

File Number:
Merit Review4-D-RECO

U.S. DEPARTMENT OF LABOR

RECEIVED FEB 15 2013

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

February 13, 2013

Date of Injury: 07/05/2011
Employee: CARLA E. LEE

Dear Ms. :

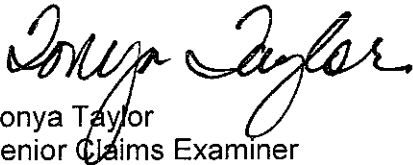
This concerns your compensation case and your request for reconsideration received on 12/18/2012.

We have evaluated the evidence submitted and have reviewed the merits of your case under 5 U.S.C. 8128. You have provided sufficient evidence to warrant modification of the decision. Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision

Please see the enclosed acceptance letter for a discussion of your rights and responsibilities.

Sincerely,



Tonya Taylor
Senior Claims Examiner

PAUL H FELSER
FELSER LAW FIRM, P.C
PO BOX 10267
SAVANNAH, GA 31412

If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

Your employer was advised of your request for reconsideration by letter dated 01/08/2013. No comment was received.

New evidence to support your application for reconsideration was received. This entitled you to a merit review.

DISCUSSION OF EVIDENCE: Subsequent to the denial of benefits, the Office received position description, official TDY traveler authorization and medical evidence dated 07/11/2011, 08/02/2011, 09/22/2011 and 12/15/2011. The narrative report dated 07/11/2011 from your attending physician Dr. _____ outlined the injury to your head. He stated that you were sitting in an airline seat waiting to get off the plane when someone opened the baggage compartment and a box containing wood struck you in the head. He further stated you continue to note a headache which seems to migrate in the location but mostly on the left side. He opined that you sustained a contusion of the scalp as a result of this incident.

In the 08/02/2011 follow-up report, Dr. _____ diagnosed contusion of the scalp and referred you to Dr. _____ for follow up of the headaches. In the 09/22/2011 follow-up report, Dr. _____ stated you had an upcoming appointment to see Dr. _____, neurology and you noted continued headaches. He provided the diagnosis of headaches.

You sought treatment with neurology, Dr. _____ on 12/15/2011 and he states that he first saw you on 09/07/2011 for the on-the-job head injury. He opined "she has had headaches for this and I have diagnosed her with chronic migraines and I believe they are related to this event. I last saw her on 10/10/11 and 10/25/11. She has a normal exam and a head CT scan at the time of the injury was negative. A CBC after starting treatment was negative. I attempted treatment with nortriptyline, Depokate, Migranal, and Sumavael and was of minimal help. DHE helped temporarily. Cambia helped a little. I offered her home infusions of intravenous DHE and she refused on 10/25/11. She has not followed up with me since then."

BASIS FOR DECISION: The evidence remedies the deficiency upon which the initial denial was based. The case file now clearly contains sufficient medical documentation to demonstrate that you suffered an injury in the performance of duties and that the injury is causally related to your work duties.

CONCLUSION: Therefore, the decision dated 12/23/2011 is vacated and your claim is accepted for contusion of the scalp and chronic migraines.

Tonya Taylor
Senior Claims Examiner