WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

RAMON GARCIA CASTANEDA, *Applicant*

vs.

LEGENDS ICONS; KUSKE ENTERPRISES, INC. dba LEGENDS ICONS, *Defendants*

Adjudication Number: ADJ8710590
Riverside District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Cost petitioner Supreme Copy Service (cost petitioner) seeks reconsideration of the Findings and Order (F&O), issued by the workers' compensation administrative law judge (WCJ) on February 19, 2026, wherein the WCJ found in pertinent part that: 1) cost petitioner carried its burden of proving it is reasonably entitled to medical-legal charges in the amount of $1,312.56; 2) cost petitioner is entitled to "some" medical-legal reimbursement pursuant to Labor Code[1] sections 4620, 4621, and *Colamonico* [*Colamonico v. Secure Transportation* (2019) 84 Cal.Comp.Cases 1059 (Appeals Board en banc)]; 3) "it appears that" defendants issued timely and compliant objections or explanations of review; 4) California Code of Regulations 10786(e) [Cal. Code Regs., tit. 8, § 10786(e)] was not in effect when services were provided; 5) cost petitioner is not entitled to 10% penalty and 7% interest pursuant to section 4622(a); 6) the parties deferred issue of costs and sanctions; 7) the Copy Service Fee Schedule is not retroactively applicable in this case; 8) failure to serve a copy of subpoena did not render subpoenas invalid pursuant to section "4055.2"; 9) cost petitioner did have "some" documentation to establish validity of "some" charges in relation to the cost petition; and 10) defendant's argument of missing wet signatures for all subpoenas and declaration of custodian of record does not preclude compensability of "some" of the charges of cost petitioner.

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

Cost petitioner contends that: pursuant to *Colamonico* it is entitled to be reimbursed for all of the medical-legal services it provided; the WCJ placed an undue burden on cost petitioner by asserting that many of its line items were unreasonable costs because there is no evidence the costs were actually incurred; defendant's Explanation of Review (EOR) is untimely; penalties and interest are mandated by law; and cost petitioner's geographical and acceptance rate evidence is valid to prove reasonable cost and should be applied.

We have not received an Answer from defendant.

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

We have considered the allegations in the Petition and the contents of the Report. Based on our review of the record, and as discussed below, we will grant the Petition for Reconsideration, rescind the F&O and substitute new Findings of Fact that finds cost petitioner met its burden to show that a contested claim existed when its services were performed and it is entitled to reasonable reimbursement for all the Subpoena Duces Tecum (SDT) it issued; defendant's EORs were non-compliant and delayed so that cost petitioner is entitled to interest and penalties; and defers all other issues.

BACKGROUND

We will briefly review the relevant facts.

Applicant claimed injury to the arm (elbow head of radius; forearm radius and ulna), and the legs (above ankles) while employed by defendant as a cook, during the period from February 21, 2012, to August 3, 2012.

On December 10, 2012, Primary Treating Physician (PTP) Dr. La issued a Primary Treating Physician's Supplemental Report which requests that the current claim is amended to include Gastrointestinal Irritation possibly due to managing with prescribed medications. (Exhibit 37, 12/10/2012.)

On January 9, 2013, applicant's attorney filed an Application for Adjudication of Claim (Application). Paragraph 9 of the Application states, "This application is filed because of a disagreement regarding liability for: Temporary disability indemnity, Reimbursement for medical expense, Medical treatment, Compensation at a proper rate, Permanent disability indemnity, Rehabilitation, Supplemental Job displacement/Return to Work, Other any and all." Thus,

indicating a disagreement regarding liability for the above-referenced issues. (Exhibit 38, 1/9/2013.)

On February 26, 2013, applicant's attorney filed a Declaration of Readiness to Proceed (DOR) on the issues of injury arising out of and occurring in the course of employment (AOE/COE) and temporary disability based on the August 8, 2012 reporting of Dr. Phu Q. La.

On May 30, 2013, a WCJ transferred venue to the Riverside District Office and the matter was ordered off calendar.

On June 20, 2013, applicant's attorney filed a DOR requesting assistance with resolving the issues of AOE/COE and temporary disability benefits based on the April 9, 2012 reporting of Dr. Phu Q. La.

Between February 5, 2013, and June 30, 2015, cost petitioner issued SDTs to the following: Dr. Phu La dated January 24, 2013; Abgaryan Chiro dated May 1, 2013; Eagle Diagnostic Group dated June 12, 2013; Vital Imaging dated September 20, 2013; Dr. John Larsen dated September 20, 2013; Dr. Magdy dated September 16, 2013; Dr. Kondovoski dated September 23, 2013; California Imaging dated November 12, 2013; Myelin Diagnostic, L.L.C., dated October 1, 2013; United Services, Inc., dated April 14, 2014; and Michael Rudolph, M.D., dated May 5, 2015. (Exhibits 9-19, 2/5/2013, 5/1/2013, 6/12/2013, 9/20/2013, 9/20/2013, 9/16/2013, 9/23/2013, 11/12/2013, 10/1/2013, 4/14/2014, and 5/15/2015.)

Between February 5, 2013, and June 30, 2015, cost petitioner issued invoices to defendant for its medical-legal copying services. (Exhibits 20-30, 2/5/2013, 5/1/2013, 6/12/2013, 9/20/2013, 9/16/2013, 11/12/2013, 10/1/2013, 4/14/2014, and 6/30/2015.)

On April 24, 2014, agreed medical evaluator (AME) Paul E. Wakim, D.O., issued a report. As relevant here, he stated that:

> This clearly supports pre-existing injuries as well as disease process to the left elbow gouty arthritis. It is nonetheless reasonable to assume that this patient had a flareup i.e. exacerbation during his employment consistent with his continuous trauma claim as pled.
>
> The prior records do not support any prior history of injuries to the lower back or medical findings to the same. The history provided of moving cases of beer repeatedly in the cooler is consistent with chronic lumbar sprain and or bulging lumbar disc occurring during his employment and consistent more with continuous trauma than a specific injury. Therefore the lumbar spine is an injured part a continuous trauma claim between February I, 2012 through August 3, 2012.
>
> . . .

> In summary from the point of view of causation that is a lumbar spine injury as noted per the continuous trauma as pled and is only exacerbation of pre-existing to the left elbow.
>
> There is no supportive medical evidence that the employments at Morningside concurrent with legends caused this patient any additional injuries to his lower back or left elbow.

(Exhibit 41, 4/24/2014, pp 24-26.)

On February 5, 2015, panel qualified medical evaluator (PQME) Noel Lustig, M.D., issued a report following a psychiatric evaluation of applicant. (Exhibit 40, 2/5/2015, p. 1.) Dr. Lustig concluded,

> This man did not appear to have any psychiatric Axis I diagnosis except a pain disorder which could be on Axis I or Axis II depending on what his treating physician looks at is [*sic*] as. It is an Axis I disorder but he has no other Axis I disorder. The pain disorder is caused by the injury.

(Exhibit 40, 2/15/2015, p. 23.)

The case in chief was resolved by way of a Compromise & Release (C&R) dated October 5, 2015, and an Order Approving issued the same day. Per paragraph 9, the Comments section states, "Applicant entitled to SJDB Voucher, pursuant to AME Paul Wakim, M.D. in his report of 4/24/2014."

The handwritten addendum incorporated as a part of the C&R, states in relevant part,

> This case is being settled pursuant to *Thomas vs. Sports Chalet*. At trial defendant Benjamin Christmas would testify applicant was terminated for cause and never reported any work related injuries before termination. Back injury was reported post termination and therefore denied. All other body parts non-industrial and are pre-existing gout and rt. knee injury due to non-industrial tennis injury per medical records. Defendants are buying their peace to save costs.

In different handwriting, it states that: "Applicant would have testified he reported injury had the trial gone forward."

(C&R, 10/5/2015, p. 11.)

As relevant herein, on the OACR, the box is checked that states: "Upon review of the Board file and reasons set forth in the Compromise and Release, a finding is made that a serious and legitimate issue exists which, if resolved against the employee, would defeat the employee's right to all workers' compensation benefits." (OACR, 10/2/2015, ¶ 2.)

Defendant issued an EOR that lists the invoice date of January 26, 2020, for cost petitioner's flat rate medical-legal services to prepare eleven SDTs to obtain medical records from the period of January 22, 2013, to June 30, 2015. (Exhibit A, 1/22/2013-6/30/2015.) The EOR lists eleven dates of service with various amounts including $672.11, $324.78 twice, $294.78 five times, $314.48, and $301.70. The total charges were $3,686.53, and defendant reduced the amount by $596.48 and allowed $3,090.05. Defendant's reasons for reducing the amount for all its services listed on the EOR are that the "Workers' Compensation Claim Adjudicated as non-compensable carrier not liable for claim or service/treatment." Specifically, for the services provided on April 14, 2014 and June 30, 2015, it states, "[t]his code (WC020) is not found in the state's fee schedule. Please correct the code to one that exists and re-submit." It also states, "The Official Medical Fee Schedule does not list this code no payment being made at this time. Please resubmit your claim." (Exhibit A, 1/22/2013-6/30/2015.)

On April 28, 2020 and July 28, 2020, cost petitioner issued Provider's Request for Second Bill Review for its medical-legal services. (Exhibits 35 and 36, 4/23/2025.)

Cost petitioner compiled a geographical area analysis of copy service costs based on invoices for services performed from 2005 through early 2015, comparing an average total cost. Cost petitioner concluded its invoices should be discounted by 7.90% to match the average cost from 14 copy service providers in a similar geographic area. (Exhibit 32, 6/12/2025.) Defendant did not provide any market rate study in rebuttal.

On January 15, 2025, cost petitioner filed a "Petition For Determination of Medical-Legal Expense Dispute per 8 CCR §10786(b)."

After multiple continuances, the parties proceeded to trial on December 17, 2025.

On February 19, 2026, the WCJ issued the F&O.

DISCUSSION

I.

Former section 5909 provided that a petition for reconsideration was deemed denied unless the Appeals Board acted on the petition within 60 days from the date of filing. (Lab. Code, § 5909.) Effective July 2, 2024, section 5909 was amended to state in relevant part that:

> (a) A petition for reconsideration is deemed to have been denied by the appeals board unless it is acted upon within 60 days from the date a trial judge transmits a case to the appeals board.

(b)

> (1) When a trial judge transmits a case to the appeals board, the trial judge shall provide notice to the parties of the case and the appeals board.
>
> (2) For purposes of paragraph (1), service of the accompanying report, pursuant to subdivision (b) of Section 5900, shall constitute providing notice.

Under section 5909(a), the Appeals Board must act on a petition for reconsideration within 60 days of transmission of the case to the Appeals Board. Transmission is reflected in Events in the Electronic Adjudication Management System (EAMS). Specifically, in Case Events, under Event Description is the phrase "Sent to Recon" and under Additional Information is the phrase "The case is sent to the Recon board."

Here, according to Events, the case was transmitted to the Appeals Board on March 27, 2026, and 60 days from the date of transmission is May 26, 2026. This decision is issued by or on May 26, 2026, so that we have timely acted on the petition as required by section 5909(a).

Section 5909(b)(1) requires that the parties and the Appeals Board be provided with notice of transmission of the case. Transmission of the case to the Appeals Board in EAMS provides notice to the Appeals Board. Thus, the requirement in subdivision (1) ensures that the parties are notified of the accurate date for the commencement of the 60-day period for the Appeals Board to act on a petition. Section 5909(b)(2) provides that service of the Report and Recommendation shall be notice of transmission.

Here, according to the proof of service for the Report and Recommendation by the workers' compensation administrative law judge, the Report was served on March 27, 2026, and the case was transmitted to the Appeals Board on March 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 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 March 27, 2026.

II.

The threshold issue when considering reimbursement of a medical-legal expense is whether there is a contested claim. A party's ability to subpoena records is governed by the Labor Code

and the WCAB Rules of Practice and Procedure which generally provide "adequate tools to the practitioner for liberal discovery." (*Allison v. Workers' Comp. Appeals Bd.* (1999) 72 Cal.App.4th 654, 663 [64 Cal.Comp.Cases 624].) The determination of whether a purported medical-legal expense involves a "contested claim" is a fact driven inquiry. The public policy favoring liberal pre-trial discovery that may reasonably lead to relevant and admissible evidence is applicable in workers' compensation cases. (*Ibid.*) Permitting liberal discovery is consistent with our Constitutional mandate that proceedings be expeditious.

In our recent en banc opinion in *DiFusco v. Hands On Spa et al* (2025) 90 Cal.Comp.Cases 1007, we observed that:

> Our holding herein is consistent with the public policy favoring liberal pre-trial discovery that may reasonably lead to relevant and admissible evidence applicable in workers' compensation cases. (*Allison v. Workers' Comp. Appeals Bd.* (1999) 72 Cal.App.4th 654, 663 [64 Cal.Comp.Cases 624].) We emphasize that in workers' compensation proceedings, the Labor Code makes explicit that the WCJ and the Appeals Board have greater discretion with respect to evidentiary matters than courts in civil proceedings, and not narrower discretion as defendant appears to believe. Section 5708 mandates that we are not "bound by the common law or statutory rules of evidence and procedure, but may make inquiry in the manner, through oral testimony and records, which is best calculated to ascertain the substantial rights of the parties and carry out justly the spirit and provisions of this division." (Lab. Code, § 5708, emphasis added.) Section 5709 specifically allows informality in our proceedings and ensures that "admission into the record, and use as proof of any fact in dispute, of any evidence not admissible under the common law or statutory rules of evidence and procedure" will not invalidate an order, decision or award. (Lab. Code, § 5709.)
>
> Unlike a discovery request where the right to privacy or another privilege is implicated, proof of good cause is not required for a routine discovery request such as the one here.

(*Id.*)

A cost petitioner holds the burden of proof to establish all elements necessary to establish its entitlement to payment for a medical-legal expense. (See §§ 3205.5, 5705.5; *Torres v. AJC Sandblasting* (2012) 77 Cal.Comp.Cases 1113, 1115 (Appeals Board en banc).) As we explained in our en banc decision in *Colamonico v. Secure Transportation* (2019) 84 Cal.Comp.Cases 1059 (Appeals Board en banc), section 4622 provides the framework for reimbursement of medical-

legal expenses. Subsection (f) of the statute, however, specifically states that "[t]his section is not applicable unless there has been compliance with Sections 4620 and 4621." (§ 4622(f).)

Thus, a cost petitioner 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 were incurred. (§§ 4620, 4621, 4622(f); *Colamonico*, *supra*, 84 Cal.Comp.Cases 1059.)

Section 4620(a) defines a medical-legal expense as a cost or expense that a party incurs "for the purpose of proving or disproving a contested claim." (Lab. Code, § 4620(a).) Copy services fees are considered medical-legal expenses under section 4620(a). (*Cornejo v. Younique Cafe, Inc*. (2015) 81 Cal.Comp.Cases 48, 55 (Appeals Board en banc); *Martinez v. Terrazas* (2013) 78 Cal.Comp.Cases 444, 449 (Appeals Board en banc).) Cost petitioner's initial burden in proving entitlement to reimbursement for medical-legal expense is to show that a "contested claim" existed at the time the service was performed.

Section 4620(b) states that: "A contested claim exists when the employer knows or reasonably should know that the employee is claiming entitlement to any benefit arising out of a claimed industrial injury and one of the following conditions exists: (1) The employer rejects liability for a claimed benefit. (2) The employer fails to accept liability for benefits after the expiration of a reasonable period of time within which to decide if it will contest the claim. (3) The employer fails to respond to a demand for payment of benefits after the expiration of any time period fixed by statute for the payment of indemnity." (Lab. Code, § 4620(b).)

Here, we agree with the WCJ's Opinion on Decision wherein he states, "In this case, the parties stipulated that it was a denied case. . . . It was settled as a denied case. . . . It appears the services were requested by a party, the applicant attorney." (Opinion on Decision, 2/19/2026, p. 8.) But the WCJ failed to make a finding that a contested claim existed pursuant to section 4620(a), which make his findings unclear. The WCJ also failed to specifically reference how and why he allowed certain SDTs and disallowed others. The Findings of Fact lack specificity and lead to confusion and underpayment to cost petitioner.

On January 9, 2013, applicant's attorney filed an Application, and according to Paragraph 9 of the Application, there were disagreements as to liability for all benefits. Thus, the claim was contested as far back as January 9, 2013. Here, a review of the record indicates that all of the SDTs by cost petitioner were issued after January 9, 2013. (Exhibits 9-19, 2/5/2013-5/15/2015.) Also,

the SDTs were for medical records, and all appear to be reasonably calculated to lead to the discovery of relevant evidence. Here, the discovery by applicant may have led to relevant or potentially relevant materials and/or information to help with narrowing the issues in their case. Therefore, the SDTs issued by cost petitioner must be reimbursed since they were issued after January 9, 2013, when the claim was contested and the expenses were incurred for the purpose of proving or disproving a contested claim; and the expenses were reasonable and necessary at the time they were incurred.

We will defer the issue of the amount of payment, and as explained below, upon return to the trial level, the WCJ must determine the amount that cost petitioner should be paid for each SDT it issued.

III.

A defendant has 60 days to review and analyze a medical-legal bill or invoice. (Lab. Code, §4622(a)(1).) A defendant has two options within this 60-day window: It may pay the bill or invoice in full or pay less than the full amount. Should a defendant decide to pay less than the full amount within the 60-day window, it may still avoid the imposition of a penalty and interest by including an explanation of review (EOR) with its payment. Section 4622 requires that a defendant object to the invoice or billing with an EOR as described in section 4603.3. (Lab. Code, §§ 4622(a)(1), (e)(1); 4603.3.) Objecting to an invoice with an EOR within the 60-day window is defendant's burden. If a defendant does not pay a proper medical-legal invoice in full or fails to provide an EOR within the 60-day window, then a defendant has waived all objections, other than compliance with sections 4620 and 4621, to the medical-legal provider's billing. (Cal. Code Regs., tit. 8, § 10786(e); see *Colamonico*, *supra*.) A defendant is then liable for the reasonable value of the medical-legal services as well as a 10 percent penalty and 7 percent per annum interest.

We note that former WCAB Rule 10451.1 (Cal. Code Regs., tit. 8, § 10451.1) was replaced by WCAB Rule 10786, which was enacted as of January 1, 2020. However, the analysis here to determine this medical-legal dispute is virtually identical, and regardless, section 4622, including the provision for interest and penalties is applicable to this dispute. Thus, the WCJ's conclusion that WCAB Rule 10786 does not apply is incorrect.

WCAB Rule 10786 states in relevant part that:

> (b) If a defendant has failed to file and serve a petition for determination of medical legal expenses and a Declaration of Readiness in compliance with subdivision (a),

a medical-legal provider may file and serve a petition for reimbursement of medical-legal expenses and a Declaration of Readiness to Proceed. Upon filing of a petition for reimbursement of medical-legal expenses and a Declaration of Readiness to Proceed, the medical-legal provider shall be added to the official address record.

***

(e) A defendant shall be deemed to have waived all objections to a medical-legal provider's billing, other than compliance with Labor Code sections 4620 and 4621, if:

(1) The provider submitted a properly documented billing to the defendant and, within 60 days thereafter, the defendant failed to serve an explanation of review (EOR) that complies with Labor Code section 4603.3 and any applicable regulations adopted by the Administrative Director; or
(2) The defendant failed to make payment consistent with an explanation of review (EOR) that complies with Labor Code section 4603.3 and any applicable regulations adopted by the Administrative Director; or
(3) The provider submitted a timely and proper request for a second review to the defendant and, within 14 days thereafter, the defendant failed to serve a final written determination that complies with any applicable regulations adopted by the Administrative Director; or
(4) The defendant failed to make payment consistent with a final written determination that complies with any applicable regulations adopted by the Administrative Director.

(f) A defendant shall be deemed to have waived any objections to a medical-legal provider's billing, other than the amount payable pursuant to the fee schedule(s) in effect on the date the services were rendered and compliance with Labor Code sections 4620 and 4621, if the provider submitted a timely objection to the defendant's EOR regarding a dispute other than the amount payable and the defendant failed to file and serve a petition for determination of medical-legal expenses and a Declaration of Readiness as required by Labor Code section 4622 and subdivision (a) of this rule.

(Cal. Code Regs., tit. 8, § 10786(b)(e)(f).)

Here, defendant issued an EOR, but it is unclear when defendant actually issued it because there is no proof of service nor is it dated other than with the invoice date of January 26, 2020. It appears that the EOR was not timely given the fact that cost petitioner issued its invoices for its medical-legal copying services to defendant between February 5, 2013, and June 30, 2015. (Exhibits 20-30, 2/5/2013, 5/1/2013, 6/12/2013, 9/20/2013, 9/16/2013, 11/12/2013, 10/1/2013, 4/14/2014, and 6/30/2015.) In effect, when defendant does not comply, this rule shifts the burden

to defendant to show that it complied with the statutory provisions because it allows the filing of a cost petition and allows the WCAB to determine the amount of payment. We note that here that defendant submitted no evidence that it paid cost petitioner or that it responded to cost petitioner's requests for a second review. (Exhibits 35, 36, 4/28/2020, 7/28/2020.) Thus, we will find that defendant did not issue timely nor compliant objections or EORs to cost petitioner's invoices.

Decisions of the Appeals Board "must be based on admitted evidence in the record." (*Hamilton v. Lockheed Corporation* (*Hamilton*) (2001) 66 Cal.Comp.Cases 473, 476 (Appeals Board en banc).) Furthermore, decisions of the Appeals Board must be supported by substantial evidence. (Lab. Code, §§ 5903, 5952(d); *Lamb v. Workmen's Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Garza v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 312 [35 Cal.Comp.Cases 500]; *LeVesque v. Workmen's Comp. Appeals Bd.* (1970) 1 Cal.3d 627 [35 Cal.Comp.Cases 16].) An adequate and complete record is necessary to understand the basis for the WCJ's decision. (Lab. Code, § 5313; see also Cal. Code Regs., tit. 8, § 10787.) The WCJ's decision must "set[] forth clearly and concisely the reasons for the decision made on each issue, and the evidence relied on," so that "the parties, and the Board if reconsideration is sought, [can] ascertain the basis for the decision[.] . . . For the opinion on decision to be meaningful, the WCJ must refer with specificity to an adequate and completely developed record." (*Id*. at p. 476 (citing *Evans v. Workmen's Comp. Appeals Bd.* (1968) 68 Cal. 2d 753, 755 [33 Cal.Comp.Cases 350]).)

We observe that the WCJ's findings are not specific in describing why he allowed "some" of the SDTs to be reimbursed while disallowing others[2], and we do not consider the issue of which subpoenas should be reimbursed. Since they were unchallenged, we do not disturb the WCJ's findings as to the application of section 4055.2 and the use of electronic signatures. Upon return, the WCJ should consider each subpoena separately and identify the reasons why cost petitioner should be reimbursed and the amount of payment.

Accordingly, we grant cost petitioner's Petition for Reconsideration, rescind the F&O and substitute a new decision that finds that cost petitioner has met its burden of proof pursuant to sections 4620 and 4621, and defer the issue of the reasonable value of the services, penalties, and interest pursuant to section 4622. We return this matter to the WCJ for further proceedings consistent with this opinion.

[2] The Opinion on Decision provides more specificity, but the same needs to be clearly stated in the Findings of Fact.

For the foregoing reasons,

IT IS ORDERED that cost petitioner's Petition for Reconsideration of the Findings & Orders issued February 19, 2026, by the WCJ is **GRANTED**.

IT IS FURTHER ORDERED, as the **Decision After Reconsideration** of the Workers' Compensation Appeals Board, the February 19, 2026, Findings and Orders is **RESCINDED**, and the following is **SUBSTITUTED** as provided below. This matter is **RETURNE**D to the trial level for further proceedings consistent with this opinion.

FINDINGS OF FACT

1. Cost petitioner met its burden of proof under Labor Code section 4620 to show a contested claim existed at the time it provided its medical-legal services beginning on February 5, 2013, and that the services were reasonable and necessary at the time the costs were incurred pursuant to Labor Code sections 4620 and 4621.

2. Cost petitioner is entitled to be reimbursed for the reasonable value of its services and penalties and interest pursuant to Labor Code section 4622. The issue of the amount of payment is deferred.

3. Defendant did not meet its burden to show that it issued timely and compliant objections or Explanations of Review in response to cost petitioner's invoices.

4. The provisions of Labor Code section 4055.2, including the failure to serve a copy of the subpoena, did not render the subpoenas invalid.

5. The lack of wet signatures for the subpoenas and declarations of custodian of record does not preclude compensability of any of the charges of cost petitioner.

WORKERS' COMPENSATION APPEALS BOARD

/s/ CRAIG L. SNELLINGS, COMMISSIONER

I CONCUR,

/s/ JOSÉ H. RAZO, COMMISSIONER

/s/ JOSEPH V. CAPURRO, COMMISSIONER

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

May 26, 2026

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

FARMERS INSURANCE
SUPREME COPY

DLM/oo

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