BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

RANDY BONDE, Claimant, vs. PRO COOPERATIVE, Employer, and NATIONWIDE AGRIBUSINESS, Insurance Carrier, Defendants.	FILED AUG 24 2017 WORKERS COMPENSATION	File No. 5054089 ARBITRATION DECISION Head Note Nos.: 1100, 1108, 1802 2500, 4000

STATEMENT OF THE CASE

Randy Bonde filed a petition for arbitration seeking workers' compensation benefits from the employer, Pro Cooperative, and Nationwide Agribusiness, the insurance carrier.

The matter came on for hearing on May 24, 2016, before deputy workers' compensation commissioner, Joseph L. Walsh in Des Moines, Iowa. The record in the case consists of Claimant's Exhibits 1 through 25; Defense Exhibits A through I; as well the sworn testimony of claimant, his spouse, Elizabeth Bonde; and defense witness, Safety Director, Mark Hambleton. Defendants objected to Claimant's Exhibit 9, pages 9 through 12, a May 6, 2016, report from a treating physician, Lynn Nelson, M.D. The objection was overruled and the report was allowed. The record was held open for a period of time since the report did represent a last minute surprise to the defendants. As a consequence, defendants added pages 32 and 33 to Defendants' Exhibit J. Any prejudice was thereby cured. Dina Dulaney was appointed court reporter. The parties argued this case and the matter was fully submitted on July 18, 2016.

ISSUES AND STIPULATIONS

Claimant has alleged that he fell at work and injured his low back on February 19, 2015. The defendants agree that the parties had an employer-employee relationship at that time, however, the injury is disputed. The defendants deny that the injury occurred, and further deny that the alleged injury resulted in any permanent

disability. The claimant alleges he is entitled to a running award of healing period benefits commencing almost immediately after the injury. The defendants deny this for the reasons stated above. In addition, the defendants have asserted the defense that they offered the claimant suitable work under section 85.33(3) and the claimant refused the work. The claimant alleges that he has not reached maximum medical improvement. The defendants dispute this. Claimant seeks medical expenses as outlined in Claimant's Exhibits 24 and 25. Defendants dispute liability for these bills on the basis of the denial of the injury and medical causation. The claimant seeks a penalty on the basis of the unreasonable denial.

The parties have stipulated to the elements which comprise the rate of compensation. Defendants have waived all affirmative defenses with the exception of the refusal of suitable work defense as set forth above. The parties agree there is no issue regarding credit and no benefits have been paid.

FINDINGS OF FACT

Randy Bonde was 63 years old as of the date of hearing. Mr. Bonde testified under oath at hearing. I find his testimony to be credible. It is generally consistent with his deposition testimony, as well as the statements contained in the medical records. I observed his testimony at hearing. His testimony was straightforward and forthright. There was nothing in his demeanor which caused me any concern about his truthfulness.

In February 2015, Mr. Bonde was employed by Pro Cooperative. On February 19, 2015, he slipped and fell on some loose soybeans on the icy parking lot. The fall was unwitnessed. The entire case essentially hinges upon whether this event occurred. Mr. Bonde was able to continue to work throughout the day, however, that evening, he awoke with significant pain. He went to work on February 20, 2015, and worked for the entire day.

The defendants point to the following facts in denying this claim:

1. The injury was unwitnessed.

2. The claimant did not report the injury on the day it occurred. He waited until Monday, February 23, 2015, to report the injury.

3. The claimant continued working after the injury, including all day Friday February 20, 2015.

4. Claimant was off work on Saturday and Sunday.

The defendants further claim that the only evidence in the entire record that an injury occurred, is the claimant's "self-serving statement." (Defendants' Brief, page 1)

These assertions are basically true. The injury was unwitnessed. The claimant

did not immediately report it because he did not believe it was particularly serious at first. He continued to work the rest of the day. The work was not particularly easy. He had to get in and out of the truck, unload it by operating buttons, and climb up and down the front of his trailer, all in addition to driving the truck. It was not easy work. He did report it after the symptoms gradually became more serious over the weekend. I do not find this to be uncommon in the least. There is little doubt in my mind that Mr. Bonde is telling the truth about the incident. I can find very little in this record, almost nothing, to question his veracity.

Mr. Bonde did report the injury on the morning of February 23, 2017, to his supervisor, Mike Schall. Mr. Schall documented this communication by filling out an injury report which is entirely consistent with Mr. Bonde's contentions at hearing. (Claimant's Exhibit 18, p. 9) In the injury report, Mr. Schall indicated that medical treatment was not needed. (Cl. Ex. 18, p. 9) In his testimony, Mr. Schall acknowledged that claimant was going to go to a chiropractor on his own. "At that time he said that if he just went to a chiropractor and got cracked, he thought he would be fine." (Cl. Ex. 18, Schall Deposition, p. 10) Mr. Schall reported the injury to Mark Hambleton. Mr. Hambleton determined that the injury either did not occur, or if it did, it was not severe. Mr. Hambleton testified at hearing regarding the reasons he decided not to turn this claim in to the insurance carrier. The reasons are consistent with the reasons set forth by defense counsel in argument.

Mr. Bonde did see the chiropractor on his own on February 23, 2015. That visit is documented and corroborates claimant's story. (Cl. Ex. 1, p. 1) Sciatic irritation was diagnosed. (Cl. Ex. 1, p. 2) He returned on February 25, 2015, and continued pain was diagnosed. "Has continued pain into Lt leg to top of foot. Rates pain 'very high.' Pain did improve mildly following adjustment. Is using ice as directed." (Cl. Ex. 1, p. 3) That same day, he followed up with Family Medicine in Eagle Grove, Dustin Smith, M.D. Dr. Smith documented the following. "He fell on 2/19. And has hurt since then with sciatica pain on the left. Not sleeping. Can't work." (Cl. Ex. 2, p. 3) Dr. Smith repeatedly documented the left leg pain into the foot and eventually ordered an MRI and referred him to a back specialist in April 2015. (Cl. Ex. 2, pp. 6-10) The MRI showed a disc herniation.

Jeffrey T. Luna, M.D., evaluated the claimant on April 27, 2015. Dr. Luna documented the history of the injury and reviewed the MRI. (Cl. Ex. 4, pp. 1-3) He diagnosed L5-S1 annular tear and related it to his fall at work. (Cl. Ex. 4, p. 3) He recommended conservative care ("a full course of physical therapy and epidural steroid injection.") (Cl. Ex. 4, p. 3) By June 2015, he was referred to David Beck, M.D. (Cl. Ex. 7) Dr. Beck was scheduled for surgery in December 2015, however his health insurance would not cover it. (Cl. Ex. 7, pp. 4-5)

There is no evidence in the record that the employer advised the claimant he needed to see a company chosen physician. (Cl. Ex. 20, Hambleton Deposition, pp. 9-10; <u>see also</u> Cl. Ex. 19, Applegate Deposition, pp. 15-16) The employer did not really give Mr. Bonde any direction regarding what to do next. The petition in this matter

was filed May 11, 2015. The insurance carrier was not informed of the injury until this occurred. On June 4, 2015, the carrier wrote a denial letter indicating the claim was denied "for lack of information." (Cl. Ex. 15, p. 5)

The employer in this case communicated very poorly with the claimant. Claimant continued to call in regarding his injury for several weeks after it occurred. The employer concedes this point and presented no documentation of when he quit calling in. The employer eventually terminated Mr. Bonde on March 20, 2015, less than a month after he went off work. The employer did this without even telling him it had done so. (Cl. Ex. 19, pp. 19-20; see also Cl. Ex. 19, p. 17) There is a report in evidence that indicates that Mr. Bonde was "officially terminated . . . at the end of March after visiting with him." (Cl. Ex. 19, p. 18) There is no specific record, however, that this actually occurred. Mr. Bonde denied it.

In November 2015, the defendants had surveillance performed of the claimant. A report and video are both in the record. (Def. Ex. I) The surveillance did not contribute much to the case. Most of the video is low quality and it is difficult to even identify the claimant in it. It does not show Mr. Bonde or anyone doing much of anything, certainly nothing unexpected given his claimed condition.

Mr. Bonde has been off work from February 22, 2015, through the date of hearing. Based upon Mr. Bonde's testimony, as well as the medical records in evidence, claimant has been unable to work for this entire period of time. There is no evidence anywhere in this record, that defendants offered the claimant any work following his work injury.

In February 2016, Mr. Bonde was evaluated by Lynn Nelson, M.D. (Cl. Ex. 9, p. 1) For insurance reasons, Dr. Beck could not perform the surgery, so referral was made to Dr. Nelson. Claimant followed up with Dr. Nelson in May 2016, just prior to hearing. Dr. Nelson recommended surgery, however, stated very clearly that he had no interest in being involved providing any opinion on "causation issues." (Cl. Ex. 9, p. 10) Dr. Nelson performed surgery on June 6, 2016. (Def. Ex. 9, pp. 32-33)

There are a number of medical causation opinions in the record. On March 10, 2016, Dr. Beck quite succinctly opined that claimant's work injury caused his herniated disc and need for surgery. (See Cl. Ex. 7, p. 15) Medical causation opinions were retained by physicians, in addition to the opinion of Dr. Beck.

The defendants retained William Boulden, M.D., for an independent medical evaluation on January 28, 2016. Dr. Boulden opined that "the pathology he has and his symptoms do not seem to correlate very well." (Cl. Ex. 8, p. 5) Dr. Boulden wrote a number of follow up opinions, including an opinion after the hearing. I did not find any of these opinions to be particularly helpful. Dr. Boulden continued to state that his opinions were based upon the fact that the claimant "does not have radiating leg pain according to his history." (Cl. Ex. 8, p. 5) This does not make sense because it is clear the medical treatment notes were supplied to Dr. Boulden. It is equally clear that those

treatment notes repeatedly and consistently demonstrate that the claimant had radicular pain, particularly in his left leg. (See examples, Cl. Ex. 2, p. 5; Cl. Ex. 3, p. 4; Cl. Ex. 4, p. 6; Cl. Ex. 6, p. 5; Cl. Ex. 7, p. 1) The body of medical evidence demonstrating radiculopathy is overwhelming. Literally every other physician in this record has noted the radicular pain. Dr. Boulden also did not recommend surgery. I reject all of the opinions of Dr. Boulden.

The claimant retained Jacqueline Stoken, D.O., for an independent examination on March 21, 2016. (Cl. Ex. 10, p. 1) She opined Mr. Bonde suffered from low back pain and herniated disk which she related directly to his work injury. (Cl. Ex. 10, pp. 7-8) She opined he needed surgery. (Cl. Ex. 10, p. 7)

I find the opinions of Dr. Beck and Dr. Stoken to be the more compelling medical causation opinions in this case.

Claimant continued to be off work through the date of hearing and had surgery scheduled. Based upon the report submitted by defendants following the hearing date, it is evident claimant did have the surgery.

CONCLUSIONS OF LAW

The first question is whether the claimant suffered an injury which arose out of and in the course of his employment on February 19, 2015.

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" referred to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Elec. v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

A personal injury contemplated by the workers' compensation law means an injury, the impairment of health or a disease resulting from an injury which comes about, not through the natural building up and tearing down of the human body, but because of trauma. The injury must be something that acts extraneously to the natural processes of nature and thereby impairs the health, interrupts or otherwise destroys or damages a part or all of the body. Although many injuries have a traumatic onset, there is no requirement for a special incident or an unusual occurrence. Injuries which result from

cumulative trauma are compensable. Increased disability from a prior injury, even if brought about by further work, does not constitute a new injury, however. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995); McKeever Custom Cabinets v. Smith, 379 N.W.2d 368 (Iowa 1985). An occupational disease covered by chapter 85A is specifically excluded from the definition of personal injury. Iowa Code section 85.61(4)(b); Iowa Code section 85A.8; Iowa Code section 85A.14.

I find no reason in this record to reject Mr. Bonde's sworn testimony that he slipped and fell on February 19, 2015. I have considered the defendants' arguments. I find their arguments to be lacking in factual support. The claimant's sworn testimony, combined with the supporting medical documentation, is strong evidence that the injury occurred. In fact, I find it slightly unusual that the medical records are as consistent as they are. Mr. Bonde saw several different medical providers between February 2015 and July 2015. They all consistently pinpointed February 19, 2015, as the date of injury and correctly recorded the circumstances of the injury.

To deny that this injury occurred, the claimant would have had to have some other episode of an injury, and then consistently tell all of his physicians the fraudulent story. While this is technically possible, I find it highly unlikely. There is really nothing in this record to support that this is what happened.

Having said this, it is the claimant's burden to prove his injury by a greater weight of evidence. The defendants are not required to prove the injury did not happen. I look at this record, however, and simply find no reason to disbelieve the claimant.

The next issue is whether this injury caused any temporary or permanent disability, including a need for medical treatment.

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v.

Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

The expert opinions as to the medical causation in this case are conflicted. For the reasons set forth in the findings of fact, I find that the opinions of Dr. Beck and Dr. Stoken are the most credible. By a preponderance of evidence, I find that the February 19, 2015, work injury is a substantial cause of his ongoing low back pain, symptoms and treatment.

The next issue is the nature and extent of claimant's disability. The claimant alleges he has been in an ongoing healing period since his work injury. The defendants dispute this for a variety of reasons.

Healing period compensation describes temporary workers' compensation weekly benefits that precede an allowance of permanent partial disability benefits. Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999). Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until the first to occur of three events. These are: (1) the worker has returned to work; (2) the worker medically is capable of returning to substantially similar employment; or (3) the worker has achieved maximum medical recovery. Maximum medical recovery is achieved when healing is complete and the extent of permanent disability can be determined. Armstrong Tire & Rubber Co. v. Kubli, Iowa App., 312 N.W.2d 60 (Iowa 1981). Neither maintenance medical care nor an employee's continuing to have pain or other symptoms necessarily prolongs the healing period.

When an injured worker has been unable to work during a period of recuperation from an injury that did not produce permanent disability, the worker is entitled to temporary total disability benefits during the time the worker is disabled by the injury. Those benefits are payable until the employee has returned to work, or is medically capable of returning to work substantially similar to the work performed at the time of injury. Section 85.33(1).

Having found that the work injury is causally connected to claimant's low back disability, I find that the claimant has been in a healing period since February 23, 2015, the first day he lost work. This period of recuperation has continued through the date of hearing and possibly beyond, however, my jurisdiction ends as of the date of hearing.

The defendants argue that claimant has still failed to meet his burden of proof that he was unable to work during this period of time, setting forth numerous technical arguments for this proposition. I disagree. Mr. Bonde called in on February 23, 2015, and told his employer that he was in too much pain to work. Instead of reporting the injury to their insurance carrier and having claimant evaluated, the employer ignored the

claim, apparently hoping it would go away on its own. The fact that the medical evidence is somewhat unclear or undeveloped between February 23, 2015, and April 27, 2015, is not unexpected. In April 2015, claimant was provided medical restrictions by Dr. Luna. (Cl. Ex. 4, p. 3) Defendants never offered claimant work from this point in time. In June 2015, Dr. Beck opined claimant was unable to work. (Cl. Ex. 7, p. 1)

The defendants correctly point out that it is the claimant's burden to prove entitlement to temporary disability or healing period benefits. After reviewing all of the evidence in the file, I find that he has met his burden of proof. The claimant's testimony, combined with a review of the medical records and opinions as a whole, supports a finding that the claimant has been in a continuous healing period (or period of temporary total disability) since February 23, 2015. He has been unable to perform his regular job or any substantially similar job since that time. The employer has not even offered him any work at all since that time. On the contrary, the employer terminated him without even telling him that he was terminated in March 2015.

The next issue is medical expenses. Claimant seeks the medical expenses set forth in Claimant's Exhibits 24 and 25. Defendants deny claimant is entitled to such expenses, primarily upon the basis of medical causation.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Iowa Code section 85.27 (2013).

Claimant is entitled to an order of reimbursement only if he has paid treatment costs; otherwise, to an order directing the responsible defendants to make payments directly to the provider. See, Krohn v. State, 420 N.W.2d 463 (Iowa 1988). Defendants should also pay any lawful late payment fees imposed by providers. Laughlin v. IBP, Inc., File No. 1020226 (App., February 27, 1995).

I have reviewed Claimant's Exhibits 24 and 25. Claimant's Exhibit 24 is primarily statements and correspondence involving claimant's health insurance carrier relating to the medical expenses. As of April 1, 2016, a third party liability specialist for Wellmark claimed a lien balance for medical expenses paid of $5,609.10. (Cl. Ex. 24, pp. 17-19) Claimant's Exhibit 25 is documentation of the actual bills. It appears that all of the expenses set forth in the exhibits are related to the claimant's work injury and treatment of his lower back. These expenses are owed subject to the limitations set forth herein.

The final issue is penalty.

Claimant's penalty benefit claim is based upon the statutory language contained at Iowa Code section 86.13(4), which provides:

a. If a denial, a delay in payment, or a termination of benefits occurs without reasonable or probable cause or excuse known to the employer or insurance carrier at the time of the denial, delay in payment, or termination of benefits, the workers' compensation commissioner shall award benefits in addition to those benefits payable under this chapter, or chapter 85, 85A, or 85B, up to fifty percent of the amount of benefits that were denied, delayed, or terminated without reasonable or probable cause or excuse.

b. The workers' compensation commissioner shall award benefits under this subsection if the commissioner finds both of the following facts:

(1) The employee has demonstrated a denial, delay in payment, or termination in benefits.

(2) The employer has failed to prove a reasonable or probable cause or excuse for the denial, delay in payment, or termination of benefits.

c. In order to be considered a reasonable or probable cause or excuse under paragraph "b," an excuse shall satisfy all of the following criteria:

(1) The excuse was preceded by a reasonable investigation and evaluation by the employer or insurance carrier into whether benefits were owed to the employee.

(2) The results of the reasonable investigation and evaluation were the actual basis upon which the employer or insurance carrier contemporaneously relied to deny, delay payment of, or terminate benefits.

(3) The employer or insurance carrier contemporaneously conveyed the basis for the denial, delay in payment, or termination of benefits to the employee at the time of the denial, delay, or termination of benefits.

If weekly compensation benefits are not fully paid when due, section 86.13 requires that additional benefits be awarded unless the employer shows reasonable cause or excuse for the delay or denial. Robbennolt v. Snap-on Tools Corp., 555 N.W.2d 229 (Iowa 1996).

Delay attributable to the time required to perform a reasonable investigation is not unreasonable. Kiesecker v. Webster City Meats, Inc., 528 N.W.2d 109 (Iowa 1995).

It also is not unreasonable to deny a claim when a good faith issue of law or fact makes the employer's liability fairly debatable. An issue of law is fairly debatable if viable arguments exist in favor of each party. Covia v. Robinson, 507 N.W.2d 411 (Iowa 1993). An issue of fact is fairly debatable if substantial evidence exists which

would support a finding favorable to the employer. Gilbert v. USF Holland, Inc., 637 N.W.2d 194 (Iowa 2001).

An employer's bare assertion that a claim is fairly debatable is insufficient to avoid imposition of a penalty. The employer must assert facts upon which the commissioner could reasonably find that the claim was "fairly debatable." Meyers v. Holiday Express Corp., 557 N.W.2d 502 (Iowa 1996).

If the employer fails to show reasonable cause or excuse for the delay or denial, the commissioner shall impose a penalty in an amount up to 50 percent of the amount unreasonably delayed or denied. Christensen v. Snap-on Tools Corp., 554 N.W.2d 254 (Iowa 1996). The factors to be considered in determining the amount of the penalty include the length of the delay, the number of delays, the information available to the employer and the employer's past record of penalties. Robbennolt, 555 N.W.2d at 238.

Under the current statutory framework, the burden is on the claimant to demonstrate when a payment is due and that the payment was not made on time. Once the claimant has proven the delay or denial, the burden shifts to the defendants to provide a reasonable excuse.

In this case, the claimant has proven a delay. The defendants have failed to demonstrate a reasonable excuse for the delay. The employer simply decided the injury did not make sense to them and, based upon the evidence before me, performed no meaningful investigation. In fact, the employer did not even turn the injury in to their carrier so that their carrier could perform a meaningful and timely investigation. The employer ceased communicating with the claimant and summarily removed him from payroll without even communicating the same to him. This behavior appears to me, based upon this record, to simply be wishful thinking that Mr. Bonde would go away. Given the length of the delay and the lack of investigation and compliance with Iowa law, I find that a penalty of $10,000.00 is appropriate to deter defendants from engaging in such conduct in the future.

ORDER

THEREFORE IT IS ORDERED

All stipulations of the parties set forth in the hearing order are accepted and enforceable.

All weekly benefits shall be paid at the stipulated rate of four hundred and twenty-seven and 27/100 dollars ($427.27).

Defendants shall pay the claimant temporary total or healing period benefits from February 23, 2015, through the date of hearing and continuing until such time as there is a basis for ending such benefits by law.

Defendants shall pay accrued weekly benefits in a lump sum.

Defendants shall pay interest on unpaid weekly benefits awarded herein as set forth in Iowa Code section 85.30.

Defendants shall pay a penalty of ten thousand and 00/100 dollars ($10,000.00).

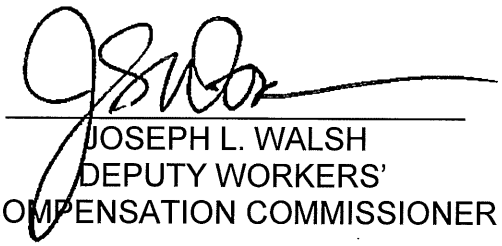
Defendants shall pay the reasonable medical expenses as set forth in Claimant's Exhibit 24 and 25, subject to the limitations set forth in this decision.

Claimant is entitled to ongoing medical treatment.

Defendants shall file subsequent reports of injury as required by this agency pursuant to rule 876 IAC 3.1(2).

Costs are taxed to defendant.

Signed and filed this 24th day of August, 2017.



JOSEPH L. WALSH
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

Tito Trevino
Attorney at Law
1003 Central Ave., Ste. 801
Ft. Dodge, IA 50501-4050
trevino@hawkeyemail.net

Jeffrey W. Lanz
Attorney at Law
2700 Westown Pkwy., Ste. 170
West Des Moines, IA 50266-1411
jlanz@desmoineslaw.com

JLW/srs

Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876 4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be in writing and received by the commissioner's office within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or a legal holiday. The notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 1000 E. Grand Avenue, Des Moines, Iowa 50319-0209.