

APPEAL NO. 210616  
FILED JUNE 10, 2021

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on May 21, 2020, with the record closing on March 16, 2021, in (city), Texas, with (administrative law judge) presiding as the administrative law judge (ALJ). The ALJ resolved the disputed issues by deciding that: (1) the compensable injury of (date of injury), extends to post-traumatic stress disorder (PTSD); (2) the respondent (claimant) reached maximum medical improvement (MMI) on April 4, 2020; and (3) the claimant's impairment rating (IR) is 18%. The appellant (self-insured) appealed the ALJ's determinations. The claimant responded, urging affirmance of the ALJ's determinations.

DECISION

Reversed and remanded.

The parties stipulated, in part, that on (date of injury), the claimant was the employee of (employer); on (date of injury), the employer provided workers' compensation insurance through self-insurance; and the self-insured has accepted third degree burns of the right anterior forearm, second degree burns of the right anterior and posterior forearm, second degree burns of the left upper extremity, and second degree burns of the anterior neck as components of the compensable injury. The claimant testified he sustained burn injuries on (date of injury), when he was hit by plastic material that flew out of a machine being repaired by maintenance.

The ALJ's decision and order states that the following exhibits were admitted into evidence: ALJ's Exhibits 1 through 3; claimant's Exhibits 1 through 7, and self-insured's Exhibits A through Z2. The self-insured's exhibit list states that self-insured's Exhibit Z2 contains 62 pages; however, the case file provided to us for review contains pages 1 through 59 and pages 61 through 62. Because the record is incomplete, it must be remanded for the addition or reconstruction of the missing exhibit. See Appeals Panel Decision (APD) 210136, decided March 26, 2021.

Additionally, we note that the self-insured's information form in ALJ's Exhibit 2 states the self-insured's name as (employer), not (employer) as stipulated by the parties at the CCH, and that it fails to state the name of the registered agent for service of process. Section 410.164(c) provides as follows:

(c) At each [CCH], as applicable, the insurance carrier shall file with the [ALJ] and shall deliver to the claimant a single document stating the true

corporate name of the insurance carrier and the name and address of the insurance carrier's registered agent for service of process. The document is part of the record of the [CCH].

The self-insured is required to provide the name of its registered agent for service of process. See APD 210326, decided May 5, 2021. On remand the self-insured is to provide its correct name and the required information for its registered agent for service of process in accordance with Section 410.164(c).

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order by the ALJ, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Texas Department of Insurance, Division of Workers' Compensation, pursuant to Section 410.202 which was amended June 17, 2001, to exclude Saturdays and Sundays and holidays listed in Section 662.003 of the Texas Government Code in the computation of the 15-day appeal and response periods. See APD 060721, decided June 12, 2006.

According to the carrier information form in evidence, the true corporate name of the insurance carrier is **(a certified self-insured)** and the name and address of its registered agent for service of process is

**NAME  
ADDRESS  
CITY, TEXAS ZIP CODE.**

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Carisa Space-Beam  
Appeals Judge

CONCUR:

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Cristina Beceiro  
Appeals Judge

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Margaret L. Turner  
Appeals Judge