

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

Prior to the medical contested case pre-hearing scheduled for February 12, 2009, the parties reached an agreement on the following issue:

Is the preponderance of the evidence contrary to the decision of the Independent Review Organization that Claimant is not entitled to outpatient lumbar epidural steroid injections at L5-S1 on the right side for the compensable injury of _____?

PARTIES PRESENT

Petitioner/Claimant was assisted by JT, ombudsman.
Respondent/Carrier was represented by JRT, attorney.

AGREEMENT

The parties reached an agreement. The agreement resolves only the issue to be decided at this hearing: it 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. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
- B. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
- C. On _____, Claimant, who was the employee of the (Self-Insured Employer), sustained a compensable injury.
- D. 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:

Claimant is entitled to outpatient epidural steroid injections at L5-S1 on the right side.

DECISION

Claimant is entitled to outpatient epidural steroid injections at L5-S1 on the right side.

ORDER

Carrier is 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 **(Self-Insured) (a self-insured governmental entity)** and the name and address of its registered agent for service of process is

For service in person, the address is:

**JB, EXECUTIVE DIRECTOR
(Self-Insured)
(Address)
(Building)
(City), TEXAS (Zip Code)**

For service by mail, the address is:

**JB, EXECUTIVE DIRECTOR
(Self-Insured)
(PO Box)
(City), TEXAS (Zip Code)**

Signed this 11th day of February, 2009.

CAROLYN F. MOORE
Hearing Officer