First Civil Number A143043

In the Court of Appeal of the State of California

FIRST APPELLATE DISTRICT
DIVISION ONE

FRANCES STEVENS,

Petitioner,

v.

OUTSPOKEN ENTERPRISES AND STATE COMPENSATION INSURANCE FUND AND THE WORKERS' COMPENSATION APPEALS BOARD, AND THE ACTING ADMINISTRATIVE DIRECTOR, DIVISION OF WORKERS' COMPENSATION, ET AL.,

Respondents.

WCAB No. ADJ 1526353
Workers' Compensation Appeals Board

CALIFORNIA CHAMBER OF COMMERCE'S AMICUS BRIEF

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INTRODUCTION

California's Legislature is tasked with the difficult responsibility of designing and promulgating California's Workers' Compensation system. As part of this task, it must balance the medical needs of injured employees against the ever increasing costs imposed on the system and on the employers responsible for ensuring that injured employees are provided with necessary medical treatment.

Vested with the broad plenary power set forth in Section 4 of Article XIV of the California Constitution, the Legislature is in the best position to

determine how to balance these burdens of our state's Workers' Compensation system. It therefore enacted California *Labor Code* Section 4610.6 ("Section 4610.6") to the end that justice be administered expeditiously to employers and injured employees alike, and without the encumbrance of costly litigation or inconsistent, non-scientifically based decisions. The Legislature took the determinations of medical necessity out of the hands of workers' compensation administrative law judges, the appeals board, or any higher court, and put them into the hands of medical experts. It ensured that the courts retain the responsibility of enforcing and overseeing the process by which the determination is made.

Petitioner would have this Court hold that expeditious and inexpensive justice requires a factual determination that her recommended treatment is medically necessary, and that it requires a judicial reviewing body to make such a determination. It does not.

Due process does not mandate Petitioner's right to cross-examine the arbiter of a dispute. Substantial justice does not require that each applicant be entitled to multiple, and potentially inconsistent, medical necessity determinations. Independent Medical Review ("IMR") decisions made pursuant to Section 4610.6 are reviewable by the Workers' Compensation Appeals Board and California's Courts of Appeal. Petitioner's dissatisfaction with the Legislature's exercise of its constitutionally granted power falls short of showing that she is deprived of due process or substantial justice.

ARGUMENT

I.
Due Process Does Not Require the Applicant to Have a Right to Cross Examine the IMR Physician.

Petitioner argues that she is denied due process because Section 4610.6 prevents cross-examination of the IMR physician. However, due process requires that "[all] parties must be fully apprised of the evidence submitted or to be considered, and must be given opportunity to cross-examine *witnesses*, to inspect documents, and to offer evidence in explanation or rebuttal. (*Fidelity and Casualty Company of New York v. Workers' Compensation Appeals Board* (1980) 103 Cal.App.3d 1001, 1015 (emphasis added).) Because Petitioner was afforded each of these opportunities, Section 4610.6 does not violate Petitioner's right to due process.

Section 4610.6 does not prevent applicants from presenting or obtaining evidence, and is not the first or last decision concerning appropriateness of recommended medical treatment. The procedures set forth in Section 4610.6 are only used once an utilization review decision to modify, delay, or deny treatment is issued pursuant to California Labor Code section 4610. (Cal. *Labor Code* §§ 4610.5(a), 4610.6(a).) When an employee's treating physician makes a treatment recommendation, the recommendation is submitted to the employer's utilization review process for a determination of whether to approve, modify, delay, or deny the recommended treatment. (*Id.* at § 4610.) A medical director designated by the employer or insurer reviews all information that is "reasonably necessary" to make the determination. (*Id.* at § 4610(d).) The medical

director's decision shall be consistent with the medical treatment utilization schedules adopted pursuant to *Labor Code* section 5307.27(f)(2). Therefore, the IMR process does not come into play until a factual determination concerning medical appropriateness of recommended treatment has been made pursuant to utilization review.

IMR, therefore, is itself an appeal. It constitutes a second level of fact-finding and medical record review for purposes of answering the limited question of medical appropriateness of a particular course of treatment. The IMR physician therefore resolves the dispute between the employer's utilization review and the employee's treating physician.

Petitioner is no more entitled to cross-examine the independent medical reviewer than she is entitled to "go outside the administrative record to determine what evidence was considered, and reasoning employed, by the administrators." (*City of Fairfield v. Superior Court* (1975) 14 Cal.3d 768, 777; see also *Camp v. Pitts* (1973) 411 U.S. 138, 142-143 (citing *United States v. Morgan* (1941) 313 U.S. 409, 422 (setting forth the Morgan Rule as precluding one from probing into the thought processes of the decision-maker of a quasi-judicial administrative agency decision)).) Outside of the utilization review and IMR system, applicants are free to cross-examine any of the medical examiners advising for or against a particular treatment recommendation. Indeed, all treating and examining physicians are subject to cross-examination. Nothing in Section 4610.6 precludes applicants from submitting to the IMR physician deposition testimony of any treating physician, agreed medical evaluator, qualified medical evaluator, or a panel qualified medical examiner. Then, based on all information presented to her, the IMR physician arbitrates the

dispute between the employee's treating physician and the utilization review physician as to whether a particular recommended treatment is medically appropriate. (*Id.*) This arbitration is the process of applying the facts provided by the parties to complete a "[c]omparison of specific treatments and results to usual or best-practice treatments outcomes." (AM. COLL. OF OCCUPATIONAL AND ENVTL. MED., Occupational Medicine Practice Guidelines 136 (Lee S. Glass, M.D. et al. eds., 2d ed. 2004).) The IMR physician's decision is not to be considered rebuttable evidence subject to cross-examination, but is, based on the evidence presented to it, the decision of the administrative director with respect to the appropriateness of medical treatment.

Examination of the thought processes behind the IMR physician's decision cannot be characterized as cross examination of a witness, but instead would constitute examination of the thought processes behind the decision of the administrative director, which is expressly prohibited by *United States v. Morgan.* Section 4610.6(g) provides that "the determination of the independent medical review organization shall be deemed to be the determination of the administrative director." Thus, although Maximus is a private entity, it is performing a state function as set forth in the Legislative findings in Senate Bill 863. The DWC does not rely upon the decision of the independent medical review organization, but instead adopts the decision as its administrative decision. (*See* Cal. *Labor Code* § 4610.6(g).) Based on the clear statutory language in Section 4610.6(g), the administrative director's decision is the IMR physician's decision.

II.
Section 4610.6 is Aimed Towards Achieving Substantial Justice Expeditiously, Inexpensively, and Without Encumbrance.

Petitioner argues that Section 4610.6 fails to meet the requirement set forth in Section 4 of Article XIV that a "workers' compensation system be created, by appropriate legislation, "to the end that the administration of such legislation shall accomplish substantial justice in all cases expeditiously and without encumbrance." (Petition for Writ of Review ("Petition") at p. 23-33.) In support of this argument, Petitioner argues that 1) Section 4610.6 precludes meaningful appeal of an IMR determination, 2) provides no means to address conflicts about what constitutes medical treatment, and 3) provides no meaningful enforcement procedures of the statutory time limits. For the reasons discussed below, Petitioner falls short of showing that she was deprived of substantial justice.

A. Reviewing Bodies Do Not Make Factual Determinations

Petitioner argues that the bases for an appeal of an IMR decision are "frankly impossible to prove" because of the reviewer's anonymity, and that any appeal is "worthless." Petitioner cites Article XIV of the California Constitution as requiring decisions of a tribunal shall be "subject to review by the appellate courts of this state." (Petition, at p. 21.) Petitioner goes on to argue that *Labor Code* section 4610.6(i) runs afoul of this constitutional requirement because it precludes "a workers' compensation administrative law judge, the appeals board, or any higher court to make a determination of medical necessity contrary to the determination of the independent medical review organization." According to Petitioner, for an IMR decision appeal to have any "worth," a reviewing

body must be able to substitute its own factual finding for that finding made by the IMR reviewer. Such is not the case.

A "meaningful appeal" is not necessarily an ideal appeal. That the Legislature may previously have provided for a different method and manner of review of medical decisions does not deem that method to be the only method that is constitutionally acceptable. Section 4 unambiguously provides the Legislature with the power to fix, control, and undoubtedly, to limit the manner of review of decisions rendered by the tribunal or tribunals designated by it. (Art. 14 Cal. Const. § 4.) In exercising that power, the Legislature decided, with an eye toward substantial and expeditious justice, that reviewing bodies are precluded from substituting their own judgment as to medical necessity for that of the IMR physician reviewer. (Cal. *Labor Code* § 4610.6(i).) It made its decision on the basis that:

> Having medical professionals ultimately determine the necessity of requested treatment furthers the social policy of this state in reference to using evidence-based medicine to provide injured workers with the highest quality of medical care and that the provisions of the act establishing independent medical review are necessary to implement that policy.

(Senate Bill 863, at § 1(e); Exh. 1 to Request for Judicial Notice.) Such a policy decision was the Legislature's to make in light of the demands on California's Workers' Compensation system, and in an effort to avoid the encumbrance of time-consuming procedures that lead to potentially unfair, inconsistent, and non-scientifically based medical decisions.

In support of her argument, Petitioner cites the WCAB's Order Denying the Petition for Reconsideration, in which the WCAB notes that Section 4610.6 precludes "meaningful appeal" to the WCAB, and precludes the WCAB from resolving conflicts as to what constitutes "medical treatment." (Petition, p. 32; Petitioner's Exhibit 16, at p. 5.) Although Petitioner and, admittedly, the WCAB, may disagree with the effect that Section 4610.6 has on the WCAB's power to change conclusions related to medical necessity, such was the effect expressly intended by the Legislature in enacting Section 4610.6. (*See* Senate Bill 863, at § 1 (e), Exh. 1 to Request for Judicial Notice.) While the WCAB is undoubtedly well-versed in industrial injuries and medical treatment, the Legislature sought to put all such decisions in the hands of medical professionals to ensure that treatment decisions are consistent and based on the highest standards of evidence-based medicine. (*Id.*)

That the WCAB is powerless to make an adverse factual determination is not a novel concept. Section 4610.6(i) codifies this long-standing principle of our jurisprudence. Although Petitioner seemingly argues otherwise, an "appellate court is a reviewing court, and (except in special cases where original jurisdiction is conferred upon it) not a trial court or court of first instance. The jurisdiction of an appellate tribunal is generally confined to the correction of errors committed in the trial court." (*In re Quantification Settlement Agreement Cases* (2001) 201 Cal.App.4th 758, 844.) Moreover, standards of review on appeal in civil actions have long been limited to review of the process by which a decision was reached, as opposed to whether the correct conclusion was drawn by the trial court below:

> In reviewing evidence on appeal, all conflicts must be resolved in favor of the respondent, and all legitimate and reasonable inferences indulged in to uphold the verdict if possible. It is an elementary, but often overlooked principle of law, that when a verdict is attacked as being unsupported, the power of the appellate court begins and ends with a determination as to whether there is any substantial evidence, contradicted or uncontradicted, which will support the conclusion reached by the jury. When two or more inferences can reasonably be deduced from the facts, the reviewing court is *without power to substitute its deductions for those of the trial court.*

(*Crawford v. Southern Pacific Co.* (1935) 3 Cal.2d 427, 429 (emphasis added).)

Reviewing courts have long been powerless to render factual determinations, and Section 4610.6 does not run afoul of the constitutional requirement that medical necessity determinations be subject to review by our state's Courts of Appeal. A plaintiff in a civil action is no more entitled to a factual determination by a Court of Appeal than Petitioner is entitled to a medical necessity decision by an administrative law workers' compensation judge or the WCAB.

B. Bayscene Resident Negotiators v. Bayscene Mobile Park *is Irrelevant to the Constitutionality of Section 4610.6*

The California Applicants' Attorneys Association's Amicus Brief misleadingly characterizes *Bayscene Resident Negotiators v. Bayscene*

Mobile Park as standing for the proposition that "failing to provide judicial review of evidentiary issues prove[s] fatal to Legislation." ((1993) 15 Cal.App.4th 119; California Applicants' Attorneys Association's Amicus Brief ("CAAA Brief"), at p. 8.) The *Bayscene* court struck down a statutory scheme as unconstitutional when it 1) required *private* citizens to submit to binding arbitration and 2) did not provide for *any* judicial review. (*Bayscene*, 15 Cal.App. 4th at 132.) Instead of providing for judicial review, the statute in *Bayscene* only required the arbitrator's decision to be "submitted to the city council where it [was] to be maintained." (*Id.*)

Bayscene is irrelevant to the issues presented by this Petition. Unlike the statutory framework in *Bayscene*, which provided no means by which to appeal an arbitrator's decision, Section 4610.6 expressly provides for five ways in which an applicant can appeal an IMR determination. The constitutionality of a statute's providing for compulsory arbitration between private parties usually depends on whether the statute provides for judicial review. (*Id.*) As set forth more fully in the DWC's Answer to this Petition, judicial intervention in the arbitration process may be limited. (DWC Answer, at pp. 30-31.) It is the long-standing general rule that, subject to limited circumstances, "an arbitrator's decision cannot be reviewed for errors of fact or law." (DWC Answer, at p. 31 (quoting *Moncharsh v. Heily & Blasé* (1992) 3 Cal.4th 1, 11.) Section 4610.6's limited bases of appeal are therefore consistent with the limited bases of appeal upheld in arbitration cases.

Bayscene is further distinguishable in that injured employees are not similarly situated to private citizens compelled to participate in arbitration. Private citizens, as a general matter, are entitled to have their grievances

heard and decided by judges and juries through the California court system. Statutory provisions for mandatory arbitration between private citizens are suspect because such statutes may be construed to deprive private citizens of that right. However, injured employees making claims against their employers do not have such a right. The Legislature is expressly granted the power to "provide for the settlement of disputes . . . by arbitration." (Cal. Const. Art. XIV, § 4.) Section 4610.6 is a constitutionally permissible exercise of that power.

C. *By Setting Forth Distinct and Particular Requirements with which the IMR Reviewer Must Comply, Applicants Have the Power to Mount an Appeal Based on the Four Corners of the IMR Decision*

Although precluded from substituting their own judgment for that of the IMR reviewer, neither the WCAB nor California's courts of appeal are powerless to overturn an IMR decision. An IMR decision may be overturned upon a showing of the administrative director's (1) acting without or in excess of its powers, (2) fraud in the procurement of the decision, (3) conflict of interest, (4) bias, or (5) plainly erroneous mistake of fact concerning a matter of ordinary knowledge. (Cal. *Labor Code* § 4610.6(h).) In providing these bases for appeal, Section 4610.6 complies with the constitutional requirement that decisions of a tribunal shall be "subject to review by the appellate courts of this state." (Cal. Const., Art. XIV, § 4.)

Unlike a workers' compensation administrative law judge or the WCAB, who, as a general matter, are granted wider discretion in issuing decisions and opinions, an IMR physician's decision concerning medical necessity is upheld only if she complies with each of the particular

requirements set forth in Section 4610.6(e). The decision *shall* (1) state whether the disputed health care service is medically necessary, (2) cite the employee's medical condition, (3) cite the relevant medical records, and (4) set forth the relevant findings associated with the standards of medical necessity. (*Id.* § 4610.6(e).) The IMR physician *shall* base its decision on, among other things, the medical treatment utilization schedule adopted by the administrative director pursuant to California *Labor Code* section 5307.27. (*Id.*) An IMR decision in which the physician reviewer failed to comply with any of the foregoing mandates would appropriately be overturned on appeal.

An IMR physician reviewer is only granted the power to make medical necessity decisions as provided in Section 4610.6(e). Pursuant to Section 4610(g), "the determination of the independent medical review organization shall be deemed to be the determination of the administrative director." Thus, the IMR's failure to comply with the requirements of Section 4610.6(e) can reasonably be construed to be the equivalent of the administrative director's acting "without or in excess of its powers," and such failure would be a basis for appeal from the IMR decision.

Moreover, the IMR physician reviewer's failure to comply with Section 4610.6(e)'s mandates would be revealed on the face of the IMR decision. For example, an IMR decision would reveal whether the reviewing physician opted not to set forth his relevant findings or cite relevant medical records supporting his conclusion. Therefore, contrary to Petitioner's arguments, it is not "impossible" to obtain evidence to mount an appeal to a medical necessity decision made by an IMR reviewing physician.

Upon an applicant's proof of one of the bases for an appeal, the medical necessity determination is *reversed*, which is precisely what an applicant contesting such a decision would desire. (*Id.* § 4610.6(i).) The dispute is then remanded to the administrative director for review by another IMR physician. (*Id.*)

Petitioner's argument, therefore, is not based on a supposed lack of appellate review, but based upon dissatisfaction with the lost opportunity to substitute the decision of the workers' compensation administrative law judge for the evidence-based decision of the medical arbiter. An applicant's dissatisfaction with the Legislature's decision is simply insufficient to form the basis for a constitutional challenge.

D. Section 4610.6 Provides that the Medical Treatment Utilization Schedules, not the WCAB, Resolves Conflicts About what Constitutes Medical Treatment

Petitioner argues that Section 4610.6 provides no means to address conflicts about what constitutes "medical treatment." (Petition, at pp. 29-32.) Petitioner also cites the Order Denying Petition for Reconsideration wherein the WCAB noted, "the lack of a meaningful appeal . . . preclude[s] the Appeals Board from addressing conflicts between the law establishing the scope of medical treatment an employee is entitled to under Section 4600, and the IMR provider's understanding of what constitutes medical treatment." (Petition, at p. 31.)

Like its decision to place medical necessity decisions in the hands of medical experts, the Legislature similarly exercised its constitutionally granted power to decide that conflicts about what constitutes medical treatment shall be determined by reference to the medical treatment

utilization schedules adopted pursuant to *Labor Code* section 5307.27(f)(2). (Cal. *Labor Code* § 4610.6(e).) In this case, the IMR physician reviewer upheld the denial of Petitioner's request for home health aide 8 hours per day, five days per week by Utilization Review. (Independent Medical Review Final Determination Letter ("IMR Letter"), Petitioner's Exhibit 4, at pp. 2-3.) The IMR physician reviewer complied with the requirements of Section 4610.6(e), and set forth the rationale for denying the treatment: ". . . Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom *when this is the only care needed.*" (IMR Letter, Petitioner's Exhibit 4, at p. 3 (emphasis added).) The reviewer cited the medical treatment utilization schedules and Medicare and Home Health Care publications as supporting this conclusion. (*Id.*)

Petitioner attempts to create a legal issue as to whether home health services constitute medical treatment. It is undisputed that home health services, in some instances, may properly be found to constitute reasonably necessary medical treatment. In citing the medical treatment utilization schedules, the IMR physician reviewer concluded that home health services do not constitute medical treatment "when [it] is the only care needed." (IMR Letter, Petitioner's Exhibit 4, pp. 2-3.) Though the WCAB stated and Petitioner argues that it is "uncertain" why this language was included in the IMR letter, and that "it is also unclear if it is the basis for the IMR determination," it is clear from the face of the IMR physician's determination that the medical treatment utilization schedules formed the basis of the denial.

Although the WCAB is dissatisfied with its lack of power to overturn a medical necessity decision for its "uncertainty" or "lack of clarity," (Petitioner's Exhibit 16, at p. 5), the Legislature acted within its power to expressly preclude the WCAB from overturning an IMR reviewer physician's decision based on a perceived "lack of clarity" and "uncertainty", and to preclude the WCAB from substituting its own opinion, potentially one contrary to the medical treatment utilization schedules, as to what constitutes medical treatment.

Petitioner cites *Patterson v. The Oaks Farm*, a WCAB panel decision, in support of her position that Section 4610.6 provides no means to address conflicts about what constitutes medical treatment. (*Patterson v. The Oaks Farm*, ADJ3905924 (July 24, 2014) 42 CWCR 171-174 ("*Patterson*"); Petition, at p. 29.) The facts in *Patterson* are inapposite to the facts presented by this case, and do not support Petitioner's argument that Section 4610.6 improperly precludes the WCAB from making decisions as to what constitutes medical treatment.

In *Patterson*, defendant provided the applicant with nurse case manager services and later unilaterally terminated those services. Perhaps the most important distinction between this case and *Patterson* is that the utilization review and IMR process were not involved in *Patterson*. The WCJ decided that defendant had no basis for terminating services already deemed by the AME to be necessary medical treatment. The WCJ's found that the AME's opinion had substantial evidentiary support, and that defendant offered no evidence that the factual circumstances underlying the opinion had changed. The only significance of *Patterson* is that utilization

review may not be used to lessen an employer's obligation to provide medical treatment that has properly been deemed necessary.

In short, *Patterson may* be relevant to this case if, for example, the UR or IMR reviewing physician approved Petitioner's request for home health aide, but Respondent nonetheless refused to provide such treatment. Unlike in *Patterson*, absent from Petitioner's record is a recommendation, by utilization review, AME, or an IMR physician, that home health aide is reasonably necessary to cure or relieve the effects of Petitioner's injuries. In fact, both Petitioner's UR and IMR decisions denied her request for home health aide. Thus, *Patterson* does not stand for the proposition that the WCAB shall decide what constitutes medical treatment.

III.
Section 4610.6 Does Not Violate the Separation of Powers Clause of California's Constitution.

Finally, Petitioner argues that Section 4610.6 conflicts with the separation of powers provisions of Article III, Section 3 of the California Constitution. Petitioner quotes the following language from *Bradshaw v. Park*:

> [N]either the separation of powers nor the judicial powers clause, per se, prohibits the exercise of 'quasi-judicial' functions by an administrative agency. Rather . . . an administrative agency may constitutionally hold hearings, determine facts, apply the law, and impose certain types of monetary relief so long as:

> (i) These activities are "authorized by statute or legislation and are reasonably necessary to effectuate the administrative agency's primary, legitimate regulatory purposes, and
>
> (ii) the "essential" judicial power (i.e., the power to make enforceable, binding judgments) remains ultimately in the courts, through review of agency determinations.

((1994) 29 Cal.App.4th 1267, 1275; Petition, at p. 22.)

Section 4610.6 meets Petitioner's standard taken from *Bradshaw*. The Legislature undoubtedly authorized the IMR process when it enacted Section 4610.6. In doing so, the Legislature decided that IMR, as set forth in Section 4610.6, is necessary to achieving this state's social policy that medical professionals should determine medical necessity by reference to evidence-based medicine to provide workers with the highest quality of medical care. (Senate Bill 863, at § 1 (e); Exh. 1 to Request for Judicial Notice.)

Petitioner's argument that Section 4610.6 violates the separation of powers clause of California's Constitution necessarily assumes that Section 4610.6 precludes any judicial review of IMR decision. As discussed more fully in Section II of this Brief, Section 4610.6 provides five ways in which an applicant may appeal an IMR decision. Contrary to Petitioner's assertions, the requisite evidence on which to mount an appeal would be revealed on the face of the IMR decision, and a successful appeal is not an "impossible" endeavor. Thus, by the terms of Section 4610.6 "the essential judicial power" remains in the courts because the WCAB and California

Courts of Appeal have the power to review IMR decisions. (*Bradshaw*, 29 Cal.App.4th at 1275.) Therefore, Section 4610.6 does not violate the separation of powers principles set forth in Article III, Section 3 of the California Constitution.

For the reasons set forth above, and for the reasons set forth in Respondents' Answer Briefs, Petitioner's arguments are inadequate to merit a determination that Section 4610.6 deprives her due process, or is otherwise unconstitutional. A holding that Section 4610.6 is unconstitutional would render the Legislature powerless to exercise its constitutionally granted powers to address the ever-increasing burdens on our state's Workers' Compensation System by ensuring that medical necessity decisions are consistent, and made by medical professionals.

CONCLUSION

For the foregoing reasons, CalChamber respectfully requests that this Court deny Petitioner's petition for writ of review, and hold that Section 4610.6 is a constitutional exercise of the Legislature's broad plenary power.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE WITH RULE 8.204(C)(1)

I, the undersigned, Melinda Carrido, declare that:

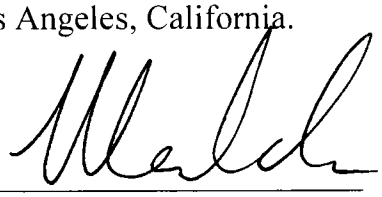
I am an attorney in the law firm of Haight Brown & Bonesteel, which represent Attorneys for Amicus Curiae California Chamber of Commerce.

This certificate of Compliance is submitted in accordance with Rule 8.204(c)(1) of the California *Rules of Court.*

This amicus brief on the merits was produced with a computer. It is proportionately spaced in 13 point Times Roman typeface. The brief contains 4,247 words, including footnotes.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on December 4, 2014, at Los Angeles, California.



Melinda Carrido

PROOF OF SERVICE

STATE OF CALIFORNIA)
) ss.:
COUNTY OF LOS ANGELES)

Case Name: Stevens v. Outspoken Enterprises and State Compensation Insurance Fund and the Workers' Compensation Appeals Board, et al.
Case No.: First Civil A143043

I, the undersigned, say: I am and was at all times herein mentioned, a citizen of the United States and a resident of the County of Los Angeles, California, over the age of eighteen (18) years and not a party to the within action or proceeding; that my business address is 555 South Flower Street, Forty-Fifth Floor, Los Angeles, California 90071; that on December 5, 2014, I served the within

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in said action or proceeding by depositing a true copy thereof, enclosed in sealed envelopes with postage thereon fully prepaid, in the United States mail at Los Angeles, California, addressed as follows:

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Julie Dekhtyar

(Original Signed)