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5 **WORKERS COMPENSATION APPEALS BOARD**
6 **STATE OF CALIFORNIA**

7 Barbara Clark,
8 Applicant,
9 vs.
10 San Joaquin Community Hospital,
11 Adventist Health System - West
12 Defendants

) **Case No.: BAK 112784**
)
) **APPLICANT’S REQUEST FOR**
) **RECON OF THE FINDINGS AND**
) **AWARD ISSUED ON MAY 19,**
) **2000 PURSUANT TO WCAB RULE**
) **10856(D) AND CALIFORNIA**
) **LABOR CODES 5903(B) AND 5906**
) **WITH APPLICANT’S**
) **DECLARATION.**

17 At the outset, the Workers Compensation Appeals Board (WCAB) should
18 construe this entire pleading as submitted under the penalties of perjury and in any
19 section where a declarative statement is made by the applicant it should be
20 assumed by the WCAB to be made under the penalties of perjury. The applicant
21 attests that such statements are truthful and factual and not submitted for the
22 purposes of harassment or delay. In summary, the applicant hereby attests to the
23 truthfulness of statements made herein. Also, any exhibits attached to this
24 pleading should be considered faithful and accurate copies of what the applicant
25 attests such exhibits to be, and the applicant hereby authenticates said exhibits as

1 truthful reproductions of the original source document, under the penalties of
2 perjury.

3
4 **MOTION FOR RE-CONSIDERATION FOR:**

5 **JUDGMENT PROCURED BY FRAUD.**

6 Applicant files this instant pleading pursuant to WCAB Rule 10856
7 (allowing for reconsideration of a judgment on the grounds that such a decision
8 had been procured by fraud) and California Labor Code § 5903(b) (provides that if
9 an “order” or decision has been procured by fraud, that order or decision may be
10 re-examined by the WCAB at any time). The applicant seeks re-hearing of the
11 decision/order issued May 19, 2000 by WCJ Barbara Stevens which ratified the
12 underlying medical report of Dr. James L. Strait, M.D., an Agreed Medical
13 Examiner (AME). This 5/19/2000 decision was procured by fraud and the serious
14 and willful misconduct of the defendant employer, acts in violation of Labor Code
15 § 4553.

16 Pursuant to Labor Code § 5906 and the “substantial justice” clause Cal.
17 Const., art. XIV, § 4, applicant requests a reconsideration of the WCJ’s prior
18 findings (May 19, 2000 Amended Findings and Award and Order) and the reliance
19 on said findings by WCJ Robert K. Norton; specifically pertaining to the opinion
20 of Dr.Strait, who certified permanent and stationary (P&S) status of the applicant
21 fraudulently on 6/8/1998. The 5/19/2000 WCJ decision was obtained by the
22 employer’s medical fraud and should be vacated, amended or otherwise made
23 moot. The defendants used a complex medical fraud scheme to manipulate the
24 submission of erroneous medical reports, known to be inconclusive at the time of
25 submission to A.M.E. Dr. Strait, to procure a P&S decision by fraud.

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BACKGROUND

On May 22, 2007 the WCAB issued an unrelated order entitled “Opinion and Order Denying Petition for Reconsideration” in this case. In said 5/22/2007 “Opinion and Order” the WCAB opined, “..applicant must show the effect the evidence of fraudulent conduct ‘will have on the record and on the prior decision.’ (WCAB Rule 10856(d).¹).”

Applicant now comes to provide such evidence of employer misconduct the concerning the judgment of May 19, 2000 [attached as **Exhibit One**], which was procured under false pretenses by the submission of false medical reports (medical fraud) to the AME.

This pleading will provide the WCAB the necessary justification to order a

¹ **WCAB Rule 10856 : Allegations of Newly Discovered Evidence and Fraud.**

Where reconsideration is sought on the ground of newly discovered evidence that could not with reasonable diligence have been produced before submission of the case or on the ground that the decision had been procured by fraud, the petition must contain an offer of proof, specific and detailed, providing:

- (a) the names of witnesses to be produced;
- (b) a summary of the testimony to be elicited from the witnesses;
- (c) a description of any documentary evidence to be offered;
- (d) the effect that the evidence will have on the record and on the prior decision; and
- (e) as to newly discovered evidence, a full and accurate statement of the reasons why the testimony or exhibits could not reasonably have been discovered or produced before submission of the case.

A petition for reconsideration sought upon these grounds may be denied if it fails to meet the requirements of this rule, or if it is based upon cumulative evidence.

Note: Authority cited: Sections 133 and 5307, Labor Code. Reference: Sections 5902 and 5903, Labor Code.

1 re-hearing of the issues addressed in the 5/19/2000 Amended Findings Award and
 2 Orders. The practical effects of the 5/19/2000 WCJ “Amended Findings Award
 3 and Orders” was to terminate Temporary Disability Indemnity Payments (TTD),
 4 effective April 14, 1998. The results of the 4/14/1998 initial exam of applicant
 5 Clark by an AME physician was dramatically changed two months later (6/8/1998)
 6 when the AME relied upon junk medical evidence to declare her permanent and
 7 stationary (P&S).

8 **UNDISPUTED FACTS**

9 Applicant’s date of injury (DOI) is February 16, 1994 (2/16/1994) when she
 10 suffered an undisputed industrial injury during the course of her employment with
 11 the defendants. The defendant (San Joaquin Community Hospital) was
 12 permissibly self-insured by the Adventist Health System – West², acting as the
 13 claims administrator³, at the time of the DOI. This was not a simplistic industrial
 14 injury to one body part, but a complex industrial injury which initially appeared to
 15

16
 17 ² The Adventist Health System (AHS) was in 1994, and is presently, a self-insured plan under
 18 California Labor Code § 3700(b)². Under this L.C. Section the AHS was in 1994, and is
 19 presently, considered a permissibly self-insured entity for the purposes of workers’ compensation
 20 claims filed in the State of California. This means that AHS has the authority; vested by the
 21 Office of Self Insurance Plans within the Department of Industrial Relations; to self-administer
 22 workers compensation claims pursuant to a Certificate of Consent to Self-Insure issued to an
 employer pursuant to Labor Code § 3700(b) by the Department of Industrial Relations.
 Therefore, the AHS, owner of San Joaquin Community Hospital, can administer the treatment,
 rehabilitation and payment for medical services of industrial injuries suffered on the job by
 employees of the AHS, or one of its subordinate hospitals.

23 ³ See Labor Code § 9792.20(e): “Claims administrator” is a self-administered workers’
 24 compensation insurer, a self-administered self-insured employer, a self-administered legally
 25 uninsured employer, a self-administered joint powers authority, a third-party claims
 administrator, or the California Insurance Guarantee Association.

1 impact only the applicant’s face, jaw and teeth.

2 Without a primary treating physician at the time, Clark admitted herself to
3 the San Joaquin Community Hospital Emergency Room, (SJCH E.R) on May 30,
4 1997. Clark admitted herself to her ex-employer’s hospital when she began
5 experiencing the following physical symptoms, while at work in a physician’s
6 office: (1) she could not move her left arm (while she attempted to insert a
7 speculum into a patient’s vagina and that instrument fell from Clark’s hand due to
8 a lack of grip strength), (2) she experienced severe headaches and (3) was unable
9 to move her neck side to side (decreased range of motion).

10 Clark arrived at the S.J.C.H. E.R. at **10:06 AM** (see Emergency Department
11 Record), Dr. Peter Ellis M.D. attending [page 1 of 8, **Exhibit Two**]. Clark went
12 through the E.R admitting process and was triaged by the triage nurse. At **11:00**
13 **AM** Clark was placed in an E.R. bed (gurney) and awaited for the physician to see
14 her. At **11:20 AM** Dr. Ellis arrived and asked Clark questions [page 1 of 8, **Exh.**
15 **2**], this is considered a “general exam” in medical parlance. At **12:00 noon** an
16 arriving ambulance took priority of the gurney and Clark was moved to a chair in
17 the hallway.

18 At **13:45 (1:45 pm)** Clark was wheeled to radiology via wheel chair [page 1
19 of 8, **Exh. 2**]; after arriving at the Radiology department Clark remembers
20 receiving an X-Ray of the cervical spine (neck region) [page 7 of 8, **Exh. 2**]. It
21 was learned in 2000 by Clark that two x-ray reports were created. One x-ray report
22 states “ *are within evidence of compression fracture*”.

23 Dr. Ellis created a “History and Physical” document [H&P] which states that
24 a cervical spine series and CT scan of the neck was actually performed [page 5 of
25 8, **Exh. 2**].

1 *“I was told that CT scanning the area could miss significant disk*
2 *disease, this is not a recommended modality. However, we did agree*
3 *to do cervical spine films”.*

4 As described above an X-ray (“cervical spine films”) was performed on
5 Clark’s injured body part. It was later learned by Clark in 2000 that the two very
6 different x-ray reports were created; one x-ray report that supported the finding of
7 Clark’s cervical compression fracture, the other reports nothing was wrong with
8 applicant.

9 Clark has no knowledge of receiving a “CT Scan” of the neck (although
10 there is a notation [page 6 of 8, **Exh. 2**] that she did). This “CT Scan” is timed at
11 **11:24 AM**. The time of **11:24 AM** is only four minutes after Clark was seen by
12 Dr. Ellis, E.R. M.D. As discussed later this CT scan was later “lost” by the
13 hospital. There is no surviving CT scan film. There is no proof that a CT scan was
14 ever made. There is no proof that Clark was given a CT scan, and yet it was the
15 foundational evidence reviewed by Dr.Strait to determine Clark was P&S in June
16 1998.

17 The report of the cervical spine X-Ray [page 7 of 8, **Exh. 2**] indicates that
18 the process was begun at **13:45 PM**. However, the CT scan results show the CT
19 scan was completed at **11:24 AM** [page 6 of 8, **Exh. 2**]. Normal procedure would
20 be that the least invasive procedure would be performed first (such as an x-ray), in
21 this instance a CT Scan (more invasive) was performed first @ **11:24 AM**;
22 followed by a cervical x-ray @ **13:45 PM**, although [page 7 of 8, **Exh. 2**] states in
23 relevant part: “ a CT scan of the lower cervical spine should be performed to
24 evaluate...” . But, a CT Scan had already been done @ **11:24 AM**.

25 Notations were made in the E.R. records concerning the workers’

1 compensation relatedness of this E.R. visit (and the heavy involvement of the
 2 defense claims adjuster in ordering specific medical tests). For instance, on the
 3 E.R. Department Record [page 3 of 8, **Exh. 2**] a notation exists, “*Your workers*
 4 *comp case worker refused to approve MRI today. You must follow-up with Dr.*
 5 *Adams your doctor in Fresno.*” Therefore, significant conversations had taken
 6 place between the work comp claims adjuster and the E.R. M.D.

7 In the H&P created by Dr. Ellis [page 4 of 8, **Exh. 2**] there is a notation that
 8 states, “*This is a 38 y.o. female who is a former employee of the hospital. She has*
 9 *a long complicated history. Apparently, she was kicked in the head and neck area*
 10 *by someone in labor and delivery where she was working.*” Again another notation
 11 states, “*I attempted through all channels possible to get authorization to obtain this*
 12 *MRI scan for this patient, but I was unable to do so. I was told that CT scanning*
 13 *the area could miss significant disk disease. This is not a recommended modality.*
 14 *However, we did agree to do cervical spine films.*”

15 According to Clark’s attached declaration, Dr. Ellis had spoken to Carol
 16 Pope in the presence of Dr. Frank Archibeque, radiologist. Carol Pope is the claims
 17 adjuster for the defense insurance plan (permissibly self insured). When Dr. Ellis
 18 refers to “we”, the “we” in question was the plurality of Dr. Ellis and Dr.
 19 Archibeque and Carol Pope. Caveat: applicant believes that Pope, claims adjuster,
 20 was significantly involved in the ordering of “junk evidence” diagnostic tests; e.g.
 21 the C.T. scan (discussed later).

22 It would be workers compensation defense expert witness, Dr. Strait,
 23 A.M.E., who would rely upon the CT scan when he completed his supplemental
 24 report on Clark’s condition on 6/8/1998 [Exhibit **Three**] and changed his original
 25 opinion, quoting in relevant part, “*As you know, I evaluated the patient....and felt*

1 *that Ms. Clark had a possible disc injury.”*

2 In Dr. Strait’s 6/8/1998 report [**Exh. Three**] he notes that he received and
3 reviewed several reports sent to him by Carol Pope, including the CT scan report
4 described above [page 2 of **Exh. 3**]. Dr. Strait relied on the CT scan report and
5 stated that Clark “*was normal*” his summary was “*..based on these studies it is*
6 *obvious that Mrs. Clark does not have any disc injuries in her cervical spine.”*

7 In the 5/19/2000 Amended Findings [**Exhibit One**] , WCJ Stevens opines,
8 “*based on the opinion of Dr. Strait, there exists no injury to those body parts.*
9 *Applicant was temporarily disabled until seen by Dr. Strait and found to be*
10 *permanent and stationary on April 14, 1998.”*

11 Interestingly, the defense insurance carrier did not provide Dr. Strait with a
12 copy of the March 12, 1998 examination report [**Exh.4**] written by Dr. David
13 Adams D.D.S., AME, which states in relevant part: “*It is my opinion at this time*
14 *that the patient remains completely disabled and unable to carry out her normal*
15 *work responsibilities. I feel that the patient would not have any disability had she*
16 *not been kicked in the face in February 1994. At this time until the medical*
17 *problems are dealt with she is unable to return back to work”*. This report was
18 never given to Dr. Strait and hence was not considered by Dr. Strait in his 6/8/1998
19 supplemental report.

20 On (7/25/2003) Dr. Strait, issued a report entitled *Agreed Medical*
21 *Examination, ML104-94*”, stating:

22 “*...I indicated in my report of June 8, 1998 that the applicant did not need*
23 *any further formal medical treatment to cure or relieve the effects of the industrial*
24 *injury. My opinions have changed based on the positive cervical discogram [page*
25 *7 of said report].”*

1 By letter dated 2/23/2006, the California Department of Health Services
2 transmitted to Clark a report [**Exhibit 5**] that states that the SJCH facility failed to
3 obtain authorization from a patient for two doctors to check out her x-rays. Record
4 review on April 7, 2005 at 2:55 p.m. revealed an x-ray jacket with radiology
5 reports in the pocket of the jacket but no films were found. The films were signed
6 out by two doctors in 1999 and were never returned to the hospital.

7 **DISCUSSION**

8 At the outset, SJCH created a “C.T. Scan” of dubious origins and
9 questionable diagnostic relevance with the cooperation of the claims adjuster Carol
10 Pope. It is the C.T. Scan report that was relied upon by Dr. Strait to completely
11 change his medical opinion of the applicant from his original diagnosis of
12 4/14/1998.

13 By letter from the California Department of Health Services [**Exhibit 5**] it is
14 now known that the employer defendants have lost the original films of the
15 cervical spine x-ray and CT scan. As reported in the 2/23/2006 on-site
16 investigation it is noted the patient (applicant) did not give consent for the release
17 of these original films. Releasing such films in this manner violates the Health
18 Insurance Portability and Accountability Act (HIPAA) and the California
19 Confidential Medical Information Act (CMIA). Nonetheless these films are gone.
20 There remains no proof of the original source films.

21 Clark has claimed that she never had a CT scan performed on her during the
22 5/30/1997 E.R. visit. The dubious date/time stamp of **11:24 AM** is referenced in
23 the CT scan report, but during this time Clark was under examination by Dr. Ellis
24 was told that a CT scan would not reveal significant “disk disease”. Nevertheless,
25

1 this procedure was approved by the employer's claims adjuster Carol Pope.
2 Understanding that a CT scan was not a correct modality of treatment, Dr. Ellis
3 ordered cervical spine x-rays to be taken. Applicant later discovered that there
4 were two (2) different x-ray reports created. The existence of two x-ray reports
5 was confirmed during the defense deposition of the Radiologist on duty, Dr. Frank
6 Archibeque, on 4/22/2003 [**Exh.6.**]

7 Like the CT scan, the original films of the 5/30/1997 "cervical spine" x-rays
8 were removed by two physicians from the Radiology department at the employer's
9 hospital (see DHS report, 2/23/2006 [**Exhibit 5**]). There exists only narrative
10 reports of what those original films may have contained; a CT scan report (given to
11 AME Strait prior to 6/8/1998) and two x-ray reports (one was given to AME
12 Strait). The existence of a second cervical spine x-ray report was confirmed by the
13 radiologist on duty (discussed later).

14 On page 7 (4/22/2003 deposition [**Exh.6.**]) Radiologist Dr. Archibeque
15 comments on an x-ray narrative report made on 5/30/1997, which was never sent
16 to Dr. Strait. The report stated, "*upper cervical vertebral bodies are within*
17 *evidence of compression fracture or subluxation.*"

18 Dr. Strait never saw this report ("evidence of compression fracture") or
19 finding prior to his 6/8/1998 supplemental report. Now Clark finds herself in the
20 position of being ordered to re-submit to Dr. Strait's medical examination
21 techniques to further "develop the medical legal record", see discovery order of
22 WCJ Norton, 1/17/2008 [**Exh. 7**]. The medical legal record is wrong and
23 fraudulent at this point in time, meaning the further development of a fraudulent
24 record will result if Clark is compelled to a re-exam with Dr. Strait without
25 correcting the earlier fraud perpetrated on Dr. Strait by Clark's ex-employer.

1 WCJ Norton has consistently ignored the medical reports concerning
2 applicants P&S condition from at least four physicians by relying on the 5/19/2000
3 WCJ Norton continues this trend to ignore contrary P&S determinations by
4 seeking to further rely on Dr. Strait’s opinion (see discovery order 1/17/2008
5 [Exh.7]. For instance, on 6/15/2000 Dr. Mayor Schames said applicant was
6 Temporarily Totally Disabled (TTD) as to the myofacial issues. [Exh. 8]. On
7 7/27/2000 Dr. Jacobo Chodakowitz reported that Clark was TTD from a “neuro
8 surgery stand-point” [Exh. 9]. On 9/8/2000 Dr. Allen Salick reported Clark was
9 TTD [Exh. 10]. All of these TTD determinations are apparently made moot by the
10 5/19/2000 Findings of WCJ Stevens. But, the 5/19/2000 findings were clearly
11 obtained by fraud and the ex-employer can not prove otherwise, as they have
12 allowed the original films to be taken from their records repository.

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HEARING EVIDENCE

Applicant intends to present evidence at a hearing for the purposes of demonstrating the fraud of applicant's former employer to obtain the illegitimate finding from WCJ Stevens on 5/19/2000 pursuant to WCAB Rule 10856.

Contradictions of the radiologist

The contradictions of Dr. Frank Archibeque, radiologist should be cleared up. Either:

- (1) This radiologist has committed perjury in his 4/22/2003 deposition; or,
- (2) He is incompetent in his profession as a radiologist as he certified the 5/30/1997 cervical spine x-ray report as verified (6/1/1997 notation page 7 of 8, [Exh.2]. This inconsistency is begging for clarification.

Further, this radiologist should be questioned as to the diagnostic relevance of a CT scan that "*could miss significant disk disease*", which was not a recommended modality of treatment.

Conversations between claims adjuster Carol Pope and Dr. Archibeque should be examined as to why the CT scan was authorized in lieu of an MRI study.

Dr. Archibeque should be questioned if he was one of the physicians who removed the cervical spine x-rays from the X-ray jacket at SJCH. If this radiologist has the CT scan in his possession he should be questioned about this. Dr. Archibeque may know the identity of the physicians that removed the cervical spine x-ray films.

1 ***Involvement of claims adjuster in fraud***

2 As reported by Dr. Peter Ellis, E.R.M.D., the employer's claims adjuster
3 significantly participated in the selection of diagnostic studies.

4 Dr. Ellis, in attached declaration [Exh. 11] reports that he was told by Dr.
5 Archibeque that a "CT scan of the cervical spine could miss significant disc
6 disease". Dr. Ellis states, "I discussed with the work comp case worker Carol
7 Pope the need for an MRI of the cervical spine but was denied. Carol Pope instead
8 authorized a CT scan of the cervical spine."

9 This conduct of Carol Pope lays a foundation for employer misconduct in
10 violation of Labor Code § 4553. An interrogation, under oath, is required to
11 understand the depth of involvement of the employer in creating an environment of
12 false pretenses.

13 It appears that Carol pope ordered the CT scan in lieu of an MRI study. The
14 extent of the conversations between Dr. Archibeque, Pope and Dr. Ellis needs to be
15 explored. If Pope only authorized the CT scan, with knowledge of the limited
16 usefulness of such a report, this may demonstrate the ex-employer's misconduct in
17 creating an environment of false pretenses.

18 ***Improper E.R. procedures***

19 The conduct of the radiologist and the E.R.M.D. was reviewed by a
20 physician with privileges at the ex-employer's hospital. In the declaration of Dr.
21 Arthur M. Park [Exh.12] he states, "In light of the fact that the CT scan report is
22 timed at a time that can not be and since the CT scan films are not to be found this
23 raises the question whether the CT scan was done at all."
24
25

1 The supporting rational for not observing correct modalities of E.R.
2 procedures should be examined to understand the insignificance of the CT scan.
3 Additionally the in-depth involvement of Carol Pope in directing E.R. diagnostic
4 procedures should be reviewed to support a claim of employer misconduct.

5 ***Explanation of “recanting medical opinion” by Dr. Strait***

6 Dr. Strait must be interrogated, under oath, and offered an opportunity to
7 recant his P&S designation of applicant, as he has recanted nearly all of his
8 medical findings expressed in his 6/8/1998 report. Dr. Stait should be questioned
9 about his reliance on the dubious CT scan report and what his opinion would be if
10 he had received the AME report of Dr. David Adams (see 3/12/1998 report
11 [Exh.4]).

12 An explanation is needed as to why Dr. Strait’s medical opinion of Clark’s
13 injuries changed, but not his opinion of applicant’s P&S status. After all, Dr. Strait
14 stated in his 6/8/1998 report that “it is obvious that Ms. Clark does not have any
15 disc injuries in her cervical spine.” Then Dr. Strait recanted his opinion in
16 7/25/2003, stating “my opinions have changed based on the positive cervical
17 discogram.”
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SUMMARY

On several occasions since his 6/8/1998 supplemental report, Dr. Strait has recanted his diagnosis of Clark and his views that Clark needed no medical treatment. However, AME Strait has completely avoided the subject of his P&S determination of Clark which also needs correction. The 5/19/2000 opinion by WCJ Stevens states that it was Dr. Strait's P&S determination in his 6/8/1998 report that led WCJ Stevens to declare Clark in P&S status. The P&S determination is based on gross fraud, as is the 5/19/2000 Findings and Award.

REQUEST FOR REMEDY

The applicant demands an evidentiary hearing pursuant to the provisions of Title 8, Cal.Code of Regs. § 10856 and California labor Code 5903(b) concerning the issues regarding the fraudulent procurement of the 5/19/2000 Award and Order. By WCJ Stevens. An evidentiary hearing must be conducted to understand the depths of employer misconduct in creating junk evidence like CT scans and X-ray's which have mysteriously disappeared from the employer's hospital.

Barbara Clark, R.N., N.P. Signed this ____ day of August, 2008.

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ATTESTATION TO ACCURANCY

I, Barbara Clark, hereby attest under the penalties of perjury that this pleading is not designed or submitted for the purposes of harassment or undue delay pursuant to Labor Code §5902. Also, any exhibits attached to this pleading should be considered faithful and accurate copies of what the applicant attests such exhibits to be, and the applicant hereby authenticates said exhibits as truthful reproductions of the original source document, under the penalties of perjury. Further, I state under oath, that I submit this pleading in good faith and sincerely believe in the disputes of fact and law presented herein; namely that the evidence does not justify the findings of fact by the WCJ (as discussed above).

Barbara Clark, R.N., N.P. Signed this ____ day of August, 2008.

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DECLARATION OF BARBARA CLARK

I, Barbara Clark, make this declaration under the penalties of perjury. On May 30, 1997 I was admitted to the Emergency Room of San Joaquin Community Hospital. I was admitted at 10.06 AM and awaited to be seen by Dr. Ellis, M.D. until 11.20AM. I received no medical care between this time interval. Later in the treatment cycle at the Emergency Room, Dr. Ellis told me that he had spoken to Carol Pope and that she was not going to approve an MRI and that I was to schedule a visit with Dr. David Adams, AME physician in Fresno.

Barbara Clark, R.N., N.P. Signed this ____ day of August, 2008.

1 ***CERTIFICATE OF SERVICE***

2
3 I hereby certify under the penalties of perjury that an accurate copy of the
4 foregoing pleading has been placed in the U.S. Postal Service with First Class
5 postage affixed to the following parties:

6 Barbara Clark, R.N., N.P. Signed this ____ day of August, 2008.

7
8 Judge Robert K. Norton
9 Workers' Comp Appeals Board
10 1800 30th Street, Room 100
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23 Dr. Gil Tepper, M.D, QME, FACS
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EXHIBITS

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EXHIBIT 1

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EXHIBIT 2

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EXHIBIT 3

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EXHIBIT 4

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EXHIBIT 5

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EXHIBIT 6

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EXHIBIT 7

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EXHIBIT 8

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EXHIBIT 9

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EXHIBIT 10

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EXHIBIT 11

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EXHIBIT 12

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