

1 **WORKERS' COMPENSATION APPEALS BOARD**

2 **STATE OF CALIFORNIA**

3
4 **MATTHEW LOPEZ,**

5 *Applicant,*

6 **vs.**

7 **CITY AND COUNTY OF SAN FRANCISCO,**
8 **Permissibly Self-Insured,**

9 *Defendant.*

Case No. ADJ8505079
(San Francisco District Office)

OPINION AND DECISION
AFTER
RECONSIDERATION

10 On January 8, 2016, we granted reconsideration in this matter to provide an opportunity to further
11 study the legal and factual issues raised by the Petition for Reconsideration. Having completed our
12 review, we now issue our Decision After Reconsideration.

13 Defendant, City and County of San Francisco, permissibly self-insured, filed a Petition for
14 Reconsideration from the Findings and Award, issued November 2, 2015, in which a workers'
15 compensation administrative law judge (WCJ) awarded applicant Matthew Lopez the medical treatment,
16 including disc replacement surgery, recommended by Dr. Clement Jones, a secondary treating physician,
17 finding the WCAB had jurisdiction to determine the medical necessity of Dr. Jones' recommended
18 medical treatment due to defendant's failure to timely perform utilization review (UR) of his request for
19 authorization (RFA), or timely communicate its UR determination.

20 Defendant contests the WCJ's award of medical treatment, contending that it was not required to
21 submit Dr. Jones' RFA to UR. Defendant argues that its authorization for a surgical consultation with Dr.
22 Jones at the request of applicant's primary treating physician did not elevate the Dr. Jones' status to that
23 of a secondary treating physician, and that even if the consulting physician can be considered to be a
24 secondary treating physician, he was not authorized by the primary treating physician to submit an RFA
25 to defendant's claims administrator. Defendant argues the secondary treating physician "had no legal
26 right to submit an RFA," and therefore defendant was not obligated to respond to the RFA and that "all
27 events stemming from it are fruit of the poisonous tree."

1 Applicant has filed an Answer to defendant's Petition for Reconsideration, and the WCJ has
2 prepared a Report and Recommendation on Petition for Reconsideration, in which she recommends that
3 defendant's Petition be denied.

4 Following our review of the record, and for the reasons set forth below, we shall, as our Decision
5 After Reconsideration, affirm the WCJ's determination to award the medical treatment requested by Dr.
6 Jones.

7 I.

8 Applicant sustained an admitted injury to his back on March 13, 2012, while employed as a
9 police officer by the City and County of San Francisco. At the request of his primary treating physician,
10 Dr. Grant, a pain management specialist, defendant authorized a surgical consultation with Dr. Jones, a
11 spine specialist. Dr. Jones evaluated applicant on July 31, 2015, and provided a detailed discussion of
12 applicant's need for surgery.

13 On August 3, 2015, Dr. Jones submitted an RFA for x-rays and disc replacement and fusion
14 surgery on DWC Form RFA, which was received by defendant on that date.

15 On August 12, 2015, defendant's UR service, GENEX, denied authorization for the surgery. The
16 reviewing physician, Dr. Goldsmith, left a telephone message with Dr. Jones' receptionist "with reason
17 for call and call back information."

18 On August 13, 2015, Dr. Jones submitted an appeal of the UR denial, which was referred to Dr.
19 Phillips for a peer review. On August 20, 2015, Dr. Phillips concurred with the denial of authorization.

20 On August 19, 2015, Dr. Grant submitted an RFA to defendant requesting authorization of Dr.
21 Jones' surgical recommendation. No UR was performed on this request.

22 Following an expedited hearing, the WCJ concluded that Dr. Jones, as a physician acting at the
23 behest of the primary treating physician, could properly submit an RFA for the surgery. Because the UR
24 denial was not timely issued or communicated to Dr. Jones, the WCJ determined that she had jurisdiction

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1 to review the medical necessity of the requested treatment.¹ Based upon substantial medical evidence, the
2 WCJ found the treatment was reasonably necessary to cure or relieve applicant's industrial injury.²

3 II.

4 The UR process is mandated by Labor Code section 4610, which is defined as the function that
5 "prospectively, retrospectively, or concurrently review and approve, modify, delay, or deny, based in
6 whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians, as
7 defined in Section 3209.3³, prior to, retrospectively, or concurrent with the provision of medical
8 treatment services pursuant to Section 4600."

9 All employers are mandated to establish a UR process and conduct UR of requests for medical
10 treatment that are not authorized by a claims adjuster. (Lab. Code §4600(b), *SCIF v. Workers' Comp.*
11 *Appeals Bd. (Sandhagen)* (2008) 44 Cal.4th 230 [73 Cal.Comp.Cases 981].) As noted in *Sandhagen*,

12 "the Legislature intended utilization review to ensure quality, standardized
13 medical care for workers in a prompt and expeditious manner. To that end,
14 the Legislature enacted a comprehensive process that balances the dual
15 interests of speed and accuracy, emphasizing the quick resolution of
16 treatment requests, while allowing employers to seek more time if more
17 information is needed to make a decision.
18 [73 Cal. Comp. Cases 981, 989.]

16 The statutory provisions that mandate UR do not specify that the physician requesting
17 authorization must be a designated "primary treating physician." These provisions only refer to treatment
18 recommendations made by "physicians," and provide for communication of UR determinations to the
19 "requesting physician."⁴

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21 ¹ Defendant does not challenge Finding of Fact number 3, that "the utilization review determination
22 dated August 12, 2015 was not timely and was not timely communicated to Dr. Jones." The UR denial
23 was untimely, as it issued two days beyond the statutory deadline. (See *Dubon v. World Restoration, Inc.*
24 (2014) 79 Cal.Comp.Cases 1298 [Appeals Board en banc].)

25 ² Defendant does not challenge the WCJ's Finding of Fact number 5, that "Applicant has proven by
26 substantial evidence that he requires further medical treatment to cure or relieve from the effects of the
27 injury, including but not limited to a preoperative history and physical, flexion/extension x-rays and disc
replacement/total disc arthroplasty surgery at L4-L5." We see no error in the WCJ's finding in this
regard.

26 ³ Section 3209.3 provides that "physician" includes physicians and surgeons holding an M.D. or O.D.
degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractors.

27 ⁴ Labor Code section 4610(a) refers to "treatment recommendations by physicians," while multiple
sections refer to "requests by physicians."

1 The rules implementing the UR process are contained in Article 5.5.1 of the Administrative
2 Director Rules. Initially, a Request for Authorization was to be made on DWC Forms prepared by the
3 primary treating physician, such as a Doctor's First Report of Occupational Injury or Illness or a PR-2
4 Progress Report, but could also be made in a narrative report containing the same information as required
5 in a PR-2, provided the narrative report is clearly marked at the top that it is an RFA. Subsequently, the
6 Administrative Director Rules were amended to require that all requests for authorization be submitted
7 on DWC Form RFA, pursuant to AD Rule 9785.5.

8 Prior to July 1, 2013, Administrative Director Rule 9792.6 provided that a Request for
9 Authorization consisted of:

10 a written confirmation of an oral request for a specific course of proposed
11 medical treatment pursuant to Labor Code section 4610(h) or a written
12 request for a specific course of proposed medical treatment. An oral
13 request for authorization must be followed by a written confirmation of the
14 request within seventy-two (72) hours. Both the written confirmation of an
15 oral request and the written request must be set forth on the 'Doctor's First
16 Report of Occupational Injury or Illness,' Form DLSR 5021, section 14006,
or on the Primary Treating Physician Progress Report, DWC Form PR-2,
as contained in section 9785.2, or in narrative form containing the same
information required in the PR-2 form. If a narrative format is used, the
document shall be clearly marked at the top that it is a request for
authorization.

17 The Rule, as amended as of July 1, 2013, for injuries occurring on or after January 1, 2013,
18 defines an RFA as a "written request for a specific course of proposed medical treatment. (Cal. Code
19 Regs., tit. 8, § 9792.6.1(t).) The request is required to be "set forth on a 'Request for Authorization
20 (DWC Form RFA),' completed by *a treating physician*. (Cal. Code Regs., tit. 8, § 9792.6.1(t)(1),
21 Emphasis added.) A "completed" Request for Authorization "must identify both the employee and the
22 provider, identify with specificity a recommended treatment or treatments, and be accompanied by
23 documentation substantiating the need for the requested treatment." (Cal. Code Regs., tit. 8, §
24 9792.6.1(t)(2).) The RFA "must be signed by *the treating physician*." (Cal. Code Regs., tit. 8, §
25 9792.6.1(t)(3). Emphasis added.)⁵

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27 ⁵ Rule 9792.6.1(t) "Request for authorization" means a written request for a specific course of proposed
medical treatment.

1 AD Rule 9792.9, for pre-2013 injuries or where the RFA is received prior to July 1, 2013, and
2 superseding Rule 9792.9.1, for dates of injury on or after January 1, 2013, or where the UR decision is
3 communicated to the requesting physician on or after July 1, 2013, provide the procedures to be followed
4 in performing utilization review of a request for authorization of medical treatment. These sections
5 specify the required timeframes for issuing and communicating decisions to the "requesting physician,"
6 or deferring decisions if liability is for the injury or the treatment is disputed, or additional information is
7 required to render a decision. Neither of these sections refer to the physician requesting authorization as
8 either a primary treating physician or a secondary treating physician.

9 The Rules that define the role and reporting duties of primary treating physicians are contained in
10 Article 5 of the Administrative Director Rules. AD Rule 9780(f) defines a "primary care physician" as "a
11 physician who has the responsibility for providing initial and primary care to patients, for maintaining the
12 continuity of patient care, and for initiating referral for specialist care. A primary care physician shall be
13 either a physician who has limited his or her practice of medicine to general practice or who is a board-
14 certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner." (Cal.
15 Code Regs., tit. 8, § 9780(f).)

16 In AD Rule 9785 (Cal. Code Regs., tit. 8, § 9785), the primary treating physician is defined as the
17 physician with primary responsibility for managing the medical care for an injured worker, and has
18 examined the injured worker at least once "for the purpose of rendering or prescribing treatment and has
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20 (1) Unless accepted by a claims administrator under section 9792.9.1(c)(2), a request for
21 authorization must be set forth on a "Request for Authorization (DWC Form RFA)," completed
22 by a treating physician, as contained in California Code of Regulations, title 8, section 9785.5.
23 Prior to March 1, 2014, any version of the DWC Form RFA adopted by the Administrative
24 Director under section 9785.5 may be used by the treating physician to request medical treatment.

25 (2) "Completed," for the purpose of this section and for purposes of investigations and
26 penalties, means that the request for authorization must identify both the employee and the
27 provider, identify with specificity a recommended treatment or treatments, and be accompanied
by documentation substantiating the need for the requested treatment.

(3) The request for authorization must be signed by the treating physician and may be
mailed, faxed or e-mailed to, if designated, the address, fax number, or e-mail address designated
by the claims administrator for this purpose. By agreement of the parties, the treating physician
may submit the request for authorization with an electronic signature.

1 monitored the effect of the treatment thereafter.” (Cal. Code Regs., tit. 8, § 9785(a)(1).) A secondary
2 treating physician “is any physician other than the primary treating physician who *examines or provides*
3 *treatment* to the employee, but is not primarily responsible for continuing management of the care of the
4 employee.” (Cal. Code Regs., tit. 8, § 9785(a)(2). Emphasis added.) Rule 9785(c) provides that the
5 primary treating physician, “*or a physician designated by the primary treating physician*, shall make
6 reports to the claims administrator as required by the section.” (Cal. Code Regs., tit. 8, § 9785(c).
7 Emphasis added.)

8 AD Rule 9785 also sets forth the responsibilities of a primary treating physician, stating that there
9 can be only one primary treating physician at a time, that the primary treating physician shall make
10 periodic reports to the claims administrator, shall render opinions on all medical issues necessary to
11 determine the employee’s eligibility for compensation by submitting a Doctor’s First Report, receiving
12 reports of secondary physicians and submitting them to the claims administrator, and reporting to the
13 claims administrator within 20 days if “there is any significant change in the treatment plan reported,
14 including but not limited to, . . . (B) a new need for hospitalization or surgery . . .” (Cal. Code Regs., tit.
15 8, § 9785(f)(2)(B).)

16 AD Rule 9785(g) refers to the requirements of Rule 9792.9.1, regarding the submission of an
17 RFA on the DWC Form RFA, as specified in Rule 9785.5. However, it does not specify that the RFA
18 must be submitted by a primary treating physician.

19 III.

20 Defendant argues that the specification of the primary treating physician’s responsibilities in the
21 Administrative Director’s rules leaves “little to no leeway for the PTP to delegate her duties,” or for other
22 “random and secondary actors” to “usurp the power” of the PTP.⁶ Defendant’s petition sets out Rule
23 9785 in its entirety to emphasize the extent of the primary treating physician’s reporting duties.
24 Defendant’s analysis⁷ is that Rule 9785 forges a three way relationship between the injured worker, the
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26 ⁶ Defendant mistakenly assumes that the Administrative Director Rules are statutory provisions of the
27 Labor Code, and argues that the rules of statutory construction apply.

⁷ “Let’s analyze the plain language and the intent of the statute.” (Petition, 10:8.)

1 primary treating physician and the claims administrator, leaving no authority for a secondary treating
2 physician to “usurp” the mandated duties of the primary treating physician.

3 Defendant further argues that the primary treating physician’s request to obtain a consultation
4 from Dr. Jones on whether applicant was in need of surgery did not transform Dr. Jones into a treating
5 physician with authority to submit an RFA.

6 IV.

7 The issue presented here, whether the RFA submitted by a treating physician such as Dr. Jones
8 triggered defendant’s obligation to submit the RFA to UR, has been addressed by several Appeals Board
9 panel decisions. Our review of these decision confirms that they have uniformly found that it does trigger
10 defendant’s obligation, with one distinguishable exception.

11 In *DeRosa v. Office Solutions*, 2015 Cal. Wrk. Comp. P.D. LEXIS 14 (ADJ1858388), the panel
12 returned the matter for further proceedings to determine whether a request for authorization for surgery
13 by a secondary treating physician was timely, due to the absence of evidence of the date the UR denial
14 was communicated. On the issue of the role of a secondary physician in making a request for
15 authorization, the panel relied on the absence of any statutory or regulatory mandate that required a
16 primary treating physician to submit an RFA, stating:

17 With respect to whether a secondary treating physician can make a request
18 for surgery, Labor Code section 4061.5 requires that the treating physician
19 “or the physician designated by that treating physician” shall “render
20 opinions on all medical issues necessary to determine eligibility for
21 compensation.” Administrative Director Rule 9785 defines a “secondary
22 physician” as “any physician other than the primary treating physician who
examines or provides treatment to the employee, but is not primarily
responsible for continuing management of the care of the employee.” (Cal.
Code Regs., tit. 8, § 9785(a)(2).) From our review of the applicable statutes
and regulations, it appears that either a primary or secondary physician
may make a request for authorization of treatment.

23 In *O’Neal v. Hale Aloha*, 2015 Cal. Wrk. Comp. P.D. LEXIS 80 (ADJ7685567), the panel held
24 that an RFA by a secondary treating physician triggered defendant’s obligation to submit the request to
25 UR. In *O’Neal*, applicant’s primary treating physician referred applicant to Dr. McCormack for a
26 Neurological Consultation. Dr. McCormack recommended surgery and subsequently faxed an RFA to
27 defendant’s claims adjuster, who responded that RFAs must come from the primary treating physician,

1 and his report would be forwarded to the primary treating physician for review. The primary treating
2 physician subsequently adopted Dr. McCormack's RFA and submitted a second RFA to defendant. The
3 second RFA was submitted to UR and was denied. Following an expedited hearing, the WCJ found
4 defendant was required to have submitted Dr. McCormack's RFA to UR, and that defendant was
5 required to provide the disputed surgery.

6 On reconsideration, defendant argued that it was not required to submit Dr. McCormack's RFA to
7 UR because he was not a treating doctor, having only provided a "one-time neurosurgical consultation."
8 In affirming the WCJ's determination, the panel stated:

9 Contrary to defendant's contention that only reports authored by the
10 primary treating physician may be the basis for a Request for
11 Authorization, the relevant language in Rule 9792.6.1(t)(2) does not
12 mandate that only reports of a primary treating physician be attached. The
13 Rule states that a completed Request for Authorization must provide
14 documentation substantiating the need for the treatment, and does not
15 specify the specific report that must be attached. While the Request for
16 Authorization form in Rule 9785.5 does indicate that a Doctor's First
17 Report of Occupational Injury or Illness or a DWC PR-2 progress report
18 form, which is intended to be completed by the primary treating physician,
19 may be attached to the Request for Authorization, it also states that the
20 Request for Authorization may attach an "equivalent narrative report
21 substantiating the requested treatment."

22 Here, Dr. McCormack submitted the appropriate Request for
23 Authorization form along with his "narrative report substantiating the
24 requested treatment." Dr. McCormack should have been considered a
25 treating physician whose completion of the required forms should have
26 prompted defendant to initiate the UR process. Dr. McCormack did not
27 merely consult with Dr. Rhoades, but he affirmatively undertook to provide
the surgical treatment he recommended. His report not only indicates that
he recommended the surgery, but he also assumed the role of a treating
physician by counseling applicant on the risks and benefits of the proposed
treatment, and indicating that "We'll proceed to get authorization." He then
took the further step of completing the Request for Authorization to obtain
approval of the surgery and sending the form to defendant's claims
adjuster. He did not refer the question whether to seek approval for the
surgery to Dr. Rhoades, but undertook to obtain the authorization himself.

24 In *Thigpin v. Beacon Oil*, 2015 Cal. Wrk. Comp. P.D. LEXIS 673 (ADJ7135765), a Board panel
25 adopted the WCJ's Report in which he held that defendant was obligated to respond to an RFA of a
26 secondary treating physician by submitting it to UR, and by failing to take action on the RFA, defendant
27 was obligated to provide the recommended medical treatment. The WCJ stated in his Report:

1 Although Petitioner would and did argue that the statutory and regulatory
2 framework requires that UR only be triggered by an RFA from a primary
3 treating physician, this is not accurate. The Court relied upon 8 CCR
4 9792.9.1(b)(1) as part of its decision and rational for it. Section (b) states:
5 “Utilization review of a medical treatment request made on the DWC Form
6 RFA may be deferred if the claims administrator disputes liability for
7 **either** the occupational injury for which the treatment is recommended or
8 the recommended treatment itself on grounds other than medical necessity”
9 (emphasis added). A notice is required and this was not sent out by the
10 claims administrator. Petitioner believes that this section only applies to
11 disputed claims, but the plain language of the section shows that it refers to
12 disputed liability for the injury or the treatment.

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14 Untimely utilization review thus resulted because the claims administrator
15 did not properly defer utilization review pending coordination with the
16 primary treating physician. The consulting physician (secondary treating
17 physician) was the requesting physician and his RFA was not sent to UR or
18 deferred. It is likely that all would agree when the primary treating
19 physician does not have the requisite training or experience or specialty to
20 primarily, or in the first instance, recommend a course of treatment, that a
21 consulting or secondary physician could be needed. It seems inappropriate
22 to then request that the primary treating physician agree with, as in this
23 case surgical treatment, that the PTP would not be qualified to perform or
24 primarily recommend. That was the very reason in this case that the former
25 surgeon, Dr. Aryan, was asked to consult again.

26 In *Torres-Ramos v. Felix Marquez*, 2014 Cal. Wrk. Comp. P.D. LEXIS 208 (ADJ982471), the
27 Board panel adopted the WCJ’s Report on defendant’s Petition for Removal, where defendant
28 challenged, *inter alia*, the WCJ’s determination that a DWC Form RFA from a secondary treating
29 physician triggered defendant’s duty to submit the matter to UR. The defendant argued that the
30 secondary physician’s request for authorization must be incorporated into the report of the primary
31 treating physician, to which the WCJ responded: “Defendant’s argument is steeped in the traditions of
32 workers’ compensation but is no longer the law. A request for authorization may come from any health
33 care provider who is a treating physician. See Rule 9792.6.1(b) and (t.) There is no requirement any more
34 of having a primary treating physician in utilization review.”

35 The sole Appeals Board decision holding that an RFA from a secondary treating physician did not
36 trigger defendant’s obligation to submit it to UR is *Espinoza v. Workers’ Comp. Appeals Bd.* (2014) 80
37 Cal. Comp. Cases 36 [writ denied] (*Espinoza v. Intergem, Inc.*, 2014 Cal. Wrk. Comp. P.D. LEXIS 494.)
38 In that case, the panel reversed the WCJ’s finding that he had jurisdiction to determine applicant’s need
39 for surgery where the record did not establish whether or when the secondary treating physician’s

1 multiple reports recommending surgery were provided to defendant and the reports did not comply with
2 the requirements for pre-July 1, 2013 requests for authorization to provide defendant with notice of the
3 request using the form PR-2 or Doctor's First Report, which the panel noted were "to be completed and
4 submitted by the primary treating physician, not by a secondary physician," citing the rules pertaining to
5 the duties of the primary treating physician in Rule 9785. The panel further stated that "Applicant did not
6 submit any valid requests for authorization from his primary treating physician into evidence. Defendant
7 did not have any obligation to submit secondary physician Dr. Cohen's recommendations to utilization
8 review, and there was no evidence submitted that defendant even received these recommendations, which
9 were correctly addressed to the primary treating physician, not to the defendant."

10 We note that the panel decision in *O'Neal* distinguished the determination in *Espinoza* on the
11 basis that there was no evidence that the secondary treating physician's reports recommending the
12 disputed medical treatment were ever served on defendant, and that the secondary treating physician did
13 not clearly mark his reports as a request for authorization, thus preventing defendant from timely acting
14 upon the RFA.

15 V.

16 Insofar as there is no express requirement in the Labor Code or Administrative Director Rules
17 that an RFA may only be submitted by a primary treating physician, there is little support for the
18 contention that an RFA submitted by a secondary treating physician can be disregarded and not be
19 submitted to UR. That the primary treating physician has specific duties vis a vis communicating with the
20 claims adjuster about an applicant's medical condition and treatment does not diminish the role of a
21 secondary treating physician who has been invited to apply his or her specialized expertise to assist
22 applicant's treatment. If a secondary physician's opinion is required to determine the proper course of
23 treatment it is often because the primary treating physician lacks the necessary expertise. As noted by the
24 WCJ in *Thigpin*, it would be inappropriate to require that the primary treating physician request
25 authorization for treatment that the primary treating physician was not qualified to perform or
26 recommend. A chiropractor or pain management physician acting as a primary treating physician would
27 not be in a better position to recommend spinal surgery than an orthopedic surgeon who is asked to

1 provide a consultation and intends to perform the surgery.

2 In this matter, Dr. Jones was requested to examine applicant to determine whether he was a
3 candidate for surgery to treat his industrial injury, and as an examining physician, he qualifies as a
4 secondary treating physician under Rule 9785(a)(2). Moreover, Dr. Jones' intention was to act as a
5 *treating* physician when he consulted for Dr. Grant, applicant's primary treating physician, a pain
6 management specialist, and recommended that he perform a surgical procedure that was beyond Dr.
7 Grant's expertise. When defendant received the RFA from Dr. Jones, its claims adjuster was required to
8 submit the RFA to UR, as would be appropriate for an RFA from any treating physician.

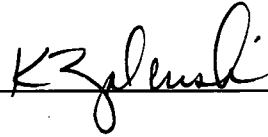
9 Therefore, when defendant failed to meet the mandatory UR time requirements for responding to
10 an RFA, the WCJ properly exercised jurisdiction to determine the medical necessity of the treatment
11 recommended by Dr. Jones. As defendant does not challenge the WCJ's determination that there is
12 substantial medical evidence in the record to establish that the recommended treatment is reasonable and
13 necessary to cure or relieve applicant from the effects of his industrial injury, we will affirm her Findings
14 and Award.

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1 For the foregoing reasons,

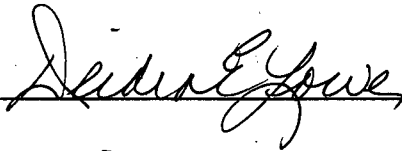
2 **IT IS ORDERED** that, as our Decision After Reconsideration, the Findings and Award issued
3 November 2, 2015, is **AFFIRMED**.

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5 **WORKERS' COMPENSATION APPEALS BOARD**

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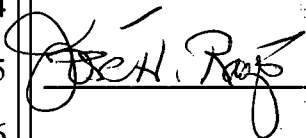
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9 **KATHERINE ZALEWSKI**

10 **I CONCUR,**

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13 **DEIDRA E. LOWE**



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17 **JOSÉ H. RAZO**

18 **DATED AND FILED AT SAN FRANCISCO, CALIFORNIA**

19 **MAY 1 1 2016**

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21 **SERVICE MADE ON THE ABOVE DATE ON THE PERSONS LISTED BELOW AT THEIR**
22 **ADDRESSES SHOWN ON THE CURRENT OFFICIAL ADDRESS RECORD.**

23 **MATTHEW LOPEZ**
24 **JONES, CLIFFORD, JOHNSON, ET AL.**
25 **CITY ATTORNEY OF SAN FRANCISCO**



26 **SV/pc**