ALASKA WORKERS' COMPENSATION BOARD

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

JENNIFER STANSEL, Employee, Claimant, v. FOCUS EMPLOYER SERVICES, LLC, Employer, and ALASKA NATIONAL INSURANCE, Insurer, Defendants.	)	INTERLOCUTORY DECISION AND ORDER AWCB Case No. 202305684 AWCB Decision No. 25-0043 Filed with AWCB Anchorage, Alaska on July 17, 2025

Jennifer Stansel's (Employee) May 2, 2024, petition for a second independent medical evaluation (SIME) was heard in Anchorage, Alaska, on June 25, 2025, a date selected on May 6, 2025. A May 6, 2025, prehearing conference gave rise to this hearing. Attorney Carson Honeycutt appeared in person and represented Employee, who also appeared in person. Attorney Stacey Stone appeared by Zoom and represented Focus Employer Services, LLC, and Alaska National Insurance (Employer). The record closed at the hearing's conclusion on June 25, 2025.

ISSUE

Employee contends an SIME should be ordered with an orthopedist or chiropractor on her cervical and lumbar conditions only. She contends there is no medical dispute on her neurological and neuropsychological conditions as Employer's medical evaluator adequately addressed them and there is no dispute between her treating physicians and Employer's medical evaluator on the non-

SIME issue of work stress. Employee contends Employer is seeking an SIME opinion on work-related stress issues, which are not in dispute, after it received unfavorable opinion from its own physician. She contends if the SIME orthopedist or chiropractor requires further clarification from a neurologist or neuropsychologist, a referral may be made at that time and a final addendum SIME report may be made after the referral is completed. Employee requests exclusion of the non-SIME issue regarding work stress.

Employer contends the proper specialties to conduct the SIME are neurology or neuropsychology. It contends the only orthopedist which examined Employee and provided an opinion was its medical evaluator, which was performed in conjunction with a neurologist. It contends there are ongoing disputes pertaining to neuropsychological issues, which cannot be addressed by an orthopedist or chiropractor, including a non-SIME issue regarding work stress.

Which medical specialty or specialties should comprise the SIME and which disputes should be addressed?

FINDINGS OF FACT

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

1) On April 26, 2019, PA-C Jay Francis wrote a letter "To Whom it May Concern" stating:

> [Employee] was being treated by this office for repeated abuse from an aggressive student. While going over her physical symptoms, [Employee] exhibited significant anxiety and fear of possible future interactions with this aggressive student. I believe that mental health counseling could be extremely beneficial for her.
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> [Employee] is also currently being treated for physical damage she is[sic] suffered during the 03/01 aggressive interaction with said student. Physical therapy is part of the treatment regimen necessary for her recovery. Only after collaboration with physical therapist and myself will length of physical therapy be determined. . . . (Francis letter, April 26, 2019).

2) On April 22, 2023, Employee was working with students at a movie theater when a student grabbed her arm, knocked her into a movie theater seat, fell on top of her, and grabbed her head and knocked her glasses off. (First Report of Injury, May 1, 2023).

3) On April 28, 2023, Employee saw Tara Wood, PA, and reported she worked with developmentally delayed youth and the prior Saturday, a client became agitated while at the movies and tried to act aggressively to another child. She placed herself between the two boys and the client grabbed her, pushed her, and knocked her down into the theater chair. Employee believed she hit her neck and back on the chair. She did not notice any immediate pain but later that Saturday, she had a migraine and went home to sleep; she also experienced nausea and abdominal pain. Employee worked less Monday through Wednesday of that week and had a full day on Thursday, which she believed triggered another migraine. She had minimal musculoskeletal pain and planned to start doing some printed exercises from her last physical therapist; Employee requested a referral to her therapist for help. She has a history of cortical spreading depression migraine, visual disturbance, and numbness in various parts of her body. Employee believed her current symptoms are related to migraines as opposed to post-concussion syndrome. PA Wood diagnosed a migraine, for which she provided a Toradol injection and refilled sumatriptan, and cervical muscle spasms, for which she prescribed methocarbamol. She also referred Employee for a psychological evaluation and therapy for emotional trauma related to the assault, and occupational therapy for neck stiffness. (Wood report, April 28, 2023).

4) On May 5, 2023, Employee stated she continued to have a terrible frontal headache not responsive to Aleve or sumatriptan and had light sensitivity. Headaches were triggered by light exposure and movement. The muscle relaxants helped with neck pain and spasm. PA Wood diagnosed headache and provided Toradol and prescribed Floricet. She also diagnosed post-concussion syndrome and referred Employee to neurology for evaluation and management. (Wood report, May 5, 2023). PA Wood said Employee could return to work May 15, 2023, and may need to work half days or take breaks as needed throughout the day if work activities began to trigger migraine headaches. (Wood letter, May 5, 2023).

5) On May 11, 2023, Employee visited Standford Downs, MD, for post-concussion syndrome upon referral from PA Wood for headaches and migraines resulting from a concussion on April 22, 2023. She reported she was working on Saturday, April 22, 2023, when one of the students became physically aggressive, kicking one of the other kids, so she intervened and got hit on the head, knocked over with her back across the arm rest, and her glasses were knocked off. The student was on top of Employee, hitting her in the head, and her coworkers pulled the student off of her. An hour later, Employee noticed mild nausea and dizziness and another hour later, the nausea was

bad enough to make her feel like she might throw up. She went home and slept for most of the next two days and developed a headache. The next Thursday, Employee went for a jog and "her vision started messing up." She went home and took Imitrex, but "nothing happened" so she took a nap and woke up still experiencing the migraine. Employee has a history of migraines but reported she had not had a migraine in two years. She was prescribed Toradol on Friday, which took away the headache for the weekend. Employee's headache returned on Monday and had been worsening. Her typical migraine has a prodrome she cannot describe with bifrontal repetitive stabbing pains and visual problems, like rainbows and a film of oil on water. Employee's current headache was bifrontal but asymmetric, more on the right side, with photophobia and phonophobia, and rapid movements or jarring spiked the pain. She also had low back and occasional neck pain from being thrown over the arm rest and had lightheadedness and nausea. Employee's right-side reflexes were marginally brisker than the left. Dr. Downs, a neurologist, diagnosed "status migrainous" and ordered a magnetic resonance imaging (MRI) due to reflex asymmetry and the difference in quality of the headache. He prescribed the Migranal burst protocol and Reglan. (Downs report, May 11, 2023).

6) On May 11, 2023, Employee visited Sheri Locklear, LCSW, who is supervised by Mariana Ivanovic, PhD, and was diagnosed with adjustment disorder, with mixed anxiety and depressed mood. She reported she has had anxiety her entire life and post-traumatic stress disorder (PTSD) from another work-related injury. Employee said she had a concussion and headache for two weeks, and her back was hurting, after a child at her job attacked her. Locklear recommended further assessment. (Locklear report, May 11, 2023).

7) On May 15, 2023, a brain MRI showed a five-millimeter focus of abnormal "T2/FLAIR" signal noted within the subcortical white matter of the posterior right frontal lobe, a nonspecific finding that can be associated with migraines, diabetes, or hypertension. (MRI report, May 15, 2023).

8) On May 25, 2023, Employee followed up with Dr. Downs and said she had finished the Migranal burst protocol on Friday and felt better on Saturday:

> However, she was still having problems, and Monday she took the Ajovy that her primary had given her. The headache has continued improving, and she only has one about 50% of the time now as opposed to 100%, but she has photophobia and phonophobia even when she does not have the headache, although those are better, and when she has a headache, the headaches [sic] is not as painful and she is actually able to do some things. If she moves her head rapidly, that also results in

> either a headache or an escalation in headache if she has it. She also reports her reflexes are slowed. She stumbles a lot and runs into things. . . . She asked about return[sic] to work. She can do office work or she can work with kinds, and indeed long term she was thinking about going into consulting work exclusively. . . . She thinks if we limit her to office work only and telecommute since she can control her environment given her photophobia and phonophobia, she is anxious to give that a try.

Dr. Downs recommended Employee continue dexamethasone and start Compazine for nausea. (Downs report, May 25, 2023).

9) On May 25, 2023, Dr. Downs released Employee to return to work, restricted to working from home three hours per day, four days per week. (Downs letter, May 25, 2023).

10) On June 5, 2023, Employee visited Locklear, and was diagnosed with adjustment disorder, with mixed anxiety and depressed mood. Locklear recommended weekly appointments. (Locklear report, June 5, 2023).

11) On June 8, 2023, Employee followed up with Dr. Downs:

> She finally took her Ajovy dose about a half week before I last saw her, so she is about 2.5 weeks in. She feels like she is in some senses not doing better and in other senses she is. She does tend to concentrate on the not feeling better part of it. Her headaches have gone from continuous to discontinuous, and when she gets one it is usually triggered by stress. Unfortunately, there has been a lot of stress. We tried to let her go back to work part-time, but that led to a lot of things. Her boss called her I believe she said last week, about the time she is taking off and how much it has cost the company ($50,000), and then according to the patient, he went into every other worker's compensation case he has ever had to deal with. He also gave her three things to do with a tight deadline that she would have trouble meeting if she was working full-time, and then she also had to evaluate an employee, which required spending time with her in a class full of screaming kids, which further required more time than she was allowed to work, and the screaming kids made the headaches worse. Over the weekend she actually feels pretty good. She has a lot of trouble with anxiety. She reports a very abusive mother as well as some other things, and majority of the current headaches are triggered by stress. The individual headaches are not as bad, and in fact she does not even want to call them migraines, but they are basically the same headaches, they are just discontinuous. They move around the head. It is hard to sleep, but part of it is she was having some back problems earlier this week, and then there is the light this time of year. Any jarring, such as when she is jogging or riding a bike and hitting a bump, tends to make the headache worse or trigger it. She has not been taking her Imitrex as these are not "migraine," and she has not tried any of the Compazine, although she thinks she should have done so yesterday. She reports the difficulty dealing with stress is new. She used to thrive under stress and deadlines, but again the anxiety is not new. She

> is planning on taking a trip to Whitehorse with the family, camping in the van, leaving tomorrow and gone all next week. She is afraid to go on that but is also simultaneously looking forward to it.

Dr. Downs recommended Employee continue Compazine and start Ajovy and Effexor to suppress the headache, help with anxiety, and let her go back to work. He gave her an off-work note for four weeks and planned to see her in three. Dr. Downs restricted Employee from returning to work until July 6, 2023. (Downs report; letter, June 8, 2023).

12) On June 12, 2023, Dr. Downs recommended Employee return to work with no limitations:

> The patient was given an "off work" letter thru 7/6/23 based on how bad her headaches are and what makes them worse (phono and photophobia, rapid movements, and jarring such as when jogging or hiking). Workers comp has sent us a copy of an email the patient sent her boss, listing pretty much the same reasons for not returning to work, and requesting time off for a trip for mountain biking and to attend the Chicken stock music festival. I have no objective way to measure recurring headaches and have to rely on what I am told, but I agree that the described trip would have essentially the same problems for return to work, and unless there [is] information of which I am unaware, cannot see why she cannot work but she can go on the trip. Consequently, I cannot in good conscience place any restrictions on a return to work. If the patient can supply a plausible explanation, I can reevaluate. (Downs Physician's Report, June 12, 2023).

13) On June 17, 2023, Employer controverted temporary total disability (TTD) and temporary partial disability (TPD) benefits effective June 12, "Per Dr. Downs worker is released to her job at time of injury." (Controversion Notice, June 17, 2023).

14) On June 21, 2023, 2023, Employer again denied TTD and TPD benefits after June 12, 2023, based on Dr. Downs' release to full duty. (Controversion Notice, June 21, 2023).

15) On July 7, 2023, Employee requested a protective order, contending Employer's request for mental health records from April 22, 2017, through the present date was unreasonable. Employee wrote, "the claimant was physically assaulted in the workplace and counseling services for the present injury is to be expected and has been recommended by medical professionals." (Petition, July 7, 2023).

16) On July 7, 2023, Employer denied "all medical benefits related to psychological treatment":

> Pursuant to AS 23.30.100, the employer did not receive notice of a psychological injury within the 30 days following the subject work injury. The employer has not been provided, nor is it in possession of any medical referral for the employee to a

> medical physician for psychological treatment related to the subject work injury. The employee has undergone substantial preexisting psychological treatment. Therefore, due to the highly complex medical issues related to the psychological medical issues, the employee must produce medical evidence supporting the contention that any psychological condition and need for treatment is work related in order to attach the presumption of compensability. . . . (Controversion Notice, July 7, 2023).

17) On July 12, 2023, Michael Villanueva, PsyD, a neuropsychologist, examined Employee for an Employer's Medical Evaluation (EME) and diagnosed an adjustment disorder with depressed and anxious features stemming from a classroom incident in 2019, exacerbated in the most recent assault in April of 2023. He noted there was no evidence of a neurocognitive condition and no indications she was disabled from work. Dr. Villanueva opined the work injury temporarily aggravated the preexisting adjustment disorder and Employee was medically stable as of July 12, 2023, because there were no indications of cognitive impairment or symptoms, such as pain, headaches, or anxiety, interfering with her ability to perform complex tasks in a time-dependent fashion based on cognitive testing. No further medical treatment was needed. (Villanueva report, July 12, 2023).

18) On July 27, 2023, Employer answered Employee's July 7, 2023, petition, contending "given the nature of the claim coupled with the employee's medical history, the employer is entitled to a release to mental health records." It contended Employee has a history of anxiety beginning September 30, 2018 and a release of mental health records will lead to relevant and admissible evidence. Employer requests an order authorizing production of records from September 30, 2016, two years before Employee's initial onset of anxiety. (Notice Re: Employer's Position on Employee's Petition for Protective Order, July 27, 2023).

19) On August 17, 2023, the Board designee reviewed Employer's release seeking medical records from September 30, 2016 going forward and found it to be appropriately limited by "body part" as "Contusion, Anxiety, Depression" and the release to be "standard, relevant, and likely to lead to discoverable information." The designee denied Employee's July 7, 2023, petition for a protective order. (Prehearing Conference Summary, August 17, 2023).

20) On August 28, 2023, Employer denied all benefits after July 11, 2023, relying on Dr. Villanueva's opinion that Employee suffered a temporary exacerbation of a preexisting condition and reached medical stability on July 12, 2023; no further medical treatment was needed; there were no conditions of impairment from a neuropsychological standpoint; and Employer was "not

in possession of any medical records indicating any physical limitation." (Controversion Notice, August 28, 2023).

21) On September 12, 2023, Employee was working at an elementary school and a student pulled her hair multiple times, resulting in a headache. (First Report of Injury, October 13, 2023).

22) On November 16, 2023, Lisbeth Berge, MD, a family medicine specialist, responded to questions from Employee's attorney and stated Employee had "PTSD from a school district incident in March 2019" and the April 22, 2023, work injury aggravated, accelerated, or combined with the preexisting condition to cause disability or need for treatment. Employee's work-related disability continued and she was not medically stable because she needed further treatment, including continued care by Dr. Liu to include nerve blocks, anxiety medications, and counseling. (Berge response, November 16, 2023).

23) On November 17, 2023, Dr. Ivanovic, a clinical psychologist, responded to questions from Employee's attorney and stated Employee's need for treatment and disability is caused by PTSD and a traumatic brain injury (TBI). Her previous work injury caused PTSD and the April 22, 2023, work injury aggravated, accelerated, or combined with the preexisting condition to cause disability or need for treatment. Employee's work-related disability continues and she is not medically stable and needs to continue with her current treatment. Employee was not able to work as a Board-certified Behavioral Analyst without any limitations or restrictions and the restriction or limitations provided were that she cannot be "in close proximity to her clients/students." (Ivanovic response, November 17, 2023).

24) On November 24, 2023, Marie Piscitelli, OTR/L, an occupational therapist (OT), responded to questions from Employee's attorney and stated the possible causes of Employee's disability or need for medical treatment are "physical trauma to the head and torso" and "psychological trauma from being attacked." Employee's disability from the April 22, 2023, work injury continued and she was not medically stable. She needed further treatment including "ongoing PNSE [pain neuroscience education] and functional application as well as Q+A to ensure understanding," "manual therapy to address soft tissues," and a "home exercise plan (HEP) to include ex's for cognition." (Piscitelli response, November 24, 2023).

25) On December 21, 2023, Employee sought TTD and TPD benefits, a compensation rate adjustment, medical and transportation costs, interest, attorney fees and costs, and §.041(k) stipend benefits, and an SIME under "Other." She described the nature of the injury as, "Injured in the

course and scope of employment: physically attacked by a developmentally delayed youth; Head, Neck, Brain" on April 22, 2023. Employee sought benefits for a physical assault that caused mental and physical injuries. (Claim for Workers' Compensation Benefits, December 21, 2023).

26) On January 16, 2024, Employer relied on Dr. Down's June 12, 2023 letter and Dr. Villanueva's report and denied all TTD benefits after July 11, 2023; TPD benefits, all medical and transportation costs after July 11, 2023; medical costs through July 11, 2023, which were not reasonable, necessary, related to the work injury, or which were not for services performed in accord with a treatment plan under AS 23.30.095(c), for which supporting documentation does not exist, or which do not comply with the usual and customary fees schedules of AS 23.30.097; transportation costs through July 11, 2023, to health care facilities for treatment which are not reasonable, necessary, or related to the work injury and those not supported by proper documentation under 8 AAC 45.084; a compensation rate adjustment; §.041(k) stipend benefits; an SIME; interest; and attorney fees and costs. (Answer to Employee's Workers' Compensation Claim; Controversion Notice, January 16, 2024).

27) On February 7, 2024, Employee requested a protective order from release of medical and other information sought by Employer, contending the releases were overbroad and sought no discoverable information. (Petition for Prehearing and Protective Order, February 7, 2024).

28) On February 26, 2024, Employer answered Employee's February 7, 2024, petition, contending Employee had a history of migraines, beginning in college, and re-emerged with the stressors/challenges as a teacher and on April 20, 2018, Employee presented to the emergency room with headache pain and a long-standing history of migraine disorder was noted. It contended Employee's history of anxiety had an onset beginning September 30, 2018. Employer contended the releases were narrowly tailored to comport with the reported date of onset of anxiety and is not overly broad. (Response to Employee's Petition for Protective Order, February 26, 2024).

29) On April 2, 2024, Employee contended the medical release was overbroad in asking for medical records relating to Employee's anxiety and depression from September 30, 2016, and for migraines from April 20, 2016. She contended the claim sought benefits "related to PTSD and not migraines/anxiety/depression and therefore, the request lacks relevance." The Board designee found the release to be standard, relevant, and likely to lead to discoverable information because the medical release was appropriately limited by condition and date and denied Employee's request for a protective order. (Prehearing Conference Summary, April 2, 2024).

30) On May 2, 2024, Employee requested an SIME with a neuropsychologist, neurologist, and orthopedist on her "Head, Neck, Brain (TBI), and "Mental: PTSD" contending there were disputes between Employee's physicians, Drs. Berge and Ivanovic and OT Piscitello, and Employer's medical evaluator, Dr. Villaneuva, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to enter a reemployment plan. (Petition for SIME, May 2, 2024).

31) On May 22, 2024, Employer opposed an SIME, contending it was premature as additional discovery was required, Employee sought an SIME more than five months after Employee filed a medical summary containing the records, and the records cite to multiple dates of injury, two of which are not included in the case. (Opposition to Employee's Petition for SIME, May 22, 2024).

32) On August 15, 2024, Lynne Bell, MD, PhD, a neurologist, and Paul Tesar, MD, an orthopedic surgeon, examined Employee for an EME. They found and diagnosed a history of anxiety and depression treated chronically with anxiolytic and antidepressant medications, preexisting adjustment disorder with depressed and anxious features related to the 2019 incident, preexisting migraine headaches, preexisting Raynaud's syndrome, preexisting chronic low-back pain, and preexisting somatization related to underlying psychological conditions. The only potential musculoskeletal injury associated with the work injury would have been a minor low-back strain, which resolved over a period of days to weeks. Employee had a long history of psychological conditions of anxiety and depression, which is associated with a tendency to somaticize. Drs. Bell and Tesar opined it is medically probable her current pain complaints are due to her psychological conditions, which preexisted the work injury; any effects of the September 12, 2023, work injury would have been temporary in nature. Employee did not require any additional medical treatment for her resolved low-back strain or for any neurological injury. She required a psychological EME to determine whether the incident achieved a level sufficient to be considered contributory to her preexisting psychological conditions. Employee reached medical stability for effects from the work injury within six to 12 weeks of the injury date with no ratable permanent impairment. (Bell and Tesar report, August 15, 2024).

33) On August 20, 2024, Employee saw Clarita Pequena-Layton, LPC, who is supervised by Dr. Ivanovic, and reported feeling dehumanized during medical appointments, lonely, inadequate, and frustrated with her relationships with family and friends. Counselor Pequena-Layton diagnosed adjustment disorder with mixed anxiety and depressed mood, and chronic PTSD. She

recommended continued weekly treatment and the current therapeutic focus. (Pequena-Layton record, August 20, 2024).

34) On September 30, 2024, Edward Barrington, DC, examined Employee for a PPI rating upon referral from Dr. Berge for her "physical trauma." He assessed a one percent cervical spine impairment with a two percent spine impairment, totaling a three percent whole person impairment. (Barrington report, September 30, 2024).

35) On October 2, 2024, Employer relied upon Dr. Down's June 12, 2023 letter and Drs. Villanueva, Bells, and Tesar's reports and denied TTD benefits after December 5, 2023, or for those off-work days which are not related to either the work injury, and which are not supported by proper medical evidence; TPD benefits; medical costs through July 12, 2023 which are not reasonable, necessary, related to the work injury, or which are not for services performed in accord with a treatment plan under AS 23.30.095(c), for which supporting documentation does not exist, or which do not comply with the usual and customary fees schedules of AS 23.30.097; medical costs through December 5, 2023, which are not reasonable, necessary, related to the work injury, or which are not for services performed in accord with a treatment plan under AS 23.30.095(c), for which supporting documentation does not exist, or which do not comply with the usual and customary fees schedules of AS 23.30.097; all medical costs after December 5, 2023; transportation expenses through December 5, 2023 to health care facilities for treatment which are not reasonable, necessary, or related to either work injury, and those not supported by proper documentation under 8 AAC 45.084; a compensation rate adjustment; 041(k) stipend benefits; a SIME; interest; and attorney fees and costs. (Controversion Notice, October 2, 2024).

36) On October 16, 2024, the parties agreed to an SIME and to file a completed and signed SIME form by December 20, 2024. (Prehearing Conference Summary, October 16, 2024).

37) On January 3, 2025, Employee filed an SIME form requesting an SIME with a neuropsychologist, neurologist, and orthopedist on her "Head, Neck, Brain, PTSD" contending there were disputes between Employee's physicians, Drs. Berge, Ivanovic, Barrington and Downs and OT Piscitello, and Employer's evaluators, Drs. Villaneuva, Bell and Tesar, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to enter a reemployment plan. (SIME form, January 3, 2025).

38) On January 7, 2025, Employee filed an amended SIME form requesting an SIME with a neuropsychologist, neurologist, and orthopedist on her "Head, Neck, Back/Spine, Brain, PTSD"

contending there were disputes between Employee's physicians, Drs. Berge, Ivanovic, Barrington and Downs and OT Piscitello, and Employer's evaluators, Drs. Villaneuva, Bell and Tesar, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to enter a reemployment plan. (Amended SIME form, January 7, 2025).

39) On February 21, 2025, Scott Alvord, PsyD, a neuropsychologist, completed his EME that had begun on December 11, 2024. Employee stated she was currently working approximately 20 hours per week by "televideo"; she described "fatigue, migraines, anxiety, depression, and cognitive concerns that impact her everyday functioning" and that "will have an impact on her working longer or more consistent hours." Dr. Alvord stated Employee:

> presents with severe, persistent symptoms of anxiety, depression and PTSD significantly impacting all domains of functioning following a traumatic physical assault in 2021. Despite engagement in therapy and trials of numerous psychiatric medications, she continues to struggle with debilitating symptoms that limit her ability to work, engage in recreation, and maintain relationships.

He diagnosed PTSD, recurrent and moderate major depressive disorder, generalized anxiety disorder, treatment-resistant mood disorder, mild neurocognitive impairment, post-concussive syndrome, migraine disorder with cognitive effects, and mild cannabis use disorder. Dr. Alvord identified four substantial factors in "bringing about the diagnosed conditions": (1) "workplace stress and cognitive demand" including "exacerbation of anxiety and executive dysfunction due to work-related cognitive load" and "documented difficult retaining instructions and organizing information at work"; (2) "prior history of trauma" for the 2021 physical assault with untreated concussion, a high school hockey related head injury, and "PTSD symptoms directly linked to past trauma"; (3) "preexisting psychiatric vulnerability" including "long-standing anxiety and depression predating the workplace incidents" and a "history of treatment-resistant symptoms requiring multiple medication trials"; (4) "litigation stress and workers' compensation process" including Employee's "frustration with the insurance process exacerbated her psychiatric distress" and financial and employment instability impacted her mental health. He stated the most significant factor in her psychiatric disability appears to be her history of PTSD and generalized anxiety, compounded by workplace stressors, and the most significant factor in her neurological disability is likely the cumulative effects of prior concussions and migraine pathology. Dr. Alvord said Employee's workplace stress likely aggravated her psychiatric conditions but did not cause

them and exacerbated her migraines but did not initiate the underlying pathology. Employee's psychiatric symptoms would have occurred regardless of the 2023 work injuries based on her preexisting conditions "though workplace stress may have accelerated impairment." Her neurological and neuropsychological symptoms possibly would have occurred regardless of the 2023 work injuries due to migraine pathology "but work-related cognitive demands likely worsened symptom severity." The 2023 work incidents increased Employee's therapy engagement after September 2023 and possibly altered the course of medical care for neurological care due to increased headaches. Employee was not medically stable for her psychiatric conditions and he estimated medical stability would occur for the psychiatric conditions in six to 12 months with ongoing therapy but was uncertain about her neurological and neuropsychological symptoms as it depended on her response to treatment. Dr. Alvord recommended continued cognitive behavior therapy (CBT), eye movement desensitization and reprocessing (EMDR), and possible medication adjustment for Employee's psychiatric condition and further migraine management and potential cognitive therapy for her neurological condition. He referred her to a neuropsychologist for cognitive rehabilitation, pain management for migraines, and a neurologist for follow-up on the MRI findings. Dr. Alvord opined Employee could not perform full-time work based on her current psychiatric and cognitive limitation and the "most significant factor" is her cognitive fatigue and emotional distress. He stated her ability to perform sedentary work was limited as her cognitive endurance was affected by migraines and he did not recommend light work or above due to psychiatric symptoms. After reading the job description, Dr. Alvord said Employee did not have the current physical capacities to return to fulltime work as an "ABA Clinician" due to executive dysfunction and anxiety limiting her ability to manage the workload. He estimated Employee's whole person impairment to be 15 to 25 percent and attributed 10-15 percent to psychiatric impairment. (Alvord report, February 21, 2025).

40) On March 31, 2025, Employee requested cross-examination of Dr. Alvord on his February 21, 2025 report to clarify his opinions, the reasons for his opinions and the facts underlying his opinions. (Request for Cross-Examination, March 31, 2025).

41) On April 24, 2025, Dr. Alvord issued another report clarifying opinions expressed in his previous report as requested by Employer. He stated the concussion and post-concussion referenced as contributing to Employee's current cognitive complaints was sustained during the 2021 assault, not the 2023 work incidents. The aggravation of Employee's preexisting psychiatric

condition, including PTSD, depression, and anxiety, by the 2023 work injuries is temporary and had not yet resolved. Dr. Alvord was unable to provide a medical stability date for the aggravation of Employee's preexisting psychiatric condition because it depends on the ongoing nature of her symptoms and current treatment. He stated Employee's preexisting migraines, which were aggravated by work-related cognitive stress, were temporary and had not yet resolved; the date of medical stability depends on her treatment, including physical therapy, cognitive load management, and potential medication changes. Dr. Alvord stated:

> The most significant factor currently contributing to [Employee's] psychiatric disability and need for treatment is her preexisting PTSD and generalized anxiety, which originated following the 2021 traumatic assault. The 2023 work incidences are not considered the primary cause but rather secondary aggravating factors. There is no objective evidence (e.g., neurological trauma or new psychiatric diagnosis) linking the 2023 incidents as the predominate cause of her condition.
> . . . .
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> The preexisting psychiatric conditions (PTSD, depression, anxiety, and cognitive impairment post-TBI) are the most significant reason for the need for additional treatment and time before achieving medical stability. The 2023 work incidents likely contributed to symptom exacerbation, but they are not the primary cause.

Employee's need for (1) CBT, EMDR and medication optimization for psychiatric symptoms is "[p]rimarily due to preexisting PTSD and depression, though symptom exacerbation from 2023 incidents supports continuation"; (2) migraine management is "due to a preexisting condition, with temporary worsening from work stress; (3) cognitive therapy is "[n]ecessitated by executive dysfunction due to TBI from the 2021 assault"; and (4) "other referrals'" is "related to complex, preexisting and compounded psychiatric and neurological symptoms." Dr. Alvord opined the most significant factor in Employee's ongoing limitations in employment capacity is her preexisting PTSD, executive dysfunction, and chronic migraines stemming from the 2021 trauma, not the 2023 work injuries. He stated there was no evidence suggesting the 2023 employment created extraordinary and unusual pressure beyond what is typically expected in comparable behavioral health roles; "The preexisting PTSD and cognitive dysfunction likely made the role more difficult for [Employee], but the role itself was not objectively extraordinary in its demands." Dr. Alvord stated the majority of the permanent impairment rating, at least 80-90 percent, "should be attributed to preexisting conditions, particularly the 2021 trauma." He stated Employee sustained a mental injury, but it was not primarily caused by work stress and the work stress was not the

predominate cause of the mental injury; "Her mental health condition was already established and severe due to prior trauma." Given an estimated psychiatric PPI of 10-15 percent and a total whole-person impairment of 15-25 percent, he estimated 2-3 percent for psychiatric PPI and 3-5 percent for a total whole-person impairment for the 2023 incidents and 12 percent for psychiatric PPI and 20 percent for a total whole-person impairment for Employee's preexisting condition. (Alvord report, April 24, 2025).

42) On May 6, 2025, Employer filed an SIME form requesting an "orthopedic" SIME on Employee's "Head, Neck, Back/Spine" contending there were disputes between Employee's physicians, Drs. Berge, Ivanovic, Barrington and Downs and OT Piscitello, and Employer's evaluators, Drs. Villaneuva, Bell, Tesar and Alvord, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, ability to enter a reemployment plan, and a non-SIME issue of whether the work stress was extraordinary and unusual, and the predominate cause of the mental injury. (SIME form, May 6, 2025).

43) On May 6, 2025, the parties agreed to an oral hearing on June 25, 2025, and the issue identified for hearing was the "SIME form" as the parties have been unable to agree on an appropriate SIME form. (Prehearing Conference Summary, May 6, 2025).

44) On May 30, 2025, Employer denied all benefits related to a mental injury caused by "stress in the workplace," relying upon Dr. Alvord's report. It also reiterated the denial of benefits contained in the October 2, 2024, controversion. (Amended Controversion Notice, May 30, 2025).

45) On June 18, 2025, Employee filed a hearing brief contending she filed a claim for TTD and TTD benefits, medical and related transportation costs, §.041(k) stipend benefits, a compensation rate adjustment, and attorney fees and costs for head, neck, and brain injuries and Employer controverted those benefits and that "through the process of litigation, the claim has expanded to include a lumbar condition and PTSD." Employee contended Dr. Alvord already adequately offered an opinion on the non-SIME issue related to neurologic and neuropsychological conditions regarding work stress for mental injuries and there is no dispute. She contended Employer seeks another evaluation it is not entitled to because there is no dispute and the work stress issue is outside the scope of Dr. Alvord's specialty. Employee contended that Dr. Alvord's EME report demonstrated there are no neurologic and neuropsychological disputes and no dispute regarding the non-SIME issue. She contended a neurological and neuropsychological referral could be made by the SIME orthopedist or chiropractor for clarification and the SIME orthopedist or chiropractor

could issue an addendum opinion after the additional evaluation/s are complete. Employee requested an order for an SIME with an orthopedist or chiropractor without the non-SIME issue. She attached an SIME form dated December 16, 2024 signed by her attorney including requesting an SIME with "Psychology, Neuropsychology, Neurology, Orthopedic" specialists on Employee's "Head, Neck, Brain, PTSD" contending there were disputes between her physicians, Drs. Berge, Ivanovic, Barrington and Downs and OT Piscitello and Employer's evaluators, Drs. Villaneuva, Bell, and Tesar, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to enter a reemployment plan. Employee attached an SIME form dated April 29, 2025 signed by her attorney including requesting an SIME with an "Orthopedic" specialist on Employee's "Head, Neck, Back/Spine" contending there were disputes between Employee's physicians, Drs. Berge, Ivanovic, Barrington and Downs and OT Piscitello, and Employer's evaluators, Drs. Villaneuva, Bell and Tesar, regarding causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to enter a reemployment plan. (Employee's Hearing Brief, June 18, 2025).

46) On June 20, 2025, Employer filed a hearing brief contending "the proper medical scope" of the SIME is neurology "and/or" neuropsychology. It also contended a question must be posed that allows the SIME physician to opine as to whether it is necessary that Employee be evaluated by another specialty. Employer contended Employee was seen by family medicine doctors, an occupational therapist, a clinical psychologist, a chiropractor, and a neurologist, and Employer sought EME opinions from two neuropsychologists, a neurologist, and an orthopedist. It contended its most recent SIME form demonstrates neuropsychological disputes that cannot be addressed by an orthopedist. (Employer's Hearing Brief, June 20, 2025).

47) At hearing, Employee contended there is an orthopedic medical dispute. She contended an SIME panel would be unnecessary and would not be fair, quick, or efficient because it would increase costs. Employee contended Dr. Alvord's report addressed neurological and neuropsychological conditions and it would be premature to conduct an SIME before clarifying Dr. Alvord's opinions by deposition. (Record).

48) At hearing, Employer contended the orthopedic medical dispute regarding PPI is not the only issue and Employee's previously submitted SIME forms include neuropsychological and neurological medical disputes. It contended this is a complex medical case and its May 30, 2025, controversion notice supports its contention that the neuropsychological and neurological medical

disputes exist. Employer contended there is no neuropsychologist on the Board's SIME list and a panel will be required to address the complex medical disputes. (Record).

49) There are two neuropsychologists on the SIME list. (Bulletin 24-04, November 1, 2024).

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*.).

In *Runstrom v. Alaska Native Medical Center*, 280 P.3d 567, 572 (Alaska 2012), the Alaska Supreme Court has divided mental injuries into three categories for purposes of analysis:

> A "physical injury that causes a mental disorder" is considered a "physical-mental" claim; a "mental stimulus that causes a mental disorder" is considered a "mental-mental" claim; and a "mental-physical" claim occurs when a mental stimulus causes a physical injury, such as a heart attack. Classification is important because the presumption of compensability does not apply to mental-mental claims, making them generally more difficult to prove, and those claims must be based on unusual and extraordinary work-related stress. The fact that an accident produces unusual stress does not transform it into a mental-mental claim - - the key to analyzing such claims is to look at the underlying cause of the disability. (Footnotes omitted).

> **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, 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 45.050. Pleadings.** . . . (f) For stipulations under this subsection,
> . . . .
>
> (2) stipulations between the parties may be made in writing at any time before the close of the record or may be made orally in the course of a hearing or a prehearing;
>
> (3) stipulations of fact or to procedures are binding upon the parties named in the stipulation and have the effect of an order unless the board, for good cause, relieves a party from the terms of the stipulation. . . .
>
> (4) notwithstanding any stipulation to the contrary, the board may base its findings upon the facts as they appear from the evidence, may cause further evidence or testimony to be taken, or may order an investigation into the matter as prescribed by AS 23.30.

> **8 AAC 45.092. Second independent medical evaluation.** . . . (g) If there exists a medical dispute under AS 23.30.095(k),
>
> (1) the parties may file a
>
> (A) completed second independent medical form, available from the division, listing the dispute together with copies of the medical records reflecting the dispute, and
>
> (B) stipulation signed by all parties agreeing
>
> (i) upon the type of specialty to perform the evaluation or the physician to perform the evaluation; and
> (ii) that either the board or the board's designee determine whether a dispute under AS 23.30.095(k) exists, and requesting the board or the

> board's designee to exercise discretion under AS 23.30.095(k) and require an evaluation;
>
> (2) a party may petition the board to order an evaluation; the petition must be filed within 60 days after the party received the medical reports reflecting a dispute, or the party's right to request an evaluation under AS 23.30.095(k) is waived;
>
> (A) the completed petition must be filed timely together with a completed second independent medical form, available from the division, listing the dispute; and
>
> (B) copies of the medical records reflecting the dispute; or
>
> (3) the board will, in its discretion, order an evaluation under AS 23.30.095(k) even if no party timely requested an evaluation under (2) of this subsection if
>
> (A) the parties stipulate, in accordance with (1) of this subsection, to the contrary and the board determines the evaluation is necessary; or
>
> (B) the board on its own motion determines an evaluation is necessary.
>
> (h) In an evaluation under AS 23.30.095(k), the board or the board's designee will identify the medical disputes at issue and prepare and submit questions addressing the medical disputes to the medical examiners selected under this section. . . .
>
> **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

Which medical specialty or specialties should comprise the SIME and which disputes should be addressed?

At the October 16, 2024 prehearing conference, the parties agreed to conduct an SIME but disagreed as to which medical specialty or specialties should perform the SIME and which disputes should be addressed. 8 AAC 45.050(f); 8 AAC 45.092(g). Stipulations between the parties may be made orally in the course of a prehearing and are binding unless a party is relieved from the terms for good cause. 8 AAC 45.050(f)(2), (3). Notwithstanding "any stipulation to the contrary," the factfinders may base their findings "upon the facts as they appear from the evidence." 8 AAC

45.050(f)(4); *Olafson*. The panel must consider whether there is a significant dispute between Employee's physician and an EME, and if an SIME would assist the panel in resolving the dispute. *Bah*. Employee contends there is no neuropsychological or neurological dispute due to Dr. Alvord's EME opinion and no dispute on the non-SIME issue of work stress. Employer's May 30, 2025, amended controversion notice still relies upon Dr. Villanueva's EME opinion to deny TTD benefits and medical costs as of July 12, 2023, which Employee seeks in her December 21,2023,3 claim for injuries to her "Head, Neck, Brain" and relies upon Dr. Alvord to deny all benefits for a mental injury caused by work stress.

Dr. Villanueva, Employer's EME, is a neuropsychologist, and opined the work injury temporarily aggravated Employee's preexisting adjustment disorder, she was medically stable as of July 12, 2023, no further medical treatment was necessary, and there were no indications of cognitive impairment or symptoms that interfered with her ability to perform complex tasks in a time-dependent fashion based on cognitive testing. Dr. Alvord, Employer's EME, is also a neuropsychologist, and opined the most significant factor in Employee's psychiatric disability appears to be her history of PTSD and generalized anxiety originating from a prior assault, compounded by workplace stressors; the most significant factor in her neurological disability is likely the cumulative effects of prior concussions and migraine pathology; and there is no objective evidence linking the 2023 incidents as the predominate cause of her condition. Dr. Ivanovic, Employee's physician, a clinical psychologist, opined the April 22, 2023 work injury aggravated, accelerated, or combined with Employee's preexisting PTSD to cause disability and the need for treatment, Employee was not medically stable and needs to continue with treatment, and she is unable to work at the job she held at the time of injury without any limitations or restrictions. Therefore, there are medical disputes between Drs. Ivanovic, Villanueva, and Alvord regarding causation, compensability, treatment, functional capacity, medical stability, and ability to enter a reemployment plan.

OT Piscitelli opined Employee's disability from the April 2023 work injury continued and she was not medically stable and needed further medical treatment, including "ongoing pain neuroscience (PNSE) education and functional application as well as Q+A to ensure understanding," "manual therapy to address soft tissues," and a "home exercise plan (HEP) to include ex's for cognition."

Dr. Barrington, a chiropractor, provided Employee with a three percent PPI rating. Drs. Bell and Tesar, Employer's evaluators, a neurologist and orthopedic surgeon respectively, opined Employee sustained a temporary low back strain, which resolved, and she reached medical stability within six to 12 weeks of the injury date with no PPI and no further medical treatment necessary. Therefore, there are medical disputes between OT Piscitelli and Dr. Barrington and Drs. Bell and Tesar regarding causation, compensability, degree of impairment, and treatment.

Dr. Alvord, Employer's EME, is the first and only physician who addressed whether Employee sustained a mental injury due to work stress. He opined Employee sustained a mental injury but it was not primarily caused by work stress. None of Employee's treating physicians disagreed with Dr. Alvord's opinion that work stress is not the cause of Employee's mental injury. Dr. Berge opined the April 2023 work injury assault aggravated, accelerated, or combined with the preexisting PTSD to cause disability or need for treatment. Dr. Ivanovic opined the April 22, 2023, work injury aggravated, accelerated, or combined with the PTSD to cause disability or need for treatment. While Employer relied on Dr. Alvord's opinion to deny all benefits related to a mental injury caused by "stress in the workplace," Employee's claim sought benefits for a physical assault that caused mental and physical injuries and did not claim a mental-mental injury. *Runstrom*. Therefore, there is no dispute regarding the non-SIME issue regarding work stress as a cause of Employee's disability or need for treatment. *Seybert*; *Runstrom*. The non-SIME issue of work stress will not be included as an issue for the SIME.

If Employee prevails on TTD and TPD benefits, medical and transportation costs, and §.041(k) stipend benefits, these are significant benefits. *Bah*. An SIME by an orthopedist and neuropsychologist will be useful in deciding this case and best ascertaining the parties' respective rights. AS 23.30.135(a); *Bah*. It would not be quick or efficient to split the SIME trip to complete the orthopedic SIME first and then neuropsychological SIME in another trip as it would delay the SIME process and additional travel costs. AS 23.30.001(1); *Rogers & Babler*. This decision will order a SIME panel by an orthopedist and neuropsychologist on Employee's Head, Neck, Back, Brain, and PTSD on causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to reenter a reemployment plan. 8 AAC 45.050(f)(4).

CONCLUSION OF LAW

The SIME should be comprised of an orthopedist and neuropsychologist on causation, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to reenter a reemployment plan.

ORDER

1) Employee's May 2, 2025, petition for an SIME is granted in part and denied in part.
2) An SIME will be performed by an orthopedist and neuropsychologist. 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, compensability, treatment, degree of impairment, functional capacity, medical stability, and ability to reenter a reemployment plan on Employee's Head, Neck, Back, Brain, and PTSD.

Dated in Anchorage, Alaska on July 17, 2025.

ALASKA WORKERS' COMPENSATION BOARD

/s/
Kathryn Setzer, Designated Chair

/s/
Randy Beltz, Member

/s/
Brian Zematis, 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 Jennifer Stansel, employee / claimant v. Focus Employer Services, LLC, employer; Alaska National Insurance, insurer / defendants; Case No. 202305684; 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 July 17, 2025.

/s/
Rochelle Comer, Workers' Compensation Technician