

APPEAL NO. 170276
FILED APRIL 4, 2017

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on January 4, 2017, in (city), Texas, with (hearing officer) presiding as hearing officer. The hearing officer resolved the disputed issues by deciding that: (1) the compensable injury of (date of injury), does not extend to L1-2 and L5-S1 disc bulges, lumbar disc displacement, and lumbar radiculopathy; (2) the appellant (claimant) reached maximum medical improvement (MMI) on September 28, 2015; and (3) the claimant's impairment rating (IR) is zero percent. The claimant appealed, disputing the hearing officer's determinations of MMI and IR as well as the extent of the compensable injury. The appeal file does not contain a response from the respondent (carrier).

DECISION

Reversed and remanded for reconstruction of the record.

The parties stipulated that the claimant sustained a compensable injury on (date of injury), and that the carrier has accepted a lumbar sprain/strain as a component of the compensable injury.

Section 410.203(a)(1) requires the Appeals Panel to consider the record at the CCH. The appeal file does not contain an audio recording of the CCH. The file does not contain a transcript, compact disc, or a tape recording of the CCH proceeding. Consequently, we reverse and remand this case to the same hearing officer, if possible, for reconstruction of the CCH record. See Appeals Panel Decision (APD) 060353, decided April 12, 2006.

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order by the hearing officer, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Texas Department of Insurance, Division of Workers' Compensation, pursuant to Section 410.202 which was amended June 17, 2001, to exclude Saturdays and Sundays and holidays listed in Section 662.003 of the Texas Government Code in the computation of the 15-day appeal and response periods. See APD 060721, decided June 12, 2006.

The true corporate name of the insurance carrier is **LM INSURANCE CORPORATION** and the name and address of its registered agent for service of process is

**CORPORATION SERVICE COMPANY
211 EAST 7TH STREET, SUITE 620
AUSTIN, TEXAS 78701.**

Margaret L. Turner
Appeals Judge

CONCUR:

K. Eugene Kraft
Appeals Judge

Carisa Space-Beam
Appeals Judge