ALASKA WORKERS' COMPENSATION BOARD

P.O. Box 115512 **Juneau, Alaska 99811-5512**

FLOYD D. CORNELISON, Employee, Claimant,	)	INTERLOCUTORY DECISION AND ORDER
v.	)	AWCB Case No. 199609785
RAPPE EXCAVATING, INC., Employer,	)	AWCB Decision No. 15-0139
and	)	Filed with AWCB Anchorage, Alaska on October 20, 2015
TIG PREMIER INSURANCE CO., Insurer, Defendants.	)	

Floyd D. Cornelison's July 10, 2015 petition to strike medical reports and for a protective order against an employer's medical evaluation was heard September 22, 2015 in Anchorage, Alaska before a two-member panel. This hearing date was selected on August 20, 2015. Non-attorney Judy Cornelision, Mr. Cornelison's wife, appeared and represented Mr. Cornelison. Mr. Cornelison (Employee) also appeared. Attorney Michelle Meshke appeared and represented Rappe Excavating, Inc. and its insurer TIG Premier Insurance Company (collectively, Employer). The record closed at the hearing's conclusion on September 22, 2015. .

SUMMARY OF PREVIOUS DECISIONS

A brief overview of past decisions in this case places in context the issues considered here. Employee suffered an accepted work injury to his back while employed as a laborer by Employer. When the Social Security Administration later determined Employee was disabled and entitled to social security disability benefits, Employer was granted a social security offset

from ongoing compensation payments pursuant to AS 23.30.225(b), and permitted to withhold 20% of future installments of compensation to recoup an overpayment in *Cornelison v. Rappe, Craig*, AWCB Decision No. 00-0056 (March 28, 2000) (*Cornelison I*).

Employee was found permanently and totally disabled (PTD) from the work injury in *Cornelison v. Rappe, Craig*, AWCB Decision No. 01-0008 (January 11, 2001) (*Cornelison II*).

Employer's efforts to depose Employee, and ground rules for Employee's attendance and participation at his deposition were resolved in *Cornelison v. Rappe Excavating, Inc.*, AWCB Decision No. 10-0153 (September 9, 2010) (*Cornelison III*).

In *Cornelison v. Rappe Excavating, Inc.*, AWCB Decision No. 12-0178 (October 10, 2012) (*Cornelison IV*), the Board affirmed the board designee's decision to set for hearing petitions filed by the parties in 2009, 2010 and 2011, before scheduling the parties' respective dispositive petitions for hearing: Employer's Petition to Terminate Benefits, and Employee's Petition to Dismiss Employer's Petition to Terminate Benefits.

Cornelison v. Rappe Excavating, Inc., AWCB Decision No. 13-0060 (May 30, 2013) (*Cornelison V*), denied Employee's petition to strike surveillance video, which Employee argued was manipulated or altered, as well as the reports of Employer's medical evaluator (EME), Joel Seres, M.D., which Employee contended were based, in part, on the surveillance videos. *Cornelison V* explained that evidence is admissible if it has any tendency to make a question at issue in the case more or less likely. As the underlying issue was whether Employee remained permanently and totally disabled from his 1996 work injury, both the surveillance videos and Dr. Seres' reports were relevant and thus admissible. The decision further explained that if the videos were found faulty after a hearing, it could result in little or no weight being given to Dr. Seres' reports. *Cornelison V* also denied Employer's petition for a second independent medical evaluation (SIME).

Cornelison v. Rappe Excavating, Inc., AWCB Decision No. 13-0068 (June 19, 2013) (*Cornelison VI*), granted Employer's petition for reconsideration of *Cornelison V*'s denial of an

SIME on the issue of whether a spinal cord stimulator was reasonable and necessary, and ordered briefing from the parties.

Cornelison v. Rappe Excavating, Inc., AWCB Decision No. 13-0075 (June 26, 2013) (*Cornelison VII*), reconsidered the denial of an SIME on the issue of the reasonableness and necessity of a spinal cord stimulator, and again denied the SIME.

Cornelison v. Rappe Excavating, Inc., AWCB Decision No. 13-0168 (December 26, 2013) (*Cornelison VIII*), denied Employer's petition to terminate Employee's PTD benefits because Employee was no longer permanently and totally disabled. After review, *Cornelison VIII* found the surveillance video, the investigator's reports, and the investigator's testimony, to be inaccurate, flawed, and unreliable. Because Dr. Seres relied on those surveillance videos in reaching his opinions, *Cornelison VIII* gave no weight to his opinions.

ISSUES

Employee contends that because *Cornelison VIII* found Dr. Seres' reports were entitled to no weight, they should now be stricken from the record. Additionally, because Dr. Seres' reports were sent to Joella Beard, M.D., Employer's current EME, Dr. Beard was influenced by Dr. Seres' reports and Dr. Beard's report should also be stricken. Finally, while Employee does not oppose all further EMEs, he seeks a protective order against any EMEs that consider Dr. Seres' reports as Dr. Seres' reports would prejudice the EME. Employer contends it is obligated to send all relevant medical reports to its EME. Employer also contends Employee's entitlement to PTD benefits was resolved in *Cornelison VIII,* and the EME with Dr. Beard and future EMEs will be directed toward treatment; because Dr. Seres' comments relate to compensability, it is unlikely to prejudice future EMEs.

1. Should Dr. Seres' and Dr. Beard's EME reports be stricken from the record?

2. Should a protective order be issued precluding further EMEs that consider Dr. Seres' reports?

FINDINGS OF FACT

All findings of fact in *Cornelison VIII* are incorporated herein. The following facts and factual conclusions are reiterated from *Cornelison VIII* or are established by a preponderance of the evidence:

1. Employee sustained a low back injury on May 20, 1996. Employer accepted compensability, and paid medical and temporary total disability (TTD) benefits. Employee underwent a multiple level spinal fusion at L4-S1, and thereafter hardware removal. The surgeries were ultimately deemed unsuccessful. (*Cornelison VIII*).
2. In October, 1999, at Employer's request, Employee was seen by Dr. Seres, a neurosurgeon, who opined, "It is our feeling that the patient does have a legitimate source for his pain at this time. His pain is related to the remarkable scarring and sclerosis of musculature that has occurred in his lower back as the direct result of his surgical procedures." Dr. Seres concluded Employee was not capable of working at that time. (*Id.*).
3. On January 11, 2001, Employee was found permanently and totally disabled, and PTD benefits from February 6, 1998 were awarded. (*Cornelison II*).
4. On April 18, 2001, Employee was again examined by Dr. Seres. Dr. Seres reported "significant increase in stiffness in [Employee's] lower back," and absence entirely of any knee or ankle jerks during palpation. However, Dr. Seres took issue with the increase in Employee's prescribed narcotics since he last saw Employee in 1999. (*Cornelison VIII*).
5. In the summer of 2007 and 2008, Employer retained Northern Investigative Associates (NIA) to conduct extensive *sub rosa* video surveillance of Employee. (*Id.*).
6. Prior to again evaluating Employee on June 24, 2008, Dr. Seres reviewed some of the surveillance videos and a written report by the investigators. Dr. Seres concluded Employee's level of functioning depicted in the video is "remarkably greater" than he admitted or demonstrated to any health professional documented in his medical records. Dr. Seres opined Employee has "either developed remarkable tolerance to his use of opioids or else is diverting his drugs. The latter is strongly suspected." (*Id.*).
7. On March 4, 2009, after viewing additional surveillance video, Dr. Seres concluded he had never seen a more "remarkable discrepancy" between the severe disability Employee demonstrated when he was seen by Dr. Seres, and the "remarkably normal behavior" and "physical abilities" seen on the surveillance videos. He opined Employee could return to

work full time doing "fairly heavy work." Dr. Seres diagnosed an exaggerated pain syndrome, not supported by physical findings and invalidated by the surveillance study. He opined Employee was committing "Social Security Fraud." (*Id*.).

8. On April 16, 2009, Employer filed a petition to terminate Employee's PTD benefits. It amended its petition on September 6, 2012 and March 11, 2013, clarifying the petition was brought under 8 AAC 45.150(c), and was based on new evidence, namely, video surveillance of Employee, and Dr. Seres' EME examination and reports. (*Id*.).
9. On May 13, 2013, *Cornelison V* was issued granting Employer's petition to admit the surveillance video taken in 2007 and 2008. A determination as to the weight to be given to the video surveillance and reports would be determined after a hearing on the merits of Employer's underlying petition to terminate Employee's disability benefits. (*Cornelison V*).
10. *Cornelison VIII* considered the testimony surveillance videos, the investigators' logs, and the testimony of the investigators, and found "striking discrepancies," "irregularities," and "misrepresentations." The surveillance video was found to be inaccurate and unreliable. (*Cornelison VIII*).
11. In addition to Dr. Seres' reliance on the discredited surveillance video, *Cornelsion VIII* found other errors and inconsistencies in his June 24, 2008 and March 4, 2009 reports and accorded no weight to his opinion that Employee could return to full-time "fairly heavy" work. (*Id*.).
12. There is no evidence Employee ever diverted to others any of the medications prescribed for his back pain. (*Id*.).
13. There is no evidence Employee committed fraud in an effort to obtain benefits under either the Alaska Workers' Compensation Act or the Social Security Act. (*Id*.).
14. *Cornelison VIII* was issued on December 26, 2013. (*Id*.).
15. On April 1, 2014, Employee was seen by Joella Beard, M.D., for an EME. In addition to examining Employee, Dr. Beard reviewed about 1,250 pages of medical records, including Dr. Seres' June 24, 2008 and March 4, 2009 reports, but she did not review the surveillance videos. Dr. Beard summarized Dr. Seres' reports as follows:

> 6/24/08 IME [EME]. Dr. Seres
> Noted pain level 6-9 and if it were a 10/10 that would be bad enough to go to ER. Noted the regimen of his pain meds with breakthrough meds taken with the long-acting. Activity history notes variable levels of function but is not really a therapy program. Noted discrepancy between history of a boat and some surveillance data. The examiner notes some discrepancies with the pain levels in

> the pain clinic, lack of substantive documented examinations for increased pain, and the increased opioids. The examiner includes specific comments on the clinic notes as reviewed in relation to a surveillance disk, point out inconsistencies with his presentation in the notes compared to some described activities of a video. Evidently this raised questions of the validity in examinee's presentation. This also included pointing out inconsistencies in the notes, such as neuropathic pain syndrome, without diagnostic criteria, further contributing to doubts on the appropriateness of medication regimen. Note reflexes that biceps absent, trace triceps, 1+ on brachioradialis, trace knees and ankle. Recommendation of weaning off opioids, based on apparently some observations from a surveillance video, consideration for a detox program, and otherwise no treatment was advised.
>
> 3/4/09 IME [EME] report on surveillance data review.
> Examiner evidently saw evidence on the video which refuted his presentation at prior exams and called into question the validity of examination and history of functional impact.

Dr. Beard noted there had been conflict between Employee, the prior EME, and Employee's physicians. She stated the goal was to "move forward from the litigation mode." Dr. Beard was not asked, and did not offer an opinion on Employee's PTD status; the questions asked, and her responses, were limited to her diagnoses and treatment recommendations.

In response to a question asking if further diagnostic testing was needed, Dr. Beard recommended current thoracic and lumbar x-rays, followed by further imaging, such as an MRI, if recommended by an orthopedic surgeon. Relevant to the work injury, she diagnosed a herniated nucleus pulposus at L4-5, with a subsequent lumbar fusion from L4-through S1. She also diagnosed adjustment disorder with anxious or depressed mood worsen by the workers' compensation litigation, but no appreciable psychosis. Lastly, she diagnosed habituation to opioids and Soma. She found no current acute radiculopathy. In response to questions asking about treatment, Dr. Beard noted Soma was not a recommended medication and it should be tapered off. She stated it was premature to opine on other treatment before the imaging studies were done, and she did not recommend an implantable device. Finally, she recommended Employee be evaluated by an orthopedic spine surgeon and a psychiatrist specializing in addiction. (Dr. Beard, EME Report, April 1, 2014).

16. On June 24, 2015, Employer's attorney wrote to Employee informing him that Employer had scheduled a psychiatric EME with Keyhill Sheorn, M.D., on August 3, 2015. (Letter, June 24, 2015).
17. On July 13, 2015, Employee filed a petition asking that Dr. Seres' June 24, 2008 and March 4, 2009 reports and Dr. Beard's April 1, 2014 report be removed from the record. Employee also requested that the referral to Dr. Sheorn be rendered moot. (Petition, July 10, 2015).
18. At the September 22, 2015 hearing, Employee explained he had been highly offended by Dr. Seres' allegation that he was committing fraud, and he could not see how any doctor would not be prejudiced against him by reading the allegation. Although *Cornelison V* ordered Dr. Seres' reports not be stricken from the record, Employee argued *Cornelison VIII* determined the reports were entitled to no weight, and continuing to send them to other EMEs could only serve to prejudice the doctors against him. Employee stated he was not opposed to all further EMEs, but only those in which the doctor was provided with Dr. Seres' reports. (Employee).
19. At the September 22, 2015 hearing, Employer's attorney stated Employer was required to send all medical records to an EME doctor, and failing to do so could lead to allegations it was trying to manipulate the outcome. Employer's attorney also explained it was not contesting Employee's PTD status, and pointed out that its questions to Dr. Beard related to treatment. (Employer Hearing Representations).

PRINCIPLES OF LAW

AS 23.30.001. Intent of the legislature and construction of chapter. It is the intent of the legislature that

> (1) this chapter be interpreted so as to ensure the quick, efficient, fair, and predictable delivery of indemnity and medical benefits to injured workers at a reasonable cost to the employers who are subject to the provisions of this chapter;
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> (2) workers' compensation cases shall be decided on their merits except where otherwise provided by statute;
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> (3) this chapter may not be construed by the courts in favor of a party;
>
> (4) hearings in workers' compensation cases shall be impartial and fair to all parties and that all parties shall be afforded due process and an opportunity to be heard and for their arguments and evidence to be fairly considered.

AS 23.30.005. Alaska Workers' Compensation Board.

. . . .

(h) . . . Process and procedure under this chapter shall be as summary and simple as possible . . . .

AS 23.30.095. Medical treatments, services, and examinations.

. . . .

(e) The employee shall, after an injury, at reasonable times during the continuance of the disability, if requested by the employer or when ordered by the board, submit to an examination by a physician or surgeon of the employer's choice authorized to practice medicine under the laws of the jurisdiction in which the examination occurs, furnished and paid for by the employer. . . . Unless medically appropriate, the physician shall use existing diagnostic data to complete the examination. . . .

. . . .

(h) Upon the filing with the division by a party in interest of a claim or other pleading, all parties to the proceeding must immediately, or in any event within five days after service of the pleading, send to the division the original signed reports of all physicians relating to the proceedings that they may have in their possession or under their control, and copies of the reports shall be served by the party immediately on any adverse party. There is a continuing duty on all parties to file and serve all the reports during the pendency of the proceeding.

AS 23.30.108. Prehearings on discovery matters; objections to requests for release of information; sanctions for noncompliance.

. . . .

(d) If the employee files a petition seeking a protective order to recover medical and rehabilitation information that has been provided but is not related to the employee's injury, and the board or the board's designee grants the protective order, the board or the board's designee granting the protective order shall direct the division, the board, the commission, and the parties to return to the employee, as soon as practicable following the issuance of the protective order, all medical and rehabilitation information, including copies, in their possession that is unrelated to the employee's injury under the protective order.

(e) If the board or the board's designee limits the medical or rehabilitation information that may be used by the parties to a claim, either by an order on the record or by issuing a written order, the division, the board, the commission, and a party to the claim may request and an employee shall provide or authorize the production of medical or rehabilitation information only to the extent of the limitations of the order. If information has been produced that is outside of the limits designated in the order, the board or the board's designee shall direct the

> party in possession of the information to return the information to the employee as soon as practicable following the issuance of the order.
>
> **8 AAC 45.120. Evidence.**
> . . .
>
> (e) Technical rules relating to evidence and witnesses do not apply in board proceedings, except as provided in this chapter. Any relevant evidence is admissible 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 any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions. Hearsay evidence may be used for the purpose of supplementing or explaining any direct evidence, but it is not sufficient in itself to support a finding of fact unless it would be admissible over objection in civil actions. The rules of privilege apply to the same extent as in civil actions. Irrelevant or unduly repetitious evidence may be excluded on those grounds.
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> (f) Any document . . . that is served upon the parties, accompanied by proof of service, and that is in the board's possession 20 or more days before hearing, will, in the board's discretion, be relied upon by the board in reaching a decision unless a written request for an opportunity to cross-examine the document's author is filed with the board and served upon all parties at least 10 days before the hearing. The right to request cross-examination specified in this subsection does not apply to medical reports filed in accordance with 8 AAC 45.052; a cross-examination request for the author of a medical report must be made in accordance with 8 AAC 45.052.
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> **AS 23.30.135. Procedure before the board.**
> (a) In making an investigation or inquiry or conducting a hearing the board is not bound by common law or statutory rules of evidence or by technical or formal rules of procedure, except as provided by this chapter. 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 . . .

The Board may base its decisions not only on 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, 533-534 (Alaska 1987).

Relevant evidence is admissible. Evidence is relevant if it has any tendency to make a question at issue in the case more or less likely. *Granus v. Fell*, AWCB Decision No. 99-0016 (January 20, 1999) at 6, 8. The Board's record should be open to all evidence "relative" to a claim; that

is, all evidence relevant or necessary to the resolution of the claim. This evidence is then winnowed in the adversarial process of cross-examination and weighing in a hearing before the Board. *Rockstad v. Chugach Eareckson Support Services*, AWCB Decision No. 08-0028 (February 22, 2008) citing AS 23.30.135(a), AS 23.30.155(h).

The Alaska Workers' Compensation Appeals Commission in *Guys with Tools v. Thurston*, AWCAC Decision No. 062 (November 8, 2007), stressed the importance of the Board's making its decisions based on a complete record:

> The exclusion of evidence, whether offered by the employee or the employer, does not serve the interest of the board in obtaining the best and most thorough record on which to base its decision . . . .
>
> Proceedings before the board are to be "as summary and simple as possible." AS 23.30.005(h). The board is not bound by "common law or statutory rules of evidence or by technical or formal rules of procedure." AS 23.30.135(a). The fundamental rule is that "any relevant evidence is admissible." 8 AAC 45.120(e). The result of an exclusionary rule is inherently contrary to the open access to all relevant information regarding the claimant's injury that the workers' compensation statutes are designed to promote. . .
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> **AS 23.30.155. Payment of compensation.**
> (a) Compensation under this chapter shall be paid periodically, promptly, and directly to the person entitled to it, without an award, except where liability to pay compensation is controverted by the employer. . . .
> . . . .
> (e) If any installment of compensation payable without an award is not paid within seven days after it becomes due, as provided in (b) of this section, there shall be added to the unpaid installment an amount equal to 25 percent of the installment. . . .
> . . . .
> (o) The director shall promptly notify the division of insurance if the board determines that the employer's insurer has frivolously or unfairly controverted compensation due under this chapter. After receiving notice from the director, the division of insurance shall determine if the insurer has committed an unfair claim settlement practice under AS 21.36.125.

ANALYSIS

1. Should Dr. Seres' and Dr. Beard's EME reports be stricken from the record?

Cornelison V held that neither Dr. Seres' EME reports nor the surveillance videos could be stricken from the record or excluded as hearing evidence because they were relevant evidence. *Cornelsion V* noted the weight to be accorded to Dr. Seres' reports and the videos would be

determined at hearing on the merits of a dispositive petition. *Cornelison VIII* found Dr. Seres' reports entitled to no weight on the question of whether Employee remained permanently and totally disabled. Employee now contends that because *Cornelison VIII* found Dr. Seres' reports entitled to no weight, they should be stricken from the record. He also contends Dr. Beard's EME report should be stricken because her report was based in part on Dr. Seres' reports.

The law requires parties to promptly file with the Board reports of all physicians "relating to" proceedings before the Board. AS 23.30.095(h). Any relevant evidence is admissible if it has any tendency to make a question at issue in the case more or less likely. *Granus*; 8 AAC 45.120(e). *Cornelison VIII* held that Dr. Seres' reports were entitled to no weight on Employee's PTD status; it did not find that his reports were irrelevant or inadmissible.

Under AS 23.30.108, the board may strike medical information that is not related to the employee's injury. Both Dr. Seres' and Dr. Beard's reports are clearly related to Employee's injury and cannot be stricken on that basis.

Cornelison V only resolved Employee's continuing entitlement to PTD benefits; other issues, such as the reasonableness and necessity of medical treatment were not addressed and may arise in a future hearing. Both Dr. Seres' and Dr. Beard's reports may be relevant to those issues. The reports will be examined in the context of the entirety of evidence presented at a hearing on the merits of a claim or petitions if scheduled for hearing. The totality of evidence will then be winnowed in the adversarial process of cross-examination and the weight to be accorded to the reports will be determined. *Rockstad v. Chugach Eareckson Support Services*. Dr. Seres' and Dr. Beard's reports cannot be stricken from the record.

2. Should a protective order be issued precluding further EMEs that consider Dr. Seres' reports?

Employee is understandably upset and angered by Dr. Seres' accusations that he committed workers' compensation and Social Security fraud, particularly when the accusations were based on inaccurate and unreliable surveillance video. It is unlikely, however, that other individuals, in this case other doctors, will be prejudiced against Employee merely by reading Dr. Seres'

accusation. This is particularly so when Dr. Seres' reports are included with all of the other medical records related to Employee's work injury. Indeed, Dr. Beard reviewed Dr. Seres' reports and noted the conflict. Nothing in her report suggests she was in any way biased against Employee; in fact, she state the goal was to "move forward." And Dr. Beard's opinions on treatment do not suggest bias. Other than recommending Employee taper off Soma, she stated it was premature to opine on other treatment, and recommended Employee be evaluated by an orthopedic spine surgeon and a psychiatrist specializing in addiction.

Nothing in the Act allows the board to dictate what medical records an employer sends to its medical evaluator. The Act, however, protects an employee from a manipulated result. An employer that deliberately seeks to bias the outcome of an EME by "cherry picking" the medical records sent to its evaluator risks consequences. Should an employer controvert benefits based on an EME report after deliberately withholding significant relevant information, or deliberately including irrelevant, highly prejudicial information from the EME, it faces the possibility the controversion will be found frivolous or unfair, resulting in penalties and referral to the division of insurance under AS 23.30.155. Because the Act does not allow the board to dictate the medical records to be sent to an EME, a protective order precluding further EMEs that consider Dr. Seres' or Dr. Beard's reports will not be issued.

CONCLUSIONS OF LAW

1. Dr. Seres' and Dr. Beard's EME reports will not be stricken from the record.
2. A protective order precluding further EMEs that consider Dr. Seres' reports will not be issued.

ORDER

1. Employee's July 10, 2015 petition is denied.

Dated in Anchorage, Alaska on October 20, 2015.

ALASKA WORKERS' COMPENSATION BOARD

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Ronald P. Ringel, Designated Chair

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Pamela Cline, Member

PETITION FOR REVIEW

A party may seek review of an interlocutory 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 FLOYD D. CORNELISON, employee / claimant; v. RAPPE EXCAVATING, INC., employer; TIG PREMIER INSURANCE CO., insurer / defendants; Case No. 199609785; dated and filed in the Alaska Workers' Compensation Board's office in Anchorage, Alaska, and served on the parties by First-Class U.S. Mail, postage prepaid, on October 20, 2015.

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Pamela Murray, Office Assistant