

**WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA**

EUGENE FLOWERS, *Applicant*

vs.

RAY MAC PAINTING; STATE COMPENSATION INSURANCE FUND, *Defendants*

**Adjudication Number: ADJ1560752
Oxnard District Office**

**OPINION AND DECISION
AFTER RECONSIDERATION**

We previously granted reconsideration¹ in this matter to provide an opportunity to further study the legal and factual issues raised by the Petition for Reconsideration. Having completed our review, we now issue our Decision After Reconsideration.

Defendant State Compensation Insurance Fund (defendant) seeks reconsideration of the January 12, 2021 Findings and Award (F&A), wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as a painter on September 16, 2003, sustained industrial injury to his right shoulder. The WCJ found that lien claimant Behavioral Medicine and Health Psychology (lien claimant) met its burden of establishing that applicant sustained industrial injury to his psyche and that the treatment provided by lien claimant was medically reasonable and necessary. The WCJ determined that lien claimant was not entitled to reimbursement for claimed medical-legal charges but was entitled to statutory increase and interest on its lien for medical treatment expenses.

Defendant contends that the evidence submitted by lien claimant does not establish the reasonableness of the treatment; that defendant is not liable for statutory increase or interest because defendant's explanation of review was timely and lien claimant did not establish proper service of its bills; that the lien should be dismissed for failure to comply with applicable lien

¹ Commissioner Sweeney, who was previously a member of this panel no longer serves on the Workers' Compensation Appeals Board. Commissioner Razo, who was previously a member of this panel, is not currently available. Other panelists have been appointed in their place.

declaration requirements; and that the award was improper because an award can only be made for dates of service specified in the submitted billing.

We have not received an answer from any party. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition for Reconsideration, and the contents of the Report, and we have reviewed the record in this matter. For the reasons set forth in the WCJ's Report and Opinion on Decision, both of which are adopted and incorporated herein, and for the reasons discussed below, we will affirm the F&A.

FACTS

Applicant sustained injury to his right shoulder while employed as a painter by defendant Ray Mac Painting, insured by State Compensation Insurance Fund on September 16, 2003. Defendant admits injury to the right shoulder but disputes injury to the psyche.

On October 8, 2007, applicant's counsel issued a Labor Code² section 4600 letter nominating Ahmad Vahedian, Ph.D. and Behavioral Medicine and Health Psychology to act as applicant's secondary treating physician but also as the "primary treating psychologist." (Ex. 10, Section 4600 Letter and Appointment Letter, dated October 8, 2007.)

On October 17, 2007, Dr. Vahedian issued a letter to defendant requesting authorization for psychiatric treatment pursuant to section 4600. (Ex. 9, Authorization Request, dated October 17, 2007.)

On November 23, 2007, Dr. Vahedian issued a "Psychological Treatment Progress Report," in which applicant was determined to be temporarily totally disabled on a psychiatric basis. (Ex. 6, Report of Ahmad Vahedian, Ph.D., dated November 23, 2007, at p. 1.)

On June 24, 2008, defendant sent a notice to applicant advising that although the admitted injury to the left shoulder, they denied liability as to the claimed body part of psyche. (Ex. A, Correspondence dated June 24, 2008.)

On November 12, 2008, defendant issued a letter to applicant's counsel objecting to applicant's request for psychiatric treatment with Dr. Vahedian on the basis that psyche was not an admitted body part. (Ex. D, Objection Letter to Applicant's Attorney, dated November 12,

² All further references are to the Labor Code unless otherwise noted.

2008.) On the same day, defendant issued a letter to Behavioral Medicine & Health similarly objecting to any treatment on the basis of the disputed body part of psyche. (Ex. E, Objection letter to Behavioral Medicine & Health, dated November 12, 2008.)

On June 24, 2009, Jaime Anselen, M.D., performed a psychiatric Qualified Medical Evaluation and issued a corresponding report. The QME identified psychiatric injury with industrial causation and predominance and the need for further medical treatment. (Ex. 1, Report of Jaime Anselen, M.D., dated June 24, 2009, at p. 12.)

On August 20, 2009, Dr. Vahedian issued a “Supplemental Psychological Report,” including a clinical evaluation and record review, which noted, inter alia, the treating physician’s agreement with the conclusions of QME Dr. Anselen. (Ex. 5, Report of Ahmad Vahedian, Ph.D., dated August 20, 2009, at p. 11.)

On November 24, 2009, Dr. Vahedian issued a “Supplemental Psychological Report,” in which he reviewed and agreed with the psychiatric reporting of Joel J. Frank, M.D., regarding applicant’s psychiatric status. (Ex. 4, Report of Ahmad Vahedian, Ph.D., dated November 24, 2009, at p. 10.)

Dr. Vahedian also issued “Psychological Treatment Progress Reports,” on January 11, 2008, October 15, 2009, December 29, 2009, and February 26, 2010. The reports discuss applicant’s ongoing treatment, diagnoses, treatment plan, and work status. (Ex. 3, Reports of Ahmad Vahedian, Ph.D., various dates.)

On December 14, 2012, the parties resolved the case in chief by way of Compromise and Release.

Also on December 14, 2012, defendant issued a letter to Dr. Vahedian objecting to the billing received in the amount of \$4,450.80 for psychiatric treatment rendered to applicant, averring that “psyche was not accepted and therefore treatment was denied.” (Ex. I, Objection letter to Dr. Vahedian, dated December 14, 2012.)

On December 31, 2012, defendant issued an Explanation of Review (EOR) in which it reviewed various dates of services billed from October 10, 2007 to February 11, 2008 by lien claimant Behavioral Medicine and Health. (Ex. H, Explanation of Review for Behavioral Health, December 31, 2012.)

On September 1, 2019, Dr. Vahedian filed the declaration required by section 4903.8(d), attesting that the services or products described in the bill for services or products were actually

provided to the injured employee and that the billing statement attached to the lien truly and accurately describes the services or products that were provided to the injured employee. (Ex. 8, Declaration, dated September 1, 2019.)

In addition, lien claimant has submitted ledgers reflecting dates of service from October 10, 2007 to February 26, 2010. While the ledgers are addressed to defendant, they are undated except for a medical-legal charge for November 24, 2009. (Ex. 7, Billing of Behavioral Medicine for the period October 10, 2007 to February 26, 2010.)

Also, on October 17, 2007, November 21, 2012, January 4, 2013, March 5, 2013, and November 19, 2013, lien claimant prepared proofs of service reflecting service of “Bills & Reports concerning Eugene Flowers,” referencing the corresponding case and claim numbers, but without specifying the dates of the documents being served. (Ex. 11, Proof of Service of Lien Claimant, various dates.)

On October 30, 2020, the parties proceeded to lien trial and placed in issue the lien of Behavioral Medicine and Health Psychology, Inc. (Minutes of Hearing (Minutes), dated October 30, 2020, at p. 2:12.) Additional issues raised included the claimed body part of psyche, the reasonableness and necessity of medical treatment provided, and the “late filing of the declaration under Labor Code section 4903.8.” (*Id.* at p. 2:19.) Lien claimant also asserted entitlement to statutory increase and interest. The parties submitted the matter for decision on the documentary record the same day.

On January 12, 2021, the WCJ issued his F&A, determining in relevant part that applicant suffered injury to his psyche as a compensable consequence of his shoulder injury. (Finding of Fact No. 2.) The WCJ further determined that the psychological treatment rendered by lien claimant was reasonably required, and ordered the charges adjusted pursuant to the Official Medical Fee Schedule (OMFS) and paid by defendant along with statutory interest and increase pursuant to section 4603.2(b). (Finding of Fact No. 4.) The WCJ further determined that the lien was not barred by section 4903.8(d).

Defendant’s Petition avers that the WCJ’s award is not supported by individual proofs of service for each date of treatment, that the record does not support the reasonableness of the charges, that the treatment was actually provided, or that defendant received each medical report and bill. (Petition, at p. 4:4.) Notwithstanding its arguments regarding receipt of the billing, defendant also contends that its Explanation of Review issued timely and thus there was no basis

for statutory increase under section 4603.2(b). (*Id.* at p. 7:8.) Finally, defendant contends that lien claimant's failure to file the declaration required under section 4903.8(d) bars reimbursement on the lien. (*Id.* at p. 8:1.)

DISCUSSION

Lien claimant seeks reimbursement for psychological treatment rendered to applicant following his admitted industrial shoulder injury. Defendant contests whether the treatment was actually provided, the reasonableness and necessity of the treatment provided, the reasonable value of the treatment provided, and the WCJ's award of statutory increase and interest.

It is well established that "[w]here a lien claimant (rather than the injured employee) is litigating the issue of entitlement to payment for industrially-related medical treatment, the lien claimant stands in the shoes of the injured employee and the lien claimant must prove by preponderance of the evidence all of the elements necessary to the establishment of its lien." (*Kunz v. Patterson Floor Coverings, Inc.* (2002) 67 Cal.Comp.Cases 1588, 1592 (Appeals Board en banc) (*Kunz*).)

Section 5705 provides that "[t]he burden of proof rests upon the party or lien claimant holding the affirmative of the issue." (Lab. Code, § 5705.) Accordingly, lien claimant carries the "affirmative burden of proving that its lien is reasonable, and it must carry this burden by a preponderance of the evidence. (Lab. Code, §§ 5705; 3202.5; *Tapia v. Skill Masters Staffing* (2008) 73 Cal.Comp.Cases 1338, 1342–1343 (Appeals Board en banc) (*Tapia*).)

Here, the WCJ has appropriately reviewed the medical and medical-legal reporting in evidence, along with the corresponding proofs of service, billing statements, and defendant's explanation of review. Having considered the totality of the evidence, the WCJ found that the charges described in lien claimant's billing were actually provided, were reasonable and necessary, and were subject to the OMFS.

We agree with the WCJ's analysis as set forth in the Opinion on Decision and in the Report. In addition, we observe the following.

Defendant contends that Dr. Vahedian was a secondary treating physician, and that the record does not demonstrate an appropriate underlying referral from a primary treating physician. (Petition, at p. 5:3.) We agree that the nomination letter issued by applicant's counsel on October 8, 2007 is not a model of clarity, insofar as it nominates Dr. Vahedian to act as a secondary treating physician, but also to act as a primary treating psychologist. (Ex. 10, Section 4600 Letter

and Appointment Letter, dated October 8, 2007.) While defendant avers there is no evidence of a referral from the primary treating physician, we are persuaded that the reference to Dr. Vahedian as the primary treating psychologist, along with the instructions that any reporting and associated billing be submitted directly to defendant, provides a reasonable basis upon which to determine that the letter acted as a primary treating physician nomination. (See Cal. Code Regs., tit. 8, § 9785(c) [“The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section.”].) We also observe that pursuant to the medical history obtained by orthopedic QME Dr. Nagelberg, applicant was released from active care with surgeon Dr. Guanche and sought psychological treatment with Dr. Vahedian to address the sequelae of his multiple surgical interventions. (Ex. 12, Report of Steven Nagelberg, M.D., dated December 4, 2008, at p. 3.) In addition, the reports of Dr. Vahedian in evidence from 2009 and 2010 are all nominated “Primary Treating Physician” reports. (Ex. 3, Reports of Ahmad Vahedian, Ph.D., various dates.) Accordingly, we are persuaded that Dr. Vahedian was appropriately nominated to act as the primary treating physician, obviating the need for a referral. (Lab. Code, § 4600; 4603; Cal. Code Regs., tit. 8, § 9785(c).)

We also observe that insofar as defendant challenges the medical necessity of the treatment rendered, the reporting of orthopedic QME Dr. Nagelberg addresses the issue directly, noting in his October 22, 2008, report that applicant was experiencing significant psychological distress, and that “additional psychological care at this point” was strongly recommended. (Ex. 12, Report of Steven Nagelberg, M.D., dated December 4, 2008, at p. 25.) These recommendations were echoed in the June 24, 2009, report of QME Dr. Anselen, who diagnosed a depressive disorder not otherwise specified with underlying suicidal thinking and identified significant whole person impairment. (Ex. 1, Report of Jaime Anselen, M.D., dated June 24, 2009, at p. 13.) The QME endorsed applicant’s treatment course up through the date of the evaluation and further recommended additional treatment in the form of ongoing therapy and pharmaceutical management. (*Id.* at p. 14.) The ongoing symptoms and need for treatment are further reflected in the contemporaneous reporting of Dr. Vahedian, who observed ongoing “preoccupation with symptoms and physical limitations,” poor judgment and coping ability, and issues with cognition and memory. (Ex. 3, Reports of Ahmad Vahedian, Ph.D., various dates.) We thus agree with the WCJ’s conclusion that the evidentiary record supports the medical necessity and reasonableness

of treatment rendered by lien claimant. (Lab. Code, § 5705; *Kunz, supra*, 67 Cal.Comp.Cases at p. 1592.)

Finally, we note defendant's assertion that the lien is barred because lien claimant failed to file a timely declaration under section 4903.8(d). (Petition, at p. 8:3.) Section 4903.8(d) requires, in relevant part, that "in the case of a lien filed before January 1, 2013, at the earliest of the filing of a declaration of readiness, a lien hearing, or January 1, 2014, supporting documentation shall be filed including one or more declarations under penalty of perjury by a natural person or persons competent to testify to the facts stated, declaring ... [t]he services or products described in the bill for services or products were actually provided to the injured employee ... [and] [t]he billing statement attached to the lien truly and accurately describes the services or products that were provided to the injured employee." (Lab. Code, § 4903.8(d).) The section further provides that "[a] lien submitted for filing on or after January 1, 2013, for expenses provided in subdivision (b) of Section 4903, that does not comply with the requirements of this section shall be deemed to be invalid, whether or not accepted for filing by the appeals board, and shall not operate to preserve or extend any time limit for filing of the lien. (Lab. Code, § 4903.8(e).) Subsection (e), however, only provides a remedy for liens filed on or after January 1, 2013; this subsection does not provide a remedy against lien claimants that filed their liens prior to January 1, 2013, but did not timely file their 4903.8(d) declarations.

We have previously held that in the absence of a specified remedy, lien claimants who have filed liens prior to January 1, 2013 should have an opportunity to have their lien heard on the merits due to a "strong public policy favoring the disposition of cases on their merits." (*Litzman v. Workmen's Comp. Appeals Bd.* (1968) 266 Cal.App.2d 203, 205 [33 Cal.Comp.Cases 584]; see *Calderon v. Matharu Assisted Living* (January 13, 2020; ADJ3110881 (LAO 0811875)) [2020 Cal. Wrk. Comp. P.D. LEXIS 18]; *Juarez v. Masonry by Joe* (March 29, 2019, ADJ8130064) [2019 Cal. Wrk. Comp. P.D. LEXIS 593]; *Gallegos v. Barrett Business Services* (November 3, 2015, ADJ7627116) [2015 Cal. Wrk. Comp. P.D. LEXIS 686].)

Here, we are persuaded that the parties appropriately raised the issue of the timeliness of the 4903.8(d) declaration and were afforded the opportunity to submit evidence responsive to the issue. Based on our jurisprudence in this area and based on a review of the record and lien claimant's September 1, 2019 declaration, the WCJ determined that the claim was not invalid

under section 4903.8(d). (Finding of Fact No. 7.) Following our independent review of the record occasioned by defendant's petition, we find no good cause to disturb the WCJ's decision.

We will affirm the F&A, accordingly.

For the foregoing reasons,

IT IS ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the January 12, 2021 Findings and Award is **AFFIRMED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSEPH V. CAPURRO, COMMISSIONER

I CONCUR,

/s/ ANNE SCHMITZ, DEPUTY COMMISSIONER

/s/ KATHERINE A. ZALEWSKI, CHAIR



DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

September 9, 2025

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

**BEHAVIORAL MEDICINE AND HEALTH PSYCHOLOGY, INC.
STATE COMPENSATION INSURANCE FUND**

SAR/abs

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

REPORT AND RECOMMENDATION ON PETITION FOR RECONSIDERATION

I. INTRODUCTION

Applicant, Eugene Flowers, born xx/xx/xxxx, while employed on 09/16/2003, as a painter at Camarillo California by Ray Mac Painting sustained injury arising out of and occurring in the course of employment to his right shoulder. He additionally alleged injury to his psyche as a result of this accident, defendant denying injury to that part of body.

Petitioner defendant seeks reconsideration of the 01/12/2021 decision herein, finding injury to the psyche and allowing in part the lien of Ahmed Vahedian, Ph.D., secondary treating physician in psychology.

II. CONTENTIONS

Petitioner contends that the evidence does not establish the necessity of the treatment, that the lien claimant did not provide evidence of the service of each individual bill supporting statutory increase and interest, that the lien must be dismissed by operation of law pursuant to Labor Code Section 4903.8(d) and that only the charges on the billing filed with the lien can be awarded.

III. FACTS

Applicant suffered an admitted right shoulder industrial injury, later alleging injury to his psyche as a result of the accident. Defendant denied the psychiatric component. Applicant selected lien claimant Ahmed Vahedian, Ph. D. as secondary treating physician. Lien claimant filed a lien on 11/26/2012 in the sum of \$4,450.80, and uploaded billings for further dates of service with additional charges on 10/21/2020. In the interim Petitioner objected to the initial reporting based on the body part denial (Defendant's Exhibit E, 11/12/2008) and then to the \$4,450.80 charge by explanation of review dated 12/31/2012 (Exhibit H).

In the interim, on 12/14/2012 the matter was resolved by compromise and release.

IV. DISCUSSION

Necessity of Treatment

The evidence of the necessity of psychological treatment is limited to the reporting of agreed medical examiner Jaime Anselen, M.D. who stated that applicant required further care for his psyche (Lien Claimant's Exhibit 1, report of Dr. Anselen, 06/24/2009) and the reports of Dr. Vahedian, who consistently found that applicant required such care (Lien Claimant's Exhibit 3, 4, 5 and 6 (reports 11/23/2007 – 12/29/2009)).

No evidence to the contrary was proffered or introduced by petitioner. Petitioner reasons that because Dr. Vahedian's charges for medical legal reporting were not allowed, the medical legal reports are not in evidence. There was no objection at trial to the admission of these reports. The fact that petitioner was not found liable for the charges for them does not amount to any exclusion from evidence.

Thus there is evidence of the necessity of treatment and no evidence to the contrary.

Service of Billings

Petitioner denies receipt of all of the billings of lien claimant until 12/11/2019. Nevertheless petitioner introduced correspondence responsive to lien claimant's charges on 11/12/2008 (Exhibit E) and 12/31/2012 (Exhibit H).

Lien claimant's proofs of service do not specifically list the exact documents served (Exhibit 11). However the question is when what billings were received. If service substantial billings was delayed until 12/11/2019, an objection on that basis would be expected at that time.

The statutory increase applies to any amount awarded and not previously paid without regard to the date of receipt of the billing, as long as the billing has been acknowledged as received, as herein.

The interest runs from the date of receipt until the date of payment after the award. It is not contested that some charge were received in 2008 and in 2012, and that all the charges were received as of 2019.

Weighing the proofs of service, objection letters and explanation of review, it is more probable than not that the billings were received when lien claimant asserts service. It is noted that the proofs of service are all in 2012 and 2013 except for one on 10/17/2007, which (when compared to the billing) could only have been the initial medical legal report (the change for which was disallowed.)

Dismissal by Operation of Law

A lien filed before 01/01/2013, is required to file the declaration under LC 4903.8(d) at the earliest of the filing of a declaration of readiness, a lien hearing or 01/01/2014.

Unlike the statutory treatment of liens filed after 01/01/2013 (lien is invalid if filed without the declaration as of 01/01/2014), the statute is silent as to whether a lien without a declaration filed before 01/01/2013 is invalid.

In most cases, the appeals board has held that liens filed prior to Jan. 1, 2013, were not invalid for failing to comply with the requirements of LC 4903.8(d), though there are decisions holding otherwise.

The lack of language invalidating pre-01/01/2013 liens militates against ruling that Section 4903.8(d) does in fact invalidate them. If the legislature had intended to apply the invalidation to both groups of liens, the statute would so read.

The lien herein is not invalid.

Charges After Lien Filing

Petitioner avers that only the charges on the billing statement filed with the lien can be allowed. Here the lien was filed with the WCAB on 11/26/2012. The billing reflects however that

on 01/21/2008 a lien was “submitted” in the sum of \$4,450.80, the amount to which petitioner objected (Exhibit H). There are multiple dates of service thereafter. The fact that some of the billings were not enclosed with the lien does not altogether preclude recovery.

V. RECOMMENDATION

Based on the foregoing the undersigned WCALJ recommends that the petition for reconsideration be denied.

DATED AT OXNARD, CALIFORNIA

DATE: 02/05/2021

WILLIAM M. CARERO
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

OPINION ON DECISION

PARTS OF BODY

Based on the reporting of Jaime Anselen, M.D. qualified medical examiner (Lien Claimant's Exhibits 1 and 2, report of 06/24/2009) and the reporting of Ahmed Vahedian, M.D. (Lien Claimant's Exhibits 3 through 6) it is found that applicant suffered a psychiatric injury as a compensable consequence of his admitted right shoulder injury. NECESSITY OF TREATMENT Based on the treatment reporting of Dr. Vahedian and in the absence of evidence to the contrary, it is found that the treatment rendered was reasonably required to cure or relieve from the effects of the industrial injury.

REASONABLENESS OF CHARGES

The treatment charges are subject to the Official Medical Fee Schedule (OMFS), and are to be adjusted pursuant to the Schedule and reimbursed together with statutory increase of 15 per cent and interest from the date of receipt of the billings until payment (Labor Code Section 4603, 2(b)). In the event of any dispute as to the proper application of the OMFS, the parties are to engage an agreed bill review expert at their joint expense or each engage experts, jurisdiction reserved.

MEDICAL LEGAL EXPENSE

A treating physician may prepare a medical legal evaluation upon request of a party and charge on ML schedule. However, there is no evidence herein of any request of Dr. Vahedian to perform a medical legal evaluation.

Accordingly the medical legal portion of the charges are disallowed.

LACK OF CONTESTED CLAIM AT TIME OF ONSET OF TREATMENT

The application for adjudication (Lien Claimant's Exhibit 8) apprised defendant of the claim of an injury. There was a contested claim as of the application for adjudication on 02/03/2007, (Defendant's Exhibit B). The claim of a psychiatric compensable consequence was communicated to defendant by way of a request for authorization for treatment (Lien Claimant's Exhibit 9, 10/17/2007). The treatment began after the notice. LACHES

The equitable defense of laches is available where it is demonstrated that the passage of time has prejudiced a party charged. No evidence of prejudice offered. The lien claim is not barred by laches.

LATE FILING OF SECTION 4903.8 (D) DECLARATION

A lien filed before 01/01/2013, is required to file the declaration under LC 4903.8(d) at the earliest of the filing of a declaration of readiness, a lien hearing or 01/01/2014.

Unlike the statutory treatment of liens filed after 01/01/2013 (lien is invalid if filed without the declaration as of 01/01/2014), the statute is silent as to whether a lien without a declaration filed before 01/01/2013 is invalid.

In most cases, the appeals board has held that liens filed prior to Jan. 1, 2013, were not invalid for failing to comply with the requirements of LC 4903.8(d), though there are decisions holding otherwise.

The lack of language invalidating pre-01/01/2013 liens militates against ruling that Section 4903.8(d) does in fact invalidate them. If the legislature had intended to apply the invalidation to both groups of liens, the statute would so read. The lien herein is not invalid.

PENALTY AND INTEREST

As addressed above, the statutory increase and interest are allowed pursuant to Labor Code Section 4603.2(b).

DATE OF RECEIPT OF COMPLETE BILLING

Defendant contends that it did not receive the complete billing of lien claimant until 12/11/2019. Lien Claimant offers proofs of service (Exhibit 11) as to various billings between 2007 and 2013. Defendant however placed in evidence Exhibit E, and explanation of review of lien claimant's billing. It is dated 12/31/2012. Thus it is more probable than not that defendant received the billings at the times alleged by lien claimant as shown on the proofs of service.

DATED AT OXNARD, CALIFORNIA

DATE: 01/12/2021

WILLIAM M. CARERO
WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE