

U.S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of LEONARD DURLAO and DEFENSE LOGISTICS AGENCY,
SHARPE LOCATION, Stockton, Calif.

*Docket No. 97-841; Submitted on the Record;
Issued December 21, 1998*

DECISION and ORDER

Before GEORGE E. RIVERS, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issues are: (1) whether appellant has established that his cardiac condition is causally related to factors of his federal employment; and (2) whether appellant has established that he sustained an emotional condition in the performance of his federal employment.

On August 11, 1995 appellant, then a 51-year-old packer, filed a claim alleging that his cardiac condition was caused by factors of his federal employment. Appellant noted that "constant daily forced overtime" caused a stress-related episode on March 14, 1995, and led to open heart surgery.

In a medical report dated September 19, 1995, Dr. Jinmei Woan, Board-certified in psychiatry and neurology, stated that he had treated appellant from March 14 to September 19, 1995. He noted that appellant stated that he had been depressed because he had had to work overtime since January 1995 which required 12 hours of work a day, 7 days a week. Dr. Woan noted that appellant's condition was "probably, if not all contributed from his employment with long hours and too many days a week without rest and without enjoying his family life."

In a medical report dated September 27, 1995, Dr. Isam Felahy, a Board-certified surgeon, stated that he had performed open heart surgery on appellant on August 28, 1995; that his recovery was unremarkable; and that his rehabilitation should take three to four months, at which time he would be able to return to regular work.

In response to a request from the Office of Workers' Compensation Programs for further information regarding his claim, appellant submitted a February 9, 1996 attending physician's report from Dr. Hooman Madyoon, appellant's treating physician and Board-certified in internal medicine. In that report, the doctor stated that appellant had been under his care post heart surgery until February 5, 1996 at which time he was released to return to regular work. Dr. Madyoon also checked a box indicating that appellant's medical condition was not caused by or aggravated by employment activity.

In an undated report, the employing establishment listed appellant's hours that he had worked from January to June 1995 which reflected that he averaged 10 hours a week overtime but did not work 7 days a week at any time.

On July 17, 1996 the Office referred appellant, the case record and a statement of accepted facts to Dr. Samuel S. Baker, Board-certified in internal medicine, and Dr. Syed A.M. Kazmi, Board-certified in psychiatry and neurology, for a second opinion evaluation.

In a report dated August 16, 1996, Dr. Kazmi stated that he had conducted a clinical interview with appellant on that day and determined that he did not have an emotional condition. However, he noted that there may be some connection between appellant's described stress and his physical condition and therefore recommended that appellant be transferred to a less stressful environment and that short-term supportive counselling be made available.

On August 31, 1996 Dr. Baker noted that he had examined appellant on that day and demonstrated a familiarity with appellant's work history. He did not believe that employment factors caused appellant's heart condition.

On September 3, 1996 the Office, in a decision, denied appellant's claim on the grounds that the evidence of record did not support a causal relationship between appellant's cardiac condition and factors of his federal employment. The Office further found that appellant failed to establish the fact of a psychiatric injury causally related to employment.

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 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.¹ The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete and accurate factual and medical background, showing a causal relationship between the claimed conditions and his federal employment.² Neither the fact that the condition became manifested during a period of federal employment, nor the belief of appellant that the condition was caused or aggravated by his federal employment, is sufficient to establish causal relation.³

In the present case, the Office referred appellant to Drs. Baker and Kazmi for a second opinion. Dr. Baker determined that, based on appellant's history and review of the medical record, that appellant's coronary artery disease was secondary to arteriosclerosis which, in turn, was accelerated by known risk factors, of which appellant had two: hypertension and hypercholesterolemia. Dr. Baker noted appellant's history of a grand mall seizure which

¹ *Victor J. Woodhams*, 41 ECAB 345 (1989).

² *See Walter D. Morehead*, 31 ECAB 188 (1979).

³ *Manuel Garcia*, 37 ECAB 767 (1986).

occurred on board ship in 1979. He also noted appellant's recent coronary bypass surgery and depression. Upon review of the medical reports the doctor opined that, although appellant's work may have precipitated coronary symptoms which were manifested in a stress-related episode in March 1995 for which he received medical care, his employment was probably not the underlying cause of his coronary disease. He noted that appellant's 1979 seizure disorder occurred after several days of steady work without sleep which, in turn, resulted in a 12 to 14 year reliance on medication. Dr. Baker then stated that he "did not believe that the (appellant's) job situation is a causative factor in his coronary artery disease," and that he did not feel "that the stress he was under [at work] increased the chance of the development of the arteriosclerotic process." He noted that the stresses may have "accelerated his symptoms," but that appellant had "an underlying and ongoing arteriosclerotic process involving his coronary arteries, not related to work." As noted above, to be of probative value a physician's opinion must be based on a complete and accurate background and any opinion on causal relationship with employment must be supported by medical rationale explaining the basis for the opinion rendered. Since Dr. Baker provided no medical rationale to establish a causal relation between appellant's condition and his employment, the Board finds that appellant failed to meet his burden of proof in establishing that he sustained a coronary disease in the performance of duty.

Further, appellant presented no rationalized medical opinion evidence establishing that he had sustained an emotional condition while in the performance of duty. Neither Dr. Woan's medical report nor Dr. Kazmi's second opinion report provided any rationalized medical support for an emotional condition causally related to factors of appellant's federal employment.

The decision of the Office of Workers' Compensation Programs dated September 3, 1996 is hereby affirmed.

Dated, Washington, D.C.
December 21, 1998

George E. Rivers
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member