




**DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION SECTION**

MEMORANDUM

DATE: July 11, 2025
TO: The Board for Administration of Subsequent Injury Account for Self-Insured Employers
FROM: Jodi McCollins, Chief Administrative Officer, Workers' Compensation Section (WCS) 
SUBJECT: Administrator's Recommendation on Request for Reimbursement from the Subsequent Injury Account Pursuant to NRS 616B.577

Claim No:	19C51J140409
Date of Injury:	11/18/2016
Insurer:	City of North Las Vegas
Employer:	City of North Las Vegas
Third-Party Administrator:	Cannon Cochran Management Services, Inc. (CCMSI)
Submitted By:	Kasey McCourtney
Ticket No.:	TK-0485-135 SI-669

ADMINISTRATOR'S RECOMMENDATION:

It is the Administrator's recommendation to accept this first supplemental request for previously disallowed amounts pursuant to NRS 616B.557 for the lumbar spine.

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$12,205.68. The amount of verified cost is \$8,734.16. An explanation of the disallowance is attached to this letter.

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BACKGROUND:

This request was received from CCMSI on April 22, 2025. This request includes supporting documentation for previously disallowed expenses referenced under line items 1, 5, 13, 15, 16, 17, and 18 on the disallowance sheet dated February 29, 2024.

- MRI of the lumbar spine without contrast was performed at Pueblo Medical Imaging on December 17, 2019 and June 15, 2020.
- Temporary Total Disability benefits from August 18, 2020 through October 28, 2020.

WITNESSES:

List of witnesses who may be called to testify on behalf of the DIR and a brief summary of the proposed testimony of each.

Blanca Villarreal-Rodriguez, Compliance Audit Investigator III, Workers' Compensation Section who may testify as to the basis of the Administrator's recommendation.

Jolene Pirnie, Chief Investigator Insurer Compliance, Workers' Compensation Section, may testify to the basis of the Administrator's recommendation.

Alisa Reed, Compliance/Audit Investigator, Workers' Compensation Section who may testify as to the basis of the Administrator's recommendation.

The Administrator reserves the right to call rebuttal and impeachment witnesses.

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NOTICE TO APPLICANT:

Applicants are advised that they should not take for granted a recommendation of the Administrator to the Board, whether positive or adverse to the association. The Administrator's role is to make recommendations, only. The Board is the body which decides the application on the merits. Its authority is plenary. Consequently, the applicant should be fully advised that the Board is free to accept or reject in whole or in part, the recommendation of the Administrator. In addition, the Board may agree with the Administrator's recommendation to accept or reject the claim, but make its decision based upon grounds totally different than the basis for the Administrator's recommendation, provided the decision is supported by substantial evidence in the record before the Board and the Board is correct in its disposition as a matter of law. Applicants are advised, then, to appear and represent their position to the Board. Applicants are also further advised to review the pertinent statutes and regulations found at NAC 616B.773 *et. seq.*, and NRS 616B.563 *et. seq.*, and any other statutes, regulations and case law that might apply, to make their own assessment of what might be required of them.

SUBROGATION RECOVERY NOTICE:


Please note that pursuant to NRS 616C.215, if an insurer receives reimbursement from the Subsequent Injury Account, the Nevada Division of Industrial Relations (DIR) has a statutory lien upon the total amount paid by the employer or upon the total proceeds of any recovery from a third party. Additionally, NRS 616C.215(8) makes the injured worker, claimant's counsel and third-party insurer jointly and severally liable for any amount to which the Subsequent Injury Account is entitled if the party has knowledge of the lien and does not notify the Administrator, DIR, for the Subsequent Injury Account within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment or settlement

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CERTIFICATE OF SERVICE

Kasey McCourtney
Cannon Cochran Management Services Inc.
PO Box 35350
Las Vegas, Nevada 89133

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on July 11, 2025 I served the attached Administrator's Recommendation Memorandum on the person(s) listed above:

	By placing an original or true copy thereof in a sealed envelope, postage prepaid, placed for collection and mailing in the United States Mail, at Las Vegas, Nevada
	By personal delivery
	By Federal Express or other overnight delivery
	By Certified Mail/Return Receipt Requested

Dated this 11th day of July, 2025



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