ALASKA WORKERS' COMPENSATION BOARD

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

DANA WENZEL, Employee, Claimant, v. ALASKA TRAVEL ADVENTURES, INC., Employer, and STARSTONE NATIONAL INSURANCE COMPANY, Insurer, Defendants.	INTERLOCUTORY DECISION AND ORDER AWCB Case No. 202407272 AWCB Decision No. 25-0038 Filed with AWCB Juneau, Alaska on June 25, 2025

Alaska Travel Adventures, Inc., and Starstone National Insurance Company's (Employer) May 7, 2025 petition for a second independent medical evaluation (SIME) was heard on the written record in Juneau, Alaska on June 5, 2025, a date selected on May 9, 2025. The May 7, 2025 petition gave rise to this hearing. Non-attorney Dana Wenzel (Employee) represented himself. Attorney Colby Smith appeared and represented Employer. The record closed at the hearing's conclusion on June 5, 2025.

ISSUE

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

Employee did not answer Employer's SIME petition, nor did he file a brief, his position is unknown.

Shall this decision order an SIME?

FINDINGS OF FACT

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

1) On May 23, 2024, Employee injured his lower back while working for Employer as a bus driver. (First Report of Occupational Injury, June 5, 2024).

2) On November 15, 2024, Employee was found ineligible for reemployment benefits based upon Steven Messerschmidt's, DC, FACO, prediction he would have the permanent physical capacities to perform the job demands of Personnel Recruiter, a job held in his ten-year work history. (Letter, November 15, 2024).

3) On November 15, 2024, Jason Thompson, MD, an EME orthopedic surgeon, examined Employee. He said a lumbar sprain or strain was caused when Employee exited the bus on May 23, 2024, which led to a left lower extremity radiculopathy. Unrelated diagnoses included preexisting lumbar degenerative spondylolisthesis on L4 and L5 and lumbar disc degeneration at L5-S1 with neural foraminal stenosis. Employee's preexisting degenerative changes in his lumbar spine are related to prior injuries, generalized wear and tear, age, diabetes, and obesity. Dr. Thompson opined the substantial cause of Employee's disability and need for medical treatment through November 15, 2024 was the work injury. He found Employee medically stable, as it was not obvious that he had made any further improvements in the last 45 days based upon the medical records and Employee's account. Dr. Thompson said the work injury was no longer the substantial cause of any current or ongoing disability or need for treatment. The lumbar sprain or strain had resolved and no further care was required for the work injury. Dr. Thompson opined the substantial cause of the need for medical treatment going forward is the preexisting degenerative spondylolisthesis of L4 on L5 and the degenerative disc disease of L5 on S1 leading to substantial neurological impingement. The work injury sprain or strain did not aggravate, accelerate, or combine with a preexisting condition to produce a temporary or permanent change in a preexisting condition and Employee has returned to his baseline status.

Dr. Thompson did not identify any factors that affected the severity of Employee's disability or need for treatment since the time of the accident. The medical treatment rendered through November 15, 2024 was reasonably effective and necessary for the process of recovery. Dr. Thompson said the lumbar decompression and fusion surgery was no longer indicated as his current symptoms did not justify the procedure, nor was and it reasonable or necessary for the process of recovery from the work injury. The work injury sprain or strain did not result in a whole person impairment. Dr. Thompson stated chiropractic care did not meet the palliative care definition because "any further ongoing chiropractic treatment is not likely to render him sufficiently recovered in his opinion to return to work." It would not enable him to continue in his work "at time of treatment," would not enable him to participate in an approved reemployment plan and would not relieve chronic debilitating pain. Dr. Thompson opined Employee has no physical restrictions as a result of the work injury and he would be able to work as a bus driver as provided in the job description. Employee possesses the physical capacities to perform sedentary, light, and medium work but not heavy work. (Thompson report, November 15, 2024).

4) On December 6, 2024, Employee requested review of the RBA's decision under AS 23.30.041 as he did not agree with the determination. (Petition, December 6, 2024). He also filed an ARH on his petition. (ARH, December 6, 2024).

5) On December 6, 2024, Employee sought TTD benefits for "lower left back vertebrae dislodged pain radiated down left leg - I could not walk or stand." (Claim for Workers' Compensation Benefits, December 6, 2024).

6) On December 10, 2024, Employer denied all benefits after November 15, 2024 based upon Dr. Thompson's EME report. (Controversion Notice, December 10, 2024).

7) On December 12, 2024, Matthew Jones, APRN, FNP-C, wrote a letter addressed "To Whom It May Concern":

> I am writing to inform you about our patient Dana Wenzel . . . . He was injured on the job on 5/23/2024. Prior to his injury he was working 6-7 days a week and 10-12 hours a day. He was working and got out of the bus and he heard his back pop and since that time has been in excruciating pain. He had an MRI of his back. It showed significant lumbar spine issues. He has been treated with steroid injections and chropractic[sic] care. He has improved to some degree, but continues to have significant pain and numbness from the left lower back to the

> lower leg. He has not been able to return to work. Please consider this to be a worker's compensation issue. (Letter, December 12, 2024).

8) On December 19, 2024, Employer objected to Employee's December 6, 2024 ARH, requesting a prehearing conference be held to select a mutually agreeable hearing date. (Affidavit of Colby J. Smith In Opposition to Affidavit of Readiness for Hearing, December 19, 2024).

9) On December 23, 2024, Employer answered Employee's December 6, 2024 claim and petition. It contended Employee is not entitled to reemployment benefits because the RBA did not abuse her discretion when she relied on Dr. Messerschmidt's prediction, there is a viable job in the current labor market, Dr. Thompson opined Employee has the ability to return to sedentary work, light work and medium work, is medically stable and, thus, Employee is not entitled to TTD benefits. (Answer, December 23, 2024).

10) On December 23, 2024, Employer objected to Employee's December 6, 2024 ARH, requesting a prehearing conference be held to select a mutually agreeable hearing date and that it was necessary to depose Employee and medical witnesses prior to proceeding to hearing. (Affidavit of Colby J. Smith In Opposition to Affidavit of Readiness for Hearing, December 19, 2024).

11) On December 24, 2024, Employer denied TTD benefits from November 15, 2024, and ongoing based upon Dr. Thompson's EME report. (Controversion Notice, December 24, 2024).

12) On January 22, 2025, the parties attended a prehearing conference:

> Employee stated he was not interested in reemployment benefits and he is working for Indoor Media as the District Manager for the state of Alaska. He began working on December 23, 2024 and his base pay is $60,000 per year. Employee said he wants to make sure he receives the medical care he needs for the work injury. The Board designee informed Employee he may amend his claim to add additional benefits, such as medical costs. 8 AAC 45.050(e). Employee orally amended his claim to add medical costs. Employer has 20 days from the prehearing conference to file a written formal answer. 8 AAC 45.050(c). The Board designee explained Employee may withdraw his petition for reemployment benefits and advised him if he withdraws it, it would be without prejudice however, the 10-day deadline under AS 23.30.041(d) may bar him from pursuing reemployment benefits if he withdraws his petition. Employee confirmed he understood the deadline and he orally withdrew his December 6, 2024 petition. (Prehearing Conference Summary, January 22, 2025).

13) On February 24, 2025, Dr. Messerschmidt wrote a letter in response to Dr. Thompson's EME:

> With regards to the May 23rd, 2024 industrial injury. This patient reported that he was asymptomatic and had no low back complaints recently, prior to getting into and out of the vehicle he was driving.
>
> It is noted that with a spondylolisthesis and advanced degenerative changes with neural foraminal stenosis that there is a likely hood[sic] of being injured additionally with activities he was doing such as driving.
>
> It is also noted that truck drivers and equipment operators are more likely to have accelerated degenerative changes as well as risk of back injuries following prolonged vibration and sitting with their occupations.
>
> With respect to question #3
>
> I would agree that MR. Wenzel's period of disability from May 23rd, 2024, through the date of this IME was caused by his work injury of May 23rd, 2024. He will likely need additional care following lifestyle choices and wear and tear of life because of additional injury to the lower lumbar spine and disc.
>
> It is my clinical opinion that the period of disability from May 23rd, 2024, to the date of the IME response was directly related to the industrial injury, which would have been considered based on historical findings to be the substantial cause of his injury and following care he received, directly related to the injury he sustained while exiting the bus.
>
> I would disagree with the statement that additional care at the time of the IME letter was not necessary. He was still under treatment for a substantial lower back injury. He was responding to care but was hesitant to continue care for fear of nonpayment of his claim. He indeed has multiple comorbidities to include, age, diabetes, obesity and significant instability, stenosis and advanced degenerative joint disease at the lower lumbar spine. However, it is not uncommon for these injuries to be protracted based on this history. He showed significant progress with his care but likely because of the seriousness of his diagnosis his recovery would be protracted and would be slow to recover.
>
> With respect to Question #6
>
> It is my opinion that the injury sustained on May 23rd, 2024 did, aggravate, accelerate or combine with pre-exiting[sic] conditions to produce a temporary or permanent change in the preexisting conditions. There is no probability that one could suggest that this injury in and of itself would be self-limiting and there is

strong probability that it would accelerate and contribute to advancing the documented findings in his lumbar s spine.

With respect to Question #7

He was under care and off work, doing PT modalities, Chiropractic and additional therapies to aid him in reducing pain, increasing function and working towards stabilization and return to work. This in no way would suggest that he needed no additional treatment at the time.

With respect to Question #9

Until he reaches MMI it is likely that he will have needed and will need additional treatments.

He needed to lose substantial weight and at the time of this letter he lost over one hundreds and thirty-six pounds. He needs to build his core strength. At the time of the IME letter, he was still receiving care to include Chiropractic, PT modalities and instruction on exercises.

With respect to Question #10

It is likely that with this diagnosis and findings to include previous history and now the new injury that is likely to be an issue well with in the designated two years per the Alaska Supreme Court.

With respect to Question #11

He at the time of this letter had not reached MMI, he still is dealing with pain and disability although significantly improved, not sustained.

He had delayed additional care which explains the long hiatus between therapy because of fear of nonpayment.

With respect to Question #12, he likely would be rated on Diagnosis and history with new injury (AMA Guides to Impairment sixth addition) as 5 percent.

This would be using Tables 17.1-17.10, I have not examined the patient for rating a this point but likely this is where he would rate.

With respect to Question #15

It is likely palliative care would allow the patient to return to work.

The answers to A no, B yes, C yes.

> With respect to Question #16
>
> With this diagnosis, and following the latest injury
>
> He is at risk with moderate to heavy work as a result of the May 23rd, 2024 injury.
>
> With respect to Question #17, 18
>
> He would be able to return to work as a driver with the caveat that prolong periods of time sitting would potentially create periods of exacerbation and remission. He would have to deal with the mechanical back pain that ensued.
>
> With respect to Question 19,
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> In all likelihood he would be able to participate in A, S, L, with much higher risk of aggravation or exacerbation beyond L, such as Medium or Heavy work. (Letter, February 24, 2025).

14) On May 7, 2025, Employer requested an SIME contending there was a dispute between Employer's medical evaluator and Employee's physician and an SIME was warranted. (Petition, May 7, 2025). It contended there were disputes regarding treatment and medical stability between Drs. Messerschmidt and Thompson and the medical specialty required was orthopedic. Employer attached Dr. Messerschmidt's February 24, 2025 letter and Dr. Thompson's EME report. (SIME form, May 7, 2025).

15) Employer paid TTD from June 7 through December 5, 2024. (Subsequent Report of Injury, December 10, 2024).

16) On May 29, 2024, Employer filed a hearing brief contending there is a dispute between Drs. Messerschmidt and Thompson regarding future medical treatment and medical stability as demonstrated in its SIME form. It contended an SIME will assist in the determination of issues, including medical stability and medical treatment. It contended an SIME will provide information for final resolution of the case. (Employer's Hearing Brief, May 29, 2024).

PRINCIPLES OF LAW

> **AS 23.30.001. Legislative intent.** It is the intent of the legislature that
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> (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).

In *Richard v. Fireman's Fund*, 384 P.2d 445, 449 (Alaska 1963), the Alaska Supreme Court said:

> We hold to the view that a workmen's compensation board or commission owes to every applicant for compensation that duty of fully advising him as to all the real facts which bear upon his condition and his right to compensation, so far as it may know them, and of instructing him on how to pursue that right under the law.

Bohlmann v. Alaska Construction & Engineering, 205 P.2d 316, 319-21 (Alaska 2009) addressed this same issue and said:

> In *Richard* . . . we held that the board must assist claimants by advising them of the important facts of their case and instructing them how to pursue their right to compensation. We have not considered the extent of the board's duty to advise claimants. . . .
> . . . .
>
> Here, the board at a minimum should have informed Bohlmann how to preserve his claim. . . . Its failure to recognize that it had to do so in this case was an abuse of discretion. . . .

> **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*, AWCB 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.

> **8 AAC 45.092. Second independent medical evaluation**. . . .
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> (h) In an evaluation under AS 23.30.095(k). . . . The board may direct
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> > (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.

ANALYSIS

Shall this decision order an SIME?

If a significant medical dispute exists between Employee's attending physician and the EME physician and an SIME would assist in resolving the dispute, a party's SIME petition may be granted or one may be ordered on the panel's own motion. AS 23.30.095(k); 8 AAC 45.092(g)(2); and (3)(B); *Bah*. Employer contended there is a significant medical dispute between Drs. Thompson and Messerschmidt regarding medical treatment and medical stability. Employee's position is unknown, as he did not respond to Employer's petition for an SIME and did not file a hearing brief. Employee sought medical costs for the work injury in his amended claim.

Dr. Thompson opined the work injury did not aggravate, accelerate, or combine with Employee's pre-existing conditions to produce a temporary or permanent change in the pre-existing conditions and Employee has returned to his baseline status. He stated chiropractic care would not meet the definition of palliative care because any further ongoing chiropractic treatment is not likely to render Employee sufficiently recovered to return to work. It would not enable him to continue in his work at time of treatment, not enable him to participate in approved reemployment plan, and not relieve chronic debilitating pain. Dr. Messerschmidt, on the other hand, opined the work injury aggravated, accelerated, or combined with Employee's preexisting conditions to produce a temporary or permanent change in the preexisting conditions. He stated additional medical treatment was needed for the work injury and palliative care would allow Employee to work and relieve chronic debilitating pain. Dr. Thompson opined Employee did not sustain a PPI as a result of the work injury; Dr. Messerschmidt predicted a five percent PPI rating was likely at maximum medical improvement. There is a clear dispute between Drs. Thompson

and Messerschmidt regarding causation and need for medical treatment and medical stability. *Bah*. Although Employee has not sought permanent partial impairment (PPI) benefits, there is also a dispute regarding whether he has or will sustain an impairment caused by the work injury. *Id*.

Employee is advised he may amend his claim and request PPI benefits. *Richard*; *Bohlmann*. Employee is also advised he is entitled to a PPI rating from his own physician, or from someone to whom his physician refers him for a rating conducted under the Sixth edition of the *AMA Guides*. *Id*.

If Employee prevails on medical and is entitled to PPI benefits, these are significant benefits and his chronic debilitating pain could potentially be relieved. *Bah*. An SIME by an orthopedist will be useful in deciding this case and best ascertaining the parties' respective rights. AS 23.30.135(a); *Bah*. This decision will order an SIME on Employee's lower back on causation, medical treatment, medical stability, and degree of impairment.

CONCLUSION OF LAW

This decision shall order an SIME.

ORDER

1) Employer's May 7, 2025 petition for an SIME is granted.
2) An SIME will be performed by orthopedist. An SIME physician from the Board's list will be selected to perform the examination. If, at the time of processing, the Board's designee determines that no physician on the Board's list is available and/or qualified to perform the examination under 8 AAC 45.092(e), the Board's designee will notify the parties and request that they provide the names, addresses, and curriculum vitae of physicians in accordance with 8 AAC 45.092(f).
3) The medical disputes are causation, medical treatment, medical stability, and degree of impairment and the body part in dispute is Employee's lower back.

4) All filings regarding the SIME must be sent to workerscomp@alaska.gov and served on opposing parties.

5) Employer will make two copies of all employee's medical records in its possession, including medical providers' depositions, a written job description or the written physical demands of the employee's job, put the copies in chronological order by treatment date, starting with the first medical treatment and proceeding to the most recent medical treatment, number the pages consecutively, put the copies in one binder. This must be done on or before July 11, 2025. Employer must serve one binder on Employee and one with the Division, with an affidavit verifying the binders contain copies of all medical records in its possession no later than 5:00 PM on July 11, 2025.

6) The binders may be returned for reorganization if not properly Bates stamped and prepared in accordance with this prehearing summary.

7) Not later than 10 days after receipt of the binders, Employee must review the binder to determine if it contains all Employee's medical records in Employee's possession. If the binder is complete, Employee must file an affidavit with the Division verifying the binder contains copies of all medical records in Employee's possession. If the binder is incomplete, Employee must make two copies of the additional medical records missing from the first set of binders. Each copy must be put in a separate binder (as described above). Then one set of supplemental binders and an affidavit verifying the medical records completeness must be filed with the Board. The remaining supplemental binder must be served upon Employer together with an affidavit verifying that it is identical to the binder filed with the Board. Employee is directed to file with the Division and serve the binders on opposing parties within 10 days of receipt.

8) Any party who receives additional medical records or physicians' depositions after the binders have been prepared and filed with the Division, is directed to make two supplemental binders as described above with copies of the additional records and depositions. Within seven days after receiving the records or depositions, the party must file one of the supplemental binders with the Division and serve one supplemental binder on opposing party together with an affidavit verifying that it is identical to the binder filed with the Division.

9) The assigned workers' compensation officer will review, prepare, and submit to the SIME physician questions in accordance with 8 AAC 45.092(h).

10) The parties may review their rights under 8 AAC 45.092(j) to question an SIME physician after the parties receive the physician's report.
11) The parties are advised that a failure to comply with the above orders may result in the SIME going forward notwithstanding the party's noncompliance.
12) SIME physicians are often located outside of Alaska and long-distance travel may be required. If Employee requires travel accommodations, he must request an accommodation from the Workers' Compensation Director. The accommodation request must be accompanied by a letter from Employee's treating physician detailing the necessary accommodation.

Dated in Juneau, Alaska on June 25, 2025.

ALASKA WORKERS' COMPENSATION BOARD

/s
Kathryn Setzer, Designated Chair

/s
Brad Austin, 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 Dana Wenzel, employee / Alaska Travel Adventures, Inc., employer; Starstone National Insurance Company, insurer / defendants; Case No. 202407272; dated and filed in the Alaska Workers' Compensation Board's office in Juneau, Alaska, and served on the parties by certified U.S. Mail, postage prepaid, on June 25, 2025.

/s
Lorvin Uddipa, Workers' Compensation Technician