

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.

ISSUES

A contested case hearing was held on January 29, 2009, and the record was closed on February 5, 2009, to decide the following disputed issue:

1. Is the preponderance of the evidence contrary to the decision of the IRO that Durable Medical Equipment (DME) in excess of \$500.00 per item - LSO back brace is reasonable and necessary health care for the _____, compensable injury?

PARTIES PRESENT

Petitioner/Claimant was represented by DS, attorney.

Respondent/Carrier appeared and was represented by PP, attorney.

AGREEMENT

The parties reached an agreement. The agreement resolves only the issue to be decided at this hearing. The agreement does not resolve all issues with regard to this claim and is not a settlement.

In this decision, the Agreement section includes findings of fact and the Decision section constitutes the conclusions of law.

The Hearing Officer found:

- A. 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.

The parties agreed as follows:

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 of the Texas Department of Insurance, Division of Workers' Compensation.

3. On _____, Claimant was the employee of (Employer), and sustained a compensable injury.
4. The preponderance of the evidence is not contrary to the IRO decision, and that based on the current medical evidence the LSO back brace is reasonable and necessary health care for the _____, compensable injury.

DECISION

Parties agree that the preponderance of the evidence is not contrary to the IRO decision, and that based on the current medical evidence the LSO back brace is reasonable and necessary health care for the _____, compensable injury.

ORDER

Carrier is ordered to pay benefits in accordance with this decision, the Texas Workers' Compensation Act, and the Commissioner's Rules.

The true corporate name of the insurance carrier is **AMERICAN HOME ASSURANCE COMPANY**, and the name and address of its registered agent for service of process is:

**CORPORATION SERVICE COMPANY
701 BRAZOS SUITE 1050
AUSTIN, TX 78701**

Signed this 5th day of February, 2009.

Cheryl Dean
Hearing Officer