

**DECISION AND ORDER**

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

**ISSUE**

A contested case hearing was held on April 21, 2008, to decide the following disputed issue:

1. Is caudal epidural lysis of adhesions under fluoroscopy with intravenous sedation health care reasonably required in accordance with Texas Labor Code Section 401.011 (22-a)?

**PARTIES PRESENT**

Petitioner/Claimant appeared and was assisted by an (Ombudsman). Respondent/Carrier appeared and was represented by an (Attorney).

**BACKGROUND INFORMATION**

It is undisputed that this is a network claim. Because this is a network claim, there is no jurisdiction in the Texas Department of Insurance, Division of Workers' Compensation, to determine prospective and concurrent medical necessity for the treatment sought by Claimant. Even though all the evidence presented was not discussed, it was considered. The Findings of Fact and Conclusions of Law are based on all of the evidence presented.

**FINDINGS OF FACT**

1. The parties stipulated to the following facts:
  - A. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
  - B. On \_\_\_\_, Claimant was the employee of (Employer), when she sustained a compensable injury.
2. Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.
3. Treatment for this claim is through a network.

**CONCLUSIONS OF LAW**

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.

2. Venue is proper in the (City) Field Office.
3. Because this is a network claim, the Texas Department of Insurance, Division of Workers' Compensation, does not have jurisdiction to hear this case.

### **DECISION**

Because this is a network claim, the Texas Department of Insurance, Division of Workers' Compensation, does not have jurisdiction to hear this case.

### **ORDER**

Carrier is not liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **FIREMAN'S FUND INSURANCE COMPANY** and the name and address of its registered agent for service of process is

**DOROTHY C. LEADERER  
1999 BRYAN STREET  
DALLAS, TEXAS 75201**

Signed this 24th day of April, 2008.

Charles T. Cole  
Hearing Officer