

On July 15, 2004 appellant filed a Form CA-7 claim for compensation, alleging that she sustained a recurrence of disability on April 15, 2004 which was causally related to her accepted conditions. She submitted the April 5 and July 14, 2004 form reports of Dr. Sandra Jones, a clinical psychologist, which indicated that appellant had post-traumatic stress disorder. Appellant indicated with a checkmark that the condition was causally related to her employment.

By letter dated September 9, 2004, the Office advised appellant that it required additional factual and medical evidence to support her claim that she experienced a recurrence of disability as of April 15, 2004. She submitted an October 8, 2004 Form CA-20 report from Dr. Robert L. Gardner, a specialist in direct patient care, who diagnosed post-traumatic stress disorder and indicated with a checkmark that the condition was causally related to her employment.

By decision dated December 15, 2004, the Office denied appellant's recurrence of disability claim. The Office found that she failed to submit medical evidence sufficient to establish that the claimed disability as of April 15, 2004 was caused or aggravated by the accepted conditions.

In a report dated January 7, 2005, Dr. Gardner stated that the March 21, 2001 work incident resulted in increased anxiety, mood changes and symptoms of post-traumatic stress disorder, contusion injury, cervical lumbar strain and acute reactions to stress. He advised that current clinical examination findings included appellant's inability to concentrate, focus or be able to tolerate stress in her working environment. Dr. Gardner indicated that appellant experienced anxiety, fatigue, was severely depressed, experienced sleeplessness or excessive periods and had difficulty in controlling her emotions. He stated:

“It is my medical opinion that the violence appellant experienced on March 21, 2001 is the cause of her post-traumatic stress disorder and the emotional difficulties that continue to debilitate her in her current work environment. Dealing with violence is difficult, but even more difficult when it occurs unexpectedly and in an environment that assures you safety and protection and that trust is violated.... The condition from which [appellant] suffers is triggered by stressful situations in the workplace and particularly by reference to the violence she experienced on March 21, 2001. At this point she is unable to function in the current work environment due to post-traumatic stress disorder. This facility is a constant reminder of the violence appellant experienced there and will continue to cause her mental and emotional distress. Since this incident [appellant] has experienced difficulty interacting with coworkers and has acute reactions to stress and is unable to give supervision because of her condition which is a direct result of the post-traumatic stress disorder brought on by the workplace violence.

“[Appellant] is currently unable to work and has been on total disability as of April 14, 2004, at which time she sought medical attention in order to deal with her work-related illness. My opinion is that medical attention is needed. The treatment and recovery time for this condition vary by individual. The insomnia and loss of appetite and headaches all stem [from] post-traumatic stress disorder. It is my opinion that medication therapy, psychotherapy and counseling are

necessary. Referrals for [psychological counseling] are necessary to assist appellant in continuing to deal with [her] condition brought on by the workplace violence she experienced. Even though [she] was released to return to work on several occasions, as with most patients with post-traumatic stress disorder reentry into an environment where the trauma occurred triggers the patient to reexperience the emotions and feelings incurred by the post-traumatic experience. It is further recommended that, when [appellant] is released to return to work that she be reassigned to another facility and placed in an administrative position with no interaction with the workroom floor or similar environments.”

In a letter received by the Office March 11, 2005, appellant requested reconsideration. She submitted office notes from Dr. Jones dated January 13, 2003, April 14 and October 14, 2004.

By decision dated May 25, 2005, the Office denied modification of the December 15, 2004 decision.

LEGAL PRECEDENT

An individual who claims a recurrence of disability resulting from an accepted employment injury has the burden of establishing that the disability is related to the accepted injury. This burden requires furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and who supports that conclusion with sound medical reasoning.¹

ANALYSIS

In the instant case, appellant has failed to submit sufficient medical opinion which relates her disability for work as of April 15, 2004 to her accepted conditions. She has not discharged her burden of proof to establish her claim that she sustained a recurrence of disability as a result of her accepted employment conditions.

In support of her recurrence claim, appellant submitted form reports from Dr. Jones and Dr. Gardner which diagnosed post-traumatic stress disorder and indicated with a checkmark that the condition was causally related to her employment. These reports, however, are insufficient to establish the claim, as the Board has held that, without further explanation or rationale, a checked box is not sufficient to establish causation.² Appellant also submitted office notes from Dr. Jones, but these are merely summarized notations that she is undergoing psychological counseling. They do not constitute probative, rationalized medical opinion evidence sufficient to establish that appellant sustained a recurrence of work-related disability on April 15, 2004. The Office, therefore, properly denied her claim for a recurrence of disability in its December 15, 2004 decision.

¹ *Dennis E. Twardzik*, 34 ECAB 536 (1983); *Max Grossman*, 8 ECAB 508 (1956); 20 C.F.R. §10.121(a).

² *Debra S. King*, 44 ECAB 203 (1992); *Salvatore Dante Roscello*, 31 ECAB 247 (1979).

Following the December 15, 2004 decision appellant requested reconsideration and submitted Dr. Gardner's January 7, 2005 report, which indicated generally that she experienced post-traumatic stress disorder caused by the March 21, 2001 work incident and was disabled for work April 14, 2004. Dr. Gardner advised that she experienced difficulty interacting with coworkers, had acute reactions to stress and was unable to give supervision because of her condition as a direct result of her post-traumatic stress disorder condition. Dr. Gardner's report does not constitute sufficient medical evidence explaining the causal connection between appellant's employment-related condition and her alleged recurrence of disability on April 15, 2004. The Board notes that the only psychiatric diagnosis accepted by the Office as a result of the March 21, 2001 work incident was "acute reaction to stress." Appellant's current diagnosis is post-traumatic stress disorder made more than three years following the accepted work incident. Causal relationship must be established by rationalized medical opinion evidence. Dr. Gardner's opinion on causal relationship is of limited probative value in that he did not provide adequate medical rationale to support his stated conclusions.³ He did not describe her alleged recurrence in any detail or explain how the process by which appellant's March 21, 2001 work incident would have been competent to cause the alleged April 15, 2004 recurrence of disability. Dr. Gardner's opinion is of limited probative value in that it is generalized in nature and equivocal in nature. He indicated that her post-traumatic stress disorder condition was causally related to the March 21, 2001 assault at work. Dr. Gardner's January 7, 2005 report failed to provide a rationalized, probative medical opinion based on a full and accurate history that appellant's condition as of April 14, 2004 was caused or aggravated by the accepted psychological condition.⁴ The office notes from Dr. Jones, as noted above, are merely summary progress reports which indicate that she is providing appellant with psychological counseling. The Board, therefore, affirms the May 25, 2005 Office decision denying reconsideration of the December 15, 2004 Office decision.

As there is no medical evidence addressing and explaining why the claimed condition and disability as of April 15, 2004 was caused or aggravated by her accepted employment conditions, appellant has not met her burden of proof in establishing that she sustained a recurrence of disability.

CONCLUSION

The Board finds that appellant has not met her burden to establish that she was entitled to compensation for a recurrence of disability as of April 15, 2004 causally related to her accepted psychological condition of acute reaction to stress.

³ *William C. Thomas*, 45 ECAB 591 (1994).

⁴ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the May 25, 2005 and December 15, 2004 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: November 9, 2005
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Willie T.C. Thomas, Alternate Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board