WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

LAVERNE RIVERA, *Applicant*

vs.

CRST EXPEDITED INC.; permissibly self-insured, adjusted by COTTINGHAM BUTLER CLAIM SERVICES, *Defendants*

Adjudication Number: ADJ16458244

Los Angeles District Office

OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

Defendant seeks reconsideration of the Findings and Award (F&A) issued on April 2, 2025, wherein the workers' compensation administrative law judge (WCJ) found in relevant part that (1) while employed as a truck driver on October 29, 2021, applicant sustained injury arising out of and in the course of employment to her face, head, and cervical spine; (2) based on applicant's earning capacity and unrebutted testimony, her average weekly wages are found to be $1,300.00 per week, entitling her to temporary disability benefits at the rate of $866.66 per week; (3) applicant's injury caused her to be temporarily disabled from November 5, 2021 through the present and continuing, entitling her to the maximum 104 weeks of temporarily disability benefits at the rate of $866.66 per week, or $90,132.64, less credit for temporary disability benefits issued to date of $1,717.95; (4) the issues of permanent disability and apportionment are deferred; (5) applicant is entitled to further medical treatment; and (6) panel QME number 7591539 was properly obtained and no good cause exists to replace QME Dr. Michael Smith.

The WCJ issued an award in applicant's favor in accordance with these findings.

Defendant contends that the WCJ erroneously found that (1) applicant sustained injury to the cervical spine; (2) applicant's average weekly wage was $1,300.00; and (3) panel QME number 7591539 was properly obtained.

We received an Answer from applicant.

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

We have considered the allegations of the Petition, the Answer, and the contents of the Report. Based on our review of the record, and for the reasons stated below, we will deny the Petition.

FACTUAL BACKGROUND

On October 12, 2022, applicant's physician, Roger Bertoldi, MD, examined applicant and diagnosed her with a cervical spine industrial injury arising on October 29, 2021. (Ex. 12, Report of Dr. Bertoldi, October 12, 2022.)

On January 30, 2023, the WCJ held a hearing at which the parties agreed to obtain an initial panel QME. (Minutes of Hearing, January 30, 2023.)

On June 6, 2023, the Division of Workers' Compensation issued panel QME number 7591539, naming Sahil Vohra, DO, Michael Smith, MD., and Trieu Tran, MD, as panelists. (Ex. X, Selected QME Panel Number 7591539, June 6, 2023, p. 1.)

On August 1, 2023, defendant asserted the following objection:

> The applicant is scheduled for a Qualified Medical Evaluation with Dr. Michael Smith on August 21, 2023. The defendant objects to the evaluation with Dr. Michael Smith. The parties are scheduled for a Mandatory Settlement Conference on August 9, 2023. At that time, the parties will present their arguments regarding the applicant's rights to a Qualified Medical Evaluation. Until such time as a Judge has ruled on the applicant's rights to a Qualified Medical Evaluation, the evaluation with Dr. Smith is invalid.

(Ex. N, Letter of Eldon Floyd to Solov & Teitell, August 1, 2023, p. 1.)

On August 9, 2023, the WCJ held a hearing and entered the following into the minutes.

> PARTIES AGREED AT PRIOR HEARING . . . TO OBTAIN INITIAL PANEL QME LIST PER LC 4062. PARTIES AGREE APPLICANT TO ATTEND PANEL QME EXAM WITH DR. MICHAEL SMITH SET FOR 8/21/2023

(Minutes of Hearing, August 9, 2023.)

On September 15, 2023, Dr. Michael Smith issued his initial PQME report based upon his evaluation of applicant on August 21, 2023. (Ex. 2, Michael Smith PQME Report, September 15, 2023, p. 1.) In the report, Dr. Smith diagnosed applicant with "Head/facial contusion" and "Cervical strain (disc disease)" and further reported:

> The head and neck symptoms, impairment and associated disability are the result of the 10/29/21 work accident.

(*Id*., pp. 6-7.)

On January 29, 2024, defendant asserted the following objection:

The defendant objects to the opinions of Qualified Medical Evaluator, Dr. Michael Smith. The reporting of Dr. Smith is not substantial medical evidence as inadvertently Dr. Smith was not provided the medical reports to review.

(Ex. A, Letter of Eldon Floyd to Solov & Teitell, January 29, 2024, p. 1.)

On August 21, 2024, PQME Dr. Michael Smith testified in deposition as follows:

Q. Now, you authored a supplemental report dated March 6, 2024, correct?

A. Yes.

Q. And at the time that you authored the March 6, 2024 report, you now had medical reports and records which were provided to you and which you were able to review, is that correct.

A. Yes.

Q. Q And that included records that you were provided from Kaiser that was the initial treater for the applicant's injury of October 29, 2021?

A Yes.

(Ex. 3, Deposition of Michael Smith, August 21, 2024, pp. 11:16-12:2.)

On February 20, 2025, the matter proceeded to trial of the following relevant issues:

1. Parts of body, with the cervical spine in dispute.
2. Earnings, with the applicant claiming earnings of $1,300.00 based on earning capacity, testimony, and California minimum wage; and defendant alleging earnings of $314.73 per week based on payroll records, federal law, and testimony.
3. Temporary disability with applicant requesting temporary disability benefits from December 29, 2021, to the present and continuing, subject to the 104-week limitation. Defendant's request credit for overpayment of temporary disability benefits based on incorrect temporary disability rate for benefits issued November 5, 2021 through December 13, 2021.

. . .

8. Defendant argues the Panel QME number 7591539 was obtained improperly under Labor Code 4061 instead of Labor Code 4062.2 and was obtained untimely.

(Minutes of Hearing and Summary of Evidence, February 20, 2025, pp. 2:15-3:5.)

In the Report, the WCJ states:

Applicant . . . alleg[ed] she sustained a specific injury on October 29, 2021 to her head, face, and neck when she was struck in the face by a gas handle. Defendant admitted the injury with regards to the face and head but denied liability for the neck.
. . .
The Orthopedic Panel QME Dr. Michael Smith and applicant's Primary Treating Physician Dr. Roger Bertoldi found applicant sustained an injury to her face, head, and cervical spine as a result of the October 29, 2021 industrial injury, and found applicant's condition has not reached permanent and stationary status. The undersigned WCJ accepted Orthopedic Panel QME Dr. Michael Smith medical reports and deposition testimony as substantial medical evidence and accepted his medical findings with regards to parts of body injured. The undersigned WCJ also accepted the Primary Treating Physician Dr. Roger Bertoldi medical reports as substantial medical evidence and accepted his medical findings with regards to parts of body injured. The undersigned WCJ acknowledged defendant's argument that applicant did not report neck complaints following her injury, but the undersigned WCJ relied on applicant's credible testimony at Trial that she did not feel significant pain in her neck at the time of injury. The applicant credibly testified at Trial she first suspected she had sustained an injury to her neck when she was unable to pass the Department of Transportation physical exam due to her limited range of motion. The applicant credibly testified at Trial that Dr. Bertoldi was the first physician to tell her the limited range of motion in her neck was caused by the specific October 29, 2021 industrial injury.
. . .
Following review of QME Dr. Smith medical reports and deposition testimony and review of PTP Dr. Bertoldi medical reports, the undersigned WCJ found there is substantial medical evidence applicant sustained an injury arising out of and in the course of employment to her face, head, and cervical spine as a result of her specific October 29, 2021 injury.
. . .
The calculation of an award of temporary disability requires (1) a determination of the employee's average weekly earnings (which may be based on various calculations, including actual earnings or on earnings capacity), (2) the application of the minimum and maximum disability rates, and (3) a determination of the period the employee was temporarily totally disabled. Section 4453(c) provides four methods to calculate average weekly earnings. (Lab. Code, § 4453(c)(l)-(4).) As relevant here, section 4453(c) provides as follows:

(1) Where the employment is for 30 or more hours a week and for five or more working days a week, the average weekly earnings shall be the number of working days a week times the daily earnings at the time of the injury.
. . .
(4) Where the employment is for less than 30 hours per week, or where for any reason the foregoing methods of arriving at the average weekly earnings cannot reasonably and fairly be applied, the average weekly earnings shall be taken at

> 100 percent of the sum which reasonably represents the average weekly earning capacity of the injured employee at the time of his or her injury, due consideration being given to his or her actual earnings from all sources and employments. (Lab. Code, § 4453(c)(l) and (c)(4).)

Subdivision (c)(l) thus provides for temporary disability calculations where the applicant is regularly employed on a full-time basis, and the subdivision uses the applicant's regular earnings at the time of injury as the metric for temporary disability calculation. Subdivision (c)(4) on the other hand provides an alternative calculation where the work at the time of injury is part-time, irregular, or the applicant's earnings at the time of injury cannot reasonably and fairly be applied.

. . .

[I]t is undisputed that applicant slept in the employer's long-haul truck bunk when she was not working. Defendant submitted an average weekly wage calculation based on applicant's limited employment period; however, the undersigned WCJ determined the employer's average weekly wage calculation cannot be relied upon to issue a finding as it does not accurately reflect applicant's compensation and would result in a distorted representation of her true earning power. The undersigned WCJ reviewed payroll documents that reflect earnings from May 14, 2021 thru November 12, 2021 that show earnings from as little as $11.70 earned for the pay period week of May 21, 2021 to as much as $915.99 earned for the pay period week of October 8, 2021. At Trial the only explanation provided by defendant to clarify the earning irregularities was that applicant was paid by the mile driven regardless of how many hours she spent in the employer's truck. At Trial applicant credibly testified she did not receive written documentation identifying how much she was actually receiving per pay period because she received her pay via direct deposit to a company provided debit card, and was instructed by the employer to use the same debit card for all purchases including fueling the employer's truck and her personal meals.

Defendant submitted excerpts from applicant's personnel file that appear to reflect an agreement applicant would accept payment of $0.36 per mile driven (Exhibit S, page 30). However, the employer provided driver paid settlement summary shows applicant was paid only $0.18 per mile. At Trial applicant credibly testified her co-drivers refused to "share the miles driven" with her and thus she was not receiving compensation for all the miles she was driving. At Trial applicant credibly testified the CRST dispatcher offered her $1,300.00 per week driving route following her injury which applicant was willing to work, but was unable to accept when she failed the Department of Transportation physical exam due to her limited range of motion in the neck. Applicant credibly testified the physician that completed the Department of Transportation physical exam explained he could not pass her because she was unable to turn her neck sufficiently. Ultimately, it is likely applicant would have earned much more than $1,300.00 per week as a long-haul truck driver had she not sustained the industrial injury.

Following review of all the evidence submitted at Trial, the undersigned WCJ concluded that the earning capacity analysis of Labor Code section 4453(c)(4) more accurately reflects applicant's true earning power at the time of her injury, and applicant's earning capacity is $1,300.00 per week, entitling applicant to temporary disability benefits at the rate of $866.66 per week . . .

. . .

On May 9, 2023 applicant's attorney served defendant's counsel with a letter objecting "to Dr. Carroll's report pursuant to Labor Code 4061 and 4062" (Exhibit A). Within the body of the May 9, 2023 letter applicant's attorney informed defendant's counsel, if they could not agree to an AME applicant would be requesting a Panel QME list in the field of Orthopedics (Exhibit A). In response, defendant's counsel served applicant's attorney a letter dated May 30, 2023 stating in relevant parts "defendant objects to your correspondence as your objection is not compliant with either Labor Code §§4061 or 4062. The defendant objects and denies the applicant is entitled to a Panel of Qualified Medical Evaluators" (Exhibit 0). On June 6, 2023 applicant requested a Panel QME list under Labor Code 4061 and in response the Medical Unit issued Panel QME list #7591539 (Exhibit X). Following each parties' strike from the Panel QME list #7591539, Dr. Michal Smith remained as the Orthopedic Panel QME in this matter. . . . It is undisputed that defendant received applicant's objection to the reporting of Dr. Carroll at Kaiser; it is undisputed that defendant received Panel QME list #7591539; and it is undisputed that both parties had an opportunity to strike and in fact did strike a physician from Panel QME list #7591539. Under the current set of facts the undersigned WCJ finds no good cause to replace Panel QME list# 7591539 or to replace Dr. Michael Smith as the Orthopedic QME in the pending matter.

(Report, pp. 1-13.)

DISCUSSION

I.

Former Labor Code section 5909[1] 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. (§ 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part:

(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.

[1] Unless otherwise stated, all further statutory references are to the Labor Code.

> (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 May 7, 2025 and 60 days from the date of transmission is July 6, 2025. The next business day that is 60 days from the date of transmission is Monday, July 7, 2025. (See Cal. Code Regs., tit. 8, § 10600(b).)[2] This decision is issued by or on July 7, 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 May 7, 2025, and the case was transmitted to the Appeals Board on May 7, 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 May 7, 2025.

[2] WCAB Rule 10600(b) (Cal. Code Regs., tit. 8, § 10600(b)) states that:

> Unless otherwise provided by law, if the last day for exercising or performing any right or duty to act or respond falls on a weekend, or on a holiday for which the offices of the Workers' Compensation Appeals Board are closed, the act or response may be performed or exercised upon the next business day.

II.

Defendant first contends that the WCJ erroneously found that applicant sustained injury to the cervical spine. Specifically, defendant argues that the finding is unsupported by substantial medical evidence because Dr. Bertoldi did not review applicant's Kaiser records generated from the date of injury until February 22, 2022, and QME Dr. Smith did not examine applicant until two years after the injury.

We observe that all decisions by a WCJ must be supported by substantial evidence. (*Lamb v. Workmen's Comp. Appeals Bd*. (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16]; *Bracken v. Workers' Comp. Appeals Bd.* (1989) 214 Cal.App.3d 246 [54 Cal.Comp.Cases 349].) Substantial evidence has been described as such relevant evidence as a reasonable mind might accept as adequate to support a conclusion and must be more than a mere scintilla. (*Braewood Convalescent Hosp. v. Workers' Comp. Appeals Bd.* (*Bolton*) (1983) 34 Cal.3d 159 [48 Cal.Comp.Cases 566].) To constitute substantial evidence "… a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions." *(Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).) "Medical reports and opinions are not substantial evidence if they are known to be erroneous, or if they are based on facts no longer germane, on inadequate medical histories and examinations, or on incorrect legal theories. Medical opinion also fails to support the Board's findings if it is based on surmise, speculation, conjecture or guess." (*Hegglin v. Workmen's Comp. Appeals Bd*. (1971) 4 Cal.3d 162, 169 [93 Cal. Rptr. 15, 480 P.2d 967, 36 Cal.Comp.Cases 93, 97].)

In this case, Dr. Bertoldi's reporting shows that he first examined applicant on October 12, 2022, and diagnosed her with an industrial injury to the cervical spine arising on October 29, 2021. (Ex. 12, Report of Dr. Bertoldi, October 12, 2022.) However, the reporting does not show he reviewed applicant's Kaiser records generated shortly after the date of injury. As such, it does not show that it is based upon adequate history. Accordingly, we conclude that it does not constitute substantial medical evidence.

But QME Dr. Smith's reporting and deposition testimony show that he examined applicant and reviewed applicant's Kaiser records generated after the date of injury; and, as such, that he based his medical opinions on an adequate history and examination. (Ex. 2, Michael Smith PQME

Report, September 15, 2023, pp. 6-7; Ex. 3, Deposition of Michael Smith, August 21, 2024, pp. 11:16-12:2.)

Hence Dr. Smith's reporting constitutes substantial medical evidence. Accordingly, the WCJ's finding that applicant sustained injury to the cervical spine is supported by substantial medical evidence.

We next consider defendant's contention that the WCJ erroneously found that applicant's average weekly wage was $1,300.00. Specifically, defendant argues that (1) applicant waived her claim for retroactive temporary disability benefits because it provided notice on January 4, 2022 that her earnings were $462.53 per week, but she did not demand retroactive temporary disability benefits until January 12, 2023; (2) the record fails to establish applicant's earning capacity of $1,300.00 per week; and, in the alternative, (3) a finding of earnings capacity of $1,300.00 per week is prohibited by the Interstate Commerce Clause.

As to the issue of whether applicant waived her claim for retroactive temporary disability benefits, defendant raised for trial the issue of whether it paid applicant excessive temporary disability benefits for the period of November 5, 2021 through December 13, 2021, but did not raise the issue of whether applicant waived her claim for retroactive temporary disability benefits after receiving its January 4, 2022 notice. (Minutes of Hearing and Summary of Evidence, February 20, 2025, pp. 2:15-3:5.) Since the latter issue was not raised, it is waived. (See *U.S. Auto Stores v. Workers' Comp. Appeals Bd*. (*Brenner*) (1971) 4 Cal.3d 469 [36 Cal.Comp.Cases 173]; *Los Angeles Unified Sch. Dist. v. Workers' Comp. Appeals Bd*. (*Henry*) (2001) 66 Cal.Comp.Cases 1220 (writ den.); *Hollingsworth v. Workers' Comp. Appeals Bd*. (1996) 61 Cal.Comp.Cases 715 (writ den.).) Accordingly, we discern no merit to the argument that applicant waived her claim for retroactive temporary disability benefits.

As to the issue of whether the record establishes applicant's earnings capacity of $1,300.00 per week, we observe that *County of San Joaquin v. Workers' Comp. Appeals Bd*. (2007) 147 Cal.App.4th 1459 summarizes section 4453's statutory meaning as follows:

> "Average weekly earnings" are determined under the provisions of section 4453, which provides four methods for making that calculation. (*Pham v. Workers' Comp. Appeals Bd*. (2000) 78 Cal.App.4th 626, 633 [93 Cal. Rptr. 2d 115] (*Pham*); *Gonzales v. Workers' Comp. Appeals Bd*., *supra*, 68 Cal.App.4th at p. 846.)
>
> Although the statute uses the legal term "average weekly earnings," it is well established that "earning capacity" remains the benchmark for determining

> "average weekly earnings" regardless of which statutory method is applicable. (*Gonzales v. Workers' Comp. Appeals Bd*., *supra*, 68 Cal.App.4th at p. 846; *West v. Industrial Acc. Com.* (1947) 79 Cal. App. 2d 711, 722 [180 P.2d 972] [earning capacity is the "touchstone" in determining average earnings].)
>
> Moreover, "[e]arning capacity is not locked into a straitjacket of the actual earnings of the worker at the date of injury; the term contemplates his general over-all capability and productivity; the term envisages a dynamic, not a static, test and cannot be compressed into earnings at a given moment of time. The term does not cut 'capacity' to the procrustean bed of the earnings at the date of injury." (*Goytia v. Workers' Comp. Appeals Bd*. (1970) 1 Cal.3d 889, 894 [83 Cal. Rptr. 591, 464 P.2d 47] (*Goytia*).)
> (*County of San Joaquin v. Workers' Comp. Appeals Bd*., *supra*, 147 Cal.App.4th at pp. 1464-1465.)

In this case, the documentary record is unclear as to what applicant was actually paid during the months preceding her injury. (Report, p. 9.) However, applicant's credible testimony demonstrated that defendant offered her $1,300.00 per week to work as a long-haul truck driver after she sustained injury. (Report, pp. 8-10; see *Garza v. Workmen's Comp. Appeals Bd*. (1970) 3 Cal.3d 312, 318–319 [35 Cal.Comp.Cases 500] (stating that credibility determinations of the WCJ are entitled to great weight because the WCJ had the opportunity to observe the witness testify at trial).)

On this record, we agree that applicant's average weekly wage may be calculated under section 4453(c)(4) and that the finding of $1,300.00 per week rate is supported.

As to defendant's alternative argument that the finding of an earning capacity of $1,300.00 per week is barred by the Interstate Commerce Clause, the issue was not raised for trial and is therefore waived. (Minutes of Hearing and Summary of Evidence, February 20, 2025, pp. 2:15-3:5; *Brenner, supra; Henry, supra; Hollingsworth, supra.*)

Accordingly, we are unable to discern error in the finding that applicant's average weekly wage was $1,300.00.

Lastly, we consider defendant's argument that the WCJ erroneously found that panel QME list number 7591539 was properly obtained. Specifically, defendant argues that the panel was improperly obtained because applicant failed to object as required under sections 4061 and 4062 after receiving notice of defendant's March 1, 2022 denial of workers' compensation benefits until May 9, 2023.

Notwithstanding the allegation that applicant failed to object until May 9, 2023, the record shows that defendant advised the court on January 30, 2023 that it agreed to obtaining an initial panel QME. (Minutes of Hearing, January 30, 2023.) Thereafter, it attempted to withdraw its agreement to obtain a panel QME on August 1, 2023 by objecting to QME Dr. Smith's upcoming evaluation—only to advise the court again that the evaluation could proceed in accordance with the prior agreement. (Ex. N, Letter of Eldon Floyd to Solov & Teitell, August 1, 2023, p. 1; Minutes of Hearing, August 9, 2023.)

Waiver is the intentional relinquishment of a known right after knowledge of the facts, and it may be either express or implied. (*Supervalu, Inc. v. Wexford Underwriting Managers, Inc.* (2009) (*Supervalu*) 74 Cal.Comp.Cases 720, 728.) "To make a case of abandonment or waiver of a legal right there must be a clear, unequivocal, and decisive act of the party showing such a purpose, or acts amounting to an estoppel on his part." (*First Nat'l Bank v. Maxwell* (1899) 123 Cal. 360, 367-368.)

Because defendant agreed to obtaining a panel QME, and because defendant attempted to withdraw its subsequent objection to QME Dr. Smith by affirming its prior agreement, defendant waived its claim that the QME panel was improperly obtained.

We note, moreover, that defendant implicitly acknowledged this waiver on January 29, 2024, by objecting to QME Dr. Smith's reporting because did not constitute substantial medical evidence and not because the QME panel was improperly obtained. (Ex. A, Letter of Eldon Floyd to Solov & Teitell, January 29, 2024, p. 1.)

Accordingly, we conclude that defendant's argument that the QME number 7591539 was improperly obtained is without support.

Accordingly, we will deny the Petition.

For the foregoing reasons,

IT IS ORDERED that the Petition for Reconsideration of the Findings and Award issued on April 2, 2025 is **DENIED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ JOSEPH V. CAPURRO, COMMISSIONER

/s/ PAUL KELLY, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

JULY 7, 2025

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

LAVERNE RIVERA
LAW OFFICES OF SOLOV &TEITELL
ELDON L. FLOYD & ASSOCIATES

SRO/*bp*

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