

MEDICAL CONTESTED CASE HEARING NO. 14041

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUE

A medical contested case hearing was held on January 7, 2014, to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of the Independent Review Organization (IRO) that Claimant is not entitled to fusion of 360, bilateral laminectomy and cyst excision for the compensable injury of (Date of Injury)?

PARTIES PRESENT

Dr. J, Provider/Petitioner failed to appear for the hearing and did not respond to the Division's 10-day letter. Claimant appeared and was represented by attorney JM. Carrier appeared and was represented by attorney RJ.

STATEMENT OF THE CASE

Although properly notified, the Petitioner failed to appear for the medical contested case hearing scheduled for 2:00 p.m. on January 7, 2014. By virtue of Petitioner's failure to appear, evidence was not presented, other than Hearing Officer Exhibits. A letter advising that the hearing had convened and that the record would be held open for ten days to afford Petitioner the opportunity to respond and request that the hearing be rescheduled to permit him to present evidence on the disputed issue was mailed to Petitioner on January 8, 2014. Petitioner failed to respond to the Division's 10-day letter and on January 29, 2014, the record was closed.

Having failed to appear and offer evidence in support of the necessity of the requested procedure, Petitioner failed to prove that the preponderance of the evidence is contrary to the determination of the IRO that Claimant is not entitled to fusion of 360, bilateral laminectomy and cyst excision for the compensable injury of (Date of Injury).

The Hearing Officer considered all of the evidence admitted. The Findings of Fact and Conclusions of Law are based on an assessment of all of the evidence whether or not the evidence is specifically discussed in this Decision and Order.

FINDINGS OF FACT

1. Claimant and Carrier stipulated to the following facts:
 - A. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
 - B. On (Date of Injury), Claimant was the employee of (Employer), Employer, and sustained a compensable injury.
 - C. On (Date of Injury), Employer provided workers' compensation insurance coverage through Carrier Liberty Insurance Corp.
 - D. The Independent Review Organization (IRO) determined that the health care at issue was not reasonably required for the compensable injury of (Date of Injury).
2. The Division sent a single document stating the true corporate name of Carrier and the name and street address of Carrier's registered agent for service with the 10-day letter to Petitioner at his address of record. That document was admitted into evidence as Hearing Officer Exhibit Number 3.
3. No evidence was received to show that fusion of 360, bilateral laminectomy and cyst excision is health care reasonably required for the compensable injury of (Date of Injury).
4. Petitioner failed to appear for the January 7, 2014, medical contested case hearing and did not respond to the Division's letter offering him the opportunity to have the hearing rescheduled.
5. Petitioner did not have good cause for his failure to appear for the medical contested case hearing on January 7, 2014.

CONCLUSIONS OF LAW

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office.
3. The preponderance of the evidence is not contrary to the decision of the IRO that fusion of 360, bilateral laminectomy and cyst excision is not health care reasonably required for the compensable injury of (Date of Injury).

DECISION

Fusion of 360, bilateral laminectomy and cyst excision is not health care reasonably required for the compensable injury of (Date of Injury).

ORDER

Carrier is not liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **LIBERTY INSURANCE CORP.**, and the name and address of its registered agent for service of process is:

**CORPORATION SERVICE COMPANY
211 EAST 7th STREET, SUITE 620
AUSTIN, TEXAS 78701**

Signed this 29th day of January, 2014

Cheryl Dean
Hearing Officer