

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

LUIS HERNANDEZ, *Applicant*

vs.

**CESAR CHAVEZ FOUNDATION; BERKSHIRE HATHAWAY HOMESTATE
INSURANCE COMPANY c/o BERKSHIRE
HATHAWAY HOMESTATE COMPANIES,
*Defendants***

**Adjudication Number: ADJ11900759
Van Nuys District Office**

**OPINION AND ORDER
GRANTING PETITION FOR RECONSIDERATION
AND DECISION AFTER RECONSIDERATION**

Cost petitioner DocCentral (cost petitioner) seeks reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on December 17, 2024, wherein the WCJ found in pertinent part that 1) Applicant while employed on January 18, 2019 as a Maintenance Worker, at Keene, CA, by the defendant, Cesar Chavez Foundation, insured by Berkshire Hathaway Homestate Insurance Company, administered by Berkshire Hathaway Homestate Companies claimed to have sustained injury arising out of and during the course of employment to his shoulders, back, neck, and upper extremities, 2) The cost petitioner failed to sustain its burden of proving that a contested claim existed at the time the expenses were incurred, and 3) All other issues are rendered moot by the finding that DocCentral failed to sustain its burden of proving that a contested claim existed at the time the expenses were incurred.

Cost petitioner contends that the WCJ's Opinion on Decision fails to clearly and concisely set forth the reason for the decision under Labor Code¹ § 5313 and California Code of Regulations § 10782 because the decision is vague and ambiguous. Additionally, cost petitioner asserts the WCJ erred by ruling that there was no contested claim at the time the services were provided.

¹ All further references are to the Labor Code unless otherwise noted.

We received an Answer from defendant. The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that the Petition be denied. 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 rescind the WCJ's F&O, amend the F&O, and return this matter to the WCJ for further proceedings consistent with this opinion.

BACKGROUND

We will briefly review the relevant facts.

Applicant claimed injury to his shoulders, back, neck, and upper extremities while employed by defendant as a maintenance worker on January 18, 2019.

Applicant's attorney issued a letter dated February 1, 2019, notifying the employer that applicant was claiming an injury and demanded medical treatment, Temporary/Permanent Disability Benefits as allowed by law. (Exhibit 5, 2/1/2019.)

On February 1, 2019, applicant's attorney filed an Application for Adjudication of Claim. Paragraph 9 states that, "This application is filed because of a disagreement regarding liability for: Temporary disability, Permanent disability indemnity, Reimbursement for medical expense, Rehabilitation, Medical treatment, Supplemental Job Displacement/ Return to Work, Compensation at proper rate, and Other (Specify)."

On February 8, 2019, applicant's attorney, the Law Offices of Ernest A. Buongiorno completed a DocCentral Order form requesting that Cost petitioner issue subpoenas for applicant's medical and employment records from Central Valley Occupational Medical Group and National Farm Workers. (Exhibit 6, 2/8/2019.)

On February 15, 2019, defendant issued a Notice Regarding Delay of Workers' Compensation Benefit until additional information is received. The letter states that defendant will notify applicant of a decision on or before 04/23/2019. (Exhibit D, 2/15/2019.)

On March 1, 2019, defendant issued an Authorization to Treat letter to Southern California Orthopedic Institute. The letter lists applicant Luis Hernandez as the Injured worker and is addressed to Babak Barcohana, M.D. The letter states,

"You have been selected as the new Primary Treating Physician (PTP) from the Berkshire Hathaway Homestate Companies' Medical Provider Network (MPN) to treat the above referenced injured worker for a work-related injury.

You are authorized to treat the following accepted body parts/conditions in accordance with the guidelines below:
Low back, neck, right arm.

Please be advised this claim is on delay.

Enclosed please find a copy of Regulation 9785 of Title 8, California Code of Regulations that outlines the responsibilities of the treating physician within the workers' compensation system.

All treatment is subject to Utilization Review. All requests for treatment should be faxed to (800)425-0352.

Any referrals **must** be made to a network provider; this includes but is not limited to diagnostic testing, ancillary providers, & surgery centers. A listing of participating providers within the BHHC MPN can be accessed by logging on to www.bhhc.com.

Please send all medical bills to: PO Box 881716, San Francisco, CA 94188

(Exhibit A, 3/1/2019.)

On March 13, 2019, cost petitioner issued a subpoena duces tecum to obtain applicant's medical records from the Central Valley Occupational Medical Group. (Exhibit 7, 3/13/2019.)

On March 20, 2019, cost petitioner issued a subpoena duces tecum to the custodian of records for Cesar Chavez Foundation. (Exhibit 9 3/20/2019.)

On April 1, 2019, defendant issued a Notice of Authorization letter to Esmail Nadjmabadadi, M.D., Central Valley Medical Occupational Medical Group. The letter states

"You have submitted a Request for Authorization dated 03-25-2019, which was received by Alexandra Ralls of Berkshire Hathaway Homestate Insurance Company on 03-25-2019 for the services listed below.

Treatment/services requested:

1. Orthopedic Evaluation for the Right Shoulder

2. Physical Therapy 2 times a week for 4 weeks for the Right Shoulder

The requested treatment is consistent with the Utilization Review guidelines and in accordance with the California Medical Treatment Utilization Schedule (MTUS) or with other nationally recognized evidence based treatment guidelines to include the American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM).

Decision: This request has been authorized.

Where treatment is governed by the provisions of the Berkshire Hathaway Homestate Companies Medical

Provider Network (MPN), the authorized treatment, consultation, referral, therapy or procedure must be provided within this network. A directory of MPN network providers can be accessed by logging on to www.bhhc.com.

Please note, this authorization does not guarantee a payment amount as billed. All bills are subject to review by the claims administrator pursuant to state reimbursement guidelines related to the specific health care treatment and/or service authorized or applicable PPO contracted rates.

(Exhibit B, 4/1/2019.)

On April 16, 2019, defendant issued a Notice of Authorization letter to Babak Barcohana, M.D. The letter states,

You have submitted a Request for Authorization dated 04-06-2019, which was received by Alexandra Ralls of Berkshire Hathaway Homestate Insurance Company on 04-10-2019 for the services listed below.

Treatment/services requested:

1. MRI of the Cervical Spine
2. MRI of the Lumbar Spine

The requested treatment is consistent with the Utilization Review guidelines and in accordance with the California Medical Treatment Utilization Schedule (MTUS) or with other nationally recognized evidence based treatment guidelines to include the American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM).

Decision: This request has been authorized.

(Exhibit C, 4/16/2019.)

On April 18, 2019, applicant's attorney filed an Amended Application for Adjudication of Claim to, "Show and correct employer name to Cesar Chavez Foundation Inc."

On April 19, 2019, defendant issued a NOTICE REGARDING DENIAL OF CLAIM FOR WORKERS' COMPENSATION BENEFITS. The notice states,

"Berkshire Hathaway Homestate Insurance Company is handling this claim for workers' compensation benefits on behalf of Cesar Chavez Foundation. This notice is to advise you of the status of disability benefits for your workers' compensation injury

on the date shown above.

After careful consideration of all available information, we are denying liability for your claim of injury to your right shoulder, back and head. Workers' compensation benefits are being denied because there is no substantial legal or factual evidence to support that your injury arose out of or in the course and scope of your employment with Cesar Chavez Foundation. We need to complete your deposition and evaluation with Qualified Medical Evaluator (QME) to make a determination. “

(Exhibit 16, 4/19/2019.)

On April 25, 2019, a signed Declaration of Custodian of Records issued from Central Valley Occupational Medical, noting that a thorough search of their files revealed no documents, records or other information regarding applicant. (Exhibit 8, 4/25/2019.)

On April 30, 2019, cost petitioner issued Invoice 108582 to defendant in the amount of \$180.00 for employment records of applicant plus taxes in the amount of \$17.10 for total invoice of \$197.10. (Exhibit 13, 4/30/2019.)

On May 13, 2019, cost petitioner issued Invoice #108701 to defendant for the Certificate of no records for Central Valley Occupational Medical Group with a proof of service. (Exhibit 11, 5/13/2019.)

On December 18, 2019, cost petitioner issued defendant a “waiver letter” pursuant to Labor Code sections 4622 & 4603.3 and WCAB Rule 10451.1 and AD Rule 9794(c) for failing to issue objections, explanations of review, or payment for any of the outstanding invoices for their services performed in connection with this matter. (Cal. Code Regs., tit. 8. §§ 10451.1 and 9794 (c)) (Exhibit 12, 12/18/2019.)

On January 20, 2021, the parties resolved the case in chief by way of a Compromise and Release (C&R). On January 19, 2021, a WCJ issued an Order Approving Compromise and Release (OACR).

On November 5, 2021, cost petitioner issued an invoice to defendant which reflects defendant’s payment in the amount of \$180.00 for the subpoena duces tecum for records from Cesar Chavez Foundation. The invoice reflects that the other subpoena remains unpaid. (Exhibit 1, 11/5/2021.)

On May 16, 2022, cost petitioner’s attorneys filed a Notice of Representation. (Exhibit 4, 5/16/ 2022.)

On April 25, 2023, cost petitioner and defendant proceeded to trial before WCJ Carbone. The relevant issues raised for trial were: 1) parts of the body (deferred but to be discussed), 2) the bill of DocCentral for copy service in the amount of \$99.23 (with \$180 paid), 3) whether there was a contested claim at the time the expenses were incurred, 4) whether the expenses were incurred for the purpose of proving or disproving a contested claim, 5) whether the expenses were reasonable and necessary at the time they were incurred, 6) whether defendant met the requirements of Labor Code Section 4603.3, 7) whether defendant met the requirements of Regulation 9793(b)(2, 4), and 8) whether defendant is liable for penalties, interest, costs, and attorney fees for causing unnecessary delay. The matter was submitted for decision on April 25, 2023.

On June 20, 2023, PJ Velzy issued an Order Vacating Submission and Notice of Status Conference set for July 27, 2023 at 1:30 p.m. before PJ Velzy.

On July 27, 2023, a Status Conference was held where defendant's attorney and cost petitioner's attorney appeared before PJ Velzy on the issue of the cost petition being set with WCJ Kelly on all issues, and both waived any challenge to WCJ Kelly. After several additional conferences with WCJ Carbone, on August 8, 2024, the matter was set For Trial to be held before WCJ Kelly. (Minutes of Hearing, 8/8/2024.)

At the trial setting of November 20, 2024, the Minutes of Hearing and Summary of Evidence (MOH/SOE) state the following: "LET THE MINUTES REFLECT that the case previously was submitted by Judge Steven Carbone on April 25, 2023, without a Decision having been made. The case comes before the Court today before Honorable Todd T. Kelly, and the Minutes of Hearing that issued by Judge Carbone as a result of that Trial of April 26, 2023, will constitute the starting point. The Stipulations and Issues as framed will remain as reflected in those prior Minutes of Hearing. The matter thereafter stood submitted. (MOH/SOE, 11/20/24.)

On December 17, 2024, the WCJ issued the F&O, finding, in. pertinent part, that cost petitioner, DocCentral, failed to sustain its burden of proving that a contested claim existed at the time the expenses were incurred. It is from this finding that petitioner seeks reconsideration.

DISCUSSION

I.

Former Labor Code² section 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 January 15, 2025 and 60 days from the date of transmission is Sunday, March 16, 2025. The next business day that is 60 days from the date of transmission is Monday, March 17, 2025, (See Cal. Code Regs., tit. 8, § 10600(b).)³ This decision is issued by or on Monday, March 17, 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

² All further statutory references are to the Labor Code, unless otherwise noted.

³ 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.

act on a petition. Labor Code 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 January 15, 2025, and the case was transmitted to the Appeals Board on January 15, 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 January 15, 2025.

II.

A lien claimant holds the burden of proof to establish all elements necessary to establish its entitlement to payment for a medical-legal expense. (See §§ 3205.5, 5705; *Torres v. AJC Sandblasting* (2012) 77 Cal.Comp.Cases 1113, 1115 [2012 Cal. Wrk. Comp. LEXIS 160] (Appeals Board en banc).) Thus, a lien claimant is required to establish that: 1) a contested claim existed at the time the expenses were incurred; 2) the expenses were incurred for the purpose of proving or disproving the contested claim; and 3) the expenses were reasonable and necessary at the time they were incurred. (§§ 4620, 4621, 4622(f); *Colamonico v. Secure Transport*, (2019) 84 Cal.Comp.Cases 1059 (Appeals Board en banc).)

Section 4620(a) defines a medical-legal expense as a cost or expense that a party incurs “for the purpose of proving or disproving a contested claim.” (Lab. Code §4620(a).) Copy service fees incurred to obtain medical and other records are considered medical-legal expenses under section 4620(a) that may be recovered by the filing of a lien claim. (*Cornejo v. Yunique Cafe, Inc.* (2015) 81 Cal. Comp. Cases 48 (Appeals Board en banc); *Martinez v. Terrazas* (2013) 78 Cal.Comp.Cases 444, 449 (Appeals Board en banc).)

Section 4620(b) states that:

“A contested claim exists when the employer knows or reasonably should know that the employee is claiming entitlement to any benefit arising out of a claimed industrial injury and one of the following conditions exists:

- (1) The employer rejects liability for a claimed benefit.
- (2) The employer fails to accept liability for benefits after the expiration of a reasonable period of time within which to decide if it will contest the claim.

Here, the WCJ found that cost petitioner, DocCentral failed to sustain its burden of proving that a contested claim existed at the time the expenses were incurred. We disagree and find that a contested claim existed when the Application For Adjudication of Claim was filed by applicant's attorney on February 1, 2019. Paragraph 9 states, "This application is filed because of a disagreement regarding liability for: Temporary disability, Permanent disability indemnity, Reimbursement for medical expense, Rehabilitation, Medical treatment, Supplemental Job Displacement/ Return to Work, Compensation at proper rate, and Other (Specify)." Thus, we find that lien claimant met its burden that a contested claim existed pursuant to section 4620 when cost petitioner issued the first subpoena duces tecum on March 13, 2019. (Exhibit 7, 3/13/2019.)

III.

Once a lien claimant has met its burden of proof pursuant to section 4620(a), it has a second hurdle to overcome; the purported medical-legal expense must be reasonably, actually, and necessarily incurred. (§ 4621(a).) The determination of the reasonableness and necessity of a service focuses on the time period when the service was actually performed. (*Id.*)

Section 5307.9 states,

On or before December 31, 2013, the administrative director, in consultation with the Commission on Health and Safety and Workers' Compensation, shall adopt, after public hearings, a schedule of reasonable maximum fees payable for copy and related services, including, but not limited to, records or documents that have been reproduced or recorded in paper, electronic, film, digital, or other format. The schedule shall specify the services allowed and shall require specificity in billing for these services, and ***shall not allow for payment for services provided within 30 days of a request by an injured worker or his or her authorized representative to an employer, claims administrator, or workers' compensation insurer for copies of records in the employer's, claims administrator's, or workers' compensation insurer's possession that are relevant to the employee's claim.*** The schedule shall be applicable regardless of whether payments of copy service costs are claimed under the authority of Section 4600, 4620, or 5811, or any other authority except a contract between the employer and the copy service provider.

(§ 5307.9 [italics and bold added for emphasis].)

AD Rule 9982(d) states in pertinent part that:

. . . . There will be no payment for copy and related services that are: (1) Provided within 30 days of a written request by an injured worker or his or her authorized representative to an employer, claims administrator, or workers' compensation

insurer for copies of records in the employer's claims administrator's, or workers' compensation insurer's possession that are relevant to the employee's claim. . . .

(Cal. Code Regs., tit. 8, § 9982(d)(1).)

In the Opinion on Decision, the WCJ states,

“Here, the claim was filed on February 1, 2019, and on that day, the applicant demanded medical treatment, service of treating doctor reports, and his personnel file, among others. The defendant authorized treatment to the applicant's right shoulder with Dr. Esmail Nadjmabadi of Central Valley Occupational Medical Group (which is one of the locations subject to a SDT) and to the applicant's low back, neck, and right arm with Dr. Babak Barcohana of the Southern California Orthopedic Institute. It was seven calendar days after the demands (or in other words, five working days thereafter) that the thereafter) that the applicant's counsel requested the SDTs, which was prior to the 14 days running, not to mention the 90 days. He gave the defendant five working days prior to completing the order form to receive the demand letter, process it, gather the records, and serve them. Once those five working days passed, he filled out the order form and DocCentral caused the SDTs to issue. The defendant met its statutory obligation when it issued the delay letter timely.

On top of that, *Labor Code* § 5307.9 seeks to prohibit unnecessary or duplicate costs by providing that payment for copy services:

“...shall not allow for payment for services provided within 30 days of a request by an injured worker or his or her authorized representative to an employer, claims administrator, or workers' compensation insurer for copies of records in the employer's, claims administrator's, or workers' compensation insurer's possession that are relevant to the employee's claim.”

“Shall” is mandatory and “may” is permissive. *Labor Code* § 15. The applicant's attorney did not allow for 30 days to pass prior to requesting DocCentral subpoena the medical records and the personnel file that was asked for just seven days earlier. Both sets of records are relevant to the employee's claim. There is no doubt about that. And there is no doubt that both sets of records are or could have been in the insurer's possession. The applicant's attorney made a demand, but he did not allow the statutory mandate to play out.

It is clear that the defendant did not have ample opportunity to serve either the treating records or the employment records before the applicant's attorney jumped the gun and asked DocCentral to subpoena them from the two locations at issue.

The rhetorical question must be asked: Why make a demand for records if you are going to just turn around five working days later and issue subpoenas, especially when the defendant is authorizing treatment at one of those exact locations? It

defies common sense to do so and creates an inefficiency as well as a poor allocation of resources. The only thing it accomplishes is to force the defendant into pulling the claims file and into contacting the employer to secure the records and forward them to the applicant's counsel while at the same time having DocCentral seeking to gather the exact same records. The time and costs are duplicative of each other, which is the exact problem that *Labor Code* § 5307.9 sought to remedy.”

(Opinion, p. 9.)

We disagree. Although the above statute and regulation does not allow for payment of a subpoena duces tecum served within 30 days of a request for records, the initial burdens of proof required in *Colamonico* at the time the services were performed have been satisfied. That is, a contested claim existed at the time the expenses **were incurred**, the expenses were incurred for the purpose of proving or disproving the contested claim; and the expenses were reasonable and necessary at the time they were incurred.

Here, our review indicates that lien claimant met its burden to show that there was a contested claim at the time the subpoenas were served because applicant's attorney had filed an Application For Adjudication of Claim indicating there was a dispute as indicated by Paragraph 9 of the Application For Adjudication. If a lien claimant meets its burden of proof pursuant to sections 4620 and 4621, the analysis shifts to the reasonable value of the invoices pursuant to section 4622. A defendant then has 60 days to review and analyze a medical-legal bill or invoice. (Lab. Code, § 4622(a)(1).) A defendant has two options within this 60-day window: It may pay the bill or invoice in full or pay less than the full amount. Should a defendant decide to pay less than the full amount within the 60-day window, it may still avoid the imposition of a penalty and interest by including an explanation of review (EOR) with its payment. Section 4622 requires that a defendant object to the invoice or billing with an EOR as described in section 4603.3. (Lab. Code, §§ 4622(a)(1), (e)(1), 4603.3.) Objecting to an invoice with an EOR within the 60-day window is defendant's burden. The defendant is deemed to have waived all objections to a medical-legal provider's billing other than compliance with Sections 4620 and 4621 if they either fail to serve a timely and compliant explanation of review within 60 days, fail to make payment consistent with the EOR, fail to serve a final written determination after a timely request for second review, or fail to make payment consistent with a final determination. (Cal. Code Regs., tit. 8, § 10786; see *Colamonico*, *supra*.) A defendant is then liable for the reasonable value of the medical legal services as well as a 10 percent penalty and 7 percent per annum interest. A lien claimant has the burden of proof of the reasonable value of its services.

In the instant case, as noted above, it appears that lien claimant has met its burden of proof pursuant to sections 4620 and 4621, and the analysis should now shift to the reasonable value of the invoice pursuant to section 4622, because defendant only paid one invoice in full and did not pay the other invoice nor object nor issue an EOR. Thus, the reasonable value of the services or invoice must be determined by the WCJ when the matter is returned to the lower court.

Accordingly, we grant cost petitioner's Petition for Reconsideration, rescind the F&O, amend the F&O to find that a contested claim existed at the time cost petitioner provided its services and defer all other issues as to cost petitioner and return this matter to the WCJ for further proceedings consistent with this opinion.

For the foregoing reasons,

IT IS ORDERED that cost petitioner DocCentral's Petition for Reconsideration of the Findings and Order issued on December 17, 2024, is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings of Fact and Order of December 17, 2024 is **RESCINDED**, that a new Findings and Order, as provided below, be **SUBSTITUTED** in its place, and that this matter is **RETURNED** to the trial level for further proceedings and new decision by the WCJ consistent with this opinion.

FINDINGS OF FACT

1. The applicant, Luis Hernandez, while employed on January 18, 2019 as a Maintenance Worker, at Keene, CA, by the defendant, Cesar Chavez Foundation, insured by Berkshire Hathaway Homestate Insurance Company, administered by Berkshire Hathaway Homestate Companies claimed to have sustained injury arising out of and during the course of employment to his shoulders, back, neck, and upper extremities.
2. On January 20, 2021 the matter was resolved by way of a \$60,000 Order Approving Compromise and Release.
3. A contested claim existed at the time cost petitioner DocCentral provided subpoena services in this case. All other issues are deferred as to the lien of DocCentral.

ORDER

Defense Exhibit D is Ordered entered into evidence.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ KATHERINE A. ZALEWSKI, CHAIR

ANNE SCHMITZ, DEPUTY COMMISSIONER
CONCURRING NOT SIGNING



DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

March 17, 2025

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

**THE JIN LAW FIRM
PEATMAN LAW GROUP**

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*