WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

NICOL HANNAH SANCHEZ, *Applicant*

vs.

BANK OF AMERICA and ACE AMERICAN INSURANCE COMPANY, administered by SEDGWICK, *Defendants*

Adjudication Number: ADJ8192069
Oakland District Office

OPINION AND ORDER DENYING PETITION FOR RECONSIDERATION

Defendant seeks reconsideration of the October 14, 2025 Findings and Award (F&A), wherein the workers' compensation administrative law judge (WCJ) found that applicant, while employed as a banker on December 12, 2011, sustained industrial injury to her bilateral upper extremities, shoulders, neck, dental, internal, psyche, and voice. The WCJ found in relevant part that the Workers' Compensation Appeals Board (WCAB) does not have jurisdiction to set aside the August 5, 2025 utilization review (UR) certification of home healthcare.

Defendant contends that both the March 10, 2025 report of the primary treating physician (PTP) and the accompanying request for authorization (RFA) are based on a mistake of fact and do not constitute substantial medical evidence. Defendant asserts the WCAB has the jurisdiction to make a legal inquiry into the validity of the underlying RFA, and because the underlying RFA was invalid, the March 28, 2025 UR certification was also invalid. In the alternative, defendant contends that a July 21, 2025 UR non-certification controls, notwithstanding a subsequent August 5, 2025 UR certification of the same treatment.

We have received an Answer from applicant. 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, the Answer, and the contents of the Report, and we have reviewed the record in this matter. For the reasons discussed below, we will deny reconsideration.

FACTS

The factual and procedural background in this matter is set forth in the WCJ's Report as follows:

> During the period ending on December 12, 2011, applicant sustained an injury arising out of and in the course of her employment for defendant to her bilateral upper extremities, shoulders, neck, dental, internal, psyche, and voice.
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> On March 11, 2024, the parties stipulated that defendant would provide applicant with up to 22 hours per week of home health care. (Stipulations, March 11, 2024.)
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> On February 3, 2025, Dr. Smolins, the primary treating physician, issued a report stating in relevant part that applicant had thoracic outlet syndrome, CRPS, diminished grip strength, and numbness in her fingers, that applicant denied bowel or bladder dysfunction, that the authorization for pelvic floor therapy expired, that applicant was waiting for a surgical consult, and that applicant needed home health care for at least 8 hours a day, two days a week. (Joint Exhibit 108, Report of David Smolins, February 2, 2025; see also Joint Exhibit 104, Request for Authorization (RFA).)
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> On March 10, 2025, Dr. Smolins issued a report stating in relevant part that applicant,
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> > requires a live in-home caregiver She was prev for 8 hrs/day at least 2 days a week so that she can pursue auth PT sessions. However, she had help from her kids and her husband Now notes she is moving out with her baby and will not have support from family member for ADL Please authorize - She describes being in a 'toxic' relationship in which her partner has gained control of her finances and other important documents. (Joint Exhibit 107, Report of David Smolins, March 10, 2025, p. 7.)
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> The report was accompanied by an RFA. (Joint Exhibit 113.)
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> On March 28, 2025, utilization review certified the request for a live in caregiver stating in relevant part that,

> claimant is a 37-year-old woman with a complex medical and surgical history including bilateral thoracic outlet syndrome (TOS), complex regional pain syndrome (CRPS) of the left upper extremity, chronic migraine, brachial plexopathy. and progressive functional impairment. She is currently receiving 22 hours per week of home health aide support: however, her condition has worsened, and her functional status no longer supports independent living. The claimant is unable to raise her arms above 90 degrees, has documented atrophy and weakness of both hands, reports frequent dropping of items, including her child, and cannot safely perform essential activities of daily living (ADLs) such as dressing, cooking, and hygiene without assistance. In addition, the claimant suffers from migraine episodes that cause visual disturbances, blackouts, and sensory deficits. further impairing her ability to care for herself and her infant. Importantly, she will soon be living alone with her infant, with no family support, as her two older children have moved out and she is separating from her current partner due to a toxic domestic environment. Without a live-in caregiver, she is at significant risk for injury, inability to manage her medical conditions, and harm to herself or her child due to her unpredictable and debilitating symptoms. Given her neurological and functional impairments, lack of informal caregiver support, and upcoming transition to living alone with an infant, the provision of a live-in caregiver is certified to ensure claimant and child safety. adherence to medical care, and prevention of further decline. Therefore, Live in caregiver is medically necessary. (Joint Exhibit 117.)

On April 10, 2025, Dr. Smolins stated that applicant was complaining of worsening symptoms and that applicant denied bowel or bladder dysfunction. (Joint Exhibit 106, Report of David Smolins, April 10, 2025.) Dr. Smolins reiterated his comments about applicant's need for in home care. (*Id.* at p. 7.) On or about May 7, 2025, applicant filed a Declaration of Readiness to Proceed to Expedited Hearing.

On May 19, 2025, Dr. Smolins issued a report stating that applicant had a significant loss of range of motion, had difficulty dressing, that applicant had a "slow and steady loss of vision in her right eye," that applicant had minimal lifting capacity, that applicant had difficulty swallowing, that applicant had episodes of "blacking out," that applicant had difficulty bathing, and that applicant had daily issues with both urinary and fecal incontinence which were causing sores. (Joint Exhibit 105, Report of David Smolins, May 19, 2025, pp. 1-2; see also Joint Exhibit 104, Report of David Smolins, May 21, 2025.) Dr. Smolins stated that applicant needed a live-in caregiver due to "difficulty with holding objects, cooking, cleaning, hygiene, and reports [of] bowel and bladder incontinence. She has difficulty with grocery shopping." (Exhibit 105 at p. 7.)

On June 9, 2025, the matter progressed to an expedited hearing, and an Order issued stating in relevant part that,

> due to the complexity of the file and the issues surrounding medical treatment, there is a need for regularly scheduled expedited hearings to address applicant's treatment issues on an ongoing basis. This matter shall be continued to an Expedited Hearing on July 21, 2025. IT IS FURTHER ORDERED THAT within the next ten days, applicant is to create a list of issues and or concerns that need to be addressed at the next hearing. The list should be ordered in order of importance to applicant and served on both the undersigned and defendant. (Order, June 9, 2025.)

On June 9, 2025, applicant served defendant a letter setting forth her list of concerns. As relevant herein, the letter raised the issue of home health care and pelvic floor therapy. (Letter to Defendant, June 9, 2025.) The concerns raised in that letter were extensively discussed at the two subsequent expedited hearings. (Minutes of Hearing (MOH) July 21, 2025; MOH August 18, 2025.)

On July 8, 2025, Dr. Smolins issued a report requesting that the authorization for a live-in care giver be modified to allow either two 12-hour shifts or three eight-hour shifts since applicant did not have room for a live-in provider. (Joint Exhibit 103, Report of David Smolins, May 19, 2025, pp. 1, 8; see also Joint Exhibit 110, RFA, July 8, 2025.) Dr. Smolins further stated that Kaiser also recommended round-the-clock care because of applicant's difficulty sleeping. (Joint Exhibit 103, p. 8.)

On July 18, 2025, Dr. Smolins testified in relevant part that: He first recommended a live-in caregiver in March of 2025, and this was because she did not have help from her family. (Joint Exhibit 118, Deposition of Dr. Smolins, July 18, 2025, p. 7:1-8:24.) If she was still living with her husband, he would need to know whether her family was helping her at home, but his opinion regarding her need for care would remain the same as it was in February. (*Id.* at pp. 8:25-10:12.) The recommendation he made on July 8, 2025, for 24-hour care was based on her issues with performing activities of daily living and not because of the lack of help. (*Id.* at p. 10:17-11:22.) Applicant would not need personal care while she was asleep, but she might need help when she gets up at night, and she would need help during the day with her hygiene, cooking, and cleaning. (*Id.* at p. 13:21-15:13.) Applicant reported that her condition worsened in May. (*Id.* at p. 15:23-15:25.) Applicant needs 24-hour care because she is having difficulty living her daily life and doing basic tasks and applicant was unable to perform many daily functions. (*Id.* at p. 18:24-19:24.) The subrosa video taken of applicant in March of 2024 was consistent with applicant's description of her abilities. (*Id.* at pp. 22:23-24:20.) He did not know if applicant's problems with choking were industrial. (*Id.* at p. 29:4-29:17.) He would review the subrosa videos and issue a report addressing whether he would

reduce his recommendations for home health care based on them. (*Id.* at p. 35:24-36:11.) Applicant would need less home health care if family members were present to supplement the services she needs. (*Id.* at p. 37:7-37:15.)

On July 21, 2025, utilization review (UR) non-certified the request for a caregivers who worked either two 12-hour shifts or three 8-hour shifts. (Joint Exhibit 116, UR Determination, July 21, 2025, p. 1.) In relevant part, the request was denied because applicant's most recent venogram did not show thrombosis and the venous duplex study was negative and there were not objective findings demonstrating deficits in activity living or that leaving the home presented a safety risk. (*Id.* at p. 8.)

On July 31, 2025, Dr. Smolins issued a report requesting an extension of the previously approved authorized live-in care giver for either three eight-hour or two 12-hour shifts. (Joint Exhibit 102, Report of David Smolins, July 31, 2025; see also Joint Exhibit 109, RFA, July 31, 2025.) In support, Dr. Smolins stated that applicant needed care due to difficulty with activities of daily living. (Joint Exhibit 102 at p. 7.) Dr. Smolins also noted that applicant described her relationship as "toxic." (*Ibid*.)

On August 5, 2025, utilization review certified the request for a live in care giver. (Joint Exhibit 115, UR Determination, August 5, 2025.)

On September 2, 2025, Dr. Smolins issued a report stating in relevant part that he reviewed subrosa video dated March 7, 2025, showing applicant at a gas station, pushing her child in a cart, carrying clothing, carrying a drink, carrying her purse, and carrying her child. (Joint Exhibit 101, Report of Dr. Smolins, September 2, 2024, p. 1.) Dr. Smolins stated that he did not see evidence of pain behavior, but that the videos did not reveal her performing activities that were inconstant with her complaints. (*Id.* at pp. 1-2.) Dr. Smolins further stated that,

> She notes that she needs care at night, that she needs help transferring to the bathroom. She sleeps three to four hours per night and needs help in the bathroom at night. She states that due to her dental issues, she is unable to chew her food properly and has significant abdominal pain and regurgitation as well as choking at night. She states that she cannot digest her food properly due to her inability to chew. She relates that her family was helping her at night. Furthermore, she was sleepwalking and at one time turned on the stove and her family put a bell on the door and monitored her at night. As noted previously, Ms. Hannah Sanchez's need for care throughout the night is based on her reporting to me, due to the above-mentioned symptoms at night. She notes difficulty managing her hygiene and self-care. She notes autonomic dysfunction with syncope, migraines, cramping of her upper extremities at night, choking during sleep, poor sleep, bowel and bladder incontinence,

> and GI dysfunction. She relates needing support for medical emergency supervision, toileting, hygiene, feeding, dressing, transfers, mobility, medication management, cleaning, household chores, and overnight safety support. (*Id.* at p. 2.)

On September 29, 2025, the issue of applicant's entitlement to home health care services for 24 hours a day for 7 days a week was submitted for disposition. As relevant herein, applicant testified that: She generally sleeps for three to four hours at night. At times, she will choke and stop breathing, and she has started sleepwalking. Once, her family woke up and discovered that the stove was on and that she was in bed with a bowl of cereal. At night, she may "lock up" or go to the restroom. At times, blood rushing to her head may cause her to black out when she goes to the bathroom. She fell and hit her head. She tried wearing diapers but developed sores that became infected. She has difficulty wiping herself and needs assistance scooping her stool out. She does not have regular bowel movements. She is missing teeth, which makes it hard to keep food down. She will throw up and black out. It is also hard to prepare food because she cannot feel heat in her hands. She burned herself while cooking and washing her hands. It is also hard to grasp and open packages. She cannot tear open the packages with her teeth because of the missing teeth. She also has trouble with grooming. For example, opening a tube of toothpaste, squeezing the tube, putting it on the brush, and caring for her car is difficult. She cut her hair and washes it once a week. It is also difficult to put on her bra or put on pants. Activities that require fine pinching and gripping are hard. It is also difficult to shower, control her scooter, and stay in bed. Her equilibrium is off, and she would like to have a walk-in shower with a shower chair and grab bars. She would also like a raised toilet and a hospital bed with safety rails.

Applicant continued to testify as relevant herein that: She has frequent migraines that affect her entire body. During migraines, she is totally dependent. She is married and her husband was providing her with home health care, but he is no longer doing so because he is now in school. She lives with her husband, her 16-year-old son, and her three-year-old daughter. Her eldest daughter, and another caregiver provide her with care at night. She gives her three-year old piggyback rides instead of lifting her. The three-year old receives occupational therapy and can feed herself cheese and cereal. She has three dogs and tries to drive two of them to the dog park daily. The dogs can get in and out of the car alone and her car has features that enable her to drive with her knees. She has been incontinent since 2014, and she is getting pelvic floor therapy for the incontinence. Dr. Smolins does not ask her about incontinence and any statements he may have made reflecting that she was not incontinent would be inaccurate. She did tell Dr. Smolins about bed sores and that may have been when she told him she was incontinent. She told Dr. Smolins that she would be moving out of the family home, but she did not do so.

> On October 14, 2025, the Findings and Award issued. As relevant herein, it was found that the WCAB did not have jurisdiction over the UR certification for 24-hour care and that it would have been awarded if the WCAB had jurisdiction over the issue.
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> On October 28, 2025, defendant filed its Petition for Reconsideration arguing that the WCAB has jurisdiction to determine whether medical reports that form the basis of an RFA are substantial evidence, and if they are not, this confers jurisdiction over the UR certification.

(Report, at pp. 1-7.)

DISCUSSION

I.

Former Labor Code[1] 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 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 November 4, 2025, and 60 days from the date of transmission is Saturday, January 3, 2026. The next business day that is 60 days from the date of transmission is Monday, January 5, 2026. (See Cal. Code

[1] All further references are to the Labor Code unless otherwise noted.

Regs., tit. 8, § 10600(b).)[2] This decision is issued by or on January 5, 2026, 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 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 November 4, 2025, and the case was transmitted to the Appeals Board on November 4, 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 November 4, 2025.

II.

Defendant's Petition avers that WCJ had jurisdiction to decide the issue of the validity of the March 28, 2025 UR decision because defendant's challenge is to the legal sufficiency of the underlying report, rather than the question of medical necessity that was decided. The WCJ's Report observes:

> The Appeals Board clearly stated that, "[t]o allow a WCJ to invalidate a UR decision based on any factor other than timeliness and substitute his or her own decision on a treatment request violates the intent of SB 863." (*Dubon v. World Restoration* (*Dubon II*) (2014) 79 Cal.Comp.Cases 1298, 1309 (Appeals Board en banc), emphasis added.) Further, the Supreme Court concluded that, "the Legislature intended to require employers to conduct utilization review when considering requests for medical treatment, and not to permit employers to use section 4062 to dispute employees' treatment requests." (*State Comp. Ins. Fund v. Workers' Comp. Appeals Bd.* (*Sandhagen*), (2008) 44 Cal.4th 230, 237.)

[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.

> Here, defendant is impermissibly disputing the utilization review certification of care. Furthermore, I may only invalidate a UR decision and substitute my own decision when the UR decision is untimely. In this matter, the UR certification was timely, and I am therefore prohibited from setting it aside and substituting my own decision. Accordingly, the WCAB does not have jurisdiction over the treatment dispute.

(Report, at p. 7.)

Disputes regarding the medical necessity of a physician's treatment request in workers' compensation are resolved through UR. (Lab. Code, § 4610, subd. (a).) Under this process, when an employer chooses to challenge a treating physician's RFA, a UR physician must determine, based on "medical necessity," whether to approve, modify, or deny the requested treatment. (Lab. Code, § 4610, subds. (a), (c), (e) & (g)(4).)

Upon receipt of an RFA, an employer has two options: approve the treatment request or dispute the treatment request and submit the matter for medical review. When an employer chooses to challenge a treatment request, a UR physician will then evaluate whether the requested treatment is "medically necessary," and on that basis will either: (1) approve; (2) modify; or (3) deny the requested medical treatment within strict time limits. (*Ibid*.)

In *State Comp. Ins. Fund v. Workers' Comp. Appeals Bd.* (*Sandhagen*) (2008) 44 Cal.4th 230, 241 ("*Sandhagen*"), the employer argued that as an alternative to the UR process the employer had a third option, which was to obtain a Qualified Medical Evaluator ("QME") opinion pursuant to section 4062 to address questions of medical necessity. In effect, the employer argued entitlement to a dual remedy of either UR under section 4610 or QME review under section 4062. The Supreme Court undertook a comprehensive review of the evolution of the medical treatment review process to ascertain the Legislature's intent in enacting UR. Commencing with Senate Bill 228 in 2002 and continuing with Senate Bill 899 in 2004, the *Sandhagen* court observed that UR was designed to afford parties a "comprehensive process that balances the dual interests of speed and accuracy, emphasizing the quick resolution of treatment requests, while allowing employers to seek more time if more information is needed to make a decision." (*Sandhagen*, *supra*, 44 Cal.4th at p. 241.) The Court observed, that "[u]nderstood against this historical backdrop, it is clear the Legislature intended for employers to resolve treatment requests via the section 4610 process." (*Id.* at p. 243.) In response to the employer's contention that it could establish a UR process but decline to use that process, the Court made clear that "the Legislature intended to require employers to conduct utilization review when considering employees' requests for medical

treatment." (*Id.* at pp. 244-245.) The Court rejected the employer's contention that it could avoid the UR process by invoking a collateral review process under section 4062, holding that "[i]n light of the comprehensive nature of section 4610 and the goals the Legislature sought to accomplish, we conclude the Legislature intended for the utilization review process to be employers' only avenue for resolving an employee's request for treatment." (*Id.* at p. 244.)

Since the issuance of the Court's decision in Sandhagen in 2008, the Legislature created the Independent Medical Review ("IMR") process for employees to appeal adverse UR decisions. (Lab. Code, §§ 4610.5, 4610.6.) However, there is no provision in section 4610.5 or 4610.6 that allows an employer to challenge a UR decision. (See also Cal. Code Regs., tit. 8, § 9792.10.1, subd. (b)(2) [defining the parties eligible to request IMR, which does not include the employer].) Thus, notwithstanding the advent of the IMR process, the Court's conclusion in *Sandhagen* that UR is an employer's only avenue for resolving an employee's request for treatment continues to be fully applicable today.

Accordingly, a valid, timely UR decision that determines a requested treatment modality is medically necessary is binding on the employer, and the employer must provide the treatment forthwith to cure or relieve the employee from the effects of the industrial injury. (Lab. Code, § 4600, subd. (a).) The statutory framework affords no collateral appeal process to an employer dissatisfied with a UR determination certifying a treatment modality as medically necessary.

Six years after the Supreme Court's decision in *Sandhagen*, *supra*, we issued our en banc decision in *Dubon v. World Restoration* (2014) 79 Cal.Comp.Cases 1298, holding that IMR physicians only resolve disputes involving medical necessity, and that an untimely UR is invalid because it cannot resolve an issue of medical necessity. In the absence of a valid UR determination, the concomitant IMR process is inapplicable. (*Id.* at p. 1307.) In those instances, the Appeals Board retains the necessary jurisdiction to determine the question of medical necessity based on substantial medical evidence. (*Id.* at p. 1308.) However, in those instances that the UR decision timely decides a valid issue of medical necessity, the *employee*'*s* only recourse is IMR. (*Ibid*.) There is no statutory vehicle for an *employer* to invoke the IMR process in response to a UR determination. Thus, and irrespective of IMR, a UR decision certifying a requested medical treatment modality as medically necessary is binding on the employer.

Here, Primary Treating Physician (PTP) Dr. Smolins submitted a Request for Authorization for "extension of previously approved authorization for live in caregiver," on

July 31, 2025. Defendant declined to authorize the services in the first instance and thus submitted the request to UR for a determination of medical necessity pursuant to section 4610.

On August 1, 2025, UR certified the request for ongoing home health care as medically necessary.[3] Because the July 31, 2025 RFA was regularly submitted and timely decided, we concur with the WCJ's analysis that under both *Sandhagen*, *supra*, and *Dubon*, *supra*, the WCAB lacks jurisdiction over the dispute. (Report, at p. 7; *Sandhagen*, *supra*, 44 Cal.4th at p. 244; *Dubon*, *supra*, 79 Cal.Comp.Cases at p. 1304.)

In the alternative, defendant's Petition contends the July 21, 2025 UR decision which non-certified the requested treatment is binding on the parties for a period of 12 months pursuant to Administrative Director (AD) Rule 9792.9.1(h) (Cal. Code Regs., tit. 8, § 9792.9.1(h)). (Petition, at p. 9:7.) Defendant submits that insofar as applicant did not challenge this adverse UR determination through IMR, the decision should be enforced herein. (*Id.* at p. 8:19.)

Promulgated under the authority conferred by section 4610, subd. (k), AD Rule 9792.9.1 provides in relevant part:

> A utilization review decision to modify, delay, or deny a request for authorization of medical treatment shall remain effective for 12 months from the date of the decision without further action by the claims administrator with regard to any further recommendation by the same physician for the same treatment unless the further recommendation is supported by a documented change in the facts material to the basis of the utilization review decision.

(Cal. Code Regs., tit. 8, § 9792.9.1(h).)

Thus, if there is no documented change in the facts material to the basis for a UR determination made within the preceding 12 months, the claims administrator *may* decline to submit a repeat request for utilization review. However, should a change in the facts material to the prior UR decision present a new question of medical necessity, or should the claims administrator voluntarily submit an RFA to UR for determination of a question of medical necessity, the parties are bound by the resulting UR determination so long as it is valid and timely. In other words, while defendant is not required to submit recently decided disputes regarding medical necessity to UR, once a question of medical necessity *is* submitted to UR and is timely

[3] Although the underlying RFA only indicated it was a continuing request of a prior treatment authorization and did not specify an "ending date," the UR determination nonetheless specified a "start date" of March 21, 2025, and an "end date" of September 5, 2025. (Ex. 115, Utilization Review Certification, dated August 5, 2025.)

and validly decided, the parties must abide by the results of the UR determination. Moreover, pursuant to sections 4610.5 and 4610.6, only the injured worker may invoke the IMR process to appeal an adverse UR determination. (Lab. Code, § 4610, subds. (a), (g)(4); 4610.5, subds. (a), (c), (d); 4610.6, subd. (a); see also *Stevens v. Workers' Comp. Appeals Bd.* (2015) 241 Cal.App.4th 1074, 1090 [80 Cal.Comp.Cases 1262, 1272-1273].)

Here, the August 5, 2025 UR determination certified the requested home healthcare treatment as medically necessary. Because the UR decision was valid and timely, the determination is binding on the employer and the employer must provide the treatment forthwith to cure or relieve the employee from the effects of the industrial injury. (Lab. Code, § 4600, subd. (a).)

We will deny reconsideration, accordingly.

For the foregoing reasons,

IT IS ORDERED that the Petition for Reconsideration is **DENIED**.

WORKERS' COMPENSATION APPEALS BOARD

/s/ LISA A. SUSSMAN, DEPUTY COMMISSIONER

I CONCUR,

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

/s/ JOSÉ H. RAZO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

December 24, 2025

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

NICOL HANNAH SANCHEZ
LAW OFFICES OF NADEEM MAKADA
VALENCIA, WILBERDING & ROMERO

SAR/abs

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