

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of PATRICIA O. WILLIAMS and DEPARTMENT OF JUSTICE,
IMMIGRATION & NATURALIZATION SERVICE, Seattle, Wash.

*Docket No. 96-546; Submitted on the Record;
Issued January 12, 1998*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant has established that she sustained an emotional condition in the performance of duty.

On October 10, 1994 appellant, then a 67-year-old immigration inspector, filed an occupational disease claim, alleging that stress at work caused by excessive overtime and staff shortage during the summer months caused dizziness, nausea, loss of speech, breathing difficulties, which resulted in her hospitalization on October 7, 1994.

In a medical report dated October 10, 1994, Dr. Spencer W. Hinds, appellant's admitting physician and Board-certified in internal medicine, stated he examined appellant that day and noted precordial chest discomfort radiating to her shoulders. However, he noted that, based on the results of an electrocardiogram (EKG) and the prospect of a follow-up negative EKG, he would rule out myocardial necrosis and would recommend outpatient treadmill therapy. Dr. Hinds noted a history of alcoholism and prior chest pain episodes in the 1970's.

In medical report dated November 8, 1994, Dr. Paul Z. Soroka, appellant's treating physician who is Board-certified in family practice, stated that appellant's October 7, 1994 hospitalization was very suspicious of coronary artery disease, noting that an evaluation failed to confirm a myocardial infarction nor any coronary disease. He stated that appellant's symptoms "have been clearly linked as being stress-related ... due to her long hours at work, with apparent difficulties ... during ... persistent exposure to vehicular exhaust fumes while performing her duties as a border guard."

On December 13, 1994 the Office requested that appellant submit additional information regarding her claim describing in detail the employment-related factors or incidents which she believed contributed to her illness.

In a medical report dated January 9, 1995, Dr. Soroka stated that, although he was not directly involved in treating appellant on October 7, 1994, he "largely assumed appellant's

follow-up care.” He stated that appellant had the sudden onset of significant chest pain while in the pias as a border guard. Based on appellant’s symptoms that day, Dr. Soroka suggested “a strong component of possible stress with high level of tension at work, air starvation, or choking while in the border booth.” A myocardial infarction was ruled out. Further, appellant underwent a nasopharyngoscopy without confirmation of laryngeal pathology to confirm throat symptoms. He noted that appellant’s alcoholism was resolved and that appellant was diligent in her efforts to stop smoking. Dr. Soroka concluded that “there is no question in my mind that numerous issues related to (appellant’s) work environment and heavy work load --- contributed to her feeling a very strong level of anxiety and stress which ultimately resulted in the manifestation of her symptoms.”

In a narrative received by the Office on January 10, 1995, appellant stated that summer inspections were often backed up and that frustrated people would accelerate out of the border booth in such a manner as to leave a “blast of exhaust fumes,” which the fan in the booth would merely circulate; that in-depth inspections brought appellant into close contact with the travelers’ germs and colds; and that the border booths did not provide sufficient protection from the elements in general. Appellant noted that on several occasions beginning in September 1994 she had acute cases of throat seizure and related symptoms which required her to leave the booth to recover her breathing. Appellant also noted staffing shortages which she believed contributed to the overtime which, in turn, contributed to the increased exposure to fumes and resultant stress. She added that she returned to work on October 23, 1994.

In a statement dated January 10, 1995, appellant’s supervisor stated that there were staffing shortages from May through October 1994, and that overtime assignments were available “almost daily.” Further, the Office accepted that appellant worked 291.5 hours of overtime from May 5 through October 29, 1994.

On March 14, 1995 the Office again requested that appellant submit medical evidence in support of her claim, specifically asking that she describe in detail the employment factors or incidents which she believed contributed to her illness.¹

On July 3, 1995 the Office referred appellant to second opinion specialists, Dr. David Bot, Board-certified in psychiatry and neurology, and Dr. J. Paul Shields, Board-certified in internal medicine, to determine the relationship between appellant’s condition and her October 7, 1994 incident.

In a medical report dated July 21, 1995, Dr. Bot stated that he had examined appellant that day and reported findings. He stated that based on DSM IV Diagnosis, appellant had an occupational problem which meant that an occupational problem could be the focus of clinical attention but not be due to a mental disorder. Dr. Bot opined that appellant did not have an emotional disorder which led to her hospitalization on October 7, 1994.

In a medical report dated July 21, 1995, Dr. Shields stated that he was unable to offer a diagnosis because appellant denied all symptoms of chest pain on October 7, 1994. He stated

¹ The letter in the record is incorrectly dated March 14, 1991.

that appellant stopped treadmill testing after she had gone beyond her predicted level and that her EKG was normal.

On September 8, 1995 the Office, in a decision, denied the claim on the grounds that the evidence of record failed to establish that appellant had sustained an injury while in the performance of duty.

The Board finds that appellant had not established that she sustained an emotional condition in the performance of duty.

To establish her claim that she sustained an emotional condition in the performance of duty, appellant must submit the following: (1) medical evidence establishing that she has an emotional or psychiatric disorder; (2) factual evidence identifying and establishing employment factors or incidents alleged to have caused or contributed to her condition; and (3) rationalized medical opinion evidence establishing that the identified compensable employment factors are causally related to her emotional condition.² Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by appellant.³

Workers' compensation law is not applicable to each and every injury or illness that is somehow related to an employee's employment. There are situations where an injury or illness has some connection with the employment, but nevertheless does not come within the coverage of workers' compensation. When disability results from an emotional reaction to regular or specially assigned work duties or a requirement imposed by the employment, the disability comes within coverage of the Federal Employees' Compensation Act. On the other hand, there are situations when an injury has some connection with the employment, but nonetheless does not come within the coverage of workers' compensation because it is not considered to have arisen in the course of the employment.⁴

In this case, the Office has accepted that appellant has alleged and substantiated compensable factors of employment. The record substantiates that appellant did work a considerable amount of overtime prior to October 7, 1994, including 291.5 hours of overtime from May 1 through October 29, 1994, which included exposure to exhaust fumes; and that, on October 7, 1994, appellant sustained chest pains while working in the traffic lane, and that her supervisor then took her to the hospital where she was admitted and discharged the following day after a complete physical examination, EKG and laboratory tests were performed. Dr. Soroka, appellant's treating physician, stated in his November 8, 1994 and January 9, 1995 reports, that stress at work, brought on by exposure to exhaust fumes and long hours, caused her

² *Donna Faye Cardwell*, 41 ECAB 730 (1990).

³ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁴ *Joel Parker, Sr.*, 43 ECAB 220 (1991); *Lillian Cutler*, 28 ECAB 125 (1976).

October 7, 1994 chest pains. However, his reports fail to physiologically relate appellant's claimed emotional condition to the accepted employment factors. While Dr. Soroka's opinion is generally supportive of appellant's claim, the Board finds that his reports are not well rationalized or sufficient to establish her claim and thus have limited probative value.⁵

The Board has held that a physician's opinion is not dispositive merely because it is offered by a physician.⁶ To be of probative value to appellant's claim, the physician must provide a proper factual background and must provide medical rationale which explains the medical issue at hand, be that whether the current condition is disabling or whether the current condition is causally related to the accepted employment injury. Where no such explanation is present, the medical opinion is of diminished probative value.

Dr. Bot, Board-certified in psychiatry and neurology, in a well-reasoned medical report, found that appellant did not have an emotional disorder on October 7, 1994, and Dr. Shields, Board-certified in internal medicine, determined that he could not make a diagnosis regarding the cause of her October 7, 1994 employment-related incident because she denied all symptoms of chest pain on that date.

For the foregoing reasons, appellant has not established by medical evidence that she had an emotional or psychiatric disorder causally related to the October 7, 1994 incident.

The September 8, 1995 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
January 12, 1998

George E. Rivers
Member

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

⁵ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954) (holding that medical conclusions unsupported by rationale are of little probative value).

⁶ *See Michael Stockert*, 39 ECAB 1186 (1988).