DWORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

MARIA ISABEL GUERRERO, ***Applicant***

vs.

AMAZON.COM, INCORPORATED;
LIBERTY MUTUAL INSURANCE COMPANY,
administered by HELMSMAN, ***Defendants***

Adjudication Numbers: ADJ21274145; ADJ21274168
San Bernardino District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Lien claimant Medland Medical Tustin (lien claimant) seeks reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on July 9, 2026, wherein the WCJ found in pertinent part that applicant, while employed during the period of July 15, 2024 to July 15, 2025, as shipping and receiving by defendant Amazon.com, Inc., claimed injury arising out of and in the course of employment (AOE/COE) to her shoulder and neck; that three exhibits were marked incorrectly in the Minutes of Hearing/Summary of Evidence (MOH/SOE) of May 11, 2026 and the MOH/SOE is amended to correct the dates for Exhibits 5 and 7; that Exhibit 8 and Exhibits A through I are admitted; that lien claimant failed to meet their burden of proof to establish that the services provided on September 15, 2025 were medical-legal; and that lien claimant shall take nothing.

Lien claimant contends that the WCJ violated lien claimant's due process rights by admitting Exhibits A through I over their objection based on untimely service; and that the medical-legal report by Omid Haghighinia, D.C., was reasonably and necessarily incurred to prove or disprove a disputed medical fact that existed at the time it was rendered.

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

Lien claimant also filed a request to file a supplemental pleading and a proposed "Answer to the WCJ Opinion and Recommendation on the Lien Claimant's Petition for Reconsideration." We accept and have considered both pleadings pursuant to WCAB Rule 10964. (Cal. Code Regs., tit. 8, § 10964.)

We have considered the allegations in the Petition, the Answer, the contents of the Report and the supplemental pleading. Based on our review of the record, and as discussed below, we will grant lien claimant's Petition, rescind the F&O and substitute new findings that Exhibit 8 and Exhibits A through I are admitted; that lien claimant met their burden under Labor Code[1] section 4620; that lien claimant met their burden under section 4621; and that lien claimant met their burden of proof under section 4622 and defendant is liable for medical-legal services in the amount of $2,299.34 with interest and penalties thereon. We will defer the issues of costs, attorney's fees and sanctions.

BACKGROUND

We will briefly review the relevant facts.

On July 24, 2025, applicant's attorney filed an Application for Adjudication of Claim (Application) claiming cumulative injury to her shoulders, back, neck, right leg, and right ankle while employed by defendant as a shipping receiving from July 15, 2024 to July 15, 2025. This matter was assigned Case Number ADJ21274145.

On July 24, 2025, applicant's attorney filed an Application claiming an injury to her left shoulder and neck while employed by defendant as a shipping receiving on November 24, 2024. This matter was assigned Case Number ADJ21274168.

On July 30, 2025, pursuant to section 4600, applicant designated Michael Esposito, M.D., as PTP for the cumulative injury occurring between July 15, 2024 to July 15, 2025, and the injury which occurred on November 24, 2024. (Exhibit E, 7/30/2025, p. 1.)

In a letter dated August 8, 2025, defendant issued a Notice Regarding Denial of Workers' Compensation Benefits to applicant regarding the July 15, 2025 injury. The letter stated,

> After careful consideration of all available information, we are denying liability for your claim of injury. Workers' compensation benefits are being denied because there is no objective medical evidence to substantiate your claim of industrial injury and no other evidence to support that you sustained an injury in the course and/or scope of your employment.

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

(Exhibit P, 8/8/2025, p. 1.)

On August 15, 2025, pursuant to section 4600, applicant designated Dr. Haghighinia as PTP for the cumulative injury occurring between July 15, 2024 to July 15, 2025. (Exhibit 1, 8/15/2025, p. 1.) The letter requests that at the initial evaluation PTP Dr. Haghighinia prepare a narrative report discussing "all medical-legal issues, including but not limited to causation, apportionment, recommended treatment, as well as disability status as required by Section 9785 or the Administrative Rules and Regulations including the appropriateness of all previously recommended treatment." (Exhibit 1, 8/15/2025, p. 1.)

On September 15, 2025, Dr. Haghighinia examined applicant and issued a medical-legal report titled "Primary Treating Physician's Comprehensive Medical-Legal Report" for applicant's claimed injury of July 15, 2024 to July 15, 2025. (Exhibit 2, 9/15/2025.) The report is addressed to applicant's attorney and defendant Helmsman Management. The report begins by saying:

> This Medical-Legal report is issued pursuant to Labor Code §§4620, *et seq.* and 5307.6, and California Code of Regulations § 9793(c)(2), which defines a comprehensive medical-legal evaluation as an evaluation of an injured worker which results in the preparation of a narrative medical report, and is performed by **the primary treating physician** for the purpose of proving or disproving a contested claim; **and** California Code of Regulations § 9793(h)(2), which provides **that the report is obtained at the request of a party or parties** for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party who requested the comprehensive medical-legal evaluation report.
>
> This patient alleges injuries to body parts which are in dispute. I have conducted a Medical-Legal evaluation to determine if the injuries to these body parts occurred as a consequence of the industrial injuries referenced above.
>
> Pursuant to California Code of Regulations §9793(b)(1), a contested claim is one in which the claims administrator has rejected liability for a claimed benefit.

(Exhibit 2, 9/15/2025, p. 2, bold in the original report.)

After evaluating applicant, Dr. Haghighinia concluded that applicant sustained industrially related injuries, and there was a need for ongoing medical care. (Exhibit 2, p. 3.) Among Dr. Haghighinia's diagnoses were cervicalgia, cervical muscle strain; lumbar muscle strain; bilateral shoulder pain; and right ankle pain. (Exhibit 2, p. 13.)

With respect to causation, Dr. Haghighinia opined as follows:

> [Applicant] began working for Amazon on 11/13/2022 and was employed for over two years on a full-time basis, working 10 hours per day, 4 days per week. Her job duties included wrapping pallets, lifting boxes onto pallets or carts, loading pallets into trailers, staging pallets, and other assigned tasks. These activities required frequent heavy lifting, pushing and pulling of up to 70 pounds, repetitive kneeling and squatting, prolonged walking and standing, reaching above and below shoulder level, and fine motor manipulation with both upper extremities.
>
> . . .
>
> On 11/24/2024, while wrapping a pallet, a box was about to fall toward her face. She quickly reached to prevent it from falling and felt a sudden "popping" sensation in her left shoulder. . . .
>
> Modified work was offered, but her restrictions were not accommodated by her employer, and she was subsequently taken off work and began receiving benefits.
>
> The patient reports the onset of progressive pain and discomfort beginning in late 2023, approximately one year after starting with Amazon. Symptoms involved the neck, lumbar spine, bilateral shoulders (left greater than right), and right ankle. She attributes these conditions to the cumulative effect of her repetitive, physically demanding work activities. She reports having repeatedly informed management of her symptoms, which at times led to temporary reassignment to lighter duties. She did not seek medical treatment initially and instead self-managed with over-the-counter medication and ice.
>
> . . .
>
> Based on the physical examination performed today, review of the history of the injury with the patient, the patient's description of their job duties, as a labor-intensive nature of her duties, which involved frequent heavy lifting, pushing, and pulling of up to 70 pounds and the length of time that this patient has been employed by the above-referenced employer, it is my opinion, with a reasonable degree of medical probability, that the pain and discomfort affecting the body parts listed above are the result of a continuous trauma injury sustained during her employment with Amazon Com Services LLC.
>
> The mechanism of injury is consistent with her work activities, specifically repetitive heavy lifting and pushing on a regular basis, which reasonably explains the development of a continuous trauma injury.
>
> Given the patient's current symptoms, physical findings and the nature of her injury, I believe that this patient's current condition and complaints are the direct result of her continuous trauma from 07/15/2024 through 07/15/2025.

(Exhibit 2, pp. 13-15.)

On September 15, 2025, lien claimant billed defendant $2,583.68 for the medical-legal services. The amount allotted under the Official Medical Fee Schedule (OMFS) is $2,299.34. (Exhibit 7, 9/15/2025.)

On October 22, 2025, defendant served an EOR in response. (Exhibit H, 10/22/2025.)

On October 29, 2025, lien claimant served an objection to the EOR. (Exhibit 8, 10/29/2025.)

On November 3, 2025, the parties entered into a Compromise and Release (C&R) resolving both case numbers ADJ21274168 and ADJ21274145. According to the C&R, defendant paid benefits for temporary disability and medical treatment of $9,947.00. (C&R, ¶ 6.) The C&R resolved all claims for all benefits. (C&R, ¶ 9.)

On December 4, 2025, a WCJ signed a Joint Order Approving Compromise & Release Agreement (OACR) that listed Case Numbers ADJ21274168 and ADJ21274145. On December 5, 2025, defendant served the OACR.

On December 30, 2025, lien claimant filed the lien.

On May 11, 2026, Case Number ADJ21274145 came on for lien trial. Case Number ADJ21274168 was taken off calendar because the lien was filed in Case Number ADJ21274145. The parties stipulated that the OMFS amount is $2,299.34; and that defendant provided no medical treatment. Among the issues were the lien, with a billed amount of $2,583.68, with payments of zero; whether the medical report met the criteria for payment as a med-legal report; whether defendant issued a valid Explanation of Review (EOR) in compliance with section 4603.3; whether defendant failed to file a petition for determination of medical-legal expense and a Declaration of Readiness to Proceed (DOR) pursuant to WCAB Rule 10786(e) (Cal. Code Regs., tit. 8, § 10786(e)) following lien claimant's objection to the EOR; whether lien claimant is entitled to penalties, interest and costs due to defendant's failure to pay or object to the medical-legal expenses in accordance with WCAB Rule 10786(i)(1) and section 4622(b); and whether lien claimant is entitled to sanctions and costs. Exhibits 8 and A through I were marked for identification only.

On July 9, 2026, the WCJ issued his Findings & Order.

In his Opinion on Decision, the WCJ stated that defendant objected to the admission of Exhibit 8 on the grounds that it had only been served on defendant's attorney. The WCJ concluded that service was sufficient and that Exhibit 8 should be admitted. Lien claimant objected to the

admission of Exhibits A through I based on the lack of a proof of service; the WCJ concluded that lien claimant had timely received the Exhibits, and that they should be admitted. Lien claimant also objected to the admission of Exhibits B through F and H based on relevance because they concerned the specific injury, which had been taken off calendar. The WCJ concluded that Exhibits A through I should be admitted. With respect to the lien, the WCJ opined that:

> "Costs of medical evaluations … do not constitute medical-legal expenses unless the medical report is capable of proving or disproving a disputed medical fact, the determination of which is essential to an adjudication of the employee's claim for benefits." Labor Code § 4620(c)
>
> An award of the WCAB must be supported by substantial medical evidence. Labor Code § 5952(d). Establishing causation, especially for a cumulative trauma where causation is not "blatantly obvious" requires medical evidence and expert medical opinion. (*Peter Kiewitt Sons v. Industrial Accident Commission* (1965) 234 Cal.App.2d 831, 839).
>
> Merely reciting an applicant's contentions is insufficient to support a finding of causation. Instead, a doctor must explain their reasoning behind their opinion in their medical report. ([*Granado*] *v. WCAB* (1968) 69 Cal.2d 399; *E.L. Yeager Construction v. WCAB* [(*Batten*)] (2006) 145 Cal.App.4th 922). For causation, this includes a discussion of an applicant's job duties and the mechanism by which those duties caused the diagnosed condition(s). "[A]n award based solely upon evidence tending to prove only a possibility of industrial causation is conjectural and cannot be sustained." (*Kiewitt supra* 234 Cal.App.2d at 838).
>
> Here, Lien Claimant relies upon the September 15, 2025 report of Dr. Haghighinia (Exhibit "2" (EAMS Doc. ID No. 63363231)), which is the report they contend should be paid as a medical legal expense. This report was authored by Dr. Haghighinia for the express purpose of determining whether Applicant's injuries were industrial, citing 8 CCR §9793(b)(1) in that Applicant's claim was denied. (Id. pg. 2). As such, the disputed medical fact at issue here is injury arising out of and in the course of employment. Dr. Haghighinia's report must therefore be capable of proving or disproving causation.
>
> . . .
>
> Conspicuously absent from Dr. Haghighinia's discussion on causation is any mention whatsoever to the specific injury he referenced on November 24, 2024. How did this injury interact with the alleged cumulative trauma? Whether the alleged specific injury was merely one event among many or was a single event. Whether some of the other body parts may have been involved in the specific injury, impacted by the specific injury, or not a part of the specific injury at all. These are some of the unanswered questions, which warrant at least some discussion. As Dr. Haghighinia did not explain his reasoning why there was only a cumulative trauma

> to all of Applicant's body parts, his report is rendered insubstantial and therefore could not be capable of proving or disproving the disputed fact of causation.
> Based on the foregoing, Lien Claimant has failed to meet its burden of proof to demonstrate the services provided on September 15, 2025 were Medical Legal.

(Opinion on Decision, pp. 3-4, 5-6.)

DISCUSSION

I.

Petitions for reconsideration filed on or after July 14, 2026 are subject to section 5909, which states 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 August 3, 2026, and 60 days from the date of transmission is October 2, 2026. This decision is issued by or on October 2, 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, it was served on August 3, 2026, and the case was transmitted to the Appeals Board on August 3, 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 section 5909(b)(1) because service of the Report in compliance with section 5909(b)(2) provided them with actual notice as to the commencement of the 60-day period on August 3, 2026.

II.

Section 4060(b) allows a medical-legal evaluation by the treating physician. Section 4620(a) defines medical-legal expense as "any costs and expenses…for the purpose of proving or disproving a contested claim." Section 4064(a) states in part that "[T]he employer shall be liable for the cost of each reasonable and necessary comprehensive medical-legal evaluation obtained by the employee pursuant to Sections 4060, 4061, and 4062."

The regulations provide that the "primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation. . .." (Cal. Code Regs., tit. 8, §9785(d).)

AD Rule 9793(h) states:

> (h) "Medical-legal expense" means any costs or expenses incurred by or on behalf of any party or parties, the administrative director, or the appeals board for X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony, and as needed, interpreter's fees, for the purpose of proving or disproving a contested claim. The cost of medical evaluations, diagnostic tests, and interpreters is not a medical-legal expense unless it is incidental to the production of a comprehensive medical-legal evaluation report, follow-up medical-legal evaluation report, or a supplemental medical-legal evaluation report and all of the following conditions exist:
>
> (1) The report is prepared by a physician, as defined in Section 3209.3 of the Labor Code.
>
> (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues.

> (3) The report is capable of proving or disproving a disputed medical fact essential to the resolution of a contested claim, considering the substance as well as the form of the report, as required by applicable statutes, regulations, and case law.
>
> (4) The medical-legal examination is performed prior to receipt of notice by the physician, the employee, or the employee's attorney, that the disputed medical fact or facts for which the report was requested have been resolved.
>
> (5) In the event the comprehensive medical-legal evaluation is served on the claims administrator after the disputed medical fact or facts for which the report was requested have been resolved, the report is served within the time frame specified in Section 139.2(j)(1) of the Labor Code.

(Cal. Code Regs., tit. 8, § 9793(h).)

Read together, these sections provide that a medical-legal evaluation performed by an employee's treating physician is a medical-legal evaluation obtained pursuant to section 4060 and that an employer is liable for the cost of reasonable and necessary medical-legal reports that are performed by the treating physician. The Appeals Board has previously held that there was no legal authority to support the proposition that an injured worker is not entitled to request a medical legal report from their PTP, and in turn, the report from that PTP is a medical-legal expense for which the defendant is liable. (*Warren Brower v. David Jones Construction* (2014) 79 Cal.Comp.Cases 550 (Appeals Board en banc).) Moreover, a medical-legal expense is ordinarily allowable if it is capable of proving or disproving a contested claim, if the expense was reasonably necessary at the time incurred, and if the cost incurred was reasonable. (Lab. Code, §§ 4620 et seq., 5307.6.)

The Labor Code sections discussed above do not include the limitations set forth in AD Rule 9793(h). It is clear that the intention of section 4060(b) when read together with section 4064(a) is that a medical-legal evaluation performed by an employee's treating physician is a medical-legal evaluation obtained pursuant to section 4060 and that an employer is liable for the cost of reasonable and necessary medical-legal reports that are performed by the treating physician.

Section 4061.5 states:

> The treating physician primarily responsible for managing the care of the injured worker or the physician designated by that treating physician shall, in accordance with rules promulgated by the administrative director, render opinions on all medical issues necessary to determine eligibility for compensation.

(Lab. Code, § 4061.5.)

Here, we note that on August 25, 2025, applicant's attorney designated Dr. Haghighinia as applicant's new primary treating physician for evaluation and treatment and additionally, the letter requested a medical-legal report addressing all disputed issues. (Exhibit 1, 8/15/2025, p. 1.) On August 8, 2025, defendant issued a Notice Regarding Denial of Workers' Compensation Benefits to applicant. (Exhibit P, 8/8/2025.) On September 15, 2025, Dr. Haghighinia examined applicant and issued a medical-legal report for her cumulative injury. (Exhibit 2, 9/15/2025.) It appears that applicant's attorney requested the evaluation by Dr. Haghighinia because defendant denied her claim.

The issue is whether the September 15, 2025 report is a medical-legal report for which medical-legal expenses may be recovered by lien claimant. The WCJ concluded that Medland Medical failed to meet their burden of proof to establish that the services provided by Dr. Haghighinia on September 15, 2025 were medical-legal. However, when he explained his reasoning in his Opinion on Decision, it was clear that the WCJ believed that in order for the lien claimant to recover payment for the medical-legal evaluation, the medical-legal report had to be substantial evidence of causation. That is simply not correct. Additionally, the WCJ concluded that the report was not a medical-legal report because Dr. Haghighinia's discussion on causation does not address the November 24, 2024 specific injury even though Dr. Haghighinia referred to the injury in other sections of his Report. This is also not correct.

Substantial evidence is not the standard for payment of a medical-legal report. We observe tongue-in-cheek that if that were the case, defendants could easily avoid liability for payment of medical-legal reports. In fact, section 4628(e) explicitly sets forth the circumstances under which a defendant can avoid liability for payment. Moreover, WCAB Rule 10682 (Cal. Code Regs., tit. 8, § 10682) sets forth guidance as to the contents of a medical report. While section 4064(a) requires a physician to discuss all contested medical issues, when a report is not substantial evidence, the cure is to develop the record, and the preferred procedure is to allow supplementation of the medical record by the physicians who have already reported in the case. (*McDuffie v. Los Angeles County Metropolitan Transit Authority* (2003) 67 Cal.Comp.Cases 138 (Appeals Board en banc); see *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117, 1121-1122 [63 Cal.Comp.Cases 261]; *Kuykendall v. Workers' Comp. Appeals Bd.* (2000) 79 Cal.App.4th 396, 403 [65 Cal.Comp.Cases 264].) Again, when further medical-legal reporting is sought because the initial reporting is not substantial evidence, defendant is still liable for payment unless a specific

provision in the Labor Code applies. Thus, it is insignificant that there was not a discussion in the report regarding the admitted, specific injury and how it is related to causation. If the matter had not settled by way of a C&R, then additional clarification could have been sought by way of a subsequent evaluation by Dr. Haghighinia regarding causation and the admitted injury.

The public policy favoring liberal pre-trial discovery that may reasonably lead to relevant and admissible evidence is applicable in workers' compensation cases. (*Allison v. Workers' Comp. Appeals Bd.* (1999) 72 Cal.App.4th 654, 663 [64 Cal.Comp.Cases 624].) Permitting liberal discovery is consistent with our Constitutional mandate that proceedings be expeditious. Obtaining medical-legal evidence is part of the discovery process, and the standard for discovery is relevancy. Dr. Haghighinia's September 15, 2025 report issued after defendant denied applicant's claim and it could have been offered to prove or disprove a disputed fact, and the fact that further reporting might have been required is not relevant to whether defendant is liable for payment.

A lien claimant holds the burden of proof to establish all elements necessary to establish its entitlement to payment for a medical-legal expense. (See Lab. Code, §§ 3205.5, 5705; *Torres v. AJC Sandblasting* (2012) 77 Cal.Comp.Cases 1113, 1115 [2012 Cal.Wrk.Comp. LEXIS 160] (Appeals board en banc).) Thus, a lien claimant is required to establish that: 1) a contested claim existed at the time the expenses were incurred; 2) the expenses were incurred for the purpose of proving or disproving the contested claim; and 3) the expenses were reasonable and necessary at the time they were incurred. (Lab. Code, §§ 4620, 4621, 4622(f); *American Psychometric Consultants, Inc. v. Workers Comp. Appeals Bd.* (*Hurtado*) 1995 36 Cal.App4th 1626 [60 Cal.Comp.Cases 559].) Pursuant to *Colamonico v. Secure Transportation* (2019) 84 Cal.Comp.Cases 1059 (Appeals Board en banc), a lien claimant holds the initial burden of proof under sections 4620 and 4621, and once a lien claimant has established these elements, they then may proceed to address the reasonable value of the services under section 4622.

Lien claimant's initial burden in proving entitlement to reimbursement for a medical-legal expense is to show that a "contested claim" existed at the time the service was performed. Subsection (b) sets forth the parameters for determining whether a contested claim existed (Lab. Code, § 4620(b).) There is a contested claim when: 1) the employer knows or reasonably should know of an employee's claim for workers' compensation benefits; and 2) the employer denies the employee's claim outright or fails to act within a reasonable time regarding the claim. (Lab. Code, § 4620(b).)

Here, in Case Number ADJ21274145 on July 24, 2025, applicant's attorney filed an Application claiming a cumulative injury from July 15, 2024 to July 15, 2025. On August 8, 2025, defendant issued a letter to applicant denying her claim for the date of injury of July 15, 2025. (Exhibit P, 8/8/2025.) On September 15, 2025, PTP Dr. Haghighinia examined applicant and issued a medical-legal report for the purpose of proving applicant's cumulative injury claim. (Exhibit 2, 9/15/2025.) The parties entered into a C&R for Case Numbers ADJ21274168 and ADJ21274145. A WCJ signed a Joint Order Approving the C&R dated December 4, 2025, resolving both cases.

In the instant case, medical-legal reporting from a treating physician is relevant and admissible and provides a basis for a decision. Lien claimant demonstrated that PTP Dr. Haghighinia's medical-legal report was reasonable and necessary, since the report issued after defendant denied applicant's claim. Thus, lien claimant is entitled to recover payment for the medical-legal report.

With respect to the admission of the evidence, we agree with the WCJ that Exhibits A through I are admissible, and we will order that those exhibits are admitted. As to the changes to the MOH to correct the naming of exhibits, the proper way to make those changes is to issue an amended MOH. Thus, we do not include any findings as to the naming of the exhibits in the MOH.

Accordingly, we grant lien claimant's Petition for Reconsideration, rescind the F&O, and substitute a new F&O finding that Exhibits 8 and A through I are admitted into evidence; that lien claimant met their burden under section 4620; that lien claimant met their burden under section 4621; and that lien claimant met their burden of proof under section 4622 and defendant is liable for medical-legal services in the amount of $2,299.34 with interest and penalties thereon. We defer the issues of costs, attorney's fees, and sanctions.

For the foregoing reasons,

IT IS ORDERED that lien claimant's Petition for Reconsideration of the July 9, 2026 Findings and Order is **GRANTED**.

IT IS FURTHER ORDERED as the Decision After Reconsideration of the Workers' Compensation Appeals Board that the July 9, 2026 Findings and Order is **RESCINDED** and the following is **SUBSTITUTED** therefor:

FINDINGS OF FACT

1. Maria Isabel Guerrero, while employed during the period from July 15, 2024 to July 15, 2025, as a shipping and receiving at Rialto, California by Amazon.com, Incorporated, claims to have sustained injury arising out of and in the course of employment to the shoulder and neck.
2. Exhibit 8 and Exhibits A through I are admitted.
3. Medland Medical met their burden of proof under Labor Code section 4620.
4. Medland Medical met their burden of proof under Labor Code section 4621.
5. Medland Medical met their burden of proof under Labor Code section 4622, and Medland Medical is entitled to payment $2,299.34, including interest and penalties thereon, to be adjusted by the parties with jurisdiction reserved to the WCJ in the event of a dispute.
6. The issues of costs, attorney's fees, and sanctions are deferred.

ORDER

IT IS ORDERED THAT Exhibits 8 and A through I are admitted into evidence.

AWARD

AWARD is made to Lien Claimant Medland Medical of payment by Liberty Mutual Insurance Company of $2,299.34, including interest and penalties thereon, to be adjusted by the parties with jurisdiction reserved to the WCJ in the event of a dispute.

WORKERS' COMPENSATION APPEALS BOARD

/s/ KATHERINE WILLIAMS DODD, COMMISSIONER

I CONCUR,

/s/ JOSÉ H. RAZO, COMMISSIONER

/s/ LISA A. SUSSMAN, DEPUTY COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

October 2, 2026

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

MEDLAND MEDICAL
ACUMEN LAW, LLP
GOLDEN & TIMBOL

DLM/abs

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