WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

PERRY MOREFIELD, ***Applicant***

vs.

COUNTY OF VENTURA, Permissibly Self-Insured, ***Defendants***

Adjudication Number: ADJ12533356
Oxnard District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Defendant seeks reconsideration of a workers' compensation administrative law judge's (WCJ) Findings, Award and Orders of May 31, 2022, wherein it was found that, while employed as a mental health associate during a cumulative period ending July 25, 2018, applicant sustained industrial injury to his wrists, causing permanent disability of 50% and the need for further medical treatment. The WCJ also found that applicant's average weekly wage was $2,475.72 per week, warranting temporary disability indemnity rate of $1,215.27, and thus award temporary disability in the amount of $11,153.69, representing the difference between the temporary disability indemnity paid by defendant, and the indemnity due at the proper rate.

Defendant contends the WCJ erred in: (1) finding permanent disability of 50%, arguing that the WCJ erred in following the opinion of qualified medical evaluator orthopedist George W. Balfour, M.D. rather than the opinion of orthopedist Andre M. Ishak, M.D. with regard to applicant's permanent impairment, further arguing that applicant's impairment was not properly rated, and arguing that the WCJ should have adopted Dr. Balfour's apportionment determination; (2) finding average weekly earnings of $2,475.72 per week, arguing that the parties had stipulated to average weekly earnings of $1,080.49 per week, and in (3) not applying a credit towards its liability in the amount of a supposed temporary disability indemnity overpayment.

We have received an Answer from applicant, and the WCJ has filed a Report and Recommendation on Petition for Reconsideration (WCJ). In the Report, the WCJ acknowledges an error in the computation of average weekly earnings, noting that the evidence introduced at trial supported a finding of average weekly earnings of $2,475.72 every two weeks rather than every

week. The WCJ thus recommends that we grant reconsideration, amend the decision to find an average weekly wage of $1,237.86 per week and a temporary disability indemnity rate of $825.24 per week, a reduction in the temporary disability indemnity awarded from $11,153.69 to $8,662.57, and a reduction in the attorney's fee awarded. The WCJ otherwise recommends that we affirm his findings.

We will grant reconsideration and amend the award of additional temporary disability based on an average weekly wage of $825.24 per week, for the reasons stated in the Report.[1] We will also amend the decision to find permanent disability of 48%, as Dr. Balfour found that applicant's injury caused peripheral nerve sensory and motor whole person impairment of 15% WPI for the left upper extremity and 16% WPI for the right upper extremity. He did not recommend any impairment for loss of motion. (July 3, 2019 report at pp. 11-12; September 9, 2020 report at pp. 10-11; November 26, 2019 deposition at pp. 12-13.) Nevertheless, the WCJ apparently instructed the DEU rater to fish out the range of motion measurements in Dr. Balfour's report and rate loss of motion in addition to the sensory and motor deficits.
As the WCJ states in his Report:

> It is true that there appear to be three ways to rate carpal tunnel cases using the AMA Guides. However, it would not be proper for a non-medical professional to rank these. Instead, the medical professional must be the one to decide which to method to use to rate the impairment. He provided the rating and the judge followed the rating to provide the rating instructions.

(Report at p. 8.)

The WCJ is correct that it is the physician's role to assess an injured worker's whole person impairment. (*Blackledge v. Bank of America* (2010) 75 Cal.Comp.Cases 613, 619-621 [Appeals Bd. en banc].) By including impairment ratings not found to be appropriate by the evaluating physician, the WCJ did not follow Dr. Balfour's rating. We therefore rate only the permanent

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[1] However, although the WCJ recommends an award of additional temporary disability of $8,662.57, we have calculated the amount due to applicant as $8,707.53. The parties stipulated that temporary disability indemnity was paid corresponding to the period July 26, 2018 to August 21, 2019 (exactly 56 weeks), March 12-2020 to August 19, 2020 (exactly 23 weeks), and September 24, 2020 to October 21, 2020 (exactly four weeks). Thus, defendant paid temporary disability indemnity for a total of 83 weeks. Defendant paid temporary disability indemnity at the rate of $720.33 per week, $104.91 less than the proper indemnity rate ($825.24). Eighty-three weeks times $104.91equals $8,707.53. We note that defendant paid four weeks of temporary disability indemnity from September 24, 2020 to October 21, 2020 despite the fact the parties stipulated that applicant was permanent and stationary on September 9, 2020. (Minutes of Hearing and Summary of Evidence of November 18, 2021 trial at p. 2.) However, defendant does claim overpayment of temporary disability indemnity for that period of payments. (Minutes of Hearing and Summary of Evidence of November 18, 2021 trial at p. 3.)

impairment found by Dr. Balfour, and find that applicant's injury caused permanent disability of 48%.

We otherwise affirm the WCJ's decision for the reasons stated in the portions of the WCJ's Report quoted below. With regard to apportionment, we agree with the WCJ that Dr. Balfour's apportionment determination did not "describe in detail the exact nature of the apportionable disability, and set forth the basis for the opinion" as required by *Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 [Appeals Bd. en banc]. However, we do not incorporate the discussion of Dr. Balfour's apportionment determination being speculative. The WCJ quotes Dr. Balfour in the Report stating that, "as a medical doctor he is trained to see the patient as a whole person, not 'sliced and diced'" and "to come up with [an apportionment determination] he 'had to magically use the wisdom of Solomon and come up with a number.'" (Report at p. 10.) Although the WCJ found Dr. Balfour's opinions speculative given Dr. Balfour's confession in his final report that apportionment could not be determined with absolute exactitude, our Supreme Court has observed, "Arriving at a decision on the exact degree of disability is a difficult task under the most favorable circumstances. It necessarily involves some measure of conjecture and compromise …." (*Liberty Mutual Ins. Co. v. Industrial Acc. Com. (Serafin)* (1948) 33 Cal.2d 89, 93 [13 Cal.Comp.Cases 267]; see also *Foremost Dairies, Inc. v. Industrial Acc. Com. (McDannald)* (1965) 237 Cal.App.2d 560, 572 [30 Cal.Comp.Cases 320] ["Of necessity every medical opinion must be in a sense speculative [but] this does not destroy the probative value of such an opinion."].) Similarly, the Supreme Court has stated, "Candor and intellectual integrity often compel an honest physician to state that his [or her opinion] does not rest upon scientific certainty." (*Travelers Insurance Co. v. Industrial Acc. Com. (Odello)* (1949) 33 Cal.2d 685, 687 [14 Cal.Comp.Cases 54]; see also *Santa v. Industrial Acc. Com.* (1917) 175 Cal. 235, 237 [4 I.A.C. 169] [in discussing a physician's statement that the cause of an employee's death was "guesswork," the Supreme Court said: "But a reading of his entire testimony shows that [the physician] did not, by this, mean to say that he was indulging in mere conjecture or speculation. He was giving what, on the facts before him, and in the light of medical science, appeared to be the most probable explanation of the event."].)

Accordingly, we will grant reconsideration and amend the decision to reflect that applicant's injury caused permanent disability of 48% and that applicant's average weekly wage was $1,237.86, and calculate defendant's temporary disability indemnity and attorney's fees liability based on this new sum. We otherwise affirm the WCJ's findings for the reasons stated in the quoted portion of the report that follows:

REPORT AND RECOMMENDATION ON PETITION FOR RECONSIDERATION

I INTRODUCTION

Defendant, by and through their attorneys of record, has filed a timely Petition for Reconsideration challenging the Findings and Award / Order of 20 April 2022. In it Petitioner argues that the undersigned erred in following the rating of the Rater from the Disability Evaluation Unit instead of an in-house rater who works for defense counsel. Specifically, they argue that the panel – Qualified Medical Evaluator (PQME) used an invalid rating method and therefore the rater should not have followed the rating instructions from the workers compensation judge (WCJ.) Additionally, the defendants challenge the rating instructions on reconsideration. Additionally, they also argue that the undersigned should not have admitted evidence of a higher earnings rate, citing Labor Code § 5502.

Applicant's attorney has filed an Answer to the Petition which addresses these issues. [Clerical error with an incomplete sentence omitted.]

It is recommended that reconsideration granted in part to correct the earnings rate elicited at trial and otherwise denied.

II FACTS

Applicant, PERRY MOREFIELD, aged 56 years on the date of injury while employed as a Mental Health Associate by the COUNTY OF VENTURA DEPARTMENT OF BEHAVIORAL HEALTH, permissibly self-insured and administered by SEDGWICK CMS sustained injury arising out of and in the course of employment during the period of continuous trauma from 22 September 2014 to 25 July 2018 to the bilateral wrists, diagnosed as carpal tunnel syndrome.

Applicant treated with Dr. Andre M. Ishak at Ventura Orthopedics who also performed two carpal tunnel surgeries: the left in July 2018 and the right in December 2018. According to the panel qualified medical examiner (PQME,) Dr. Balfour, he also performed corrective surgery bilaterally to increase the size of the carpal tunnel. Afterwards Dr. Ishak issued a report that found no disability and no apportionment. Specifically, he stated in his 23 September 2020 report that the range of motion was "full" at 60 degrees flexion, 60 degrees extension, 20 degrees radial deviation, 30 degrees ulnar deviation, 80 degrees pronation and 80 degrees supination. [See Exhibit "A" at p. 2.] These are indeed normal figures if one turns to the AMA Guides at pp. 466 – 473. However, there was no discussion of alternative methods of rating in this report as there is very little

discussion at all in its 3 ½ pages. There was no nerve testing performed and there was no discussion of applicant's medical history, other than the fact that he never smoked or used illicit drugs or used more than 4 alcoholic beverages per week. Not surprisingly, the parties obtained a panel qualified medical evaluation (PQME.)

The PQME reports of Dr. Balfour were more complete and were contrary to the measurements recorded by Dr. Ishak. Dr. Balfour issued two reports (Exhibits 1 and 2) and his deposition was taken once. Both reports are dated after applicant's carpal tunnel surgeries occurred. In his first report (Exhibit 2) Dr. Balfour found flexion and extension to be 70 degrees, bilaterally. Radial deviation was 15 degrees and ulnar deviation was 30 degrees. Dr. Balfour did not record pronation and supination in his first report but then these are not required measurements for the wrist disability but are used instead for measuring elbow disability. [See AMA Guides at 466 to 470 and 473.] He did conduct manual nerve testing and found a positive Tinel's sign and a positive wrist compression test. He also found that the thenar muscle strength was 4.5 / 5 bilaterally and provided ratings based on motor and sensory impairment. These ratings appear on pp. 10 and 11 of his first report.

In his second report (Exhibit 1) Dr. Balfour was asked to comment on what appears to be apportionment and causation. He stated:

> "I realize that the legal profession requires me to slice and dice the patient into several pieces, so that it is possible for them to come to a financial conclusion regarding their actual obligations. However, I as a physician, am trained to think of the whole person." [Exhibit 1 at p. 2.]

He did not provide any more useful information on apportionment in his second report but he did provide some "old schedule" work restrictions which were not useful either.

Later, the attorneys took the deposition of Dr. Balfour. At pp. 13 through 18 of this deposition he explained how he reached the 20% figure he used on pp. 10 – 11 of his first report in choosing between 1 and 25% in grade 4 in Table 16-10 on p. 482 of the AMA Guides in computing the impairment value.

With respect to apportionment, he also explained how he how he "had to magically use the wisdom of Solomon and come up with a number." Adding, "[a]nd 50/50 seemed appropriate." Deposition of Dr. Balfour at p. 18 lines 21 – 23 (Exhibit 3.)

The parties then went to trial. On the day of trial, it was discovered that the earnings rate agreed to by the parties was based on an incorrect rate based on applicant's earnings for the year ending at the beginning of the period of the

continuous trauma, not the last year of employment. This document shows the period being 22 September 2013 to 22 September 2014. The stipulation in paragraph 3 and defense exhibit G showed earnings of $ 1,080.49 per week based on this document. However, the continuous trauma in this case was from 22 September 2014 to 25 July 2018.

The applicant testified that his earnings were $ 2,475.72 every two weeks. During trial, he testified that he was referring to a pay stub for the period of 03 June 2018 to 16 June 2018. This works out to $ 1,237.86 per week in earnings. Neither side presented a wage statement or other documentation at either of the two trial sessions that followed this testimony.

At trial, the applicant made a compelling and sympathetic witness. He testified that his hands got progressively worse, that he continued to work to allow his co-workers to "get up to speed" on his cases. He also testified that his condition did not get better with surgery.

Also, at trial, the defendant attempted to have their rating expert testify at the trial. The undersigned indicated that that request would be denied based on such testimony being premature. The undersigned did eventually grant permission for this defense rating expert to testify later, after the testimony of the DEU rating expert at her cross-examination.

After the trial, the undersigned issued rating instructions to the DEU. The DEU issued a rating which appears in the record which uses both the range of motion and the peripheral nerve ratings. The range of motion ratings were 1% standard impairment for each hand and rated out to 3 % each. The peripheral nerve impairment ratings came to a total of 15 % for the left hand and 16% for the right hand. These worked out to peripheral nerve disabilities of 27 on the left hand and 28% on the right. The total rating after using the Combined Values Chart (CVC) came to 50% disability.

At the cross-examination of the DEU rater, the rater testified that she followed the judge's rating instructions. She confirmed that these instructions required her to rate per pp. 8 and 10 – 11 of the Report of Dr. Balfour (Exhibit 2.) The defense attorney questioned the rater regarding whether the rating contained within Dr. Balfour's report was proper under the AMA Guides. She indicated that she did not know. When asked about how the doctor computed the 15% and 16% figures for the peripheral nerves she indicated that she had no way to verify how he got those numbers. The witness also confirmed that clinical judgement was a component of the ratings computed using Table 16-10 on p. 482.

As indicated above, the private rater also testified, largely to rebut the DEU rater. In sum, he testified that there are three ways to rate carpal tunnel syndrome: (1) Range of motion using the tables on pp. 466 – 470 of the AMA

Guides; (2) Using the peripheral nerve impairment method discussed in pp. 480 – 494 (especially pp. 482 – 484) of the AMA Guides; and (3) a 5% catch-all category when the information using method 2 is wanting. He admitted that it would be appropriate to combine methods 1 and 2 in the appropriate case.

In his testimony he argued that the second method for rating above would not be the most appropriate way to rate this case as the doctor failed to use the two-point discrimination test. He stated that this was the preferred way to do nerve testing under the AMA Guides and that since he did not use this test, Dr. Balfour should not have used method two, but should have used method three instead.

The undersigned a decision on 20 April 2022. The undersigned adopted the rating of the DEU and rejected the 50% apportionment offered by Dr. Balfour. This rating was based on the combination of method 1 and 2.

This Petition for Reconsideration followed.

III
DISCUSSION

To summarize, there are four issues involved in this case: (1) Whether the report of Dr. Balfour is substantial evidence of permanent disability; (2) Whether the report of Dr. Balfour complies with the requirements of the Escobedo vs. Marshalls case [(en banc, 2005) 70 CCC 204]; (3) Whether the undersigned erred on the issue of TTD and (4) Whether defendant sustained the burden of proof on the issue of credit.

1. Permanent Disability Rating Issues:

Dealing first with the most complex issue, the rating in this case is based on the report of Dr. Balfour, the PQME in this case. The undersigned chose Dr. Balfour instead of Dr. Ishak as applicant made a credible and compelling witness on his behalf. The applicant was not zero percent disabled based on his testimony.

Furthermore, the report of Dr. Balfour is much more complete in its reasoning on the issue of permanent disability and is based on more comprehensive testing than that of Dr. Ishak. Neither report is so bad as to constitute insubstantial evidence. However, the report of Dr. Balfour is a much better report and so it was chosen.

However, the crux of defendant's Petition for Reconsideration is based on the testimony of the in-house rater from the defense firm, Mr. Mussack, who is of the opinion that the examining doctor must use two-point discrimination to determine the grade level on page 482, Table 16-10. However, that is not what

AMA Guides say on the subject. They do say that the two-point discrimination test may be used and may produce "useful" results but the AMA Guides warn:

"The patterns of nerve loss and recovery seen in neuropathy or neuritis from disease or nerve compression are different from those following nerve lacerations. Within the limits of current instruments, two-point discrimination tests have been normal whereas the Semmes-Weinstein pressure aesthesiometer and nerve conduction studies have been abnormal in both clinical and induced neuropathies. Two-point discrimination has its widest application for individuals who have sustained nerve lacerations, in whom presence of two-point discrimination usually indicates significant return of function."

In this case, the applicant has been diagnosed with both peripheral neuropathy and a nerve compression injury (carpal tunnel syndrome) which is not a case of nerve laceration. There are other lists of tests discussing their relative value in different settings throughout Chapters 16.3 through 16.5. Clearly, the audience for the AMA Guides, particularly these sub-chapters, are the medical practitioners who exercise discretion in applying tests to obtain the impairment. The area in question is far too complex for raters (or judges) to exercise this discretion. Instead, the scientist decides which tests to use for rating purposes. This part of the AMA Guides is not formulaic, but instead merely guides the medical practitioner in deciding which tests to use in assessing impairment.

This is especially true in this case. The applicant was diagnosed with peripheral neuropathy, diabetic neuropathy and carpal tunnel syndrome. He had three surgeries and did not have a good result. The PQME chose to use Table 16-10. Now in using table 16-10, the doctor first used the upper half of the table to use the symptoms to conclude that the applicant was a "Grade 4." Grade 4 envisions a percent sensory deficit of between 1 and 25%. This is, by the way, is the lowest grade for which there is impairment using this table.

He then used the Thenar Muscle Strength Test which the doctor admitted was a "rough" test. He used this test, together with the ultrasound to estimate the percent of sensory deficit at 4.5 out of 5. He then is called upon by the Guides to use "clinical judgement" to choose a percentage of sensory deficit. He chooses 20%. He then uses the rest of the table to compute the corresponding upper extremity deficit and, using the general directions of the AMA Guides, to compute the whole person impairment.

While these procedures are written, they are not formulaic. They expressly include the words "clinical judgement" to permit the scientist to come to a conclusion where there is limited data. [See footnotes at the bottom of Table 16-10.]

It is true that there appear to be three ways to rate carpal tunnel cases using

the AMA Guides. However, it would not be proper for a non-medical professional to rank these. Instead, the medical professional must be the one to decide which to method to use to rate the impairment. He provided the rating and the judge followed the rating to provide the rating instructions.

Defendant also argues that the undersigned should have had the DEU rater assess the entire report and to provide an opinion as to whether Dr. Balfour rated this properly. This would exceed the mandate of the DEU. A rater follows the instructions of judge. The judge, in this case, did not instruct the rater to read the entire report because the rater did not need this information. As an aside, judges are trained not to simply instruct the rater to read the entire report, but to specify which parts of the report provide information for the rater. The undersigned has done this and nothing in the balance of Exhibit 2 would assist the rater in doing her job.

[Discussion regarding using both the sensory and motor deficit impairment and the range motion impairment omitted.]

In sum, the undersigned followed the PQME to craft the rating instructions and the DEU rater followed those instructions. The PQME's report is based on scientific theory and clinical judgement and should be followed on this issue.

2. Apportionment Issues:

With respect to apportionment, the undersigned does not follow the PQME. This is because the report does not contain the "how and why" discussion required in the Escobedo vs. Marshalls case [(en banc, 2005) 70 CCC 204.] As the Appeals Board is well aware, this means that the medical-legal evaluator is required to discuss both the causal links (the "how" element) between the non-industrial condition and the disability as well as the facts used (the "why" element) in computing the approximate numeric value in his rating. In this case, he provided some of the causal links and none of the information supporting his estimate.

He does discuss the fact that applicant had three diagnoses (diabetes, peripheral neuropathy and carpal tunnel syndrome) and he does explain that there are industrial and non-industrial linkages here. The number he comes to is a "50 / 50" Conclusion. However, he does not explain this in any way that would support apportionment using the *Escobedo* analysis.

[Discussion that Dr. Balfour's apportionment determination is speculative omitted.]

In sum, defendant has not proven apportionment.

*3. **TTD Issues**:*

There are two sub-issues with respect to temporary total disability: (a) Whether applicant sustained his burden of proof in providing testimony of earnings in the face of a document showing his earnings some four years prior to the last day of work and (b) whether the undersigned erred in calculating the earnings rate. The answer to the first question is yes. Unfortunately, the answer to the second question is also yes.

Dealing with the first issue, the parties initially agreed to earnings at $1080.49. [Incomplete sentence omitted.] On the day of trial, it was discovered that the wage statement was based on the period from 22 September 2013 to 22 September 2014. This is almost four years prior to applicant's last day of work on 25 July 2018. Therefore, the wage statement, while it does show earnings, it shows earning for the wrong time period and does not demonstrate earning capacity. In response, applicant (who testified remotely via Lifesize) testified that his earnings were $2,475.72 every two weeks. He also testified that he was referring to a pay stub for the period of 03 June 2018 to 16 June 2018. This testimony occurred on the first day of trial. There were two trial sessions since then and neither side produced any other documentation. This being the best evidence of earnings, the undersigned attempted to follow this evidence.

Unfortunately, the undersigned omitted the word "two" in "every two weeks" and made the calculations based on that figure for every week. This was not addressed in either the Petition for Reconsideration nor the Answer thereto but it needs to be corrected to avoid a miscarriage of justice. Therefore, the undersigned recommends that Reconsideration be Granted in part to address this problem. As a result, the Amended paragraphs correcting this error appear under "Recommendation" below.

*4. **Credit Rights**:*

Lastly, with respect to the issue of credit rights, there are two periods in dispute. With respect to the first period, from 03 July 2019 through 21 August 2019, defendant argues that Dr. Balfour found applicant to be permanent and stationary on that date. It is true that he found him permanent and stationary as of that examination date. However, the transcription date is shown to be 25 July 2019 and no document shows the service date. Furthermore, the report is addressed to York, presumably the third-party administrator at the time, and the treating doctor's clinic. There is no proof of service or cc that shows that neither the applicant nor applicant's attorney was served with the report and the fact that the carrier did not terminate benefits immediately bears out the fact that there was a delay in service.

With respect to the second period, defendant alleges that applicant was returned to full duty from 12 March 2020 to 19 August 2020. There is no

evidence at all on this record of applicant being returned to full duty except the report of Dr. Ishak, which again, while it would constitute substantial evidence, was not followed. The undersigned followed the report of Dr. Balfour instead, which showed applicant was not able to return to duty.

For the foregoing reasons,

IT IS ORDERED that that Defendant's Petition for Reconsideration of the Findings, Award and Orders of May 31, 2022 is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the Findings, Award and Orders of May 31, 2022 is **AFFIRMED** except that it is **AMENDED** as follows:

FINDINGS OF FACT

1. APPLICANT, PERRY MOREFIELD, aged 56 years on the date of injury, while employed as a Mental Health Associate at Ventura, California by COUNTY OF VENTURA, sustained injury arising out of and in the course of said employment during the period of continuous trauma (CT) from 22 September 2014 to 25 July 2018.

2. The reports of Drs. Ishak and Balfour are substantial evidence and are admitted into evidence. The wage statement offered by defendant is relevant and admitted into evidence.

3. The parts of body injured for this date of injury were the wrists.

4. The applicant's position was that of a mental health associate, an unscheduled occupation, warranting a dual occupation code of 111 and 212.

5. The applicant's earnings were $1,237.86 per week warranting indemnity rates of $ 825.24 per week for temporary disability and the $290.00 per week for permanent disability.

6. Defendant is not entitled to a credit for any temporary disability indemnity overpayment.

7. Applicant is 48% permanently disabled warranting 257 weeks of benefits for a total indemnity of $ 74,530.00.

8. There is no factual basis for apportionment.

9. There is need for further medical treatment.

10. The reasonable value of the services of applicant's attorney is

$12,171.93 based on 15% of the temporary disability indemnity and 15% of the present value of the permanent disability indemnity obtained for the applicant.

AWARD

1. Temporary Total Disability (TTD) in the amount of $ 8,707.53 for the rate differential between the credit for sums. This amount is to be payable less the attorneys' fee set forth below.

2. Permanent Disability indemnity in the amount of $74,530.00 payable at a rate of $ 290.00 per week and paid every other week, less credit for sums paid and less credit for the attorneys' fee set forth below.

3. Further medical treatment.

4. Attorneys' fees in the amount of $12,171.93 payable from accrued benefits and otherwise commuted off the far end of the award as necessary to create a lump sum.

ORDER

1. **IT IS ORDERED THAT** the parties adjust the amount of the liens and that neither defendant nor lien claimants file a Declaration of Readiness regarding the liens until a good faith effort is made to resolve the liens.

WORKERS' COMPENSATION APPEALS BOARD

/s/ _JOSÉ H. RAZO, COMMISSIONER___

I CONCUR,

/s/ _KATHERINE WILLIAMS DODD, COMMISSIONER__

__CRAIG SNELLINGS, COMMISSIONER__________
CONCURRING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

July 15, 2022

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

PERRY MOREFIELD
EDWIN K. STONE
BRADFORD & BARTHEL

DW/oo

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