**WORKERS' COMPENSATION APPEALS BOARD**

**STATE OF CALIFORNIA**

**WARREN P. HARVEY, *Applicant***

**vs.**

**SOCAL MACHINE, INC., insured by TRUCK INSURANCE EXCHANGE, administered by FARMERS INSURANCE, Defendants**

**Adjudication Number: ADJ17547374**
**San Diego District Office**

# OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

Defendant seeks reconsideration of the January 7, 2026 Opinion and Order Granting Petition for Reconsideration and Decision After Reconsideration (ODAR), wherein the Workers' Compensation Appeals Board (WCAB) found in relevant part that, based on the submitted evidentiary record, the equitable reimbursement rates for in-home healthcare services provided to applicant are $38.00 per hour for regular caregiver duties, and $80.00 per hour for nursing equivalent duties.

Defendant contends that the hourly rates set by the ODAR are unsupported in the record and are otherwise unreasonable.

We have received an Answer from applicant. Because defendant seeks reconsideration of a decision of the Appeals Board, the WCJ has not prepared a Report and Recommendation on Petition for Reconsideration (Report).

We have considered the Petition for Reconsideration and the Answer, and we have reviewed the record in this matter. As discussed in our ODAR, which we adopt and incorporate, and for the reasons discussed below, we will deny reconsideration.

## FACTS

The relevant factual background is set forth in our January 7, 2026 ODAR as follows:

Applicant sustained injury to his neck while employed as an operations manager by defendant SoCal Machine, Inc., on November 3, 2022.

On June 19, 2024, the parties proceeded to trial on issues of reimbursement for home healthcare services and associated attorney's fees. The WCJ heard testimony from applicant and continued the matter for further testimony. On September 5, 2024, the WCJ heard further testimony from the claims adjuster and applicant's spouse, and ordered the matter submitted for decision.

On October 23, 2024, the WCJ issued her F&A, setting reimbursement rates for the home healthcare services provided by applicant's spouse, as well as associated attorney's fees.

On November 15, 2024, applicant filed a Petition for Reconsideration averring, inter alia, entitlement to reimbursement at rates commensurate with the costs to defendant to provide services using an outside agency or provider. Applicant also challenged the number of hours daily, and the associated attorney's fees awarded. (Petition, at pp. 4-7.)

On January 24, 2025, we granted applicant's Petition and ordered that a final decision after reconsideration was deferred pending further review of the merits of the Petition for Reconsideration and further consideration of the entire record in light of the applicable statutory and decisional law.

On August 26, 2025, the parties filed Stipulations with Request for Award, stipulating to permanent and total disability with indemnity payments commencing November 4, 2022, and attorney's fees of $135,000.00. The parties further stipulated that:

> This matter was tried on the issue of [home healthcare] reimbursement rate. An F&A was issued. Applicant's petition for recon was granted. The matter was taken under study. The WCAB referred the matter to a Commissioner's Settlement Conference. A decision on the petition is still pending. These stipulations do not resolve the issues pending before the WCAB.
> (Stipulations with Request for Award, p. 7, ¶ 9.)

On October 16, 2025, we issued our O&A, determining that the proposed Stipulations with Request for Award was adequate. Accordingly, we approved the proposed settlement and issued a corresponding Award. We also noted that the issues regarding home health reimbursement raised in applicant's November 15, 2025 Petition for Reconsideration remained pending before the WCAB.

Applicant's Petition contends the Award does not make specific provision for the statutory increase provided by section 4659(c) as of January 1, 2025, and

> that the award of attorney's fees was based on an error in the calculations set forth in the proposed settlement. (Petition, at p. 4:1.)

(ODAR, at pp. 3-4.)

On January 7, 2026, we issued our ODAR finding good cause to rescind the October 16, 2025 Award and return the matter to the trial level for the parties to make any necessary adjustments to the section 4659(c) commencement date and to the requested attorney's fees. (ODAR, at p. 11.) With respect to the home healthcare reimbursement issue, we determined that the equitable reimbursement rates for in-home healthcare services provided to applicant are $38.00 when performing regular caregiver duties, such as laundry, meal preparation, changing sheets, and assisting applicant in dressing and bathing and $80.00 when performing duties equivalent to nursing, such as medication dispensing, bandage changing or wound care, assisting with therapy, catheterization, and the bowel program. (ODAR, at p. 11, Finding of Fact No. 7.)

Defendant's Petition contends the ODAR does not adequately explain why the appropriate metric in determining the hourly rate of reimbursement is the employer's *cost* to provide the services rather than an hourly *wage* payable to an employee of a third-party provider. (Petition, at p. 6:10.) Defendant also questions why applicant's spouse, "an unskilled and unlicensed caregiver, should be reimbursed at the same rate as a registered nurse, a licensed vocational nurse, or even a certified nursing assistant." (*Id.* at p. 6:17.) Defendant asserts that our decision unnecessarily disturbed the trial court's well-reasoned opinion and did not address the range of evidence of hourly rates presented at trial. (*Id.* at p. 9:20.)

Applicant's Answer responds that the record supports the hourly costs identified in the ODAR, and that defendant was previously paying $38.00 per hour to an outside agency for home health services but now argues that when the same services are provided by applicant's spouse, the hourly amount "is not commensurate with the value of the services being provided." (Answer, at p. 8:1.) Applicant also asserts that at trial defendant offered no evidence as to the costs of the home health services being provided. (*Id.* at p. 9:1.) Applicant also contends that defendant is raising the issue of whether 24-hour care is being provided for the first time. (*Id.* at p. 9:6.)

## DISCUSSION

I.

Former Labor Code[1] 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 February 3, 2026, and 60 days from the date of transmission is Saturday April 4, 2026. The next business day that is 60 days from the date of transmission is Monday, April 6, 2026. (See Cal. Code Regs., tit. 8, § 10600(b).)[2] This decision is issued by or on Monday, April 6, 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

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

[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.

act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall be notice of transmission.

Here, because the Petition for Reconsideration involves a decision of the Appeals Board, no Report was prepared by the WCJ, and no other notice to the parties of the transmission of the case to the Appeals Board was provided by the district office. Thus, we conclude that the parties were not provided with the notice of transmission required by section 5909(b)(1). While this failure to provide notice does not alter the time for the Appeals Board to act on the petition, we note that as a result the parties did not have notice of the commencement of the 60-day period on February 3, 2026.

**II.**

We begin our discussion by observing that the scope of our ODAR was limited to setting rates of reimbursement applicable to two categories of home healthcare services based on direct evidence of the costs to defendant to provide such services prior to applicant's spouse assuming home healthcare responsibilities. The primary issue framed by the parties for decision at trial was "[e]quitable reimbursement for home health care services per Labor Code section 4600(h)." (Minutes of Hearing and Summary of Evidence, dated June 19 2024, at p. 2:19.) Although the issue was framed broadly, the WCJ's decision was responsive to the issue of "the rate of pay at which the applicant is allowed for reimbursement for such services." (Opinion on Decision, at p. 3.)

Following a thorough review of the documentary and testimonial evidence submitted at trial, the WCJ determined that the daily home healthcare provided by applicant's spouse should be bifurcated into two categories: "regular caregiver" duties, and "nursing equivalent" duties. (Finding of Fact No. 7.) With respect to the corresponding hourly reimbursement for each category of services, the WCJ noted that per Exhibit A, data from the "Caregiver Careers" website, average hourly *wages* paid to caregivers in applicant's geographic region ranged from $17.30 to $21.66 per hour. (Opinion on Decision, at p. 6.) Choosing from among the range of figures presented, the WCJ determined that $17.53 per hour was reasonable for "regular caregiver" duties. With respect to duties that were deemed "nursing equivalent," the WCJ observed that per credible testimony of applicant's spouse, rates for skilled caregivers ranged from $39 per hour up to $80 per hour for services provided at the Licensed Vocational Nursing (LVN) level. (*Id.* at p. 7.) The WCJ further

noted that multiple invoices in evidence established that hourly rates of $36 to $38 per hour for home personal care, and $80 per hour for services at the Registered Nursing (RN) level. (*Ibid*.) In similar fashion to the "regular caregiver" duties, the WCJ identified a median figure of $53.55 per hour as a reasonable rate. (Finding of Fact No. 7.)

Applicant sought reconsideration of the WCJ's decision, distinguishing in relevant part between the *salary* paid to home healthcare providers, and the *costs* that the defendant would otherwise pay a third-party provider of such services. (Petition for Reconsideration, dated November 15, 2024, at p. 5:8.) Applicant asserted entitlement to reimbursement commensurate with defendant's actual costs, rather than at the rates a third-party provider might other pay its employees.

Our January 7, 2026 ODAR agreed, and we affirmed the WCJ's well-reasoned decision, amending it only to reflect the hourly rates otherwise payable to a third-party provider as established in the evidentiary record. The record reflected that defendant previously paid third-party providers $38 per hour for regular caregiver duties, and $80 per hour for home healthcare services commensurate with skilled nursing. (Exs. 10-17, Invoices from Right at Home, various dates; Ex. 20-24, Invoices from Brightstar Care, various dates.) In addition, the testimony of applicant's spouse described similar rates to provide both regular caregiver and skilled nursing services, especially as it related to care involving a "bowel program." (Minutes of Hearing and Summary of Evidence, dated September 10, 2024, at p. 12:4.)

Based on both the direct and the testimonial evidence regarding the costs to provide the necessary home healthcare services, we amended the hourly rate for "regular caregiver" duties to $38 per hour, and the hourly rate for "nursing equivalent" duties to $80 per hour. We further observed that "were applicant's spouse not providing the required home healthcare services, defendant would need to pay a third-party provider at market rates for skilled nursing or home attendant levels of care, depending on the nature of the services required," and that the reimbursement rates to applicant's spouse should align with the rates the defendant would otherwise pay such a third-party provider. (ODAR, at p. 9.)

Defendant's Petition contends that our decision does not explain why applicant's spouse should be reimbursed at rates equivalent to the *costs* defendant would otherwise pay to a third-party provider, rather than at rates equivalent to the *wages* a third-party provider would pay to its employee. (Petition, at p. 6:10.)

There is no dispute that applicant has sustained significant industrial injuries resulting in the need for ongoing medical treatment, including home healthcare services. Applicant provided detailed testimony with regard to the specific home healthcare services provided by his spouse in his trial testimony, including his need for assistance with nearly every aspect of his activities of daily living (ADLs). (Minutes of Hearing and Summary of Evidence, dated June 19, 2024, at p. 5:19.) In addition to applicant's testimony, applicant's spouse provided a detailed accounting of her daily home healthcare activities, including an involved, daily "bowel program" requiring upwards of 65 minutes of direct care and 30 minutes of follow-up hygiene activities, as well as up to six catheterizations each day. (Minutes of Hearing and Summary of Evidence, dated June 19, 2024, at p. 5:22; Minutes of Hearing and Summary of Evidence, dated September 5, 2024, at p. 13:18.) The costs for an LVN to administer the bowel program alone entailed a two-hour minimum at $70 per hour. (*Id.* at p. 12:12.)

The WCJ summarized the level of applicant's functional impairment in the Opinion on Decision as follows:

> Applicant's condition is one that is equivalent to a quadriplegic. According to the most recent medical record submitted by his treating physician, Dr. Crowley, applicant needs intermittent catheterization which is performed 5 to 6 times a day and he is dependent for even the most simple self-care but can feed himself and brush his teeth. She notes all transfers are via a Hoyer lift and he is dependent in bed mobility and for most simple self-care. (Applicant's Exhibit 7) A review of notes submitted by prior in-home health aides notes that applicant can put his shirt on and he continues to increase his strength. In one daily care record, applicant did laundry, vacuuming and watered plants. (Applicant's Exhibit 19, Bates stamp 000059) On a positive note, the prior caregivers continued to note applicant was motivated, getting stronger and continues with a happy demeanor. This does not mean that applicant needs less than 24 hour care on most days. Applicant testified and the records support that applicant continues to need to be rotated throughout the night, assistance in getting out of bed, bathing himself, preparation of meals, bowel movement program, assistance with complex dressing himself and meal preparation. He also is reliant on others for his transportation needs and assistance with his home exercise program.

(Opinion on Decision, at pp. 5-6.)

The record further establishes that prior to applicant's spouse assuming the necessary home healthcare obligations, defendant previously provided the required services to applicant through third-party agencies. Those agencies billed the defendant at a rate of $38 per hour for generalized home health services (Exhibits 10-17, Invoices from Right at Home, various dates), and at $80 per

hour for skilled nursing services (Exhibit 20-24, Invoices from Brightstar Care, various dates). (See also, Minutes of Hearing and Summary of Evidence, dated September 10, 2024, at p. 6:12.)

Applicant's spouse testified that she began to provide in-home healthcare services to her husband in part because of the multiple issues that applicant encountered with third-party agency providers in their home, including issues of reliability and trustworthiness. (See Minutes of Hearing and Summary of Evidence, dated September 10, 2024, at pp. 10:10.) Applicant's spouse thus assumed those responsibilities on a day-to-day basis. (*Ibid*.) However, the fact that applicant's spouse is willing to provide the necessary home healthcare services does not relieve defendant of its obligations to provide those services. As the WCJ noted in her Opinion on Decision, an "employer or insurance carrier . . . is not a third party beneficiary to a marriage contract and is without right to assume or contend that the spouse of an injured employee . . . is under any obligation to exert added physical efforts to attend to the injured spouse's needs which otherwise would be the responsibility of the employer to furnish … [t]he affirmative obligation for providing care and treatment is on the employer [or insurance carrier]." (*Henson v. Workmen's Comp. Appeals Bd.* (1972) 27 Cal.App.3d 452 [37 Cal.Comp.Cases 564].)

We concur with applicant's observation that **reimbursement based on the *wages* paid by a third-party provider to its employees is an incomplete measure of the value of the services provided**. As was observed in applicant's November 15, 2024 Petition for Reconsideration, "reimbursing Applicant based on the median hourly rate of pay for caregivers fails to consider the multitude of other benefits enjoyed by agency caregivers," including the various types of benefits that a third-party provider would offer its home healthcare employees, such as health and accident insurance, retirement savings, employee assistance programs, sick and vacation time, and workers' compensation coverage. (*Id*. at p. 6:18.) Here, defendant does not assert that applicant's spouse is in its employ, nor does defendant assert that it provides collateral benefits that would be otherwise available to an employee of a third-party home health provider. **Defendant may not reap the benefit of the availability of spouse or family member to provide medically necessary home healthcare services by offering reimbursement at diminished rates equivalent to wages without the benefits that would otherwise available to an employee of a third-party provider. Accordingly, we are not persuaded that reimbursement based on the *wages* provided by third-party provider to its employees represents reasonable metric on which to base reimbursement rates.**

Defendant contends that we disregarded the evidence regarding average wages paid by other third-party providers to their employees for home healthcare services, including the testimony of claims examiner Angel Ivie. (Petition, at p. 10:9.) However, the testimony of Ms. Ivie concerned *wages* paid to the employees of third-party providers, and not the underlying costs to the defendant necessary to provide those services. Ms. Ivie testified to undertaking an internet search of "*rates of pay* for caregivers in El Cajon for spinal cord injuries…." (Minutes of Hearing and Summary of Evidence, dated September 10, 2024, at p. 6:20.) In similar fashion, Defendant's Exhibit C, reflects the average base *salary* of caregivers in applicant's geographic region. Thus, the documentary and testimonial evidence submitted by defendant is limited to average *wages* available to employees of third-party home healthcare providers. Defendant offers no evidence responsive to the issue of the *costs* to the defendant to provide such services.

**Here, the record affirmatively establishes the costs the defendant would otherwise be paying a third-party provider for medically necessary services to cure or relieve from the effects of applicant's industrial injuries.** (Lab. Code, § 4600(h).) The invoices submitted by third-party provider Right at Home for generalized home health services reflected an hourly rate of $38 per hour. (Exhibits 10-17, various dates.) The invoices submitted by third-party provider Brightstar Care for nursing-level care reflected an hourly rate of $80 per hour. (Exhibit 20-24, various dates.) **In addition, applicant's spouse testified without rebuttal to market rates for "companion care" at $39 per hour, skilled caregiver rates of $50 per hour, and licensed vocational nurse equivalent care at $80 per hour. (Minutes of Hearing and Summary of Evidence, dated September 10, 2024, at p. 12:9.)** These rates correspond to the *costs* the defendant would incur were applicant's spouse not providing the necessary home healthcare.

**Applicant's spouse also testified that CNA level care involving the type of bowel program that is required by applicant and provided on a daily basis by applicant's spouse was quoted at $70 per hour, with a two hour minimum.** (*Id.* at p. 12:13.) Defendant offers no countervailing evidence responsive to the issue of rates charged by third-party providers. Defendant raises no issues of the competency or quality of the care provided by applicant's spouse, nor do we discern any such issues in the record. The evidence before us thus supports reimbursement rates of $38 per hour for "regular caregiver" services, and $80 per hour for "nursing equivalent" services.

**On this record, we conclude that the provider of such services is entitled to reasonable market rates as established by the rates *previously paid* by the defendant *for the same services* through a third-party provider.** Accordingly, we find no good cause to disturb our ODAR.

Defendant's Petition also raises issues with respect to the number of hours of home healthcare reasonably provided each day and the nature of the activities subject to reimbursement. Defendant contends that applicant's spouse spends much of the day providing "basic services" including ADLs such as driving, observing applicant, meal preparation, and house and clothes cleaning. (Petition, at p. 6:20.) Defendant contends that "[i]t would not be equitable to reimburse applicant for services that a registered nurse would provide because he is not receiving care from an RN and he is not receiving the level of care that an RN would provide." (*Id.* at p. 7:3.) However, neither the WCJ's underlying decision, nor our amendment to the hourly rates as set forth in our ODAR, purport to set the daily allotment of reimbursable hours in any category.

Defendant appears to suggest that applicant may not be entitled to 24 hours of attendant care each day, and in any event, that applicant's spouse is unable to provide 24 hours of care each day. (Petition, at p. 8:15; 11:22.) Defendant directs our attention to the analysis in *L.A. County Metro. Transp. Auth. v. Workers' Comp. Appeals Bd.* (*Puckett*) (2003) 68 Cal.Comp.Cases 501 [2003 Cal. Wrk. Comp. LEXIS 240] (writ den.) for the proposition that reimbursement of a single provider for 24 hours per day of care is unreasonable, as is reimbursement for time spent by applicant's spouse in her own employment or tending to her own personal needs. (*Id.* at p. 11:22.) In addition, defendant raises the issue of whether any of the services currently provided by applicant's spouse were previously "regularly performed in the same manner and to the same degree prior to the date of injury." (Lab. Code, § 5307.8(b).)

We observe in the first instance, however, that defendant opted not to seek reconsideration of the WCJ's October 23, 2024 Findings and Award (F&A). Section 5900 provides that "[a]ny person aggrieved directly or indirectly by any final order, decision, or award made and filed by the appeals board or a workers' compensation judge under any provision contained in this division, may petition the appeals board for reconsideration in respect to any matters determined or covered by the final order, decision, or award, and specified in the petition for reconsideration." (Lab. Code, § 5900.) Section 5904 provides that "the petitioner for reconsideration shall be deemed to have finally waived all objections, irregularities, and illegalities concerning the matter upon which the reconsideration is sought other than those set forth in the petition for reconsideration." (Lab. Code,

§ 5904.) Thus, as it relates to the issues decided in the October 23, 2024 F&A, defendant is generally estopped from raising issues at this juncture for which it did not seek reconsideration in the first instance. An exception to these statutory principles would apply insofar as defendant is *newly aggrieved* by our amendments to the F&A. (See, e.g., *Transp. Ins. Co. v. Workers' Comp. Appeals Bd.* (*Hanna*) (2015) 80 Cal.Comp.Cases 1226 [2015 Cal. Wrk. Comp. LEXIS 130 ] (writ den.); *Nestle Ice Cream v. Workers' Comp. Appeals Bd.* (*Ryerson*) (2007) 146 Cal.App.4th 1104 [72 Cal.Comp.Cases 13].) However, our amendments were limited to deferring attorney's fees and fixing the hourly rates for the two categories of home healthcare services identified by the WCJ. **To the extent that defendant now raises issues that were otherwise previously decided in the WCJ's F&A, defendant may not challenge issues for which it is not "newly aggrieved."**

Insofar as defendant raises issues that were *not* originally decided in the WCJ's F&A, we agree that these issues may be relevant to the ultimate amount of reimbursement to applicant for home healthcare services. These issues may include the nature of the services provided as applicable to either of the two categories of services identified in Finding of Fact No. 7, and the extent to which any particular claimed service is medically necessary under section 4600(h). Moreover, to the extent that defendant is raising the issue of whether the services being billed for were regularly provided by applicant's spouse prior to the industrial injury such that they are not reimbursable pursuant to section 5307.8(b), these are issues to be raised with specificity and decided at the trial level in the first instance. However, because our ODAR is limited to determining the rates generally available to the categories of "regular caregiver" and "nursing equivalent" services, the issues raised in defendant's Petition relating to the quantity and nature of the reimbursable home healthcare services have not yet been tried or decided.

We strongly encourage the parties to meet and confer in an effort to reach amicable resolution of home healthcare reimbursement issues. We note that the parties have previously reached an interim agreement to stipulate to an Award of permanent disability that we previously returned to the trial level for further assessment of attorney's fees and COLA-related issues. (ODAR, at p. 11.) We encourage the parties to renew discussions of a global resolution that would include home healthcare issues. However, should the parties be unable to reach an accord with respect to issues of home healthcare, we again remind the parties that a WCJ's decision "must be based on admitted evidence in the record" (*Hamilton v. Lockheed Corporation* (2001) 66 Cal.Comp.Cases 473, 478 (Appeals Bd. en banc)), and the decision must be supported by

substantial evidence. (Lab. Code, §§ 5903, 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workers' Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].)

For the foregoing reasons,

**IT IS ORDERED** that the Petition for Reconsideration is **DENIED**.

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ KATHERINE A. ZALEWSKI, CHAIR**

**I CONCUR,**

**/s/ KATHERINE WILLIAMS DODD, COMMISSIONER**

**/s/ CRAIG L. SNELLINGS, COMMISSIONER**

**DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

**APRIL 6, 2026**

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

**WARREN HARVEY**
**LAW OFFICE OF MIKE HERRIN**
**LAW OFFICE OF SCOTT STRATMAN**

**SAR/*pm***

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