U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of PAMELA R. PEASE and U.S. POSTAL SERVICE,
POST OFFICE, Yreka, CA

Docket No. 99-386; Submitted on the Record;
Issued June 6, 2000

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether appellant has met her burden of proof in establishing that she sustained a recurrence of disability on or about January 2, 1998, causally related to her March 13, 1995 employment injury.

The Board has duly reviewed the case record on appeal and finds that appellant has not met her burden of proof in establishing that she sustained a recurrence of disability causally related to her March 13, 1995 employment injury.

Appellant, a 45-year-old letter carrier, sustained a back injury in the performance of duty on March 13, 1995 when she was lifting a heavy parcel from a hand truck.[1] On July 5, 1995 the Office of Workers' Compensation Programs accepted appellant's claim for low back strain. She did not stop work as a result of her injury, however, she did undergo physical therapy for approximately four months following her March 13, 1995 employment injury.

On January 19, 1998 appellant filed a notice of recurrence of disability (Form CA-2a) alleging that she sustained a recurrence of disability on January 2, 1998, causally related to her March 13, 1995 injury. She explained that her back never stopped hurting since her initial injury and that she continued to take prescription drugs for her condition. Appellant further indicated that, as a result of a fall on October 10, 1996, she experienced pain in her hands and upper back. She did not cease work as a result of her claimed recurrence of disability on January 2, 1998. In support of her claim, appellant submitted a January 19, 1998 duty status report (Form CA-17) from her treating physician, Dr. David J. Herfindahl, a Board-certified family practitioner. Dr. Herfindahl diagnosed back strain and noted clinical findings of "[continued] pain/problems."

[1] Appellant previously sustained an employment-related left knee injury in February 1989 (A13-0881892). As a result of her prior knee injury, appellant was working in a limited-duty capacity at the time of her March 13, 1995 injury.

He further noted that appellant was currently working and capable of working eight hours per day.

On February 10, 1998 the Office advised appellant of the need for additional factual and medical information in order to render a determination regarding her claim for recurrence. The Office subsequently received a March 4, 1998 x-ray report which indicated that appellant had diffuse degenerative changes throughout the thoracic and lumbar spine as well as severe degenerative facet disease at L4-5 and L5-S1.

By decision dated April 15, 1998, the Office denied appellant's claim on the basis that the evidence failed to demonstrate that the claimed recurrence was causally related to the accepted injury of March 13, 1995.

On May 5, 1998 appellant requested reconsideration and she submitted treatment notes dated March 3 and April 21, 1998 from Dr. Richard L. Henderson, a Board-certified orthopedic surgeon. With respect to appellant's back condition, Dr. Henderson's treatment notes indicated a diagnosis of chronic musculoligamentous sprain and strain of the thoracic and lumbar spine and degenerative disc disease of the spine.

In a merit decision dated July 15, 1998, the Office denied modification of the prior decision dated April 15, 1998.

It is an accepted principle of workers' compensation law that, when the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury is deemed to arise out of the employment, unless it is the result of an independent intervening cause.[2] Where appellant claims a recurrence of disability due to an accepted employment-related injury, she has the burden of establishing by the weight of reliable, probative and substantial evidence that the recurrence of disability is causally related to the original injury.[3] This burden includes the necessity of furnishing evidence from a qualified physician who concludes, on the basis of a complete and accurate factual and medical history, that the condition is causally related to the employment injury.[4] The medical evidence must demonstrate that the claimed recurrence was caused, precipitated, accelerated or aggravated by the accepted injury.[5] In this regard, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician's conclusion of a causal

[2] 20 C.F.R. § 10.121(a); *Clement Jay After Buffalo*, 45 ECAB 707, 715 (1994).

[3] *Robert H. St. Onge*, 43 ECAB 1169 (1992).

[4] Section 10.121(b) of the Code of Federal Regulations provides that when an employee has received medical care as a result of the recurrence, he or she should arrange for the attending physician to submit a detailed medical report. The physicians report should include the dates of examination and treatment, the history given by the employee, the findings, the results of x-ray and laboratory tests, the diagnosis, the course of treatment, the physician's opinion with medical reasons regarding the causal relationship between the employee's condition and the original injury, any work limitations or restrictions, and the prognosis. 20 C.F.R. § 10.121(b).

[5] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.2 (June 1995).

relationship.[6] Moreover, the physician's conclusion must be supported by sound medical reasoning.[7] While the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.[8]

In the instant case, the Office properly concluded that the medical evidence of record did not establish a causal relationship between appellant's claimed recurrence of disability on January 2, 1998 and her accepted injury of March 13, 1995. The only evidence that arguably addresses the issue of causal relationship is Dr. Henderson's April 21, 1998 treatment notes. On that date he reported that appellant provided some clarifying history regarding her various injuries in 1989, 1995 and 1996. In summary, appellant reported that as a result of her 1989 left knee injury she was unable to squat and, therefore, she had to bend forward, which contributed to her employment-related back injury in March 1995. Dr. Henderson also noted that appellant indicated she sustained a fall in October 1996 with subsequent development of pain in her upper back. Based on the information provided by appellant, Dr. Henderson stated "In essence, it appears that her subsequent injuries of March 13, 1995 as well as October 10, 1996 are referable to her old February 3, 1989 injury." The Board notes that Dr. Henderson did not specifically relate appellant's current condition to her March 13, 1995 employment injury. Secondly, it is not at all clear whether Dr. Henderson's comment is an expression of his own opinion or merely a summation of appellant's remarks. Moreover, other than noting the recent x-ray findings, Dr. Henderson did not comment on appellant's degenerative disc disease and its effect on her current condition. As such, Dr. Henderson's treatment notes are insufficient to meet appellant's burden of proof.[9]

As appellant failed to provide rationalized medical opinion evidence establishing a causal relationship between her accepted injury of March 13, 1995 and her claimed recurrence of January 2, 1998, the Office properly denied appellant's claim for compensation.

[6] For the importance of bridging information in establishing a claim for a recurrence of disability, *see Robert H. St. Onge*, *supra* note 3; *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Richard McBride*, 37 ECAB 748 (1986).

[7] *See Robert H. St. Onge, supra* note 3.

[8] *Norman E. Underwood*, 43 ECAB 719 (1992).

[9] *George Randolph Taylor*, 6 ECAB 986, 988 (1954) (the Board found that a medical opinion not fortified by medical rationale is of little probative value).

The July 15, 1998 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, D.C.
June 6, 2000

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member