Goalwin and Angoal Medical Collections entered into a purchase agreement that included her receivables for the instant case (Lien Claimants' Exhibit 14).

On 10/22/2003 Angoal filed its lien herein.

On 11/06/2003 petitioner objected to the charges of Angoal (Exhibit 17).

On 11/13/2013 Angoal timely filed its declaration pursuant to Labor Code Section 4908(d) (Exhibit 15) executed by Elaine Taite as president of Angoal. Angoal commenced collection proceedings by declaration of readiness on 06/27/2019.

(Report, at p. 2.)

On December 11, 2020, the parties proceeded to lien trial and placed in issue whether applicant sustained injury arising out of and in the course of employment (AOE/COE), and whether injury was presumptive pursuant to section 5402. (Minutes of Hearing, dated December 11, 2020, at p. 2:13.) The parties further placed the lien of Angoal Medical Collections in issue, including related issues of medical necessity of treatment, reasonableness of charges, validity of the section 4903.8(d) declaration, lack of original bills, and the validity of the assignment of the lien. (*Ibid.*)

On February 22, 2021, the WCJ issued his F&A, determining in relevant part that applicant sustained injury AOE/COE based on the presumptions found in section 5402. (Finding of Fact No. 2.) The WCJ found the charges of Angoal Medical to be reimbursable as ML-103 expenses and awarded statutory increase and interest pursuant to section 4622. (Finding of Fact No. 5.) The WCJ also determined that lien claimant's section 4903.8(d) declaration was valid, the assignment of the receivable of Julie Goalwin, M.D., to Angoal Medical Collections was valid, and that applicant legally obtained the reporting of Dr. Goalwin. (Findings of Fact, Nos. 6, 8 & 9.)

Defendant's Petition avers that diagnostic testing represents the majority of the expenses set forth in lien claimant's bill, but that the reporting of Dr. Goalwin offers no "subjective complaints and physical findings" that would necessitate the diagnostic testing. (Petition, at p. 2:6.) Defendant contends that the declarant in lien claimant's section 4903.8(d) declaration did not possess the required direct knowledge of the treatment and accuracy of the bill, and that in any event, the assignment from Dr. Goalwin to Angoal Medical Collections was invalid because notice was not served on defendant prior to January 1, 2014, as required by section 4903.8(b)(3). (Petition, at p. 3:11.) Defendant further maintains that applicant did not validly select Dr. Goalwin to prepare a compensability examination under the law applicable to this pre-2005 injury, and that the record supports neither the award of statutory increase nor interest. (Petition, at pp. 3-4.)

Lien claimant's Answer responds that applicant and her medical-legal evaluators were not required to seek authorization on a fully-denied claim, and that defendant failed to timely raise the issue of the validity of the assignment of the lien. (Answer, at p. 3:16.)

## DISCUSSION

We first address the issue of the disclosures required under section 4903.8. Defendant asserts that Angoal's lien is barred in its entirety because lien claimant failed to file a timely declaration with respect to the assignment of the lien prior to January 1, 2014. (Petition, at p. 3:11.)

Section 4903.8(b)(3) requires, in relevant part, that "[i]f the lien is filed before January 1, 2013, the copy of the assignment shall be served by January 1, 2014, or with the filing of a declaration of readiness or at the time of a lien hearing, whichever is earliest. (Lab. Code, § 4903.8(b)(3).) The section further provides that "[a] lien submitted for filing on or after January 1, 2013, for expenses provided in subdivision (b) of Section 4903, that does not comply with the requirements of this section shall be deemed to be invalid, whether or not accepted for filing by the appeals board, and shall not operate to preserve or extend any time limit for filing of the lien. (Lab. Code, § 4903.8(e).) Subsection (e), however, only provides a remedy for liens filed on or after January 1, 2013; this subsection does not provide a remedy against lien claimants that filed their liens prior to January 1, 2013, but did not timely file all necessary declarations required under section 4903.8.

We have previously held that in the absence of a specified remedy, lien claimants who have filed liens prior to January 1, 2013 should have an opportunity to have their lien heard on the merits due to a "strong public policy favoring the disposition of cases on their merits." (*Litzman v. Workmen's Comp. Appeals Bd.* (1968) 266 Cal.App.2d 203, 205 [33 Cal.Comp.Cases 584]; see *Calderon v. Matharu Assisted Living* (January 13, 2020; ADJ3110881 (LAO 0811875)) [2020 Cal. Wrk. Comp. P.D. LEXIS 18]; *Juarez v. Masonry by Joe* (March 29, 2019, ADJ8130064) [2019 Cal. Wrk. Comp. P.D. LEXIS 593]; *Gallegos v. Barrett Business Services* (November 3, 2015, ADJ7627116) [2015 Cal. Wrk. Comp. P.D. LEXIS 686].)

We have further held that this rationale applies to the disclosures regarding assignment of lien receivables required under section 4903.8(b)(3). (See *Mendoza v. Tuff-weld Wood Specialties* (May 19, 2025, ADJ2284547) [2025 Cal. Wrk. Comp. P.D. LEXIS 177; 2025 LX 206291]; *Martinez v. City of Los Angeles* (January 23, 2017, ADJ7447588) [2017 Cal. Wrk. Comp. P.D. LEXIS 38].) Here, the underlying lien of Angoal Medical Collections was filed on October 22, 2003, and Angoal filed its declaration pursuant to Labor Code Section 4908(d) on November 13, 2013. Because section 4903.8(e) would not otherwise bar consideration of the merits of the lien,

we decline to disturb the WCJ's determinations with respect to the assignment of the lien and the 4903.8(d) declarations filed by Angoal.

Defendant next contests the validity of the selection of Dr. Goalwin to provide a comprehensive medical-legal report. The parties have placed in issue whether the September 20, 2003 report of Julie Goalwin, M.D. is a "proper medical-legal report." (Minutes, at p. 2:24.) Defendant challenges the WCJ's determination that the report was "legally obtained." (Finding of Fact No. 9.)

Although the statute has since been amended, Labor Code 4060 as it existed in 2003 provided as follows:

(c) If a medical evaluation is required to determine compensability at any time after the period specified in subdivision (b), and the employee is represented by an attorney, each party may select a qualified medical evaluator to conduct a comprehensive medical-legal evaluation. Neither party may obtain more than one comprehensive medical-legal report, provided, however, that any party may obtain additional reports at their own expense. The parties may, at any time, agree on one medical evaluator to evaluate the issues in dispute.

(Lab. Code § 4060(c) (as applicable in 2003).)

Here, defendant denied all liability for the claimed injury, and applicant requested an evaluation from Dr. Goalwin. The resulting September 20, 2003 report is the basis for the current dispute. (Ex. 12, Report of Julie Goalwin, M.D., dated September 20, 2003.)

Although the report itself indicates that "[t]he reason for the referral is based on the claim that the patient is experiencing emotional consequences due to workplace trauma," we observe that the record contains no other evidence responsive to the issue of whether Dr. Goalwin was validly selected pursuant to section 4060(c). (*Id.* at p. 1.) It is unclear from this record whether a single comprehensive medical-legal report was generated as to the claim, and whether the September 20, 2003 report in evidence is responsive to the instant claim given that the date of injury listed of May, 2000, while possibly a clerical error, does not correspond to applicant's claimed cumulative injury of April 25, 2002, through April 25, 2003. (*Id.* at p. 1; Minutes, at p. 2:4.) Moreover, to the extent that the parties have raised the issue of whether Dr. Goalwin was validly selected to provide a medical-legal report, the evidentiary record is silent as to whether applicant sought to nominate Dr. Goalwin as a treating physician under section 4600(a) or as a medical-legal physician under section 4060. As defendant's Petition observes, the record does not

divulge whether the applicant's request to Dr. Goalwin constituted as request for consultation, treatment, or a medical legal examination. (Petition, at p. 4:6.)

In *Hamilton v. Lockheed Corporation* (2001) 66 Cal.Comp.Cases 473, 476 [2001 Cal.Wrk.Comp. LEXIS 4947] (Appeals Bd. en banc) (*Hamilton*) we explained that, "the WCJ is charged with the responsibility of referring to the evidence in the opinion on decision, and of clearly designating the evidence that forms the basis of the decision." (*Hamilton, supra*, at 475.) The purpose of this requirement is to enable "the parties, and the Board if reconsideration is sought, [to] ascertain the basis for the decision[.]" (*Hamilton, supra*, at 476, citing *Evans v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 753, 755 [33 Cal.Comp.Cases 350].)

Additionally, it is well established that decisions by the Appeals Board must be supported by substantial evidence. (Lab. Code, §§ 5903, 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) The Appeals Board has the discretionary authority to develop the record when the medical record is not substantial evidence. (Lab. Code, §§ 5701, 5906; *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389 [62 Cal.Comp.Cases 924]; see *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117 [63 Cal.Comp.Cases 261].) In our en banc decision in *McDuffie v. Los Angeles County Metropolitan Transit Authority* (2002) 67 Cal.Comp.Cases 138 (Appeals Board en banc), we stated that "[s]ections 5701 and 5906 authorize the WCJ and the Board to obtain additional evidence, including medical evidence, at any time during the proceedings (citations) [but] [b]efore directing augmentation of the medical record . . . the WCJ or the Board must establish as a threshold matter that specific medical opinions are deficient, for example, that they are inaccurate, inconsistent or incomplete." (*Id.* at p. 141.) The principle of allowing full development of the evidentiary record to enable a complete adjudication of the issues is consistent with due process in connection with workers' compensation claims. (*Tyler v. Workers Compensation Appeals Bd., supra*, at 928.)

Here, we are persuaded that the lack of evidence responsive to the issue of whether Dr. Goalwin was selected in compliance with section 4060(c) requires development of the record. Accordingly, we will return this matter to the trial level for development of the record to address

whether Dr. Goalwin's reporting conforms to the selection requirements set forth in section 4060(c) as it existed at the time of the evaluation.

In addition, and to the extent that defendant contests the reasonableness of the charges awarded by the WCJ, we note that the WCJ's Award provides only for reimbursement at ML-103 rates, without specifying the amounts awarded. (Finding of Fact No. 5.) In addition, the WCJ has awarded statutory increase and interest pursuant to section 4622. (Finding of Fact No. 10.) Because the amounts being awarded are not specified in the F&A, we are unable to determine the reasonableness of the award.

Accordingly, upon return of this matter to the trial level, the WCJ should determine the issue in the first instance, including the specific amounts awarded, or in the alternative, whether the issue is being deferred pending adjustment by the parties with jurisdiction reserved to the WCJ in the event of further dispute.

In summary, we agree with the WCJ's conclusion that the lien of Angoal is not barred under section 4903.8. However, insofar as defendant raises the issue of whether Dr. Goalwin's retention complied with section 4060 as it existed in 2003, we are persuaded the record does not adequately address the issue. Similarly, insofar as defendant challenges the reasonableness of the expenses awarded by the WCJ, we observe that the WCJ's award does not provide for specific amounts but rather awards reimbursement at medical-legal rates generally. In both instances, we find the current record is insufficient to support a just and reasoned decision.

Accordingly, as our decision after reconsideration, we will rescind and restate the WCJ's decision except that we will amend it to defer the issues of whether the selection of Dr. Goalwin was appropriate under section 4060 and whether the corresponding charges for the reporting issued by Dr. Goalwin were reasonable. We will further defer the dependent issues of statutory increase, interest, and reimbursement for lien filing fees, and will return this matter to the trial level for further proceedings and decision by the WCJ.

For the foregoing reasons,

**IT IS ORDERED**, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the February 22, 2021 Findings and Award and Order is **RESCINDED** with the following substituted therefor:

### **FINDINGS OF FACT**

1. Applicant, Alicia Delgado, while employed during the period April 25, 2002, through April 25, 2003, as a nurse's aide, at Burbank, California, by New Vista Health Care, Inc., claimed to have sustained injury arising out of and in the course of employment to her back, neck, shoulders, arms, and psyche.
2. Based on Labor Code section 5402 it is found that applicant suffered injury arising out of and occurring in the course of employment.
3. The services of TMS Diagnostics were not reasonably required to cure or relieve from the effects of the presumed compensable industrial injury.
4. All other issues as to TMS Diagnostics raised at trial are moot in light of the foregoing.
5. The issue of the reasonableness of charges as set forth in the lien of Angoal Medical is deferred.
6. The Labor Code section 4903.8(d) declaration of Angoal Medical Collections is valid.
7. The lack of an "original bill" does not defeat the lien of Angoal Medical Collections.
8. The assignment of the receivable of Julie Goalwin, M.D., to Angoal Medical Collections is valid.
9. The issue of whether the September 20, 2003 report of Julie Goalwin, M.D., was legally obtained is deferred.
10. The issue of whether the lien of Angoal Medical is subject to statutory increase and interest pursuant to Labor Code Section 4622 is deferred.
11. The issue of whether Angoal Medical Collections is entitled to reimbursement of the filing fee is deferred.



**IT IS FURTHER ORDERED** that this matter is **RETURNED** to the trial level for such further proceedings and decisions by the WCJ as may be required, consistent with this opinion.

**WORKERS' COMPENSATION APPEALS BOARD**

/s/ KATHERINE A. ZALEWSKI, CHAIR

**I CONCUR,**

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER



**DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

**September 23, 2025**

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

**ANGOAL MEDICAL COLLECTIONS  
PAPERWORK AND MORE  
STATE COMPENSATION INSURANCE FUND**

**SAR/abs**

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