File Number:
CA-1008 OD-D-ACC

RECEIVED SEP 2 3 2019

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 25 WAS
LONDON, KY 40742
Phone: (202) 513-6800

September 18, 2019

Date of Injury:
Employee:

Dear :

This is to notify you that your claim for an occupational disease has been accepted for the following condition(s):

Diagnosed condition(s)	ICD-10 code(s)
BURST FRACTURE OF FOURTH LUMBAR VERTEBRA FOR CLOSED FRACTURE	S32.041A

We are only accepting the above diagnosis based on Dr. Second Opinion Reports dated and According to Dr. , Orthopedic Specialist you did not aggravate any pre-existing conditions, so we will not be accepting your Spinal Stenosis or Osteoarthritis of Lumbar Region conditions.

Please advise all medical providers who are treating you for this injury of the accepted ICD-10 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 lose time from work due to your work related condition, you may claim compensation using Form CA-7.

If you have not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

September 18, 2019

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Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

cc:
PAUL H FELSER
ATTORNEY
7393 HODGSON MEMORIAL DRIVE
SUITE 102
SAVANNAH, GA 31405

NOTICE TO EMPLOYING AGENCY:
If Form CA-7 claiming compensation for wage loss is filed, you are reminded that 20 C.F.R. §10.111(c) requires the submission of a CA-7 within 5 working days. Please fully complete any form submitted and provide contact information to avoid delay of payment.

Please send a copy of the position description (including physical requirements) for the job held on date of injury.

Please submit an update regarding this employee's work status.

It is noted that you challenged this claim because this is a duplicate claim. The claimant filed a CA-1 on and the claim was denied under The evidence however supports a work related occupational disease in this case because the second opinion specialist states after further review of the case file and examining of the claim, he did suffer a burst fracture of the lumbar injury, while at work.