ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

Petition for Reconsideration of Disability Retirement Reinstatement Decision

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06-18- 2026

Subject: Petition for Reconsideration of Disability Retirement Reinstatement Decision

To Board Service Unit Coordinator:

I am respectfully submitting this Petition for Reconsideration in response to the decision regarding my disability retirement status, as communicated in the letter I received on May 12, 2026. This decision appears to be based primarily on the reevaluation conducted by Dr. Nasser Heyrani, which concluded that I am capable of returning to my former position as an Electrician II with the Department of Transportation, District 07.

I respectfully disagree with this conclusion and request that the decision be reconsidered.

As stated in my original appeal submitted on November 22, 2024, my disabling condition involves far more than a single body part. During my reevaluation with Dr. Heyrani, the examination lasted less than ten minutes and consisted primarily of visual observation of my lower back and limited movement testing of my right shoulder. However, my medical condition affects multiple areas of my body, including both shoulders, my lower back, neck, knees, feet, hands, and arms. Most significantly, I continue to experience constant, chronic pain throughout my body.

My lower back condition remains the most severe and debilitating aspect of my disability. The pain radiates from my lower back down through my legs and into my feet, significantly limiting my mobility, physical endurance, and ability to perform the essential duties required of an Electrician II. These duties often involve lifting, bending, climbing, kneeling, prolonged standing, carrying equipment, and working in physically demanding environments. My condition has not improved to the extent that I can safely and effectively perform these essential job functions.

Furthermore, **Dr. Heyrani specializes in foot and ankle medicine and is not a specialist in spinal disorders, shoulder injuries, chronic pain management, or the complex musculoskeletal conditions that form the basis of my disability claim.** Given the limited scope and duration of the examination, I do not believe the evaluation accurately reflects the full

extent of my medical condition or my current functional limitations. During the evaluation, Dr. Heyrani indicated that his report was primarily intended to complete the required paperwork, which raises concerns regarding the thoroughness of the assessment.

I did not pursue disability retirement or this appeal process to gain an advantage from the system. Rather, I sought disability retirement because my medical conditions and chronic pain have genuinely and substantially impaired my ability to perform my job duties and have significantly affected my daily life. My ongoing symptoms continue to limit my physical capabilities and quality of life.

In addition, one of the primary reasons I pursued disability retirement was to ensure continuity of medical care after the conclusion of my workers' compensation claim. The need for continued treatment remains critical, as my condition has not resolved and continues to require medical attention and management.

For these reasons, I respectfully request that the decision to reinstate me to my former position be reconsidered. I ask that a more comprehensive evaluation be conducted by appropriate specialists in spine disorders, orthopedic medicine, and/or pain management who can fully assess the extent of my impairments and functional limitations. I believe that a thorough review of my medical condition will demonstrate that I remain substantially incapacitated from performing the essential duties of an Electrician II.

My main disagreement is **Dr. Heyrani specializes in foot and ankle medicine and is not a specialist in spinal disorders, shoulder injuries, chronic pain management, or the complex musculoskeletal conditions that form the basis of my disability claim.** This is that reason that I do not believe the evaluation accurately reflects the full extent of my medical condition or my current functional limitations with a doctor that does not have the qualifications for my specific condition.

Thank you for your time and consideration of this matter. I respectfully request a full and fair review of the evidence and my ongoing medical condition.

Sincerely,

Edgardo Silva Valdovinos