

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOAN MANNELLA, claiming as widow of JOSEPH MANNELLA and
DEPARTMENT OF THE NAVY, PHILADELPHIA NAVAL SHIPYARD,
Philadelphia, PA

*Docket No. 98-2350; Submitted on the Record;
Issued April 6, 2000*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
BRADLEY T. KNOTT

The issue is whether the employee's death on October 28, 1992 was causally related to his January 20, 1989 employment injury.

On November 23, 1992 appellant filed a claim for death benefits, alleging that the fatal heart attack the employee, her deceased husband, sustained on October 28, 1992 was due to the stress of upcoming surgery for the effects of his January 20, 1989 employment injury. The Office of Workers' Compensation Programs had initially accepted that the employee's January 20, 1989 employment injury resulted in a lumbosacral sprain and later accepted that it also resulted in a herniated disc at L5-S1, for which surgery was scheduled on November 2, 1992.

By decision dated January 31, 1995, the Office found that the weight of the medical evidence failed to support a causal relation between the employee's death and his January 20, 1989 employment injury. At appellant's request, a hearing was held before an Office hearing representative on November 1, 1995. By decision dated January 30, 1996, this Office hearing representative found that the weight of the medical evidence failed to support a causal relation between the employee's death and his January 20, 1989 employment injury. Appellant appealed this decision to the Board, which, by order dated January 23, 1997, remanded the case to the Office for reconstruction and proper assemblage of the case record and for an appropriate decision.¹ By decision dated July 10, 1998, the Office found that the weight of the medical evidence demonstrated that the employee's death was not causally related to his January 20, 1989 employment injury.

Appellant has the burden of proving by the weight of the reliable, probative and substantial evidence that the employee's death was causally related to his federal employment.

¹ Docket No. 96-1503.

This burden includes the necessity of furnishing rationalized medical evidence, based on a proper factual and medical background, supporting a causal relationship between the employee's death and his employment.²

The Board finds that appellant has not established that the employee's death on October 28, 1992 was causally related to his January 20, 1989 employment injury.

The employee's attending physician, Dr. Richard A. Balderston, a Board-certified orthopedic surgeon, in a November 4, 1992 report, stated:

“[The employee] was my patient for the last several years concerning an injury that he had to his back. He had developed a large disc herniation and was scheduled to have surgery. He was quite worried about having this surgery and had postponed the surgery because of his fears of it. I believe he was under quite a lot of stress due to his upcoming operation and this would certainly have affected his heart. His heart attack actually occurred moments before I was to enter the room and discuss the upcoming surgery with him.”

In a report dated May 3, 1993, Dr. Balderston stated that the disabling low back and left leg pain for which he had treated the employee “was an added stressor for [the employee] and it certainly could have exacerbated [the employee's] heart condition.” In a report dated October 25, 1995, Dr. Balderston noted that on October 28, 1992 an electrocardiogram was performed on the employee and reported as normal. Dr. Balderston then stated:

“I believe that [the employee] found his upcoming surgery and overall continuous pain extremely stressful. I certainly cannot say that this stress was the only cause of his fatal heart attack, but I would also certainly state that his worrying about his upcoming surgery contributed to his cardiac problem and was a factor that placed increased stress upon his heart.”

The Office referred the case record to a Board-certified cardiologist, Dr. John Edward Pickering, for a rationalized medical opinion whether the chronic pain and the anxiety about the magnetic resonance imaging (MRI) scan the employee just underwent and the upcoming surgery were contributing factors to his fatal heart attack. In a report dated January 18, 1994, Dr. Pickering set forth the employee's history, noted that an “autopsy showed a 95 percent atherosclerotic lesion of his proximal left anterior descending coronary artery and occlusive coronary artery disease was the cause of his death,” and concluded, “It is my opinion with a reasonable degree of medical certainty that the back injury, including the ‘stress’ of the MRI and impending surgery, in no way contributed to the development of the atherosclerosis or the occlusive disease which caused [the employee's] death on October 28, 1992.” By letter dated February 2, 1994, the Office requested that Dr. Pickering address whether the stress of the MRI scan and of the upcoming surgery precipitated the myocardial infarction suffered by the employee. In a report dated November 14, 1994, Dr. Pickering stated:

² *Barbara Robertson (Paul Robertson)*, 441 ECAB 393 (1990).

“It is my opinion with a reasonable degree of medical certainty the stress of the MRI, along with the upcoming surgery, did not precipitate the myocardial infarction suffered by [the employee]. It was complication of his coronary artery disease which was documented by the post-mortem report from the autopsy done on [the employee] immediately following his death on October 28, 1992 by Dr. Edwin Lieberman.”

The Board finds that the opinion of Dr. Pickering constitutes the weight of the medical evidence on the question of whether the employee’s death on October 28, 1992 was causally related to his January 20, 1989 employment injury. Dr. Pickering based his opinion on an accurate history and based his conclusion on objective finding of a 95 percent atherosclerotic lesion of a coronary artery and of occlusive coronary artery disease. Dr. Pickering’s opinion is consistent with that of Dr. Lieberman, the forensic pathologist who performed an autopsy on October 29, 1992 and who, on the certificate of death dated November 2, 1992, listed the cause of death as “occlusive coronary artery disease.”

The opinion of Dr. Balderston, while supportive of appellant’s claim, is insufficient to outweigh or to create a conflict with the opinion of Dr. Pickering. Unlike Dr. Pickering, Dr. Balderston is not a specialist in the appropriate field of medicine, cardiology.³ Moreover, Dr. Balderston did not provide any medical rationale explaining why he believes that the stress of the employee’s upcoming surgery and of the pain from his employment injury contributed to his coronary artery disease or to his fatal heart attack.⁴

³ The opinions of physicians who have training and knowledge in a specialized medical field have greater probative value concerning medical questions peculiar to that field than the opinions of other physicians. *Elmer L. Fields*, 20 ECAB 250 (1969)

⁴ Medical reports not containing rationale on causal relation are entitled to little probative value and are generally insufficient to meet an employee’s burden of proof. *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

The decision of the Office of Workers' Compensation Programs dated July 10, 1998 is affirmed.

Dated, Washington, D.C.
April 6, 2000

George E. Rivers
Member

David S. Gerson
Member

Bradley T. Knott
Alternate Member