

**SOUTH DAKOTA DEPARTMENT OF LABOR & REGULATION
DIVISION OF LABOR AND MANAGEMENT**

LAWRENCE GRAHAM,

HF No. 23, 2017/18

Claimant,

v.

DECISION

MENARD, INC.,

Employer,

and

PRAETORIAN INSURANCE COMPANY

Insurer.

This is a workers' compensation case brought before the South Dakota Department of Labor & Regulation, Division of Labor and Management pursuant to SDCL 62-7-12 and ARSD 47:03:01. The case was heard by Michelle M. Faw, Administrative Law Judge, on December 17, 2021. Claimant, Lawrence Graham, was present and represented by Michael J. Simpson of Julius & Simpson, LLP. The Employer, Menard, Inc. and Insurer, Praetorian Insurance Company were represented by Kerri Cook Huber of Gunderson, Palmer, Nelson, & Ashmore, LLP.

Background:

Lawrence Graham (Graham) is around 53 years old and lives in Weston-Super-Mare, England where he works as an enforcement officer for the City of Bristol. Graham grew up in Scotland. He left high school at 16. From 1985 to 1998, Graham served in the British Army in the infantry and as a physical training instructor. Graham suffers from post-traumatic stress disorder (PTSD) as a result of his military service. For four or

five years while in the Army, Graham boxed once a year for a week in a competition between various companies within his battalion. While competing and training, he wore headgear. In 1997, Graham married his wife, Rana. After leaving the military, Graham worked in England as a security guard for various stores. In 2008, Graham and Rana decided to move to her hometown of Rapid City, South Dakota. When they arrived in Rapid City, Graham worked for his wife at her business.

In 2011, Graham Started working for Dakota Panel, part of Menard, Inc. (Employer) which was at all times pertinent insured for workers' compensation purposes by Praetorian Insurance Company (Insurer). On January 26, 2015, Graham was on the ground cleaning the metal rollers on a laminate machine. As he rose, a 13-inch-long metal safety bar weighing 2.7 pounds fell and hit him on the back of his head. Employer completed a First Report of Injury form that stated Graham reported his injury on the date it occurred. The form further states that he was changing a roll at the laminate machine when an attachment fell and hit him on the back of the head. He initially denied treatment but was having reoccurring headaches and nose bleeds. After the incident, Graham noticed that he had a crack in the left lens of his glasses. He wore a spare pair until he replaced them.

On January 27, 2015, Graham was seen at Community Health Center. The medical record showed his primary complaint was past medical history and he made no complaint of headaches or nosebleeds. On January 28, 2015, Employer's human resource coordinator Crystal Van Daalen wrote an email stating that Graham had experienced a bump on the back of his head, it was reported to her, and that he was on pain medications for his arms so he would be fine. Van Daalen also mentioned that

Graham had reported a few nosebleeds since the injury occurred.

On February 2, 2015, Graham was having nosebleeds at work, so he was taken to urgent care by manager Everett Hicks. Graham was seen at Black Hills Urgent Care by PA Ottenbacher. Ottenbacher noted Graham complained of a headache and 12-14 nosebleeds a day since he was hit on the head with a metal pole. Graham did not display any wounds on his scalp, face, or head. Ottenbacher further noted that Graham was hit in the apical head with a heavy bar on a machine that vibrates a lot, and that Graham was near to fainting and vomiting. Ottenbacher was concerned about a possible intracranial bleed, so he scheduled Graham for a CT scan, which came back normal and did not show any hemorrhaging in his brain.

On February 3, 2015, Graham was seen at Urgent Care by PA-C Andrea Hansen. PA-C Hansen noted that Graham still had nosebleeds and headaches every once in a while and that Graham described his condition as mild. Her exam noted mild swelling of his nasal turbinates with an abnormality of his nasal mucosa/septum/turbinate. PA-C Hansen noted that she had discussed with Graham that she thought the nosebleeds were unrelated to the head injury, because they were in a different location. Graham wished to return to work the following day, but she released Graham to return to work that same day.

On February 20, 2015, Graham was seen at Rapid City Community Health by CNP Evalina Murphy. Graham's primary complaint for that visit was a cough. Murphy noted that Graham had been struck on the top and right side of the head at work and was unsure if he had lost consciousness. However, Graham had stated he woke up lying on his left side. Murphy further noted that Graham and Rana reported that he suffered daily nosebleeds, some quite heavy, and they believed it had something to do with the head

injury. Murphy also noted that Graham had a tender area on his right lateral occiput area, and he had a trauma to the top and right side of his head. She noted that a Head CT was negative, but that Rana remembered that a doctor had said it was likely Graham had a concussion although there was no medical record of a concussion. Her exam showed Graham had a nasal malformation with a prominent nasal bridge with a slight left deviation of the distal end and there was evidence of a small amount of clotted blood in his right nares. She noted a possible nasal fracture. Murphy discussed with Graham the potential for cauterization of the nose as well as a future x-ray of his nasal bones. On February 23, 2015, Murphy noted her plan to have an x-ray done of Graham's nose and that he suffered from nosebleeds.

On May 5, 2015, Graham was seen by CNP Kimberly Grimsrud at Community Health. Grimsrud noted that Graham had hit his head three months before and continued to have headaches and nosebleeds. Grimsrud also noted that Graham complained of dizziness and that the nosebleeds occurred 5 to 6 times per day and lasted 5 to 10 minutes. Graham also complained of neck pain and headaches. Grimsrud recommended a sinus CT, a head CT, and a referral to an ear, nose, and throat specialist for the nosebleeds.

On May 11, 2015, Graham was seen by Dr. Jay White an ear, nose, and throat specialist. Dr. White noted Graham had been hit on the head at work three months before and had recent trauma to his nose. Dr. White recommended a nasal endoscopy with cauterization. On May 12, 2015, Dr. White performed the endoscopy and cauterization. He also noted that Graham had significant nasal septal deviation on the right.

On May 15, 2015, Grimsrud saw Graham who reported that the cauterization had helped, and he had not had any further nosebleeds. Graham reported that he continued to have left facial pain, posterior head pain and neck pain as well as blurry vision in his left eye. Graham asserted that these symptoms started after his head injury in January and had gotten progressively worse. Grimsrud recommended an eye exam. On May 29, 2015, Graham underwent an MRI which revealed a single nonspecific left frontal white matter lesion. Radiology recommended an additional MRI in 6 months.

On July 22, 2015, Graham was seen by Dr. Steven Hata, a neurologist. Dr. Hata noted Graham suffered from visual problems, headaches, and epistaxis. Past medical history did not mention nose bleeds. Dr. Hata further noted that Graham had seen an eye doctor who concluded there was nothing wrong with his eye. Dr. Hata assessed Graham for left eye blindness developing after a concussion. Due to the normal optometry exam, Dr. Hata suspected the blindness was psychogenic. He also suspected a psychogenic factor for Graham's headaches.

On September 1, 2015, Graham was seen by neurologist Dr. Robert MacLachlin, for an independent medical examination (IME) at the request of Employer and Insurer. Graham's complaints were left eye vision loss, headaches, sleepiness, personality changes, and nosebleeds following a head injury. Graham reported to Dr. MacLachlin that he had been hit on the top of the head by a metal bar while cleaning the metal roller of a wood laminate machine. He stated he was unable to remember if he lost consciousness, but he did recall falling forward, hitting his face on the concrete floor, chipping his glasses, and sustaining swelling of the nose. He had developed nosebleeds from both nostrils that stopped after 20 minutes. Dr. MacLachlin noted

Graham had complained of headaches and nosebleeds since the incident. He further noted that Graham had not missed work since the injury, and he was performing a seated job of grading laminates as they pass by on a conveyor. Dr. MacLachlin believed that Graham was capable of working and that his work activity was hindered by nosebleeds, not a neurological deficit. Dr. MacLachlin opined that Graham's left eye vision loss was embellished as the neurological examination was inconsistent. He stated there was no need for treatment for the headaches or personality complaints which should be self-limited, and he recommended that the epistaxis should be treated.

In the fall of 2015, Graham left Employer and then worked at K-mart as a loss prevention manager until he moved back to England in May of 2018. Once he arrived in England, he began working at Greensleeves as a lawn care specialist until five months prior to hearing when he began working as an enforcement officer for Bristol City Council.

On December 16, 2016, Graham was seen by Dr. White for nosebleeds. Dr. White recommended an endoscopic nasal, septal, and turbinate biopsy with control of epistaxis. On December 28, 2016, Dr. Troy Howard saw Graham for a follow-up and noted Graham had been bleeding and had some pain. On February 1, 2016, Graham was seen by Dr. Scott Cherry at Regional Rehab Institute for a neuropsychological evaluation due to possible head injury with concussive syndrome and effects. Graham reported loss of consciousness and feeling dazed and confused at the time of the alleged injury. He reported 2-3 nosebleeds per day, headaches in the left frontal region, and visual loss in the left eye. Graham denied a history of head injuries. Dr. Cherry opined that Graham's injury was likely impacted by his affective status which was

assessed by a questionnaire. Graham's affective status, according to Dr. Cherry, indicated an individual who was likely to present somatic complaints of a bizarre nature and may be a result of psychiatric distress. Dr. Cherry's neuropsychological evaluation indicated Graham displayed a variable neurocognitive functional level, not consistent with an organic brain syndrome, mild traumatic brain injury (TBI), or concussion. Dr. Cherry recommended a psychiatric evaluation and psychotropic medications.

On January 30, 2017, Dr. White noted Graham continued with complaints of nosebleeds from his left nostril about twice a day and performed a diagnostic nasal endoscopy procedure. On February 27, 2017, Dr. White performed a septoplasty with turbinate reduction and functional endoscopic sinus surgery. Dr. White noted that Graham's septum was deviated to the left and had considerable mucosal thickening with a small amount of fluid in the inferior frontal ethmoid. On March 9, 2017, Dr. White performed a septoplasty and bilateral turbinate submucosal resection and functional endoscopic sinus surgery. Dr. White noted that Graham's nosebleeds did not begin until after the bar struck him on the head and caused loss of consciousness. On March 27, 2017, Dr. White performed a diagnostic nasal endoscopy on Graham. On May 31, 2017, Dr. White saw Graham who continued to complain of nosebleeds. On October 11, 2017, Graham reported bilateral nosebleeds and headaches to Dr. White.

On May 16, 2018, Graham was seen by ear, nose, and throat specialist, Dr. Rob Schleiffarth for IME at the request of Employer and Insurer. Dr. Schleiffarth noted Graham had reported having nosebleeds since his work injury on January 26, 2015. He further noted that Graham reported that he had been struck on the back of the head and was unsure if he lost consciousness at the time. Graham explained that the next day he

had started having nosebleeds from the left side and has had issues with nosebleeds ever since. He reported the nosebleeds occurred every other day and can last 5 to 10 minutes until stopped by direct pressure. Dr. Schleiffarth performed a nasal endoscopy which revealed no prominent vessels or active bleeding. Dr. Schleiffarth opined that the treatments Graham had received were reasonable, but he did not link the alleged work injury to the nosebleeds. He did not assign any physical limitations or work restrictions to Graham.

In May 2018, Graham and his family moved back to England. Graham's medical records from the University of Hospitals Bristol and Weston indicate that in July 2019, Graham was treated by Dr. D. Dhanboora who noted that Graham's issues of nasal bleeding started in 2015 after he was, accidentally, hit over the head with an iron bar. Dr. Dhanboora further noted that the injury affected Graham's vision as he could only see light and dark in his left eye. In October 2019, Graham underwent a nose cautery and biopsy which revealed inflamed mucosa bilaterally with inflamed oozy tissue beneath, but no bleeding points or pronounced vessels.

Graham submitted a Petition for Hearing to the Department of Labor & Regulation (Department) on August 31, 2017. Graham is currently enduring nosebleeds 4 to 5 times a month that each last 10 to 15 minutes. Since he has been in England, he has had two operations on his nose.

Issues Presented at Hearing

1. Whether Graham proved his work injury is a Major Contributing Cause of his nosebleed condition; and

2. Whether Insurer proved that the medical treatment summarized in Ex. 116 is not reasonable and necessary.

Analysis

To prevail in this matter, Graham must first prove that the alleged injury sustained on January 26, 2015, is a major contributing cause of his nose bleed condition pursuant to SDCL 62-1-1(7). His burden of persuasion is by a preponderance of the evidence. *Caldwell v. John Morrell & Co.*, 489 N.W. 2d 353, 358 (SD 1992). Graham has the burden of proving all facts essential to sustain an award of compensation. *Darling v. West River Masonry Inc.*, 2010 S.D. 4, ¶ 11, 777 N.W.2d 363, 367. He is “not required to prove his employment was the proximate, direct, or sole cause of his injury.” *Smith v. Stan Houston Equip. Co.*, 2013 S.D. 65, ¶ 16, 836 N.W. 2d 647, 652. He also does not need to prove that his work activities were “‘the’ major contributing cause” of the injury; they only have to be “‘a’ major contributing cause.” *Peterson v. Evangelical Lutheran Good Samaritan Society*, 2012 S.D. 52, 21, 816 N.W.2d 843 at 850. “Our law requires a claimant to establish that his injury arose out of his employment by showing a causal connection between his employment and the injury sustained.” *Horn v. Dakota Pork*, 2006 SD 5, ¶ 14, 709 N.W.2d 38, 41. “The fact that an employee may have suffered a work-related injury does not automatically establish entitlement to benefits for his current claimed condition.” *McQuay v. Fischer Furniture*, 2011 S.D. 91, ¶ 11 808 N.W.2d 107, 111 (citations omitted).

Both parties have offered medical expert opinions. “The testimony of professionals is crucial in establishing this causal relationship because the field is one in which

laymen ordinarily are unqualified to express an opinion.” *Day v. John Morrell & Co.*, 490 N.W.2d 720, 724 (SD 1992). “A medical expert's finding of causation cannot be based upon mere possibility or speculation... Instead, ‘[c]ausation must be established to a reasonable medical probability[.]’” *Orth v. Stoebner & Permann Const. Inc.*, 2006 SD 99, ¶34, 724 N.W.2d 586, 593 (citations omitted). “...the value of an opinion of an expert witness is no better than the facts upon which they are based” *Martz v Hills Materials*, 2014 S.D. 83, 857 N.W. 2d 413.

Graham has offered the opinion of Dr. Jay White. White is an otolaryngologist, a facial plastic surgeon, and an ear, nose, and throat facial plastic surgeon. He has been practicing medicine since 2002. At his deposition, Dr. White testified that objective findings supported Graham’s subjective complaint of nosebleeds. Dr. White reviewed Graham’s medical records dated February 3, 2015, which noted Graham exhibited inflamed turbinates and abnormal mucosal surfaces of the lining of his nose. He also stated that the nosebleeds were some of the more severe he had seen in his 20 years of practice and that Graham’s blood loss was significant. Dr. White explained that the nose is filled with blood vessels that have the ability to dilate and swell, but when there is trauma to the body, it causes chronic inflammation. The chronic inflammation manifests a blood vessel dilation and predisposes a person to bleed. The septoplasty with turbinate reduction and functional endoscopic sinus surgery performed by Dr. White was intended to help Graham’s nosebleed in 2016 and 2017. The surgery improved Graham’s condition but he still had heavy nosebleeds at times.

Dr. White testified that the swelling found in Graham’s nose on February 3, 2015, a week after the incident at work, was consistent with Graham’s having struck his nose

on January 26, 2015. He also considered the red mark on the top of Graham's head found a week after the incident to be significant evidence of injury. Dr. White added that Graham's confusion regarding whether he had lost consciousness following the accident was consistent with a closed head injury because someone could have no recollection of the time directly around a blow to the head. Dr. White stated that the inconsistencies in Graham's telling of the incident were similar to what he had seen in his practice and that a lot of it could depend on the questions Graham was asked.

Dr. White provided that he did not see anything in his interactions with Graham to indicate to him that Graham was misrepresenting his claims to receive benefits. He stated that Graham was consistent in his account of his injury, and so Dr. White believed that Graham injured both the top of his head and his face or nose. That nasal trauma, according to Dr. White, led to Graham's nasal problems. Dr. White also found it significant that Graham did not have nosebleeds before the incident but had chronic, heavy nosebleeds after it. Dr. White did not have records of Graham's nose prior to the work incident, and thus his assessment was based on Graham's account of his own history. He predicted that Graham would continue to have nosebleeds going forward, and he would need to have more advanced procedures in the future to stop the bleeds. Dr. White opined that the January 26, 2015, injury is a major contributing cause of the condition he treated because his findings were consistent with the timeline, nature of the injury, and subsequent conditions.

Dr. White's opinion was based on Graham having been hit on the head by the bar, then falling and striking his nose on the ground. However, Dr. White was not provided records regarding how Graham allegedly fell onto his nose. Dr. White also admitted that he had not seen records concerning Graham's nose prior to the incident

and therefore, he did not know whether Graham had nasal swelling, inflammation, or a deviated septum prior to the incident. Dr. White testified that he assumed the alleged work injury was the cause of deviated septum and nosebleeds.

Employer and Insurer have offered the expert medical testimony of Dr. J. Robert Schleiffarth, an otolaryngologist, or an ear, nose, and throat doctor. He saw Graham for an IME in 2018. He opined that it was not uncommon for an individual who had been hit on the head to not be sure whether he lost consciousness. Dr. Schleiffarth testified that he had seen between 2,000 and 3,000 patients for nosebleeds, and he had not seen a case as severe as Graham's. He also stated that they are common after trauma. He added that there is usually some external injury such as a bruise, scrape, or broken nose that would be seen during an examination. He agreed that traumatic injury could cause the redness and inflammation seen inside Graham's nose, but that there was no medical evidence of external injury. Dr. Schleiffarth concluded that while the onset of Graham's nosebleeds fits with the alleged injury, it is unlikely that a blow to the back of the head would cause chronic nosebleeds. He further concluded that no further medical treatment is necessary as a result of the January 26, 2015, incident.

Dr. Schleiffarth also stated that some other causes of recurrent nosebleeds could be taking blood-thinners, old age, vascular problems, an aneurysm bleeding into the nose, infection, or metabolic causes. Dr. Schleiffarth opined that of the potential causes for recurrent nosebleeds the only possibilities in Graham's case are trauma or idiopathic cause which means the medical expert does not know the cause. He further opined that Graham's medical records did not show a history of nosebleeds prior to the incident.

Employer and Insurer have also offered the expert opinion of Erik Powers.

Powers is a registered professional mechanical engineer with advanced graduate coursework in mechanical engineering, the biomechanics of human motion, anatomy and physiology, and the biomechanics of injuries. He performed a physics-based biomechanical analysis of the force and motions that would have been sustained by Graham during his alleged work incident. Based on the size and weight of the bar that allegedly struck Graham, Powers calculated that, at most, the bar would have struck Graham's head at the speed of 10 ft/sec, and his head would have sustained a peak acceleration of 12 g with a resulting Head Injury Criterion (HIC) score of approximately 1. Powers testified that his calculations were based on maximum values and an assumed direct impact on Graham's head after the bar fell a full 90 degrees without any friction. Powers opined that to a reasonable degree of engineering and biomechanical certainty that the maximum possible forces and motions sustained by Graham were far below published injury tolerance limits for sustaining a concussion and were within the physiological range of his everyday activities.

Powers also testified that a HIC score of 1 has a probability of nearly 0% of producing a concussion. He stated that Graham played soccer and was a boxer in the military. For comparison, heading a soccer ball produces a peak head acceleration of up to 31 g. For amateur boxers wearing padded gloves and headgear, a punch delivers, on average, a head impact of 630 pounds, a peak head acceleration of 52 g, and a HIC score of 47. Powers concluded that he would not expect the alleged impact on Graham's head to result in a concussive type of injury. However, he did state that the g-force from a human head falling 2.5 feet down and hitting the ground would be roughly 200 g, and that at that rate, according to governmental studies, 51% of the time people develop concussions.

Powers further stated that the force necessary to break the nasal bone is between 5 to 600 pounds on average and that he could not say that the alleged impact to Graham's head was a contributing factor to his injury or his nosebleed condition. Powers testified that he was not aware of the biomechanical threshold to produce ongoing nosebleeds.

Graham has been unsure about what occurred during his alleged injury. In his First Report of Injury, he indicated that the bar hit him on the back of the head. He later stated that he was hit on top of his head. Medical records from February 2, 2015, and February 20, 2015, note that Graham reported trauma to the top and right side of his head. He reported cervical pain and a bump on the top of his on May 5, 2015. He also told Dr. MacLachlin on September 1, 2015, that he was hit on the top of his head. Graham was told by PA-C Hansen on February 3, 2015, that she did not think the nosebleeds were related to the work injury, because he had been hit on the back of his head. On February 23, 2015, Graham reported to Employer that he was dissatisfied with his care and added that he had hit his nose on something. Both Dr. Schleiffarth and Dr. White opined that Graham not being able to remember whether he had was not an uncommon result of being hit on the head.

The Department finds Dr. White's opinion persuasive. Dr. White opined that the red mark on Graham's head, as well as the inflamed turbinates and abnormal mucosal surfaces of the lining of his nose were objective findings for Graham's condition and injury. Dr. White also opined that the swelling found in Graham's nose on February 3, 2015, was consistent with the alleged injury. Although he did not review medical records of Graham's nose prior to the injury, he found the onset of the nosebleeds, following the incident, to be significant in combination with the objective findings. The Department

finds Dr. White's assessment of the injury and nosebleed condition to be probable. The Department also finds that Graham did state that he was hit on the head or top of the head on February 2, 2015, and the variations in his account of the injury over time have been consistent with someone who suffered an injury to the head according to both Dr. White and Dr. Schleiffarth. Powers testified that while the metal bar itself was unlikely to cause a concussion, falling to the ground, as Graham stated he did, could have done so.

SDCL 62-1-1(7) provides,

- (7) "Injury" or "personal injury," only injury arising out of and in the course of the employment, and does not include a disease in any form except as it results from the injury. An injury is compensable only if it is established by medical evidence, subject to the following conditions:
 - (a) No injury is compensable unless the employment or employment related activities are a major contributing cause of the condition complained of; or

The Department is persuaded that Graham has proven by a preponderance of the evidence that he suffered a work-related injury on January 26, 2015, which is a major contributing cause of his current condition. Additionally, the issue of whether Insurer proved that the medical treatment summarized in Ex. 116, the medical bill summary, is not reasonable and necessary is resolved as Employer and Insurer do not dispute that Graham's treatment has been reasonable and necessary.

In addition to medical benefits, Graham is requesting compensation for his broken glasses. Graham and Rana testified at hearing that they had both tried to find documentation of their purchase of replacement glasses but were unsuccessful. Pearl Vision told Rana that they do not keep records past three years. Vision Source had closed when they tried to contact them. Rana testified that she and Graham had paid for the replacement glasses but did not turn in the bill to Employer, because they were

prioritizing his nosebleeds and headaches. Graham provided photos of the glasses he alleges were broken when he fell. The left lens of the glasses has a crack in the center. Graham testified that there were things such as bolts and pieces of machinery on the floor near the laminate machine, and the lens could have been cracked on one of them. Graham also testified that he did not have to move any items out of the way when he knelt on the floor.

SDCL 62-4-1 provides, in pertinent part,

The employer shall provide necessary first aid, medical, surgical, and hospital services, or other suitable and proper care including medical and surgical supplies, apparatus, artificial members, and body aids during the disability or treatment of an employee within the provisions of this title. Repair or replacement of damaged prosthetic devices is compensable and is considered a medical service under this section if the devices were damaged or destroyed in a work related accident. Repair or replacement of damaged hearing aids, dentures, prescription eyeglasses, eyeglass frames, or contact lenses is considered a medical service under this section if the hearing aids, dentures, prescription eyeglasses, eyeglass frames, or contact lenses were damaged or destroyed in an accident which also causes another injury which is compensable under this law.

Graham's account of how he broke his glasses is credible. As the glasses were broken in a work-related incident, he is entitled to the cost of the replacement.

Conclusion

Graham has proven by a preponderance of the evidence that the injury he suffered on January 26, 2015, is and remains a major contributing cause of his nosebleed condition. The medical treatment summarized in Ex. 116, the medical bill summary, was reasonable and necessary. Employer and Insurer are responsible for the medical expenses, plus interest, as well as future medical treatment and other workers' compensation benefits in the future, such as an impairment rating.

Counsel for Claimant shall submit Findings of Fact and Conclusions of Law and an Order consistent with this Decision within twenty (20) days from the date of receipt of this Decision. Employer and Insurer shall have an additional twenty (20) days from the date of receipt of Claimant's Proposed Findings and Conclusions to submit objections thereto and/or to submit their own proposed Findings of Fact and Conclusions of Law. The parties may stipulate to a waiver of Findings of Fact and Conclusions of Law and if they do so, Claimant shall submit such Stipulation along with an Order consistent with this Decision.

Dated this 13 day of June, 2022.

SOUTH DAKOTA DEPARTMENT OF LABOR & REGULATION



Michelle M. Faw
Administrative Law Judge