

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

<p>CITY OF MAXWELL and EMCASCO INSURANCE COMPANY,</p> <p>Petitioners/Cross-Respondents,</p> <p>DENNIS MAXWELL,</p> <p>Respondent/Cross-Petitioner.</p>	<p>Case No. CVCV057024/ CVCV057036</p> <p>RULING ON PETITION FOR JUDICIAL REVIEW</p>
--	--

INTRODUCTION

This is a petition for judicial review from a final decision of the Iowa Workers' Compensation Commission. Petitioners/Cross-Respondents City of Maxwell and EMCASCO Insurance Company (collectively, "Maxwell") appeared through attorney Brian Scieszinski. Respondent/Cross-Petitioner Dennis Marshall ("Marshall") appeared through attorney Mark Soldat. Having considered the certified administrative record, court file, briefs of the parties, and arguments of counsel, the court enters the following ruling¹:

FACTUAL BACKGROUND AND PROCEDURAL HISTORY

Marshall sustained a work injury on December 11, 2013, to his low back. The parties stipulated that the December 11, 2013 injury arose out of and in the course of employment as a volunteer firefighter with Maxwell. This matter came before Deputy

¹ / At the time of the hearing, the Court also heard Maxwell's request to consider additional evidence. Maxwell requested the Court remand to the agency for consideration of updated medical information, indicating Marshall's current medical condition. Marshall resisted. For the reasons set forth in Marshall's resistance, Maxwell's motion for remand to consider additional evidence is denied.

Workers' Compensation Commissioner William Grell for Arbitration Hearing. The issues before the Deputy Commissioner were: 1) whether Marshall was entitled to temporary total disability, or healing period benefits, 2) whether Marshall was entitled to an order directing Maxwell to pay all healthcare providers within thirty days, 3) whether penalty benefits should be assessed for an unreasonable denial of weekly benefit payments, 4) whether Maxwell should be order to pay Marshall's costs in proving the accuracy of denied request for admissions, and 5) whether Maxwell should be responsible for the payment of Marshall's costs².

The Deputy Commissioner found Marshall proved by a preponderance of the evidence that he had not achieved maximum medical improvement and that Marshall was entitled to temporary disability of healing period benefits from December 12, 2013. The Deputy Commissioner only partially assessed penalty benefits against Maxwell. Specifically, he found Maxwell failed to pay temporary disability benefits for December 12, 2013, and that it was late in paying weekly benefits on two additional occasions. He awarded Marshall \$500.00 in penalty benefits. Both parties appealed. The Appeal Decision issued by Commissioner Cortese affirmed the Arbitration Decision in its entirety. Both parties timely filed Petitions for Judicial Review.

The December 11, 2013 injury occurred when Marshall responded to an emergency call in his position as a volunteer firefighter for the City of Maxwell. (Tr. 2). On that date, Marshall slipped on ice, injuring his low back. (Tr. 21). Marshall was transported to the hospital; he stayed there overnight. (Tr. 21). Marshall's testing

² / The parties resolved two additional issues, the payment of past medical expenses and payment of an IME, by stipulation at the time of the hearing.

revealed a herniated lumbar disk. (Jt. Ex. I, p.6). On January 27, 2014, Marshall had surgery to repair the lumbar disk herniation. (Jt. Ex. I, p.6). Although Marshall's symptoms initially improved with surgery, he fell down a flight of stairs, reinjuring his low back. (Tr. 23). He suffered a re-herniation and underwent a second surgery on February 19, 2014. (Jt. Ex. I, p. 29-30).

Marshall's symptoms were not resolved by the second surgery. (Jt. Ex I, p.54). Marshall began treating with a different doctor, Lynn Nelson, M.D. in April 2014. (Jt. Ex. I, p.54). Dr. Nelson diagnosed Marshall with a recurrent lumbar herniation and recommended he undergo a third surgery. (Jt. Ex. I, p.55-56). Marshall agreed, and Dr. Nelson performed a lumbar fusion on April 28, 2014. (Jt. Ex. I, p.57). Between April 2014 and January 2015, Marshall continued to treat with Dr. Nelson. (Jt. Ex. I, p.54-68). Throughout this time, Marshall continued to low back pain and soreness as well as numbness that radiated down his leg into his foot. (Jt. Ex. I, p. 54-68). As a result of Marshall's ongoing complaints, Dr. Nelson referred Marshall to physical therapy. (Jt. Ex. I, p.62).

Marshall presented to physical therapy on June 18, 2014. (Jt. Ex. I, p. 35-37). Between June 18 and August 11, 2014, Marshall engaged in eleven physical therapy sessions. (Jt. Ex. I, p. 42-48). When Marshall returned to Dr. Nelson for a follow-up visit in August 2014, he informed Dr. Nelson of his ongoing symptoms and his belief that physical therapy was not helping. (Jt. Ex. I, p. 64). Dr. Nelson recommended a continuation of physical therapy, and on August 21, 2014, Marshall began additional physical therapy with a new therapist, Anne Deaton. (Jt. Ex. I, p. 64; 72-74). Between August 21, 2014, and November 26, 2014, Marshall attended an additional twenty-seven

physical therapy sessions. (Jt. Ex. I, p. 75-136). Marshall made progress throughout his physical therapy appointments, and his physical therapist continued to recommend additional therapy interventions. (Jt. Ex. I, p. 75-136). Although Marshall continued to make progress, he also continued to suffer from low back pain and leg weakness. (Jt. Ex. I, p.67).

Marshall returned for a follow-up appointment with Dr. Nelson on December 16, 2014. (Jt. Ex. I, p. 67). Marshall relayed his ongoing complaints relating to low back pain and leg weakness to Dr. Nelson. (Jt. Ex. I, p. 67). Dr. Nelson recommended Marshall undergo a functional capacity evaluation ("FCE"). (Jt. Ex. I, p. 67). On January 17, 2015, Marshall reported for the FCE. (Jt. Ex. I, p. 138-50). Marshall actively participated in the FCE, and upon its conclusion, the results indicated that he could work in a medium-heavy work classification with a 55-pound lifting restriction. (Jt. Ex. I, p. 138). Marshall returned to Dr. Nelson on January 20, 2015, to review the results of the FCE. (Jt. Ex. I, p. 68). During the appointment, Marshall complained of increased low back pain following the FCE. (Jt. Ex. I, p.68). Dr. Nelson recommended Marshall lose weight and continue a home exercise program. (Jt. Ex. I, p. 68). Dr. Nelson recommended Marshall adhere to a permanent 55-pound lifting restriction. (Jt. Ex. I, p. 68). Dr. Nelson did not request Marshall attend any additional follow-up appointments and he was released from treatment. (Jt. Ex. I, p. 68). Dr. Nelson found Marshall was at maximum medical improvement for his work injury as of January 17, 2015. (Jt. Ex. I, p. 69). Dr. Nelson additionally found Marshall's injury indicated a 20% permanent partial impairment rating. (Jt. Ex. I, p. 69).

Marshall continued to experience low back pain and numbness in his right leg following his release from treatment with Dr. Nelson. (Tr. 36-37). He tried, unsuccessfully, to get Maxwell to send him to Dr. Nelson for a follow-up visit. (Tr. 33; Ex. B, p. 3; Ex.II, p.63). Instead, on August 4, 2015, Marshall saw Dr. Robin Sassman for an independent medical evaluation. (Ex. I, p. 1-7). Dr. Sassman found Marshall had decreased strength and sensation in his right leg, and that he noted pain with movement. (Ex. I, p. 4). Because Marshall had a history of recurring herniations, Dr. Sassman recommended Marshall obtain an opinion from another spinal surgeon. (Ex. I, p.4). She also recommended Marshall return to physical therapy and be evaluated by pain management. (Ex. I, p.4). Dr. Sassman imposed a 20-pound lifting restriction and found Marshall was not yet at maximum medical improvement. (Ex. I, p. 4). Maxwell did not authorize any additional physical therapy treatment for Marshall or refer him to pain management following Dr. Sassman's evaluation.

Maxwell ultimately authorized an additional surgical opinion, and on March 30, 2016, Marshall presented to Dr. Boarini for an evaluation. (Ex. A, p. 1). Dr. Boarini requested a new lumbar MRI. (Ex. A, p.1). On May 18, 2016, Marshall saw Dr. Timothy Lowry for purposes of an evaluation and a referral for an MRI. (Jt. Ex. I, p. 48-49). Marshall reported continuing back pain and numbness in his leg and foot; he did not report any new injuries. (Jt. Ex I, p. 48-50). Dr. Lowry referred Marshall for a new lumbar MRI and recommended that he engage in further physical therapy. (Jt. Ex. I, p.50). On May 24, 2016, Marshall presented for the updated lumbar MRI. (Jt. Ex. I, p. 51-52). On June 8, 2016, Anne Deaton reevaluated Marshall for purposes of additional physical therapy. (Jt. Ex. I, p. 150-55).

On June 17, 2016, Dr. Boarini reported that Marshall's updated lumbar MRI was unremarkable and that he did not recommend an additional surgical or physical therapy intervention. (Ex. A, p. 1-2). Instead, he recommended weight loss and an increase in Marshall's home exercise plan. (Ex. A, p.2). This was inconsistent with Dr. Lowry's recommendations. Other than a work hardening program, Maxwell did not authorize any additional treatment for Marshall. (Jt. Ex. I, p.155-58). Marshall sought an alternate care order, and on January 6, 2017, he presented to Dr. Strothman for an evaluation. Dr. Strothman opined that the positioning of the instrumentation from Marshall's earlier surgery was causing his recurrent symptoms. (Jt. Ex. I, p. 162-68). Dr. Strothman eventually recommended another lumbar surgery, which he performed on April 9, 2017. Following the April 2017 surgery, Marshall returned to Anne Deaton for additional physical therapy. (Jt. Ex. I, p. 153-60). Marshall had good results from the fourth lumbar surgery; at the time of the arbitration hearing, Marshall had no lower back pain or numbness in his leg. (Tr. 40). He had not been released back to work, however, or been placed at MMI by Dr. Strothman as of the date of the arbitration hearing.

The Deputy Commissioner found Marshall had not achieved maximum medical improvement as of January 17, 2015, and that he was still not at maximum medical improvement at the time of the hearing. The Deputy Commissioner further found, however, that Maxwell reasonably relied on the available medical evidence, continued their investigation, and voluntarily made additional benefit payments to Marshall. He did find Maxwell had failed to pay benefits for December 12, 2013, and that they had paid benefits late on two other occasions. Accordingly, the Deputy Commissioner found penalty benefits in the amount of \$500.00 were warranted. The Commissioner adopted

the findings of fact contained in the arbitration decision and affirmed the Deputy Commissioner on appeal in a final agency decision. Maxwell appeals the determination that Marshall was not at maximum medical improvement on January 17, 2015. Marshall appeals the denial of additional penalty benefits and the manner in which the Commissioner calculated the benefit due dates.

Additional facts will be discussed in the conclusions of law set forth below.

ANALYSIS AND CONCLUSIONS OF LAW

I. Standard.

This Court's review of a workers' compensation action is governed by Iowa Code chapter 17A. Grundmeyer v. Weyerhaeuser Co., 649 N.W.2d 744, 748 (Iowa 2002); see Iowa Code § 86.26. The commissioner's factual determinations are "clearly vested by a provision of the law in the discretion of the agency" and this Court will defer to those factual determinations if they are based on "substantial evidence in the record before the court when that record is viewed as a whole." Schutjer v. Algona Manor Care Ctr., 780 N.W.2d 549, 557 (Iowa 2010) (quoting Iowa Code § 17A.19(10)(f)). This Court may grant relief from an agency action if it determines the substantial rights of the claimant have been prejudiced because the agency action is unsupported by substantial evidence. Iowa Code § 17A.19(10)(f). "Evidence is substantial if a reasonable person would find the evidence adequate to reach the same conclusion." Grundmeyer, 649 N.W.2d at 748. "[The] question is not whether there is sufficient evidence to warrant a decision the commissioner did not make, but rather whether there is sufficient evidence to warrant the decision he did make." Musselman v. Cent. Tel. Co., 154 N.W.2d 128, 130 (Iowa 1967).

If the commissioner's interpretation of law is the claimed error, the question on review is whether the commissioner's interpretation was erroneous. See Clark v. Vicorp Rests., Inc., 696 N.W.2d 596, 604 (Iowa 2005). If the commissioner's ultimate conclusion reached is the claimed error, "then the challenge is to the agency's application of the law to the facts, and the question on review is whether the agency abused its discretion by, for example, employing wholly irrational reasoning or ignoring important and relevant evidence." Meyer, 710 N.W.2d at 219; Iowa Code § 17A.19(10)(i), (j).

II. Maximum Medical Improvement.

Maxwell argues the Deputy Commissioner erred in awarding Marshall healing period benefits between the date Dr. Nelson found Marshall to be at maximum medical improvement (January 17, 2015) and the date of Marshall's April 10, 2017, surgery.

Healing period benefits are a form of temporary benefits awarded to an employee who has suffered a personal injury causing permanent disability. Iowa Code §85.34(1) (2019); Dunlap v. Action Warehouse, 824 N.W.2d 545, 556 (Iowa Ct. App. 2012). The benefit are designed to partially reimburse an employee for the loss of earnings while he is recuperating from the injury. Clark v. Vicorp Rest., Inc., 696 N.W.2d 596, 604 (Iowa 2005).

Healing period benefits begin on the first date of disability after the injury and run until "the employee has returned to work or it is medically indicated that significant improvement from the injury is not anticipated or until the employee is medically capable of returning to employment substantially similar to the employment in which the employee was engaged at the time of injury, whichever occurs first." Iowa Code §85.34(1) (2019). When an employee has healed to the extent the permanent character of his injury will

permit, the employee is said to have reached maximum medical improvement (“MMI”). Armstrong Tire & Rubber Co. v. Kubli, 312 N.W.2d 60, 65 (Iowa Ct. App. 1981).

The Iowa Supreme Court has stated that the permanency of a disability cannot be determined until an employee reaches MMI. Bell Bros. Heating & Air Cond. V. Gwinn, 779 N.W.2d 193, 201 (Iowa 2010). An award of healing period benefits, as a temporary award, does not depend on a finding of permanent impairment. Dunlap, 824 N.W.2d at 556.

The Commissioner concluded Marshall had not yet reached MMI, and because assessment of his permanent disability was not yet ripe for adjudication, assigned a running award of healing period benefits commencing on December 12, 2013. Maxwell challenges this finding.

In determining Marshall was not at MMI, the Deputy Commissioner’s Arbitration Decision, affirmed and adopted by the Commissioner’s Appeal Decision, relied on Dr. Sassman’s evaluation, which recommended Marshall engage in additional physical therapy and be referred to pain management, Dr. Strothman’s reports, that the positioning of Marshall’s hardware from his previous surgery was responsible for Marshall’s ongoing back pain and extremity numbness, and Marshall’s testimony that he was pain and was unable to work. The Deputy Commissioner found that additional medical treatment, including Marshall’s fourth surgery, additional physical therapy and pain management would, and regarding the fourth surgery, did significantly improve his work injury and lessen the degree of Marshall’s impairment.

Maxwell correctly notes that this medical evidence was disputed, specifically by Dr. Nelson and Dr. Boarini’s evaluations and opinions. However, “[i]t is the

commissioner's responsibility to weigh conflicting evidence and accept that which he finds most credible." Broadlawns Med. Ctr. v. Sanders, 792 N.W.2d 302, 307 (Iowa 2010). As the finder of fact, the Commissioner "is free to pick and choose from the record." Stephenson v. Furnas Elec. Co., 522 N.W.2d 828, 832 (Iowa 1994).

As explained above, the Deputy Commissioner and the Commissioner deemed Dr. Strothman's evaluations and Marshall and his uncle's testimony regarding his symptoms as the most credible evidence in the record. In addition to stressing that Marshall exhibited consistent pain, they noted that there were other medical treatments, including another surgery, physical therapy and pain managements that were recommended to give Marshall additional pain relief and functional improvement. There is substantial evidence in the record to support these findings, and the Court provides deference to them. When considered alongside the medical opinions indicating Marshall was not at MMI, the lack of additional medical treatment, and the associated indications of injury provided the Commissioner a reasonable basis upon which to conclude Marshall was not at MMI.

In addition to arguing insufficient evidence supported the Commissioner's decision, Maxwell also asserts that the Deputy Commissioner and the Commissioner either ignored or improperly misapplied the requirements of Waldinger Corp v. Mettler, 817 N.W.2d 1 (Iowa 2012). In Waldinger the Iowa Supreme Court found that Iowa Code §85.34(1) allows "a resumption of the healing period when, after multiple surgeries, periods of convalescence, returns to work, and ratings of permanent impairment by medical providers, a claimant again becomes temporarily disabled from work as a consequence of ordinary and necessary surgical treatment for the work-related injury."

Waldinger, 817 N.W.2d at 6. The Court finds Maxwell's reliance on Waldinger to be misplaced for two reasons. First, Waldinger applies only when a worker, who has previously reached MMI again becomes injured and unable to work. Here, both the Commissioner and Deputy Commissioner found that Marshall never reached MMI. Second, Waldinger applies when a worker returns to work and is reinjured upon his return. Marshall, however, continued to be symptomatic and was unable to return to his work as a volunteer firefighter for the City of Maxwell. While based on Dr. Nelson's evaluations and the Functional Capacity Evaluation, the Deputy Commissioner and Commissioner may have been able to conclude that Marshall reached MMI, they did not do so. They relied on other evidence in the record to support their finding that Marshall had not reached MMI and was not able to return to work following the December 2013 work injury.

The Commissioner properly deemed evidence indicating Marshall had reached MMI not to be as credible as the evidence he has not reached MMI. See Broadlawns, 792 N.W.2d at 308 (indicating that the Commissioner is not required to accept expert medical opinions as credible). As such, it was proper for the Commissioner to conclude Marshall had not reached MMI and to subsequently award healing period benefits. Additionally, the Commissioner did not misinterpret, misapply, or otherwise improperly ignore Waldinger in reaching his decision.

Because the Commissioner's determination was proper and supported by substantial evidence in the record, it is affirmed.

III. Penalty Benefits.

Iowa Code section 86.13 provides for penalty benefits if certain criteria are met. Penalty benefits shall be awarded if:

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

Iowa Code § 86.13(b)(1-2).

A reasonable cause or excuse exists if either (1) the delay was necessary for the insurer to investigate the claim or (2) the employer had a reasonable basis to contest the employee's entitlement to benefits. A "reasonable basis" for denial of the claim exists if the claim is "fairly debatable."

Christensen v. Snap-On Tools Corp., 554 N.W.2d 254, 260 (Iowa 1996). "Reasonable or probable cause or excuse" must also satisfy the following statutory 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.

Iowa Code § 86.13(4)(c)(1-3).

The Deputy Commissioner's award of penalty benefits was based on three findings. First, the Deputy Commissioner held Maxwell complied with Iowa Code section 86.13(c)(3) regarding notice to the employee. Second, the Deputy Commissioner held the denial of Marshall's temporary benefits claim from January 17, 2015 through April 17, 2017, was reasonable. Specifically, the Deputy Commissioner found that Maxwell reasonably relied on Dr. Nelson and Dr. Boarini's medical opinions that Marshall had reached maximum medical improvement. Finally, the Deputy Commissioner concluded that Maxwell owed, but failed to pay, temporary disability/healing period benefits for

December 12, 2013 and paid benefits for January 18 and February 16, 2014, one day late.

Maxwell has not appealed the Deputy Commissioner or Commissioner's findings regarding penalty benefits. Marshall has appealed, asserting the Deputy Commissioner erred in his application of Iowa Code §85.30 when determining the due date for Marshall's weekly benefits. Further, Marshall argues that the Deputy Commissioner erred in applying Iowa Code §85.13(4)(c) when determining the proper amount of penalty benefits.

Iowa Code §85.30 provides, "Compensation payments shall be made each week beginning on the eleventh day after the injury, and each week thereafter during the period for which compensation is payable." Iowa Code § 85.30 (2019). If the payments are not timely made, "interest at the rate provided in section 535.3 for court judgments and decrees" must be added to the benefit amount. Id. Here, there is no dispute that Marshall was injured on December 11, 2013. (Tr. 65). It is also undisputed, and the plain terms of the statute support, that Marshall's first payment was due on December 22, 2013. The parties' disagreement centers on the meaning of the language "each week thereafter during the time period for which compensation is payable." Iowa Code §85.30 (2019). Marshall argues that Iowa Code §85.30 requires the first payment be made eleven days after injury, the second payment be made four days later, the third payment be made seven days after the second payment, and each additional payment seven days following the previous payment.

The Court agrees with Maxwell that this is contrary to the plain, unambiguous language of the statute. As Maxwell points out, there is a difference between the date a

benefit accrues and when it is required to be paid. See Robbenolt v. Snap-On Tools Corp., 555 N.W.2d 229, 235 (Iowa 1996). Iowa Code §85.30 is concerned with when compensation payments are required to be made. The statute clearly gives the employer an eleven-day “grace-period” before the first payment is due to the employee. Id. Additional payments are due “each week thereafter.” “Thereafter” is an adverb defined as “after the time or event mentioned.” Thereafter, Advanced Oxford American Dictionary (2020). As an adverb, it qualifies an adjective, verb, other adverb or word group by expressing a relation in time to said adjective, verb, adverb or word group. In the context of Iowa Code §85.30, thereafter qualifies the timing of the payment (“payments shall be made”), not the timing of the injury. Thus, the second payment is due one week following the first payment date, and not one week following the injury date. The Court, accordingly finds that the Deputy Commissioner’s interpretation of §85.30 was neither irrational nor erroneous.

Marshall also argues that the Deputy Commissioner erred in failing to consider the factors set forth in Iowa Code §86.13(4)(c) when making his penalty benefits award. As indicated above, Section 86.13(4)(c) requires an employer satisfy three criteria before a delay or denial of payments may be deemed to be reasonably excused:

- (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.

Iowa Code § 86.13(4)(c)(1-3).

Marshall asserts that the Deputy Commissioner failed to consider whether Maxwell had reasonable cause or excuse for its denial of healing period benefits from October 2, 2015, through June 17, 2016, and from February 10, 2017 through April 10, 2017. Both the Deputy Commissioner in the Arbitration Decision, and the Commissioner in the Appeal Decision, specifically considered these factors. They determined that Maxwell reasonably relied on Dr. Nelson and Dr. Boarini's opinions that Marshall was at maximum medical improvement in their denial of ongoing healing period benefits. In doing so, both the Deputy Commissioner and the Commissioner necessarily found that these opinions formed the actual basis for Maxwell's actions. The Deputy Commissioner also considered the contemporaneous conveyance of Maxwell's denial of healing period benefits. See Arb. Dec., p.7. Specifically, he considered that shortly after Dr. Nelson placed Marshall at MMI, Maxwell sent him notification that it was converting his payments to permanent disability, including a payment of a voluntary industrial sum. Arb. Dec., p.6.

In conclusion, the Court finds that the Deputy Commissioner did consider all relevant factors in Iowa Code §86.13(4)(c) when making his penalty benefits award, and in do so, the Deputy Commissioner did not erroneously or illogically apply the law. Marshall may disagree with the Deputy Commissioner's determination, but the Deputy Commissioner is allowed to weigh all of the evidence. The Court finds there was substantial evidence to support his conclusions and that the agency decision is not irrational, illogical, or wholly unjustifiable.

ORDER

IT IS THEREFORE ORDERED that the decision of the Worker's Compensation Commission is **AFFIRMED**. Costs are assessed equally to the parties.



State of Iowa Courts

Type: OTHER ORDER

Case Number
CVCV057024

Case Title
CITY OF MAXWELL ET AL VS DENNIS M MARSHALL

So Ordered

A handwritten signature in black ink, appearing to read "Heather Lauber". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Heather Lauber, District Judge,
Fifth Judicial District of Iowa