B WORKERS COMPENSATION COMMISSION

STATEMENT OF REASONS FOR DECISION OF THE APPEAL PANEL IN RELATION TO A MEDICAL DISPUTE

Matter Number:	**M1-1514/19**
Appellant:	**Irene Jasmin**
Respondent:	**Cleaners New South Wales Pty Limited (in liquidation)**
Date of Decision:	**4 November 2019**
Citation:	**[2019] NSWWCCMA 160**

Appeal Panel:	
Arbitrator:	**Mr William Dalley**
Approved Medical Specialist:	**Dr Brian Noll**
Approved Medical Specialist:	**Dr David Crocker**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 30 July 2019 Irene Jasmin (Ms Jasmin/the appellant) lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Dr Roger Pillemer, an Approved Medical Specialist (AMS), who issued a Medical Assessment Certificate (MAC) on 3 July 2019.

2. The appellant relies on the following ground of appeal under s 327(3)(d) of the *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act): the MAC contains a demonstrable error.

3. The Registrar is satisfied that, on the face of the application, the ground of appeal has been made out. The Appeal Panel has conducted a review of the original medical assessment but limited to the ground of appeal on which the appeal is made.

4. The WorkCover Medical Assessment Guidelines set out the practice and procedure in relation to the medical appeal process under s 328 of the 1998 Act. An Appeal Panel determines its own procedures in accordance with the WorkCover Medical Assessment Guidelines.

5. The assessment of permanent impairment is conducted in accordance with the *NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment, 4th* ed 1 April 2016 (the Guidelines) and the *American Medical Association Guides to the Evaluation of Permanent Impairment,* 5th ed (AMA 5).

RELEVANT FACTUAL BACKGROUND

6. Ms Jasmin suffered an injury to her right knee on 11 August 2009 in the course of her employment as a cleaner employed by Cleaners New South Wales Pty Ltd (the respondent). She reported the injury and continued to work, although with pain in the right knee.

7. When the pain did not decrease, Ms Jasmin consulted her general practitioner and radiological investigation of the knee was carried out. Ms Jasmin was referred to an orthopaedic surgeon, Dr Robert Elliott, who performed right knee arthroscopy in March 2010. Ms Jasmin did not return to work and in May 2010 her employment was terminated.

8. Further surgery was performed on the right knee on 1 February 2011 with some relief of symptoms.

9. Ms Jasmin continued to receive treatment in respect of her right knee. In November 2013 she was examined by an Independent Medical Expert, Dr Drew Dixon who assessed 14% Whole Person Impairment (WPI) in respect of injury to the right knee. Dr Dixon also assessed the lumbar spine as within DRE Lumbar Category I, rating 0% impairment.

10. The respondent disputed the extent of impairment in respect of the right knee. The dispute was referred to an AMS, Dr Richard Crane, who assessed 9% WPI in respect of injury to the right knee. Dr Crane deducted 1/10 for the pre-existing condition in the knee, yielding WPI due to injury of 8%. Dr Crane noted: "Should a total knee replacement be carried out, depending on whether the result is good, fair or poor, the whole person impairment would be assessed as between 15-30% less 1/10 deduction for the pre-existing disease in the knee."

11. Ms Jasmin continued to experience symptoms in her right knee and lower back and underwent a partial knee replacement on 5 March 2015.

12. Ms Jasmin continued to experience pain. On 16 May 2018 Ms Jasmin was examined by Dr Sikander Khan, at the request of her solicitors. Dr Khan assessed WPI in respect of the right knee injury. He commented[1]:

> "As a consequence of her limping and favouring the right knee, she developed pains in her lumbar spine for which she has recently undergone a CT scan of the lumbar spine. Her condition in the lumbar spine has been treated conservatively with painkillers."

13. Dr Khan noted complaints of constant soreness in the lumbosacral spine. He assessed Ms Jasmin as having achieved a fair result from her knee surgery and assessed 20% WPI in respect of the right lower extremity. On the basis of asymmetric restriction of movement on examination, Dr Khan assessed Ms Jasmin as falling within DRE Lumbar Category II warranting 7% WPI, including 2% in respect of interference with activities of daily living. He also assessed 1% WPI in respect of surgical scarring consequential upon the knee surgery.

14. Ms Jasmin's solicitors made a claim in accordance with Dr Khan's assessment. Ms Jasmin was examined by Dr Powell, orthopaedic surgeon, at the request of the insurer on 12 April 2018. Dr Powell had previously examined Ms Jasmin on six earlier occasions going back to 25 February 2010. In a report dated 24 April 2018 Dr Powell assessed 18% WPI in respect of the right lower extremity after deduction of 1/10 for pre-existing degenerative condition but did not accept that any pathological condition in the lumbar spine was attributable to the right knee injury.

15. An Application to Resolve a Dispute was filed in the Commission. The respondent disputed that Ms Jasmin had suffered the onset of a consequential condition in the lumbar spine as a result of the injury to her right knee and the matter proceeded to hearing before a Commission Senior Arbitrator.

16. The Senior Arbitrator, in a Certificate of Determination dated 17 June 2019 relevantly determined:

> "4. As a consequence of the agreed injury to the applicant's right knee on 11 August 2009 in the course of her employment with the respondent, the applicant developed a lumbar spine condition.

[1] Application to Resolve a Dispute p.60

5. The matter is remitted to the Registrar for referral to an Approved Medical Specialist to assess permanent impairment for the purposes of ascertaining if the applicant passes the threshold in section 39 of the *Workers Compensation Act 1987* in relation to the following:

   a. Date of injury: 11 August 2009

   b. Body Parts: Right lower extremity (knee) scarring and lumbar spine.

6. The documents to be referred to the Approved Medical Specialist to include the Application to Resolve a Dispute, Reply, Application to Admit Late Documents dated 7 May 2019 and a Certificate of Determination/Statement of Reasons."

17. The referral request listed those documents as having been provided to the AMS.

18. Ms Jasmin was examined by the AMS on 1 July 2019. The AMS assessed 18% WPI in respect of injury to the right lower extremity (knee) after deduction of 1/10 pursuant to s 323 of the 1998 Act. The AMS assessed 0% WPI in respect of the lumbar spine and with respect to scarring.

19. No complaint is addressed by the parties to the determination in respect of the right knee or scarring.

PRELIMINARY REVIEW

20. The Appeal Panel conducted a preliminary review of the original medical assessment in the absence of the parties and in accordance with the WorkCover Medical Assessment Guidelines.

21. As a result of that preliminary review, the Appeal Panel determined that it was not necessary for the worker to undergo a further medical examination because there was sufficient evidence by way of medical reports, statements and clinical investigations to enable a determination to be made.

Fresh evidence

22. Section 328(3) of the 1998 Act provides that evidence that is fresh evidence or evidence in additional to or in substitution for the evidence received in relation to a medical assessment appealed against may not be given on an appeal by a party unless the evidence was not available to the party before the medical assessment and could not reasonably have been obtained by the party before that medical assessment.

23. The appellant seeks to admit evidence by way of a statutory declaration disputing the history recorded by the AMS: "As will be noted Ms Jasmin has also developed discomfort in her low back region and on specific questioning she feels the symptoms came on about three years ago" and "With regard to Ms Jasmin's lumbar spine, as noted the symptoms have only come on in the last three years, some seven years after her original injury."

24. The appellant submits that the evidence is relevant to demonstrate that the AMS had assessed the appellant upon the basis of an incorrect history. The appellant submits that the evidence was not available and could not reasonably have been obtained because the history accepted by the AMS was not disclosed until publication of the MAC.

25. The respondent made no submissions relevant to the admission of the statutory declaration.

26. The Appeal Panel determines that the evidence should not be received on the appeal because the additional information is not qualitatively different to that which was before the AMS[2]. Ms Jasmin's statement recorded that that her position as a cleaner was terminated in May 2010 and she said at that time; "I continued to experience pain in my right knee, hip and lower back."

27. A report dated 25 November 2013 of an independent medical expert, Dr Drew Dixon, notes that an x-ray of the lumbosacral spine showed "a scoliosis convex to the left with degenerative disc change with osteophyte formation and disc space narrowing at L3/4." The AMS noted that this x-ray had been carried out and observed that it showed "constitutional degenerative changes".

28. Dr Dixon recorded in the longer of the two reports dated 25 November 2013:

> "Recently she has developed right-sided low back pain which she localises to the right lumbosacral region with lumbar stiffness and she thinks this is secondary to her walking awkwardly while favouring the right knee."

29. In a separate report of the same date Dr Dixon reported: "That [assessment] for her lumbar spine where she has developed low back pain with right lumbosacral facet arthralgia with lumbar stiffness is from Table 15-3, AMA V, DRE Category I, 0% whole person impairment."

30. The reports of Dr Dixon are wholly inconsistent with the AMS' understanding that Ms Jasmin first experienced low back symptoms about three years prior to his examination. A statutory declaration by Ms Jasmin to the effect that she did not make this statement to the AMS adds nothing to her earlier statements and the independent evidence provided by Dr Dixon's reports in 2013.

EVIDENCE

Documentary evidence

31. The Appeal Panel has before it all the documents that were sent to the AMS for the original medical assessment and has taken them into account in making this determination.

Medical Assessment Certificate

32. The AMS recorded:

> "With regard to Ms Jasmin's lumbar spine, as noted the symptoms have only come on in the last three years, some seven years after her original injury. She only has a minimal limp and as noted has fairly widespread degenerative changes throughout the lumbar region, and in my opinion, I am unable to relate her lumbar symptoms to her original injury in August 2009. Noting the original x-ray of the lumbar spine in 2010 showing the constitutional degenerative changes, in my opinion it is far more likely than not that Ms Jasmin would have developed discomfort in her lumbar region at this stage of her life, even if she had not had the injury in August 2009. I have therefore not awarded any impairment for the lumbar spine.
>
> Please also note that Ms Jasmin informed me that the pain in the right side of the low back and buttock area only came on some three years ago, and I note that her hemi-arthroplasty was also carried out some three years ago.

[2] *See State of New South Wales v Ali* [2018] NSWSC 1783

As noted, she was only walking with a minimal limp at this stage, and once she had recovered from her arthroplasty I would suggest she would only have a minimal limp present. In my opinion this would not be significant enough to place additional stress on her lumbar spine."

33. The AMS assessed Ms Jasmin in respect of the lumbar spine as within DRE Lumbar Category I warranting an assessment of 0% WPI.

SUBMISSIONS

34. Both parties made written submissions. They are not repeated in full but have been considered by the Appeal Panel.

35. In summary, the appellant submits that the AMS has assessed lumbar spine impairment on the basis that Ms Jasmin's lumbar symptoms could not be related to her original injury in 2009. That conclusion was not open to the AMS as the referral was made on the basis of a finding by the Commission: "As a consequence of the agreed injury to the applicant's right knee on 11 August 2009 in the course of her employment with the respondent, the applicant developed a lumbar spine condition." Further, the AMS had relied on an incorrect history.

36. In reply, the respondent submits that the AMS correctly identified his role as assessing permanent impairment resulting from the subject injury and it was open to the AMS to conclude that there was no impairment resulting from any condition consequential to the injury to the right knee at the time of the AMS's examination of the applicant.

FINDINGS AND REASONS

37. The procedures on appeal are contained in s 328 of the 1998 Act. The appeal is to be by way of review of the original medical assessment but the review is limited to the grounds of appeal on which the appeal is made.

38. In *Campbelltown City Council v Vegan*[3] the Court of Appeal held that the Appeal Panel is obliged to give reasons. Where there are disputes of fact it may be necessary to refer to evidence or other material on which findings are based, but the extent to which this is necessary will vary from case to case. Where more than one conclusion is open, it will be necessary to explain why one conclusion is preferred. On the other hand, the reasons need not be extensive or provide a detailed explanation of the criteria applied by the medical professionals in reaching a professional judgement.

39. The applicant submitted that the AMS "has effectively found that the appellant did not as a consequence of injury to right knee on 11 August 2009 develop a lumbar spine condition." That finding was not open to the AMS given the determination of the issue in the finding of the Senior Arbitrator set out in her Statement of Reasons and the Determination.

40. In addition, in coming to that conclusion, the AMS had acted on the basis of an incorrect history: "the [lumbar spine) symptoms have only come on in the last three years, some seven years after her original injury".

41. The respondent noted the decision of Malpass AsJ in *Waikara v Registrar of the Workers Compensation Commission and Another*[4] at [29] where his Honour said:

[3] [2006] NSWCA 284
[4] [2005] NSWSC 954

> "29. It seems to me, whether or not regard is had to what was done by the arbitrator, that the medical assessment certificate contained a demonstrable error. The contents of the certificate show that Dr Matheson had come to the view that there was no permanent impairment because of his view there was no evidence of an injury. Not only was there evidence of injury, the fact of injury had been established. It was referred to him to make an assessment on the basis of agreement between the parties that the medical evidence showed that the plaintiff's orthopaedic injuries arose from the incident of 22 August 2000. The task he had to perform was to determine whether that injury gave rise to permanent impairment."

42. The respondent submitted that the task of the AMS was to assess impairment resulting from the injury on 11 August 2019. The respondent submitted: "An AMS is entitled to draw his own conclusion is in any manner he/she thinks fit provided that he/she applies the appropriate criteria and does not make a demonstrable error: *Stramit Corporation Pty Ltd t/as Stramit Building Products v Hall*[5]."

43. The respondent noted the requirement in Paragraph 1.6(a) of the Guidelines for the AMS to make a "clinical assessment of the claimant as they present on the day of assessment taking account the claimant's relevant medical history and all available relevant medical information to determine… The degree of permanent impairment that results from <u>the injury"</u> (emphasis added by respondent).

44. The respondent submitted: "The AMS has provided sufficient reasons on pages 5 and 6 of the MAC as to why he considered that the appellant did not have any impairment of the back as a result of her injury on 11 August 2009."

45. The Panel accepts that the AMS fell into demonstrable error in so far as he relied on a history that Ms Jasmin had first experienced lumbar spine symptoms around three years prior to her examination. That conclusion was not open to the AMS on the evidence. Ms Jasmin clearly provided a history of low back symptoms as early as 2010. An x-ray of the lumbar spine was performed in that year and the inference is that the x-ray was performed because Ms Jasmin was experiencing low back symptoms.

46. Dr Dixon in 2013 recorded a history of low back symptoms and assessed Ms Jasmin as falling within DRE Lumbar Category I.

47. The Panel accepts that Ms Jasmin was complaining of low back symptoms from 2010. The Panel also notes that Ms Jasmin states that by the end of 2017 "the pain now consisted of radiation of pain down my buttocks. I didn't have this before[6]".

48. The AMS reported:

> "With regard to Ms Jasmin's lumbar spine, as noted the symptoms have only come on in the last three years, some seven years after her original injury. She only has a minimal limp and as noted has fairly widespread degenerative changes throughout the lumbar region, and in my opinion, I am unable to relate her lumbar symptoms to her original injury in August 2009. Noting the original x-ray of the lumbar spine in 2010 showing the constitutional degenerative changes, in my opinion it is far more likely than not that Ms Jasmin would have developed discomfort in her lumbar region at this stage of her life, even if she had not had that injury in August 2009. I have therefore not awarded any impairment for the lumbar spine.

[5] [2009] NSWWCC MA 32
[6] Application to Resolve a Dispute Paragraph 22 of Statement dated 19 March 2019

Please note that Ms Jasmin informed me that the pain in the right side of the low back and buttock area only came on some three years ago, and I note that her hemiarthroplasty was also carried out some three years ago.

As noted, she was only walking with a minimal limp at this stage, and once she had recovered from her arthroplasty I would suggest she would only have a minimal limp present. In my opinion this would not be significant enough to place additional stress on her lumbar spine."

49. The respective roles of the AMS and the Arbitrator in assessing the effects of injury have been discussed in a number of decisions including Haroun v Rail Corporation of New South Wales[7] *Bindah v Carter Holt Harvey Wood Products Australia Pty Ltd*[8] (*Bindah*), *State of New South Wales v Bishop*[9] (*Bishop*), and *Jaffarie v Quality Castings Pty Ltd*[10] (*Jaffarie*).

50. Deputy President Roche in *Jaffarie* analysed the decisions in *Haroun, Bindah* and *Bishop*. The Deputy President concluded:

"[250]…. in a claim for lump sum compensation, the physical consequences of the injury (in relation to the assessment of whole person impairment as a result of the injury) are not within the exclusive jurisdiction of the Commission. They are within the exclusive jurisdiction of the AMS. That is so even if the matter also involves a disputed claim for weekly compensation and disputes about causation, which the Commission has determined."

51. The Deputy President said:

"[257] ….. "the nature of the injury" is a matter for the Commission to determine. This is consistent with Emmett JA's statement at [111] [in *Bindah*] that it is for the Commission 'to determine whether a worker has suffered an injury within the meaning of s 4 of the [1987] Act' and his Honour's later statement (at [118]) that only 'certain matters of causation' (emphasis added) are within the exclusive jurisdiction of an AMS."

52. The Deputy President said of *Bishop*:

"[276] Significantly, for the purposes of the present appeal, no issue arose, based on any of the obiter comments in *Bindah,* as to whether the Commission had jurisdiction to determine if the fracture to the left foot and ankle had resulted from the 2004 injury to the back. The Court clearly accepted that the Commission did have jurisdiction. Thus, the causation issue was an issue for the Commission. This approach was consistent with the approach I outlined earlier in this decision, namely, that, save for the nature and extent of hearing loss suffered by a worker, it is for the Commission to determine if a worker has received an injury and whether, as a result of that injury, a further or consequential condition (such as the fracture in Bishop) has arisen.".

53. On the basis of those decisions it appears that the AMS fell into demonstrable error to the extent that he concluded that the injury to the right knee had not resulted in any onset of, or increase in, the pathology in the lumbar spine. The role of the AMS was to determine the degree of impairment, if any, flowing from the consequential condition which resulted from the injury and whether the resultant impairment is permanent[11].

[7] [2008] NSWCA 192; DDCR 139
[8] [2014] NSWCA 264
[9] [2014] NSWCA 354
[10] [2014] NSWWCCPD 79 (reversed on appeal on other grounds - *Jaffarie v Quality Castings Pty Ltd* [2015] NSWCA 335)
[11] Guidelines, Para 1.6(a)

54. To the extent that the AMS based his opinion upon a conclusion that Ms Jasmin had only started to experience symptoms in the low back approximately three years prior to his examination, that conclusion was not open on the evidence and represented demonstrable error.

55. Although the AMS stated that, having determined there was no causal relationship between injury to the right knee in August 2009 and the pathology in the lumbar spine: “I have therefore not awarded any impairment for the lumbar spine”, the AMS did, in fact, assess impairment in the lumbar spine in accordance with the Guidelines.

56. On physical examination the AMS noted:

> “Ms Jasmin is an adult female in no obvious discomfort who undresses and dresses without a problem and is noted to walk with a very slight limp on the right side. She is able to walk on heels and toes, and gets her fingertips some 6 cm below her knees in flexion and other movements were all restricted, symmetrically so. There was no guarding or spasm.
>
> Straight leg raising was present to 85° bilaterally, reflexes are present and equal, and motor power was satisfactory in all groups tested. Her right calf is 1 cm less in circumference than the left side, but she does have varicose veins on the left.
>
> Ms Jasmin complained of diffuse hypoaesthesia to pinprick of the whole of her right lower limb in a stocking distribution, and this was distinct and present with repeated testing.”

57. The AMS noted that an x-ray of the lumbosacral spine carried out in 2010 had shown constitutional degenerative changes and the CT scan carried out on 13 February 2018 had shown “generalised disc bulging causing distortion of the anterior theca with some disc material encroaching on the right L4 nerve root at the L4/5 level.”

58. The AMS noted that the generalised sensory loss in the right lower limb is a non-organic finding.

59. The AMS agreed with Dr Powell who had reported “although Ms Jasmin would have had an altered gait pattern at times during this period as a result of her chronic right knee pain, this is not sufficient to contribute to any significant structural pathology in the lumbar spine.” Dr Powell did not assess any impairment of the lumbar spine as due to injury noting; “Her ongoing lower back symptoms are consistent with the natural history of her underlying constitutional degenerative disease process.”

60. Relevantly to the lumbar spine condition, the AMS noted the report of Dr Khan including a history of complaints of back pain in January 2006 but “no further complaints until January 2010”. The AMS noted that Dr Khan had suggested that the onset of back pain was a consequence of Ms Jasmin limping. The AMS said that his figures differed considerably from those suggested by Dr Khan. He noted that Dr Dixon had not suggested any impairment for the lumbar spine.

61. Although the AMS concluded that there was no causal relationship between the pathology in the lumbar spine demonstrated on CT scan in 2018 and the subject injury to the right knee in 2009, the AMS nevertheless assessed Ms Jasmin as falling within DRE Lumbar Category 1 by reference to Chapter 15 and Table 15-3 at page 384 of AMA 5, warranting an assessment of 0% WPI.

62. The Guidelines provide that the DRE model for assessment of spinal impairment is to be used when applying Chapter 15 of AMA 5[12] .Table 15-3 relevantly provides criteria as follows:

> "**DRE Lumbar Category I**: No significant clinical findings, no observed muscle guarding or spasm, no documentable neurologic impairment, no documented alteration in structural integrity, and no other indication of impairment related to injury or illness; no fractures.
>
> **DRE Lumbar Category II**: clinical history and examination findings are compatible with a specific injury; findings may include significant muscle guarding or spasm observed at the time of examination, asymmetric loss of range of motion, or non-verifiable radicular complaints, defined as complaints of radicular pain without objective findings; no alteration of the structural integrity and no significant radiculopathy
>
> or
>
> individual had a clinically significant radiculopathy and has an imaging study that demonstrates a herniated disc at the level and on the side that would be expected based on the previous radiculopathy, but no longer has the radiculopathy following conservative treatment
>
> or
>
> fractures; (1) less than 25% compression of one vertebral body; (2) posterior element fracture without dislocation (not developmental spondylolysis) that is healed without alteration of motion segment integrity; (3) a spinous or transverse process fracture with displacement without a vertebral body fracture, which does not disrupt the spinal canal."

63. The report of the physical examination by the AMS shows that an appropriate examination was carried out by the AMS and there is no reason to question his findings on examination. The Panel has noted the findings on the CT scan in 2018 and accepts the history of presence of low back pain from 2010 onward with pain radiating into the buttocks, about the end of 2017.

64. Although Dr Khan found asymmetric restriction of movements, asymmetrical movement was not present on examination by the AMS who reported symmetrical restrictions.

65. The findings on examination and the radiology are unaffected by the error with respect to the history and the lack of acceptance of causation, and therefore form an appropriate basis for assessment in accordance with the Guidelines.

66. The Guidelines relevantly provide:

> "4.18 DRE II is a clinical diagnosis based upon the features of the history of the injury and clinical features. Clinical features which are consistent with DRE II and which are present at the time of assessment include radicular symptoms in the absence of clinical signs (that is, non-verifiable radicular complaints), muscle guarding or spasm, or asymmetric loss of range of movement. Localised (not generalised) tenderness may be present. In the lumbar spine, additional features include a reversal of the lumbosacral rhythm when straightening from the flexed position and compensatory movements for any mobile spine, such as flexion from the hips. In assigning category DRE II the assessor must provide detailed reasons why the category was chosen"

[12] Guidelines 4.5, Page 24

and

> "4.20 While imaging and other studies may assist medical assessors in making a diagnosis, the presence of morphological variation from 'normal' an imaging study does not confirm the diagnosis. To be of diagnostic value, imaging studies must be concordant with clinical symptoms and signs. In other words, an imaging test is useful to confirm a diagnosis, but an imaging study alone is insufficient to qualify for a DRE category (excepting spinal fractures)."

67. The Panel accepts that Ms Jasmin suffered the onset of low back pain in about 2010 with complaint of pain extending into the buttocks towards the end of 2017. The Commission has determined that this onset is attributable to altered gait resulting from the subject injury. Accepting those matters, the Panel, upon review of the applicant's statements, the limited imaging reports, the medical reports in evidence and the results of physical examination reported by the AMS, is satisfied that Ms Jasmin does not meet the criteria needed to establish DRE Lumbar Category II and is appropriately assessed as being within DRE Lumbar Category I as a result of the subject injury.

68. For these reasons, the Appeal Panel has determined that the MAC issued on 3 July 2019 should be confirmed.

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF THE REASONS FOR DECISION OF THE APPEAL PANEL CONSTITUTED PURSUANT TO SECTION 328 OF THE *WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT 1998*.

G De Paz

Glicerio De Paz
Dispute Services Officer
As delegate of the Registrar