

RECEIVED DEC 30 2019

U.S. DEPARTMENT OF LABOR

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

December 23, 2019

Date of Injury:  
Employee:

Dear Mr.

This is to notify you that your claim for a traumatic injury on \_\_\_\_\_ has been accepted for the following condition: \_\_\_\_\_

Diagnosed condition(s)

TEMPORARY AGGRAVATION LUMBAR DEGENERATIVE  
DISC DISEASE (RESOLVED)

ICD-10 code(s)

M51.36

**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.**

Your claim has been accepted for an aggravation of lumbar degenerative disc disease, on \_\_\_\_\_ the second opinion doctor Dr. \_\_\_\_\_ stated "The claimant has a pre-existing back problem and underwent surgery in \_\_\_\_\_. The claimant had subsequent injuries in \_\_\_\_\_ in the months of \_\_\_\_\_. These subsequent injures were an aggravating factor temporarily to the pre-existing condition in \_\_\_\_\_. These injuries caused the condition to be more severe for a limited period of time but have left no significant greater impairment after surgical intervention was performed." Also added to follow up on an as-needed (prn) basis. Therefore, your case has been administratively closed with no need for further medical care anticipated. This will allow authorized medical bills submitted for payment to be processed up to the date of this letter.

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.

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.***

December 23, 2019

File Number:  
CA-1008 TI-D-ACC

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER  
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.