



Complete if known:

DWC claim #

Insurance carrier claim #

Request to extend the date of maximum medical improvement for an approved spinal surgery

Este formulario está disponible en español en el sitio web de la División en

www.tdi.texas.gov/forms/dwc/dwc057spinal.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031

Part 1: Claim information

| | |
|--|--|
| 1. Employee's name (first, middle, last) | 2. Social Security number (last four digits) XXX-XX- |
| 3. Date of injury (mm/dd/yyyy) | 4. Employee's phone number |
| 5. Employee's address (street or PO box, city, state, ZIP code) | |
| 6. Representative's name (if any) | 7. Representative's phone number |
| 8. Representative's address (street or PO box, city, state, ZIP code) | |
| 9. Insurance carrier's name | 10. Adjuster's name (first, last) |
| 11. Adjuster's phone number | 12. Adjuster's fax number (optional) |
| 13. Adjuster's email (optional) | |

Part 2: Doctor and spinal surgery information

| | |
|---|--|
| 14. Date spinal surgery was approved (mm/dd/yyyy) | 15. Has the spinal surgery taken place? <input type="checkbox"/> Yes, the surgery took place on _____ (mm/dd/yyyy) <input type="checkbox"/> No, the surgery is scheduled for _____ (mm/dd/yyyy) |
| 16. Treating doctor's name | 17. Treating doctor's phone number |

Employee's name:
DWC Claim number:



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18. Treating doctor's address (street or PO box, city, state, ZIP code)

19. Surgeon's name

20. Surgeon's phone number

21. Surgeon's address (street or PO box, city, state, ZIP code)

Part 3: Doctor's medical documentation

22. Has the doctor provided medical documentation? (Check the appropriate box)

- Yes, attached is the treating doctor's or surgeon's medical documentation.
- No, the request for medical documentation was sent to the treating doctor or surgeon on (mm/dd/yyyy), and medical documentation was not received as of (mm/dd/yyyy).

(📎 Attach documentation.)

Note: See the FAQ below on this form to learn more about needed medical documentation.

Part 4: Certify with your signature

23. Who is submitting this request? Injured employee Employee's representative
 Insurance carrier

I certify:

- The information is correct, and I have sent a copy of this form to the other parties.
- I have requested medical documentation and sent a copy of this request on the same day to the other parties, including the injured employee's representative (if any).

Signature _____ **Date** _____

Employee's name:
DWC claim number:



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FAQ

Request to extend the date of maximum medical improvement for an approved spinal surgery

Who can file the DWC Form-057?

The injured employee, employee's representative, or insurance carrier can file this form for an approved spinal surgery.

When can I file this form?

You can file:

- no earlier than 92 weeks after income benefits start; and
- no later than 110 weeks after income benefits start.

What conditions must be met before filing this form?

- The injured employee is approved or had spinal surgery.
- There are no pending or unresolved disputes about the maximum medical improvement (MMI) date.
- The injured employee did not reach MMI before the request.
- The date of injury is after January 1, 1998.

What medical documentation do I need to send with this form?

A letter from a treating doctor or surgeon about the approved spinal surgery that includes:

- typical recovery times for the spinal surgery procedure;
- expected date and information about when the condition may be medically stable;
- information about any important details that resulted in differences from traditional treatment guidelines and time frames affecting recovery times;
- information about delays in getting the surgery or medical treatment for the compensable injury; and
- other relevant information by the insurance carrier, employee, or employee's representative related to the request.

Note: You may send the DWC Form-057 without medical documentation to the Texas Department of Insurance, Division of Workers' Compensation (DWC) if you have not received this information from the treating doctor or surgeon within 15 days.

Where do I send this form?

Fax or mail this form and documentation to DWC:

- **Fax:** 512-804-4378
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
Claims and Customer Services, Mail Code CCS
PO Box 12050
Austin, TX 78711-2050

What will DWC do?

DWC will approve or deny the request. We will send our decision to all parties within 10 days. If DWC approves the request, we will send the order with the new MMI extension date.

Questions?

Call 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time. Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or go to the Corrections Procedure section at www.tdi.texas.gov.