

U.S. DEPARTMENT OF LABOR

RECEIVED DEC 21 2019

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

December 18, 2019

Date of Injury:
Employee:

Dear

DE NOVO NOTICE OF DECISION SURGERY AUTHORIZATION

ISSUE: The issue to be determined is whether the following medical treatment should be authorized at the expense of this Office:

Authorization for revision thoracic spinal fusion, 22212 INCIS 1 VERTEBRAL SEG THORAC; 22216 INCIS ADDL SPINE SEGMENT; 22328 TREAT EACH ADD SPINE FX; 22610 THORAX SPINE FUSION

REQUIREMENTS OF ENTITLEMENT: In order for this Office to authorize the medical treatment in question, the evidence of record must support that it is medically necessary in treating your work injury or condition.

BACKGROUND: You filed a claim for Traumatic Injury on _____, indicating that you sustained an injury or medical condition(s) on _____ as a result of your employment with the _____. Your case was initially accepted for the following conditions: sprain cervical, thoracic and lumbar regions. The claim was later expanded to include an aggravation of disc displacement at T11 to L3. You are currently in receipt of medical and/or compensation benefits as a result of your work-related injury or illness.

On _____ we received an authorization request for proposed thoracic spinal fusion revision from you/your medical provider.

On _____ The office issued a decision denying the requested procedure revision thoracic spinal fusion, 22212 INCIS 1 VERTEBRAL SEG THORAC; 22216 INCIS ADDL SPINE SEGMENT; 22328 TREAT EACH ADD SPINE FX; 22610 THORAX SPINE FUSION requested by you/your medical provider. The notice included subsequent periods of disability _____ and continuing, however, the Office later the paid disability claimed up to the actual _____ notice.

You requested an appeal via your authorized representative on _____

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-6059-R-

On [redacted] Hearings and Review the REMANDED your case for additional medical medical development. Hearing and Review found the second Opinion Specialist report utilized was not sufficiently reasoned to carry the weight of medical opinion. Your treating physician Dr. [redacted] advised provided an opinion that he was dumbfounded by the second opinions orthopedic opinion and opined the requested surgery was necessary and causally related to the work injury. Per Hearings and Review upon return of the case record the Office was directed to seek clarification from Dr. [redacted] and issue a De Novo decision based on the additional information.

Per decision from Hearings and Review the Office requested clarification with Dr. [redacted] however our contractor later contacted this examiner and advised Dr. [redacted], was retired. Therefore, case was forwarded to a different Board-certified orthopedist not originally affiliated with your case, for the purpose of reviewing the surgery. Prior to the examination the Office prepared an updated statement of accepted facts and forwarded your medical documentation including your operative and post-operative medical notes.

On [redacted] you were examined by Orthopedic Surgeon, Dr. [redacted] Dr. [redacted] submitted a report dated [redacted] in which he provided a rationalized opinion supporting the above referenced surgical procedure. The report is enclosed for reference. In summary, Dr. [redacted] stated you did received adequate treatment and the appropriate surgical intervention. Dr. [redacted] clearly stated the loss of fixation was directly attributable to your fall and the surgical treatment rendered on [redacted] was directly attributable to your accepted industrial injury.

Therefore, the following surgical procedure(s) or diagnostic test(s) are authorized at the expense of this office:

Authorization for revision thoracic spinal fusion, 22212 INCIS 1 VERTEBRAL SEG THORAC; 22216 INCIS ADDL SPINE SEGMENT; 22328 TREAT EACH ADD SPINE FX; 22610 THORAX SPINE FUSION

Physicians and other non-hospital medical providers should bill us directly at the above address using form HCFA-1500. Hospitals must use form UB-82 or UB-92. Bills should reflect the correct case number as shown above to avoid delay in processing.

As a secondary action, the Office will review any denied/deferred compensation on record and issue payment within the next 1-2 weeks.

Sincerely,

Division of Federal Employees' Compensation