United States Department of Labor
Employees' Compensation Appeals Board

B.H., Appellant	)	
and	)	**Docket No. 14-423**
	)	**Issued: June 26, 2014**
U.S. POSTAL SERVICE, POST OFFICE, Philadelphia, PA, Employer	)	

Appearances:
Thomas R. Uliase, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA HOWARD FITZGERALD, Acting Chief Judge
COLLEEN DUFFY KIKO, Judge
MICHAEL E. GROOM, Alternate Judge

JURISDICTION

On December 9, 2013 appellant, through her attorney, filed a timely appeal from a September 9, 2013 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the termination issue of this case.

ISSUE

The issue is whether OWCP properly terminated appellant's medical and wage-loss compensation benefits effective March 10, 2013 as she no longer had any residuals or disability causally related to her accepted August 2, 2005 back injury.

On appeal, counsel contends that OWCP did not properly select the impartial medical examiner and that his report should not be given special weight because it lacked medical rationale.

[1] 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case has previously been before the Board.[2] The relevant facts are set forth below.

On August 4, 2005 appellant, then a 45-year-old distribution window clerk, filed a traumatic injury claim alleging that on August 2, 2005 she strained her back when she lifted a tub of mail. She stopped work on August 6, 2005.

Appellant was initially treated by Dr. Jerry Murphy, who specializes in emergency and trauma medicine. In an August 30, 2005 report, Dr. Murphy related that on August 2, 2005 appellant felt a pulling sensation in her back when she lifted a tub of mail. Upon examination, he observed tenderness on palpation at the right posterior sacroiliac joint at L4-S1 with spasms and tenderness on palpation of the sciatic notch and increased sensation in the right L3-4 and L5 dermatomes. Dr. Murphy diagnosed acute lumbosacral sprain with spasm, acute sciatica and acute post-traumatic radiculitis.

In an August 24, 2005 magnetic resonance imaging (MRI) scan report of the lumbar spine, Dr. Joel Swartz, a Board-certified diagnostic radiologist, related appellant's complaints of persistent back pain. He observed disc desiccation with mild disc bulge and bilateral neural foraminal narrowing at L2-3, disc desiccation with moderate disc bulge and mild bilateral neural foraminal narrowing, left greater than right, at L3-4 and disc desiccation at L4-5 with mild disc bulge. Dr. Swartz stated that a few images suggested peripheral annular tear between 7 and 8 o'clock.

On October 25, 2005 OWCP accepted appellant's claim for acute lumbosacral sprain, acute sciatica and acute post-traumatic radiculitis and paid disability compensation. On December 30, 2006 appellant returned to limited duty. On April 11, 2007 she sustained a recurrence of the August 2, 2005 work injury and stopped work again. On October 10, 2007 appellant was placed on the periodic rolls.

In an August 28, 2007 electrodiagnostic report of the right lower extremity, Dr. Ernest M. Baran, Board-certified in physical medicine and rehabilitation, provided an accurate history of the August 2, 2005 employment injury. He noted that appellant had no symptoms regarding her left leg. Dr. Baran reported that electrodiagnostic studies of the right lower extremity were consistent with mild to moderate axonal L5, S1 radiculopathy and normal findings of the remaining right L1 through 4. He found no evidence of peripheral neuropathy or nerve entrapment in the right lower extremity. Dr. Baran concluded that diagnostic and clinical examination supported a right L5, S1 radiculopathy and physical examination demonstrated a right L2 pinprick/tactile sensory deficit level.

In a September 12, 2007 MRI scan of the lumbar spine, Dr. Daphine Golding, Board-certified in physical medicine and rehabilitation, related appellant's complaints of persistent back pain. She observed well-preserved body signal and vertebral body height. Dr. Golding reported mild to moderate disc protrusion with disc herniation at L2-3, left greater than right and L3-4.

[2] Docket No. 11-1442 (issued March 5, 2012).

She also noted mild-to-moderate disc protrusion with left greater than right neural foraminal narrowing at L4-5.

On June 6, 2008 OWCP referred appellant, along with a statement of accepted facts (SOAF) and the medical records, to Dr. Steven J. Valentino, a Board-certified orthopedic surgeon, for a second-opinion examination regarding the nature and extent of her work-related injury. In a July 9, 2008 report, Dr. Valentino reviewed her history and conducted an examination. He opined that appellant's acute lumbosacral sprain, radiculitis and sciatica had resolved and that she had completely recovered from her accepted work-related injuries. Dr. Valentino reported that she was able to return to work without restrictions.

In a September 21, 2009 report, Dr. Murphy reviewed Dr. Valentino's July 9, 2008 second-opinion report and disagreed with his findings that appellant's conditions had resolved. He stated that she remained symptomatic and was in need of continued medical treatment, physical therapy and spinal injections. Dr. Murphy noted that Dr. Valentino's opinion was subjective in nature and failed to outline any of the objective testing that was performed on appellant. He continued to request authorization for physical therapy and spinal injections.

OWCP referred appellant's case, along with a SOAF and the medical record, to a district medical adviser to determine whether physical therapy, electric stimulator, therapeutic exercises and neuromuscular reeducation continued to be medically necessary to treat appellant's accepted conditions. In an August 2, 2010 report, Dr. Arnold T. Berman, a Board-certified orthopedic surgeon and OWCP medical adviser, accurately described the August 2, 2005 employment injury and reviewed the medical records. He noted that appellant's claim was accepted for acute lumbosacral sprain, acute sciatica and acute post-traumatic radiculitis. Dr. Berman stated that she received an adequate number of lumbar epidural injections and opined that additional injections at this time would be of no value. He explained that as a general rule epidural injections following lumbar spine surgery were ineffective because the fluid could not migrate in the area of the nerve roots as a result of the scar formation following the surgery. Dr. Berman recommended that additional injections not be approved and that conservative measures such as aquatic exercise should be sufficient for appellant.

On August 16, 2010 OWCP denied authorization for physical therapy and spinal injections. By letter dated December 14, 2010, appellant's attorney requested a review of a written record. By decision dated February 10, 2011, an OWCP hearing representative affirmed the August 16, 2010 decision denying authorization of spinal injections and physical therapy.

Appellant filed an appeal before the Board.

In a decision dated March 5, 2012, the Board found that a conflict in medical opinion existed between Dr. Murphy, appellant's treating physician, and Drs. Valentino and Berman, OWCP referral physicians, regarding appellant's ongoing residuals of her accepted medical conditions and the necessary medical treatment. The Board remanded her case to OWCP for referral to an impartial medical examiner.

On July 5, 2011 2011 appellant returned to part-time work in the private sector. OWCP reduced her disability compensation based on her actual wages. Appellant stopped work again effective February 9, 2012. OWCP paid her compensation for partial disability.

Following the Board's decision, OWCP referred appellant together with a SOAF and the medical record, to Dr. Stuart Trager, a Board-certified orthopedic surgeon, for an impartial medical examination. The record contained an April 9, 2012 form ME-M (Memorandum of Referral to Specialist), which requested an orthopedic specialist and screenshots of bypass history.[3] The record also contained a May 7, 2012 ME023 appointment notification and a Medical Management Application (MMA) screenshot.

In a March 26, 2012 report, Dr. Murphy related appellant's complaint of persistent low back pain with radiation into both hips, buttocks and thighs since 2005. He noted that she underwent physical therapy, spinal injections and pain management to alleviate her symptoms. Dr. Murphy opined that appellant required further medical treatment and that the medical treatment was directly related to injuries sustained at work on August 2, 2005.

In a March 27, 2012 MRI scan report, Dr. Swartz related appellant's complaints of low back pain. He observed mild lower thoracic disc degeneration at the periphery of the field of view. Dr. Swartz diagnosed moderate disc degeneration with mild-to-moderate broad based disc protrusion impinging upon the dural sac and narrowing both neural foramina, left greater than right, mild-to-moderate disc protrusion with left greater than right neural foraminal narrowing at L3-4, mild-to-moderate biforaminal disc protrusion at L2-3 and shallow eccentric left sided intraforaminal disc herniation at L1-2.

In an April 12, 2012 report, Dr. Murphy accurately described the accepted condition and noted diagnoses of lumbar sciatica and lumbosacral neuritis. Upon examination, he observed tender T1-S1, positive for spasm and tender LPS1 and sciatica. Dr. Murphy recommended appellant continue medication, therapy and injections. He indicated that she could not return to her preinjury job.

By letter dated May 17, 2012, appellant's attorney requested that OWCP provide proof that Dr. Trager was properly selected as the impartial medical examiner. He requested copies of iFECS screenshots, an imaging of the ME023 selecting Dr. Trager and proper reasons for the bypasses of physicians who were selected on a strict rotational basis.

In a May 30, 2012 report, Dr. Trager provided an accurate history of the April 2, 2005 employing establishment and noted that appellant's claim was accepted for acute lumbosacral sprain, acute sciatica and acute post-traumatic radiculitis. He reviewed the medical records provided and the SOAF. Dr. Trager noted that an August 28, 2007 electromyography (EMG) report supported findings of a right L5-S1 radiculopathy and that a September 12, 2007 MRI scan also revealed various disc protrusions and foramina narrowing. He also reported that he reviewed a March 27, 2012 MRI scan of the lumbar spine. Upon examination, Dr. Trager observed tenderness diffusely producing a response somewhat out of proportion with palpation

[3] Dr. Menachem Meller, a Board-certified orthopedic surgeon, was bypassed because he was not available and Dr. Mark Rekant, a Board-certified orthopedic surgeon, was bypassed because he was a hand physician.

of the paraspinal muscles but no paraspinal muscle spasm in the lumbar region. He stated that appellant could extend to 40 degrees, 45 degrees of right and 45 degrees of left-sided bending. Sitting straight leg raise was negative bilaterally and supine straight leg raise was also negative. Dr. Trager opined that appellant's accepted conditions resolved as of Dr. Valentino's July 9, 2008 report as there were no reflex abnormalities or positive straight leg raise tests noted during the examination. He stated that assuming that she had recovered from her work-related injuries she had no need for continued epidural steroid injections or medical treatment such as physical therapy, therapeutic exercises and neuromuscular reeducation. Dr. Trager concluded that appellant did not have any residuals of her August 2, 2005 employment injury and had recovered from her work-related lumbar sprain and radiculitis. He opined that she could return to work without restrictions.

On June 29, 2012 OWCP proposed to terminate appellant's medical and wage-loss compensation benefits on the grounds that she no longer had any residuals or disability causally related to her accepted injuries.

In a letter dated July 12, 2012, appellant's counsel objected to the June 28, 2012 notice of proposed termination. He stated that Dr. Trager's May 30, 2012 report was not consistent with the SOAF and noted that he failed to refer to diagnostic testing which confirmed the existence of L5-S1 radiculopathy on the right and an MRI scan showing disc damage.

In a July 24, 2012 report, Dr. Murphy related that appellant had been under his care since the original August 2, 2005 employment injury and continued to receive medical treatment, including physical therapy and epidural injections, for her accepted employment injury.

In a July 25, 2012 report, Dr. Chee Woo, Board-certified in anesthesiology and pain medicine, noted appellant's diagnoses of degenerative disc disease and lumbar radicular symptoms. She noted that appellant received two trigger point injections by Dr. Murphy, which helped with myofascial spasm. Appellant submitted various treatment notes by Dr. Woo for appellant's back pain.

By decision dated August 3, 2012, OWCP finalized the termination of appellant's wage-loss and medical benefits effective August 26, 2012 finding that the special weight of medical evidence rested with Dr. Trager's impartial medical opinion.

On August 7, 2012 appellant's attorney requested a hearing. By decision dated September 10, 2012, an OWCP hearing representative determined that appellant's case was not in posture for decision because Dr. Trager's opinion was not fully rationalized and was insufficient to resolve the issues at hand. It remanded the case, along with the complete medical record and an amended SOAF, for Dr. Trager to provide a supplemental report regarding whether she continued to suffer residuals of her work-related injury.

Appellant was returned to the periodic rolls. She continued to submit physical therapy reports and treatment notes from Dr. Murphy that noted diagnoses of sciatica and lumbosacral neuritis and indicated that she could not return to work.

In a December 20, 2012 supplemental report, Dr. Trager noted that he reviewed the August and September 2007 and March 2012 diagnostic reports. He explained that, while the

diagnostic reports were consistent with right L5 radiculopathy, physical examination of appellant was not consistent and demonstrated no signs to support clinical radiculopathy. Dr. Trager also noted that, while the MRI scan revealed changes greater on the left than the right, the EMG was normal regarding the left nerve root. He stated that the MRI scan was consistent with significant degenerative changes throughout the spine, but opined that this condition was not related to the accepted August 2, 2005 work-related injury. Dr. Trager concluded that appellant was capable of returning to work without restrictions.

On January 11, 2013 OWCP proposed to terminate appellant's medical and wage-loss compensation benefits finding that the weight of medical evidence established that she no longer had any residuals or disability causally related to her accepted injuries. It determined that the weight of medical evidence rested with Dr. Trager's May 30 and December 20, 2012 impartial medical report. Appellant was advised that she had 30 days to submit additional relevant evidence or argument if she disagreed with the proposed action.

In a January 22, 2013 report, Dr. Murphy accurately described appellant's August 10, 2005 employment injury and noted diagnoses of sciatica and lumbosacral neuritis. He indicated that her physical findings remained unchanged and recommended that she continue medication and therapy. Dr. Murphy reported that appellant could not return to her preinjury job without restrictions.

By decision dated February 28, 2013, OWCP finalized the termination of appellant's medical and wage-loss compensation benefits effective March 10, 2013. It found that the weight of the medical opinion rested with Dr. Trager who determined that her accepted conditions had resolved and that she no longer suffered residuals of her work-related injury.

By letter dated March 5, 2013, appellant requested a hearing of the February 28, 2013 termination decision, which was held on June 25, 2013. She was not present, but she was represented by counsel, who requested that the hearing representative review the transcript from the May 22, 2013 hearing regarding her recurrence claim, which outlined the medical problems she still experienced. Counsel contended that Dr. Trager's impartial medical opinion was intended to resolve a conflict in medical opinion regarding appellant's continual need for physical therapy and epidural injections and not whether to terminate her medical and wage-loss compensation benefits. He also alleged that Dr. Trager was not properly selected as the impartial medical examiner because the record failed to contain screenshots of his selection from the Physician Directory System (PDS). Counsel further argued that Dr. Trager's supplemental December 20, 2012 report failed to cure the deficiencies of his May 30, 2012 report. He noted that Dr. Trager did not adequately explain how the positive EMG testing and positive straight leg raising testing were related to an underlying degenerative back condition and not the August 2, 2005 employment injury.

In a March 21, 2013 report, Dr. Murphy described appellant's August 10, 2005 employment injury and noted diagnoses of sciatica and lumbosacral neuritis. He reported that physical findings revealed tender T10-S1, positive spasm and tender right PS1. Dr. Murphy recommended that appellant continue medication and therapy and not return to her preinjury job without restrictions.

By decision dated September 9, 2013, an OWCP hearing representative affirmed the February 28, 2013 termination decision. He determined that Dr. Trager was properly selected through the PDS to serve as the impartial medical examiner. The hearing representative also found that Dr. Trager's opinion was sufficiently well rationalized and was accorded special weight as the impartial medical examiner.

LEGAL PRECEDENT

According to FECA, once OWCP accepts a claim and pays compensation, it has the burden of justifying termination or modification of an employee's benefits.[4] OWCP may not terminate compensation without establishing that the disability had ceased or that it was no longer related to the employment.[5] Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[6] The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.[7] To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which require further medical treatment.[8]

Section 8123(a) of FECA provides that if there is a disagreement between the physician making the examination for the United States and the physician of an employee, the Secretary shall appoint a third physician (known as a referee physician or impartial medical specialist) who shall make an examination.[9] This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.[10] When there exists opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[11]

A physician selected by OWCP to serve as an impartial medical specialist should be one wholly free to make a completely independent evaluation and judgment. In order to achieve this, OWCP has developed specific procedures for the selection of the impartial medical specialist

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[4] *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

[5] *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

[6] *See Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

[7] *A.P.*, Docket No. 08-1822 (issued August 5, 2009); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

[8] *A.P., id; James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

[9] 5 U.S.C. § 8123(a); *see R.S.*, Docket No. 10-1704 (issued May 13, 2011); *S.T.*, Docket No. 08-1675 (issued May 4, 2009).

[10] 20 C.F.R. § 10.321.

[11] *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

designed to provide adequate safeguards against any possible appearance that the selected physician's opinion was biased or prejudiced. The procedures contemplate that the impartial medical specialist will be selected on a strict rotating basis in order to negate any appearance that preferential treatment exists between a particular physician and OWCP.[12]

The MMA, which replaced the PDS, allows users to access a database of Board-certified specialist physicians and is used to schedule referee examinations. The application contains an automatic and strict rotational scheduling feature to provide for consistent rotation among physicians and to record the information needed to document the selection of the physician.[13]

The claims examiner is not able to determine which physician serves as the impartial medical specialist. A medical scheduler inputs the claim number into the application, from which the claimant's home zip code is loaded. The scheduler chooses the type of examination to be performed (second opinion or impartial referee) and the applicable medical specialty. The next physician in the roster appears on the screen and remains until an appointment is scheduled or the physician is bypassed. If the physician agrees to the appointment, the date and time are entered into the application. Upon entry of the appointment information, the application prompts the medical scheduler to prepare an ME023 appointment notification report for imaging into the case file. Once an appointment with a medical referee is scheduled, the claimant and any authorized representative are to be notified.[14]

If an appointment cannot be scheduled in a timely manner or cannot be scheduled for some other reason such as a conflict or the physician is of the wrong specialty, the scheduler will update the application with an appropriate bypass code. Upon the entering of a bypass code, the MMA will select the next physician in the rotation.[15]

ANALYSIS

OWCP accepted that on August 5, 2005 appellant sustained an acute lumbosacral sprain, acute sciatica and acute post-traumatic radiculitis in the performance of duty. Appellant stopped work and received disability compensation. On July 5, 2011 she returned to work part time in the private sector. Appellant stopped work again on February 9, 2012. In a decision dated September 9, 2013, a hearing representative affirmed the termination of her compensation benefits effective March 10, 2013 based on the impartial medical report of Dr. Trager. The Board finds that OWCP properly terminated appellant's medical and wage-loss compensation benefits effective March 10, 2013 on the grounds that she no longer had any residuals or disability causally related to her accepted employment-related injuries.

[12] *Raymond J. Brown*, 52 ECAB 192 (2001).

[13] Federal (FECA) Procedure Manual, Part 3 -- Medical, *OWCP Directed Medical Examinations*, Chapter 3.500.5 (December 2012); *see also R.C.*, Docket No. 12.468 (issued October 25, 2012).

[14] *B.N.*, Docket No. 12-1394 (issued August 5, 2013).

[15] *See supra* note 13.

Pursuant to the March 5, 2012 Board decision, appellant's claim was referred to Dr. Trager to resolve the conflict in medical opinion between appellant's attending physician, Dr. Murphy, who determined that she continued to suffer residuals from her work-related injuries and continued to need medical treatment and Drs. Valentino and Berman, OWCP physicians, who found that she no longer suffered residuals of her work-related injury and did not need additional medical treatment.

On appeal, appellant's counsel continues to challenge the selection of Dr. Trager as the impartial medical specialist. The record contains a May 7, 2012 ME023 iFECS report stating that an impartial medical examination was scheduled with Dr. Trager and a screenshot that indicates the selection of Dr. Trager. Furthermore, the record contains bypass screenshots explaining that Dr. Meller was not available and that Dr. Rekant specialized in hand injuries. The Board finds, therefore, that OWCP provided documentation and properly utilized its MMA system in selecting Dr. Trager as the impartial medical examiner.[16] As OWCP has met its affirmative obligation to establish that it properly followed its selection procedures, the Board finds that counsel's argument is not substantiated.

The Board finds that Dr. Trager's impartial medical opinion is sufficiently well rationalized to meet OWCP's burden of proof to terminate appellant's compensation benefits. In a May 30, 2012 report, Dr. Trager provided an accurate history of injury and stated that he reviewed the medical records provided. He noted that an August 28, 2007 EMG demonstrated right L5-S1 radiculopathy and that a September 12, 2007 MRI scan revealed disc protrusions and a foraminal narrowing. Upon examination, Dr. Trager observed tenderness of the lumbar spine somewhat out of proportion with palpation of the paraspinal muscles and no paraspinal muscle spasm in the lumbar region. Range of motion was 40 degrees extension, 45 degrees to the right and 45 degrees to the left. Dr. Trager reported that both sitting and supine straight leg raise testing was negative bilaterally. He opined that appellant's accepted conditions resolved as of Dr. Valentino's July 9, 2008 report as there were no reflex abnormalities or positive straight leg raise tests noted during the examination. In a December 20, 2012 supplemental report, Dr. Trager further explained that, while the diagnostic reports were consistent with right L5 radiculopathy, physical examination did not demonstrate any signs to support clinical radiculopathy. He also noted that the March 2012 MRI scan was consistent with significant degenerative changes throughout the spine that were not related to the August 2, 2005 employment injury. Dr. Trager concluded that appellant did not have any residuals of her August 2, 2005 employment injury and had recovered from her work-related injuries.

The Board finds that Dr. Trager's opinion is sufficiently detailed and well reasoned to constitute the weight of the medical evidence. When there exists opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[17] Dr. Trager reviewed appellant's history and the SOAF. He accurately described the August 2, 2005 employment injury and conducted an examination. Following the September 10, 2012

[16] *See N.C.*, Docket No. 12-1718 (issued April 11, 2013).

[17] *Supra* note 11.

hearing representative decision requesting additional explanation, Dr. Trager adequately explained in a December 20, 2012 report that while the diagnostic reports were consistent with right L5 radiculopathy, physical examination did not demonstrate any signs to support clinical radiculopathy. He further noted that the most recent March 27, 2012 MRI scan revealed degenerative changes of the lumbar spine, which were not related to appellant's work-related injury. Dr. Trager determined that she no longer suffered residuals or disability from her work-related injuries as of Dr. Valentino's July 9, 2008 second-opinion report. The Board finds that Dr. Trager's opinion represents the special weight of medical opinion evidence. Accordingly, Dr. Trager's opinion is sufficient to justify OWCP's termination of medical and wage-loss compensation benefits for the accepted conditions.

On appeal, counsel also refers to OWCP's August 7, 2013 decision, which remanded appellant's recurrence claim on the grounds that Dr. Trager was not selected to resolve a conflict in medical opinion regarding whether she sustained a recurrence and contends that similarly, he was not selected to resolve a conflict in medical opinion as to the termination of her benefits. The record reveals, however, that in determining whether she had continued need for physical therapy and steroid injection, Drs. Valentino and Murphy also had conflicting opinions on whether her accepted conditions had resolved. Furthermore, the Board notes that, in its previous March 5, 2012 decision, it found that a conflict in medical opinion existed between appellant's treating physician and OWCP referral physicians regarding appellant's ongoing residuals of her accepted medical conditions and the necessary medical treatment. Therefore, while the March 5, 2012 decision was limited to whether appellant's request for further medical treatment should be authorized, the Board finds that Dr. Trager was also selected to resolve the conflict of whether she continued to suffer residuals of her August 2, 2005 employment injury.

The Board further finds that the medical evidence submitted after Dr. Trager's independent medical evaluation was insufficient to overcome the weight of this report or to create another conflict in medical evidence. Appellant submitted various reports by Dr. Murphy dated July 24, 2012 to March 21, 2013 for treatment of her back pain. Dr. Murphy indicated that her physical findings remained unchanged and recommended that she continue medication and physical therapy. Because Dr. Trager was on one side of the conflict, which Dr. Trager resolved, this additional report is insufficient to overcome the weight accorded Dr. Trager's report as the impartial medical examiner or to create a new conflict.[18]

Appellant also submitted a July 25, 2012 report and various treatment notes by Dr. Woo who related her complaints of back pain and spasm. Dr. Woo noted her diagnoses of degenerative disc disease and lumbar radicular symptoms. He does not, however, explain whether appellant's medical conditions were causally related to her accepted employment-related injuries. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.[19]

[18] *Dorothy Sidwell*, 41 ECAB 857 (1990).

[19] *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

Appellant has failed to submit medical evidence to demonstrate that she continues to suffer residuals of her August 2, 2005 employment injury and is disabled from work as a result of her accepted conditions. Accordingly, the Board finds that Dr. Trager's opinion continues to constitute the special weight of medical opinion and supports OWCP's decision to terminate her wage-loss and compensation benefits. There is no other medical evidence contemporaneous with the termination of appellant's benefits which supports that she has any continuing residuals or disability related to her accepted work-related injuries.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's compensation and medical benefits effective March 10, 2013.

ORDER

IT IS HEREBY ORDERED THAT the September 9, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 26, 2014
Washington, DC

Patricia Howard Fitzgerald, Acting Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees Compensation Appeals Board

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