

RECEIVED FEB 03 2016

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 3 PHI  
LONDON, KY 40742-8300  
Phone: (267) 687-4160

January 29, 2016

Date of Injury:  
Employee:

Dear Mr.

This is to notify you that the accepted conditions in your case have been updated for the following additional condition: M51.37. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION PERMANENT AGGRAVATION	ICD10 M5137
DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC	ICD09 72252

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

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,

Irwin L. Kass  
Claims Examiner

*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

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