



## TEXAS DEPARTMENT OF INSURANCE

**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**

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### **M4-21-1120**

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

800-252-7031 if you have any questions.