WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

RAMIRO HERNANDEZ, *Applicant*

vs.

**RIVERSIDE LANDSCAPE & IRRIGATION INC.;
CALIFORNIA INSURANCE GUARANTEE ASSOCIATION, by its servicing facility, INTERCARE for CASTLEPOINT INSURANCE, in liquidation; *Defendants***

Adjudication Number: ADJ9336762[1]
Anaheim District Office

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

Lien claimants RMS Medical Group and Basso Pharmacy each seek reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on December 11, 2024, wherein the WCJ found, in pertinent part, that Applicant Ramiro Hernandez while employed during the period of June 5, 2012 through June 5, 2013 as a laborer, at Riverside, California by Riverside Landscape, sustained an injury arising out of and in the course of employment to his back, [lower] extremities and psyche, and that RMS Medical Group and Basso Pharmacy are not entitled to recover anything further as to their liens.

Lien claimant RMS Medical Group contends that the WCJ erred by finding that lien claimant is not entitled to any further payment. Lien claimant argues that their medical group was designated as the Primary Treating Physician (PTP); that as the PTP, lien claimant was required to write medical-legal reports; and that the existence of an AME does not relieve the PTP of their reporting requirements. Lien claimant also argues that defendants should pay per service and that they are not entitled to a credit against the entire billing for any overpayment made for a specific date of service.

[1] Lien claimant RMS Medical listed two case numbers on its Petition for Reconsideration, per the WCJ's Report the parties proceeded to lien trial only on Case Number ADJ9336762.

Lien claimant Basso Pharmacy contends that they were properly licensed and as such are entitled to payment for dispensing prescriptions and payment whether those prescriptions are from a treating doctor or not.

We received an Answer from defendant. The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that both Petitions be denied.

Lien claimant RMS Medical Group filed a supplemental pleading on January 29, 2025 which we accept under our authority. (Cal. Code Regs., tit. 8 § 10964.)

We have considered the allegations in both Petitions, the Answer, the supplemental pleading, and the contents of the Report with respect thereto. Based on our review, we will grant RMS Medical Group's Petition, deny Basso Pharmacy's Petition, substitute a finding that RNS Medical Group is entitled to the reasonable value of their medical-legal services, otherwise affirm the WCJ, and return this matter to the trial level.

BACKGROUND

We will briefly review the relevant facts.

Applicant claimed injury to his back, [lower] extremities and psyche while employed by defendant as a laborer, at Riverside, California by Riverside Landscape during the period from June 5, 2012 to June 5, 2013.

An Application for Adjudication (Application) was filed on January 27, 2014, indicating the Application was being filed due to a disagreement regarding liability for all claimed benefits.

On March 1, 2017, Applicant's Attorney issued a letter to Guy Gottschalk, M.D. designating him as taking over as applicant's Primary Treating Physician (PTP) pursuant to Labor Code[2] section 4600. The letter further requests that Dr. Gottschalk perform an initial comprehensive medical-legal evaluation regarding the disputed issues of causation, temporary disability, nature and extent of injury, need for treatment, impairment, impairment, apportionment, and permanent and stationery. (Exhibit 4, 3/1/2017.)

On March 1, 2017, Guy H. Gottschalk, M.D. examined applicant and issued an initial medical-legal report for applicant's claimed injury. (Exhibit 6, 3/1/2017.) The report is addressed to defendant, Tower Group Company and applicant's attorney. The report begins by saying that:

> This report is being prepared at the request of the Law Offices of Prussak, Welch & Avila, [Applicant's Attorney] as they are specifically requesting that I prepare a

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

narrative consultation report, giving substantially more elaboration of medical information beyond that required by Section 9785 of the Administrative Rules and Regulations. They are asking that I please comment, if necessary, concerning the appropriateness of all previously recommended treatment. Further, should I initiate treatment of this patient, they are requesting that I supplement the routine attending physician's reports with periodic narrative reports. At the time the patient becomes permanent and stationary, they are directing me to prepare a Comprehensive Medical Evaluation.

For a breakdown of the time spent preparing and editing this report, see Reasons for Opinion at the end of this report.

This is a medical-legal evaluation, since I am evaluating multiple injuries to multiple body parts, and since I am addressing the issues of causation and apportionment.

The history and examination were obtained with the benefit of a Spanish-speaking interpreter.

(Exhibit 6, 3/1/2017, p.2. bold and underline added for emphasis.)

After evaluating applicant, Dr. Gottschalk concluded that, "Based on the history and exam, the cause of the disability is the industrially related injury of May 29, 2013 concerning his back, spine and low] extremities sustained while working for the above employer. [Tower Group.] By way of history, Dr. Gottschalk stated that:

On March 01, 2017, I examined Ramiro Hernandez in my Riverside office. The patient is a 57- year-old man who worked as a foreman for Riverside Landscape and Irrigation Inc. of Riverside, California for 25 plus years. He began to work in or about 1988. He last worked in June 2013. He stopped working because he was taken off work by the company doctor.

The patient is a laborer/foreman. His duties were to supervise employees to construct decks, plant trees and palms, install pipes and irrigation. He worked 40 hours a week, 8 hours a day. He would be exposed to fumigation and agricultural chemicals.

The patient states that while working in or about May 29, 2013, he was moving a gallon of cement loaded in a wheelbarrow, and as he was lifting a container of cement the weighed approximately 50 pounds, when he felt low back pain. He reported the accident about one hour after the injury. He was referred for medical care to an industrial clinic.

X-rays and MRI is were done. He got pain medication. He does not recall how long. He was treated for two years. On October 2016, he underwent an independent medical evaluation; he does not recall the name. He was treating because of

persistent pains through his private doctor at Kaiser.

He was concerned because he was not getting active treatment.

At present he has low back pain that radiates down the left leg with numbness and tingling down to the toes. It is increased by prolonged standing or walking. He has been depressed because of pain and his health and financial status.

Based on the history and exam, I am apportioning 100 percent of the cause of the patient's current disability to the above industrial injury and 0 percent to non-industrial causes.

I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of non-industrial disability, if any, to all described disability represents my best medical judgment of the approximate percentage of disability caused by the industrial injury and the approximate percentage of disability caused by other factors, as defined in Labor Code §§4663 and 4664.

The patient is not capable of gainful employment at present.

The patient needs physical treatment before he can consider returning to work.

He is most probably permanent and stationary, but I will need the MRI reports and Panel QME reports to determine the nature and extent of his findings, the level of disability and the need for future treatment.

REASONS FOR MY OPINION:

1. History.
2. The patient's subjective complaints.
3. Objective findings.
4. Nature and responsibility of the patient's type of employment.
5. Need for further diagnostic and therapeutic activity.
6. Review of my prior medical reports, plus review of medical records and reports, ACOEM Guidelines and AMA Guides to the Evaluation of Permanent Impairment, 5th edition. The patient spent one hour and 30 minutes in my office providing the history. I spent 30 minutes face to face with the patient, 30 minutes reviewing the above medical records and the patient's entire medical chart and one hour in the preparation and editing of this report. Hence, I charged medical-legal."

(Exhibit 6, 3/1/2017, pp. 2, 3, 5.)

Dr. Gottschalk diagnosed chronic sprain/strain of thoracolumbosacral spine and associated musculoligamentous structures, left lower extremity radiculopathy and probable herniated disc with lumbar myelopathy. Dr. Gottschalk went on to state that the patient has been

under care for some time and there are MRI and other tests I do not have the benefits of these records, but to determine future treatment needed and his whole person impairment we will need these records. Dr. Gottschalk said for the future treatment, at this point he is requesting the Panel QME report. He provided nonsteroidal anti-inflammatory medication Dr. Gottschalk advised he needs applicant's prior treatment records, specifically the MRI reports of his back and spine, neurologic testing of his back and spine and [lower] extremities and the Panel QME report. (Exhibit 6, 3/1/2017, p. 5-6) With respect to causation, Dr. Gottschalk opined as follows:

> Based on the history and exam, the cause of disability is the industrially related injury of May 29, 2013 concerning the patient's back, spine and [lower] extremities sustained while working for the above employer [Tower Group].
>
> Based on the history and exam, I am apportioning 100 percent of the cause of the patient's current disability on the above industrial injury and 0 percent to non-industrial causes.
>
> The patient is not capable of gainful employment at present.
>
> The patient needs physical treatment before he can consider returning to work.
>
> He is most probably permanent and stationary, but I will need the MRI reports and Panel QME reports to determine the nature and extent of his findings, the level of disability and the need for future treatment.
>
> (Exhibit 6, 3/1/2017, p. 5.)

RMS Medical Group, Inc provided a summary of their medical billing for date of Injury May 29, 2013 from March 1, 2017-April 18, 2018 with amount of payment received from defendant. (Exhibit 5, 1/24/2018.)

On June 21, 2017, Dr. Gottschalk re-examined applicant with a Spanish-speaking interpreter present. Dr. Gottschalk reviewed and commented upon the 7-21-2017-EMG and the 8-25-2017 -MRI of the Lumbar Spine. (Exhibit 7, 6/21/2017.)

On July 21, 2017, Arlen Green D.O. who was part of the RMG Medical Group performed an NCV EMG test on applicant based on PTP, Dr. Gottschalk's referral. (Exhibit 8, 7/21/2017.)

On September 1, 2017, applicant consulted with Kourosh Kevin Shamlou, M.D. Certified American Board of Orthopedic Surgery, QME who was part of the RMS Medical Group. Dr. Shamlou issued a medical report commenting upon applicant's medical condition, and offered

treatment recommendations including hemilaminotomy, partial medial facetectomy, neural foraminotomy and microdiscectomy. (Exhibit 9, 9/1/2017.)

On September 6, 2017, Applicant was re-evaluated by Dr. Gottschalk and applicant still had symptoms and suggested a pain management consultation and a second opinion while awaiting Dr. Shamlou's reporting. (Exhibit 10, 9/6/2017.)

On March 7, 2019, the case in chief was resolved by a Compromise and Release. On March 7. 2019, a WCJ issued an Order Approving Compromise and Release (OACR).

On September 27, 2019, RMS Medical Group filed for lien for the reasonable expense incurred by or on behalf of the injured employee, as provided by Labor Code §4600 (Labor Code § 4903 (b).) (Exhibit 1, 9/27/2019.)

On January 7, 2020, CIGA/defendant issued an Explanation of Review for RMS' Medical's charges. (Exhibit 16, 1/7/2020.)

On July 30, 2020, RMS Medical Group filed its Notice of Representation. (Exhibit 3, 7/30/2020.)

With respect to the lien of Basso Pharmacy, we note that Basso claims it failed to receive adequate notice of the correct California Business and Professions Code relied on by the WCJ in Finding of Fact #4 to deny its claim and petitioner is unable to respond. The WCJ indicated in her Report the following:

> . . . Petitioner is correct in that the Business and Professions Code referenced should in fact be Section 4110(a) and it was a typographical error that referenced Section 4100(a). However, the content of the Opinion on Decision was clear that Basso was not properly licensed and the parties were well aware that this was an issue even as far back as 2023 when Judge Schultz heard the matter.
>
> The initial trial held by the undersigned with a resulting Findings and Order and Opinion on Decision which issued May 21, 2024 was vacated in order to allow development of the record. Basso was clearly aware that licensing was in issue. Per the Further Minutes of Hearing and Summary of Proceedings dated October 8, 2024 page 2, lines 4 through 6 (EAMS doc ID number 28455289) it was stated that the prior Findings and Order was vacated to allow further development of the record based upon the Petitions for Reconsideration filed by both lien claimants. At the time of the hearing held October 8, 2024, it was noted on the record that neither lien claimant offered any further evidence, witnesses or statements. Please note that the Petition for Reconsideration filed by Basso June 10, 2024 (EAMS Doc ID 42359687) addressed the licensing issue. Lien claimant was afforded full due process and multiple opportunities to address their licensing status. There were also issues if the proper defendant was served, served with billing and Requests for Authorizations as service was made upon AmTrust. The Notice of Representation

filed May 20, 2014 states that the defendant is Preserver Insurance, Tower Group Companies and per notice filed April 14, 2017, the defendant is California Insurance Guarantee Association Risk Management by its servicing facility Tristar Risk Management for Castlepoint National Insurance in Liquidation. As stated in the Opinion on Decision, while it does not appear that the proper defendant was served with some of the bills and Requests for Authorization, it is the obfuscation of the licensing that is concerning, perplexing, and improper.

Lien claimant argues that Basso and A&R are one in the same and that as A&R was licensed that that imputes licensing to Basso because they say so. The corporate By-Laws appear to have been fluid and per lien claimant support an argument of proper licensing. For example, the fictitious business statement lists Basso is owned and operated by A&R but in 2013 the fictitious business name was A&R not Basso and that A&R was owned and operated by Basso. (Exhibit 27, EAMS doc 33976253) the 2008 By-Laws offered by lien claimant indicate that wherever it says A&R that should be changed to read Basso. Basso was not licensed. All of the billing was under Basso and per California Business Code Section 4110(a) a license is required for each pharmacy owned or operated by a specific person and a separate license is required for each of the premises. This failure of a proper license should not allow lien claimant to unjustly be paid. Lien claimant offered all bills, services, invoices and filed the lien under Basso not A&R. Reference is also made to Exhibit 25 (EAMS doc ID 3376249), Exhibit 27 (EAMS doc ID 3397625), Exhibit 28 (EAMS doc ID 33976254), and Exhibit 29 (EAMS doc ID 339262255) in which the By-Laws, licensing Articles of Incorporation and naming of the entity is potentially misleading but still results in a proper finding that Basso was not licensed and that Basso owned the entity.

In addition, per the Opinion on Decision, lien claimant was given an opportunity to address who the treating and/or secondary treating doctor was and did not do so. Lien claimant offered reporting of Dr. Marlow (Exhibit 9) but there is no indication that applicant's counsel nominated Dr. Marlow as the treating doctor. Per Exhibit 4, Dr. Gottschalk was nominated as the treating physician. So, there is an issue if a non-treating doctor who is neither the treating doctor nor secondary treating physician can prescribe medication.

(Report, pp.3-5.)

On January 18, 2023, liens of the RMS Medical Group and Basso Pharmacy came on for trial as the first of several lien trials which were vacated in order to further develop the record. The last lien trial took place on October 8, 2024. The Findings and Order and Opinion on Decision issued on December 22, 2024 wherein the WCJ found that RMS Medical was not entitled to any further payment for their lien, and that Basso Pharmacy was also not entitled to any further payment.

It is from these findings and orders that petitioners seek reconsideration.

DISCUSSION
I.

Former 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 Labor Code 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

[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. 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 Labor Code section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on January 15, 2025.

II.

Section 4060(b) allows for a medical-legal evaluation by a treating physician and section 4620(a) defines medical legal expense as "any costs and expenses…for the purpose of proving or disproving a contested claim." Section 4064(a) provides that an employer is liable for the cost of any comprehensive medical evaluations authorized under section 4060. The regulations provide that the "primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation..." (Cal. Code Regs., tit. 8, § 9785(d).)

AD Rule 9793(h) states:

> (h) "Medical-legal expense" means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim. The cost of medical evaluations, diagnostic tests, and interpreters is not a medical-legal expense unless it is incidental to the production of a comprehensive medical-legal evaluation report, follow-up medical-legal evaluation report, or a supplemental medical-legal evaluation report and all of the following conditions exist:
>
> (1) The report is prepared by a physician, as defined in Section 3209.3 of the Labor Code
>
> (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.

> (3) The report is capable of proving or disproving a disputed medical fact essential to the resolution of a contested claim, considering the substance as well as the form of the report, as required by applicable statutes, regulations, and case law.
>
> (4) The medical-legal examination is performed prior to receipt of notice by the physician, the employee, or the employee's attorney, that the disputed medical fact or facts for which the report was requested have been resolved.
>
> (5) In the event the comprehensive medical-legal evaluation is served on the claims administrator after the disputed medical fact or facts for which the report was requested have been resolved, the report is served within the time frame specified in Section 139.2(j)(1) of the Labor Code.
>
> (Cal. Code Regs., tit. 8, § 9793(h).)

Read together, these sections provide that a medical-legal evaluation performed by an employee's treating physician is a medical-legal evaluation obtained pursuant to section 4060 and that an employer is liable for the cost of reasonable and necessary medical-legal reports that are performed by the treating physician. The Appeals Board has previously held that there was no legal authority to support the proposition that an injured worker is not entitled to request a medical-legal report from their PTP, and in turn, the report from that PTP is a medical-legal expense for which the defendant is liable. (*Warren Brower v. David Jones Construction* (2014) 79 Cal.Comp.Cases 550, 556 (Appeals Board en banc).)

> Moreover, a medical-legal expense is ordinarily allowable if it is capable of proving or disproving a contested claim, if the expense was reasonably necessary at the time incurred, and if the cost incurred was reasonable. (§§ 4620 et seq., 5307.6.) The mere fact that the parties had agreed to an AME in a particular specialty does not mean that a party cannot reasonably obtain a comprehensive medical-legal report from a treating physician in the same or similar specialty. (*Id*)

In the instant case, medical reporting from the agreed medical evaluator and a treating physician is relevant and admissible and could provide a basis for a decision. If lien claimant demonstrates that PTP Dr. Gottschalk's medical-legal report was reasonable and necessary, it is entitled to recover on that basis.

It is clear the intention of section 4060(b), when read together with section 4064(a) is that a medical-legal evaluation performed by an employee's primary treating physician shall be considered a medical-legal evaluation pursuant to section 4060 and as such, the employer should be held liable for any associated reasonable and necessary medical-legal costs and expenses. In

addition, section 4063.2 (l) states that: "No disputed medical issue specified in subdivision (a) may be the subject of declaration of readiness to proceed unless there has first been an evaluation by the treating physician or an agreed or qualified medical evaluator." Moreover, the Appeals Board has previously held that there is no legal authority to support the proposition that an injured worker is not entitled to a medical-legal report from a PTP and no legal authority to support that a PTP's report is not a medical-legal expense for which defendant is liable. (*Warren Brower v. David Jones Construction* (2014) 79 Cal.Comp.Cases 550 (Appeals Board en banc).)

Here, applicant's attorney issued a letter to defendant's attorney requesting a medical-legal report from applicant's PTP pursuant to section 4600. While there is reporting from an AME in one of applicant's cases, and an appointment of a panel qualified medical examiner (PQME) in this case, the PTP may still prepare a medical-legal report. As stated above, *Brower* makes clear that a party may request a comprehensive medical-legal from the PTP even when there is an AME.

Further, it was reasonable for applicants attorney to request a medical-legal report from Dr. Gottschalk even though there is an AME in this matter. *Brower* make it clear that this is allowed and thus, the providers who are part of RMS Medical Group should be reimbursed for their services. Thus, the matter should be returned to the lower court for the WCJ to determine the reasonable value of the services provided by RMS Medical Group to applicant.

With respect to the lien for Basso Pharmacy, based upon the rationale of the WCJ as set forth in her Report, we agree that the lien claimant is not entitled to payment for their services.

Accordingly, we deny lien claimant BASSO PHARMACY'S Petition for Reconsideration and grant lien claimant RMS MEDICAL GROUP'S Petition for Reconsideration, rescind the F&O Finding , and return the matter to the WCJ for further proceedings consistent with this opinion.

For the foregoing reasons,

IT IS ORDERED that lien claimant BASSO PHARMACY'S Petition For Reconsideration of the December 11, 2024 Findings and Order (F&O) is **DENIED** and lien claimant RMS MEDICAL GROUP'S Petition for Reconsideration is **GRANTED**.

IT IS FURTHER ORDERED that as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the December 11, 2024 Findings and Order is **RESCINDED,** that the new following Findings and Order, is **SUBSTITUTED** herein, and that this matter is **RETURNED** to the trial level for further proceedings and decision by the WCJ consistent with this opinion:

FINDINGS OF FACT

1. Applicant, Ramiro Hernandez, while employed during the period of June 5, 2012 through June 5, 2013 as a laborer, at Riverside, California by Riverside Landscape, sustained an injury arising out of and in the course of employment to his back, [lower] extremities and psyche.

2. Workers' compensation coverage is CIGA, by its servicing facility Intercare for Castlepoint Insurance in Liquidation.

3. RMS is entitled to recover the reasonable value of the medical-legal services provided on the remaining unpaid lien balance to be determined by the WCJ.

4. Basso Pharmacy is not entitled to take anything further as to their lien.

5. Exhibit B offered by Defendants is entered into evidence and will be so marked.

6. Lien claimant RMS's Exhibits 17 through 30 are entered into evidence and will be so marked.

ORDER

A. RMS MEDICAL GROUP is entitled to recover the unpaid amount that the WCJ determines is the reasonable value for their services;

B. BASSO PHARMACY shall take nothing further;

C. Defendant's Exhibit B is entered into evidence; and

D. Lien Claimant RMS MEDICAL GROUP'S Exhibits 17 through 30 are admitted into evidence.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE A. ZALEWSKI, CHAIR

I CONCUR,

/s/ JOSEPH V. CAPURRO, COMMISSIONER

/s/ PAUL F. KELLY, COMMISSIONER

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.

RMS MEDICAL GROUP
PINNACLE LIEN SERVICES
GUILFORD SARVAS & CARBONARA

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