

RECEIVED SEP 11 2013

U S. DEPARTMENT OF LABOR

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

September 10, 2013

Date of Injury:  
Employee:

Dear Mr. :

This is to notify you that the accepted conditions in your case have been updated. Your claim has been accepted for the following additional condition(s): adjustment disorder with depressive mood, 3090. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
CARPAL TUNNEL SYNDROME, BILATERAL	3540
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.**

This is based on the second opinion report from Dr. dated 08/27/2013. In his report, Dr. also states: "Although the claimant does have a diagnosis of adjustment disorder with depressed mood, he really does not have any significant functional limitations from the diagnosis. The symptoms that he has are some depressed mood and irritable mood, and some frustration with his decreased physical functioning. However these symptoms by themselves should not significantly impair his ability to perform work functions." Therefore; though the condition is being accepted, it is not disabling or preventing you from work.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

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

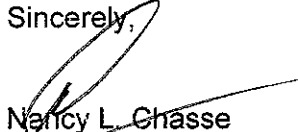
***If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.***

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

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,



Nancy L. Chasse  
Claims Examiner

PAUL FELSER  
FELSER LAW FIRM  
PO BOX 10267  
SAVANNAH, GA 31412