

RECEIVED APR 13 2020

U.S. DEPARTMENT OF LABOR

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

April 08, 2020

Date of Injury:
Employee:

De Novo Decision (Correction)

Dear

This is to notify you that your claim for a traumatic injury on 06/04/2019 has been accepted for the following conditions:

Diagnosed conditions

ICD-10 codes

SPRAIN OF LIGAMENTS OF LUMBAR SPINE

S335XXA

AGGRAVATION OF INTERVERTEBRAL DISC DEGENERATION, LUMBAR
REGION

M5136

Please advise all medical providers who are treating you for this injury of the accepted ICD-10 code. Accurate coding facilitates timely bill processing.

If the current accepted conditions need to be revised or additional complications related to the current accepted conditions 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 conditions noted above.

- It has been noted that you have also been diagnosed with spondylolisthesis, and L5-S1 herniated nucleus pulposus with annular tear, however; your treating physician does not explain how your being struck by a door, and falling into a wall caused, aggravated or worsen the diagnosed conditions. Please have your treating physician submit medical documentation explaining how the diagnosed conditions were caused or aggravated by the accepted work factors. Also, in the medical report dated , your treating physician advised that your work related accident on aggravated your pre-existing condition of intervertebral disc degeneration. Please have him/her submit a medical report explaining whether the aggravation is temporary or permanent

You will be afforded 30 days from the date of this letter to submit the requested information. If the information is not received within 30 days from the date of this letter, a decision will be made based upon the evidence in file.

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.

File Number:
CA-1008 TI-D-ACC

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.

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

Cc:

PAUL H FELSER-ESQ
FELSER LAW FIRM PC
7393 HODGSON MEMORIAL DR STE 102
SAVANNAH, GA 31406

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.