August 28, 2020

In Reply Refer: To:520/05F

Claimant: Barnett, Gary
Claim #: 06-2447471
Date of Injury: 08/13/2020

Department of Labor (D06)
Jacksonville District Office
Office of Workers' Compensation Programs
P.O. Box 8300
London, Kentucky 40742-8300

Dear Claims Examiner:

The Agency challenges the claim filed by the above-named employee based on FECA requirement of Causal Relationship. Primary Care Plus status of work related injury dated August 20, 2020 reflects a diagnosis of cervical thoracic lumbar strain. The Agency isn't contesting a injury didn't occur however, Ms. Barnett has a service connected disability for degenerative disc disease with radiculopathy with sciatic.

A medical report from the attending physician is required to consider the issue of causal relationship. This report should include the physician's diagnosis of the condition and an opinion concerning the relationship, if any, between the condition and the injury or factors of employment claimed. FECA Procedure Manual 2-0805.

The Agency asks that you consider this prior deciding on this claim.

If I can assist further, please contact me at (228) 806-7735 or (228) 523-5345.

Thanks in advance,

Shaquonda Carter

Shaquonda Carter
Workers' Compensation Program Specialist