

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

**MANUEL SIERRA, *Applicant***

**vs.**

**CITY OF LOS ANGELES POLICE DEPARTMENT; permissibly self-insured, *Defendants***

**Adjudication Number: ADJ22400130  
Los Angeles District Office**

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

Defendant seeks reconsideration of the Arbitrator's Findings and Award (F&A), issued by the workers' compensation arbitrator (WCA) on February 5, 2026, wherein the WCA found in pertinent part that applicant sustained an injury arising out of and occurring in the course of employment in the form of COVID-19, respiratory, and asthma (Finding 1); that applicant sustained two continuous trauma injuries, the first ending in February 2020 and the second ending in December [2020]<sup>1</sup> (Finding 8); that applicant's COVID-19, respiratory, asthma, was caused by industrial continuous trauma ending in February 2020 (Finding 11); that there is no basis for apportionment (Findings 12 and 13); and that the case is not barred by the statute of limitations (Finding 19).

Defendant contends that there is not substantial medical evidence to support a finding that applicant's COVID-19 "was caused by two cumulative trauma injuries." Defendant also contends that applicant's claims are barred by the statute of limitations.

We received an Answer from applicant.

The WCA issued a Report and Recommendation on Petition for Reconsideration (Report) recommending that the Petition be denied.

We have considered the allegations in the Petition, the Answer, and the contents of the Report with respect thereto.

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<sup>1</sup> The year 2002 in Finding 8 appears to be a typographical error. Based on context and the facts of the case, it is likely that the WCA meant December 2020. Because we are rescinding the Findings and Award on other grounds, we do not consider this further.

Based on our review of the record, and as discussed below, we will grant defendant's Petition for Reconsideration, rescind the WCA's Findings and Award, and return the matter to the WCA for further proceedings consistent with this decision.

### **BACKGROUND**

As a police officer with the City of Los Angeles, the parties have agreed to engage in ADR, pursuant to the following agreement: City of Los Angeles and Los Angeles Police Protective League Workers' Compensation Alternative Dispute Prevention and Resolution (ADR) Program Agreement (ADR Agreement).

A summary of the relevant provisions of the ADR Agreement is as follows:

The represented employee members of the LAPPL will receive benefits and resolve all disputes for claims arising under Division 4 of the California Labor Code pursuant to the process and procedures authorized under California Labor Code section 3201.7; and,

That the ADR program is implemented to improve the speed and quality of workers' compensation medical benefits, improve claim resolution time, reduce workers' compensation claim costs, and return injured workers back to work in a timely manner and increase injured workers' satisfaction. ....

The ADR program shall be used in place of the filing of an application with the Workers' Compensation Appeals Board ("WCAB") for any injuries or claims that would otherwise be subject to the initial jurisdiction of the WCAB. The ADR program is the sole means of dispute resolution and no dispute shall proceed to the California Workers' Compensation Appeals Board until it has completed the processes defined and established by this agreement.

This Agreement shall apply only to injuries or illnesses compensable or alleged to be compensable under the Workers' Compensation laws of the State of California during the term of the agreement, including all claims and defenses ....

The arbitrator shall apply the same presumptions of compensability, statutory construction and rules of admissibility of evidence as would a Workers' Compensation Administrative Law Judge, and shall have the same authority as a Workers' Compensation Administrative Law Judge over discovery, the production of documents, the issuance of subpoenas and other procedural matters related to the hearing.

It is the intent of the parties to this ADR Agreement that the filing of a DWC Form 1 Claim Form shall satisfy the statute of limitations and commence proceedings for all purposes for all claims within the jurisdiction of this ADR program.

A network of agreed medical-legal examiners (AMEs) shall serve as the exclusive source of comprehensive medical-legal evaluations within the jurisdiction of this program. Any issue of the appropriateness of medical treatment shall be resolved in this program and shall be submitted to the appointed medical-legal examiner. ...

(ADR Agreement, see ¶¶ 1.3, 1.5, 2.16, 2.26, 3.5, 4.1.)

Applicant claimed injury to the respiratory system, the neurological system, and in the form of COVID, while employed by defendant as a police officer. As the initial claim form (DWC 1) is not in the record, we cannot ascertain the date of injury initially pled. Defendant accepted the claim as a specific injury.

On April 18, 2023, applicant filed an amended claim form (DWC 1), claiming injury in the form of COVID, respiratory system and neurological system, and stating that the claim is “hereby amended to reflect as cumulative trauma from 01/01/2020-11/19/2022.”

On September 30, 2024, applicant was evaluated by internal medicine Agreed Medical Evaluator (AME) Jeffrey A. Hirsch, M.D., who issued an AME report on October 29, 2024, and a supplemental AME report on March 19, 2025. (Collectively Ex. 1.)

On December 11, 2025, the matter proceeded to an arbitration hearing. No witnesses were called. At the arbitration hearing, several issues were reframed as stipulations. Based on our review of the transcript, the remaining issues are as follows:

1. injury arising out of occurring in the course of employment.
2. permanent disability.
3. apportionment.
4. need for further medical treatment.
5. attorney fees.
6. statute of limitations.

(Arbitration hearing, pp. 6-7.)

Although the parties may have entered into additional stipulations, the following appear in the arbitration hearing transcript:

1. Applicant Manuel Sierra, born [], while employed during the period January 1, 2020 through November 19, 2022, as a Police Officer, Occupational Group 490 at Los Angeles, California, by the Los Angeles Police Department claims to have sustained an injury arising out and occurring during the course of his employment in the form of COVID, respiratory and neurological system.

2. At the time of injury, the employer was permissibly self-insured.
3. The claim was originally filed when the applicant was unrepresented for a November 19, 2022 COVID exposure, Covid injury, which was accepted by defendant as a specific injury.
4. The applicant became represented in March of 2023 and through his attorney filed an amended application in March of 2023. Defendant did not accept the claim as a cumulative trauma claim.
5. At the time of injury, applicant's earnings were maximum for both permanent and temporary disability.
6. Defendants have paid some temporary disability in 4850 time.
7. Permanent and stationary date is March 19, 2025.
8. No attorney fee has been paid, and no attorney fee arrangement has been made.

(Arbitration hearing, pp. 6-7.)

The following exhibits were admitted: medical reports of AME Dr. Hirsch, dated September 30, 2024 and March 19, 2025 (Exhibit 1) and applicant's amended application (Exhibit A).

On February 5, 2026, the WJA issued the Findings and Award at issue.

On March 24, 2026, applicant filed an Application for Adjudication of Claim.

## **DISCUSSION**

### **I.**

Former Labor Code section<sup>2</sup> 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.

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<sup>2</sup> All statutory references are to the Labor Code unless otherwise stated.

(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 April 1, 2026, and 60 days from the date of transmission is Sunday, May 31, 2026. The next business day that is 60 days from the date of transmission is Monday, June 1, 2026. (See Cal. Code Regs., tit. 8, § 10600(b).)<sup>3</sup> This decision is issued by or on Monday, June 1, 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 shall be notice of transmission.

Here, according to the proof of service for the Report by the WCA, the Report was served on March 23, 2026, and the case was transmitted to the Appeals Board on April 1, 2026. Service of the Report and transmission of the case to the Appeals Board did not occur on the same day. Thus, we conclude that service of the Report did not provide accurate notice of transmission under section 5909(b)(2) because service of the Report did not provide actual notice to the parties as to the commencement of the 60-day period on April 1, 2026.

However, a notice of transmission was served by the district office on April 1, 2026, which is the same day as the transmission of the case to the Appeals Board on April 1, 2026. Thus, we conclude that the parties were provided with the notice of transmission required by section

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<sup>3</sup> 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.

5909(b)(1), and consequently they had actual notice as to the commencement of the 60-day period on April 1, 2026.

## II.

We are mindful that the issues in the matter before us are complex, but the WCA's findings must be consistent with both the anti-merger provisions in sections 3208.2 and 5303 and the apportionment provisions in section 4663. However, in order to determine whether applicant's claims are barred by the statute of limitations, we must begin with the issue of applicant's date of injury. This is all the more complicated in the case before us because the record suggests that applicant had COVID-19 three times, in February 2020, December 2020, and November 2022. To the extent that any of these fall under the COVID presumptions of sections 3212.86, 3212.87, or 3212.88, or indeed any of the presumptions encompassed by the ADR agreement, the date of injury might be defined within the applicable statute. Notwithstanding the definition of "date of injury" contained in sections 3212.86, 3212.87, or 3212.88, COVID-19 is generally considered a specific injury.

Defendant contends that applicant's claim is barred by the one year statute of limitations to apply for workers' compensation benefits pursuant to section 5405. With respect to whether applicant's claims are barred by the statute of limitations, the three points designated in section 5405 as the start of the one year statute of limitations period are: date of injury; the last payment of disability indemnity; and the last date on which medical treatment benefits were furnished. (Lab. Code, § 5405(a)-(c).) "Filing of the claim form with the employer shall toll ... the time limitations set forth in Sections 5405 and 5406 until the claim is denied by the employer or the injury becomes presumptively compensable pursuant to Section 5402." (Lab. Code, § 5401 (d).) We note that defendant accepted applicant's initial claim of a specific injury. However, the initial claim form is not part of the record and we are unable to determine whether this refers to applicant's COVID-19 in February 2020, in December 2020, or both. Additionally, defendant provided temporary disability indemnity and medical treatment, seemingly for both the February 2020 and December 2020 cases of COVID, however no evidence was admitted to the record regarding the claim form(s) or payments of temporary disability indemnity. The statute of limitations is an affirmative defense, and therefore, the burden of proof rests with defendant. (Lab. Code, §§ 5409, 5705.) The burden is on defendant to show when the statute of limitations began to run, "starting from any

and all three points designated [in section 5405].” (*Colonial Ins. Co. v. Industrial Acc. Com. (Nickles)* (1945) 27 Cal.2d 437, 441 [10 Cal.Comp.Cases 321].)

We note that “‘date of injury’ is a statutory construct which has no bearing on the fundamental issue of whether a worker has, in fact, suffered an industrial injury ... the ‘date of injury’ in latent disease cases ‘must refer to a period of time rather than to a point in time’ ... [t]he employee is, in fact, being injured prior to the manifestation of disability.” (*J. T. Thorp v. Workers’ Comp. Appeals Bd. (Butler)* (1984) 153 Cal.App.3d 327, 341 [49 Cal.Comp.Cases 224].)

Pursuant to section 3208.1:

An injury may be either: (a) “specific,” occurring as the result of one incident or exposure which causes disability or need for medical treatment; or (b) “cumulative,” occurring 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. The date of a cumulative injury shall be the date determined under Section 5412.

With respect to the date of injury for a specific injury, section 5411 states that:

The date of injury, except in cases of occupational disease or cumulative injury, is that date during the employment on which occurred the alleged incident or exposure, for the consequences of which compensation is claimed.

With respect to the date of injury for a cumulative injury, section 5412 states that:

The 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.

In any given situation, there can be more than one injury, either specific or cumulative or a combination of both, arising from the same event or from separate events. (*Western Growers Ins. Co. v. Workers’ Comp. Appeals Bd. (Austin)* (1993) 16 Cal.App.4th 227, 234 [58 Cal.Comp.Cases 323].) The number and nature of the injuries suffered are questions of fact for the WCA. (*Id.*; *Aetna Cas. & Surety Co. v. Workmen’s Comp. Appeals Bd. (Coltharp)* (1973) 35 Cal.App.3d 329 [38 Cal.Comp.Cases 720]; *LeVesque v. Workmen’s Comp. App. Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16]; see also Lab. Code, § 3208.2.) “[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.” (*Austin, supra*, 16 Cal.App.4th at p. 234.)

We further clarify that a date of injury under section 5412 is separate and distinct from the period of injurious exposure. (See Lab. Code, § 5500.5(a) [“liability shall be imposed upon the last year of employment exposing the employee to the hazards of the occupational disease...”].)

Turning to the number and nature of the injuries suffered the AME report states that applicant developed COVID-19 on three occasions.

1) The first infection was the worst and applicant developed severe coughing with shortness of breath and asthma-like symptoms and he has experienced chronic cough since the first episode of COVID in February 2020. Applicant also lost his special senses of taste and smell. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 2.)

2) In December 2020, applicant developed recurrent shortness of breath, headaches, weakness, loss of special senses (taste and smell), and diarrhea. He continued to require inhaled medication at roughly the same frequency (three to four times per week on average). (Dr. Hirsch’s AME report, dated October 29, 2024, pp. 2-3.)

3) In November 2022, applicant developed the third episode of COVID-19. He felt ill but not with the same level of severity and did not recall any permanent consequences from the third episode. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 3.)

With respect to his senses of taste and smell, applicant lost his senses of taste and smell in February 2020, but they recovered completely. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 2.) In December 2020, applicant lost his senses of taste and smell again, but they only recovered to about half their normal levels. (Dr. Hirsch’s AME report, dated October 29, 2024, pp. 2-3.)

With respect to time off work, during his first infection, applicant missed about three weeks of work due to the degree of illness and his need to isolate. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 2.) December 2020, applicant was on temporary total disability for about two weeks. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 3.) In November 2022, missed two weeks of work. (Dr. Hirsch’s AME report, dated October 29, 2024, p. 3.)

Determination of the “date of injury” is a two-part analysis: 1) when did the employee first suffer a compensable disability from a cumulative injury; and 2) when did the employee know, or in the exercise of reasonable diligence should have known, that the compensable disability was caused by his or her present or prior employment. (Lab. Code, § 5412; *State Compensation Insurance Fund v. Workers’ Comp. Appeals Bd. (Rodarte)* (2004) 119 Cal.App.4th 998 [69 Cal.Comp.Cases 579].)

Regarding the “knowledge” component of section 5412, whether an employee knew or should have known their 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 [50 Cal.Comp.Cases 104]; *Chambers v. Workmen’s Comp. Appeals Bd.* (1968) 69 Cal.2d 556 [33 Cal.Comp.Cases 722]; *Alford v. Industrial Accident Com.* (1946) 28 Cal.2d 198 [11 Cal.Comp.Cases 127].)

An employee is not charged with knowledge that their disability is job-related without medical advice to that effect, unless the nature of the disability and the applicant’s training, intelligence, and qualifications are such that they should have recognized the relationship between the known adverse factors involved in their employment and their disability. (*Johnson, supra*, 163 Cal.App.3d at p. 473; *Newton v. Workers’ Co. Appeals Bd.* (1993) 17 Cal.App.4th 147 [58 Cal.Comp.Cases 395].)

Further, “[t]he burden of proving that the employee knew or should have known rests with the employer. This burden is not sustained merely by a showing that the employee knew he had some symptoms.” (*Johnson, supra*, 163 Cal.App.3d at p. 471.) In many cases applying section 5412, knowledge of industrial causation is not found until the employee receives medical opinion expressly stating so, even where they have indicated a belief that the disability is due to employment. (e.g. *Johnson, supra*, 163 Cal.App.3d at p. 471 (applicant believed heart problems were work related, but doctor said they were not); *Chambers v. Workmen’s Comp. Appeals Bd.* (1968) 69 Cal.2d 556 [33 Cal.Comp.Cases 722] (despite applicant’s testimony that work tired him, the Court reversed Appeals Board’s determination that applicant failed to exercise reason able diligence to ascertain that disability originated with work); *Gleason v. Workers’ Comp. Appeals Bd.* (2002) 67 Cal.Comp.Cases 1049 (writ den.) (no evidence that applicant, a nurse who believed she contracted cirrhosis of the liver from needle stick, knew about latency period of hepatitis C, so she was not charged with knowledge); *Modesto City Schools v. Workers’ Comp. Appeals Bd. (Finch)* (2002) 67 Cal.Comp.Cases 1647 (writ den.) (doctor’s report represents earliest knowledge, even though application was filed before the report). This is because “the medical cause of an ailment is usually a scientific question, requiring a judgment based upon scientific knowledge and inaccessible to the unguided rudimentary capacities of lay arbiters.” (*Peter Kiewit Sons v. Industrial Acci. Com. (McLaughlin)* (1965) 234 Cal.App.2d 831, 839 [30 Cal.Comp.Cases 188].)

Because applicant is not a trained medical professional, experiencing COVID-19 symptoms does not constitute “knowledge” of the injury’s potential industrial relationship. In February 2020, when the COVID pandemic was in its infancy, little was understood about the mechanism of transmission, the latency period, or the nature of the symptoms. Of greater relevance, however, there was not a concurrence of disability and knowledge of industrial causation until applicant was evaluated by AME Dr. Hirsch on August 30, 2024.

Sections 3212 through 3213 contain a series of statutory presumptions regarding the industrial nature of various injuries. These presumptions are a reflection of public policy whose purpose is to provide additional compensation to employees who provide vital and hazardous services “by easing their burden of proof of industrial causation.” (*City of Long Beach v. Workers’ Comp. Appeals Bd. (Garcia)* (2005) 126 Cal. App. 4th 298, 310-311 [70 Cal.Comp.Cases 109].) In addition to the sections applicable to certain public safety officers, sections 3212.86, 3212.87, and 3212.88 were enacted pursuant to SB 1159 as urgency statutes in the context of the COVID-19 pandemic - necessary for the immediate preservation of the public peace, health, or safety, on September 17, 2020. In broad terms section 3212.86 applies to the timeframe from March 9, 2020 to July 5, 2020; section 3212.87 applies to front-line workers (including peace officers); and section 3212.88 applies to workers not described in section 3212.87, who meet certain criteria.

Applicant’s first case of COVID was in February 2020 and thus pre-dates the COVID presumptions. Sections 3212.87 and 3212.88 were repealed effective January 1, 2024, thus dates of injury in December 2020 and November 2022 fall squarely within these sections. Section 3212.87(b)(1), which covers peace officers such as applicant, requires that “The employee has tested positive for COVID-19 within 14 days after a day that the employee performed labor or services at the employee’s place of employment at the employer’s direction.” If the injured worker meets the criteria set forth in the section, section 3212.87(b)(2) states that “The date of injury shall be the last date the employee performed labor or services at the employee’s place of employment at the employer’s direction prior to the positive test.” Here, the AME was not provided a positive test result for the December 2020 case of COVID-19, so he did not perform his analysis of industrial causation under the rubric of section 3212.87. It is unclear why he did not apply the criteria of section 3212.87 to his review of applicant’s November 2022 case.

Turning to the issue of whether applicant’s COVID-19 infections can be merged into one cumulative injury, they cannot. While there may be overlapping symptoms, there were three

distinct COVID-19 infections. Applicant received temporary disability benefits and returned to work after each infection.

Section 3208.2 provides:

When disability, need for medical treatment, or death results from the combined effects of two or more injuries, either specific, cumulative, or both, all questions of fact and law shall be separately determined with respect to each such injury, including, but not limited to, the apportionment between such injuries of liability for disability benefits, the cost of medical treatment, and any death benefit.

Section 5303 provides, in pertinent part:

There is but one cause of action for each injury coming within the provisions of this division. ... [N]o injury, whether specific or cumulative, shall, for any purpose whatsoever, merge into or form a part of another injury; nor shall any award based on a cumulative injury include disability caused by any specific injury or by any other cumulative injury causing or contributing to the existing disability, need for medical treatment or death.

In our en banc opinion in *Benson*, we explained that limited situations may exist where a joint and several award of permanent disability may issue across multiple dates of injury. (*Benson v. Permanente Med. Group* (2007) 72 Cal.Comp.Cases 1620, 1634 (Appeals Board en banc); aff'd *Benson v. Workers' Comp. Appeals Bd.* (2009) 170 Cal.App.4th 1535.) Where some aspects of the industrially caused permanent disability form two or more separate industrial injuries that cannot reasonably be parceled out, then a combined joint and several award of permanent disability must issue even though other aspects of the industrially caused permanent disability from those injuries can be parceled out with reasonable medical probability. (See, e.g. *Alea North American Insurance Co. v. Workers' Comp. Appeals Bd. (Herrera)* (2018) 84 Cal.Comp.Cases 17 (writ den.); *Flowserve Corp. v. Workers' Comp. Appeals Bd. (Espinoza)* (2016) 81 Cal.Comp.Cases 812 (writ den.); *Northrop Grumman Systems v. Workers' Comp. Appeals Bd. (Dileva)* 80 Cal.Comp.Cases 749 (writ den.)) However, an opinion establishing intertwined disability must constitute substantial evidence and may not merely conclude that such disability is intertwined without an adequate explanation.

Upon return, further medical reporting is essential to determine the issues of the number and nature of injuries as well as apportionment. Additionally, the AME's determination that applicant's COVID-19 in November 2022 was not industrial because applicant's wife tested

positive for COVID-19 two days earlier is not substantial medical evidence. The latency period and presentation of symptoms differs person-to-person. If it is determined that applicant has any permanent disability as a result of the third infection, the AME should re-evaluate the issue of industrial causation.

For the foregoing reasons,

**IT IS ORDERED** that defendant's Petition for Reconsideration is **GRANTED**.

**IT IS FURTHER ORDERED**, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Findings and Award issued by the WCJ on February 5, 2026 is **RESCINDED** and this matter is **RETURNED** to the trial level for further proceedings and decision by the WCJ consistent with this opinion.

**WORKERS' COMPENSATION APPEALS BOARD**

**/s/ JOSEPH V. CAPURRO, COMMISSIONER**

**I CONCUR,**

**/s/ KATHERINE WILLIAMS DODD, COMMISSIONER**

**/s/ CRAIG L. SNELLINGS, COMMISSIONER**



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

**JUNE 1, 2026**

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

**MANUEL SIERRA  
LEWIS, MARENSTEIN, WICKE, SHERWIN & LEE, LLP  
OFFICE OF THE CITY ATTORNEY**

***JB/pm***

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