

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

MARIA VENEGAS, *Applicant*

vs.

**MARATHON PETROLEUM COMPANY, OCIP/BRINDERSON; ACE AMERICAN
INSURANCE; administered by SEDGWICK CMS, *Defendants***

**Adjudication Number: ADJ18498378
Long Beach District Office**

**OPINION AND ORDER
GRANTING PETITION FOR
RECONSIDERATION
AND DECISION AFTER
RECONSIDERATION**

Lien claimant, Premier Psychological Services, seeks reconsideration of the Findings and Order (F&O) dated July 30, 2025, wherein the workers' compensation administrative law judge (WCJ) found that lien claimant failed to sustain its burden of proof in establishing its lien and thus ordered a take nothing.

Lien claimant contends that primary treating physician (PTP), Dr. Mark Michaels of Premier Psychological Services, "issued a comprehensive medical-legal report" wherein he found injury arising out of and in the course of employment (AOE/COE) to applicant's psyche, thereby establishing lien claimant's right to reimbursement for its lien. (Petition for Reconsideration (Petition), p. 10.)

We have received an Answer from defendant. The WCJ prepared a Report and Recommendation on Petition for Reconsideration (Report), recommending that the Petition be denied.

We have considered the Petition, the Answer, and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed below, we will grant the Petition, rescind the F&O, and return this matter to the trial level for further proceedings consistent with this opinion.

FACTS

On November 17, 2023, applicant filed an Application for Adjudication claiming that while employed by defendant as a janitor during the period from November 16, 2022 to November 16, 2023, she sustained injury AOE/COE to the psyche. (Lien Claimant's Exhibit 2.)

Thereafter, in a letter dated November 17, 2023, applicant's attorney requested an initial medical-legal evaluation and report from Dr. Mark Michaels of Premier Psychological Services to address the issue of compensability in light of a "pending denial" by defendant. (Lien Claimant's Exhibit 3.)

Per correspondence to applicant dated January 4, 2024, defendant denied "liability for [applicant's] claim of injury" due to lack of "substantial medical evidence" of a "psychiatric cumulative trauma injury[.]" (Joint Exhibit 1.)

On January 12, 2024, lien claimant served upon defendant, a Request for Authorization (RFA) by Dr. Michaels dated January 2, 2024, requesting a medical-legal evaluation of applicant. (Lien Claimant's Exhibit 4.)

On January 18, 2024, defendant's attorney issued a letter indicating that because applicant's psyche claim was denied, utilization review (UR) for the RFA would be deferred. (Defense Exhibit B.)

On January 29, 2024, Dr. Michaels completed the medical-legal evaluation of applicant. During the evaluation, applicant indicated that since November 2023, she had been seeing a counselor for work-related stress. (Joint Exhibit 2, p. 2.) Dr. Michaels took down applicant's medical history and completed various tests and assessments but noted that "no medical records [were] available at the time of [the] evaluation" but "[s]hould records become available, [he] would be happy to review and incorporate into his overall evaluation findings as appropriate." (*Id.* at p. 4.) Applicant was diagnosed with adjustment disorder and anxiety resulting in a GAF score of 60. (*Id.* at p. 14.) It was noted that causation for applicant's "psychological distress" was found to be "predominantly industrial (greater than 50%)" but subject to modification "[s]hould additional relevant information become available[.]" (*Id.* at p. 16.) Dr. Michaels recommended further treatment over a 3-month period. (*Ibid.*) The report was signed by Dr. Michaels on April 3, 2024, but per the Proof of Service, not served until June 30, 2024. (*Id.* at p. 19.)

Thereafter, applicant attended a follow up visit on March 13, 2024, and Dr. Michaels issued a corresponding report (PR-2). (Lien Claimant's Exhibit 5.)

On June 10, 2024, the parties executed a Compromise and Release in the amount of \$15,000. (Defense Exhibit C.) The Order Approving Compromise and Release (OACR) was issued on July 11, 2024. (Defense Exhibit D.) Per the OACR, “a good faith dispute exists as to injury AOE/COE and/or liability for injury to one or more body parts which could, if resolved against the applicant, defeat applicant’s right to recover benefits.” (*Ibid.*)

Per a Proof of Service dated February 24, 2025, lien claimant served defendant with an itemized bill dated December 11, 2024, documenting \$8,958 in unpaid services for medical-legal expenses related to the January 29, 2024 evaluation and medical-treatment expenses from the March 13, 2024 follow-up. (Lien Claimant’s Exhibit 6.) Lien claimant requested settlement in the sum of \$8,500.00 for full and final satisfaction of the lien. (Lien Claimant’s Exhibit 7.)

On January 2, 2025, lien claimant filed a Notice and Request for Allowance of Lien seeking \$8,958 in “reasonable expense[s] incurred by or on behalf of the injured employee, as provided by Labor Code §4600. (Labor Code 4903(b).)”

On April 17, 2025, lien claimant filed a Declaration of Readiness To Proceed to a lien conference. At the June 19, 2025 lien conference, the matter was continued to a July 16, 2025 lien trial.

On July 16, 2025, the following issues were set for trial: the lien of Premier Psychological Services; whether Dr. Michaels failed to issue a timely report pursuant to Administrative Director (AD) Rules 9785 and 9793(h); penalties and interest pursuant to sections 4603.2 and 4662; whether defendant waived their right to contest the medical-legal charges by failing to comply with AD Rule 10786(e); and whether defendant had “a rebuttal or reports to the provider’s findings.” (Minutes of Hearing and Summary of Evidence (MOH & SOE), p. 2.) Lien claimant submitted as evidence: the DWC-1 form; the Application for Adjudication of Claim; the letter dated November 17, 2023 to Dr. Michaels requesting a medical-legal report; the RFA dated January 2, 2024; the report dated March 13, 2024 by Dr. Michaels; itemized billing; and the demand letter dated February 25, 2025. Defendant submitted as evidence: a delay letter from Sedgwick dated November 29, 2023; a letter from the defense attorney to Dr. Michaels dated January 18, 2024; the Compromise and Release; and the OACR. Joint exhibits were also submitted, including the denial letter January 4, 2024, and the January 29, 2024 report of Dr. Michaels. Thereafter, the matter stood submitted.

On July 30, 2025, the WCJ issued an F&O which held that lien claimant failed to sustain its burden of proof and thus ordered a take nothing. It is from this F&O that lien claimant seeks reconsideration.

DISCUSSION

I.

Preliminarily, former Labor Code¹ section 5909 provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part that:

- (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.
- (b)
 - (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
 - (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected under the Events tab in the Electronic Adjudication Management System (EAMS). Specifically, in Case Events, under Event Description is the phrase “Sent to Recon” and under Additional Information is the phrase “The case is sent to the Recon board.”

Here, according to Events, the case was transmitted to the Appeals Board on August 27, 2025, and 60 days from the date of transmission is October 26, 2025, which is a Sunday. (See Cal. Code Regs., tit. 8, § 10600(b).)² The next business day is October 27, 2025. This decision was

¹ All further statutory references are to the Labor Code, unless otherwise stated.

² WCAB Rule 10600(b) (Cal. Code Regs., tit. 8, § 10600(b)) states that: Unless otherwise provided by law, if the last day for exercising or performing any right or duty to act or respond falls on a weekend, or on a holiday for which the offices of the Workers’ Compensation Appeals Board are closed, the act or response may be performed or exercised upon the next business day.

issued by or on October 27, 2025, so that we have timely acted on the petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall constitute notice of transmission.

Here, according to the proof of service for the Report, it was served on August 27, 2025, and the case was transmitted to the Appeals Board on August 27, 2025. Service of the Report and transmission of the case to the Appeals Board occurred on the same day. Thus, we conclude that the parties were provided with the notice of transmission required by section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on August 27, 2025.

II.

Turning now to the merits of the Petition, lien claimant contends that PTP, Dr. Mark Michaels of Premier Psychological Services, “issued a comprehensive medical-legal report” and found injury AOE/COE, thereby establishing lien claimant’s right to reimbursement. (Petition, p. 10.) We note that lien claimant seeks reimbursement for medical-legal expenses incurred on January 29, 2024, as well as medical treatment expenses incurred on March 13, 2024. Given that these are two separate categories of services, we will address each one in turn.

On the issue of reimbursement for medical-legal expenses, we note that section 4060(b) allows for medical-legal evaluations by a treating physician and section 4620(a) defines medical-legal expenses as “costs and expenses...for the purpose of proving or disproving a contested claim.” AD Rule 9793(h) further defines medical-legal expenses as follows:

- (h) "Medical-legal expense" means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim. The cost of medical evaluations, diagnostic tests, and interpreters is not a medical-legal expense unless it is incidental to the production of a comprehensive medical-legal evaluation report, follow-up medical-legal

evaluation report, or a supplemental medical-legal evaluation report and all of the following conditions exist:

- (1) The report is prepared by a physician, as defined in Section 3209.3 of the Labor Code.
- (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.
- (3) The report is capable of proving or disproving a disputed medical fact essential to the resolution of a contested claim, considering the substance as well as the form of the report, as required by applicable statutes, regulations, and case law.
- (4) The medical-legal examination is performed prior to receipt of notice by the physician, the employee, or the employee's attorney, that the disputed medical fact or facts for which the report was requested have been resolved.
- (5) In the event the comprehensive medical-legal evaluation is served on the claims administrator after the disputed medical fact or facts for which the report was requested have been resolved, the report is served within the time frame specified in Section 139.2(j)(1) of the Labor Code.

(Cal. Code Regs., tit. 8, § 9793(h).)

Section 4064(a) provides that an employer is liable for the cost of any comprehensive medical evaluations authorized under section 4060. When read alongside section 4064(a), the clear intention of section 4060(b) is to demonstrate that a medical-legal evaluation performed by an employee's PTP may be considered a medical-legal evaluation pursuant to section 4060, and, as such, the employer should be held liable for any corresponding reasonable and necessary medical-legal costs and expenses.

Pursuant to sections *Colamonico v. Secure Transportation* (2019) 84 Cal.Comp.Cases 1059 (Appeals Bd. en banc), a lien claimant holds the initial burden of proof pursuant under sections 4620 and 4621 to provide that a contested claim existed at the time the expenses were incurred; the expenses were incurred for the purpose of proving or disproving a contested claim; and the services were reasonably, actually, and necessarily incurred.

In the instant case, in a letter dated November 17, 2023, applicant's attorney requested a medical-legal evaluation and corresponding report from Dr. Michaels on the issue of compensability in light of a "pending denial" by defendant. (Lien Claimant's Exhibit 3.) Thereafter, a denial letter dated January 4, 2024, was issued to applicant indicating that defendant was "denying liability for [applicant's] claim of injury" due to lack of "substantial medical evidence" of a "psychiatric cumulative trauma injury[.]" (Joint Exhibit 1.) Additionally, an RFA for an evaluation with Dr. Michaels, dated January 2, 2024, was served on defendant on January 12, 2024. In light of defendant's claim denial and applicant's request for a medical-legal report from Dr. Michaels on the issue of compensability, we believe lien claimant has met its burden in showing that the claim was contested at the time the medical-legal expenses were incurred, and the expenses were incurred for the purpose of proving or disproving a contested claim.

The WCJ argues that the medical-legal expenses were not reasonable and necessary as the report was received after the parties had already resolved the case. (Report, p. 5.) We note that the evaluation was conducted on January 29, 2024, and the report issued on June 30, 2024, but the OACR did not issue until July 11, 2024. As such, all medical-legal expenses were incurred prior to the actual settlement date.

The WCJ further argues that pursuant to section 139.2(j), the medical-legal report was untimely, thereby rendering the corresponding medical-legal expenses non-recoverable. Section 139.2 states that "the timeframe for initial medical evaluations to be prepared and submitted shall be no more than 30 days after the evaluator has seen the employee or otherwise commenced the medical evaluation procedure." (Lab. Code, § 139.2(j).) We note that the purpose of the 30-day timeframe is to ensure efficient discovery and in cases wherein medical-legal evaluators are unable or unwilling to report within 30 days, the remedy is to seek a replacement medical-legal evaluator. In the instant case, it does not appear that a replacement medical-legal evaluator was sought. Further, there is no statute or case law which states that if a medical-legal report is not issued within 30 days, the evaluator is unable to seek reimbursement for medical-legal expenses, particularly in instances wherein the medical-legal evaluator has not been replaced and/or notified of a pending replacement.

Lastly, in support of his finding that lien claimant failed to meet their burden of proof on the issue of the medical-legal expenses, the WCJ states in his Report that within Dr. Michaels' January 29, 2024 medical-legal report, "[t]here is no indication as to who the interpreter was or

what the interpreter's certifications were[.]" as required under section 4628(b). (Report, p. 4.) Section 4628(b) states, in relevant part, that the report is to disclose "the name and qualifications of each person who performed any services in connection with the report...other than its clerical preparation," and that the "failure to comply with this requirement will render medical-legal charges non-compensable." (Lab. Code, § 4628(b) and (e) ³.) We note that section 4628 is an anti-ghostwriting statute. (See *Ameri-Medical Corp. v. Workers' Comp. Appeals Bd.* (1996) 42 Cal.App.4th 1260, 1279-1281; Margolin-Bill Greene Workers' Compensation Reform Act of 1989, Assem. Bill No. 276, Stats. 1989 ch. 892, p. 2928.) The purpose of the statute is to ensure that the physician signing the report is the same person who examined the injured worker and prepared the report. Under the statute, persons performing diagnostic studies and other tests, whether in-house or contract, are to be accurately identified so litigants are aware of all persons involved in the evaluation process. The statute was not intended to prevent recovery of medical-legal expenses in instances such as the current case, particularly given the fact that, per page 2 of the report, parties were made aware that "interpreting services [for the medical-legal evaluation] were provided by Luxe Interpreting Services[.]" (Joint Exhibit 2, p. 2.) Weighing the severity of non-recovery of medical-legal expenses incurred against the fact that this oversight may be easily remedied, we believe it prudent to rescind the F&O on the issue of the medical-legal expenses to allow the parties an opportunity to provide an updated report with the relevant information. Thereafter, the issue of the value of the outstanding medical-legal expenses may be addressed.

As stated in the recent panel decision⁴ of *Gurrola Martinez v. H & H Wallboard, Inc.* (August 25, 2025, ADJ16350553) [2025 Cal. Wrk. Comp. P.D. LEXIS 242]:

Our rules require that if a medical-legal report does not appear to comply with the requirements in section 4628, notice must be provided to the parties and to the reporting physician of the deficiencies in the reporting, before the WCJ may decline

³ Section 4628(e) states: "Failure to comply with the requirements of this section shall make the report inadmissible as evidence and shall eliminate any liability for payment of any medical-legal expenses incurred in connection with the report." Here, it is not the admissibility of Dr. Michaels' reporting that is at issue, but rather, defendant's liability for payment.

⁴ Unlike en banc decisions, panel decisions are not binding precedent on other Appeals Board panels and WCJs. (See *Gee v. Workers' Comp. Appeals Bd.* (2002) 96 Cal.App.4th 1418, 1425 fn. 6 [67 Cal.Comp.Cases 236].) However, panel decisions are citable authority and the Workers' Compensation Appeals Board may consider these decisions to the extent that their reasoning is found persuasive, particularly on issues of contemporaneous administrative construction of statutory language. (See *Guitron v. Santa Fe Extruders* (2011) 76 Cal.Comp.Cases 228, fn. 7 (Appeals Bd. en banc); *Griffith v. Workers' Comp. Appeals Bd.* (1989) 209 Cal.App.3d 1260, 1264, fn. 2, [54 Cal.Comp.Cases 145].) The panel decisions discussed herein are referred to because they considered a similar issue. Practitioners should proceed with caution when citing to a panel decision and verify its subsequent history.

to receive that report in evidence. (Cal. Code Regs., tit. 8, § 10670(b)(4).) After notice, the WCJ has discretion to allow the physician to address those deficiencies within a “reasonable” time period. (*Ibid.*) Deficiencies in the medical-legal reporting may be curable by the reporting physician, under certain circumstances. (See, e.g., *City of Los Angeles v. Workers’ Comp. Appeals Bd. (Webster)* (1998) 63 Cal.Comp.Cases 190 [writ denied] [subsequent reporting of the source of the actuarial data in the report sufficient to cure the section 4628 defect]; *Canteen Corp. v. Workers’ Comp. Appeals Bd. (Love)* (1997) 62 Cal.Comp.Cases 730 [writ denied] [physician’s error in failing to include declaration under penalty of perjury in report was cured by filing amended report]; *Albertson’s v. Workers’ Comp. Appeals Bd. (Thompson)* (2003) 68 Cal.Comp.Cases 1369 [writ denied] [physician’s report that omitted summary of the medical records was cured by filing supplemental report].) Other deficiencies in the medical-legal reporting have been found to be incurable, rendering the reports inadmissible. (See, e.g., *Scheffield Medical Group v. Workers’ Comp. Appeals Bd.* (1999) 70 Cal.App.4th 868 [69 Cal.Comp.Cases 138] [Court of Appeal affirmed WCAB decision finding that medical-legal reports that relied on the images taken by an unlicensed x-ray technician in violation of section 4628 were inadmissible in consolidated lien proceedings]; *Sonnier v. L.A. Unified Sch. Dist.* (2021) 2021 Cal. Wrk. Comp. P.D. LEXIS 197 [When QME failed to disclose that individuals other than himself summarized the medical records, the WCAB found the medical-legal reports inadmissible, explaining, “section 4628 is a strict liability statute. If the physician who prepared the report did not comply with the statute’s requirements, there is no balancing of whether the failure to comply with its provisions affected the report’s reliability ...”].)

Principles of due process require notice to the reporting physician that their report may be deemed inadmissible because of the significant financial and legal consequences for the physician that may result from a finding of inadmissibility under section 4628, as described above. (Lab. Code, §§ 139.2(d)(2), (k)(5), (l), 4628(e)–(h); Cal. Code Regs., tit. 8, § 10683.) In addition, a medical lien holder is a “party in interest,” and as such, is entitled to “full due process rights,” including notice and an opportunity to be heard prior to a claim being disallowed. (*Charles J. Vacanti, M.D., Inc. v. State Comp. Ins. Fund* (2001) 24 Cal.4th 800, 811 [102 Cal. Rptr. 2d 562, 14 P.3d 234, 65 Cal.Comp.Cases 1402]; Cal. Code Regs., tit. 8, § 10702.) Thus, a reporting physician, as a potential lien claimant, is entitled to notice and an opportunity to address the contention that their reporting failed to comply with section 4628. (Cal. Code Regs., tit. 8, §§ 10670(b)(4), 10682(c), 10683, 10702.)

(*Id.* at *6-10.)

III.

Turning now to the issue of the medical treatment expenses incurred from applicant's March 13, 2024 visit with Dr. Michaels (Lien Claimant's Exhibit 6), we note 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 Bd. en banc).) Section 5705 also provides that "[t]he burden of proof rests upon the party or lien claimant holding the affirmative of the issue." Accordingly, the 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 Bd. en banc).) Thus, insofar as defendant denies liability for this claim, it is lien claimant's affirmative burden to prove by a preponderance of the evidence that applicant sustained injury AOE/COE. (Lab. Code, §§ 3202.5, 5705; *Kunz, supra*, at p. 1592; *Tapia, supra*, at p. 1342.)

Further, a decision "must be based on admitted evidence in the record" and supported by substantial evidence. (Lab. Code, §§ 5903, 5952, subd. (d); *Hamilton v. Lockheed Corporation* (*Hamilton*) (2001) 66 Cal.Comp.Cases 473, 476, 478 (Appeals Bd. en banc); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workers' Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) Pursuant to *E.L. Yeager v. Workers' Comp. Appeals Bd.* (*Gatten*) (2006) 145 Cal.App.4th 922, 928 [71 Cal.Comp.Cases 1687], "[a] medical opinion is not substantial evidence if it is based on facts no longer germane, on inadequate medical histories or examinations, on incorrect legal theories, or on surmise, speculation, conjecture, or guess. (citations.) Further, a medical report is not substantial evidence unless it sets forth the reasoning behind the physician's opinion, not merely his or her conclusions. (citation.)" "A medical report which lacks a relevant factual basis cannot rise to a higher level than its own inadequate premises. Such reports do not constitute substantial evidence to support a denial of benefits. (citation.)" (*Kyle v. Workers' Comp. Appeals Bd. (City and County of San Francisco)* (1987) 195 Cal.App.3d 614, 621.)

Here, in a report dated January 29, 2024, Dr. Michaels diagnosed applicant with adjustment disorder and anxiety with a resulting GAF score of 60. (Joint Exhibit 2, p. 14.) He noted that causation for applicant's "present psychological distress" was "predominantly industrial (greater than 50%)." (*Id.* at p. 16.) The WCJ argues that the "report is incomplete on its face and not substantial" given the fact that there was no record review and no confirmation by the parties that records were unavailable. (Report, p. 3.) The WCJ also noted that "applicant was not present to testify at trial as to injury." (Opinion on Decision (OOD), p. 1.) As such, "[i]n weighing the lien claimant's evidence[.]" the WCJ continues to believe that lien claimant has failed to meet their burden in establishing injury AOE/COE. (OOD, p. 2; Report, pp. 2-3.) We note that lack of applicant testimony is not fatal to a lien claimant's case as there is no statutory requirement that an applicant testify to meet their burden on AOE/COE. Further, it appears that Dr. Michaels' findings are based upon a thorough evaluation and history of the applicant and completion of various tests and assessments. He noted also that although no medicals were available at the time of evaluation, "should [they] become available, [he] would be happy to review and incorporate into [his] overall findings as appropriate." (Joint Exhibit 2, p. 4.) Unfortunately, the parties did not provide any updated medicals. Taking all the above into consideration, we believe that Dr. Michaels' January 29, 2024 medical-legal report constitutes substantial medical evidence on the issue of injury AOE/COE.

In addition to establishing injury AOE/COE, a lien claimant seeking reimbursement for medical treatment expenses must also establish that the treatment provided was reasonable and necessary to cure or relieve the effects of the alleged industrial injury. (Lab. Code, §§ 4600, 4610.5(c)(2), 5705.) This is ordinarily achieved through UR and/or independent medical review (IMR), and employers are required to establish a UR process for treatment requests received from physicians (Lab. Code, §§ 4610, 4601.5; *State Comp. Ins. Fund v. Workers' Comp. Appeals Bd. (Sandhagen)* (2008) 44 Cal.4th 230, 236.) In the instant matter, defendant submitted a UR completed on April 25, 2025. (Defense Exhibit E.) However, an updated UR may be necessary in light of the foregoing. Thus, upon return of this matter to the trial level, the WCJ shall consider whether an updated UR is necessary and if so, upon completion and receipt of said UR, determine to what extent lien claimant met its burden to show that its treatment services were reasonable and necessary, and the amount of payment owing, if any.

For the foregoing reasons,

IT IS ORDERED that Premier Psychological Services' Petition for Reconsideration of the Findings and Order dated July 30, 2025, is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Findings and Order dated July 30, 2025, is **RESCINDED** and the matter **RETURNED** to the trial level for further proceedings consistent with this decision.

WORKERS' COMPENSATION APPEALS BOARD

/s/ CRAIG L. SNELLINGS, COMMISSIONER

I CONCUR,

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

/s/ KATHERINE A. ZALEWSKI, CHAIR



DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

OCTOBER 27, 2025

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

**PREMIER PSYCHOLOGICAL SERVICES
PAPERWORK & MORE
LAW OFFICE OF ROSA M. WILLIAMS**

RL/cs

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