WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

BONIFEICIO GORDILLO, *Applicant*

vs.

CAMILLE'S, INC.; SECURITY NATIONAL INSURANCE COMPANY, administered by AMTRUST NORTH AMERICA, INC.; ARCH INSURANCE COMPANY, administered by SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., *Defendants*

Adjudication Number: ADJ10404221
Van Nuys District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Defendant Arch Insurance Company seeks reconsideration of the Findings of Fact and Award (F&A) issued on September 24, 2024, wherein the workers' compensation administrative law judge (WCJ) found that (1) while employed as a general manager during the period of June 30, 1994 to October 9, 2019, applicant sustained injury arising out of and in the course of employment to the cervical spine, thoracic spine, lumbar spine, cardiovascular system (in the form of hypertension) and psychiatric system; (2) applicant is entitled to a permanent disability award of 26% equivalent to 106.75 weeks of indemnity payable at the rate of $290.00 per week, to be paid from February 6, 2023 to present and continuing equaling $30,957.50, less any permanent disability paid by defendant and less a reasonable attorney's fee; (3) there is a reasonable basis to apportion 50% of the permanent disability to the cervical spine, thoracic spine, lumbar spine and 40% of the permanent disability to the cardiovascular system (in the form of hypertension) to non-industrial factors; (4) applicant is entitled to further medical treatment to his cervical spine, thoracic spine, lumbar spine, cardiovascular system (in the form of hypertension), but not to his psychiatric system; and (5) a reasonable attorney's fee is found to be $4,643.63, which shall be commuted from the final weekly payments of applicant's permanent disability award to the extent necessary to pay as one lump sum, and defendant shall withhold the attorney's fee pending written agreement between applicant's attorneys or further order of the court.

The WCJ issued an award in favor of applicant and against defendant Arch Insurance Company of permanent disability, further medical treatment, and attorney's fees in accordance with these findings.

Defendant Arch Insurance Company contends that the WCJ erred by failing to find a date of injury under Labor Code section 5412, violating its right to seek contribution from co-defendant Security National Insurance Company under Labor Code section 5500.5.

We did not receive an Answer.

We have reviewed the contents of the Petition and the Report. Based upon our review of the record, and for the reasons stated below, we will grant reconsideration, and, as our Decision After Reconsideration, we will rescind the F&A, and substitute new findings that defer the issues of what period(s) applicant sustained cumulative trauma injury, the Labor Code section 5412 date of injury, and the Labor Code section 5500.5 period of liability; and we will return the matter to the trial level for further proceedings consistent with this decision.

BACKGROUND

On December 20, 2021, the matter proceeded to trial on the following issues:

1. Injury arising out of and in the course of employment.
2. Permanent disability.
3. Apportionment.
4. Need for further medical treatment.
5. Lien of Brown Associates . . .
6. Attorney fees.
7. Liability pursuant to Labor Code Section 5500.5.

(Minutes of Hearing and Summary of Evidence, December 20, 2021, p. 3:4-12.)

On August 23, 2024, the parties raised the following relevant issue for trial:

> Defendant AmTrust contends that CT period is through 9/27/19 for internal injury per AME Dr. Grodan and liability for the internal injury claim would fall on subsequent carrier Arch Insurance per LC 5500.5.
> (Second Amended Pre-Trial Conference Statement, August 23, 2024, p. 3.)

On September 6, 2024, the matter proceeded to further trial, and the WCJ admitted the Supplemental Report of Kinan Hidaya, D.C., dated February 19, 2022, into evidence. (Minutes of Hearing (Reporter), September 6, 2024, p. 3:10.)

The Supplemental Report states that the WCJ requested a report opining as to

whether there are single or multiple cumulative traumas in this case and their specific beginning and ending dates. You must also include your reasoning that takes into condition the Applicant's physical and emotional work activities up through his last day of employment
(Ex. T, Supplemental Report of Kinan Hidaya, D.C., February 19, 2022, p. 2.)

The Supplemental Report further states:

As stated in my prior reports, it is within reasonable medical probability that the applicant sustained a repetitive cumulative trauma to the cervical, thoracic and lumbar spine during his course of employment with Denny's from January 1, 1994, to May 4, 2016.

As questions of whether there is a single or multiple cumulative trauma, in this case, I do not foresee further injury as to whether or not the applicant's continued employment extends the cumulative trauma period beyond the initially pled date of May 4, 2016.

ln the perusal of the February 1, 2021 report, in the interval history section, Mr. Gordillo did state that he is working with another Denny's restaurant as a manager with the prophylactic work restrictions as outlined in the August 15 2017 report. For that, it does appear that the applicant does comply with the prescribed prophylactic work and in all probability, there was no significant change to his condition.

I evaluated this applicant on three different occasions and there was little or no change in his physical condition.

Mr. Gordillo was initially evaluated on February 27, 2017, and re-evaluated on September 17, 2018. Upon review of the two examinations, the subjective complaints and objective findings consisting of a range of motion and palpatory evaluation were essentially the same with respect to the cervical, thoracic, and lumbar spine.

Mr. Gordillo was then re-evaluated on February 1, 2021, and in comparison, to the 2 previous evaluations of February 27, 2017, and September 17, 2018, the subjective complaints of his neck had changed from 6 out of 10 to 7 out of 10. His back complaints from the prior examinations of the February 1, 2021 examination were essentially unchanged with an average pain rating of 6-7 out of 10.

Between the evaluation of September 17, 2018, and February 1, 2021, Mr. Gordillo displayed a mild reduction of Range of motion and mild increased palpatory spasm and tenderness in the cervical spine. With respect to the thoracic and lumbar spine, palpation of spasm arid tendrils and range of motion was essentially unchanged.

Due to the mild change of his subjective complaints and objective findings with respect to his cervical spine, it is within a reasonable degree of medical probability that the change was not substantial to make a determination of further injury, but rather an exacerbation (flare-up) of his condition.

In the event that Mr. Gordillo stopped working on May 14, 2016, or returned to work with prophylactic work restrictions, it is within a reasonable degree of medical probability that he would be symptomatic. However, there is a possibility that his symptomatology could be less.
(*Id*., p. 3.)

In the Report, the WCJ states:

The parties submitted into evidence the panel qualified medical evaluation chiropractic reports of Kinan Hadaya, D.C., and the agreed medical evaluation internal medicine reports of Paul Grodan, M.D. After deeming the record deficient, the undersigned WCJ ordered David Sones, M.D., to act as a regular physician in psychiatry.
. . .
[P]ursuant to the medical reports of Dr. Hadaya dated February 19, 2022, on page three, the Applicant sustained an orthopedic cumulative trauma injury during the period January 1, 1994 to May 4, 2016.

However, pursuant to the Applicant's resignation letter dated September 27, 2019, [Defendant's Exhibit "AA"] the agreed medical evaluation report of Dr. Grodan dated February 6, 2023, [Defendants' Exhibit "V"] on page four, and Dr. Sones' regular physician report dated November 16, 2022, on page 25, [Defendants' Exhibit "Z"] the Applicant sustained an overlapping cardiological and psychiatric cumulative trauma injury during the period January 1, 1994 to October 9, 2019, extending the Applicant's concurrence of disability and knowledge to October 9, 2019.

Therefore, for the reasons set forth above, the Applicant sustained a cumulative trauma injury for all disputed parts of body during the period January 1, 1994 to October 9, 2019.

In protesting the undersigned WCJ's reasoning, the Defendant, in its petition for reconsideration, claims that the undersigned WCJ's extension of the date of injury is "unclear" (6:11-12) and that August 15, 2017, the date Dr. Hadaya determined the Applicant to be permanent and stationary in his report dated February 1, 2021, [Defendant's Exhibit "G"] should fossilize liability to a temporal period partially predating its insurance coverage. (7:10-18)
. . .
Given the Applicant's further disabling physical injury and that he cannot be charged with knowledge of his additional injurious exposure after August 15, 2017,

liability pursuant to Labor Code §§ 5412 and 5500.5 must fall during the period October 9, 2018 to October 9, 2019 and not August 15, 2016 to August 15, 2017. (Report, pp. 2-5.)

DISCUSSION

I.

Former Labor Code 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, Labor Code 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 Labor Code 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 in Events 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 October 15, 2024, and 60 days from the date of transmission is December 14, 2024. The next business day that is 60 days from the date of transmission is Monday, December 16, 2024. (See Cal. Code Regs., tit. 8, § 10600(b).)[1] This decision is issued by or on Monday, December 16, 2024, so that we have timely acted on the petition as required by Labor Code section 5909(a).

[1] 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.

Labor Code 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. Labor Code section 5909(b)(2) provides that service of the Report and Recommendation shall be notice of transmission.

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on October 15, 2024, and the case was transmitted to the Appeals Board on October 15, 2024. 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 Labor Code section 5909(b)(1) because service of the Report in compliance with Labor Code section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on October 15, 2024.

II.

Defendant Arch Insurance Company contends that the WCJ erred by failing to find a date of injury under Labor Code section 5412, violating its right to seek contribution from co-defendant Security National Insurance Company under Labor Code section 5500.5.

The record reveals that the parties framed the end date of applicant's period of cumulative trauma "for internal injury" as an issue for trial, but not the issue of the Labor Code section 5412 date of injury. (Second Amended Pre-Trial Conference Statement, August 23, 2024, p. 3; Minutes of Hearing and Summary of Evidence, December 20, 2021, p. 3:4-12.) The WCJ found that "applicant sustained a cumulative trauma injury for all disputed parts of [the] body during the period January 1, 1994 to October 9, 2019," and did not issue a finding as to the Labor Code section 5412 date of injury. (Report, p. 5; F&A.) Nevertheless, the WCJ concluded that the end date of exposure for all body parts was October 9, 2019, and, therefore, "liability pursuant to Labor Code §§ 5412 . . . must fall during the period October 9, 2018 to October 9, 2019." (Report, p. 5.)

As we will explain, the WCJ failed to make a record showing that he applied the requisite analytical framework regarding three separate issues: the end date of injury based on exposure, the Labor Code section 5412 date of injury, and the Labor Code section 5500.5 period of liability.

Labor Code section 3208.1 provides that an injury may be either cumulative or specific. No cumulative injury can occur without disability. (*Van Voorhis v. Workmen's Comp. Appeals*

Bd. (1974) 37 Cal.App.3d 81, 86-87 [39 Cal.Comp.Cases 137]; *Aetna Cas. & Surety Co. v. Workmen's Comp. Appeals Bd.* (*Coltharp*) (1973) 35 Cal.App.3d 329, 342-343 [38 Cal.Comp.Cases 720].) A cumulative injury is one that occurs as "repetitive mentally or physically traumatic activities extending over a period of time, the combined effect of which causes any disability or need for medical treatment." (Lab. Code, § 3208.1.)

"The number and nature of the injuries suffered are questions of fact for the WCJ or the WCAB." (*Western Growers Ins. Co. v. Workers' Comp. Appeals Bd.* (1993) 16 Cal.App.4th 227, 234 [58 Cal.Comp.Cases 323]; *Aetna Casualty v. Workmen's Comp. Appeals. Bd.* (*Coltharp*) (1973) 35 Cal.App.3d 329 [38 Cal.Comp.Cases 720].) "[I]f an employee becomes disabled, is off work and then returns to work only to again become disabled, there is a question of fact as to whether the new disability is due to the old injury or whether it is due to a new and separate injury." (*Western Growers Ins. Co*., *supra*, at p. 234.) However, the "general rule is that where an employee suffers contemporaneous injury to different body parts over an extended period of employment, the employee has suffered one cumulative injury." (*Gravlin v. City of Vista* (Sept. 22, 2017, ADJ513626) 2017 Cal.Wrk.Comp. P.D. LEXIS 413, *16.)[2] For example, if "the employee's occupational activities after returning to work from a period of industrially-caused disability are *not* injurious—i.e., if any new period of temporary disability, new or increased level of permanent disability, or new or increased need for medical treatment result solely from an *exacerbation* of the *original* injury—then there is only a *single* cumulative injury." (*Id.*at p. *24.)

But where there are two periods of injurious repetitive activities or stresses at work, interrupted by a period of disability or a need for medical treatment, there are two distinct and separate cumulative trauma injuries. (*Coltharp*, *supra*; see also *American Bridge Co. v. Workers Compensation Appeals Bd*. (1995) 60 Cal. Comp. Cases 869 (holding that substantial medical evidence supported the WCJ's finding that the applicant suffered separate periods of cumulative trauma to his right knee when the demonstrated need for medical care without a period of temporary disability occurred in 1986, a subsequent demonstrated need for medical care without

[2] Panel decisions are not binding precedent (as are en banc decisions) on all other Appeals Board panels and workers' compensation judges. (See *Gee v. Workers' Comp. Appeals Bd*. (2002) 96 Cal.App.4th 1418, 1425 fn. 6 [67 Cal.Comp.Cases 236].) While not binding, the WCAB may consider panel decisions to the extent that it finds their reasoning persuasive. (See *Guitron v. Santa Fe Extruders* (2011) 76 Cal.Comp.Cases 228, fn. 7 (Appeals Board en banc).) We find the reasoning in *Gravlin v. City of Vista* and *Newberry v. San Francisco Forty Niners* persuasive given that the case currently before us involves similar legal issues.

temporary disability occurred in 1988, and the ongoing trauma led to surgical need and disability in 1991).)

The Appeals Board decides the issue of whether a cumulative injury exists, and substantial medical evidence must support the finding of industrial injury. (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).)

As to the issue of the end date of the period of injurious exposure, the WCJ did not explain how he applied the foregoing authorities to find the period of cumulative trauma injury to the cervical spine, thoracic spine, and lumbar spine ended on October 9, 2019, in light of Dr. Hidaya's reporting that exposure to cumulative injury of the spine occurred during the period of January 1, 1994 to May 4, 2016, with the injury becoming permanent and stationary on August 15, 2017. (Report, pp. 1-5; Ex. T, Supplemental Report of Kinan Hidaya, D.C., February 19, 2022, pp. 2-3.)

More particularly, the WCJ did not indicate what medical evidence establishes that applicant suffered one cumulative injury as to all body parts and did not experience two periods of injurious repetitive activities or stresses at work, interrupted by a period of disability or a need for medical treatment, despite Dr. Hidaya's reporting that the end date of exposure to injury to the spine was May 4, 2016, and applicant was subject to prophylactic work restrictions after August 15, 2017. (Ex. T, Supplemental Report of Kinan Hidaya, D.C., February 19, 2022, p. 3.)

The WCJ is required to "make and file findings upon all facts involved in the controversy and an award, order, or decision stating the determination as to the rights of the parties. Together with the findings, decision, order or award, there shall be served upon all the parties to the proceedings a summary of the evidence received and relied upon and the reasons or grounds upon which the determination was made." (Lab. Code § 5313; see also *Hamilton v. Lockheed Corporation* (*Hamilton*) (2001) 66 Cal.Comp.Cases 473, 476 (Appeals Board en banc).) The WCJ's opinion on decision "enables the parties, and the Board if reconsideration is sought, to ascertain the basis for the decision, and makes the right of seeking reconsideration more meaningful." (*Hamilton*, *supra*, at p. 476, (citing *Evans v. Workmen's Comp. Appeals Bd*. (1968) 68 Cal.2d 753, 755 [33 Cal.Comp.Cases 350, 351]).)

Based upon the absence of a record showing how the WCJ determined the end date of the period of injurious exposure, we conclude that the record requires further development thereon. In doing so, we render no opinion regarding the merits of the issue. Accordingly, we will substitute a finding that defers the issue of the period(s) applicant sustained cumulative trauma injury. (See

Tyler v. Workers' Comp. Appeals Bd. (1997) 56 Cal.App.4th 389 [62 Cal.Comp.Cases 924]; *McClune v. Workers' Comp. Appeals Bd*. (1998) 62 Cal.App.4th 1117 [63 Cal.Comp.Cases 261] (finding that the Appeals Board has the discretionary authority to develop the record when appropriate to fully adjudicate the issues); see also Lab. Code § 5313.)

Turning to the issue of the Labor Code section 5412 date of injury, we have explained that the issue was not framed for trial and that the WCJ issued no finding thereon but concluded that the Labor Code section 5412 date of injury must be the end date of the period of exposure to cumulative injury, October 9, 2019.

But the period of exposure to cumulative injury is separate and distinct from the Labor Code section 5412 date of injury. Where permanent disability results from cumulative trauma, the injury occurs not at the time of exposure, but at the time the cumulative effect of the injury resulting from the exposure has ripened into disability. (Lab. Code, § 5412 (providing "[t]he date of injury in cases of occupational diseases or cumulative injuries is that date upon which the employee first suffered disability therefrom and either knew, or in the exercise of reasonable diligence should have known, that such disability was caused by his present or prior employment"); see also *Federal Insurance Co. v. Workers' Comp. Appeals Bd*. 221 Cal.App.4th 1116 [78 Cal.Comp.Cases 1257].) Whether an employee knew or should have known his disability was industrially caused is a question of fact. (*City of Fresno v. Workers' Comp. Appeals Bd. (Johnson)* (1985) 163 Cal.App.3d 467, 471 [50 Cal.Comp.Cases 53]; *Nielsen v. Workers' Comp. Appeals Bd.* (1985) 164 Cal.App.3d 918, 927 [50 Cal.Comp.Cases 104]; *Chambers v. Workmen's Comp. Appeals Bd.* (1968) 69 Cal.2d 556, 559 [33 Cal.Comp.Cases 722].)

The employer has the burden of proving that the employee knew or should have known their disability was industrially caused. (*Johnson*, *supra*, at p. 471 (citing *Chambers v. Workers' Comp. Appeals Bd.*, *supra*, 69 Cal. 2d at p. 559).) That burden is not sustained merely by a showing that the employee knew they had some symptoms. (*Johnson*, *supra*, at p. 471 (citing *Chambers*, *supra*, at p. 559).) In general, an employee is not charged with knowledge that their disability is job-related without medical advice to that effect. (*Johnson*, *supra*, at p. 473; *Newton v. Workers' Comp. Appeals Bd.* (1993) 17 Cal.App.4th 147, 156, fn. 16 [58 Cal.Comp.Cases 395].) "Thus, the determination of knowledge is an inherently fact-based inquiry, requiring an individualized analysis in each case." (*Raya v. County of Riverside* (2024) 89 Cal.Comp.Cases 993, 1006.)

On some occasions, a worker may not satisfy the knowledge component until there is medical evidence that the injury was industrial even if they had filed a claim form prior "where the applicant lacks sufficient knowledge of the industrial causation of a disability at the time of the filing of a claim form," especially when the medical condition is difficult to diagnose. (*Raya v. County of Riverside* (2024) 89 Cal.Comp.Cases 993, 1007 (citing *Modesto City Schools Workers' Comp. Appeals Bd. (Finch)* (2002) 67 Cal.Comp.Cases 1647; *ExpoServices/San Francisco Expo Servs. v. Workers' Comp. Appeals Bd. (Cratty)* (2004) 69 Cal.Comp.Cases 260; *Johnson*, *supra*, 163 Cal.App.3d 467; *Nielsen v. Workers' Comp. Appeals Bd.* (1985) 164 Cal.App.3d 918, 927-928).)

Here, inasmuch as the issue of the Labor Code section 5412 date of injury was not raised at trial and the WCJ concluded that the Labor Code section 5412 date of injury is October 9, 2019, without making a record of the evidence establishing the time the cumulative effect of injury resulting from exposure ripened into disability as to the spine, cardiovascular system, or psychiatric system, we conclude that the record requires further development. Accordingly, we will defer the issue of the Labor Code section 5412 date of injury.

Labor Code section 5500.5(a) states that liability for cumulative injury is limited to the employer who employed the employee in the year preceding the "date of injury." This "date of injury" is either the last date of injurious exposure or the date under Labor Code section 5412. (Lab. Code, § 5500.5(a).) The earliest of these two dates is the one that sets the one-year period of liability. The liable employer is then the employer that employed applicant during that last one-year period. (*Id.*)

We have explained that the record requires further development as to the issue of what period(s) applicant sustained cumulative injury and the issue of the Labor Code section 5412 date of injury. Once the record as to these issues has been further developed, the WCJ may, as appropriate, determine the one-year period of cumulative injury under Labor Code section 5500.5(a), which may allow one defendant to seek Labor Code section 5500.5(e) contribution from a co-defendant. Accordingly, we will defer the issue of the Labor Code section 5500.5 period of liability.

Accordingly, we will grant reconsideration, and, as our Decision After Reconsideration, we will rescind the F&A, and substitute new findings that defer the issues of what period(s) applicant sustained cumulative trauma injury, the Labor Code section 5412 date of injury, and the

Labor Code section 5500.5 period of liability; and we will return the matter to the trial level for further proceedings consistent with this decision.

For the foregoing reasons,

IT IS ORDERED that the Petition for Reconsideration of the Findings of Fact and Award issued on September 24, 2024 is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Petition for Reconsideration of the Findings of Fact and Award issued on September 24, 2024 is **RESCINDED**, and the following is **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Applicant, Bonifacio Gordillo, born _____, while employed during the period June 30, 1994 to October 9, 2019, as a general manager, occupational group number: 212, at Burbank, California, by Camile's, Inc., claims to have sustained injury arising out of and in the course of employment to the cervical spine, thoracic spine, lumbar spine, cardiovascular system (in the form of hypertension) and psychiatric system.

2. The issue of what period(s) applicant sustained cumulative trauma injury is deferred.

3. The issue of the date of injury under Labor Code section 5412 is deferred.

4. The issue of the period of liability under Labor Code section 5500.5 is deferred.

5. All other issues are deferred.

IT IS FURTHER ORDERED that the matter is **RETURNED** to the trial level for further proceedings consistent with this decision.

WORKERS' COMPENSATION APPEALS BOARD

/s/ JOSEPH V. CAPURRO, COMMISSIONER

I CONCUR,

/s/ KATHERINE A. ZALEWSKI, CHAIR

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

DECEMBER 16, 2024

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

BONIFEICIO GORDILLO
EQUITABLE LAW
CIPOLLA, BHATTI, HOYAL & ROACH
SAPRA & NAVARRA

SRO/*cs*

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