

U.S. DEPARTMENT OF LABOR

RECEIVED APR 22 2013

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

April 18, 2013

Date of Injury:  
Employee:

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

Dear Mr. Felser:

Due to a conflict in medical opinion between the claimant's attending physician and the second opinion examiner, Dr. \_\_\_\_\_ this office referred \_\_\_\_\_ for a referee examination. The referee examination was performed by Dr. \_\_\_\_\_ on 11/28/2012. Dr. \_\_\_\_\_ opined the following medical conditions should be added to the claimant's case as work related:

- a. Cervical facet joint syndrome ICD-9 Code 724.8
- b. Cervical disc degeneration ICD-9 code 722.4.

A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
SPRAIN OF NECK	8470
OTHER SYMPTOMS REFERABLE TO BACK	7248
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	7224

Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD-9 code(s). Accurate coding facilitates timely bill processing.

**To further resolve the question of whether or not the claimant's emotional symptoms are related to the accepted work related medical condition(s) Ms. Harrison is being referred for a second opinion psychiatric evaluation. Once the evaluation report is received you will be notified whether or not this office will add the medical condition of depression to the case as an accepted work-related medical condition and the claimant's ability to work in a sedentary job.**

In your letter dated 10/16/2012, you state the claimant saw Dr. \_\_\_\_\_ in \_\_\_\_\_ on 06/25/2012 for a psychiatric evaluation. To date, this office has not received a copy of the report. You/ \_\_\_\_\_ should send a copy of this report to the address listed above or through ecomp at <https://www.ecomp.dol.gov>.

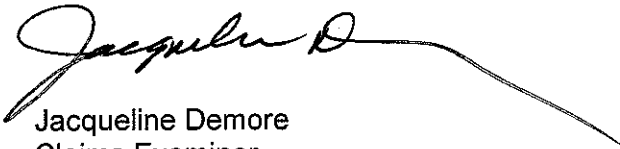
*If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.*

File Number:  
CA-1008 (New Condition)-D-ACC

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. Medical providers should contact our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your physician, or other medical providers require direct contact with a customer service representative, you may call 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>

Sincerely,

A handwritten signature in black ink, appearing to read "Jacqueline D.", with a long horizontal flourish extending to the right.

Jacqueline Demore  
Claims Examiner