

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

**DANIEL SIWAK, *Applicant***

**vs.**

**CALIFORNIA SAFETY AGENCY; NORGUARD INSURANCE COMPANY,  
administered by GUARD INSURANCE, *Defendants***

**Adjudication Number: ADJ18677760  
Santa Ana District Office**

**OPINION AND ORDERS  
DENYING PETITION FOR  
RECONSIDERATION,  
GRANTING PETITION FOR  
RECONSIDERATION  
AND DECISION AFTER  
RECONSIDERATION**

Defendant and cost petitioner each seek reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on May 21, 2025, wherein the WCJ found in pertinent part that: the medical-legal evaluation performed by Physical Rehabilitation Services, Inc., (PRSI) was reasonable and necessary at the time it was incurred; the reasonable value of the services for the medical-legal services provided by PRSI is \$2015.00; defendant's objection to the bill of PRSI does not state a valid basis for denial of payment; and that PRSI is entitled to a penalty of \$201.50, interest at 7% per annum beginning on June 24, 2024, through date of payment, and costs are awarded to PRSI in the amount of \$500.00.

Defendant contends that the request for a comprehensive medical-legal report was unreasonable at the time it was requested and was not necessary.

Cost petitioner contends that the WCJ's Order does not enter a finding regarding the issue of sanctions for frivolous conduct on behalf of the claims administrator for not properly reviewing and timely paying cost-petitioner's bills.

We received an Answer from cost petitioner.

The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that cost petitioner's Petition for Reconsideration be granted only on the issue of

sanctions and recommended an award of \$500.00. The WCJ recommended that defendant's Petition be denied.

We have considered the allegations in both Petitions, the Answer, and the contents of the Report with respect thereto. Based on our review of the record, for the reasons discussed in the WCJ's Report and Opinion on Decision, both of which we adopt and incorporate, and for the reasons discussed below, as recommended by the WCJ, we will deny defendant's Petition and we will grant cost petitioner's Petition. We will affirm the F&O, except that we will amend it to find that defendant engaged in improper actions resulting in bad faith tactics and frivolous litigation (Finding of Fact 12) and to order that defendant pay sanctions of \$500.00 (Order).

### **BACKGROUND**

We will briefly review the relevant facts.

Applicant while employed as a patrol officer by Recon Industries, Inc. dba California Safety Agency, claimed to have sustained injury arising out of and in the course of employment for the period November 30, 2022, through November 30, 2023, to shoulders, legs, back, knees, and feet.

On January 1, 2024, applicant filed an Application for Adjudication (Application).

On March 13, 2024, applicant's attorney designated Arbi Mirzaians, D.C., as applicant's primary treating physician (PTP) pursuant to Labor Code section 4600(c) and AD Rule 9785(b)(2) (Cal. Code Regs., tit. 8, § 9785(b)(2).) The letter requested that he prepare a medical-legal evaluation report. (Exhibit 101, 3/13/2024.)

On April 9, 2024, defendant issued a "NOTICE REGARDING DENIAL OF WORKERS' COMPENSATION BENEFIT." In pertinent part the notice stated: "[W]e are denying liability for your claim of injury. . . . Your denial or partial denial is based on the following: Lack of substantial medical and factual evidence of a work-related injury." (Joint Exhibit 1, 4/9/2024.)

On April 12, 2024, Dr. Mirzaians performed an initial primary treating physician (PTP) examination and issued a report and a request for authorization. (Exhibit D, 4/12/2024<sup>1</sup>.) The report identifies the current complaints as follows: cervical spine, midback, low back, bilateral shoulders, bilateral knees, and bilateral feet. (Exhibit D, 4/12/2024.)

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<sup>1</sup> The WCJ references Exhibit D as the May 29, 2024, medical-legal report, but Exhibit D is the Initial PTP evaluation report of Dr. Arbi Mirzaians, dated 4-12-2024.

On May 29, 2024, Dr. Mirzaians examined and issued a medical-legal periodic report<sup>2</sup>. As to causation, Dr. Mirzaians concluded,

Absent evidence to the contrary, based upon the information available to me at this time, it is within *reasonable medical probability to conclude that the patient's symptoms and diagnoses are related to the industrial injury(ies) of November 30, 2022 through November 30, 2023* as it pertains to the *cervical spine, thoracic spine, lumbar spine, bilateral knee, bilateral foot and bilateral shoulder*. [italics added for emphasis.] (Exhibit 102, 5/29/2024, p. 16.)

On July 1, 2024, defendant issued an Explanation of Review (EOR) indicating that it objected to Dr. Mirzaian's charge of \$2,015.00 for services provided on May 29, 2024. (Exhibit A, 7/1/2024.)

On July 30, 2024, the parties entered into a Compromise and Release (C&R).

On August 14, 2024, the WCJ issued a Joint Order Approving Compromise and Release (OACR).

On September 17, 2024, cost petitioner served a demand letter on defendant and attached reporting and bills. (Exhibit 103, 9/17/2024.)

On October 28, 2024, cost petitioner served defendant with a final attempt to meet and confer regarding the services provided to applicant. (Exhibit 104, 10/28/2024.)

On November 12, 2024, cost petitioner filed a Non-IBR Petition to Resolve Medical-Legal dispute.

On February 10, 2025, the matter came on for trial.

## **DISCUSSION**

### **I.**

Former Labor Code section 5909<sup>3</sup> 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.

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<sup>2</sup> The document is titled PTP Initial Evaluation and Med-Legal report, 5-29-2024. This visit was a 45 day follow-up to the initial visit, not the initial visit.

<sup>3</sup> All further references are to the Labor Code unless otherwise noted.

(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 June 19, 2025 and 60 days from the date of transmission is August 18, 2025. This decision is issued by or on August 18, 2025, 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.

Here, according to the proof of service for the Report and Recommendation by the workers’ compensation administrative law judge, the Report was served on June 19, 2025, and the case was transmitted to the Appeals Board on June 19, 2025. 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 June 19, 2025.

## II.

The Appeals Board is authorized to impose sanctions, costs and attorney’s fees under section 5813, which states, in pertinent part, that

- (a) The workers' compensation referee or appeals board may order a party, the party's attorney, or both, to pay any reasonable expenses, including attorney's fees and costs, incurred by another party as a result of bad-faith actions or tactics that are frivolous or solely intended to cause unnecessary delay. In addition, a workers' compensation referee or the appeals board, in its sole discretion, may order additional sanctions not to exceed two thousand five hundred dollars (\$2,500) to be transmitted to the General Fund.
- (b) The determination of sanctions shall be made after written application by the party seeking sanctions or upon the appeal board's own motion.

(Lab Code, § 5813(a) and (b).)

WCAB Rule 10786(i)(1) states that:

If the Workers' Compensation Appeals Board determines that, as a result of bad faith actions or tactics, a defendant failed to comply with the requirements, timelines and procedures set forth in Labor Code sections 4622, 4603.3 and 4603.6 and the related Rules of the Administrative Director, the defendant shall be liable for the medical-legal provider's reasonable attorney's fees and costs and for sanctions under Labor Code section 5813 and rule 10421. The amount of the attorney's fees, costs and sanctions payable shall be determined by the Workers' Compensation Appeals Board; however, for bad faith actions or tactics occurring on or after October 23, 2013, the monetary sanctions shall not be less than \$500.00. These attorney's fees, costs and monetary sanctions shall be in addition to any penalties and interest that may be payable under Labor Code section 4622 or other applicable provisions of law, and in addition to any lien filing fee, lien activation fee or IBR fee that, by statute, the defendant might be obligated to reimburse to the medical-legal provider.

(Cal. Code Regs., tit. 8, § 10786(i)(1).)

Here, the WCJ states in the Report:

The undersigned erred in not issuing sanctions. Costs were awarded based on Defendant's improper actions resulting in bad faith tactics and frivolous litigation. The undersigned requests for the WCAB to award sanctions in the amount of \$500.

We agree with the WCJ that sanctions should issue against defendant in the amount of \$500.00.

Accordingly, we deny defendant's Petition for Reconsideration and grant cost petitioner's Petition for Reconsideration. We affirm the F&O, except that we amend it to find that defendant engaged in improper actions resulting in bad faith tactics and frivolous litigation (Finding of Fact 12) and to order that defendant pay sanctions of \$500.00 (Order).

For the foregoing reasons,

**IT IS ORDERED** that defendant's Petition for Reconsideration of the Findings of Fact and Orders issued on May 21, 2025 by the WCJ is **DENIED**.

**IT IS FURTHER ORDERED** that cost petitioner's Petition for Reconsideration of the Findings of Fact and Orders issued on May 21, 2025 by the WCJ is **GRANTED**.

**IT IS FURTHER ORDERED** as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings of Fact and Orders issued on May 21, 2025, is **AFFIRMED** except that it is **AMENDED** as follows:

**FINDINGS OF FACT**

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12. Defendant engaged in improper actions resulting in bad faith tactics and frivolous litigation. (Lab. Code, § 5813; Cal. Code Regs., tit. 8, § 10786(i)(1).)

**ORDER**

Defendant NORGUARD INSURANCE COMPANY, administered by GUARD INSURANCE is **ORDERED** to pay sanctions of \$500.00.

Payment shall be made by check payable to the Workers' Compensation Appeals Board, Tax I.D. 94-3160882, for transmission to the General Fund and shall reference *Daniel Siwak vs. California Safety Agency; Norguard Insurance Company, administered by Guard Insurance* ADJ18677760

Payment shall be sent to:

Workers Compensation Appeals Board, Office of the Commissioners  
455 Golden Gate Avenue, 9th Floor  
San Francisco, CA 94102

ATTENTION: Julie Podbereski

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ JOSÉ H. RAZO, COMMISSIONER**

**I CONCUR,**

**/s/ CRAIG SNELLINGS, COMMISSIONER**

**/s/ KATHERINE WILLIAMS DODD, COMMISSIONER**



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

**August 18, 2025**

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

**AM LIEN SOLUTIONS  
AV MANAGEMENT AND COLLECTION SERVICES**

**DLM/oo**

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

**JOINT REPORT AND RECOMMENDATION ON DEFENDANT AND COST  
PETITIONERS' PETITION FOR RECONSIDERATION**

**I  
INTRODUCTION**

1.     Applicant's Occupation                :     Patrol Officer  
       Applicant's Date of Birth            :     XXXXXXXXXXXX  
       Date of Injury                         :     11/30/22 – 11/30/23  
       Parts of Body Alleged                :     Shoulders, legs, back, knees, and feet
2.     Identity of Petitioner                :     **Defendant and Cost Petitioner** filed the  
       Petition.  
       Timeliness:                             Both Petitions are timely filed.
3.     Date of Findings of Fact             :     5/21/2025
4.     It is recommended that Defendant's Petition be denied in its entirety and Cost  
       Petitioner's be awarded only as to amend Findings & Award to order \$500 in  
       sanctions against Defendant.

Defendant alleges the undersigned acted without or in excess of its powers and the evidence does not justify the findings of fact. Cost Petitioner alleges the same, indicating that additional costs and sanctions are warranted. Defendant failed to state facts that would support the undersigned acted without or in excess of its powers or that the evidence does not justify the findings of fact. Cost Petitioner failed to state facts that would support the undersigned erred in not awarding additional costs. Cost Petitioner's argument that sanctions are warranted is appropriate and the undersigned hereby request the WCAB grant sanctions in the amount of \$500 against Defendant or return the matter to the undersigned for an amended Award as to sanctions only.

**II  
BACKGROUND**

On May 29, 2024, Cost Petitioner, Physical Rehabilitation Services Inc., Arbi Mirzaian, D.C. evaluated the Applicant and issued a med-legal report. *Defense Exhibit D*. Cost Petitioner billed Defendant \$2,015.00. *Cost Petitioner Exhibit 105*. Defendant issued an EOR, objected to the bill, and made no payment. *Defense Exhibit A*. Thereafter, Cost Petitioner sent letters attempting to resolve the issue to no avail. *Cost Petitioner Exhibits 103, 104, 106*. On November 12, 2024, Cost Petitioner filed a Petition for Non-IBR and a Declaration for Readiness



to Proceed seeking payment of the initial bill plus penalties and interest, costs, and sanctions. *Cost Petitioner 105, EAMS ID 54840325.*

The matter was continued to trial from a Mandatory Settlement Conference on January 7, 2025. On February 10, 2025, the parties presented before the undersigned for trial. At that time, the matter was submitted on the documentary record. The issues were as follows: (1) whether the cost petitioner is entitled to payment for the med-legal evaluation/report in the amount of \$2,015.00; (2) attorney fees; (3) whether Defendant timely objected to the med-legal report per 10786; (4) whether penalties and interest are warranted based on defendant's failure to pay timely; (5) whether cost and sanctions is warranted based on frivolous litigation; and (6) whether Defendant is liable to pay for the PTP med-legal report. Defendant filed a pre-trial brief on January 31, 2025. Parties were given the option to submit post-trial briefs no later than March 3, 2025, at which time the matter was submitted. Cost Petitioner filed their brief on March 2, 2025.

On May 21, 2025, the undersigned issued a Findings and Award and Opinion on Decision (hereafter Findings and Award). The undersigned found that the Cost Petitioner was entitled to payment in the amount of \$2,015.00, plus penalty in the amount of \$201.50 and interest at 7% per annum beginning on June 24, 2024. Costs were awarded to Cost Petitioner in the amount of \$500.

It is from this Findings and Award that petitioners seek reconsideration. Defendant contends that the comprehensive med-legal report was not reasonable at the time it was requested and not necessary. Cost Petitioner argues that costs in the reduced amount of \$500 are unreasonable and sanctions are warranted. The undersigned addresses both petitions herein.

### **III** **DISCUSSION**

#### **REASONABLENESS OF MED-LEGAL REPORT**

Defendant contends that Applicant's request for a comprehensive med-legal report was unreasonable at the time it was requested. Defendant makes two arguments to support this position. First, Defendant argues that the parties agreed to utilize a QME to resolve the issue and should have waited for the report to be issued before seeking another med-legal evaluation. Second, Defendant contends that there was no dispute at the time the medical report was requested. In addressing the first argument, Defendant has provided no legal support that if a party participates

in the panel strike process they are prohibited from seeking a medical legal report from the treating physician before one is issued by the PQME. Regarding the second argument, the undersigned notes that Defendant is using the wrong standard. Defendant contends that the claim had not yet been denied at the time the request for the med-legal evaluation was made, therefore there was no contested issue. However, reasonableness is assessed at the time the cost is incurred. Although Applicant's Attorney sent a request for evaluation on March 13, 2024, while the claim was in delay, the evaluation occurred after the claim had been denied on April 9, 2024. Thus, by the time the actual cost was incurred, the claim was denied, further supporting the reasonableness of obtaining the report.

## **NECESSITY OF MED-LEGAL REPORT**

Defendant alleges that the med-legal report was not necessary because when the PQME report was issued, it essentially had the same history, diagnosis, and findings of the med-legal report. The undersigned is unclear how a med-legal report issued by a PQME would nullify the med-legal report of a primary treating physician. The med-legal report addressed the contested issues as the case was denied prior to the evaluation and rendering of the report.

Defendant further contends that the report was not relied on and therefore unnecessary. To support this argument, Defendant points to correspondence, not in evidence, that was filed with the Compromise and Release (C&R) which only referenced the QME report. The undersigned fails to see how this is relevant especially considering the C&R makes no mention of any medical and in fact indicates "claim is denied AOE/COE based on no substantial medical, legal, or factual evidence." (*C&R para. 8 and Addendum B, EAMS Doc ID 53187237*). The med-legal report was secured to address issues in a contested claim. The fact that the claim was later settled for other reasons does not negate the necessity of the report at the time it was procured.

## **COSTS**

Cost Petitioner alleges that the award of cost in the amount of \$500 is unreasonable. The undersigned awarded costs for all collection efforts for 2.5 hours at the rate of \$200/hr. The undersigned contends this amount is more than reasonable. In the Petition for Non-IBR the Cost Petitioner provides the following breakdown for costs:

- (1) In house collection effort fees, EAMS search, Fees to prepare petition including

reach and file review (2 ½ Hours @ \$550.00 an hour) = \$1,375.00

- (2) WCAB Hearing representative fee for MSC and draft PTCS (2 ½ Hours at \$550.00) = \$1,375.00

In addressing the first line for cost, the undersigned notes there is no information regarding who performed these services. All that is indicated is ‘in-house collection efforts.’ Moreover, billing at \$550.00 an hour is excessive. Attorneys appearing before the WCAB do not even get awarded this much. The same is true for the second line item, as it is unreasonable for a hearing representative to receive an hourly rate of \$550.00 an hour. As such, without having full information on who performed in house collection efforts, whether an attorney, secretary, paralegal, intern, student, etc., or what the actual efforts were that are included in the request, the undersigned found \$500 for any and all collection efforts reasonable based on the 2.5 hours spent by the WCAB hearing representative.

## **SANCTIONS**

The undersigned erred in not issuing sanctions. Costs were awarded based on Defendant’s improper actions resulting in bad faith tactics and frivolous litigation. The undersigned requests for the WCAB to award sanctions in the amount of \$500.

## **IV** **RECOMMENDATION**

For the reasons stated above, it is respectfully requested that Defendant’s Petition for Reconsideration be denied and Cost Petitioner’s Petition for Reconsideration be granted only on the issue of sanctions.

Notice is hereby given that this matter was transmitted to the Reconsideration Unit on the below date.

DATE: June 19, 2025

**Desirae Hutchison**  
WORKERS' COMPENSATION JUDGE

## **OPINION ON DECISION**

The parties stipulated at trial that Applicant Daniel Siwak, while employed during the period of November 30, 2022, through November 30, 2023, as a patrol officer, by Recon Industries, Inc. dba California Safety Agency, claims to have sustained injury arising out of and in the course of employment to shoulders, legs, back, knees, and feet.

At the time of injury, the employer's workers' compensation carrier was Norguard Insurance Company, administered by Guard Insurance. The employer has furnished no medical treatment. The primary treating physician is Dr. Arbi Mirzaians.

Issues presented for determination by the Court were: Petition for cost filed by Physical Rehabilitation Services Dr. Mirzains in the amount of \$2,015.00, attorney fees, whether defendant timely objected to med-legal report per 10876, penalties and interest, cost and sanctions, med-legal payment on denied claim.

### *Evidentiary Findings*

Cost Petitioner objected to Defense Exhibit A on the grounds of verification of proof of service, however, the undersigned finds the document necessary and critical to the issues raised. Defense Exhibit A is hereby issued into evidence.

Cost Petitioner objected to Defense Exhibit D on the grounds of relevancy. The undersigned finds the exhibit has relevance as it is the basis of the billing in dispute. Defense Exhibit D is hereby admitted into evidence.

### *Reasonableness and Necessity of Lien*

A lien claimant holds the initial burden of proof pursuant to Labor Code sections 4620 and 4621 to establish that a contested claim existed at the time the expenses were incurred, that the expenses were incurred for the purpose of proving or disproving a contested claim, and that its services were reasonably and necessarily incurred.

The Court notes that the defendant denied liability for the applicant's alleged injuries on April 9, 2024. The denial was based on a lack of substantial medical and factual evidence of work-related injury. As such, as of April 9, 2024, this matter was a contested claim, and a medical-legal report would be required.

On May 29, 2024, Dr. Arbi Mirzaians D.C., evaluated the applicant, issuing a report

entitled Initial Primary Treating Physician's Evaluation Report and Request for Authorization. As such, the medical-legal evaluation performed by Arbi Mirzaian D.C. was reasonable and necessary at the time that it was incurred.

Based on the above, Dr. Mirzaian performed medical-legal services for which they are entitled to compensation.

#### *Reasonableness of Charges*

Physical Rehabilitation Services Inc. billed \$2,015.00 under billing code ML 201 for the evaluation and report dated May 29, 2024. This is the same billing rate per OMFS for the medical-legal evaluation and reports. No evidence was submitted that was contrary to the stated amount.

Therefore, the undersigned finds that the medical-legal services provided by Physical Rehabilitation Services Inc. in the amount of \$2,015.00 is reasonable

#### *Penalties and Interest*

All medical-legal expenses for which the employer is liable shall, upon receipt by the employer of all reports and documents, be paid to whom the funds and expenses are due within 60 days after receipt by the employer of each separate, written billing and report. If payment is not made within this period, that portion of the billed sum then unreasonably unpaid shall be increased by 10 percent, together with interest thereon at the rate of 7 percent per annum retroactive to the date of receipt of the bill and report by the employer.

The employer may, within 60 days, contest the reasonableness and necessity for incurring the fees, services, and expenses using the explanation of review required by Section 4603.3. Section 4603.3 provides that (a) upon payment, adjustment, or denial of a complete or incomplete itemization of medical services, an employer shall provide an explanation of review that includes all the following: (1) A statement of the items or procedures billed, and the amounts requested by the provider to be paid. (2) The amount paid. (3) The basis for any adjustment, change, or denial of the item or procedure billed. (4) The additional information required to make a decision for an incomplete itemization. (5) If a denial of payment is for some reason other than a fee dispute, the reason for the denial. (6) Information on whom to contact on behalf of the employer if a dispute arises over the payment of the billing. The explanation of review shall inform the medical provider of the time limit to raise any objection regarding the items or procedures paid or disputed and how

to obtain an independent review of the medical bill pursuant to Section 4603.6.

According to the record, Physical Rehabilitation Services Inc. served its bill for the May 29, 2024 evaluation and report on June 24, 2024. The evidence submitted shows that the defendant issued an Explanation of Review (EOR) on July 1, 2024 detailing why payment was not issued. As such, the defendant issued a timely EOR.

The defendant's EOR, however, lists various reasons that do not pertain to a med-legal evaluation, instead it would apply to treatment. Additionally, the EOR states that the employee did not suffer a compensable injury and that the claim is under investigation. The claim was denied on April 9, 2024. As such, the undersigned finds all the stated reasons in the EOR invalid. Defendant's trial brief seems to imply that applicant's agreement to proceed to a QME negated the ability of the applicant to seek a med-legal report from the PTP. Agreeing to go to a QME is not the same as agreeing to go to an AME. There is nothing in the code that indicates applicants are limited to only having a contested dispute addressed by the QME. Based on the above, Physical Rehabilitation Services Inc. is entitled to penalties and interest. A penalty is awarded in the amount of \$201.50. Additionally Physical Rehabilitation Services Inc. is entitled to interest at 7% per annum beginning on June 24, 2024, through the date of payment.

#### *Costs & Sanctions*

Cost-Petitioner seeks reasonable attorney's fees and costs for frivolous litigation and bad faith tactics. Title 8 California Code of Regulations §10545 reflects the Workers' Compensation Appeals Board may impose monetary sanctions and allow reasonable attorney's fees and costs for filing a Petition for Costs. if the filing was the result of bad faith actions or tactics, under Labor Code §5813 and Title 8 California Code of Regulations §10421.

Petitioners seek costs in the amount of \$2,750.00 for various collection efforts. The undersigned finds this amount unreasonable. Instead, Costs are awarded to Physical Rehabilitation Services Inc. for all collection efforts in the amount of \$500.00 (2 ½ Hours @ \$200.00/hour).

The undersigned does not find additional sanctions warranted.

Date: May 21, 2025

**Desirae L. Hutchison**  
Workers' Compensation Judge