WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

RICHARD CHAVEZ, *Applicant*

vs.

SOLO FOOD; SECURITY NATIONAL INSURANCE COMPANY, administered by AMTRUST, *Defendants*

Adjudication Number: ADJ10159304
Long Beach District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Lien claimant Premier Psychological Services (lien claimant) seeks reconsideration of the April 27, 2026 Findings and Award, wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as a truck driver on February 11, 2015, sustained industrial injury to his lumbar spine and in the form of hernia. The WCJ found that lien claimant provided medical-legal services but failed to properly submit its billing to defendant, thus waiving its right to reimbursement. The WCJ further held that because lien claimant's services were approved by Independent Medical Review (IMR), lien claimant nonetheless retained an equitable right to reimbursement of the reasonable value of its services without corresponding award of interest or penalties.

Lien claimant contends that it has the option to seek recovery of its charges by the filing of a lien, and that the evidentiary record supports the award of the reasonable value of the medical-legal services provided, along with statutory increase, interest, and recovery of its lien filing fee.

We have not received an answer from any party. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be granted to correct for clerical error and to rescind the finding that lien claimant is entitled to recovery of limited charges under equity.

We have considered the allegations of the Petition for Reconsideration and the contents of the Report. Based on our review of the record, and for the reasons discussed below, we will grant lien claimant's Petition, rescind the F&A, and substitute a new decision finding that lien claimant is entitled to payment of its medical-legal charges in full, as well as statutory increase, interest, and reimbursement of the lien filing fee.

FACTS

Applicant sustained injury to his lumbar spine and in the form of hernia while employed as a truck driver by defendant Solo Food on February 11, 2015. The parties to the case in chief resolved the claim by way of Stipulations with Request for Award approved on May 14, 2025.

On April 6, 2023, applicant elected Mark Michaels, Ph.D., to act as his primary treating physician. (Ex. 1, Election Letter, dated April 6, 2023.)

On July 3, 2023, Dr. Michaels submitted a Request for Authorization seeking an "evaluation with psychologist." (Ex. 2, Request for Authorization, dated July 3, 2023.)

On July 17, 2023, defendant's Utilization Review (UR) vendor non-certified the July 3, 2023 RFA as not medically necessary. (Ex. 3, Utilization Review Determination, dated July 3, 2023.)

On July 26, 2023, Mark Michaels, Ph.D., on behalf of Premier Psychological Services rendered a "Primary Treating Physician's Initial Psychological Medical Legal Evaluation." (Ex. 4, Report of Mark Michaels, Ph.D., dated July 26, 2023, at p. 1.) The report reflects a clinical evaluation and psychometric testing, diagnostic impressions, and the physician's opinions with respect to industrial causation. (*Id.* at p. 17.)

On August 23, 2023, an IMR reviewer overturned the UR denial of July 3, 2023, and determined that the requested psychological evaluation was medically necessary. (Ex. C, IMR Determination, dated August 23, 2023.)

On February 21, 2024, lien claimant prepared an itemized billing statement in the amount of $8,030.00 for the preparation of a medical-legal evaluation and associated testing and evaluation costs. (Ex. 5, Itemized Statement, dated February 21, 2024, at p. 1.)

On April 1, 2024, lien claimant served a document packet on defendant's claims administrator and defense counsel, including a Notice and Request for Allowance of Lien, a Labor

Code[1] section 4903.8(d) declaration, an itemized statement, and "each Medical Report and Progress Note in support of each date of service described in the itemized statement/billing." (Ex. 6, Demand Letter with Proof of Service, dated April 1, 2024.)

On January 7, 2026, lien claimant and defendant proceeded to trial and stipulated that "the services provided by Premier Psychological Services were medical-legal only." (Minutes of Hearing (Minutes), dated January 7, 2026, at p. 2:12.) The parties placed in issue, in relevant part, lien claimant's entitlement to reimbursement, whether lien claimant complied with applicable procedures for recovery of its alleged medical-legal expenses, and whether the parties complied with the provisions of Workers' Compensation Appeals Board (WCAB) Rule 10786(e) (Cal. Code Regs., tit. 8, § 10786(e).) Neither party offered witness testimony, and the WCJ ordered the matter submitted on the documentary record as of February 10, 2026.

On April 27, 2026, the WCJ issued the F&A, determining in relevant part that lien claimant failed to properly submit its billing and failed to initiate the payment process allowed under WCAB Rule 10786. Accordingly, the WCJ determined that because lien claimant "failed to follow the required procedures regarding submission of its bills, Premier Psychological Services has no right to recover on its lien claim by statute or regulation." However, the WCJ also found that because lien claimant's "services were approved by IMR and Defendant was given notice that Premier Psychological Services was asserting a claim for payment, it has an equitable right to payment of the reasonable value of its services in the amount of $2830.00, with no award of interest or penalties."

Lien claimant's Petition contends that notwithstanding the procedures outlined in WCAB Rule 10786, sections 4622 and 4903(b) allow for recovery of medical-legal expenses through the filing of a lien. (Petition, at p. 7:15.) Lien claimant further contends that its charges comport with the applicable medical-legal fee schedule described in Administrative Director (AD) Rule 9795 (Cal. Code Regs., tit. 8, § 9795). (*Id.* at p. 10:20.) Based on the proper submission of medical-legal expense pursuant to sections 4622 and 4903, lien claimant asserts entitlement to statutory increase and interest under section 4622 and reimbursement of its lien filing fee.

The WCJ's Report asserts that Dr. Michaels was not a valid primary treating physician, and that lien claimant's actions in filing a lien were pretextual and designed to avoid the applicable procedures applicable to medical-legal expenses. (Report, at pp. 9-11.) The WCJ recommends we

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

grant reconsideration for the purposes of rescinding the award of equitable reimbursement, and that the award be amended to correct an inadvertent reference to the injured worker. (*Id.* at p. 14.)

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.
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> (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 4, 2026, and 60 days from the date of transmission is August 3, 2026. This decision is issued by or on August 3, 2026, 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 4, 2026, and the case was transmitted to the Appeals Board on June 4, 2026. 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 4, 2026.

II.

The parties dispute the extent to which lien claimant is entitled to reimbursement for claimed medical-legal expenses provided to applicant during the pendency of the case in chief. (Minutes, at p. 2:14.) In her Opinion on Decision, the WCJ speculates as to the reasons that an evaluation was sought; uses intemperate language such as "sham"; discusses the payment process and procedures for "medical billing" and "invoices"; and raises the issue of "waiver" of section 4622. However, because the UR and IMR processes are applicable only to disputes with respect to the medical necessity of physician *treatment* recommendations (see Lab. Code, §§ 4610(a); 4610.5; 4610.6), the considerations discussed by the WCJ in response to the August 23, 2023 IMR certification would not apply to the medical-legal expenses claimed herein. (Opinion on Decision, at p. 4; Report, at pp. 11-12.) The parties have already stipulated that the services provided by lien claimant were medical-legal in nature. In addition, as the lien procedures are clearly delineated in and controlled by the Labor Code, any belief that a lien claimant is entitled to payment based on equity is irrelevant and any conclusion that a lien claimant waived section 4622 by filing a lien is incorrect.

Although the parties have stipulated the claimed expense is medical-legal, we clarify 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 (Appeals Board en banc).)

As provided in section 4620(a), "a medical-legal expense means any costs and expenses incurred by or on behalf of any party …which expenses may include … medical reports … for the purpose of proving or disproving a contested claim." Any provider that seeks reimbursement of medical-legal charges under section 4620 et seq. has the initial burden of establishing that: 1) a contested claim existed at the time the expenses were incurred, and that the expenses were incurred for the purpose of proving or disproving a contested claim pursuant to section 4620; and 2) its medical-legal services were reasonably, actually, and necessarily incurred pursuant to section 4621(a). (*Colamonico v. Secure Transportation* (2019) 84 Cal.Comp.Cases 1059 [2019 Cal. Wrk. Comp. LEXIS 111] (Appeals Board en banc). Here, the parties have stipulated that this a medical-legal expense. It is undisputed that applicant's claim of injury to psyche was denied, and based on our review, lien claimant has met its burden that this reporting was reasonably and necessarily obtained for the purpose of proving that claim under sections 4620 and 4621.

Section 4622 requires that a defendant pay "[a]ll medical-legal expenses for which the employer is liable." Section 4622 provides in its entirety that:

> All medical-legal expenses for which the employer is liable shall, upon receipt by the employer of all reports and documents required by the administrative director incident to the services, be paid to whom the funds and expenses are due, as follows:
>
> (a)
>
> (1) Except as provided in subdivision (b), within 60 days after receipt by the employer of each separate, written billing and report, and 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. If the employer, within the 60-day period, contests the reasonableness and necessity for incurring the fees, services, and expenses using the explanation of review required by Section 4603.3, payment shall be made within 20 days of the service of an order of the appeals board or the administrative director pursuant to Section 4603.6 directing payment.
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> (2) The penalty provided for in paragraph (1) shall not apply if both of the following occur:
>
> (A) The employer pays the provider that portion of his or her charges that do not exceed the amount deemed reasonable pursuant to subdivision (e) within 60 days of receipt of the report and itemized billing.

(B) The employer prevails.

(b)

(1) If the provider contests the amount paid, the provider may request a second review within 90 days of the service of the explanation of review. The request for a second review shall be submitted to the employer on a form prescribed by the administrative director and shall include all of the following:

(A) The date of the explanation of review and the claim number or other unique identifying number provided on the explanation of review.

(B) The party or parties requesting the service.

(C) Any item and amount in dispute.

(D) The additional payment requested and the reason therefor.

(E) Any additional information requested in the original explanation of review and any other information provided in support of the additional payment requested.

(2) If the provider does not request a second review within 90 days, the bill will be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

(3) Within 14 days of the request for second review, the employer shall respond with a final written determination on each of the items or amounts in dispute, including whether additional payment will be made.

(4) If the provider contests the amount paid, after receipt of the second review, the provider shall request an independent bill review as provided for in Section 4603.6.

(c) If the employer denies all or a portion of the amount billed for any reason other than the amount to be paid pursuant to the fee schedules in effect on the date of service, the provider may object to the denial within 90 days of the service of the explanation of review. If the provider does not object to the denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied. If the provider objects to the denial within 90 days of the service of the explanation of review, the employer shall file a petition and a declaration of readiness to proceed with the appeals board within 60 days of service of the objection. If the employer prevails before the appeals board, the

appeals board shall order the physician to reimburse the employer for the amount of the paid charges found to be unreasonable.

(d) If requested by the employee, or the dependents of a deceased employee, within 20 days from the filing of an order of the appeals board directing payment, and where payment is not made within that period, that portion of the billed sum then unpaid shall be increased by 10 percent, together with interest thereon at the rate of 7 percent per annum retroactive to the date of the filing of the order of the board directing payment.

(e)

(1) Using the explanation of review as described in Section 4603.3, the employer shall notify the provider of the services, the employee, or if represented, his or her attorney, if the employer contests the reasonableness or necessity of incurring these expenses, and shall indicate the reasons therefor.

(2) The appeals board shall promulgate all necessary and reasonable rules and regulations to insure compliance with this section, and shall take such further steps as may be necessary to guarantee that the rules and regulations are enforced.

(3) The provisions of Sections 5800 and 5814 shall not apply to this section.

(f) Nothing contained in this section shall be construed to create a rebuttable presumption of entitlement to payment of an expense upon receipt by the employer of the required reports and documents. This section is not applicable unless there has been compliance with Sections 4620 and 4621.

(Lab. Code, § 4622.)

WCAB Rule 10786 provides:

(a) Within 60 days of service of a medical-legal provider objection to a denial of all or a portion of the medical-legal provider's billing pursuant to Labor Code section 4622(c), the defendant shall file and serve a petition for determination of medical-legal expenses and a Declaration of Readiness to Proceed. Upon filing of a Declaration of Readiness to Proceed, the medical-legal provider shall be added to the official address record.

(b) If a defendant has failed to file and serve a petition for determination of medical-legal expenses and a Declaration of Readiness in compliance with subdivision (a), a medical-legal provider may file and serve a petition for reimbursement of medical-legal expenses and a Declaration of Readiness to Proceed. Upon filing of a petition for reimbursement of medical-legal expenses

and a Declaration of Readiness to Proceed, the medical-legal provider shall be added to the official address record.

(c) Upon receipt of a Declaration of Readiness in accordance with the provisions of subdivisions (a) and (b) of this rule, the matter shall be set for either a status conference or a mandatory settlement conference, in the discretion of the workers' compensation judge.

(d) Notwithstanding any other provision of this rule, if there is a threshold issue relating to the case in chief that would entirely defeat the medical-legal expense claim that must be determined prior to adjudicating the medical-legal expense claim dispute, the Workers' Compensation Appeals Board may defer hearing and determining the medical-legal expense claim dispute until the underlying claim of the employee or dependent has been resolved or abandoned.

(e) A defendant shall be deemed to have waived all objections to a medical-legal provider's billing, other than compliance with Labor Code sections 4620 and 4621, if:

(1) The provider submitted a properly documented billing to the defendant and, within 60 days thereafter, the defendant failed to serve an explanation of review (EOR) that complies with Labor Code section 4603.3 and any applicable regulations adopted by the Administrative Director; or

(2) The defendant failed to make payment consistent with an explanation of review (EOR) that complies with Labor Code section 4603.3 and any applicable regulations adopted by the Administrative Director; or

(3) The provider submitted a timely and proper request for a second review to the defendant and, within 14 days thereafter, the defendant failed to serve a final written determination that complies with any applicable regulations adopted by the Administrative Director; or

(4) The defendant failed to make payment consistent with a final written determination that complies with any applicable regulations adopted by the Administrative Director.

(f) A defendant shall be deemed to have waived any objections to a medical-legal provider's billing, other than the amount payable pursuant to the fee schedule(s) in effect on the date the services were rendered and compliance with Labor Code sections 4620 and 4621, if the provider submitted a timely objection to the defendant's EOR regarding a dispute other than the amount payable and the defendant failed to file and serve a petition for determination of medical-legal expenses and a Declaration of Readiness as required by Labor Code section 4622 and subdivision (a) of this rule.

(g) A medical-legal provider's bill will be deemed satisfied, and neither the employee nor the employer shall be liable for any further payment, if the defendant issued a timely and proper EOR and made payment consistent with that EOR within 60 days after receipt of the provider's written billing and report and the provider failed to make a timely and proper request for second review in the form prescribed by the Rules of the Administrative Director within 90 days after service of the EOR.

(h) A medical-legal provider will be deemed to have waived any objection based on the amount payable under the fee schedule(s) in effect on the date the services were rendered if, within 14 days after receipt of the provider's request for second review, the defendant issued a timely and proper final written determination and made payment consistent with that determination and the provider failed to request IBR within 30 days after service of this second review determination.

(i) Bad Faith Actions or Tactics:

(1) 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.

(2) If the Workers' Compensation Appeals Board determines that, as a result of bad faith actions or tactics, a medical-legal provider has improperly asserted that a defendant failed to comply with the requirements, timelines and procedures set forth in Labor Code sections 4622 and 4603.6 and the related Rules of the Administrative Director, the medical-legal provider shall be liable for the defendant'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.

(Cal. Code Regs., tit. 8, § 10786.)

Thus, WCAB Rule 10786 allows for a defendant (subd. (a)), and thereafter the medical-legal provider (subd. (b)), to seek prompt resolution of an outstanding medical-legal expense claim via petition for determination of the medical-legal expense before the WCAB.

In the alternative, however, the provider may also seek reimbursement for medical-legal expense by filing a lien. Section 4903(b) allows for the filing of "liens against any sum to be paid as compensation," including "[t]he reasonable expense incurred by or on behalf of the injured employee, as provided by Article 2 (commencing with Section 4600), and to the extent the employee is entitled to reimbursement under Section 4621, medical-legal expenses as provided by Article 2.5 (commencing with Section 4620) of Chapter 2 of Part 2, except those disputes subject to independent medical review or independent bill review." (Lab. Code, § 4903(b); see also *Colamonico*, *supra*, 84 Cal.Comp.Cases at p. 1063 ["A lien claimant holds the burden of proof to establish all elements necessary to establish its entitlement to payment for a medical-legal expense."].)

Section 4622 provides a mandatory process by which the defendant may object to the submission of claimed medical-legal expense through the issuance of an Explanation of Review (EOR). (Lab. Code, § 4622(e).) The process commences with the receipt of a "separate, written billing and report…." (Lab. Code, § 4622(a).)

Here, lien claimant served the report of Dr. Michaels on October 13, 2023. (Ex. 4, Report of Mark Michaels, Ph.D., dated July 26, 2023, at p. 19.) The record does not reflect service of a corresponding billing statement, and defendant had no obligation to engage in the process required under section 4622 until it received a corresponding billing statement.

However, as reflected in the record in Filenet, lien claimant filed a Notice and Request for Allowance of Lien with a separately filed proof of service on February 28, 2024. On April 1, 2024, lien claimant served a copy of the lien, a section 4903.8(d) declaration, an itemized statement, and "each Medical Report and Progress Note in support of each date of service described in the itemized statement/billing." (Ex. 6, Demand Letter with Proof of Service, dated April 1, 2024.) There is no dispute in the record that the lien packet which included the billing statement was received by defendant. (See also, Defendant's Post-trial Brief, dated February 8, 2026, at p. 2:9.) In addition, section 4903.05(a) requires that any lien filed after January 1, 2017 "also be accompanied by an original bill in addition to either the full statement or itemized voucher supporting the lien." (Lab. Code, § 4903.05(a).) Accordingly, the submission of the reporting and

the billing statement in this matter was sufficient to initiate the prescribed process under section 4622(a)(1).

However, the record reflects no EOR issued within sixty days of receipt of the provider's billing and report, or at any time thereafter. (See Lab. Code, § 4622(a), (e).) We observe that had defendant issued an EOR in response to the lien claimant's billing and if lien claimant was dissatisfied with the review, the onus would shift to the lien claimant to request an additional review. If the lien claimant failed to do so, the defendant would be relieved of any further liability for the claimed expense. (Lab. Code, § 4622 (b)(2).) Alternatively, if the defendant denied "all or a portion of the amount billed for any reason other than the amount to be paid pursuant to the fee schedules in effect on the date of service, the provider may object to the denial within 90 days of the service of the explanation of review." (Lab. Code, § 4622(c).) However, if the lien claimant "does not object to the denial within 90 days, neither the employer nor the employee shall be liable for the amount that was denied." (*Ibid*.) In either instance, the prompt issuance of an EOR in response to the submission of a medical-legal report and billing is required to shift the burden of timely response from the defendant to the medical-legal provider.

The WCJ's Report notes that the lien claimant's Notice and Request for Allowance of Lien was uploaded to Filenet along with a proof of service as of February 28, 2024. (Report, at p. 8.) We again note that there is no evident dispute in the record that the lien packet including the billing statement was received by defendant concurrent with the date of the lien filing. (See also, Defendant's Post-trial Brief, dated February 8, 2026, at p. 2:9.) While the WCJ notes the billing was not submitted "in a form that would reasonably be recognized as a bill," we believe that a medical-legal lien with an accompanying billing statement filed under the specific provisions of section 4903(b) is sufficient notice to allow defendant to reasonably engage in the dispute resolution process mandated by section 4622 and WCAB Rule 10786. (Lab. Code, § 4622; Cal. Code Regs., tit. 8, § 10786.)

WCAB Rule 10786(e) provides that where "[the] provider submitted a properly documented billing to the defendant and, within 60 days thereafter, the defendant failed to serve an explanation of review (EOR) that complies with Labor Code section 4603.3 and any applicable regulations adopted by the Administrative Director," defendant "shall be deemed to have waived all objections to a medical-legal provider's billing, other than compliance with Labor Code sections 4620 and 4621…." (Cal. Code Regs., tit. 8, § 10786(e).)

Here, the preponderance of the evidence supports lien claimant's submission of the billing and reports as of February 28, 2024 necessary to initiate the mandatory medical-legal expense dispute resolution process under section 4622. Because defendant did not issue a timely EOR in response to lien claimant's report and billing, defendant waived any objections to the billing other than compliance with sections 4620 and 4621, and the parties have stipulated herein that lien claimant's services were medical-legal in nature.

Accordingly, we grant lien claimant's Petition, rescind the F&A and substitute a new decision that finds that lien claimant is entitled to reimbursement of the lien in the amount claimed of $8,030.00, along with statutory increase and interest commencing February 28, 2024 pursuant to section 4622(a)(1), and reimbursement of the lien filing fee pursuant to section 4903.07.

For the foregoing reasons,

IT IS ORDERED that reconsideration of the decision of April 27, 2026 is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the decision of April 27, 2026 is **RESCINDED** with the following **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Lien claimant Premier Psychological Services served its lien and billing for valid medical-legal services on February 28, 2024.
2. Defendant did not timely issue an Explanation of Review pursuant to Labor Code section 4622(e).
3. Lien claimant is entitled to payment of its lien, interest, and penalties and reimbursement of the filing fee.

ORDER

a. The lien of Premier Psychological Services is **ALLOWED** in the amount of $8,030.00, along with statutory increase and interest pursuant to Labor Code section 4622(a) beginning February 28, 2024, and reimbursement of the lien filing fee pursuant to Labor Code section 4903.07, to be adjusted by the parties with jurisdiction reserved to the WCJ in the event of a dispute.

WORKERS' COMPENSATION APPEALS BOARD

/s/ PAUL F. KELLY, COMMISSIONER

I CONCUR,

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

CRAIG L. SNELLINGS, COMMISSIONER
PARTICIPATING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

August 3, 2026

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

PAPERWORK AND MORE
COLEMAN CHAVEZ & ASSOCIATES

SAR/abs

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