

MEDICAL CONTESTED CASE HEARING NO. 13084

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 9, 2013 to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of the Independent Review Organization (IRO) that the Claimant is not entitled to a revision of pain pump for the compensable injury of (Date of Injury)?

PARTIES PRESENT

Claimant did not appear at the hearing.

Carrier appeared and was represented by CM, attorney.

EVIDENCE PRESENTED

The following witnesses testified:

For Claimant: None

For Carrier: None

The following exhibits were admitted into evidence:

Hearing Officer's Exhibits HO-1 and HO-2

Claimant's Exhibits None

Carrier's Exhibits CR-A through CR-H

BACKGROUND INFORMATION

Claimant did not appear at the hearing held on April 9, 2013. She telephoned prior to the hearing and advised the Ombudsman assisting Claimant that she no longer wished to pursue revision of the pain pump, the medical procedure at issue in this hearing. Claimant was aware of the hearing and was aware that she had the burden to present evidence contrary to the IRO Decision.

Carrier appeared at the hearing and presented exhibits A through H.

The IRO review doctor upheld the Carrier's denial of the medical procedure and Claimant appealed that decision to this hearing. Claimant failed to pursue her appeal and is not entitled to the medical procedure at issue.

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. 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 with Facility Insurance Corporation, 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 did not appear at the hearing and advised, prior to the hearing, she did not wish to pursue the medical procedure that is the subject of this hearing.
6. Claimant failed to present evidence at this hearing.
7. Revision of the pain pump is not health care reasonably required for the compensable injury of (Date of Injury).

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. The preponderance of the evidence is not contrary to the decision of the Independent Review Organization that the Claimant is not entitled to a revision of pain pump for the compensable injury of (Date of Injury).

DECISION

The preponderance of the evidence is not contrary to the decision of the Independent Review Organization that the Claimant is not entitled to a revision of pain pump for the compensable injury of (Date of Injury).

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 **FACILITY INSURANCE CORPORATION** and the name and address of its registered agent for service of process is:

**KATHRYN ANN PLEVICH
2801 VIA FORTUNA, SUITE 400
AUSTIN, TX 78746**

Signed this 19th day of April, 2013.

Donald E. Woods
Hearing Officer