

# Lawrence M. Richman, M.D.

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March 7, 2022

Department of Industrial Relations  
Subsequent Benefits Trust Fund  
ATTN: Adjustor name (if known)  
160 Promenade Circle, #350  
Sacramento, CA 95834

Workers Defenders Law Group  
751 South Weir Canyon Road, Suite 157-455  
Anaheim, CA 92808  
Attn: Natalia Foley, Esq.

EMPLOYEE	<b>SHERRY CHOWDHUARY</b>
EMPLOYER	Target Distribution Center
SIBTF NO.	SIF11965518
WCAB NO.	ADJ11965518
DATE OF INJURY	<del>CT October 1, 2018 – February 17, 2019</del>
DATE OF BIRTH	November 28, 1963
EXAM DATE	March 3, 2022

## **INITIAL MEDICAL / LEGAL EVALUATION - COMPREHENSIVE NEUROLOGIC SIBTF EVALUATION REPORT:**

Gentlepersons:

This examination was performed in the county of Los Angeles located at 8036 Third Street, Suite 103, Downey, California 90241 on March 3, 2022.

This report shall be billed at **ML-201** with Regulation 9795, noting 45 minutes of face-to-face time. I declare under penalty of perjury that I have received and personally reviewed 71 pages of medical records which included a declaration and attestation.

Thank you for asking me to perform an Independent Medical Evaluation on Ms. Chowdhuary to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751. I have personally evaluated this patient and prepared this report.

The focus of this report is to address the applicant's pre-existing impairment / disability of different body regions, other than the industrial injury and to note the effects of the following injuries

Per Labor Code 4751: If an employee, who is permanently and partially disabled receives a subsequent compensable injury resulting in additional permanent / partial disability, so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, on the combined effect of the last injury on the previous disability or impairment, is a permanent disability equal to 70% or more of the total, he/she shall be paid in addition to the compensation due under the code for the permanent disability caused by the last injury, compensation of the remainder of the combined permanent disability existing up to the last injury, as provided in this article: provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg or an eye, on the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such allowed permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5% or more of the total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35% or more of the total.

The Subsequent Injury Benefits Trust Fund (SIBTF) liability deals with pre-existing impairment and/or pre-existing disability. In other words, disability which was present prior to the industrial injury noted above. In essence, we are looking into the past to determine to what extent the injured worker was disabled at some time prior to the settled industrial injury noted above.

A contemporaneous and retrospective review of the medical history and medical records is performed to determine if it is medically probable that there was labor disabling impairment, which pre-existed the date of the last injury in question and whether the sum of the combined industrial and nonindustrial impairment rates to a 70% disability or more. Prior impairment ratings for industrial injuries are reviewed for accuracy and, if necessary, re-rated.

The patient is a 50-year-old right-hand dominant female packer, who was injured during her employment for the Target Distribution Center. She worked there for six months. She last worked through December 2018. The following history, physical examination and review of records were performed by myself.

### **HISTORY OF THE PRESENT ILLNESS:**

Ms. Chowdhuary's job required eight hours of standing and walking. She performed frequent bending, stooping and squatting. She would reach above shoulder level, crouch, lift and balance. She reports pulling and pushing. She would frequently lift up to 24 pounds. She had repetitive use of both hands for firm and simple grasping. She would use a computer keyboard, vibratory and pneumatic equipment. She worked at heights of up to nine feet. She was exposed to dust.

She reports having been subjected to continuous trauma due to the nature of her employment. She required repetitive lifting and reaching overhead resulting in pain in the neck, shoulders, dorsal and lumbar spine, upper and lower limbs, hands, legs and she complains of headaches.

She has been treated by multiple physicians at Kaiser Permanente. Her headaches involve the entirety of the scalp. She reports trouble with memory but does not know why. She reports having experienced blurring of vision, but again does not know why. She reports anxiety, depression, pain in the neck, mid and low back.

#### **PAST MEDICAL HISTORY:**

The past medical history is remarkable for gastric bypass surgery performed in 2010 and a history of hypertension.

#### **PRE-EXISTING MEDICAL OR SURGICAL PROBLEMS:**

Ms. Chowdhuary states that she had a prior injury to the low back while employed as a certified nurse's assistant and was out of work for one month. She was then returned to work however, her prior low back complaints persisted. At that time, she was employed at St. Mary's Hospital in Victorville, California.

#### **CHIEF COMPLAINTS:**

She reports having experienced anxiety and depression. She reports ongoing headaches rated as an 8 (on a scale of 1 to 10). The cause of her headaches is not known. The headaches are not associated with her injuries from continuous trauma from October 1, 2018, through February 17, 2019. There is no history of head trauma.

She reports ongoing muscular complaints. Specifically, the patient reports intermittent pain in the upper limbs and hands rated as an 8 (on a scale of 1 to 10).

#### **CURRENT MEDICATIONS:**

The patient is currently taking Tylenol and Motrin.

#### **INITIAL SIBTF SUMMARY:**

- 1. Did the worker have an industrial injury?**  
Answer – Yes. The patient was subjected to continuous trauma to the spine, shoulders, upper and lower limbs from October 1, 2018, through October 17, 2019.
- 2. Did the industrial injury rate to a 35% disability without modification for age and occupation?**  
Answer – No.
- 3. Did the worker have a pre-existing labor-disabling permanent disability?**  
Answer – Yes. The patient had headaches, back pain, anxiety, depression, visual complaints, hearing loss, tinnitus and sensory symptoms in the hands consistent with carpal tunnel entrapment.

4. **Did the pre-existing disability affect an upper or lower extremity or eye?**  
Answer – Yes. The patient reports difficulty with vision, as well as sensory symptoms in the hands. The symptoms and problems involve the bilateral ears, bilateral eyes, bilateral wrists, and psyche.
5. **Did the industrial permanent disability affect the opposite or corresponding body part?**  
Answer – Yes, bilateral wrists.
6. **Is the total disability equal to or greater than 70% after modification?**  
Answer – Unknown at this time.
7. **Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?**  
Answer – Unknown but likely. It will be determined once all specialist opinions are reviewed.
8. **Is the employee 100% disabled from the industrial injury?**  
Answer – No.
9. **Additional records reviewed?**  
Answer – Yes.
10. **Are evaluations or diagnostics needed?**  
Answer – Yes. The patient needs an orthopedic evaluation, ophthalmologic evaluation, an otolaryngologic evaluation, a psychiatric evaluation and an internal medical specialist evaluation for hypertension.

**SUMMARY OF SURGICAL PROBLEMS AND MEDICAL RECORDS REVIEWED:**

A limited number of medical records were available for review.

The patient was evaluated by Dr. Haronian, orthopedist on August 11, 2019, for continuous trauma from October 1, 2018, through February 17, 2019. He reports the patient having developed pain in the shoulders, arms, wrists, and hands, which he attributed to her work duties. She reported pain in the shoulders, as well as numbness and tingling in the arms. She was reported to have hypertension, which was well-controlled. Dr. Haronian noted positive Phalen signs for carpal tunnel entrapment and diminished two-point discrimination. In my opinion, six months of employment would not be capable of causing carpal tunnel entrapment neuropathy. This is pre-existing and pre-dated her employment. He does not comment on the patient having contemporaneous headaches related to her employment. He does not comment on the patient having anxiety or depression arising out of her employment.

**SOCIAL HISTORY:**

HABITS: Tobacco: The patient does not smoke cigarettes.  
Alcohol: The patient rarely drinks alcohol.

**ACTIVITIES OF DAILY LIVING:**

The patient reports that she has difficulty with bathing, dressing, swallowing, grasping, lifting, and driving.

She reports impaired sleep due to pain, anxiety, and depression. She does not know why she has anxiety and depression. She averages five hours of sleep per night. She scores 3 out of 24 on the Epworth Sleepiness Scale.

Her headache complaints are described as follows.

Table 18-4:

I - A8, B10, C8, D7 and E9.

II - A10, B9, C7, D8, E8, F8, G8, H8, I0, J9, K10, L9, M7, N8, O10 and P8.

III - A0, B7, C4, D4 and E9.

**NEUROLOGICAL EXAMINATION:**

**CRANIAL NERVE EXAMINATION:**

Cranial nerves II-XII are serially tested and are within normal limits.

**MOTOR EXAMINATION:**

There is a normal motor examination. The patient showed full (5/5) motor force of the upper and lower limbs without evidence of wasting, weakness or fasciculations.

**SENSORY EXAMINATION:**

The patient shows diminished two-point discrimination testing at the median innervated digits of both hands.

**DEEP TENDON REFLEXES:**

All reflexes are 1+.

**COORDINATION:**

Finger-to-nose testing was normal.

PATHOLOGIC REFLEXES:

Babinskis are absent.

GAIT AND STATION:

The patient has a normal gait and normal tandem. Romberg tests are negative.

UPPER EXTREMITY EXAMINATION:

Tinel and Phalen signs are negative in both wrists.

CERVICAL SPINE EXAMINATION:

There is normal cervical lordosis with no spasm or tenderness.

DORSAL AND LUMBAR SPINE EXAMINATION:

There is spasm and tenderness.

**REVIEW of MEDICAL RECORDS:**

***Total Pages Reviewed: 71***

Attestation: Declared total page count of the documents provided to the physician: 71.

Application for Adjudication dated 02/25/19, w/DOI: CT: 10/01/18 - 02/17/19. Stress and strain due to repetitive movement over a period of time. Injured shoulders, arms, upper back, wrists, fingers and UE. Reported to the manager. Employed by Target Distribution Ctr as a Packer.

WC Claim Form dated 02/19/19, w/DOI: CT: 10/01/18-02/17/19. Stress and strain due to repetitive movement over a period of time. Shoulder, arm, upper back, wrist, and finger.

Compromise and Release dated 11/12/19, w/DOI: CT: 10/01/18 - 02/17/19. Injured body parts are UE, arm, wrist, fingers, shoulders, psyche, back, and stress. DOI: 02/04/19. Injured body part chest. Employed by Target Corporation as a Packer. Settlement Amount: \$20,000.00, with a deduction of \$3,000.00 for attorney fee, leaving a balance of \$17,000.00

08/19/19 - Initial Comprehensive Ortho Eval by Edwin Haronian, MD/Orthopedic Surgery. DOI: CT: 10/01/18 - 02/17/19. For employment, she gradually developed pain in shoulders, arms, wrists/hands, fingers in both hands, and upper back, which she attributes to her work duties, involving working in a distribution warehouse, packing products consisting of lotions and various other products, the product was brought to her table, and lifting product. The precise

activities required entailed prolonged standing in a fixed position, some walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, lifting and carrying up to 100 lbs. She continued working and her pain progressively worsened. On 03/21/19, she began medical care and tx. She was initially examined by a physician and was taken off work. She was given Motrin 800 mg and Tylenol ES. An EMG of UE was conducted with positive findings. She was administered a Cortisone shot in R wrist/hand with temporary pain relief. She was last examined in 07/2019. She remains off work on disability. She is receiving state disability benefits. Presently c/o constant aching in shoulders at times becoming sharp, shooting, and throbbing pain. Pain travels to arms and hands. She has episodes of N/T in her arms. She c/o stiffness and tightness to her shoulders. C/o constant aching in wrists/hands, becoming sharp, shooting, and burning pain with activity. Pain travels to forearms. She has swelling, N/T in her hands and fingers. C/o cramping and weakness in her hands and have dropped several objects. Her fingers lock. C/o nagging pain in the upper back, becoming sharp and stabbing pain with certain activities. Also, c/o stiffness to her upper back. Her pain level varies throughout the day depending on activities. Pain med provides temporary pain relief. Had difficulties with ADLs. Employment History: Prior to working with Target Corporation, she worked with Amazon as a Counter for 6 months. PMH: HTN, controlled with meds. PSH: Underwent gastric bypass over 9 yrs ago, breast reduction 12 yrs ago, and C-section x3. Prior/Subsequent Injuries: Injured L foot while at work in 2014. She recovered with medical care and tx. She received a settlement. Current Meds: Currently taking prescribed meds for HTN and inflammation. Also, take Tylenol ES. SH: Social drinker and does not smoke. FH: HTN and diabetes in her immediate family. Wt: 190 lbs. PE: C/S: Spasm and tenderness over paravertebral musculature, upper trapezium, and interscapular area. Triceps, biceps and brachioradialis reflex 2+ bilaterally. Motor power testing, deltoid 4/5 right and 5/5 left. Biceps, triceps, wrist extensors, wrist flexors, finger flexors and finger abduction 5/5 bilaterally. Sensory Testing: C5 (deltoid), C7 (middle finger), C8 (little finger and medial forearm), TI (medial arm) and T2 (medial arm) were intact. C6 (lateral forearm, thumb and index) decreased with pain on the right and intact on the left. Shoulder: Impingement, Hawkins, and Yergason were positive bilaterally. Wrists/Hands: Tenderness over distal radius and carpus bilaterally. Decreased ROM. Phalen and reverse Phalen (praying position) testing were positive bilaterally. Two-point discrimination was 6 mm bilaterally. Triggering was noted at R 2nd through 5th digits. L/S: Tenderness and spasm in the paravertebral muscle. The sciatic notch area was tender bilaterally. Toe and heel walk with pain. Squats with pain. Supine SLR right 90 degrees and left 90 degrees with no back pain. Sitting SLR was similar. Motor Function: Ankle dorsiflexes, great toe extensor, ankle plantar flexor, knee extensor, knee flexion, hip abductors and hip adductors 5/5. DTRs are equal at the knee and ankle joints. Sensory Function: L3 (anterior thigh), L4 (medial leg, inner foot), S1 (posterior leg, outer foot) were intact. L5 (lateral leg, midfoot decreased with pain on the right and intact on the left. Diagnostic Studies: X-rays of R Shoulder: Acromion type II. X-ray of L/S: Vascular clips were noted from non-orthopedic surgery. The lateral view revealed decreased disc height at the L5-S1 level. X-ray of R wrist: Normal. Dx: 1) Cervical radiculopathy. 2) Lumbar radiculopathy. 3) B/L shoulder sprain. 4) B/L wrist sprain, triggering of R second and fifth digits. Rx: Ibuprofen Gel. Plan: Requested previous records. Requested 12 sessions of PT. Ordered MRI of C/S and L/S. Also requested EMG/NCS. Causation: Industrial. Modified duties. Precluded from lifting,

pushing, and pulling greater than 10 lbs. If modified work is not available, then can remain on TTD.

09/24/19 – Correspondence from Sedgwick. Request for MRI of C/S and L/S and PT for neck, B/L shoulders and B/L wrists were received. There is a dispute regarding the liability of the claim and unable to review the request for medical necessity at this time.

09/30/19 - F/u Rpt by Edwin Haronian, MD. Pt presents with c/o chronic pain in shoulders, upper and lower back, and wrists and hands bilaterally. Pain is of such severity that it dominates virtually every conscious moment producing physical and psychological debilitations. Therefore, she cannot perform usual and customary work duties at this juncture. As per pt, the claim is presented in disputed status. PE: Visibly uncomfortable and has difficulty standing up from the examining chair. Positive impingement tests bilaterally. Decreased grip strength was noted bilaterally. Dx: 1) Shoulder S/S. 2) Sprain of the wrist. 3) Radiculopathy lumbosacral region. Plan: Refilled meds. Modified work with avoiding lifting, punishing, pulling more than 20 lbs.

11/11/19 - F/u Rpt by Edwin Haronian, MD. Pt c/o neck pain and LBP. Cold temperature increases her pain. Also has pain in shoulders. She has difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling. Prolonged driving increases her pain. Pain awakens her at night. Pending authorization for MRI of C/S and L/S. Dx remains unchanged. Rx: Ibuprofen Gel. Plan: Requested neurodiagnostic studies of BUE and BLE. Disability status remains unchanged.

### **CLINICAL IMPRESSIONS:**

1. Longstanding carpal tunnel entrapment neuropathy in both wrists, aggravated by continuous trauma from working for a period of six months while employed by the Target Distribution Center.
2. Longstanding headaches unrelated to her employment at the Target Distribution Center.
3. Longstanding chronic pain in shoulders, upper and lower back unrelated to her employment at the Target Distribution Center.
4. Longstanding anxiety and depression to be addressed by a board-certified psychiatrist.
5. Longstanding blurring of vision of undetermined etiology to be addressed by an ophthalmologist.
6. Longstanding hearing loss and tinnitus to be addressed by an otolaryngologist.



**DIAGNOSES ASSOCIATED WITH THE INDUSTRIAL RELATIONS SUBSEQUENT  
INJURY BENEFIT TRUST FUND:**

1. Pre-existing Carpal tunnel entrapment neuropathy in both wrists, aggravated by the CT Industrial injury of October 1, 2018 – February 17, 2019.

**DIAGNOSES ASSOCIATED WITH PRE-EXISTING CONDITIONS:**

1. Chronic pain in shoulders, upper and lower back, pre-existing the CT Industrial injury of October 1, 2018 – February 17, 2019.
2. Anxiety and depression to be addressed by a board-certified psychiatrist.
3. Visual disturbance to be addressed by an ophthalmologist.
4. Hearing disturbance and tinnitus to be addressed by an otolaryngologist.
5. History of hypertension to be addressed by an internal medical specialist.
6. Obesity requiring gastric bypass surgery.
7. Hypertension.

**DISCUSSION AND RECOMMENDATIONS:**

Ms. Chowdhuary is a 50-year-old female with a prior history of hypertension and gastric bypass surgery, headaches, shoulder pain, and back pain. Sensory symptoms in the wrists and findings consistent with carpal tunnel entrapment neuropathy, which were aggravated during her six months of employment. She reports anxiety and depression.

Based on my conversation, examination, and review of Ms. Chowdhuary's records, it is my medical opinion that the claimant has a disability from pre-existing medical disorders, in that the disability and labor impairments are greater than that which resulted from her subsequent disabilities alone.

**PERMANENT AND STATIONARY STATUS:**

Based upon my consultation and examination of the applicant as well as upon review of the medical records and my clinical experience, it is my opinion that within reasonable medical probability, that all this applicant's conditions which pre-existed the above dated subsequent industrial injury, had reached a permanent and stationary plateau prior to the day preceding the specific subsequent industrial injury.

I would further opine that the conditions aggravated by the industrial injury have been P&S since early 2020 as records show no progress.

**PERMANENT IMPAIRMENT RATING PER FIFTH EDITION AMA GUIDELINES:**

From a neurological perspective, as related carpal tunnel entrapment neuropathy of both wrists, based on the magnitude of Ms. Chowdhuary's pain, in my opinion, she qualifies for an 80% deficit for each wrist associated with carpal tunnel entrapment neuropathy. The maximum nerve value for the median sensory nerve from Table 16-15 is 39%. Eighty percent of 39% equals a 31% deficit. The 39% deficit is converted to a whole person impairment from Table 16-3 to equal a 19% whole person impairment for each wrist.

In my opinion, it is more accurate to add rather than combine, per KITE, in that both wrists impact each other. Therefore, 19% is added to 19% to equal a 38% whole person impairment.

For the patient's headache complaints, in my opinion she qualifies for an 8% whole person impairment by way of analogy using Table 13-11, the section of the guides that addresses the trigeminal nerve, utilizing the Almaraz-Guzman Decision III.

In my opinion, the total of the patient's neurological impairments is best reflected by addition, as opposed to combining, again per KITE. Eight percent is added to 38% to equal a 46% whole person impairment.

It should be clear that Dr. Haronian did identify positive Phalen signs and both Dr. Haronian and myself have identified diminished two-point discrimination of the median innervated digits of both hands and as such, this is a clinical diagnosis.

**APPORTIONMENT:**

Based upon my examination and consultation with this applicant, as well as upon my review of the medical records provided and my clinical experience, it is my opinion that 25% of this applicant's bilateral wrist impairment would be apportioned to aggravation from the subsequent industrial injury with 75% apportioned to pre-existing causes.

All other noted impairment are apportioned 100% to pre-existing causation with 0% apportioned to the subsequent industrial injury.

The Almaraz-Guzman Decision has been used to best represent Ms. Chowdhuary's impairments.

**TREATMENT RECOMMENDATIONS:**

The patient will require Orthopedic evaluation, psychiatric evaluation, an ophthalmologic evaluation, internal medical evaluation and otolaryngologic evaluation.

**WORK RESTRICTIONS:**

Ms. Chowdhuary is precluded from repetitive flexion and extension of both wrists. She is precluded from pushing and pulling with both wrists, as well as gripping and grasping with both wrists. She is not to lift over 5 pounds on an occasional basis.

For her headache complaints, she is precluded from working in a very loud environment.

I am confident that other specialists will expand on the applicants work restrictions.

If I can be of further assistance regarding this case, please do not hesitate to contact this office.

**SOURCE OF ALL FACTS AND DISCLOSURE:**

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions, and recommendations. Face-to-face time conformed with DWC Guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to the information that I have indicated and received from others. As to this information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Maria Campos, Assistant and Firdouse Taj, Record Summarizer, each of whom were trained by Arrowhead Evaluation Services, Incorporated. Please note that all times listed reflect physician time spent, not staff time. All opinions expressed are within a reasonable degree of medical probability. I declare under penalty of perjury that I have received and personally reviewed 71 pages of medical records, which included a declaration and attestation.

Date of Report: March 7, 2022. Signed this 8th day of March 2022 in San Bernardino County, California.

Yours truly,



Lawrence M. Richman, M.D., Diplomate (Neurology),  
American Board of Psychiatry and Neurology,  
Diplomate, American Board of Electrodiagnostic Medicine,  
Fellow, American Association of Neuromuscular and Electrodiagnostic Medicine,  
NIH Fellowship, Neurovestibular Disorders and Neuro-Ophthalmology

LMR/kdp/rpc/ft

cc: WORKERS DEFENDERS LAW GROUP  
751 South Weir Canyon Road, Suite 157-455  
Anaheim, California 92808  
Attention: Natalia Foley, Esquire

Department Of Industrial Relations  
Subsequent Injury Benefit Trust Fund  
1750 Howe Avenue, Suite 370  
Sacramento, California 95825

State of California  
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: SHERRY CHOWDHUARY v SHERRY CHOWDHUARY  
(employee name) (claims administrator name, or if none employer)

Claim No.: SIF11965518 EAMS or WCAB Case No. (if any): ADJ11965518

I, Edith Alejandre, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 Plum Lane, Redlands CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:  
(For each addressee, enter A – E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

A

04/04/22

WORKERS DEFENDERS LAW GROUP 751 South Weir Canyon Road, Suite 157-455 Anshelm, California 92808

A

04/04/22

Subsequent Injury Benefit Trust Fund 1750 Howe Avenue, Suite 370 Sacramento, California 95825

A

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct. Date: 04/04/2022

Edith Alejandre

Edith Alejandre

(signature of declarant)

(print name)

