

APPEAL NO. 240324
FILED APRIL 25, 2024

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 February 13, 2024, 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), does not extend to lumbar intervertebral disc disorder with radiculopathy; (2) the appellant (claimant) reached maximum medical improvement (MMI) on March 15, 2023; and (3) the claimant's impairment rating (IR) is zero percent.

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

DECISION

Reversed and remanded.

This case is remanded for the purpose of compliance with Section 410.164(c) which provides as follows:

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.

In this case, the self-insured's information form (Self-insured's Exhibit A, page 2) fails to state the name of the registered agent for service of process (it simply states the self-insured's name). The self-insured is required to provide the name of its registered agent for service of process. See Appeals Panel Decision (APD) 210326, decided May 5, 2021.

Accordingly, this case is remanded for the self-insured to provide 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 self-insured governmental entity)** and the name and address of its registered agent for service of process is

(NAME)
(ADDRESS)
(CITY), TEXAS (ZIP CODE).

Margaret L. Turner
Appeals Judge

CONCUR:

Cristina Beceiro
Appeals Judge

Carisa Space-Beam
Appeals Judge