

RECEIVED NOV 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

November 25, 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):

<u>Diagnosed condition(s)</u>	<u>ICD-10 code(s)</u>
Lumbar disc herniation with radiculopathy @ Level L3-4	M51.16
Lumbar disc herniation with radiculopathy @ Level L4-5	M51.16

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 physician has requested the additional conditions of: Spinal stenosis, Facet joint pain, Low back pain, DVT (Deep Vein Thrombosis), and Spondylolisthesis be added to your case file. The case will require further development in order to clarify some of the requested additional conditions. As for the conditions of Facet joint pain and Low back pain: Our program does not provide acceptance of "pain" as a primary diagnosis. So, these pain conditions are not being considered.

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.

November 25, 2019

File Number:
CA-1008 OD-D-ACC

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL FELSER
FELSER LAW FIRM
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.