

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 October 15, 2009 to decide the following disputed issue:

1. Is the preponderance of the evidence contrary to the decision of the IRO that the Claimant is entitled to chronic pain management 5 x 2 for the compensable injury of _____?

PARTIES PRESENT

Petitioner/Carrier appeared and was represented by BJ, attorney. Respondent/Claimant appeared and was assisted by AG, lay representative.

AGREEMENT

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

In this decision the Agreement section includes the 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. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
2. On _____ Claimant was the employee of (Employer).
3. On _____ Claimant sustained a compensable injury.
4. The Independent Review Organization determined Claimant should have the requested treatment.
5. The preponderance of the evidence is not contrary to the decision of the IRO that the Claimant is entitled to chronic pain management 5 x 2 (five times per week for two weeks) for the compensable injury of _____.

DECISION

The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case. Venue is proper in the (City) Field Office. The preponderance of the evidence is not contrary to the decision of the IRO that Claimant is entitled to chronic pain management 5 x 2 (five times per week for two weeks) for the compensable injury of _____.

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 Section 408.021 of the Act.

The true corporate name of the insurance carrier is **TEXAS MUTUAL INSURANCE COMPANY**, and the name and address of its registered agent for service of process is

**RON WRIGHT, PRESIDENT
6210 EAST HIGHWAY 290
AUSTIN, TEXAS 78723**

Signed this 15th day of October, 2009.

Thomas Hight
Hearing Officer