ALASKA WORKERS' COMPENSATION BOARD

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

WADE E.WARINER, Employee, Claimant,	)	FINAL DECISION AND ORDER
v.	)	AWCB Case No. 200522520
CHUGACH SUPPORT SERVICES, INC. Employer,	)	AWCB Decision No. 16-0080
and	)	Filed with AWCB Anchorage, Alaska on August 31, 2016
ZURICH AMERICAN INSURANCE COMPANY, Insurer, Defendants.	)	

Wade E. Wariner's June 12, 2006 amended claim was heard on August 4, 2016 in Anchorage, Alaska. This hearing date was selected on July 20, 2016. Mr. Wariner (Employee) appeared, testified, and represented himself. Attorney Robert Bredesen appeared and represented Chugach Support Services, Inc. and Zurich American Insurance Company (Employer). The record closed at the hearing's conclusion on August 4, 2016.

ISSUE

Employee contends he injured his back in a July 2005 slip and fall, and the injury continues to be a substantial factor in his disability and his need for medical treatment. Employer acknowledges Employee was injured, but contends he has been medically stable since June 2006 at the latest, and any subsequent disability or need for treatment is due to a preexisting condition.

Is the work injury a substantial factor in Employee's disability or need for medical treatment, and, if so, to what benefits is Employee entitled?

FINDINGS OF FACT

The following facts and factual conclusions are undisputed or established by a preponderance of the evidence:

1. In 1995, Employee testified in a court hearing that he had been "down with a back injury most of last year" because he had "busted up [his] back some years ago." (Transcript, 3PA-95-384 CR, March 3, 1995).
2. In 2000, Employee testified in a court hearing that he had twice broken his back. (Transcript, 3AN-00-00474 CR, April 20, 2000).
3. On July 15, 2005, Employee was working for Employer in King Salmon as a painter when he stepped on a small piece of electrical conduit which rolled. Employee twisted as he fell, landing on his elbow and chest. (Report of Injury, July 19, 2005; Employee).
4. On July 18, 2005, Employee went to Camai Clinic. He reported that he had fallen on his left arm and ribs three days earlier and thought he had broken a rib. He was still having pain, spasms, as well as burning in his right thigh. He reported a history of scoliosis and he had "thrown his back out" in 1978. Employee was diagnosed with a chest wall contusion and prescribed pain medication. (Camai Community Health Center, Chart Notes, Physician's Report, July 18, 2005).
5. On September 9, 2005, Employee returned to Camai Clinic; he reported mid and low back pain and continuing right leg symptoms. X-rays revealed severe thoracolumbar scoliosis and advanced degenerative changes to the spine. No acute abnormalities were found, but an acute wedge compression fracture could not be excluded. He was diagnosed with back and rib pain. Employee reported he would be returning to Anchorage the next week and would be following up with an orthopedic surgeon. (Camai Community Health Center, Chart Notes, September 9, 2005).
6. On October 14, 2005, James Eule, M.D., of Orthopedic Physicians of Anchorage (OPA) evaluated Employee and noted he had been off work for three weeks without significant improvement. Dr. Eule reported that Employee stated he had "always been a very active person without any back pain or problems." An x-ray taken that day showed both idiopathic scoliosis and significant degenerative changes. Dr. Eule noted Employee's idiopathic scoliosis appeared to be progressing. He was unable to pinpoint a cause for Employee's right leg symptoms. Dr. Eule determined Employee was totally disabled and scheduled him for

reevaluation on December 15, 2005. He prescribed physical therapy. (Dr. Eule, Chart Note, October 14, 2005).

7. On November 8, 2005, Dr. Eule replied to a letter from Employer's adjuster stating: (1) the work injury was a substantial factor in Employee's disability and need for medical treatment; (2) the employee had a preexisting condition; (3) the preexisting condition was aggravated, accelerated or exacerbated by the work injury; (4) whether the aggravation was temporary or permanent was yet to be determined; (5) Employee had not reached pre-injury status; (6) but was expected to in six to twelve weeks; and (7) prescribed physical therapy as treatment (Dr. Eule, November 8, 2005 handwritten responses to October 31, 2005 letter).
8. On December 5, 2005, Employee had an MRI of his lumbar spine which revealed a prominent scoliotic curve and degenerative changes. (Healthsouth, Radiographic Interpretation, December 5, 2005).
9. On December 15, 2005, Employee was seen by Cindy Lee, M.D., at OPA. Employee reported to Dr. Lee that he had "problems with his back off and on in the past, but never this severe." (OPA Chart Note, December 15, 2005).
10. On March 22, 2006, Employee was seen by Sean Taylor, M.D., a physiatrist. In completing the intake questionnaire, Employee reported two prior right knee surgeries and he had his back "go out" about 30 years before. (Alaska Spine Institute, Referral Form, March 16, 2006).
11. On June 12, 2006, Employee filed a workers' compensation claim seeking temporary total disability (TTD) from September 24, 2005, to "current," transportation costs of $1,650.37, and a compensation rate adjustment to $1,309.16 per week (claim, June 12, 2006).
12. On June 21, 2006, Marilyn Yodlowski, M.D., evaluated Employee for an employer's medical evaluation (EME). As part of her evaluation, she reviewed Employee's medical records since the injury. Employee reported to her that he "threw his back out from heavy lifting" in 1971. Dr. Yodlowski opined Employee had a significant preexisting thoracolumbar scoliosis and diffuse degenerative changes throughout the thoracic and lumbosacral spine, but suffered a chest wall contusion as a result of the fall at work. She further stated there was no indication the chest wall contusion in any way accelerated, exacerbated or aggravated preexisting scoliosis or degenerative spine disease. Dr. Yodlowski stated the work injury was not a substantial factor in his current treatment, and his chest wall contusion would have

completely resolved in three months from the date of injury. She also maintained any treatment past three months after the injury date was related to preexisting conditions and not the work injury, and Employee was medically stable, with no ratable impairment from the work injury. (Dr. Yodlowski, EME Report, June 21, 2006).

13. On July 26, 2006, Employer controverted all benefits based on Dr. Yodlowski's EME report. (Controversion, July 24, 2006).
14. Employee continued to treat with Dr. Eule. On October 5, 2006, Dr. Eule discussed treatment options, and recommended against fusion surgery. He noted Employee had a preexisting condition, "but his injury could have made it worse." (OPA Chart Notes, Dr. Eule, Chart Note, October 5, 2006).
15. In November 2006, Employee was seen for a psychiatric evaluation in connection with an application for Social Security Disability benefits. Employee reported a history of exposure to solvents for many years, and, following an exposure to a very toxic paint, his memory had been impaired. He was diagnosed with bipolar and mood disorders. (David Holladay, M.D., Psychiatric Evaluation, November 2, 2006).
16. At the January 20, 2009 prehearing conference, Employee amended his claim to include medical costs after July 16, 2006, interest, penalty, and requesting a second independent medical evaluation (SIME). He also changed the period for which he was seeking TTD to be from July 16, 2006 forward. (Prehearing Conference Summary, January 29, 2009).
17. On November 1, 2010, Employee was again seen by Dr. Yodlowski for an EME. Employee pointed out that the history he had given at the first EME was incorrect: his back injury in 1971 was not from heavy lifting, but occurred when he was in bed with female gymnast. Dr. Yodlowski reviewed additional medical records and examined Employee. Her diagnoses from 2006 remained unchanged, but she also noted that due to prolonged use of opioids, Employee may be physically dependent. She again stated the fall at work did not aggravate or exacerbate Employee's preexisting conditions and would have fully resolved. (Dr. Yodlowski, EME Report, November 1, 2010).
18. On August 28, 2011, Dr. Eule wrote a "to whom it may concern" letter. Employee reported to Dr. Eule that he used to be a gymnast and had been very active physically despite his scoliosis and had learned of the scoliosis after a back injury in 1978 while employed as an

iron worker. Dr. Eule concluded that Employee's condition had been exacerbated by the 2005 fall at work, but he was currently medically stable. (Dr. Eule, Letter, August 28, 2011).

19. On November 10, 2011, Employee began treating with Thomas Grissom, M.D., for pain management. (Dr. Grissom, Initial Consult Notes, November 11, 2011).
20. On July 18, 2013, Employee was seen by Thomas Gritzka, M.D., an orthopedic surgeon, for an SIME. In addition to examining Employee, Dr. Gritzka reviewed well over 700 pages of medical records. He stated that Employee's activities, such as being a gymnast, were within the capabilities of many people with scoliosis. Dr. Gritzka explained that scoliosis often becomes fixed in adolescence and does not progress further, but in some individuals it may progress in adulthood. Dr. Gritzka diagnosed a thoracolumbar sacral sprain superimposed on the scoliosis but stated additional studies were needed to properly evaluate Employee. He recommended x-rays, an MRI, and a bone scan to determine if the scoliosis had progressed as a result of the work injury. Dr. Gritzka also diagnosed an atypical psychiatric status noting that it was difficult to get a history from Employee, as he tended to jump from one idea to another and recalled additional events as the exam progressed. Based on the history Employee provided, Dr. Gritzka concluded that, the July 2005 injury was a substantial factor in aggravating his preexisting scoliosis. He determined Employee had an 11 percent permanent impairment, but without the additional testing he recommended, it was not clear Employee was medically stable. (Dr. Gritzka, SIME Report, July 18, 2013).
21. On April 23, 2014, Dr. Gritzka was deposed. Prior to the deposition, he reviewed additional medical records. Dr. Gritzka explained that when an individual has a back injury, and the initial providers do not see an obvious fracture, dislocation, or obvious neurological problems, they will call it a sprain; essentially this means they do not see a major problem and expect it to resolve. When the symptoms do not resolve with time, Dr. Gritzka attempts to determine whether the mechanism of injury could have caused a substantial injury consistent with the person's complaints. Here, he determined Employee had moderately severe scoliosis at least since adolescence, and the 2005 injury could have aggravated the previously asymptomatic scoliosis. His emphasized that his determination as to causation was based on the history provided by Employee. At the deposition, Dr. Gritzka reviewed the 1995 and 2000 court transcripts in which Employee stated "down with a back injury most of last year" and had "two broken backs." Dr. Gritzka noted the statements were not consistent

with the history Employee provided, but he was not in the position of determining whether the statements were true. (Dr. Gritzka, Deposition, April 23, 2014).

22. On July 25, 2014, an x-ray of Employee's spine again showed severe scoliosis and degenerative disc disease. (Radiology Report, July 25, 2014).
23. On January 8, 2015 PA-C Zachary Kile was deposed. PA-C Kile worked with Dr. Grissom, and had seen Employee many times. PA-C Kile was unaware Employee had an ongoing workers' compensation case, and until recently he was unaware of how the injury occurred. He had only recently received Dr. Gritzka's evaluation and was unaware Dr. Gritzka had requested an MRI and a bone scan. (PA-C Kile, Deposition, January 8, 2015).
24. On March 6, 2015, Employee had an MRI of his spine. The MRI revealed marked scoliosis and diffuse degenerative disc disease. (MRI Report, March 6, 2015).
25. On December 18, 2015, after reviewing additional data, including the July 2014 x-ray and the March 2015 MRI, and PA-C Kile's deposition testimony, Dr. Gritzka issued an addendum to his July 2013 report. Based on this new evidence, and comparing the x-ray and MRI to the 2005 x-ray and MRI, Dr. Gritzka concluded Employee's scoliosis was static, and had not progressed as a result of the 2005 work injury. He concluded Employee had been medically stable since June 2006, and his ongoing pain complaints were due to the preexisting scoliosis, not the 2005 work injury. (Dr. Gritzka, SIME Addendum, December 18, 2015).
26. At the August 4, 2016 hearing, Employee testified that despite his scoliosis he had been physically active before the 2005 work injury; he had been a gymnast in high school, and had worked in a variety of physically demanding jobs. After the work injury, he was unable to do so. He explained that while he did injure his back in the 1970s while in bed with a woman gymnast, it was not a significant injury. When asked about his court testimony in 1995 and 2000, Employee freely acknowledged the statement were not true, but were attempts to elicit sympathy from the judge. Employee explained that he had been diagnosed with memory problems due to exposure to paint fumes in the 1990s. In one instance he was charged with driving while intoxicated after an especially significant exposure. (Employee).

PRINCIPLES OF LAW

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

The board may base its decision not only on direct testimony, medical findings, 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).

At the time of Employee's July 15, 2005 injury, the Act provided as follows:

> **AS 23.30.010. Coverage.** Compensation is payable under this chapter in respect of disability or death of an employee.

For work injuries occurring prior to the November 7, 2005 effective date of the 2005 amendments to the Alaska Workers' Compensation Act, a work injury is compensable if the employment is "a substantial factor" in bringing about the disability or need for medical care. *Ketchikan Gateway Borough v. Saling*, 604 P.2d 590, 597-98 (Alaska 1979). A work injury is a substantial factor in bringing about the disability or need for medical care if the claimant would not have suffered disability at the same time, in the same way, or to the same degree but for the work injury. *Rogers & Babler* at 532-33.

> **AS 23.30.095. Medical examinations.**
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> (a) The employer shall furnish medical, surgical, and other attendance or treatment, nurse and hospital service, medicine, crutches, and apparatus for the

> period which the nature of the injury or the process of recovery requires, not exceeding two years from and after the date of injury to the employee. . . .

"Process of recovery" language allows the board to authorize continuing care beyond two years from the date of injury. *Municipality of Anchorage, v. Carter,* 818 P.2d 661, 665-66 (Alaska 1991). However, such language also means the board may disallow a claimant's claim for continuing care if it does not promote recovery from the original injury. In *Carter,* the court held the Act does not require the board to provide "continuing or palliative care in every instance. Rather, the statute grants the board discretion to award such 'indicated' care 'as the process of recovery may require.'" *Id.* at 664.

> **AS 23.30.120 Presumptions.** In a proceeding for the enforcement of a claim for compensation under this chapter it is presumed, in the absence of substantial evidence to the contrary, that
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> (1) the claim comes within the provisions of this chapter; . . . .

Under AS 23.30.120(a)(1), benefits sought by an injured worker are presumed to be compensable. *Meek v. Unocal Corp*., 914 P.2d 1276, 1279 (Alaska 1996). The presumption of compensability is applicable to any claim for compensation under the workers' compensation statute, including medical benefits. *Carter,* 818 P.2d at 665; *Meek,* 914 P.2d at 1279; *Moretz v. O'Neill Investigations,* 783 P.2d 764, 766 (Alaska 1989); *Olson v. AIC/Martin J.V.*, 818 P.2d 669, 675 (Alaska 1991).

The application of the presumption involves a three-step analysis. To attach the presumption of compensability, an employee must first establish a "preliminary link" between his or her injury and the employment. See, e.g., *Tolbert v. Alascom, Inc.*, 973 P.2d 603, 610 (Alaska 1999). Medical evidence may be needed to attach the presumption of compensability in a complex medical case. *Burgess Constr. v. Smallwood*, 623 P.2d 312, 316 (Alaska 1981). In less complex cases, lay evidence may be sufficiently probative to establish the link. *VECO, Inc. v. Wolfer*, 693 P.2d 865, 871 (Alaska 1985). To make a prima facie case the employee must present some evidence 1) that he has an injury and 2) that an employment event or exposure could have caused it. The employee need only adduce "some," "minimal" relevant evidence establishing a

"preliminary link" between the claim and the employment. *Cheeks v. Wismer & Becker/G.S. Atkinson,* J.V., 742 P.2d 239, 244 (Alaska 1987). "In making the preliminary link determination, the Board may not concern itself with the witnesses' credibility." *Excursion Inlet Packing Co. v. Ugale*, 92 P.3d 413, 417 (Alaska 2004).

The Alaska Supreme court held there are two means by which an employer may rebut the presumption. "[A]n employer can overcome it by presenting substantial evidence that either (1) provides an alternative explanation which, if accepted, would exclude work related factors as a substantial cause of the disability; or (2) directly eliminates any reasonable possibility that employment was a factor in causing the disability." *Grainger v. Alaska Workers' Comp. Bd.*, 805 P.2d 976, 977 (Alaska 1991). Because the board considers the employer's evidence by itself and does not weigh the employee's evidence against the employer's rebuttal evidence, credibility is not examined at this point. *Veco, Inc. v. Wolfer*, 693 P.2d 865, 869-870 (Alaska 1985).

It is not necessary that doctors use particular phrasing or terminology in workers' compensation cases. *Smith v. Univ. of Alaska, Fairbanks*, 172 P.3d 782, 791 (Alaska 2007). Nevertheless, when a doctor's opinion uses the wrong legal standard, his or her testimony may be given less weight. In *Inscho v. Rodda Paint Company*, AWCB Decision No. 07-0180 (June 28, 2007), Dr. Woodward used an incorrect standard and his report was found not to rise to the level of substantial evidence needed to rebut the presumption.

If the employer rebuts the presumption, it drops out, and the employee must prove his or her case by a preponderance of the evidence. *Miller v. ITT Arctic Services*, 577 P.2d 1044, 1046 (Alaska 1978). This means the employee must "induce a belief" in the minds of the board members the facts being asserted are probably true. *Saxton v. Harris*, 395 P.2d 71, 72 (Alaska 1964). At this point, the board weighs the evidence, determines what inferences to draw from the evidence, and considers credibility.

> **AS 23.30.122. Credibility of witnesses**.
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> The board has the sole power to determine the credibility of a witness. A finding by the board concerning the weight to be accorded a witness's testimony,

> including medical testimony and reports, is conclusive even if the evidence is conflicting or susceptible to contrary conclusions. The findings of the board are subject to the same standard of review as a jury's finding in a civil action.

The board's finding of credibility "is binding for any review of the Board's factual findings." *Smith v. CSK Auto, Inc.*, 204 P.3d 1001, 1008 (Alaska 2009). The board has the sole power to determine witness credibility, and its findings about weight are conclusive even if the evidence is conflicting. *See, e.g.*, *Harnish Group, Inc. v. Moore*, 160 P.3d 146, 153 (Alaska 2007); *Thoeni v. Consumer Electronic Services*, 151 P.3d 1249, 1253 (Alaska 2007); *Municipality of Anchorage v. Devon*, 124 P.3d 424, 431 (Alaska 2005). The board has the sole discretion to determine the weight of the medical testimony and reports. When doctors' opinions disagree, the board determines which has greater credibility. *Moore v. Afognak Native Corp.*, AWCAC Decision No. 087 at 11 (Aug. 25, 2008).

ANALYSIS

Is the work injury a substantial factor in Employee's disability or need for medical treatment, and, if so, to what benefits is Employee entitled?

The presumption analysis under AS 23.30.120 applies to the question of whether an injury is a substantial factor in an employee's disability or need for treatment. To attach the presumption, an employee must first establish a preliminary link between his or her injury and the employment. The preliminary link requires only "some," or "minimal," relevant evidence. In complex medical cases, medical evidence may be needed to establish the link, but in simpler cases lay evidence is sufficient. In determining whether the presumption is met, credibility of the evidence is not considered. Because Employer paid benefits before its July 26, 2006, controversion, the question in this case becomes whether the 2005 work injury remained a substantial factor after that date.

Whether any aggravation to Employee's preexisting scoliosis remains a substantial factor in Employee's disability and need for treatment after July 26, 2006 is a complex medical question that requires medical evidence. On October 5, 2006, Dr. Eule stated that while Employee had a preexisting condition, the work injury could have made it worse. On August 28, 2011, he stated that although Employee had reached medical stability, the fall at work exacerbated his condition. And in his 2013 report, Dr. Gritzka concluded the 2005 injury was a substantial factor aggravating

Employee's scoliosis. Employee successfully raised the presumption his work injury remained a substantial factor in his disability or need for medical treatment after July 26, 2006.

Because Employee successfully raised the presumption, Employer was required to rebut it. Again, at this stage, credibility is not considered. Employer rebutted the presumption with Dr. Yodlowski's 2006 and 2010 opinions that work was not a substantial factor and Dr. Gritzka's December 2015 opinion. Both doctors stated Employee's disability and need for medical treatment after June 20016 was due to his preexisting scoliosis rather than the work injury.

Once Employer rebutted the presumption of compensability, Employee had to prove that the work injury remained a substantial factor in his current disability or need for medical treatment after July 26, 2006. At this step, credibility may be considered. The fact that Employee lied when testifying in court would normally raise significant concerns about his testimony at hearing. However, because of Employee's extraordinary candor in admitting he lied to gain sympathy, and because he made no apparent efforts to gain sympathy at the hearing, his testimony will not be discounted on that basis. Nevertheless, because of his memory problems Employee is not credible. Employee admitted he had a back injury in the 1970s, but he recalled the date as 1971 or 1978, and recalled the cause of the injury was either heavy lifting, working as an ironworker, or being in bed with a woman gymnast. Employee's ability to accurately recall details leads to significant doubts as to the accuracy of his testimony, and the opinions of doctors who significantly rely on Employee's history will be given less weight.

Here, Dr. Eule's opinion is given less weight than the opinions of Drs. Yodlowski and Gritzka for two reasons. First, both Drs. Yodlowski and Gritzka reviewed a substantial number of Employee's medical records since the injury, and there is no evidence Dr. Eule did so. Second, Dr. Eule's opinions are indefinite. In his October 5, 2006, report, Dr. Eule stated only that the work injury "could have" made Employee's scoliosis worse. In his August 28, 2011, responses, he stated Employee had reached medical stability, without providing a specific date. Dr. Gritzka's December 18, 2015 opinion is given the most weight. In 2013, when Dr. Gritzka determined the work injury was a substantial factor in the aggravation of Employee's scoliosis, he clearly noted he was relying on the history Employee provided, and he noted additional studies were needed to confirm his

opinion. In 2015, after reviewing the additional studies, Dr. Gritzka revised his opinion, and stated that after June 2006, Employee's disability and need for medical treatment were due to the preexisting scoliosis. Dr. Gritzka appears to be the only medical provider that compared the 2014 and 2015 x-ray and MRI to the ones taken in 2005.

Employee failed to meet his burden of proving the work injury remained a substantial factor in his disability or need for medical treatment after July 26, 2006. Because the July 15, 2005 work injury was no longer a substantial factor, Employee is not entitled to benefits after that date. Employee's claim will be denied.

CONCLUSION OF LAW

The work injury is not a substantial factor in Employee's disability or need for medical treatment after July 26, 2006, and he is not entitled to benefits after that date.

ORDER

Employee's June 12, 2006 claim is denied.

Dated in Anchorage, Alaska on August 31st, 2016.

ALASKA WORKERS' COMPENSATION BOARD

/s/
Ronald P. Ringel, Designated Chair

/s/
Patricia Vollendorf, Member

/s/
Robert Weel, Member

APPEAL PROCEDURES

This compensation order is a final decision. It becomes effective when filed in the office of the board unless proceedings to appeal it are instituted. Effective November 7, 2005 proceedings to appeal must be instituted in the Alaska Workers' Compensation Appeals Commission within 30 days of the filing of this decision and be brought by a party in interest against the boards and all other parties to the proceedings before the board. If a request for reconsideration of this final decision is timely filed with the board, any proceedings to appeal must be instituted within 30 days after the reconsideration decision is mailed to the parties or within 30 days after the date the reconsideration request is considered denied due to the absence of any action on the reconsideration request, whichever is earlier. AS 23.30.127.

An appeal may be initiated by filing with the office of the Appeals Commission: 1) a signed notice of appeal specifying the board order appealed from and 2) a statement of the grounds upon which the appeal is taken. A cross-appeal may be initiated by filing with the office of the Appeals Commission a signed notice of cross-appeal within 30 days after the board decision is filed or within 15 days after service of a notice of appeal, whichever is later. The notice of cross-appeal shall specify the board order appealed from and the ground upon which the cross-appeal is taken. AS 23.30.128.

RECONSIDERATION

A party may ask the board to reconsider this decision by filing a petition for reconsideration under AS 44.62.540 and in accord 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 accord 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 Final Decision and Order in the matter of WADE E. WARINER, employee / claimant; v. CHUGACH SUPPORT SERVICES, INC., employer; ZURICH AMERICAN INSURANCE COMPANY, insurer / defendants; Case No. 200522520; 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 August 31st, 2016.

/s/
Charlotte Corriveau, Office Assistant