

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of TEIKO OPAL BAKER and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Oklahoma City, OK

*Docket No. 98-1353; Submitted on the Record;
Issued April 5, 2000*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
A. PETER KANJORSKI

The issue is whether appellant has met her burden of proof to establish that her hospitalizations from February 18 to 26 and December 1 to 4, 1994 were causally related to her employment-related aggravation of paranoid schizophrenia.

On July 15, 1970 appellant, then a 56-year-old statistical clerk, filed a claim alleging that factors of employment caused her emotional condition.¹ By decision dated December 7, 1971, the Office of Workers' Compensation Programs denied the claim. Following appellant's request for a hearing, in an April 26, 1973 decision, an Office hearing representative accepted that appellant sustained an employment-related aggravation of paranoid schizophrenia and she was placed on the periodic rolls. She continues to receive wage-loss compensation.

By letter dated March 24, 1995, appellant's son, acting on her behalf,² submitted copies of charges for two hospitalizations at the DePaul Health Center in St. Louis, Missouri dated February 18 through 26 and December 1 through 4, 1994. By decision dated October 21, 1996, the Office denied compensation for payment of the medical bills. Appellant, through her representative, requested a hearing that was held on November 24, 1997. At the hearing appellant's representative testified that the hospitalizations were employment-related because, due to her emotional condition, she did not take proper medication. In a January 29, 1998 decision, an Office hearing representative affirmed the prior decision. The instant appeal follows.

¹ The claim, as well as the instant appeal, were filed by appellant's son James H. Baker who has her power of attorney.

² *Id.*

The Board finds that the Office did not abuse its discretion by denying appellant's request for reimbursement for hospitalization expenses incurred in February and December 1994.

Section 8103 of the Federal Employees' Compensation Act³ provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances and supplies prescribed or recommended by a qualified physician, which the Office considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation.⁴ In interpreting this section of the Act, the Board has recognized that the Office has broad discretion in approving services provided under the Act. The only limitation on the Office's authority is that of reasonableness. Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed so as to produce a contrary factual conclusion.⁵ In order to be entitled to reimbursement for medical expenses, a claimant must establish that the expenditures were incurred for treatment of the effects of an employment-related injury. Proof of causal relation in a case such as this must include supporting rationalized medical evidence.⁶ In this case, therefore, in order to prove that the 1994 hospitalizations were warranted, appellant must submit evidence to show that they were necessary for a condition causally related to the employment injury and that the hospitalizations were medically warranted. Both of these criteria must be met in order for the Office to authorize payment.

The relevant medical evidence includes a discharge summary dated March 9, 1994 in which Dr. Carl Bussmann, a general surgeon, indicated that appellant was brought to the hospital on February 18, 1994 for poor responsiveness. She was transferred to Scott Air Force Base Hospital on February 26, 1994. Discharge diagnoses were hypotension, etiology undetermined, acute renal failure, acute liver ischemia with recovery, history of sick sinus syndrome with pacemaker, history of congestive heart failure, atrial fibrillation, atrial flutter, history of stroke with multi-infarct dementia and history of pulmonary emboli, deep vein thrombosis and vena caval ligation.

In a discharge summary dated December 4, 1994, Dr. Melvin B. Saltzman, an osteopathic gastroenterologist, noted that appellant was hospitalized from December 1 to 4, 1994. Discharge diagnoses were upper gastrointestinal (GI) bleed, gastric ulcer with visible vessel, acute blood

³ 5 U.S.C. §§ 8101-8198.

⁴ 5 U.S.C. § 8103.

⁵ *Daniel J. Perea*, 42 ECAB 214 (1990).

⁶ *See Debra S. King*, 44 ECAB 203 (1992); *Bertha L. Arnold*, 38 ECAB 282 (1986).

loss anemia, hypoprothrombinemia, dehydration and urinary tract infection. In a September 29, 1997 report, Dr. Saltzman stated:

“With regard to the question [of] whether or not [appellant’s] history of paranoid schizophrenia contributed to the medical emergency, I would have to say that it is possible that it did. If her schizophrenia was an active problem at the time that she became ill, it is certainly possible that she did not take her medications appropriately and obviously taking an excessive amount of Coumadin would have contributed to her GI bleeding. However, a gastric ulcer would not be something that I believe paranoid schizophrenia would have caused. It is believed that stress can exacerbate ulcers, but to create them would seem a little bit far fetched.

“In summary, her paranoid schizophrenia could have potentially contributed to the medical emergency and GI bleeding that brought her to DePaul Health Center.”

As noted above, the only restriction on the Office’s authority to authorize medical treatment is one of reasonableness. None of the medical evidence submitted adequately addresses the causal relationship between appellant’s employment-related condition and the 1994 hospitalizations. The discharge summaries do not mention appellant’s schizophrenia, and the Board finds Dr. Saltzman’s September 29, 1997 report of diminished probative value. The Board has long held that a medical opinion of a physician supporting causal relationship does not have to reduce the cause or etiology of a disease or condition to an absolute medical certainty, but neither can the opinion be speculative or equivocal.⁷ At best, Dr. Saltzman’s September 29, 1997 report supports the possibility that appellant’s hospitalizations were related to her diagnosed paranoid schizophrenia. Therefore, based on the nature and extent of the medical evidence provided in this case, the Office did not abuse its discretion to deny appellant reimbursement for the 1994 hospitalizations.⁸

⁷ *Ern Reynolds*, 45 ECAB 690 (1994).

⁸ The Board further notes that the record indicates that appellant was in a nursing facility at the time of the February 1994 hospitalization.

The decision of the Office of Workers' Compensation Programs dated January 29, 1998 is hereby affirmed.

Dated, Washington, D.C.
April 5, 2000

George E. Rivers
Member

David S. Gerson
Member

A. Peter Kanjorski
Alternate Member