

APPEAL NO. 211956
FILED FEBRUARY 1, 2022

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 initially held on May 26, 2021, in (city), Texas, with (administrative law judge) presiding as the administrative law judge (ALJ) and concluded on October 27, 2021, with (administrative law judge) presiding as the ALJ. The ALJ resolved the disputed issues by deciding that: (1) the compensable injury of (date of injury), does not extend to L5-S1 protrusion with annular tear, lumbar radiculopathy, head contusion with loss of consciousness, left shoulder pain, left hand pain, cervical sprain, C4-5 disc bulge, C5-6 disc protrusion with spondylosis, C6-7 disc bulge with spinal stenosis, post-traumatic stress disorder (PTSD), severe depression, or severe anxiety; (2) the appellant (claimant) reached maximum medical improvement (MMI) on April 1, 2020; and (3) the claimant's impairment rating (IR) is 10%.

The claimant appealed the ALJ's determinations of extent of injury, MMI, and IR. The respondent (carrier) responded, urging affirmance of the ALJ's determinations.

DECISION

Reversed and remanded for reconstruction of the record.

The ALJ's decision and order states that the following exhibits were admitted into evidence: ALJ's Exhibits 1 and 2; Claimant's Exhibits 1 through 9; and Carrier's Exhibits A through K and M through Q. The carrier's exhibit list indicates that Exhibit H is 36 pages consisting of medical records; however, page 36 of this exhibit is missing from the records that were admitted into evidence. Because the record at the CCH was 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 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.

The true corporate name of the insurance carrier is **TEXAS MUTUAL INSURANCE COMPANY** and the name and address of its registered agent for service of process is

**RICHARD J. GERGASKO, PRESIDENT
2200 ALDRICH ST.
AUSTIN, TEXAS 78723.**

Cristina Beceiro
Appeals Judge

CONCUR:

Carisa Space-Beam
Appeals Judge

Margaret L. Turner
Appeals Judge