

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION  
OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 357-4777

October 25, 2006

RECEIVED OCT 26 2006

Date of Injury:  
Employee:

PAUL H FELSER  
7 EAST CONGRESS ST  
SUITE 400  
PO BOX 10267  
SAVANNAH, GA 31412

Dear Mr. Felser:

I am writing regarding the claim for survivor benefits filed by

Based on the additional information received with the July 19, 2006 reconsideration request the office expanded the acceptance of the claim to include cauda equine syndrome, neurogenic bowel disorder, and major depression. A copy of the October 24, 2006, reconsideration decision is enclosed.

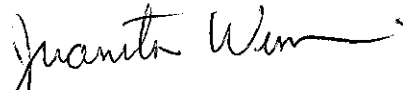
The office has further determined that Mr. \_\_\_\_\_'s death was a direct consequence of the February 15, 2001 work injury. Although we have accepted Mr. \_\_\_\_\_'s death as work related, we need additional information to process Mrs. \_\_\_\_\_'s claim. Please provide our office with the following information.

- Death Certificate
- Marriage Certificate (If there was a prior marriage, we need a death certificate or divorce decree to establish that the prior marriage was legally dissolved.)
- Birth Certificate (each child)
- Itemized burial bills (received, if paid). Form CA-60 is required if the funeral and burial expenses are not paid in full.

In addition, please advise if Mrs. \_\_\_\_\_ is in receipt of benefits from the Office of Personnel Management.

If you have any questions, please contact our office for assistance.

Sincerely,



Juanita Winn  
Senior Claims Examiner

DEPARTMENT OF THE AIR FORCE  
78 MSG-DPCE  
CIVILIAN PERSONNEL INJ COMP OFFICE  
215 PAGE ROAD, SUITE 325  
ROBINS AFB, GA 31098

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OFFICE OF WORKERS' COMP PROGRAMS

PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 357-4777

October 24, 2006

Date of Injury: 02/15/2001  
Employee: JAMES L. STURDIVANT

BONNIE STURDIVANT  
103 ANDREW DR  
WARNER ROBINS, GA 31093

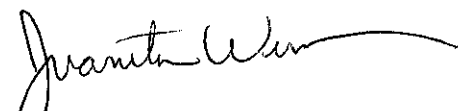
Dear Mrs. STURDIVANT:

This concerns your attorney's request for reconsideration received 07/19/2006.

We have evaluated the evidence submitted in support of your request for review. The case has been reviewed on its merits under Title 5, United States Code, Section 8128, in relation to your application including supporting evidence. It is determined that the 7/20/2005 decision should be vacated. The reason for this decision is the medical evidence of record now supports your husband developed a bowel/bladder disorder and depression as a result of his accepted work related condition. The medical evidence submitted is sufficient to show a causal relationship between the claimed conditions and the accepted work related condition.

Therefore, the decision dated 07/20/2005 is vacated and the claim is accepted for the additional conditions of cauda equina syndrome, neurogenic bowel disorder, and major depression.

Sincerely,

  
Juanita Winn  
Senior Claims Examiner

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PAUL H FELSER, ESQ  
FELSER LAW FIRM  
7 EAST CONGRESS ST  
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