

**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 January 22, 2013 to decide the following disputed issue:

1. Is the preponderance of the evidence contrary to the decision of the IRO that Claimant is not entitled to 360 degree fusion, L5-S1, with bilateral laminectomy, 2-3 days length of stay, with surgical assistant?

**PARTIES PRESENT**

Petitioner KJ , M.D. did not appear, but was represented by LC, attorney. Claimant appeared and was represented by LC, attorney. Carrier appeared and was represented by PP, attorney.

**AGREEMENT**

The parties reached an agreement. The agreement resolves only the issues 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, this Agreement section includes findings of fact and the Decision section constitutes the conclusions of law.

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 (Date of Injury), Claimant was the employee of (Employer), Employer.
3. On (Date of Injury), Employer provided workers' compensation insurance through Hartford Fire Insurance Company, Carrier.
4. 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.

5. Claimant sustained a compensable injury on (Date of Injury).
6. Claimant is not entitled to 360 degree fusion, L5-S1, with bilateral laminectomy, 2-3 day length of stay with surgical assistant at this time.

### **DECISION**

Claimant is not entitled to 360 degree fusion, L5-S1, with bilateral laminectomy, 2-3 day length of stay with surgical assistant at this time.

### **ORDER**

Carrier is not liable for the benefits at issue in this hearing, and it is so ordered. Claimant remains entitled to medical benefits for the compensable injury in accordance with TEX. LABOR CODE §408.021.

The true corporate name of the insurance carrier is **HARTFORD FIRE INSURANCE COMPANY** 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 78701-3218**

Signed this 25<sup>th</sup> day of January, 2013.

Warren E. Hancock, Jr.  
Hearing Officer