WORKERS' COMPENSATION APPEALS BOARD STATE OF CALIFORNIA

JOSE GONZALEZ, Applicant

VS.

SUBSEQUENT INJURIES BENEFITS TRUST FUND, Defendants

Adjudication Number: ADJ15515237, ADJ11036278 Santa Barbara District Office

OPINION AND DECISION AFTER RECONSIDERATION

It has come to the attention of the Appeals Board that, while this matter has been pending on reconsideration, the parties have reached a proposed settlement.¹

Since the District Office is precluded from acting on a case while it is pending on reconsideration (Cal. Code Regs., tit. 8, § 10961), in order to permit review by the workers' compensation administrative law judge (WCJ) of the proposed settlement, we will rescind the decision from which reconsideration is sought and return this matter to the trial level for the WCJ to consider the proposed settlement. If the WCJ does not approve the settlement, the WCJ may issue an order reinstating the original decision and any aggrieved person may timely seek reconsideration from the reinstated decision. This is not a final decision on the merits of any of the issues pending on reconsideration.

¹ Commissioner Sweeney, who was on the panel that signed the Opinion and Order Granting Petition for Reconsideration on September 14, 2022, no longer serves on the Board. Another Commissioner has been appointed in her place.

For the foregoing reasons,

IT IS ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the WCJ's decision of July 13, 2022 is **RESCINDED** and this matter is **RETURNED** to the trial level for further proceedings and decision by the WCJ.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ PATRICIA A. GARCIA, DEPUTY COMMISSIONER



/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

February 21, 2025

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

JOSE GONZALEZ
GHITTERMAN, GHITTERMAN & FELD
OFFICE OF THE DIRECTOR – LEGAL UNIT

LSM/oo

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