

File Number:
CA-1008 TI-D-ACC

RECEIVED JUL 30 2018

U.S. DEPARTMENT OF LABOR

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

July 26, 2018

Date of Injury:
Employee:

Dear

DE NOVO DECISION

In compliance with the Decision of the Hearing Representative dated _____ the decision dated _____ was set aside and remanded for further medical development for work-related injury.

Therefore, in compliance with the Remand Order issued on _____, this is to notify you that your claim for a traumatic injury on _____ has been accepted for the following condition(s):

Diagnosed condition(s)

**INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY,
LUMBAR REGION (HERNIATED DISC L4-L5)**

ICD-10 code(s)

M51.06

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 your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days. If wage loss continues after your entitlement to COP expires, 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.

July 26, 2018

File Number:
CA-1008 TI-D-ACC

Sincerely,

Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
ESQ
FELSER LAW FIRM, P.C.
7393 HODGSON MEMORIAL DRIVE
SUITE 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.

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.