

FACTUAL HISTORY

This case has previously been on appeal before the Board.¹ In a September 7, 2004 decision, the Board remanded the case for further development. The Board found that appellant's work duties and responsibilities as a program analyst increased during the period after September 11, 2001 and constituted a compensable factor.² Although the medical evidence was not completely rationalized, it indicated that appellant sustained an employment-related cardiovascular (CVA) condition. The Board remanded the case to the Office to refer appellant to an appropriate specialist for a second opinion examination regarding the cause of her January 28, 2002 stroke.³ The facts and the history contained in the prior appeal are incorporated by reference.

On February 2, 2005 the Office referred appellant, together with a statement of accepted facts, a list of questions to be answered and the medical record, to Dr. Niranjana R. Chandragiri, a Board-certified neurologist, for a second opinion.⁴

In a February 24, 2005 report, Dr. Chandragiri noted appellant's history of injury and treatment. He related that she claimed that she had always been under stress, but the events of September 11, 2001 made the problems much worse. Appellant also related that, with the changes in her department, there was a significant increase in her workload. Regarding her history of injury, Dr. Chandragiri noted that she had multiple previous medical problems dating back to 1991 and that appellant was diagnosed with having multiple lacunar strokes. Dr. Chandragiri advised that the medical evidence of record showed that appellant complained of fatigue and memory problems and included a history of labyrinthitis since 1991, which stopped in 2002 and vision problems that affected her driving. He also noted that she had preexisting vasovagal syncope, controlled by medicine. Dr. Chandragiri determined that appellant's cranial nerves were normal and that she did not demonstrate any motor or sensory deficit. He advised that her reflexes were intact and symmetric at two plus, plantars were flexor bilaterally and cerebellar functions and gait were normal. Regarding appellant's stroke on January 28, 2003, he noted that a computerized axial tomography (CAT) scan of January 29, 2002 did not show any acute lesions, yet her symptoms were suggestive of a lacunar stroke in the right basal ganglia. During the examination, appellant did not show any deficit and aside from her own complaints, there was no evidence of deficit from the stroke, even though she complained of memory problems. He did not find that the January 28, 2002 stroke was caused by, aggravated, accelerated or precipitated by factors of her federal employment. Dr. Chandragiri further recommended that she be referred for neuropsychological testing.

¹ Docket No. 04-785 (September 7, 2004).

² The Office previously found that appellant established that a new pay system was begun in her agency after September 11, 2001.

³ The record reflects that appellant retired in March 2003.

⁴ The record reflects that appellant missed a scheduled appointment with a physician due to a family medical emergency and was subsequently rescheduled with Dr. Chandragiri.

By letter dated March 23, 2005, the Office advised appellant that she was being scheduled for a neuropsychological evaluation with Dr. H. Daniel Blackwood, Ph.D., neuropsychologist.⁵

In a March 30, 2005 report, Dr. Blackwood determined that appellant had an acquired brain dysfunction which was consistent with a history of right cerebral hemisphere stroke, but also suggestive of some left hemisphere problems. He could not attribute findings to any specific event. Dr. Chandragiri noted that appellant's findings suggested that she was in need of a "psychiatric/psychological intervention as part of her overall medial management." Dr. Blackwood advised that, while his results showed the presence of psychiatric factors, they supported "a history of cerebral dysfunction, consistent with multiple vascular events ... which certainly could be expected to interfere with [appellant's] ability to carryout vocational duties, particularly in a demanding environment."

In a May 13, 2005 addendum, Dr. Chandragiri reviewed Dr. Blackwood's report and noted that he had reported some abnormalities consistent with cerebral dysfunction secondary to multiple vascular events. Dr. Chandragiri noted that the neuropsychological testing revealed that appellant was unable to handle stressful situations and unable to return to her previous occupation. After reviewing the neurological testing, his answers to the Office's questions remained unchanged.

By decision dated July 25, 2005, the Office found that the medical evidence was not sufficient to support that appellant's stroke on January 28, 2002 was causally related to factors of her federal employment.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act⁶ has the burden of establishing the essential elements of his or her claim, including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.⁷ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁸

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual

⁵ Dr. Blackwood is Board-certified in neuropsychology, by the American Board of Professional Psychology.

⁶ 5 U.S.C. §§ 8101-8193.

⁷ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁸ *See Delores C. Ellyett*, 41 ECAB 992 (1990).

statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁹

ANALYSIS

In the prior appeal, the Board found two compensable factors of employment: a new pay system was begun in her agency and, after September 11, 2001, her work duties and responsibilities as a program analyst increased. Further development of the medical evidence was directed.

In a February 24, 2005 report, Dr. Chandragiri, a Board-certified neurologist and second opinion physician, noted appellant's history of injury and treatment. He addressed her allegations that she had always been under stress and that the events of September 11, 2001 had made appellant's problems worse. He also noted that appellant related that her problems began with the changes in her department which included a significant increase in her workload. However, Dr. Chandragiri indicated that she had multiple medical problems which dated back to 1991 which included multiple lacunar strokes as well as fatigue and memory problems with a history of labyrinthitis which stopped in 2002. He advised that she had preexisting vasovagal syncope, which was controlled by medication. Dr. Chandragiri's findings noted that her cranial nerves were normal, that there was no motor or sensory deficit, her reflexes were intact and symmetric and that her cerebellar functions and gait were normal. He indicated that the CAT scan of January 29, 2002 did not show any acute lesions, and advised that appellant's symptoms suggested a recurrent lacunar stroke in the right basal ganglia. Dr. Chandragiri also noted that, on his examination, she did not show any deficit with the exception of her own complaints. He determined that there was no evidence of deficit from the stroke, even though appellant complained of memory problems. Dr. Chandragiri opined that the January 28, 2002 stroke was not caused, aggravated, accelerated or precipitated by factors of her federal employment. Dr. Chandragiri recommended that appellant be referred for neuropsychological testing.

In a March 30, 2005 report, Dr. Blackwood, a neuropsychologist, determined that appellant had an acquired brain dysfunction, which was consistent with a history of right cerebral hemisphere stroke. He could not attribute the findings to any specific event. Dr. Blackwood also advised that the examination results showed the presence of psychiatric factors and supported a history of cerebral dysfunction, consistent with multiple vascular events. He indicated that this would interfere with appellant's ability to carryout her vocational duties, especially in a demanding environment.

In a May 13, 2005 addendum, Dr. Chandragiri reviewed Dr. Blackwood's report and noted that the reported abnormalities were consistent with cerebral dysfunction secondary to

⁹ See *Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

multiple vascular events. Dr. Chandragiri noted that neuropsychological testing revealed that appellant was unable to handle stressful situations and was unable to return to her previous occupation. He noted, however, that his review of the neurological testing did not change his prior opinion on causal relationship.

The Board finds that the weight of the medical opinion evidence is represented by the report of Dr. Chandragiri, a Board-certified neurologist, who concluded that appellant's stroke was not caused or aggravated by any factors of her federal employment. She underwent neuropsychological testing and, upon review of the test results, Dr. Chandragiri reaffirmed his opinion on causal relationship. It was noted that appellant had numerous preexisting conditions dating back to 1991, including several lacunar strokes. Dr. Blackwood could not attribute his findings to a specific event, but rather, a history of a series of events and other psychiatric factors. Dr. Chandragiri repeated his opinion that appellant's stroke in January 2002 was not caused or aggravated by factors of her employment.

Appellant has not submitted any medical evidence sufficient to support that the accepted employment factors of a new pay system or the increase in her work duties and responsibilities as a program analyst aggravated her stroke on January 28, 2002.

An award of compensation may not be based on surmise, conjecture, speculation or upon appellant's own belief that there is causal relationship between her claimed condition and her employment.¹⁰ To establish causal relationship, she must submit a physician's report in which the physician reviews what factors of employment identified by her as causing her condition and, taking these factors into consideration as well as findings upon examination of appellant and her medical history, state whether these employment factors caused or aggravated her diagnosed condition and present medical rationale in support of his opinion.¹¹ She failed to submit such evidence and, therefore, failed to discharge her burden of proof.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that she sustained an injury in the performance of duty.

¹⁰ *Robert Broome*, 55 ECAB ____ (Docket No. 04-93, issued February 23, 2004).

¹¹ *Gary J. Watling*, 52 ECAB 278 (2001).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated July 25, 2005 is affirmed.

Issued: January 17, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

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