United States Department of Labor Employees' Compensation Appeals Board

N.B., Appellant)
) Docket No. 08-223
and) Issued: May 2, 2008
U.S. POSTAL SERVICE, POST OFFICE, Belton, MO, Employer)))
Appearances: Appellant, pro se Office of Solicitor, for the Director	Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
DAVID S. GERSON, Judge
COLLEEN DUFFY KIKO, Judge

JURISDICTION

On October 30, 2007 appellant filed a timely appeal from an August 22, 2007 merit decision of the Office of Workers' Compensation Programs which denied her recurrence of her medical condition. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of appellant's claim.

ISSUE

The issue is whether appellant sustained a recurrence of disability due to her accepted back and hip conditions on March 21, 2007.

FACTUAL HISTORY

On January 6, 2005 appellant, then a 46-year-old letter carrier, slipped and fell on the ice while delivering her route injuring her hip and knee. On February 17, 2005 the Office accepted her traumatic injury claim for contusion of low back and contusion of right hip. Appellant was also diagnosed with gluteal muscle strain/sprain, and disc bulges at L3-4, L4-5 and L5-S1.

In a July 20, 2005 letter, the Office informed appellant that she was approved for physical therapy for the right hip from June 23 through September 23, 2005. In an August 8, 2005 chart note, Dr. Renjini Chandra, a physician, released appellant from medical care finding she had reached maximum medical improvement. She also stated that appellant was to perform full-duty work without any restrictions.

On March 21, 2007 appellant filed a recurrence of medical condition claim alleging that she sustained a recurrence of her January 6, 2005 injury as she was having extreme back and hip pain on a daily basis. She stated that she was not doing anything specific when the recurrence occurred as her pain had never ceased. Appellant also reported that she returned to full duty but no longer walked and carried her mailbag.

In a June 5, 2007 letter, the Office requested further information from appellant regarding her recurrence claim, including a physician's report. Appellant responded in a June 13, 2007 letter explaining that she still had severe pain in her hip and lower back and no new injuries. The Office also received a June 15, 2007 letter from Dr. C. Lan Fotopoulos, Board-certified in physical medicine and pain medicine, who had treated appellant since February 28, 2006. Dr. Fotopoulos diagnosed appellant with facet syndrome and sacroiliac joint dysfunction. He explained that sacroiliac dysfunction and dysfunction of the S1 joint take a significant amount of time to heal and that it is a joint which has been disrupted by a tear or other activity. Dr. Fotopoulos noted that a March 27, 2007 magnetic resonance imaging (MRI) scan showed a bulging of the discs at L3-4, L4-5 and L5-S1. He opined that appellant's January 6, 2005 injury fit with a disruption of the left S1 joint and caused the facets in her lumbar spine to be painful.

In an August 22, 2007 decision, the Office denied appellant's claim on the grounds that the evidence did not establish that the claimed recurrence resulted from her accepted low back and right hip contusions. The Office explained that Dr. Fotopoulos' letter was insufficient as it failed to explain how appellant's low back contusion had progressed into a diagnosis of facet syndrome and sacroiliac joint dysfunction.

LEGAL PRECEDENT

A recurrence of a medical condition is defined as a documented need for further medical treatment after release from treatment for the accepted condition or injury.\(^1\) Continuous treatment for the original condition or injury is not considered a recurrence of a medical condition, nor is an examination without treatment.\(^2\) As distinguished from a recurrence of disability, a recurrence of a medical condition does not involve an accompanying work stoppage.\(^3\) It is the employee's burden to establish that the claimed recurrence is causally related to the original injury.\(^4\)

¹ 20 C.F.R. § 10.5(y).

 $^{^2}$ Id.

³ *Id.*, 20 C.F.R. § 10.5(x).

⁴ See 20 C.F.R. § 10.104; Mary A. Ceglia, 55 ECAB 626, 629 (2004).

The Office's procedure manual further provides that, after 90 days of release from medical care (based on the physician's statement or instruction to return PRN, or computed from the date of last examination), the claimant is responsible for submitting an attending physician's report which contains a description of the objective findings and supports causal relationship between the claimant's current condition and the previously accepted work injury.⁵

ANALYSIS

The Board finds that appellant has failed to establish a recurrence of her accepted medical condition. The Office accepted appellant's claim for right hip and lower back contusion which occurred on January 6, 2005.

Appellant was treated for her accepted condition by Dr. Chandra until August 8, 2005, at which time he reported that appellant had reached maximum medical improvement and he released her from further medical treatment. There is no evidence of record establishing that she received medical treatment for her accepted condition between August 8, 2005 and February 28, 2006, when Dr. Fotopoulos stated he started treating her. As appellant's treatment on February 28, 2006 was more than 90 days after her release from medical care on August 8, 2005 she is responsible for submitting an attending physician's report containing a description of the objective findings and supporting a causal relationship between her current condition and the previously accepted work injury. It is appellant's burden to submit sufficient medical evidence to document the need for further medical treatment. Appellant has not met her burden.

Dr. Fotopoulos diagnosed facet syndrome and sacroiliac joint dysfunction. While he provided an opinion affirmatively stating that there is a causal relation between the January 6, 2005 injury and appellant's current condition but he did not provide sufficient medical rationale to support his opinion. Dr. Fotopoulos did not explain how appellant's lower back and right hip contusions caused her to develop facet syndrome or sacroiliac joint dysfunction. He also failed to address the time lapse between treatments for the two conditions.

An award of compensation may not be based upon surmise, conjecture or upon a claimant's belief that there is a relationship between a medical condition and the employment. As appellant did not provide the necessary rationalized medical evidence to establish causal relationship between the accepted medical conditions and her current medical conditions, appellant has not met her burden of proof.

CONCLUSION

Appellant has not established that she sustained a recurrence on March 21, 2006 causally related to her January 6, 2005 employment injury.

⁵ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.5(b) (September 2003).

⁶ *Id*.

⁷ 20 C.F.R. §10.5(y).

⁸ George H. Clark, 56 ECAB 162 (2004).

ORDER

IT IS HEREBY ORDERED THAT the August 22, 2007 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 2, 2008 Washington, DC

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

> David S. Gerson, Judge Employees' Compensation Appeals Board

> Colleen Duffy Kiko, Judge Employees' Compensation Appeals Board