

APPEAL NO. 211144  
SEPTEMBER 21, 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 April 7, 2021, with the record closing on June 14, 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 sustained on (date of injury), extends to a sprain of the sacroiliac joint and spondylolisthesis at L4-5 with facet hypertrophy; (2) the compensable injury sustained on (date of injury), does not extend to an L3-4 annular bulge with mild facet arthropathy and ligamentum flavum hypertrophy or L4-5 disc bulge/herniation; (3) the appellant (claimant) reached maximum medical improvement (MMI) on March 18, 2021; (4) the claimant's impairment rating (IR) is five percent; and (5) the claimant had disability from September 17, 2020, to the date of the CCH resulting from an injury sustained on (date of injury). The claimant appealed, disputing the ALJ's determinations of extent of injury that were not favorable to him, MMI, and IR. The respondent (carrier) responded, urging affirmance of the disputed determinations. The ALJ's determinations that the claimant had disability from September 17, 2020, to the date of the CCH and that the compensable injury sustained on (date of injury), extends to a sprain of the sacroiliac joint and spondylolisthesis at L4-5 with facet hypertrophy were not appealed and have become final pursuant to Section 410.169.

DECISION

Reversed and remanded.

The parties stipulated, in part, that the claimant sustained a compensable injury on (date of injury); the compensable injury of (date of injury), extends to a lumbar sprain and a lumbar strain; and (Dr. E) was appointed by the Texas Department of Insurance, Division of Workers' Compensation (Division) as the designated doctor to address the issues of extent of injury, MMI, and IR. The claimant testified that he was injured on (date of injury), when he bent down, lifted a bundle of shingles, twisted to the right and felt pain in his back.

The ALJ's decision states that claimant's exhibits 1 through 16 were admitted into evidence. The claimant's exhibit list states that claimant's exhibit 6 contains 32 pages; however, the file forwarded to us for review contains only 31 pages, with page 27 missing. Because the record is incomplete, it must be remanded for the addition or reconstruction of the missing exhibit. See Appeals Panel Decision (APD) 030543, decided April 18, 2003.

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 Division, 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.

The true corporate name of the insurance carrier is **INDEMNITY INSURANCE COMPANY OF NORTH AMERICA** and the name and address of its registered agent for service of process is

**CT CORPORATION SYSTEM  
1999 BRYAN STREET, SUITE 900  
DALLAS, TEXAS 75201-3136.**

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Margaret L. Turner  
Appeals Judge

CONCUR:

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Cristina Beceiro  
Appeals Judge

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Carisa Space-Beam  
Appeals Judge