WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

SERGIO GARCIA, *Applicant*

vs.

BEVERLY COMMUNITY HOSPITAL;
SAFETY NATIONAL CASULATY, administered by KEENAN AND ASSOCIATES,
Defendants

Adjudication Number: ADJ12546400
Los Angeles District Office

OPINION AND DECISION
AFTER RECONSIDERATION

We granted reconsideration in order to further study the factual and legal issues in these cases. This is our Opinion and Decision After Reconsideration.

Defendant seeks reconsideration of the Findings, Award and Order (FA&O) issued by the workers' compensation administrative law judge (WCJ) on October 27, 2020.[1] By the FA&O, the WCJ found that applicant sustained injury arising out of and in the course of employment (AOE/COE) to his skin, face, eyes, left ear, sustained headaches, internal injury, psychiatric injury and neurological injury. The WCJ also found the report of the qualified medical evaluator (QME) to be admissible and substantial evidence. An award was made per the finding of injury and all other issues were ordered deferred.

Defendant contends that the QME's report should not have been found to be admissible. Defendant also contends that the WCJ erred in finding that applicant sustained an injury AOE/COE because the QME's opinions are not substantial evidence.

We received an answer from applicant. Applicant attached to his answer correspondence from defendant that is not part of the evidentiary record. The WCJ issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that we deny reconsideration.

[1] The FA&O is dated October 21, 2020, but was not served until October 27, 2020.

We have considered the allegations of defendant's Petition for Reconsideration, applicant's answer and the contents of the WCJ's Report with respect thereto. Based on our review of the record and for the reasons discussed below, we will rescind the FA&O and return this matter to the trial level for further proceedings consistent with this opinion.

FACTUAL BACKGROUND

Applicant claims injury to the head, face, left eye, left ear, tinnitus, headaches, psychiatric system, internal system, vertigo, TMJ, sleep and neurological system on May 25, 2019 while employed as a nurse by Beverly Community Hospital.

On July 16, 2019, defendant sent applicant a Notice Regarding Denial of Workers' Compensation Benefit, wherein applicant's claim was denied in its entirety. (Defendant's Exhibit B, Denial of Claim from Keenan and Associates, July 16, 2019.)

While applicant was unrepresented, he requested a QME panel in pain medicine. (Defendant's Exhibit F, Subpoena duces tecum and records from Medical-Legal Experts, produced on April 24, 2020, exh. p. 7.) Lawrence Miller, M.D., evaluated applicant on July 24, 2019 as the QME. (Applicant's Exhibit No. 1, Report of Lawrence Miller, M.D., July 24, 2019.) Dr. Miller's report contained the following history:

> Mr. Garcia reports that on the week of May 25, 2019, he was exposed to a co-worker who had viral infection and multiple open blisters on his hands, face and mouth. Mr. Garcia shared the same work computer and stethoscope with the same co-worker.
>
> Several days later Mr. Garcia developed blisters in his mouth, hands, and acute left-sided facial paralysis with associated left hearing loss, tinnitus, headaches and dizziness. He sought treatment at an urgent care center where he was examined. He was placed on prednisolone and Valtrex for presumed Bell's palsy. He was provided with Ativan for anxiety and Norco for pain around the left ear. There were no blisters in the ear canal or around the ear, but he did have blistering in his fingers and mouth. He continued to have substantial left-sided facial weakness. His left eyelid does not close. He wears an eyepatch and uses artificial tears to keep the eye moist. He has developed anxiety attacks. He sought treatment at HealthPointe. He was evaluated by neurologist/pain management specialist, Dr. Saeed Nick. He was recommended ENT evaluation and psychological evaluation. He is pending these evaluations.
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> The patient was admitted in June 2019 with panic attack and chest pain, and cardiac issues were ruled out. The chest pain was felt to be noncardiac. He was

> monitored overnight and completed cardiac stress testing with normal findings. The patient continued to use Valtrex and steroids for a presumed Bell's palsy.
>
> (*Id.* at pp. 2-3.)

Dr. Miller diagnosed applicant with Herpes Simplex Virus 1 with multiple left cranial nerve palsy, an adjustment disorder with depression and anxiety, and psychological factors affecting general medical condition. (*Id.* at p. 10.) Dr. Miller opined in relevant part:

> I believe the signs of the viral exanthem with blistering in the oral mucosa and fingers that preceded the neurological findings were the cause of his multiple cranial nerve palsy. I do not believe this represents a simple Bell's palsy or Ramsay Hunt syndrome from reactivation of the Herpes virus, but rather was related to his acute industrial exposure to another nurse who was infected with active viral infection with blistering and rash. In fact in Bells Palsy from reactivation of the varicella virus the serum antibody titer for HSV is rarely elevated as it was in this case *(Chida K* et *al . Serological diagnostic trial of the causative virus of Bell's palsy by anti - herpes virus antibodies in the paired sera. Rinsho Shinkeigaku . 2000 Aug; 40(8) : 791-6)*
>
> The temporal relationship of his contact with his associate who was infected with blistering is likely the cause of his acute viral exanthem and subsequent multiple cranial nerve palsies with elevated titer of HSVl IgG.
> …
> It is with a reasonable degree of medical certainty that his demonstrated cranial nerve palsy is infectious and the result of industrial exposure.
>
> (*Id.* at pp. 11-12.)

The proof of service for Dr. Miller's report shows that it was served on defendant on August 2, 2019. (Applicant's Exhibit No. 5, Proof of service for the Report of Dr. Miller, August 2, 2019.)

On September 20, 2019, defendant sent a letter to Dr. Miller stating:

> On 9/16/19, your QME report dated 7/24/19, was provided to Keenan by Mr. Garcia's attorney. Please be advised that we object to this report in its entirety as **no** prior notice of the evaluation was provided. There has been no form QME110 received from your office as of the date of this letter. Further, the 7/24/19 evaluation transpired less than 30 days from the date that the State issued the panel, plus there were ex-parte records provided.
>
> (Defendant's Exhibit C, Objection to the report of Dr. Lawrence Miller, September 20, 2019.)

Defendant also sent a second Notice Regarding Denial of Workers' Compensation Benefit on September 27, 2019, wherein it reiterated its objections to the QME. (Defendant's Exhibit D, Denial of claim from Keenan and Associates, September 27, 2019, p. 1.)

Dr. Miller issued a supplemental report dated January 2, 2020. (Applicant's Exhibit No. 2, Report of Lawrence Miller, M.D., January 2, 2020.) In his report, Dr. Miller noted that at the time of his initial evaluation, the records were provided by applicant. (*Id.* at p. 2.) Additional records had been provided to Dr. Miller by defendant. (*Id.*) The review of additional records did not cause Dr. Miller to change any of his opinions. (*Id.*)

Defendant deposed Dr. Miller on June 4, 2020. In his testimony, Dr. Miller advised that applicant's examination took place in Beverly Hills although the panel list had an address in Pasadena for Dr. Miller. (Joint Exhibit No. 6, Transcript of Lawrence Miller, M.D., June 4, 2020, pp. 8:19 to 9:2.) He further testified in relevant part:

> Q. Now, of course, your finding that Mr. Garcia contracted Bell's palsy from the exposure to the coworker is based on the factual information that he provided to you; correct?
>
> A. Absolutely. That's all I have.
>
> Q. Right. Did the nurse have the type of rash that would cause the Bell's palsy, in your opinion, based on what you were told?
>
> A. The herpes, yes. HSV-1, yes. It is a cause of Bell's palsy.
> Is it the most common cause? No.
> Is it a cause? Yes.
>
> Q. Right. And the particular rash, based on the description, would have been one that could have caused Bell's palsy on Mr. Garcia?
>
> A. Right. The description of the rash was consistent with the herpes virus 1.
>
> Q. Now, if -- okay. So what type of exposure to this coworker would Mr. Garcia have to have to get – to get Bell's palsy? Standing next to him, for example? Or touching something he touched? You know, what do you believe?
>
> A. Well, they worked on the same computer and the same keyboard, and they were using the same stethoscope. So there was contact. I mean, thank God he didn't have coronavirus. He could have gotten that by that connection. There was enough contact that there was some kind of spread of a virus.
> …

Q. So would it take one exposure, or would it have to be multiple exposures in your opinion?

A. One exposure. Same thing as the coronavirus, one exposure. One droplet is all it takes.

Q. So one drop, and so it could be a microsecond; correct?

A. Correct. But he was around this gentleman the whole shift.

(*Id.* at pp. 14:3 to 15:5, 15:10-17.)

The matter proceeded to trial on September 17, 2020 on the sole issue of injury AOE/COE. (Minutes of Hearing and Summary of Evidence, September 17, 2020, p. 2.) At trial, defendant objected to admission of Dr. Miller's July 24, 2019 report as summarized:

> Defendants have objected to Applicant's Exhibit 1. It was indicated that the clerk at Dr. Miller's office could be called to testify regarding service if necessary. At this point the clerk's testimony is determined to not be necessary. Applicant's, including Exhibit 1, are admitted into evidence at this point in time. Defendant's arguments regarding admissibility will be considered before reviewing the substance of the medical report in order to make a determination about its admissibility.
> …
> Defendant objects to Applicant's Exhibit 1 and contends that the examination with Dr. Miller was not scheduled at the appropriate location based on the address on the QME panel list dated June 26, 2019, Panel #2425958. The examination notice Form 110 was not properly completed or served by Dr. Miller and was sent to the wrong address and was not received prior to the evaluation by the insurance company. The resulting report after the examination was not received by the insurance company until after the report had been received by Applicant's attorney and it was Applicant's attorney who provided the copy to the Defendant.
>
> Applicant responded that the Court should note that the Applicant was unrepresented at the time that the QME was selected. Applicant's Exhibit 5, a Proof of Service dated August 2, 2019, is indicative that the report was properly served and that the first objection from Defendants in September was after receipt of the report six weeks later.
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> (*Id.* at pp. 3-5.)

Applicant testified at trial as follows in relevant part:

> Mr. Garcia testified that on May 25, 2019 his job title was Registered Nurse in the ICU at Beverly Community Hospital. On May 25, 2019 he did believe he was injured as he woke up at 5 a.m. and was preparing to work as he worked four days in a row at Beverly Community Hospital. He started getting ready for work but didn't feel right and believed he was getting a fever. He looked in the mirror and thought he was having a stroke. He conducted a stroke evaluation noting that his lip was drooping and his eyelid was drooping. He noted that he had blisters inside his gums, blisters on his fingers and hands. He had had a few blisters a few days earlier but noted that the number of blisters on his fingers and hands had increased and he now had blisters on his inner eyelid.
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> …
>
> Mr. Garcia explained that working in the ICU just about every patient is immunosuppressed. There are lots of patients with conditions such as scabies, STDs, varicella and shingles. Lots of patients have skin conditions. **Mr. Garcia testified that a co-worker did also have blisters on his upper torso and hands and in his mouth.** He testified that everything is going on in the ICU. **Mr. Garcia testified that the co-employee who also had blisters was named Mohammad M.** Mr. Garcia explained that he and Mohammad worked different shifts. He testified that Mohammad had asked him for help with patients many times. **He explained that he and Mohammad did not work the same shifts but did sometimes work at the same time. They last worked together he believes about a month before May 25, 2019.** He explained that nurses often prep patients for the change in care when the new nurses begin a shift.
>
> …
>
> Mr. Garcia confirmed that he told the floor manager, the ICU manager Manny Samoy, that he had blisters and that he was experiencing paralysis. He explained to Manny that Mohammad had had blisters earlier and that Mr. Garcia was concerned and needed to know if something was going on at the ICU. Mr. Garcia indicated that Mr. Samoy has a habit of denying issues. He confirmed that he told Manny he had blisters on May 25th and he was allowed to go to emergency on May 25th.

(*Id.* at pp. 6-7, emphasis added.)

The WCJ issued the resulting FA&O wherein she found that applicant had sustained injury AOE/COE to his skin, face, eyes, left ear, sustained headaches, internal injury, psychiatric injury and neurological injury on May 25, 2019. She further found that development of the record was necessary regarding a cardiac injury, exacerbation of high blood pressure, speech related injury, injury to his mouth, sleep disorder and/or vertigo. Dr. Miller's July 24, 2019 report was found to be admissible and substantial medical evidence.

DISCUSSION

I.

Labor Code[2] section 5909 provides that a petition for reconsideration is deemed denied unless the Appeals Board acts on the petition within 60 days of filing. (Lab. Code, § 5909.) However, "it is a fundamental principle of due process that a party may not be deprived of a substantial right without notice…." (*Shipley v. Workers' Comp. Appeals Bd.* (1992) 7 Cal.App.4th 1104, 1108 [57 Cal.Comp.Cases 493].) In *Shipley*, the Appeals Board denied applicant's petition for reconsideration because the Appeals Board had not acted on the petition within the statutory time limits of Labor Code section 5909. The Appeals Board did not act on applicant's petition because it had misplaced the file, through no fault of the parties. The Court of Appeal reversed the Appeals Board's decision holding that the time to act on applicant's petition was tolled during the period that the file was misplaced. (*Id.* at p. 1108.)

Like the Court in *Shipley*, "we are not convinced that the burden of the system's inadequacies should fall on [a party]." (*Shipley, supra*, 7 Cal.App.4th at p. 1108.) Defendant's Petition was timely filed on November 16, 2020. Our failure to act was due to a procedural error and our time to act on defendant's Petition was tolled.

II.

Applicant was unrepresented at the time he requested a QME panel. Therefore, the QME process in this matter was governed by section 4062.1. (Lab. Code, § 4062.1.) Section 4062.1(c) provides in full:

> Within 10 days of the issuance of a panel of qualified medical evaluators, the employee shall select a physician from the panel to prepare a medical evaluation, the employee shall schedule the appointment, and the employee shall inform the employer of the selection and the appointment. If the employee does not inform the employer of the selection within 10 days of the assignment of a panel of qualified medical evaluators, then the employer may select the physician from the panel to prepare a medical evaluation. If the employee informs the employer of the selection within 10 days of the assignment of the panel but has not made the appointment, or if the employer selects the physician pursuant to this subdivision, then the employer shall arrange the appointment. Upon receipt of written notice of the appointment arrangements from the employee, or upon

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

giving the employee notice of an appointment arranged by the employer, the employer shall furnish payment of estimated travel expense.

(Lab. Code, § 4062.1(c).)

Administrative Director (AD) Rule 34 separately provides:

(a) Whenever an appointment for a comprehensive medical evaluation is made with a QME, the QME shall complete an appointment notification form by submitting the form in Section 110 (QME Appointment Notification Form)(See, 8 Cal. Code Regs. §110). The completed form shall be postmarked or sent by facsimile to the employee and the claims administrator, or if none the employer, within 5 business days of the date the appointment was made. In a represented case, a copy of the completed form shall also be sent to the attorney who represents each party, if known. Failure to comply with this requirement shall constitute grounds for denial of reappointment under section 51 of Title 8 of the California Code of Regulations.

(b) The QME shall schedule an appointment for the first comprehensive medical-legal examination which shall be conducted only at the medical office listed on the panel selection form. Any subsequent evaluation appointments may be performed at another medical office of the selected QME if it is listed with the Medical Director and is within a reasonable geographic distance from the injured worker's residence.

(Cal. Code Regs., tit. 8, § 34(a)-(b).)

AD Rule 31.5(a)(11) further states:

(a) A replacement QME to a panel, or at the discretion of the Medical Director a replacement of an entire panel of QMEs, shall be selected at random by the Medical Director and provided upon request whenever any of the following occurs: . . .

(11) The evaluator has violated section 34 (Appointment Notification and Cancellation) of Title 8 of the California Code of Regulations, except that the evaluator will not be replaced for this reason whenever the request for a replacement by a party is made more than fifteen (15) calendar days from either the date the party became aware of the violation of section 34 of Title 8 of the California Code of Regulations or the date the report was served by the evaluator, whichever is earlier.

(Cal. Code Regs., tit. 8, § 31.5(a)(11).)

Defendant contends that Dr. Miller's report is inadmissible because he violated AD Rule

34 regarding notification of applicant's evaluation. A request for a replacement panel per AD Rule 31.5(a)(11) may not be made more than 15 days from either the date the party became aware of the violation of AD Rule 34(a) or the date the report was served, whichever is earlier. There is no evidence in the record that defendant sought a replacement QME panel due to Dr. Miller's alleged violation of AD Rule 34(a) and the time within which to do so has long past. Defendant does not cite any legal authority precluding a QME's report from evidence due to a failure to comply with AD Rule 34.

Defendant also contends that Dr. Miller's report is inadmissible because the examination of applicant took place at a different location than Dr. Miller's address on the QME panel list. The QME panel has an address for Dr. Miller in Pasadena, but Dr. Miller testified during his cross-examination that applicant's evaluation took place at his Beverly Hills' address. (Defendant's Exhibit F, Subpoena duces tecum and records from Medical-Legal Experts, produced on April 24, 2020, exh. p. 7.) AD Rule 31.5(a) does not provide for a replacement QME panel based on the examination being conducted at a location different from the address listed on the QME panel. Defendant again cites no authority for precluding Dr. Miller's report from evidence on this basis.

With respect to the provision by applicant of records to the QME as an improper ex parte communication, the September 17, 2020 Minutes of Hearing do not reflect that defendant objected to Dr. Miller's reporting on this basis at trial. It is acknowledged that ex parte communication with a QME is prohibited and that the aggrieved party may seek a new panel based on an ex parte communication with the QME. (Lab. Code, § 4062.3(g); see also *Suon v. California Dairies* (2018) 83 Cal.Comp.Cases 1803, 1809 (Appeals Board en banc).) However, "[i]t is improper to seek reconsideration on an issue not presented at the trial level." (*Cottrell v. Workers' Comp. Appeals Bd*. (1998) 63 Cal.Comp.Cases 760, 761 (writ den.).)

Furthermore, where there is an ex parte communication with the QME by a party, the aggrieved party must terminate the evaluation within a reasonable time and not engage in conduct inconsistent with an election to terminate the evaluation. (*Suon*, *supra*, 83 Cal.Comp.Cases at pp. 1814-1815.) Defendant's September 16, 2019 letter to Dr. Miller reveals that it was aware of applicant's ex parte communication with the QME at that time. Despite this knowledge, defendant provided Dr. Miller with additional records that he addressed in his January 2, 2020 supplemental report and defendant scheduled his cross-examination. Assuming arguendo that defendant had raised the issue of an ex parte communication at trial, defendant engaged in conduct inconsistent

with an election to terminate the evaluation with Dr. Miller following discovery of the communication and his reporting may not now be struck based on a violation of section 4062.3(g).

Defendant further contends that it was not served with Dr. Miller's initial report. The proof of service in the record shows that Dr. Miller's report was served on defendant on August 2, 2019. Applicant has offered earlier correspondence from defendant showing that defendant had received this report prior to its September 16, 2019 letter. We are precluded from relying on documents that have not been admitted into evidence and will defer to the trier of fact whether to admit this correspondence as evidence if it is offered in further proceedings of this matter. (See *Hamilton v. Lockheed Corp.* (*Hamilton*) (2001) 66 Cal.Comp.Cases 473, 476 (Appeals Board en banc) [decisions by the Appeals Board must be based on admitted evidence in the record].)

Therefore, we agree with the WCJ's conclusion that Dr. Miller's report is admissible as evidence.

III.

Decisions of the Appeals Board 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. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) To constitute substantial evidence ". . . a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions." (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).) "Medical reports and opinions are not substantial evidence if they are known to be erroneous, or if they are based on facts no longer germane, on inadequate medical histories and examinations, or on incorrect legal theories. Medical opinion also fails to support the Board's findings if it is based on surmise, speculation, conjecture or guess." (*Hegglin v. Workmen's Comp. Appeals Bd.* (1971) 4 Cal.3d 162, 169 [36 Cal.Comp.Cases 93].)

The WCJ relied on the reporting of Dr. Miller and applicant's treating physician, Dr. Saeed Nick, as well as applicant's trial testimony to find injury AOE/COE to multiple parts. However, the history of exposure relayed by Dr. Miller is inconsistent with the history provided by applicant during trial. In his July 24, 2019 report, Dr. Miller stated that applicant had been around another

co-worker who exposed him to the virus "the week of May 25, 2019." Dr. Miller later testified that applicant was around the co-worker "the whole shift." At trial, applicant testified that he and this co-worker last worked together a month before May 25, 2019. As discussed above, medical opinions based on an inadequate or erroneous history are not substantial evidence. This discrepancy is particularly problematic here due to the impact of the temporal nature of applicant's alleged exposure on Dr. Miller's opinions.

Additionally, the WCJ found injury AOE/COE to multiple parts including in the form of a psychiatric injury. The only medical reporting in evidence is from Dr. Miller and Dr. Nick, neither of whom appears qualified to address causation for applicant's claimed psychiatric injury. Dr. Miller's sole diagnosis (besides the psychiatric diagnoses) was for Herpes Simplex Virus 1 with multiple left cranial nerve palsy. It is not clear based on the current medical record which from among the parts pled may be considered industrially caused.

The Appeals Board has the discretionary authority to develop the record when the medical record is not substantial evidence or when appropriate to provide due process or fully adjudicate the issues. (*McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117, 1121-1122 [63 Cal.Comp.Cases 261]; see also *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389, 394 [62 Cal.Comp.Cases 924]; Lab. Code, §§ 5701, 5906.) The Appeals Board also has a constitutional mandate to "ensure substantial justice in all cases" and may not leave matters undeveloped where it is clear that additional discovery is needed. (*Kuykendall v. Workers' Comp. Appeals Bd.* (2000) 79 Cal.App.4th 396, 403-404 [65 Cal.Comp.Cases 264].) The "Board may act to develop the record with new evidence if, for example, it concludes that neither side has presented substantial evidence on which a decision could be based, and even that this principle may be appropriately applied in favor of the employee." (*San Bernardino Cmty. Hosp. v. Workers' Comp. Appeals Bd.* (*McKernan*) (1999) 74 Cal.App.4th 928, 937-938 [64 Cal.Comp.Cases 986].)

The current medical record is insufficient to support a finding of injury AOE/COE. The preferred procedure to develop a deficient record is to allow supplementation of the medical record by the physicians who have already reported in the case. (*McDuffie v. Los Angeles County Metropolitan Transit Authority* (2002) 67 Cal.Comp.Cases 138 (Appeals Board en banc).) The proper method to develop the record is thus for the parties to return to the physicians who have already reported in this case, which may include applicant's treating physicians, as well as the QME. Thereafter, per *McDuffie*, if the existing physicians cannot cure the need for development

of the record, the selection of an agreed medical evaluator (AME) should be considered by the parties. If the parties cannot agree to an AME, then the WCJ can appoint a physician to evaluate applicant pursuant to section 5701.

Although Dr. Miller's reporting is admissible, there is not substantial evidence in the record on the disputed issue of injury AOE/COE and therefore, the record must be further developed per the preferred procedure in *McDuffie*.

In conclusion, we will rescind the FA&O and return this matter to the trial level for further proceedings consistent with this opinion.

For the foregoing reasons,

IT IS ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings, Award and Order issued by the WCJ on October 27, 2020 is **RESCINDED** and the matter is **RETURNED** to the trial level for further proceedings consistent with this opinion.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

/s/ DEIDRA E. LOWE, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

April 1, 2021

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

LAW OFFICE OF ERIC JACOBS
LAW OFFICE OF SOLOV & TEITELL
SERGIO GARCIA

AI/*pc*

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