WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

ROBERT JELENIC, ***Applicant***

vs.

LOS ANGELES DEPARTMENT OF WATER AND POWER,
Permissibly Self-Insured, ***Defendant***

Adjudication Number: ADJ1955186 (LBO 0302823)
Long Beach District Office

OPINION AND DECISION AFTER RECONSIDERATION

The Appeals Board granted reconsideration to study the factual and legal issues. This is our Decision After Reconsideration.

In the Findings and Award and Order of Commutation dated July 20, 2021, the workers' compensation judge ("WCJ") found, in relevant part, that on June 10, 1997, applicant sustained industrial injury to his neck, head and psyche, causing permanent and total disability, and that apportionment to non-industrial factors is inapplicable pursuant to Labor Code section 4662(a)(4).

Defendant filed a timely Petition for Reconsideration of the WCJ's decision. Defendant contends that the WCJ erred in finding applicant to be permanently and totally disabled because the medical evidence does not support the finding, and because the medical experts deferred the issue of vocational feasibility to the vocational experts. Defendant further contends that the WCJ erred in failing to consider Dr. Richman's supplemental report of June 27, 2016, which included reduced disability findings.

Applicant filed an answer.

The WCJ submitted a Report and Recommendation ("Report"). We adopt and incorporate the Report only to the extent set forth in the body of this opinion.

Based on our review of the record and applicable law, we will amend the WCJ's decision to include the upper and lower back in her finding of injury, and to rescind the WCJ's finding that there is no apportionment to non-industrial factors pursuant to Labor Code section 4662(a)(4).

Otherwise, we affirm the WCJ's finding that applicant's industrial injury resulted in permanent and total disability, and we add our own finding that there is no basis for apportionment under Labor Code section 4663.

We adopt and incorporate the following excerpts from the WCJ's Report, which explains why the evidence justifies the WCJ's finding that the industrial injury sustained by applicant resulted in permanent and total disability:

II
FACTS

> As indicated by Petitioner, the applicant sustained an admitted injury in the form of a motor vehicle accident on June 10, 1997. The parties contested nature and extent and the Court found that in addition to the admitted body parts of upper and lower back, the applicant also sustained injury AOE/COE to his neck, head and psyche. Petitioner does not dispute the Court's [injury] findings.
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> As verified in the medical reports and the vocational rehabilitation report of Ms. Worthington, the applicant did experience a significant non-industrial head trauma prior to the industrial event in question. However, notwithstanding the prior injury, the applicant's preexisting condition did not prevent him from continuing to work for this employer in his usual and customary capacity up until the industrial event of June 10, 1997.
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> The parties elected Dr. Lawrence Richman, a specialist in neuropsychiatry, as an Agreed Medical Examiner (AME) in neurology at the request of AME Dr. Friedman in psychiatric medicine to ascertain the degree of damage to the applicant's organic neurologic processes resulting from the non-industrial brain injury. Dr. Friedman then incorporated and adopted the opinions of Dr. Richman into his own rating and conclusions.
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> At the time of Trial, the parties confirmed they had not taken the initiative to seek out consultative ratings from any rater to determine disability with and without apportionment prior to submission. The parties offered no trial briefs on the issue of how or whether the Court could find permanent total disability. The Court did request a rating from the DEU with apportionment, which resulted in a combined ninety-seven percent (97%) permanent disability rating under the 1997 PDRS, if apportionment was applicable. An alternative rating prepared by the Court resulted in permanent total disability, or 100% permanent disability, based on the conclusion iterated in Dr. Richman and Dr. Friedman's reports that "given his cognitive impairment the patient cannot compete in the open labor market." (Exhibit K, p.3; Exhibit R, pp. 58-59). The Court weighed the evidence for and

against apportionment, found apportionment inapplicable and that applicant was permanently totally disabled.

III
DISCUSSION

Though the instant case is within the boundaries of the 1997 PDRS and not the AMA Guides, the Court reasons that a WCJ is not bound by a rater's recommended permanent disability rating and that it may elect to independently rate an employee's permanent disability. The only caveat is that the WCJ's rating must be based on substantial evidence. (*Blackledge v. Bank of America* (2010) 75 Cal. Comp. Cases 613, 616 (*en banc*)). The Court relied on the reporting of Dr. Richman and that of Dr. Friedman, who both stated that "[g]iven his cognitive impairment the patient cannot compete in the open labor market and consideration should be raised for the *LeBoeuf* decision," and, "the *combined* disabilities appear to render the applicant totally and permanently disabled," for the applicant's neurologic deficit and psychiatric condition (Opinion on Decision, p. 3). As explained in the medical evidence provided by both these AMES, the industrial head trauma brought to surface the subclinical or compensated cognitive disturbance already present, and permanently altered it to applicant's detriment. (Opinion on Decision p. 5). The issue then becomes […] the applicant's significant cognitive impairment, which currently renders him unable to return to his usual and customary duties or seek out gainful employment. The Court found that this alone was sufficient to find total permanent disability… (Opinion on Decision p. 5).

… [T]he medical opinions of Dr. Richman and Dr. Friedman were also substantially supported by the report(s) of Ms. Worthington. While assessing the applicant's work skills, transferable work skills and residual transferable work skills, given Dr. Richman's restrictions, the vocational rehabilitation expert concluded the applicant was delegated to "basically part-time" work "in a very non-stressful environment." Combined with the "light" and "sedentary" work restriction of AME Dr. Angerman in orthopedic medicine, there was a disconnect between the two restrictions resulting in less than "sedentary, unskilled, semi-skilled or skilled work," which Ms. Worthington found to be unattainable for this applicant. She found that the applicant was neither placeable, nor trainable under these circumstances. (Exhibit 8, p. 22- 23) This is congruous with Dr. Richman finding signs of clinical dementia, significant cognitive disturbance, emotional difficulty, and anxiety and depression as a result of the industrial accident, which feeds into his now altered cognition, as described by Dr. Friedman. Dr. Friedman also supports this conclusion in stating that "combined disabilities appear to render the applicant totally and permanently disabled." (Exhibit 4, p. 50-51, 57; Exhibit J, p. 35). […] The

> Court did find the conclusions of Drs. Richman and Friedman substantially supported by the applicant's vocational rehabilitation reports.
>
> When examining the substantial medical and vocational evidence with the facts of the case and analyzing the range of evidence from all perspectives, the record supports the Court's finding of total permanent disability. (*Daniels v. Workers' Compensation App. Bd.* (2011) 76 Cal.Comp.Cases 1092 (*writ denied*)).

Defendant contends that the WCJ erred in relying on Labor Code section 4662(a)(4) to apply a conclusive presumption that applicant is permanently and totally disabled.

Section 4662(a)(4) states as follows: "(a) Any of the following permanent disabilities shall be conclusively presumed to be total in character: […] (4) An injury to the brain resulting in permanent mental incapacity."

We find merit in defendant's contention, because it is based on the correct allegation that the WCJ refers to no medical evidence that applicant has been diagnosed with "permanent mental incapacity." (Cf. *Kloeckner USA Holdings v. Workers' Comp. Appeals Bd.* (*De La Rosa*) (2019) 84 Cal.Comp.Cases 1020 (writ den.).) However, we need not rely on section 4662(a)(4) to affirm the WCJ's finding of permanent and total disability. As specifically discussed in the portions of the WCJ's Report excerpted above, the medical opinions of Drs. Richman and Friedman, combined with the vocational opinion of Ms. Worthington, justify the WCJ's finding that applicant's industrial injury resulted in permanent and total disability.

In reviewing defendant's petition for reconsideration, we observe that defendant seems to assert that a finding of permanent and total disability must be based on either medical evidence or vocational evidence, or that the two types of evidence must be in agreement that the injury or injuries in question have resulted in permanent and total disability. We disagree. The WCAB may properly base a finding of permanent and total disability on a *combination* of substantial medical and vocational evidence, as the WCJ has done here. (See, e.g., *Lamas v. Allen Constr.* (2021) 2021 Cal. Wrk. Comp. P.D. LEXIS 195.)

Further, we are not persuaded by defendant's contention that applicant has failed to rebut his impairment rating under the AMA Guides and/or that applicant has failed to rebut the scheduled rating pursuant to *Contra Costa County v. Workers' Comp. Appeals Bd.* (*Dahl*) (2015) 240 Cal.App.4th 746, 751 [80 Cal.Comp.Cases 1119] and *Ogilvie v. Workers' Comp. Appeals Bd.* (2011) 197 Cal.App.4th 1262, 1277 [76 Cal.Comp.Cases 624]. The contention and cases cited by

defendant are not to the point, because this case is subject to the 1997 Schedule for Rating Permanent Disabilities (PDRS), not the 2005 PDRS. As our Supreme Court stated long ago in *LeBoeuf v. Workers' Comp. Appeals Bd.* (1983) 34 Cal.3d 234, 243 [48 Cal.Comp.Cases 587], "[j]ust as retraining may increase a worker's ability to compete in the labor market, a determination that he or she cannot be retrained for any suitable gainful employment may adversely affect a worker's overall ability to compete. Accordingly, that factor should be considered in any determination of a permanent disability rating."

In this case, it is beyond question that the WCJ properly considered applicant's suitability for vocational rehabilitation in determining the nature and extent of his permanent disability. As discussed in the WCJ's Report, applicant's vocational expert, Ms. Worthington, concluded that the applicant was neither placeable nor trainable given the extent of the medical problems described by Dr. Richman - clinical dementia, significant cognitive disturbance, emotional difficulty, and anxiety and depression, with Dr. Friedman opining that applicant's "combined disabilities appear to render the applicant totally and permanently disabled." Moreover, the formal rating dated June 25, 2021 determined that even in absence of Ms. Worthington's opinion that applicant is unemployable (but *including* 40% non-industrial apportionment of his psychiatric disability), the effects of the industrial injury have left applicant with a permanent disability rating of 97%.

However, defendant contends that in finding applicant permanently and totally disabled, the WCJ erred in disregarding Dr. Richman's opinion that 50% of applicant's neurological disability should be apportioned to the prior, non-industrial injury of 1992.

We already explained that Labor Code section 4662(a)(4), which provides that a brain injury resulting in permanent mental incapacity is conclusively presumed to result in permanent and total disability, is inapplicable here. Therefore, contrary to the WCJ's understanding, this statutory presumption is not a basis to preclude apportionment.

Nonetheless, it is well-settled that defendant has the burden of proving apportionment pursuant to Labor Code section 4663. (*Kopping v. Workers' Comp. Appeals Bd.* (2006) 142 Cal.App.4th 1099, 1114 [71 Cal.Comp.Cases 1229].)

In this case, Dr. Richman, Agreed Medical Evaluator (AME) in neurology, stated in his first report dated April 19, 2016: "Reviewing the [deposition of Dr. Angerman, AME in orthopedics], it is evident the [applicant] made substantial recovery from his initial [1992] injury,

however it is also evident that cerebral reserve in patients of this type is impaired or lost which means that a second injury of similar, greater or lesser magnitude can bring to the surface or aggravate an underlying subclinical or compensated cognitive disturbance. In this respect as relates the injury of 6/10/[97] in my opinion the [applicant's] neurocognitive dysfunction has decompensated. Emotional factors were also relevant, including anxiety and depression, which are known to alter cognition as described in the [relevant medical] literature." (Defense exhibit R, p. 57.)

Then Dr. Richman provided his opinion on permanent impairment and apportionment as follows:

> In my opinion the patient has reached Maximum Medical Improvement. For posttraumatic head syndrome in my opinion the patient falls into Class 2 of Table 13-6 and qualifies for 29% whole person impairment with 50% apportionment to his earlier non-industrial motor vehicle accident in 1992 on the basis of causation to reasonable medical probability based on the underlying pathology which is clearly demonstrated on the patient's imaging studies as well as the hospital and treatment records provided. This leaves the patient with 15% whole person impairment, industrial, related to the injury of 6/10/97 due to decompensation from blunt head trauma from this incident. In addition the patient qualifies for 3% whole person impairment for headaches and 3% whole person impairment for disequilibrium related/lightheadedness from Table 13-3 related to his anxiety disorder which is part of a posttraumatic head syndrome. As relates the patient's sleep disturbance in my opinion he qualifies for 3% whole person impairment as well. According to page 308 of the AMA Guides, 5th Edition, an examiner can provide an impairment rating for sleep disturbance or posttraumatic head syndrome, not both; and whichever rates higher is assessed using the Guides. As such the patient will not be provided with an impairment rating for sleep.
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> The patient's final whole person impairment is calculated as follows: Fifteen·percent combines with 3% to equal 18%. Eighteen percent combines with 3% to equal 20%. The patient's final whole person impairment from a neurological perspective is 20%.
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> I find no basis for further apportionment to non-industrial factors.
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> The patient would benefit with medication such as Fioricet for tension headaches and Maxalt for migraine headaches.
>
> Given his cognitive impairment the patient cannot compete in the open labor market and consideration should be raised for the *LeBoeuf* decision.

> The patient would only be able to work in a very non-stressful environment of no more than 20-25 hours per week from a neurological perspective. He may require work restrictions from an orthopedic perspective, which twill defer to Dr. Angerman to address. The patient is precluded from working at heights or on scaffolds or ladders.

In a follow-up report dated June 27, 2016 (defense exhibit Q), Dr. Richman reviewed sub rosa videos of the applicant taken on various dates in 2013 and 2015, and one taken on March 8, 2016. At pages 7 and 8 of his June 27, 2016 report, Dr. Richman commented as follows after reviewing the videos:

> I have had an opportunity to review multiple DVD recordings of the patient which failed to show an antalgic gait, which I will defer to the orthopedic examiner to address. As relates the patient's jerking movements that were observed by Dr. Friedman and myself, these were not present at all during the sub rosa DVDs reviewed and I would defer to Dr. Friedman to address the significance of these findings with respect to the proper characterization of the patient's psychiatric condition versus character disturbance versus the potential for a component of malingering of some his presentation and symptoms.
>
> It is evident the patient is capable of performing various activities that do require a higher level of cortical function in terms of operating a motor vehicle, dealing with placement of his car registration sticker on his vehicle, and other activities observed.
>
> It is still my opinion that the patient has a posttraumatic head syndrome however with respect to his overall whole person impairment, taking into consideration prior and more severe posttraumatic head injury with brain substance loss of the frontal lobe resulting from a non-industrial accident in 11/1992, I will revise the total whole person impairment provided in my initial report from 29% to 20% whole person impairment. Again I believe 50% should be provided on the basis of Labor Code Section 4663 to the prior injury of 1992, leaving the patient with 10% whole person impairment from the incident of 6/10/97. As relates the patient's disequilibrium I provided 3% whole person impairment. Disequilibrium was not observed during the sub rosa DVD and I will revise the 3% to 1% whole person impairment from Table 13-3.
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> Otherwise my opinions remain unchanged.

We are not persuaded that Dr. Richman's opinion is substantial evidence of apportionment in either of the opinions excerpted above.

In *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604 [Appeals Board en banc], the Board discussed the following requirements for a medical opinion to be considered substantial evidence of apportionment:

> "[I]n the context of apportionment determinations, the medical opinion must disclose familiarity with the concepts of apportionment, describe in detail the exact nature of the apportionable disability, and set forth the basis for the opinion, so that the Board can determine whether the physician is properly apportioning under correct legal principles. (*Ashley v. Workers' Comp. Appeals Bd.*, *supra*, 37 Cal.App.4th at pp. 326-327; *King v. Workers' Comp. Appeals Bd.*, *supra*, 231 Cal.App.3d at pp. 1646-1647; *Ditler v. Workers' Comp. Appeals Bd*., *supra*, 131 Cal.App.3d at pp. 812-813.)
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> Thus, to be substantial evidence on the issue of the approximate percentages of permanent disability due to the direct results of the injury and the approximate percentage of permanent disability due to other factors, 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."
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> (*Escobedo*, *supra,* 70 Cal.Comp.Cases at 621.)

Here, Dr. Richman noted in his April 19, 2016 report that applicant substantially recovered from his first head injury in 1992, evidently to the extent that the doctor described applicant's cerebral condition as a "*subclinical or compensated* cognitive disturbance." This suggests that applicant had no cerebral disability at the time of the 1997 industrial injury in question here. In the same report, Dr. Richman apportions 50% of applicant's 29% Whole Person Impairment ("WPI") to applicant's non-industrial motor vehicle accident in 1992 for post-traumatic head syndrome "based on the underlying pathology" shown by imaging studies and hospital and treatment records. However, the fact that applicant had "underlying [brain] pathology" after the 1992 motor vehicle accident does not mean that the same brain pathology was causing permanent disability at the time Dr. Richman performed his evaluation. Further, Dr. Richman failed to describe in detail the exact nature of applicant's apportionable disability under the 1997 PDRS, as required by *Escobedo*. Thus it is apparent that the doctor's apportionment opinion is speculative, especially in light of the fact that in the same report Dr. Richman had described applicant's condition following the 1992 injury as a "*subclinical or compensated* cognitive disturbance."

In his report of June 27, 2016, following his review of sub rosa videos, Dr. Richman reduced applicant's permanent impairment rating to 20% from 29%, as previously assessed in his April 19, 2016 report, but the doctor maintained his determination of 50% apportionment to the 1992 injury without further explanation. Dr. Richman did not describe work restrictions for either the 1992 or 1997 injuries in his June 27, 2016 report, resulting in the lack of a legal basis to apportion disability to the 1992 injury under the 1997 PDRS. Dr. Richman stated that aside from the change in permanent impairment from 29% to 20% under the 2005 PDRS, which is inapplicable here, his opinion of June 27, 2016 otherwise remained unchanged from his prior opinion of April 19, 2016. In that earlier opinion, Dr. Richman concluded that in light of applicant's cognitive impairment, he is incapable of competing in the open labor market, and that consideration should be given to *LeBeouf,* in determining the nature and extent of applicant's permanent disability.

We give consideration to *LeBeouf* and follow it here, by affirming the WCJ's finding that the industrial accident of June 10, 1997, wherein applicant sustained injury to his upper and lower back (per stipulation), neck, head and psyche, resulted in permanent and total disability, without apportionment.

For the foregoing reasons,

IT IS ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Findings and Award and Order of Commutation dated July 20, 2021 is **AFFIRMED**, except that Findings 1 and 7 are **RESCINDED AND REPLACED** by the following new Findings 1 and 7:

FINDINGS OF FACT

1. Robert Jelenic did at Wilmington, California, on June 10, 1997, sustain injury to his upper and lower back, neck, head and psyche, arising out of and occurring in the course of his employment as an electrical craft helper (Occupational Group Number 380) by the Los Angeles Department of Water and Power who was then permissibly self-insured.

7. Defendant did not meet its burden of proving apportionment under Labor Code section 4663.

WORKERS' COMPENSATION APPEALS BOARD

/s/ CRAIG SNELLINGS, COMMISSIONER

I CONCUR,

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

I DISSENT. (See attached Dissenting Opinion.)

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

April 14, 2023

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

ROBERT JELENIC
OZUROVICH & SCHWARTZ, ATTORNEYS AT LAW
TENNENHOUSE, MINASSIAN & ADHAM

JTL/*ara*

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

DISSENTING OPINION OF COMMISSIONER RAZO

I agree with the majority that Labor Code section 4662(a)(4) is inapplicable because applicant's second brain injury of June 10, 1997 did not result in a diagnosis of "permanent mental incapacity." But it is clear that there are other problems with the WCJ's approach in determining permanent disability in this case. In my view, these problems include the need for a renewed formal rating of permanent disability under the 1997 PDRS, and the probable existence of pre-existing, apportionable disability caused by the 1992 non-industrial injury. (Lab. Code, § 4663.) Therefore, I dissent.

Dr. Richman, the AME in neurology, ultimately did not frame his apportionment opinion in terms of work restrictions under the 1997 PDRS. Nevertheless, it is clear Dr. Richman concluded that 50 percent of applicant's neurological disability is attributable to the brain injury suffered by applicant in the non-industrial motor vehicle accident dating back to 1992. According to Dr. Richman, this injury was the "more severe posttraumatic head injury with brain substance loss of the frontal lobe [which resulted from the] non-industrial accident in 11/1992." (Defense exhibit Q, pp. 7-8.)

The formal rating instructions from June 25, 2021 indicate that the WCJ found apportionment for the orthopedic and psychiatric injuries. However, the WCJ inexplicably dismissed any apportionment for the pre-existing neurological disability, half of which was caused by the non-industrial brain injury of 1992, according to Dr. Richman. In issuing her formal rating instructions, the WCJ also ignored the supplemental opinion on permanent disability provided by Dr. Richman after he reviewed sub rosa videos of the applicant. Dr. Richman stated that applicant "is capable of performing various activities that do require a higher level of cortical function in terms of operating a motor vehicle, dealing with placement of his car registration sticker on his vehicle, and other activities observed [by Dr. Richman]." Dr. Richman then revised the Whole Person Impairment of 29% he first reported on April 19, 2016, down to 20% Whole Person Impairment on account of the sub rosa videos. The doctor also described the non-industrial injury of 1992 as the "more severe post-traumatic head injury with brain substance loss of the frontal lobe," while concluding that "50% should be provided on the basis of Labor Code Section 4663 to the prior injury of 1992, leaving [applicant] with [only] 10% whole person impairment from the incident of [June 10, 1997]." Based on Dr. Richman's opinion alone, I believe there is meagre support for the conclusion that the 1997 injury resulted in permanent and total disability. In fact,

it appears the record supports defendant's allegation that applicant's orthopedic, psychiatric and neurological disabilities produce a permanent disability rating of around 79% after apportionment, not 97% as set forth in the WCJ's formal rating. In my view, there is no question that a new formal rating is needed in this case.

I am also convinced the WCJ erred in concluding that a combination of the medical evidence and the opinion of applicant's vocational expert, Ms. Worthington, justifies a finding that the industrial injury of June 10, 1997 caused permanent and total disability. There is a flaw underlying the WCJ's approach in relying on this vocational evidence, in that the WCJ failed to explain why there is no apportionment in connection with applicant's supposed vocational disability. In fact, the vocational reports of Ms. Worthington never addressed the issue of orthopedic, psychiatric and neurological apportionment in discussing applicant's limitations in the open labor market. This lack of evidence on vocational apportionment only underscores the need for the WCJ to revisit her unexplained dismissal of Dr. Richman's conclusion that half of applicant's neurological disability is caused by the non-industrial brain injury of 1992.

Similarly, it was error for the WCJ not to address the findings of defendant's vocational expert, Nick Corso. According to Mr. Corso, there no question that applicant is capable of participating in training programs. In fact, Mr. Corso's opinion actually is supported by Ms. Worthington's vocational testing, which shows that applicant has retained 95% of his intellectual capacity. Simply stated, I believe the opinions of the two vocational experts undercut any finding that applicant is permanently and totally disabled pursuant to *LeBoeuf v. Workers' Comp. Appeals Bd.* (1983) 34 Cal.3d 234, 243 [48 Cal.Comp.Cases 587].

It is well-settled that "the Board may not leave undeveloped matters which its acquired specialized knowledge should identify as requiring further [inquiry or] evidence." (*Telles Transport, Inc. v. Workers' Comp. Appeals Bd.* (2001) 92 Cal.App.4th 1159, 1164 [66 Cal.Comp.Cases 1290].) In the instant case, I am persuaded that the WCJ's decision should be rescinded and the matter returned to the WCJ for further proceedings and new decision on the unresolved issues of permanent disability and apportionment. The WCJ should further develop the record, as necessary, to ensure that each medical and vocational expert addresses the issues of both permanent disability and apportionment under the correct rating regime, which is the 1997 PDRS. (See *E.L. Yeager v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th 922, 930 (71 Cal.Comp.Cases 1687) [physician must make a determination based on his or her medical

expertise of the approximate percentage of permanent disability caused by the non-industrial condition - Labor Code section 4663(c) requires no more].) Before issuing a new, final decision, the WCJ should also formulate new rating instructions and obtain a formal rating that includes the apportionment determinations of all the medical evaluators, including Dr. Richman.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

April 14, 2023

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

ROBERT JELENIC
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JTL/*ara*

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