

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ROBERT E. VANN and DEPARTMENT OF THE ARMY,
WOMACK ARMY MEDICAL CENTER, Fort Bragg, NC

*Docket No. 03-660; Submitted on the Record;
Issued May 14, 2003*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant's disability from November 6 to December 5, 2000 is causally related to his October 3, 2000 employment injury.

On October 11, 2000 appellant, then a 44-year-old information receptionist, filed a claim for a traumatic injury, an anxiety attack sustained on October 3, 2000 when he was sent to the employing establishment's occupational health clinic and the doctor refused to treat him.

By decision dated November 30, 2000, the Office of Workers' Compensation Programs found that appellant's alleged injury was not covered under the Federal Employees' Compensation Act, since going to the health clinic was not a part of his job duties.

At a hearing, held at appellant's request on June 27, 2001, appellant testified that his condition was in part due to the duties of the position of information receptionist he began on October 2, 2000, in which he sat at a desk and had to answer questions and be responsible for the telephones. He testified that on October 3, 2000 a personnel specialist told him to pick up his medical records and report to the employing establishment's occupational health clinic, that he did so and waited for two hours only to be told that the doctor would not see him and that he felt chest discomfort and tightening, for which he went to the emergency room where he was sent home for two days. Appellant further testified that he returned to work on October 5, 2000 with duties of putting paper work in bins in the mailroom and that he went to the emergency room again on October 6, 2000 for another anxiety attack.

By decision dated September 4, 2001, an Office hearing representative found that appellant's stressful duties as an information receptionist, the order that he reported to the occupational health clinic and the refusal of the doctor there to treat him were compensable factors of employment and that appellant's increased blood pressure and episode of anxiety on October 3, 2000 were related to these employment factors. The Office hearing representative's decision then stated: "Upon return of the case file, the claim should be accepted for anxiety, single episode and aggravation of hypertension. The Office should pay for all medical bills

related to the accepted condition. The claimant should file a Form CA-7 through his employer to claim compensation for the two days he missed from work due to the anxiety attack.”

On March 19 and 21, 2002 appellant filed CA-7 forms: one claiming compensation for October 4 and 5, 2000; and the other claiming compensation from November 6 to December 5, 2000.

The Office paid appellant compensation for temporary total disability for October 4 and 5, 2000.

By letters dated April 5 and May 2, 2002, the Office advised appellant that it needed medical evidence of disability from November 6 to December 5, 2000.

By decision dated June 10, 2002, the Office denied appellant’s claim for compensation from November 6 to December 5, 2000 on the grounds that he had not responded to its requests for medical evidence.

By letter dated September 18, 2002, appellant requested reconsideration and submitted a copy of an April 22, 2002 report from Dr. Nancy Henderson-Hines, a Board-certified family practitioner.¹ This report stated:

“[Appellant] was out of work during the period of November 6 to December 5, 2000, due to problems associated with anxiety and his blood pressure. During this period he was working for Womack Army Hospital and had a very stressful and demanding work environment. This anxiety and stress caused him to have multiple blood pressure readings that were out of control. Due to this stressful situation, we had him out of work for a short period of time to try and get his blood pressure under control. We also referred him to [p]sychiatry to help him control his anxiety. In essence, he was out of work during the time period mentioned above due to anxiety, depression and elevated blood pressures that were poorly controlled.”

By decision dated December 27, 2002, the Office found that the medical evidence was insufficient to support that appellant’s disability from November 6 to December 5, 2000 was causally related to the October 3, 2000 employment incident. This decision noted that appellant’s claim for a traumatic injury on October 6, 2000 had been denied on December 6, 2001 on the basis that the implicated stressors were not compensable factors of employment.

The Board finds that appellant has not established that his disability from November 6 to December 5, 2000 is causally related to his October 3, 2000 employment injury.

Appellant has the burden of proving by the preponderance of the reliable, probative and substantial evidence that he or she is disabled for work as a result of an employment injury or condition. This burden includes the necessity of submitting rationalized medical opinion

¹ A copy of this report was in the case record at the time of the Office’s June 10, 2002 decision.

evidence, based on a proper factual and medical background, establishing such disability and its relationship to employment.²

In an April 22, 2002 report, Dr. Henderson-Hines, who treated appellant from March to December 2000, stated that appellant was out of work from November 6 to December 5, 2000 “due to anxiety, depression and elevated blood pressures that were poorly controlled.” She, however, did not attribute appellant’s disabling conditions to the incidents that occurred on October 3, 2000, but rather to “a very stressful and demanding work environment,” which does not appear to be an accurate description of the position appellant held in the mailroom immediately before he stopped work on October 6, 2000. Dr. Henderson-Hines also did not explain how appellant’s job as an information receptionist, which he performed for only two days on October 2 and 3, 2000, resulted in medical conditions that disabled him for work over a month later. Her April 22, 2002 report is insufficient to meet appellant’s burden of proof.

Earlier medical evidence also is insufficient to meet appellant’s burden of proving that he was disabled from November 6 to December 5, 2000 by his October 3, 2000 employment injury. Dr. Henderson-Hines’ October 23, 2000 report did not explain how appellant’s elevated blood pressure on that date was related to his employment, or describe what was stressful about appellant’s employment. She also stated that appellant was “not multi-task oriented enough to take care of the job description he was given in the past,” but this does not indicate disability due to an employment-related condition, nor does it indicate that appellant could not perform the position he last held before stopping work. In a December 13, 2000 report on an Office form, Dr. Henderson-Hines checked “yes” to the question of whether she believed the condition found was caused or aggravated by an employment activity, but did not describe any employment activity or provide any explanation or rationale on causal relation. This report thus is insufficient to meet appellant’s burden of proof.³

In an October 13, 2000 report, Dr. Amanda Trimpey, who is Board-certified in occupational diseases, listed appellant’s blood pressure readings when he was seen in the emergency room on October 6, 2000 and noted that appellant stated that he was having extreme difficulty with multi-tasking and felt that a high level of stimulus and demands were directly related to his anxiety reaction. Dr. Trimpey then stated: “It seems that when working in a high-demand area (high level of stimuli and distractions), this is instigative in leading to a panic attack. This is also evidenced by his transient but significantly elevated BP [blood pressure] readings in the ED [emergency department] at the onset of his anxiety attacks.” This report, like those of Dr. Henderson-Hines, appears to be based on an inaccurate history that appellant was working in a stressful position at the time he stopped work on October 6, 2002. In addition, it does not address whether appellant was disabled during the period in question -- November 6 to December 5, 2000.

An October 18, 2000 report from Dr. John F. Theroux, a Board-certified internist, also does not address the period in question. In this report Dr. Theroux stated that appellant originally developed symptoms of anxiety, chest pressure, difficulty concentrating and elevated

² *Nino V. Digrezo*, 39 ECAB 366 (1988); *David H. Goss*, 32 ECAB 24 (1980).

³ *Salvatore Dante Roscello*, 31 ECAB 247 (1979).

blood pressure “in association with stressful occupational requirements, *e.g.* situations in which multiple tasks had to be prioritized and completed, in association with a time pressure. However, currently, appellant states he experiences anxiety and the above physical symptoms if he even thinks about his former job or a similar position in the hospital.” Dr. Theroux noted that appellant stated that his position as an information receptionist “was associated with the quick return of panic attack symptoms, due to multiple task requirements and stressful situations such as calling a code,” and concluded that appellant’s “disorder will significantly impair his ability to perform the duties of a medical clerk for at least one year.” This report is insufficient to meet appellant’s burden of proof, as it does not indicate that appellant’s disability from November 6 to December 5, 2000 is causally related to his employment, and does not show an awareness of the duties appellant performed immediately before he stopped work on October 6, 2000.

The December 27 and June 10, 2002 decisions of the Office of Workers’ Compensation Programs are affirmed.

Dated, Washington, DC
May 14, 2003

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member