STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

Maria Garcia, Worker,

WCA No.: SWC-2025-98765

v.

Apex Construction LLC, and

Southwest Insurers Group, Employer/Insurer.

WORKERS' COMPENSATION COMPLAINT

1. Type of injury: Accidental Work Injury/Occupational Disease
2. Worker's full name: Maria Garcia
   Mailing address: 123 Sagebrush St
   City/State/Zip: Albuquerque, NM 87102
   Telephone: _____
   E-mail address: _____
   Worker's highest level of school completed: _____
   Worker's date of birth: 06/15/1988 Age: _____ Sex: ☐ M ☐ F
   Worker's Social Security Number: _____
3. Full name of Employer: Apex Construction LLC
   Employer's address: 456 Industrial Blvd
   City/State/Zip: Albuquerque, NM 87107
   Telephone: _____
   Email address: _____
4. Insurance Carrier: Southwest Insurers Group
   Address: 789 Financial Plaza
   City/State/Zip: Santa Fe, NM 87501
   Telephone: _____
   E-mail address: _____
5. Date of accident: 10/28/2025
   City and county of accident: _____
   How did the accident occur: Worker lifted a heavy box of materials improperly.
   Nature of injury: Lower back injury.

Part(s) of body injured: Lower back

First date Worker was unable to perform job duties: _____

6. Worker's job at time of accident: _____

Worker's average weekly wage: _____ ☐ To be determined/disputed

Worker's Weekly compensation rate: _____ ☐ To be determined/disputed

7. Doctor's name: Dr. Emily Chen

Mailing address: _____

City/State/Zip: _____

Telephone: _____

8. Doctor who set maximum medical improvement: _____

Date of maximum medical improvement: _____ ☐ Unknown/To be determined

Impairment rating: _____ Date assessed: _____ ☐ Unknown/To be determined

Has Worker been released back to work by a Doctor? ☐ Yes ☐ No

If yes, please indicate the date Worker was released to work: _____

Has Worker returned to any work since the accident? ☐ Yes ☐ No

If yes, please indicate date Worker returned to work: _____

9. Current employer's name: Apex Construction LLC

Mailing address: 456 Industrial Blvd

City/State/Zip: Albuquerque, NM 87107

10. Medicare eligibility:

Is Worker a current Medicare beneficiary? ☐ Yes ☐ No

Has Worker applied for Social Security Disability benefits in the past 5 years? ☐ Yes ☐ No

Has Worker been diagnosed with end stage renal disease? ☐ Yes ☐ No (See 42 U.S.C. § 426-1)

11. Benefits or relief sought by Worker:

☐ All benefits entitled to under the New Mexico Workers' Compensation Act

☐ Temporary total disability ☐ Death benefits

☐ Permanent total disability ☐ Attorney fees

☐ Permanent partial disability ☐ Disfigurement

☐ Safety device increase (name device): _____

☐ Mental impairment: ☐ Primary ☐ Secondary

☐ Medical benefits (list here or attach unpaid bills): _____

☒ Determination of: ☐ Bad Faith/Unfair Claims Processing ☐ Fraud or ☐ Retaliation

☐ Other (specify):

12. Complaints by Employer:

☐ Determination of compensability/benefits

☐ Safety device decrease (name device):_____

☐ Reimbursement right

☐ Credit for overpayment

☐ Suspension or reduction of benefits (state grounds):

☐ Other (specify):

13. State all reasons supporting this complaint (be specific; use additional pages, if necessary):
Maria Garcia suffered a work-related injury to her lower back on October 28, 2025, while working for Apex Construction LLC. The injury occurred when she lifted a heavy box of materials improperly. The workers ' compensation claim is identified as WCA Claim Number SWC-2025-98765 and the insurance carrier is Southwest Insurers Group. Ms. Garcia ' s authorized treating physician, Dr. Emily Chen, has recommended a medically necessary lumbar fusion surgery related to the work injury. Despite this recommendation, Southwest Insurers Group has denied authorization and payment for the lumbar fusion surgery. Ms. Garcia is filing this complaint to request an order from a judge compelling Southwest Insurers Group to authorize and cover the cost of the recommended lumbar fusion surgery.

14. Is an interpreter needed for the hearings on this complaint? ☐ Yes ☐ No

If yes, what language? _____
(Employer will pay for cost of interpreter)

15. Do you have the equipment needed to attend mediation and hearings via online video link or telephonically? ☐ Yes ☐ No

16. If not, the WCA will provide the equipment. Which office is closest to you?

☐ Albuquerque ☐ Farmington ☐ Hobbs ☐ Las Cruces ☐ Las Vegas ☐ Roswell ☐ Santa Fe

_____
Filing party signature Date

_____
Print name

_____
Attorney's signature Date

David Chen
Print name

_____
Filing party /attorney's address

123 Sagebrush St
Filing party /attorney's city, state, zip
Albuquerque, NM 87102
Filing party /attorney's telephone

_____
Filing party / attorney's e-mail address for service

INSTRUCTIONS FOR USE: A Summons for each responding party shall be filed with the Complaint.

If the Worker is filing this Complaint, the Worker shall also complete and attach the Worker's Authorization for Use and Disclosure of Health Records.

Parties with questions may call the Ombudsman Hotline at 505-841-6894 or 1-866-967-5667.