

ALASKA WORKERS' COMPENSATION BOARD



P.O. Box 115512

Juneau, Alaska 99811-5512

RYAN MCLENDON,)
)
) Employee,)
) Claimant,) INTERLOCUTORY
) DECISION AND ORDER
v.)
) AWCB Case No. 202307239
AMERICAN FAST FREIGHT, INC,)
) AWCB Decision No. 26-0017
) Employer,)
) and) Filed with AWCB Anchorage, Alaska
) on February 26, 2026.
ALASKA NATIONAL INSURANCE)
COMPANY,)
)
) Insurer,)
Defendants.)

Ryan McLendon's (Employee) December 24, 2025, petition for a second independent medical evaluation (SIME) was heard on the written record in Anchorage, Alaska on January 28, 2026, a date selected on January 8, 2026. Attorney Daniel Moxley represents Ryan McLendon (Employee). Attorney Jeffrey Holloway represents American Fast Freight, Inc., and Alaska National Insurance Company (Employer). The record closed at the hearing's conclusion on January 28, 2026.

ISSUE

Employee contends there is a significant medical dispute between Employee's attending physician and Employer's medical evaluator (EME). Employee contends this warrants a SIME.

Employer contends there is no dispute between a valid attending physician and Employer's EME to warrant a SIME. It contends the request for an SIME should be denied.

Shall this decision order an SIME?

FINDINGS OF FACT

A preponderance of the evidence establishes the following facts and factual conclusions:

1) On June 1, 2023, Employee reported an injury to his hip. Employee was driving his truck when he felt a pinched nerve in his right hip. (First Report of Injury, June 2, 2023).

2) On June 6, 2023, Employee was seen by John Quimbee, D.O., for right-sided low back pain since December 2022, along with burning pain in posterior right hip, lower back, and posterior leg. Employee stated his pain is worse with prolonged sitting and has come and gone since last December. Employee explained that the pain gets worse while driving, but denied specific trauma. Dr. Quimbee referred to Jared Kirkham, M.D., for evaluation. (Quimbee note, June 6, 2023).

3) On June 8, 2023, Employee was seen by Dr. Kirkham for chronic right gluteal and posterior thigh pain. Radiographic imaging of the lumbar spine from June 8, 2023, showed moderate disk space narrowing at L5-S1. Dr. Kirkham opined the gluteal pain is likely related to Employee's lumbar spine, perhaps due to S1 nerve root irritation. An alternate cause could be piriformis syndrome or referred pain from the right hip joint. No neurological deficits were noted on exam. Dr. Kirkham did not suspect an acute hip injury, given no groin pain and no reproduction of symptoms with internal rotation of the right hip. He recommended formal physical therapy, additional imaging, including an MRI of the lumbar spine, and a trial of gabapentin. Employee was taken off work until completion of an MRI. (Kirkham note, June 8, 2023).

4) On June 9, 2023, Lawrence Wood MD, reviewed an MRI and diagnosed: normal marrow signal within the vertebral bodies and paravertebral soft tissues, and normal alignment. No spondylitic defects were identified. Conus medullaris was normal in position and appearance. An L4-5 disc bulge was identified. (Wood note, June 9, 2023).

5) On June 15, 2023, Dr. Kirkham reviewed Employee's June 9, 2023, MRI and explained it showed moderate degenerative changes at L4-5, but there was no disc herniation. He again recommended formal physical therapy and gabapentin. He did not impose restrictions on Employee's activities. (Kirkham note, June 15, 2023).

6) On June 21, 2024, Employee commenced physical therapy. Robert Hixon, DPT, noted hip joint tightness and soft tissue tightness, which were impacting activities of daily living. PT Hixon recommended physical therapy one to two times per week for 12 weeks, and anticipated Employee's rehabilitation potential was good. (Hixon note, June 21, 2023).

7) On September 7, 2023, Dr. Kirkham evaluated Employee's right gluteal and posterior thigh pain. He noted the lumbar spine MRI was reassuring, showed some mild degenerative changes at L4-5, and no disc herniation. Dr. Kirkham explained there was no need for more aggressive intervention or surgery, and directed Employee to continue with the physical therapy plan. He noted Employee had completed only one session of physical therapy. Dr. Kirkham recommended Employee continue taking gabapentin, imposed no restrictions on work activity, and was to see Employee in one month. (Kirkham note, September 7, 2023).

8) On October 5, 2023, Dr. Kirkham denied intervention such as surgery, and directed Employee to continue physical therapy. Employee had attended only two physical therapy sessions. Dr. Kirkham imposed no formal restrictions from work, and Employee was to follow-up in one month. (Kirkham note, October 5, 2023).

9) On November 28, 2023, Employee' reported ongoing chronic right gluteal and posterior thigh pain. Dr. Kirkham noted Employee had tried physical therapy, gabapentin, and personal training sessions. He recommended a right L5-S1 interlaminar epidural steroid injection, and Employee was to follow up in several weeks if his condition did not improve. No formal work activity restrictions were imposed. A fluoroscopically guided right L5-S1 interlaminar epidural steroid injection was completed on the same day. (Kirkham note, November 28, 2023).

10) On December 6, 2023, EME David Glassman, M.D., evaluated Employee. He reviewed the previous medical records pertaining to right gluteal and posterior thigh pain. Dr. Glassman diagnosed lumbar spondylosis as a pre-existing degenerative condition, not related to the work event on June 1, 2023. Dr. Glassman stated there is no objective evidence indicating an injury occurred on June 1, 2023. He found the medical treatment provided was reasonable and necessary to address Employee's pain complaints. Dr. Glassman determined Employee was medically stable and the substantial cause of the need for treatment is age-related degenerative changes, not the work event on June 1, 2023. Dr. Glassman outlined a range of potential treatment options, including focused physical therapy, massage therapy, acupuncture, anti-inflammatory medications, pain injections, aerobic exercise, and pain psychology, and stated that these

treatments would be palliative in nature. Dr. Glassman did not render or anticipate a permanent partial impairment (PPI) rating. (Glassman EME, December 6, 2023).

11) On February 7, 2024, Employer denied all benefits based on Dr. Glassman's December 6, 2023, EME report. Dr. Glassman opined that Employee's need for treatment was not related to the June 1, 2023, work injury, that no additional treatment is recommended, and Employee is medically stable with no PPI rating. (Notice of Controversion, February 7, 2024).

12) On March 6, 2024, Employee returned to Dr. Kirkham with continuing chronic right gluteal and posterior thigh pain. Dr. Kirkham noted the epidural steroid injection was not helpful to alleviate Employee's right buttock and posterior thigh pain. Dr. Kirkham said the cause of the symptoms was unclear. He recommended a right piriformis injection. Dr. Kirkham imposed no formal work restrictions. (Kirkham Visit Note, March 6, 2024).

13) On March 28, 2024, Employee filed a claim for a finding of an unfair or frivolous controversion, attorney fees and costs, transportation costs, unspecified medical costs, penalty for late paid compensation, and interest. (Claim, March 28, 2024).

14) On April 18, 2024, Employer answered and denied Employee's claim. Employer relied on Dr. Glassman's December 6, 2023, EME report. Dr. Glassman opined that Employee's need for treatment was not related to the June 1, 2023, work injury, and that no additional treatment is recommended. Dr. Glassman contended that the substantial cause of Employee's need for treatment is age-related spondylolysis. (Answer to WCC, Controversion Notice, April 18, 2024).

15) On June 21, 2024, Employer denied all benefits from May 11, 2024 and onward due to Employee's failure to sign and return medical releases under AS 23.30.108. (Controversion Notice, June 21, 2024).

16) On March 26, 2025, Employee filed a claim for unspecified medical costs. (Claim, March 26, 2025).

17) On April 17, 2025, Employer answered and denied Employee's March 26, 2025 claim. Employer relied on Dr. Glassman's December 6, 2023, EME report. (Answer to WCC, Controversion Notice, April 17, 2025).

18) On December 24, 2025, Employee filed a medical summary with an October 28, 2025 questionnaire Employee states is from Shane Cummings MD. The letter is not addressed to Dr. Cummings. The letter begins with "Dear Medical Provider . . .". The "check the box" letter requests responses to questions proffered by Employee. The responses state "Pt involved in

accident on June 1, 2023 resulting in low back pain.” The “Yes” box was checked indicating the work injury was the substantial cause of Employee’s disability. To explain the disability it states, “It appears that work injury resulted in low back pain.” The “No” box was check as to whether Employee was medically stable, it further expounds, “Pt now w/ exacerbation of low back pain that most likely is from prior injury.” It notes Employee received treatment in both 2024 and 2025. The letter indicates Employee needs an x-ray or MRI but does not need prescriptions as none were prescribed. The author of the letter did not believe Employee would have a PPI rating. There is no signature from the author of the document. (Medical Summary, December 24, 2025).

19) On December 24, 2025, Employee requested an SIME. Employee contends there are medical disputes relating to causation, compensability, treatment, and medical stability. Employee lists Shane Cummings M.D., as an attending physician and relies on the October 28, 2025 questionnaire. (Petition for SIME, December 24, 2025).

20) On January 13, 2026, Employer opposed Employee’s request for an SIME. It contended there is no dispute between a valid attending physician and the EME to warrant an SIME. (Answer, January 13, 2026).

21) Employer contends an SIME is not warranted because there is no significant dispute under AS 23.30.095(k). Employer references a legal letter from Shane Cummings, M.D., and contends the letter is not authenticated, it lacks a signature and date, and it is not accompanied by any treatment notes. Further, Employer contends any person could have completed the letter. Additionally, there are no chart notes from Shane Cummings, M.D., and Employer cannot verify if he is a valid attending physician. Employer contends the only valid attending physician is Dr. Kirkham, because Employee was referred to Dr. Kirkham from Dr. Quimbee. Therefore, there is no legal dispute between an attending physician and an EME physician required to order an SIME under AS 23.30.095(k). Employer requests Employee’s petition for SIME be denied. (Employer’s Hearing Brief, January 20, 2026).

22) Employee contends that Dr. Cummings is a valid physician and partner at Alpine Urgent Care. Employee contends that medical records in his file support that a medical dispute exists, including a visit note from Alpine Urgent Care dated June 6, 2023, days after the injury. Employee contends there is no requirement in the Act or applicable regulations that the author of a document sign the document and attach chart notes for it to be considered part of a medical dispute for purposes of an SIME. Employee asserts there is a medical dispute between Dr. Cummings’ and

Dr. Glassman's reports related to causation, compensability, medical treatment (type and duration), and medical stability, that the dispute is significant, and an SIME physician's opinion will assist the board in resolving the dispute. (Employee's Hearing Brief, January 20, 2026).

PRINCIPLES OF LAW

AS 23.30.001. Legislative intent. It is the intent of the legislature that

(1) this chapter be interpreted so as to ensure . . . quick, efficient, fair, and predictable delivery of . . . benefits to injured workers at a reasonable cost to . . . employers; . . .

The Board may base its decision on not only direct testimony and other tangible evidence, but also on the Board's "experience, judgment, observations, unique or peculiar facts of the case, and inferences drawn from all of the above." *Fairbanks North Star Borough v. Rogers & Babler*, 747 P.2d 528, 533-34 (Alaska 1987).

AS 23.30.095. Medical treatments, services, and examinations. . . .

(k) In the event of a medical dispute regarding . . . causation, medical stability, ability to enter a reemployment plan, degree of impairment, functional capacity, the amount and efficacy of the continuance of or necessity of treatment, or compensability between the employee's attending physician and the employer's independent medical evaluation, the board may require that a second independent medical evaluation be conducted by a physician or physicians selected by the board from a list established and maintained by the board. The cost of an examination and medical report shall be paid by the employer. . . .

The Alaska Workers' Compensation Appeals Commission in *Bah v. Trident Seafoods Corp.*, AWCAC Dec. No. 073 (February 27, 2008) addressed the Board's authority to order an SIME under §095(k). *Bah* stated in *dicta*, that before ordering an SIME it is necessary to find the medical dispute is significant or relevant to a pending claim or petition. *Bah* said when deciding whether to order an SIME, the Board considers three criteria, though the statute requires only one:

- 1) Is there a medical dispute between Employee's physician and an EME?
- 2) Is the dispute significant? and
- 3) Will an SIME physician's opinion assist the Board in resolving the disputes? (*Id.*).

AS 23.30.110. Procedure on claims. . . . (g) An injured employee claiming or entitled to compensation shall submit to the physical examination by a duly qualified physician which the board may require.

AS 23.30.135. Procedure before the board. (a) . . . The board may make its investigation or inquiry or conduct its hearing in the manner by which it may best ascertain the rights of the parties. . . .

AS 23.30.155. Payment of compensation. . . .

(h) The board may upon its own initiative at any time in a case in which payments are being made with or without an award, where right to compensation is controverted, or where payments of compensation have been increased, reduced, terminated, changed, or suspended, upon receipt of notice from a person entitled to compensation, or from the employer, that the right to compensation is controverted, or that payments of compensation have been increased, reduced, terminated, changed, or suspended, make the investigations, cause the medical examinations to be made, or hold the hearings, and take the further action which it considers will properly protect the rights of all parties.

Section 095(k) and §110(g) are procedural in nature, not substantive, for the reasons outlined in *Deal v. Municipality of Anchorage*, AWCBC Dec. No. 97-0165 (July 23, 1997). Under §135(a) and §155(h), wide discretion exists to consider any evidence available when deciding whether to order an SIME to assist in investigating and deciding medical issues in claims, to best “protect the rights of the parties.” Under §110(g), the Board may order an SIME when there is a significant “gap” in the medical evidence, or a lack of understanding of the medical or scientific evidence prevents the Board from ascertaining the rights of the parties, and an SIME opinion would help. *Bah*.

An SIME’s purpose is to have an independent medical expert provide an opinion about a contested issue. *Seybert v. Cominco Alaska Exploration*, 182 P.3d 1079, 1097 (Alaska 2008). The decision to order an SIME rests in the discretion of the Board, even if jointly requested by the parties. *Olafson v. State Department of Transportation*, AWCAC Dec. No. 06-0301 (October 25, 2007). Although a party has a right to request an SIME, a party does not have a right to an SIME if the Board decides one is not necessary for the Board’s purposes. *Id.* at 8. An SIME is not a discovery tool exercised by the parties; it is an investigative tool exercised by the Board to assist it by providing a disinterested opinion. *Id.* at 15.

Geister v. Kid’s Corps, Inc., AWCAC Dec. No. 045 (June 6, 2007) involved a Board decision denying a requested SIME. On appeal, *Geister* stated:

Based on the commission’s experience of the workers’ compensation system, there are reasons why a board panel may exercise its discretion not to grant a request for an SIME, even when there is a medical dispute. After weighing the expense of the evaluation, delay, need for extended travel and associated costs, significance of the medical dispute to the material and contested issues in the claim, quantity of medical evidence already in the record, likelihood of new and useful information, and the board panel’s familiarity with the subject area of the dispute (footnote omitted), the board may decide that it is “more doubtful” that an SIME would assist the board in reaching a decision on the material and contested issues before it and therefore it will not grant a request for an SIME. *Id.* at 7. . . .

8 AAC 45.082. Medical treatment. (a) The employer’s obligation to furnish medical treatment under AS 23.30.095 extends only to medical and dental services furnished by providers, unless otherwise ordered by the board after a hearing or consented to by the employer. The board will not order the employer to pay expenses incurred by an employee without the approval required by this subsection.

(b) Physicians may be changed as follows:

. . .

(2) Except as otherwise provided in this subsection, an employee injured on or after July 1, 1988, designates an attending physician by getting treatment, advice, an opinion, or any type of service from a physician for the injury. If an employee gets service from a physician at a clinic, all the physicians in the same clinic who provide service to the employee are considered the employee's attending physician. An employee does not designate a physician as an attending physician if the employee gets service

(A) at a hospital or an emergency care facility;

(B) from a physician

- (i) whose name was given to the employee by the employer and the employee does not designate that physician as the attending physician;
- (ii) whom the employer directed the employee to see, and the employee does not designate that physician as the attending physician; or
- (iii) whose appointment was set, scheduled, or arranged by the employer, and the employee does not designate that physician as the attending physician.

8 AAC 45.092. Second independent medical evaluation.

(g)(1)(A). . . completed second independent medical form, available from the division, listing the dispute together with copies of the medical records reflecting the dispute.

(h) In an evaluation under AS 23.30.095(k). . . The board may direct

(1) a party to make a copy of all medical records, including medical providers' depositions, regarding the employee in the party's possession, put the copy in chronological order by date of treatment with the initial report on top, number the records consecutively, and put the records in a binder;

(2) the party making the copy to serve the binder of medical records upon the opposing party together with an affidavit verifying that the binder contains copies of all the medical reports relating to the employee in the party's possession;

(3) the party served with the binder to review the copies of the medical records to determine if the binder contains copies of all the employee's medical records in that party's possession; the party served with the binder must file the binder with the board not later than 10 days after receipt and, if the binder is

(A) complete, the party served with the binder must file the binder upon the board together with an affidavit verifying that the binder contains copies of all the employee's medical records in the party's possession; or

(B) incomplete, the party served with the binder must file the binder upon the board together with a supplemental binder with copies of the medical records in that party's possession that were missing from the binder and an affidavit verifying that the binders contain copies of all medical records in the party's possession; the copies of the medical records in the supplemental binder must be placed in chronological order by date of treatment, with the initial report on top, and numbered consecutively; the party must also serve the party who prepared the first binder with a copy of the supplemental binder together with an affidavit verifying that the binder is identical to the supplemental binder filed with the board;

(4) the party, who receives additional medical records after the binder has been prepared and filed with the board, to make two copies of the additional medical records, put the copies in two separate binders in chronological order by date of treatment, with the initial report on top, and number the copies consecutively; the party must file one binder with the board not later than seven days after receiving the medical records; the party must serve the other additional binder on the opposing party, together with an affidavit stating the binder is identical to the binder filed with the board, not later than seven days after receiving the medical records;

8 AAC 45.090. Additional examination.

(b) Except as provided in (g) of this section, . . . , the board will require the employer to pay for the cost of an examination AS 23.30.095(k), AS 23.30.110(g), or this section.

8 AAC 45.120 Evidence

(e) . . . Relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the existence of a common law or statutory rule that makes improper the admission of the evidence over objection in a civil action.

Whaley v. Alaska Workers' Compensation Bd., 648 P.2d 955 (Alaska 1982) addressed and confirmed that Workers' Compensation hearings use relaxed evidence rules but gave the board discretion in admitting certain hearsay evidence. “The statute states that all relevant evidence, even if hearsay, “shall” be admitted in Board hearings provided it is evidence “responsible persons are accustomed to rely on in the conduct of serious affairs.” AS 44.62.460(d). The Board has discretion to exclude hearsay evidence where it appears untrustworthy.” *Whaley* at 958. The Board has the responsibility to review and weigh all evidence, including hearsay, but does require the Board to “give conclusive weight to new evidence.” *Id.* at 957.

Richards v. University of Alaska, 370 P.3d 603, 614 (Alaska 2016) rejected a party’s contention in an administrative appeal, in reference to “bare allegations,” stating “argument is not evidence.”

ANALYSIS

Shall this decision order an SIME?

Employee requested an SIME under AS 23.30.095(k). Employer objected to the request on the grounds that there is no dispute between a valid attending physician and an EME to warrant an SIME. The Alaska Workers' Compensation Act must be interpreted to ensure quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to the employers. AS 23.30.001(1). Employee’s request for an SIME can be granted if there is a significant medical dispute between their attending physician and the EME, and an SIME will assist in resolving the parties' dispute, or if there is a gap in medical evidence. AS 23.30.095(k); AS 23.30110; *Bah*.

On December 6, 2023, EME Dr. Glassman found Employee medically stable, with no forthcoming PPI rating. Dr. Glassman explained that there is no objective evidence to indicate that an injury occurred on June 1, 2023, and the medical treatment provided has been reasonable and necessary to address Employee’s reported pain. Dr. Glassman diagnosed the employee with lumbar spondylosis associated with age-related degenerative changes to the lumbar spine and not related to the work event of June 1, 2023.

Employee's request for an SIME relies on the opinion of Shane Cummings, MD. Employee submitted a form letter from Dr. Cummings. The document is not on letterhead, is not signed, and is not accompanied by supporting documentation or treatment notes establishing that Dr. Cummings prepared it, when it was prepared, or under what circumstances. Employer disputes the document's reliability. While the Board is not bound by strict rules of evidence, it may consider relevant evidence that reasonable persons rely on in serious affairs. 8 AAC 45.120(e); *Whaley*. The unsigned questionnaire lacks sufficient indicia of reliability to be given significant weight in establishing a medical dispute for the purposes of an SIME. *Richards*. There is no medical report in the record showing that Dr. Cummings treated Employee, nor is there evidence that Employee changed his attending physician from Dr. Kirkham to Dr. Cummings. The only evidence connecting Dr. Cummings to Employee's care is Dr. Cummings also practices at Alpine Urgent Care Clinic with Dr. Quimbee. Employee initially saw Dr. Quimbee for a single visit and was referred to Dr. Kirkham. 8 AAC 45.082(b)(2) treats all physicians within a clinic as attending physicians if they provide services to the employee for the entry, but there is no documentation supporting that Dr. Cummings provided such services in this case.

In the alternative, the medical record contains opinions from both EME Dr. Glassman, and Dr. Kirkham, who previously treated the employee. Dr. Glassman opined that the employee's lumbar spondylosis is associated with age-related degenerative changes and is not related to the work event of June 1, 2023. Dr. Glassman outlined a range of potential treatment options, including focused physical therapy, massage therapy, acupuncture, anti-inflammatory medications, pain injections, aerobic exercise, and pain psychology, but expressly stated that these treatments would be palliative in nature and that the substantial cause of the need for such treatment is age-related degeneration, not the work event. Dr. Glassman further stated he does not recommend any additional specialist evaluations for any reason.

Dr. Kirkham, in his March 6, 2024 report, recommended a trial of right piriformis injection as a treatment option. This recommendation does not directly contradict Dr. Glassman's assessment. Dr. Glassman acknowledged that future treatment, including pain management and injections, may be appropriate for the employee's condition but attributed the need for such treatment to non-work-

related age-related degenerative changes. Thus, there is no material dispute between Dr. Kirkham and Dr. Glassman regarding the necessity or type of future treatment, or for the employee's medical stability.

The remaining area of disagreement is causation and compensability, specifically whether the need for ongoing treatment is substantially caused by the June 1, 2023, work event or by pre-existing age-related degenerative changes. However, as discussed, there is insufficient evidence from Dr. Kirkham or any other attending physician to directly attribute Employee's current need for treatment to the work event. The unsigned, unauthenticated questionnaire attributed to Dr. Cummings is not sufficient to establish a significant medical dispute on causation and compensability. *Bah; Olafson.*

The record does not demonstrate a significant dispute between an attending physician and the EME on the issues of medical stability or the need for future treatment. There is no dispute regarding causation and compensability, supported by reliable evidence from an attending physician. Therefore, there is no need to determine whether the dispute is significant or if an SIME will assist the Board in making a determination. *Bah.* An SIME will not be ordered.

CONCLUSION OF LAW

An SIME will not be ordered.

ORDER

1) Employee's December 24, 2025, petition for an SIME is denied.

Dated in Anchorage, Alaska on February 26, 2026.

ALASKA WORKERS' COMPENSATION BOARD

/s/
Kyle Reding, Designated Chair

/s/
Sara Faulkner, Member

PETITION FOR REVIEW

A party may seek review of an interlocutory or other non-final Board decision and order by filing a petition for review with the Alaska Workers' Compensation Appeals Commission. Unless a petition for reconsideration of a Board decision or order is timely filed with the board under AS 44.62.540, a petition for review must be filed with the commission within 15 days after service of the board's decision and order. If a petition for reconsideration is timely filed with the board, a petition for review must be filed within 15 days after the board serves the reconsideration decision, or within 15 days from date the petition for reconsideration is considered denied absent Board action, whichever is earlier.

RECONSIDERATION

A party may ask the board to reconsider this decision by filing a petition for reconsideration under AS 44.62.540 and in accordance with 8 AAC 45.050. The petition requesting reconsideration must be filed with the board within 15 days after delivery or mailing of this decision.

MODIFICATION

Within one year after the rejection of a claim, or within one year after the last payment of benefits under AS 23.30.180, 23.30.185, 23.30.190, 23.30.200, or 23.30.215, a party may ask the board to modify this decision under AS 23.30.130 by filing a petition in accordance with 8 AAC 45.150 and 8 AAC 45.050.

CERTIFICATION

I hereby certify the foregoing is a full, true and correct copy of the Interlocutory Decision and Order in the matter of RYAN MCLENDON, employee / claimant v. AMERICAN FAST FREIGHT, INC, employer; ALASKA NATIONAL INSURANCE COMPANY, insurer / defendants; Case No. 202307239; dated and filed in the Alaska Workers' Compensation Board's office in Anchorage, Alaska, and served on the parties by certified U.S. Mail, postage prepaid, on February 26, 2026.

_____/s/
Rochelle Comer, Workers' Compensation Officer I