WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

SALVADOR SANDOVAL, *Applicant*

vs.

SUPERIOR GROCERS; CIGA, by its servicing facility SEDGWICK for ULLICO CASUALTY COMPANY, in liquidation, *Defendants*

Adjudication Numbers: ADJ8136297; ADJ8137568
Los Angeles District Office

OPINION AND ORDER GRANTING PETITION FOR RECONSIDERATION AND DECISION AFTER RECONSIDERATION

Applicant seeks reconsideration of the April 28, 2026 Findings and Award, wherein the workers' compensation administrative law judge (WCJ) found in Case No. ADJ8136297 that applicant, while employed as a baker on March 22, 2011, sustained industrial injury to his neck and right shoulder. In Case No. ADJ8137568, the WCJ found that applicant, while similarly employed, sustained injury from April 3, 2011 to December 11, 2022 to his bilateral hands and wrists. The WCJ awarded temporary and permanent partial disability and future medical care.

Applicant contends that the evidentiary record supports permanent disability to his psyche and in the form of sleep impairment and that his job duties were more consistent with the occupational group corresponding to "baker's helper," rather than "baker." Applicant further contends that insofar as the record is lacking in evidence, the record should be developed.

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

We have considered the allegations of the Petition for Reconsideration and the contents of the Report with respect thereto. Based on our review of the record, and for the reasons discussed below, we will grant reconsideration, rescind the F&A, substitute a new decision that defers the

issues of occupational code, permanent disability and attorney fees, and return this matter to the WCJ for further proceedings consistent with this opinion.

FACTS

In ADJ8136297, applicant claimed injury to his neck, right shoulder, sleep, psyche, and internal system while employed by defendant Superior Grocers on March 22, 2011. In ADJ8137568, applicant claimed injury to his hands/wrists, neck, right shoulder, psyche, sleep, and internal system from April 3, 2011 to December 11, 2011. Defendant disputes the nature and extent of both injuries.

The parties have selected Shaik Saheb, M.D. as the Qualified Medical Evaluator (QME) in orthopedic medicine. Applicant has also treated with Timothy Katzen, M.D. in hand surgery, Peter Hong, D.C., in chiropractic medicine, Pedram Navab, D.O., in sleep medicine, Patrick Kim, D.C., in chiropractic medicine, Justin Paquette, M.D., in neurosurgery, Julian Girod, M.D., in orthopedic medicine, Jon Knight, M.D., in orthopedic medicine, Arlen Green, D.O., in osteopathic medicine, and Ana Nogales, Ph.D., in psychology.

On October 26, 2023, the parties proceeded to trial and framed for decision in relevant part applicant's injured body parts, earnings, temporary and permanent disability, applicant's occupational group number, and the applicability of the statutory increase of section 4658(d). (Minutes of Hearing, dated October 26, 2023, at p. 4:17.) The WCJ continued the matter and subsequently heard testimony from applicant on January 8, 2024, September 19, 2024, and February 13, 2025.

On March 26, 2025, the WCJ ordered development of the record.

On March 25, 2026, the parties offered additional reporting from QME Dr. Saheb into evidence, and the WCJ ordered the matter submitted for decision.

On April 27, 2026, the WCJ issued the F&A. Therein, the WCJ determined in relevant part that in ADJ8136297, applicant sustained industrial injury to his neck and right shoulder. The WCJ identified applicant's occupational title as baker and awarded a closed period of temporary total disability and 23 percent permanent partial disability with future medical care. In ADJ8137568 for the cumulative injury ending December 22, 2011, the WCJ determined that applicant sustained industrial injury to his bilateral hands and wrists. The WCJ identified applicant's occupational title as baker and awarded a closed period of temporary total disability and 20 percent permanent partial

disability with future medical care. The WCJ's Opinion on Decision explained that she found that the medical reporting offered by applicant to support the claimed psychiatric and sleep disorder injuries did not constitute substantial evidence. (Opinion on Decision, at pp. 7-9.)

Applicant's Petition contends his sleep impairment is supported by objective testing in the form of polysomnography, and that the reporting of psychologist Dr. Nogales identifies whole person impairment without defense rebuttal. (Petition, at p. 6:5.) Applicant further contends his job duties were more consistent with the occupational title of baker's helper. Applicant also contends that insofar as the WCJ identified deficiencies in the medical record, the WCJ has an obligation to develop the record. (*Id.* at p. 7:21.)

Defendant's Answer challenges the veracity of applicant's testimony and notes that applicant failed to fully disclose prior workers' compensation injuries to evaluating physicians. Defendant also contends that development of the record is inappropriate given the extraordinary length of time applicant's claims have been litigated. (Answer, at pp. 8-9.)

The WCJ's Report explains that the reporting of applicant's treating physicians in psychology and sleep medicine are not substantial evidence in part because they lack a complete record review, and because the reports were not reviewed and incorporated by applicant's primary treating physician. The WCJ observes that the evidence supports applicant's job functions as equivalent to that of a baker, including applicant's own estimation in his application for adjudication and in applicant's statements to the orthopedic QME. With respect to development of the record, the WCJ avers that discovery has been available to the parties since 2014, and that no further development of the record is warranted at this time. (Report, at p. 11.) The WCJ also contends that development of the record under Labor Code[1] section 5701 would effectively vitiate the mandatory closure of discovery required under section 5502(d)(3). (*Id.* at p. 12.)

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:

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

> (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 June 15, 2026, and 60 days from the date of transmission is August 14, 2026. This decision is issued by or on August 14, 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 June 15, 2026, and the case was transmitted to the Appeals Board on June 15, 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 June 15, 2026.

II.

The WCJ has determined that applicant sustained both a specific injury on March 22, 2011, and a cumulative injury from April 3, 2011 to December 22, 2011. The WCJ determined that applicant's occupational group was group 322 corresponding to that of "baker," and awarded disability based primarily on applicant's orthopedic injury as evaluated by QME Dr. Saheb. The WCJ declined to find psychological, internal or sleep-related injury. (Opinion on Decision, at p. 8.)

We first address applicant's contention that the WCJ erred in determining that his job duties aligned with that of a "baker," rather than "baker helper." (Petition, at p. 7:8.) Based on applicant's need to carry flour weighing between 70 to 90 pounds and sugar in excess of 50 pounds, along with weekly warehouse trips moving significant bundles of flour and sugar, applicant contends "occupational group 460 baker helper more accurately captures applicant's heavy duties…." (*Id.* at p. 7:14.)

The WCJ's Report notes that "none of the evidence presented indicates that Applicant worked as a baker helper…." (Report, at p. 10.) The WCJ observes that the description of applicant's job duties he provided to his primary and secondary treating physicians was that of a baker responsible for producing baked goods, and that applicant's occupational history was consistent with work as a baker, rather than a baker's helper. (Report, at p. 9.) The WCJ also observed that the history provided by applicant to QME Dr. Saheb was consistent with 20 years of experience as a baker, rather than as a baker's helper. (*Ibid*.)

However, as applicant's Petition observes, an "employee is entitled to be rated for the occupation which carries the highest factor in the computation of disability. … [i]t has been determined that where the duties of the employee embrace the duties of two forms of occupation, the rating should be for the occupation which carries the higher percentage." (*Dalen v. Workmen's Comp. Appeals Bd.* (1972) 26 Cal.App.3d 497, 505-506 [37 Cal.Comp.Cases 393] (*Dalen*).) Here, the analysis in the Opinion on Decision is limited to the observation that "[i]n both cases, [a]pplicant worked as a baker, a scheduled occupation, warranting an occupation code of 322." (Opinion on Decision, at p. 2.) The Report amplifies the WCJ's analysis but focuses primarily on applicant's self-reporting of his position as that of a "baker" in both his former and present employments. (Report, at pp. 9-10.) We observe, however, that irrespective of applicant's actual or perceived *job title*, the necessary analysis under *Dalen*, *supra*, must begin with an assessment

of applicant's actual job duties, and whether those duties entitle applicant to "the highest factor in the computation of disability." (*Dalen*, *supra*, at pp. 505-506.) The Report acknowledges applicant's assertions with respect to the exertional demands of his job but does not complete the required analysis of whether applicant's highest occupational demands bring him within the "baker" or "baker's helper" occupational groups. As the court of appeal has observed, the pertinent inquiry is whether applicant's claimed exertional job duties were an "integral part of the worker's occupation," and if so, the "applicant is entitled to the higher occupational variant." (*National Kinney v. Workers' Comp. Appeals Bd.* (*Casillas*) (1980) 113 Cal.App.3d 203 [45 Cal.Comp.Cases 1266].) We thus conclude that the WCJ's determination of applicant's occupational group code is analytically incomplete. Because the occupational variant is an integral consideration in the calculation of permanent disability, we will grant reconsideration, rescind the F&A, substitute new findings deferring the issue of the occupational code, permanent disability and attorney fees, and return this matter to the WCJ for further proceedings.

Applicant's Petition next contends the reporting of treating psychologist Dr. Nogales and sleep specialist Dr. Navab are unrebutted in the record. (Petition, at p. 6:4.) Insofar as the WCJ discounted these reports because they were not reviewed or incorporated by the primary treating physician, applicant contends there is a "simple remedy" available to the WCJ. (*Id.* at p. 6:21.) Applicant contends that if the reporting of Drs. Nogales and Navab are deemed not substantial evidence, the WCJ should act to develop the record by ordering additional panels of QMEs in internal medicine and psychology. (*Id.* at p. 9:4.)

The WCJ's report observes, however, that the reporting of Dr. Nogales was materially compromised by the lack of a review of relevant medical records. The WCJ's Report states:

> Unfortunately, Dr. Nogales did not review any of Applicant's medical records aside from the reports from Peter Hong D.C. From the evidence presented, it appears Applicant treated with Peter Hong D.C. as the Primary Treating Physician only for six months from February 13, 2012 to August 29, 2012 (Applicant's Exhibit 19). At the bottom of page 11 from Dr. Nogale's P&S report dated October 15, 2014, she stated:
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> > "No further medical/employment records have been received. It is requested that any medical records in your possession be available for my review at your earlies convenience. My opinions, at this time, rest on the assumption that Mr. Sandoval has reported a true and accurate history regarding his medical treatment, and previous medical records

> received. The determination that the injury is substantiated also rests on this history." (Applicant's Exhibit 7, p. 11-12.)
>
> Had Dr. Nogales reviewed Applicant's medical records, she would have learned that he did in fact filed a prior work comp injury alleging that he sustained injury to his right shoulder, arm, both hands, eyes, neck, shoulders, back, arms waist, chest and psych due to continuous trauma while working as a baker at Mima's Bakery. (Defendant Exhibit E, p. 11-12). As a result of this claim, Mr. Sandoval as seen by J.T. Terrence PsyD, PhD as a QME. In his January 25, 2006 report, Dr. Terrence stated that Applicant worked as a master baker from 2003 to 2005 with Mima's Bakery. He said Mr. Sandoval presented with complaints of anxiety and daily depression due to his physical pain and he reported problems initiating and maintaining sleep. As a result, he was given a DSM-IV-TR diagnosis of Depressive Disorder, and given a GAF of 50, which is 30% WPI. (Defendant Exhibit E, p. 20-41).
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> …
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> In fact, Mr. Sandoval had a plethora of medical records dating back to 2005 when he claimed injury to the same parts of body as alleged here in this injury. As documented in Marjaneh Ghai D.C. P&S report dated November 17, 2005, Mr. Sandoval had complaints of constant severe pain to the lumbar spine, thoracic spine, cervical spine, shoulders, arms, wrists and hands, headaches, stress and anxiety and eye irritation. (Defendant Exhibit E, p. 43). Applicant was also seen by Psychological QME Dr. Terrence in 2006 (Defendant Exhibit E, p. 43). Unfortunately, none of these reports/records were reviewed by Dr. Nogales and Applicant denied years of prior treatment to the same parts of body.
>
> …
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> This lack of disclosure … continued even during trial when Applicant denied filing prior claims of a similar nature against Mima's Bakery. Thus, [I] did not find the Applicant credible.
>
> Additionally, there is also a plethora of medical reports on this claim starting from 2012 to 2025, which was also never sent to Dr. Nogales for review, even though she asked for it in 2014.

(Report, at pp. 5-6.)

With respect to the reporting of Dr. Navab regarding applicant's alleged sleep impairment, the WCJ states:

> The same arguments apply to the findings of Pedram Navab D.O. Dr. Navab did not review any medical reports. If he had, he would have noted that on February 3, 2016, as noted by the PQME, Dr. Saheb in his March 3, 2016 report, Applicant

> completed an Epworth Sleepiness Scale exam, and he indicated that he has zero chance of dozing in each of the following situations: sitting and reading, watching television, sitting inactive in a public place (e.g. a theatre or meeting), as a passenger in a car for an hour without a break, lying down to rest in the afternoon, sitting and talking to someone, sitting quietly after lunch (when you've had no alcohol, in a car while stopped in traffic (Joint Exhibit 4, p.7).
>
> Additionally, Dr. Navab's reports had inaccurate medical history. For example, in Dr. Terrence's Psychological QME report from January 25, 2006, he noted that Mr. Sandoval reported problems initiating and maintaining sleep. (Defendant Exhibit E, p. 22). Here, Dr. Navab said Applicant did not have any pre-existing condition, disease, symptoms, or impairment as it relates to sleep prior to this industrial injury (Applicant's Exhibit 21, p.12-13). Moreover, Dr. Navab's reports were not reviewed or incorporated by the PTP or the PQME per the requirements of Labor Code §4605. Accordingly, we did not find his reports to be credible or based on substantial medical evidence.

(Report, at p. 8.)

The WCJ's Report further observes that neither party to this matter objected to the sufficiency of the medical-legal record or sought development of the record across multiple trial-setting conferences prior to the commencement of trial on October 26, 2023. (Report, at p. 10.) The WCJ acknowledges applicant's section 4061(i) objection as of the commencement of trial proceedings, but notes no appropriate action undertaken to obtain a QME since 2014. We also note that the record reflects no objection to a Declaration of Readiness to Proceed based on sufficiency of the record or need for additional QMEs. (See Cal. Code Regs., tit. 8, § 10744(d).)

While we agree that development of the record is required when the existing record is not adequate to support a final determination, we also note that a party who carries the burden of proof must submit evidence that is adequate to meet that burden. When the evidence is insufficient to meet that party's affirmative burden, the Appeals Board will not direct the augmentation of the record where there is otherwise sufficient evidence in the record to support a final determination. (*San Bernardino Community Hospital v. Workers' Compensation Appeals Board* (*McKernan*) (1999) 74 Cal.App.4th 928 [64 Cal.Comp.Cases 986]; *McClune v. Workers' Compensation Appeals Board* (1998) 62 Cal.App.4th 1117 [63 Cal.Comp.Cases 261]; *Tyler v. Workers' Compensation Appeals Board* (1997) 56 Cal.App.4th 389 [62 Cal.Comp.Cases 924]; see also *Davis v. Pacific Bell* (2020) 85 Cal.Comp.Cases 612 [2020 Cal. Wrk. Comp. LEXIS 44] (writ denied).)

The WCJ's Report appropriately acknowledges that decisions of the Appeals Board must be supported by substantial evidence. To constitute substantial evidence "a medical opinion must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and it must set forth reasoning in support of its conclusions." (*Escobedo v. Marshalls* (2005) 70 Cal.Comp.Cases 604, 621 (Appeals Board en banc).) Not all expert medical opinion constitutes substantial evidence. (*Hegglin v. Workmen's Comp. Appeals Bd.* (1971) 4 Cal.3d 162 [36 Cal.Comp.Cases 93, 97]; *Place v. Workmen's Comp. Appeals Bd.* (1970) 3 Cal.3d 372, 378-379 [35 Cal.Comp.Cases 525].) To constitute substantial evidence, a medical opinion must be predicated on reasonable medical probability. (*Escobedo*, *supra*, at p. 611.) Medical opinion also fails to support the Board's findings if it is based on surmise, speculation, conjecture, or guess." (*Hegglin*, *supra*, 4 Cal.3d 162.) Whether a physician's opinion constitutes substantial evidence "must be determined by the material facts upon which his opinion was based and by the reasons given for his opinion." (*Ibid*.)

The Workers' Compensation Appeals Board has the *discretionary* authority to develop the record when the record does not contain substantial evidence or when appropriate to provide due process or fully adjudicate the issues. (Lab. Code, §§ 5701, 5906; *Tyler v. Workers' Comp. Appeals Bd.* (1997) 56 Cal.App.4th 389, 394 [62 Cal.Comp.Cases 924] ["principle of allowing full development of the evidentiary record to enable a complete adjudication of the issues is consistent with due process in connection with workers' compensation claims (citations)"]; see *McClune v. Workers' Comp. Appeals Bd.* (1998) 62 Cal.App.4th 1117 [63 Cal.Comp.Cases 261]; *McDuffie v. Los Angeles County Metropolitan Transit Authority* (2001) 67 Cal.Comp.Cases 138 (Appeals Board en banc).

Here, the WCJ has exercised her discretion in determining that the record does not require further development. The WCJ has surveyed the submitted medical reporting and determined that the reporting of the orthopedic QME is substantial evidence in support of injury arising out of and in the course of employment and has awarded permanent disability based thereon. However, with regard to the nature and extent of the injury, the WCJ has also determined that the reporting and medical conclusions of psychologist Dr. Nogales and sleep specialist Dr. Navab are not substantial evidence because the physicians were not provided with a complete medical history. The WCJ has noted that applicant's medical history appears to be highly relevant to the claimed injury at bar. The WCJ further notes that applicant has not taken the required steps to submit requested

additional medical records to the reporting physicians over the course of more than a decade of litigation, and that applicant's trial testimony lacked credibility. Based on her review of the entire evidentiary record, the reports in evidence, and her assessment of witness credibility, the WCJ has concluded that development is neither appropriate nor necessary.

When the WCJ's findings are supported by solid, credible evidence, they are to be accorded great weight by the Board, and we should only reject them on the basis of contrary evidence of considerable substantiality. (*Lamb v. Workers' Comp. Appeals Bd.* (1974) 11 Cal.3d 274 [39 Cal.Comp.Cases 310]; *Bracken v. Workers' Comp. Appeals Bd.* (1989) 214 Cal.App.3d 246 [54 Cal.Comp.Cases 349].)

We have reviewed the entire evidentiary record including applicant's testimony over multiple days of trial, the reporting of the QME and applicant's treating physicians, and the parties' pleadings. On the facts before us, we discern no good cause to disturb the WCJ's determination with respect to the body parts injured herein. We further discern no abuse of the WCJ's discretion in declining to order additional QME evaluations in internal medicine and psychology. Accordingly, we will not disturb the WCJ's determinations as to the injured body parts.

We observe, however, that the F&A appears to contain clerical error with respect to the case number corresponding to applicant's specific injury of March 22, 2011. Page 1 of the F&A properly lists both pending case numbers in the caption, but the first Finding of Fact reflects an incorrect case number of ADJ11024897 for date of injury March 22, 2011.[2] The corresponding case number appears to be ADJ8136297. Although we may correct this clerical error by order without granting reconsideration, here we are granting reconsideration, rescinding the F&A, and substituting new findings but deferring the issue of applicant's occupational code. (*Toccalino v. Worker's Comp. Appeals Bd.* (1982) 128 Cal.App.3d 543, 558 [47 Cal.Comp.Cases 145]; see also 2 Cal. Workers' Comp. Practice (Cont. Ed. Bar, March 2018 Update) Supplemental Proceedings, § 23.74, p. 23-76.) We bring this apparent clerical error to the WCJ's attention as relevant to any further decisions.

We also observe that insofar as the WCJ has determined that the statutory increase of section 4658(d) is applicable and has awarded gross permanent disability indemnity including the corresponding statutory increase, the *weekly indemnity rate* awarded does not appear to the reflect

[2] For ease of reference, we suggest the WCJ consider numbering the findings of fact in future decisions.

the contemplated increase. (Award, Nos. 2 & 3.) We again bring this apparent clerical error to the WCJ's attention as relevant to any further decisions.

Finally, we observe that the primary remaining issue at this juncture is applicant's occupational group code. Accordingly, we strongly encourage the parties to meet and confer in an effort to resolve the case in chief. However, should the parties be unable to reach an amicable settlement, we return this matter to the WCJ to conduct further proceedings consistent with this opinion.

For the foregoing reasons,

IT IS ORDERED that reconsideration of the decision of April 28, 2026 is **GRANTED**.

IT IS FURTHER ORDERED, as the Decision After Reconsideration of the Workers' Compensation Appeals Board, that the Findings and Award issued on April 28, 2026 is **RESCINDED** with the following **SUBSTITUTED** therefor:

FINDINGS OF FACT
Case No. ADJ8136297
Injury Date: March 22, 2011

1. Applicant, Salvador Sandoval, while employed on March 22, 2011, at Santa Fe Springs, California, by Superior Grocers, whose workers' compensation carrier was CIGA by its servicing facility Sedgwick for Ullico, now in liquidation, sustained injury to his neck and right shoulder.
2. Applicant has not sustained the burden of establishing injury to the psychiatric, sleep, or internal systems.

FINDINGS OF FACT
Case No. ADJ8137568
Injury Date: April 3, 2011 – December 11, 2011

3. Applicant, Salvador Sandoval, while employed during the period of April 3, 2011 to December 11, 2011, at Santa Fe Springs, California, by Superior Grocer, whose workers' compensation carrier was CIGA by its servicing facility Sedgwick for Ullico, now in liquidation, sustained injury to his bilateral hands and wrists.
4. Applicant has not sustained the burden of establishing injury to the psychiatric, sleep, or internal systems.

JOINT FINDINGS OF FACT
(ADJ8136297; ADJ8137568)

5. The issue of applicant's occupational group code is deferred.
6. Applicant's earnings were $401.00 per week warranting indemnity rate of $267.94 for temporary disability and $230.00 for permanent disability prior to any applicable adjustment pursuant to Labor Code section 4658(d).
7. Applicant was temporarily totally disabled (TTD) from February 13, 2012 to March 3, 2017, subject to 104 compensable weeks within five years from the date of injury per Labor Code section 4556(c)(2).
8. In Case No. ADJ8136297, the issue of permanent disability is deferred.
9. In Case No. ADJ8137568, the issue of permanent disability is deferred.
10. Applicant is entitled to further medical treatment to cure or relieve from the effects of his industrial injuries.
11. Applicant is entitled to reimbursement of medical-legal costs payable by defendant pursuant to Title 8, Cal. Code of Regulations §9795 and/or §9795.3 in an exact amount to be adjusted by and between the parties with the WCAB to retain jurisdiction.
12. The issue of reasonable attorney fees is deferred.

AWARD

AWARD IS MADE in favor of **SALVADOR SANDOVAL** and against **SUPERIOR GROCERS; CIGA,** By Its Servicing Facility SEDGWICK for **ULLICO CASUALTY COMPANY**, in liquidation, as follows:

1. Temporary Total Disability (TTD) at the weekly rate of $267.94 from February 13, 2012 to March 3, 2017, subject to 104 compensable weeks within five years from the date of injury per Labor Code §4556(c)(2), less credit for sums previously paid by defendant from December 17, 2012 to January 20, 2014, less credit for sums paid by the Employment Development Department from February 8, 2012 to December 16,2012, and less reasonable attorney's fees of 15 percent of any unpaid, accrued benefits, subject to adjustment by the parties with jurisdiction reserved to the WCJ in the event of further dispute.

2. Further medical treatment reasonably required to cure or relieve from the effects of the industrial injury herein
3. Reimbursement of self-procured reasonable and necessary medical treatment and medical-legal costs to be adjusted by the parties, with jurisdiction reserved to the WCJ in the event of a dispute.

WORKERS' COMPENSATION APPEALS BOARD

/s/ CRAIG L. SNELLINGS, COMMISSIONER

I CONCUR,

/s/ JOSÉ H. RAZO, COMMISSIONER

JOSEPH V. CAPURRO, COMMISSIONER
PARTICIPATING NOT SIGNING

DATED AND FILED AT SAN FRANCISCO, CALIFORNIA

August 13, 2026

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

SALVADOR SANDOVAL
LAW OFFICES OF SOLOV & TEITELL
GUILFORD, SARVAS & CARBONARA

SAR/abs

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