



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

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M4-14-1019-01

This decision has been redacted in its entirety.

Please contact Medical Fee Dispute Resolution (MFDR) at

[MDRInquiry@tdi.texas.gov](mailto:MDRInquiry@tdi.texas.gov) or at 512-804-4812 if you have any questions.