

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

**AARON WERTZ, *Applicant***

**vs.**

**HENLEE PACIFIC LA, L.L.C. dba VALVOLINE INSTANT OIL CHANGE;  
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA, *Defendants***

**Adjudication Number: ADJ13582881  
Long Beach District Office**

**OPINION AND ORDER  
DENYING PETITION FOR  
RECONSIDERATION**

Defendant seeks reconsideration of a workers' compensation administrative law judge's (WCJ) Findings and Award of March 16, 2026, wherein it was found that while employed as an assistant manager applicant sustained industrial injury in the form of a hernia and to the low back, causing the need for further medical treatment. Industrial injury to the hernia had been accepted by the defendant, but injury to the low back was contested. All other issues including date of injury, temporary disability, and permanent disability were deferred.

Defendant contends that the WCJ erred in finding industrial injury to the low back. We have not received an answer and the WCJ has filed a Report and Recommendation on Petition for Reconsideration (Report).

As explained below, for the reasons stated in the Report, which we adopt, incorporate, and quote below, we will deny the defendant's Petition.

Preliminarily, we note that 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 April 27, 2026 and 60 days from the date of transmission is June 26, 2026. This decision is issued by or on June 26, 2026, so we have timely acted on the petition as required by Labor Code section 5909(a).

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 April 27, 2026, and the case was transmitted to the Appeals Board on April 27, 2026. 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 April 27, 2026.

Turning to the merits, we will affirm the WCJ’s decision for the reasons stated in the Report, which we adopt, incorporate, and quote below. Defendant essentially is arguing that the WCJ should have followed the opinion on panel qualified medical evaluator orthopedist Jayprakash Shah, M.D. rather than the opinions of the treating physician.

The relevant and considered opinion of one physician, though inconsistent with other medical opinions, may constitute substantial evidence. (*Le Vesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627, 639 [35 Cal.Comp.Cases 16].) The WCJ is empowered to choose among conflicting medical reports and rely on those deemed most persuasive. (*Jones v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal.2d 476, 479 [33 Cal.Comp.Cases 221].) There is nothing in the record compelling enough for us to reject the WCJ's determination that the opinions of Dr. Nadjmabadi were more persuasive than the opinions of Dr. Shah. We therefore deny the Defendant's Petition for the reasons stated in the Report, the relevant portions of which we quote here:

## **II. FACTS**

At the time of the subject injury, Applicant Aaron Wertz was employed as an assistant manager and mechanic by Henlee Pacific LA, which did business as Valvoline Instant Oil Change. From the history in the initial medical report on November 14, 2019, from Jan Guy, PA (Joint Ex. 16), the applicant developed pain in the right groin after he was lifting tires on October 29, 2019, and then developed greater pain on November 12, 2019, after he was lifting and dumping the contents out of 50 pound barrels into the trash. This history is repeated through all of the reports from Jan Guy, PA, and the doctor he worked with, Dr. Freeseemann (Ex. 2, 3, 4, 6, 7, Joint Ex. 4, Joint Ex. 5, Joint Ex. 6). In spite of this history, which is consistent with the date of the first consultation and would indicate an injury ending on November 12, 2019, the injury date shown in the headings of their reports is October 29, 2019. That injury date was used in the medical reports from other providers and the PQMEs and does not appear to have been questioned even though it is not supported by the history of injury. This discrepancy in the ending date for the cumulative trauma injury is the reason for the Finding that further discovery is needed to determine the actual injury date, but that issue is independent of whether the applicant suffered industrial injury to his back.

As a result of the injury, the applicant developed severe pain and swelling in his right abdomen and groin (Joint Ex. 16 p. 4) and was diagnosed with right inguinal hernia (Id. p. 5). The hernia injury was accepted and treated, injury to the back was denied when it was raised later (Ex. E). He ultimately had hernia surgery performed by Dr. Harmuz Irani on March 11, 2020. From Dr. Irani's operative report (Joint Ex. 17), the applicant had a complex hernia condition, requiring repair of a large direct hernia and a small indirect hernia on the right side, and separate repair of a smaller direct hernia on the left side with a very large indirect hernia on that side that extended into the scrotum (Id. p. 2-3).

The applicant had complaints of continuing pain in the right groin area, with continued swelling and a bulge in the right groin area, which are documented in the reports after the surgery (Ex. Joint 5, Jan Guy, PA, 4/9/20; Ex. Joint 4, Dr. Freeseemann, 4/30/20). A sonography study on April 24, 2020 (Ex. 1), about six weeks after the hernia surgery, found a “solid and cystic nonspecific mass” in the right inguinal area and recommended evaluation for a possible a tumor. There is nothing further in the treatment reports submitted at trial regarding further treatment or evaluation of this bulge. The PQME in General Vascular Surgery, Dr. Reuel Gaskins, commented in his December 8, 2020, report that it was kept under observation and reduced over time. He also noted that the applicant’s overall pain problems continued (Joint Ex. 1 p. 2).

Around this time the applicant obtained a lawyer in this action, and the Application for Adjudication was filed on September 11, 2020, claiming cumulative trauma injury in the period December 4, 2018, through October 29, 2019, resulting in a hernia. This was amended on January 5, 2021, to include the back as an additional injured part of body. It does not appear that Defendant ever filed an Answer to the Application for Adjudication of Claim or to the amendment.

A further CT scan of the pelvis area was done on September 14, 2020 (Ex. 9) ordered by Dr. Irani, stating a history of “right groin pain for 8 months. Pain and difficulty urinating and defecating.” This report stated, in the “Bones” section of the Findings: “Stenosis of the right subarticular recess and neural foramina at L5-S1 secondary to endplate and facet osteophytic hypertrophy. Small annular bulge. The left neural foramina is unremarkable. L4-L5 exhibits no gross abnormalities.”

No subsequent report from Dr. Irani was included in the exhibits for trial, but the applicant testified that Dr. Irani told him that this scan showed that his pain was actually from injury to the back (12/22/25 Minutes and Summary of Evidence p. 2 l. 22-23, p. 3 l. 1-4, 8-9). He was then evaluated by orthopedist Dr. Esmail Nadjmabadi on October 15, 2020 (Ex. 14), following this CT scan. Dr. Nadjmabadi noted the applicant’s ongoing right inguinal and right lower extremity pain, and that the CT scan showed “articular recess with foraminal stenosis and an annular bulge” at L5-S1. Based on his examination and the results of the CT scan, he found:

It is very possible that the pain he is still experiencing in the right groin and right lower extremity is due to a back injury which was sustained in conjunction with the injury to his inguinal areas. Due to the fact that he had the distracting injuries of his inguinal hernia the back was never addressed which is why [there] is a high medical probability that the back injury occurred at the same time resulting in the above stated symptoms.

The patient should therefore be worked up and treated for a back injury and this should be added to the current claim. (Ex. 14 p. 6)

The only other treating doctor who subsequently addressed causation of the back condition was Edward Opoku, DO, who said in his June 4, 2021, report:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomology is a result of the specific work-related injuries that occurred on CT: 12/14/2018 – 10/29/19, during the course of his employment for Henlee Pacific dba Valvoline Instant Oil Change... (Ex. 28 p. 15).

The "symptomology" he was referencing was pain in the applicant's low back (Id. p. 14).

A lumbar MRI was done on February 7, 2022, over two years after the claimed injury. It showed a 4mm right lateral foraminal disc osteophyte complex at L5-S1 that mildly narrowed the right lateral recess and produced moderate to severe right foraminal stenosis with possible slight flattening of the exiting right L5 nerve root (Ex. 22 p. 1).

The applicant was evaluated by Orthopedic PQME Dr. Jayprakash Shah on March 23, 2022 (Joint Ex. 2). In the Occupational History section of his report, he states that the applicant had been off work since the injury, which was implied in other reports but not made clear (Id. p. 3). In the discussion section, he notes that the applicant began working for the company in Arizona, moved to California where he was promoted to general manager in charge of several stores, but then the company was sold to Valvoline. There were "some interpersonal issues" and he was demoted to assistant manager/mechanic. The applicant sued the company as a result and that suit remained in litigation (Id. p. 6).

Dr. Shah then discussed aspects of the applicant's injury history that he felt relevant: that the applicant did not immediately report the incident of October 29, 2019, to his employer (the applicant told Jan Guy PA during the first post-injury evaluation that this was on advice of his civil attorney. Joint Ex. 16 p. 4), that he reinjured the area on November 12, 2019, and reported the injury then after consulting his attorney, and that he did not mention pain specifically in the low back at any time during treatment through his hernia repair surgery by Dr. Irani on March 11, 2020. Dr. Shah noted that he continued to have pain in his groin area after that surgery, Dr. Irani ordered a CT scan of the pelvis "and degenerative changes in the lumbar spine were noted." After this scan, "the etiology of his groin pain was shifted to the lumbar spine which was reported to his attorney who advised him to seek treatment from Dr. Esmail Nadjmabadi. A cumulative trauma claim was filed, and this was promptly denied by the defendant insurance company." The applicant moved back to Arizona,

continued treatment on his own there, and was advised to have epidural injections and possible surgery. (Joint Ex. 12 p. 6-7).

He then said:

The examinee does not provide any history of chronic lower back pain. He states that he never felt any lower back pain. He never had any specific injuries to the lower back and claims that only after the groin injury did, he start to have pain in the front of the leg and numbness and tingling sensation down the leg. The clinical presentation is not typical for radiculopathy. The examinee did not complain of having any back pain until after the pelvic CT was done and the mechanism of injury is suspicious for the injury to the lumbar spine. The diagnostic studies do indicate a degenerative disc disease at L5-S1 with a disc osteophyte complex at L5-S1 causing right foraminal stenosis. However objective findings are inconsistent with radiculopathy.” (Id. p. 7).

He then found that the applicant did not have any industrial injury to his low back. It should be noted, however, that his comments are consistent with the applicant having no history of back pain prior to October/November 2019, and that there is no indication of any unrelated injury to the low back after that in any of the medical reporting, including that of Dr. Shah.

The proposed Compromise and Release settlement was submitted after that evaluation, and after review of the available reports, this judge had concerns about adequacy of the settlement and issued the Order Suspending Action on December 20, 2022. As a result of the OSA, Dr. Shah reevaluated the applicant on April 29, 2023. His interim history notes that the applicant’s back symptoms had increased since the previous examination (Joint Ex. 13 p. 2). In his Discussion, he says the applicant “clinically has deteriorated since my last evaluation” but says the “symptoms are inconsistent with radiculopathy,” apparently because they were “more in the right groin area, abdominal area, flank and more symptoms above the knee joint. He has no specific symptoms below the knee joint and there are no specific findings suggestive of nerve root tension.” However, he also notes that “the MRI and EMG studies are consistent with L4-5, S1 radiculopathy” and that it was “difficult to establish” clinical correlation (Id. p. 5). His summary of the EMG and NCV studies immediately above that discussion state: “EMG and nerve conduction studies performed on March 3, 2022, suggestive of chronic lower lumbar radiculopathy involving nerve root L4-L5, S1,” which seems consistent with the findings of the treating doctors.

In his causation section following this discussion, Dr. Shah still found no industrial causation, because the applicant had not complained specifically of back pain until he was evaluated by Dr. Nadjmabadi, which was after the back problem was identified by Dr. Irani. Dr. Shah found this “highly unusual” and

felt that a herniated disc would have caused “significant lower back pain and leg pain that the examinee would always report.” (Id. p. 6). Apparently, he did not believe that the pain complaints that were assumed by the initial treating doctors to be due to the bilateral inguinal hernia could have included pain from the low back or masked the low back as a source of the pain the applicant was experiencing. He gave no indication that he made any attempt to research the range of pain reactions patients might have under similar circumstances that were beyond his own experience as an orthopedist.

Dr. Shah provided two more reports. The first, dated December 18, 2024, followed a further examination of the applicant on December 14, 2024, with a note that he had not received related medicals for review before the evaluation date (Joint Ex. 8). The second, dated February 19, 2025, followed his review of the additional records (Joint Ex. 15). He was also deposed on June 16, 2025 (Joint Ex. 14). He did not change his opinion on causation in any of these reports or in the deposition, but did find that the applicant’s condition had worsened, and also clarified that the applicant “does have a symptomatic right L5-S1 disc herniation causing radiculopathy. And he has mild degenerative changes in at least one other level of the lumbar spine. So clinically there is no question that he has a pathological condition which are [sic] consistent with the clinical findings.” (Joint Ex. 14 p. 11 l. 20 – p. 12 l. 1).

In his second report, Dr. Shah recommended that the applicant be evaluated by an orthopedic spine surgeon, and the applicant was evaluated by PQME Dr. Ram Alluri accordingly on August 19, 2023 (Joint Ex. 11). Dr. Alluri noted that the applicant had not worked since December 2019 (Id. p. 3). There is an inconsistency in his history compared to the other reports and the applicant’s testimony, as he says the applicant first reported back and right leg pain in December 2018, while all of the other histories say that he first experienced the pain that was afterward related to his back after the events in October and November 2019 and the first report specifically relating the pain to the back was in October, 2020. His entire account of the injury is much more cursory than those of Dr. Shah and the treating doctors, and he does not mention the specific events in October and November, 2019, that are discussed in the other histories (Id. p. 2). In his discussion, he says that the applicant claimed he had cumulative trauma from repetitively lifting while doing basic mechanic work in the claimed cumulative trauma period and says: “his history and physical exam are consistent with likely lumbar paraspinal muscle strain and right sided lumbar radiculopathy in either the L5 or the S1 distribution. He does have some subtle weakness and numbness in the right lower extremity.” (Id. p. 6).

Dr. Alluri did not have the records to review when he did his first report. He provided a supplemental report on October 14, 2023, after reviewing a number of medicals that did not include any before Dr. Nadjmabadi’s October 15, 2020, report (Joint Ex. 12 p. 2). In this report, he noted that “MRI and EMG/NCS findings are consistent with right-sided L5 lumbar radiculopathy[?]” (Id. p. 5).

Per the information he provided, these tests were on February 7, 2022, and March 3, 2022, respectively. It appears that he did not notice the differences in the histories given in the past medicals from what he put in his initial report, as he repeats the aberrant history of “low back and right leg pain in 2018 after lifting a 55-gallon oil drum” in giving his analysis of causation. What was of more significance to him at that point, apparently, was that “per medical records, the first report of low back and right leg pain is from October, 2020,” though his summary does not show that he reviewed any records from before that date (Id. p. 6, 2). He then said that, if the applicant “developed acute onset low back pain and right leg pain in December 2018, it is medically probable that this was a specific trauma, and the acute herniated disc formed a disc osteophyte complex...” (Id.) His assumption about how the claimed injury occurred and when is inconsistent with the other medical histories and with the applicant’s testimony, making his conclusions on causation unreliable, but his comments do indicate that the applicant’s activities could result in a disc herniation and that, if it occurred in the period of the claimed injury, that could reasonably result in the disc osteophyte complex that was seen in the 2022 MRI (Id. p. 6).

After review of further records, including earlier treatment reports and reports from Dr. Shah, Dr. Alluri provided a third report on March 4, 2024 (Joint Ex. 10), in which he modified his findings again. In his “Discussion and Causation” section (Id. p. 11), he repeats his comment from his initial report that

Mr. Wertz alleges cumulative trauma from repetitive lifting while performing basic auto mechanic work from December 4, 2018 until October 29, 2019. His history and physical exam are consistent with lumbar paraspinal muscle strain and right sided lumbar radiculopathy in the right L5 distribution. He does have some subtle weakness and numbness in the right lower extremity in the L5 distribution.

He adds that “MRI and EMG/NCS findings are consistent with right-sided L5 lumbar radiculopathy,” a comment made in his second report.

Then, when he turns to causation, he repeats the statement that the applicant “reports that he first started to notice low back and right leg pain in December 2018 after lifting a 55 gallon oil drum,” a statement from his first report that he apparently never checked for accuracy, then says that “per medical records, the first report of low back and right leg pain is from October 2020,” apparently referencing Dr. Nadjmabadi’s report. He does not mention the severe groin and abdominal pain that was mentioned repeatedly in the reports from November, 2019 through October 2020, or the severe hernia condition that resulted in surgery in January 2020 or show that he considered what the effects of that pain might be on the applicant’s perception of pain from the low back in any way. Both he and Dr. Shah treat the first formal report of pain related to the back in Dr. Nadjmabadi’s October 2020 report as determining when that pain was first experienced by the applicant without consideration of his concurrent conditions.

Without recognizing and discussing the potential effects of the hernia condition and related pain, Dr. Alluri's analysis in this area is incomplete. However, a notable feature of the findings of both Dr. Alluri and Dr. Shah is that they do not find that the applicant's work activities could not cause the observed low back injury but focus instead on when the first specific complaint of back pain appeared in the record in making their ultimate determinations that the low back injury was non-industrial.

The applicant, who was a credible witness, testified on re-cross examination that he complained about his pain condition to all of his doctors without relating it to a specific cause, because he did not know the cause himself, he just felt the pain. His doctors initially told him it was due to his obvious hernia condition, and he believed them. However, his pain did not change substantially after he had the surgery to repair his hernia condition, and it was not until he had further tests then that his doctors told him that he had pain coming from his back. His doctors did not realize he had also injured his back until after the hernia was repaired. (12/22/25 Minutes and Summary of Evidence p. 3 l. 21 – p. 4 l. 8).

### **III.** **DISCUSSION**

The first two arguments raised in the Petition (p. 5 and p. 6) are related, and essentially state in different ways that the decision is not supported by substantial evidence because Dr. Nadjmabadi's report is not substantial evidence on his finding that the applicant suffered industrial injury to the lumbar spine. The concerns raised are that his finding is speculative, because he used the term "very possible" in his paragraph regarding causation, he did not explain how the lifting explained the pathology, and he "fails to provide his reasoning on why and how the hernia injury would distract the applicant from his alleged lumbar injury." (p.6)

It is well-established law that a decision must be supported by substantial evidence based on the entire record (*LeVesque v. Workers' Comp. Appeals Bd.* (1970) 1 Cal.3d 627, 637). The Petition cites *Escobedo v. Marshalls* (2005) 70 CCC 604 and *Heggin v. Workers' Comp. Appeals Bd.* (1971) 36 CCC 93 in support of Defendant's position, but there is nothing in those decisions that requires that findings be based on a single report. While Dr. Nadjmabadi's report does provide support for the decision and could be considered as substantial support on its own, the decision here does not just rely on his findings but on consideration of his report with the rest of the medical reports that were admitted as evidence at trial, all of which were admitted without objection. His findings were also considered in light of the applicant's testimony about his injury, treatment and pain experience, which was credible and undisputed. One reason for the extensive summary of the medical record above is to show the extent of the evidence considered and that the decision is supported by substantial evidence based on the entire record.

The applicant testified that he had severe pain after the final incident on November 12, 2019, did not himself know the cause but was told that it was from his obvious hernia condition following this incident (12/22/25 Minutes and Summary of Evidence p. 3 l. 21 – p. 4 l. 8). This was substantiated by the reports from his treaters, Jan Guy, PA, Dr. Freeseemann and Dr. Irani (Joint Ex. 16, Ex. 6, Ex. 7, Ex. 4, Ex. 3, Ex. 2, Joint Ex. 7, in chronological order). The Operative Report from Dr. Irani showed that the hernia condition was complex and required bilateral repairs (Joint Ex. 7). After the repair, the applicant’s pain did not diminish significantly and there was still a palpable mass in the inguinal area (Jan Guy Joint Ex. 6, Joint Ex. 5), so he had a further sonogram/hernia evaluation (Ex. 1, William Dunn, MD, 4/24/20 Hernia Report). That found that he had a “solid and cystic nonspecific mass” but not a further hernia that could explain the ongoing pain. Dr. Irani then ordered a CT scan of the pelvis, which identified the stenosis and other abnormalities at L5-S1 in the spine (Ex. 9). It was then the applicant was referred to Dr. Nadjmabadi for further treatment, and his report is reasonably interpreted in light of this record.

Most of the paragraph from Dr. Nadjmabadi’s report raised in the Petition is quoted above (p. 3). The first sentence was not included there, and the first two sentences together read: “The patient has ongoing pain in the right inguinal area and on a CT scan of the pelvis has evidence and L5-S1 saw articular recess with foraminal stenosis and an annular bulge. It is very possible that the pain he is still experiencing in the right groin, and right lower extremity is due to a back injury which was sustained in conjunction with the injury to his inguinal areas.”

The Petition asserts that his use of the phrase “very possible” here renders the statement speculative. Actually, using “very” in that phrase conveys a much higher level of certainty than mere possibility or speculation, as does his description of the findings in the CT scan. Considered with the rest of that paragraph, where he finds “a high medical probability that the back injury occurred at the same time” as the hernia indicates that he meant to convey the appropriate level of medical probability as to his findings in that area (Ex. 14 p. 6). The Petition also claims that he does not adequately explain how the hernia condition constituted “distracting injuries” that delayed recognition of the back injury in that paragraph, but that is adequately explained by the sequence he describes in his history of the injury and subsequent treatment (Id. p. 3). His use of that phrase also fits with and is supported by the history, complaints, findings and treatment shown in the medicals up to the time of his evaluation, as discussed above.

It should be noted that PQME Dr. Shah clarified in his deposition that the applicant “does have a symptomatic right L5-S1 disc herniation causing radiculopathy. And he has mild degenerative changes in at least one other level of the lumbar spine. So clinically there is no question that he has a pathological condition which are [sic] consistent with the clinical findings.” (Joint Ex. 14 p.

11 l. 20 – p. 12 l. 1). From his reports, the reason Dr. Shah did not find industrial back injury was that it was first reported as back pain in October, 2020, almost a year after the injury, and he essentially ignored the applicant’s well-documented pain before that. He also noted there was no prior history of back pain, and there is nothing in the medical record indicating subsequent back injury, points that are not conclusive themselves but are consistent with other evidence of industrial injury. Weighing between the findings of Dr. Shah against those of Dr. Nadjmabadi with the rest of the evidence in the record, the findings of Dr. Nadjmabadi are much more persuasive on the issue of industrial causation of the back injury and, particularly with the rest of the medical record, are substantial evidence supporting that finding.

In the last argument in the Petition (p. 8), Defendant takes issue with this judge correlating the evidence regarding the applicant’s condition contained in reports that were submitted as evidence at trial, and also for noting that the right groin area is anatomically not far from the L5-S1 area of the spine; by their account, it seems that if the evidence is not included in a single report it cannot be used to support a decision. The relative positions of the right groin and the L5-S1 area is a matter of common observation, and there is nothing in *Escobedo (supra)* or any other case that says that a judge must ignore reality or, again, base a decision on one report alone instead of evidence in the entire record. Defendant also takes issue with the judge noting that L5-S1 is where the spine joins the pelvis; the use of terms such as “L5-S1” to designate specific areas of the spine is uniform across medical reports relied on in the Workers’ Compensation system and across medical practice in general, and pointing out its location on the spine does not add information that is not already inherent and generally understood in the use of the term. There was no adding of “anatomical analysis” here, and no “missing causal bridge” in the determination of industrial injury.

As a last point, though it seems to this judge that the evidence submitted in this matter solidly supports a finding of industrial injury to the applicant’s low back, if there is doubt in that area, the evidence and applicable law should be liberally construed in favor of providing benefits to the applicant under Labor Code Section 3202.

For the foregoing reasons,

**IT IS ORDERED** that Defendant's Petition for Reconsideration of the Findings and Award of March 16, 2026 is **DENIED**.

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ JOSÉ H. RAZO, COMMISSIONER**

**I CONCUR,**

**/s/ PAUL F. KELLY, COMMISSIONER**

**/s/ KATHERINE A. ZALEWSKI, CHAIR**



**DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

**June 26, 2026**

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

**AARON WERTZ  
PERONA, LANGER & BECK  
DIMACULANGAN & ASSOCIATES**

**DW/oo**

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