

September 24, 2013 at 11 a.m. He stopped work on November 5, 2013. Upon receiving notice of the injury claim in March 2014, the postmaster noted no prior knowledge of the incident.

Appellant first sought medical attention on November 1, 2013 from Dr. Keith A. Fuller, a Board-certified internist, who noted that appellant presented with a complaint of low back pain with a chronic onset and an acute increase two months ago. He stated that he had been seen in August, and just after that he lifted something minor and felt a sharp pain in the right low back. Dr. Fuller had a lot of mail to deliver after Labor Day, September 2, 2013, and the next day was very tight and stiff in his low back. Appellant stayed in bed, took pain medication, and went to physical therapy. He then had low back pain with tightness, but no radiating pain except for one episode as he was getting off of the physical therapy table and had a sharp pain in his left lateral thigh. Dr. Fuller diagnosed low back pain, sciatica, and the need for an influenza vaccination.

A January 9, 2014 imaging study showed a herniated disc at L5-S1. Dr. Fuller completed an attending physician's form report on April 24, 2014. He noted that appellant was lifting a tub of mail on September 24, 2013 and felt a pull and a pinch in his low back. Dr. Fuller noted the imaging study and diagnosed lumbar disc herniation with back pain and sciatica. With an affirmative mark, he indicated that this condition was caused or aggravated by the employment activity. Dr. Fuller added: "Symptoms began at the time of work[-]related lifting." On April 25, 2014 he noted that appellant's injury occurred just after Columbus Day, October 14, 2013, not Labor Day.

In a decision dated May 14, 2014, OWCP denied appellant's injury claim. It accepted that the September 24, 2013 work incident occurred as alleged but found that the medical evidence was insufficient to establish that his diagnosed medical condition was causally related to the accepted work incident. OWCP noted that Dr. Fuller failed to give a well-rationalized opinion as to how appellant's back condition was causally related to a specific event that occurred almost seven months prior to his assessment.

Appellant, through counsel, requested reconsideration. In support thereof, he submitted the June 18, 2014 report of Dr. Fuller, who explained that appellant had further clarified the timeline of his back injury. Sometime during the week of approximately September 24, 2013, appellant experienced some discomfort in his low back. He had a lot of mail to deliver that week and felt some stiffness and soreness. Appellant stayed in bed a lot, took pain medication, and went to physical therapy. He was undergoing physical therapy for an unrelated problem. Appellant thought the soreness would improve, particularly with a holiday coming up. He worked October 15 and 16, 2013, and his symptoms worsened. Appellant saw Dr. Fuller on November 1, 2013 with new back stiffness and radiation to the buttocks, hips, and thighs. From Dr. Fuller's discussion with appellant and the timeline of his symptoms, it was Dr. Fuller's opinion that appellant's current back problems could be dated to the week of approximately September 24, 2013.

In a decision dated February 11, 2015, OWCP reviewed the merits of appellant's claim and denied modification of its prior decision. It found that this medical evidence was insufficient to support appellant's claim. Dr. Fuller failed to provide a complete history of the events on September 24, 2013, findings on physical examination, a definitive diagnosis beyond back pain,

or a well-reasoned opinion explaining how the claimed medical condition was related to the traumatic work incident.

On appeal, counsel argues that OWCP did not properly consider the reports of Dr. Fuller.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.² An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim. When an employee claims that he or she sustained an injury in the performance of duty, he or she must submit sufficient evidence to establish that he or she experienced a specific event, incident, or exposure occurring at the time and place and in the manner alleged. He or she must also establish that such event, incident, or exposure caused an injury.³

Causal relationship is a medical issue⁴ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁵ must be one of reasonable medical certainty⁶ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁷

ANALYSIS

Although appellant's account of when the event occurred changed from October 14 to November 1, 2013, OWCP nonetheless accepted that the September 24, 2013 lifting incident occurred as alleged. The question for the Board is whether lifting a bucket of mail on September 24, 2013 caused the L5-S1 herniated disc shown on the January 9, 2014 imaging study.

The record contains visit summaries and disability slips, but there are only two reports that address the issue of causal relationship. In his April 24, 2014 attending physician's form report, Dr. Fuller indicated with an affirmative mark that appellant's lumbar disc herniation was caused or aggravated by lifting a tub of mail on September 24, 2013. He mentioned that appellant felt a pull and a pinch in his lower back. This opinion is certainly supportive of causal relationship. However, the only rationale Dr. Fuller offered was that appellant's symptoms

² 5 U.S.C. § 8102(a).

³ *John J. Carlone*, 41 ECAB 354 (1989).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁷ *See William E. Enright*, 31 ECAB 426, 430 (1980).

began at the time of the work-related lifting. The Board has held that when a physician concludes that a condition is causally related to a work incident only because the employee was asymptomatic before the work incident, the opinion is insufficient, without supporting medical rationale, to establish causal relationship.⁸ In other words, it is not enough to note the temporal coincidence of events. Dr. Fuller must explain how the incident caused the diagnosed condition. Because he did not provide this explanation, his opinion on causal relationship has little probative value.⁹

The other evidence that addresses causal relationship is Dr. Fuller's June 18, 2014 report. In this report, Dr. Fuller clarified the timeline of appellant's back injury, but in doing so, he altered the accepted history of injury. He now reported that appellant experienced some discomfort in his low back sometime during the week of approximately September 24, 2013. Appellant was no longer lifting a tub of mail at 11 a.m. that day but simply had a lot of mail to deliver that week and felt some stiffness and soreness after working the two days following Columbus Day, his symptoms worsened. It was Dr. Fuller's opinion that given the timeline of appellant's symptoms, his current back problems could be dated to the week of approximately September 24, 2013. This presents two problems. The history of injury appeared inconsistent with the history appellant described on his claim for compensation¹⁰ and Dr. Fuller still offered no medical rationale to explain how the September 24, 2013 work incident caused the diagnosed herniated disc at L5-S1. Dr. Fuller's June 18, 2014 report is no more probative on the issue of causal relationship than his attending physician's form report.

Because the medical opinion evidence is insufficient to establish the critical element of causal relationship, the Board finds that appellant has not met his burden to establish that the September 24, 2013 work incident cause a herniated disc at L5-S1. The Board will, therefore, affirm OWCP's February 11, 2014 decision.

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 appellant has not met his burden to establish that the September 24, 2013 work incident caused an L5-S1 disc herniation.

⁸ *Thomas D. Petrylak*, 39 ECAB 276 (1987).

⁹ Medical conclusions unsupported by rationale are of little probative value. *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

¹⁰ Medical conclusions based on inaccurate or incomplete histories are of little probative value. *James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete). See generally *Melvina Jackson*, 38 ECAB 443, 450 (1987) (addressing factors that bear on the probative value of medical opinions).

ORDER

IT IS HEREBY ORDERED THAT the February 11, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 17, 2015
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board