

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of ALICE M. RUTH and DEPARTMENT OF THE INTERIOR,
NATIONAL PARK SERVICE, Gulf Breeze, Fla.

*Docket No. 96-2024; Submitted on the Record;
Issued June 25, 1998*

DECISION and ORDER

Before MICHAEL E. GROOM, BRADLEY T. KNOTT,
A. PETER KANJORSKI

The issue is whether appellant has established that her cervical condition was causally related to work factors.

The Board has reviewed the case record and finds that appellant has failed to meet her burden of proof in establishing that her work duties as a park ranger caused her current disability.

An employee seeking benefits under the Federal Employees' Compensation Act¹ has the burden of establishing the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury was sustained in the performance of duty as alleged and that any disability or specific condition, for which compensation is claimed is causally related to the employment injury.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.³

In an occupational disease claim such as this, claimant must submit: (1) medical evidence establishing the existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the disease; and (3) medical evidence establishing that the employment factors

¹ 5 U.S.C. §§ 8101-8193 (1974).

² *Daniel J. Overfield*, 42 ECAB 718, 721 (1991).

³ *Claudia A. Dixon*, 47 ECAB ____ (Docket No. 94-883, issued November 3, 1995).

were the proximate cause of the disease or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by claimant.⁴

An occupational disease or illness is defined as “a condition produced in the work environment over a period longer than a single workday or work shift by such factors as systemic infection; continued or repeated stress or strain; or exposure to hazardous elements....”⁵ While appellant’s condition need not be caused by a specific injury or incident, or an unusual amount of stress or exertion,⁶ appellant must submit medical evidence diagnosing a specific disease or condition and explaining how identified employment factors have inflicted injury.⁷

The medical evidence required is generally rationalized medical opinion evidence, which includes a physician’s opinion of reasonable medical certainty based on a complete factual and medical background of the claimant and supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by claimant.⁸ Neither the fact that appellant’s condition became apparent during a period of employment nor appellant’s belief that her condition was caused by her employment is sufficient to establish a causal relationship.⁹

In this case, appellant, then a 34-year-old park ranger, filed a notice of occupational disease on June 19, 1995, claiming that the physical requirements of her job put extreme stress on her neck and back and caused the disc problems in her cervical spine. Appellant explained that she first realized her condition resulted from her employment in October 1993 when she sought medical treatment after she rolled over in bed and felt a “snapping” in her neck.

In support of her claim, appellant submitted a form report dated May 5, 1995, from Dr. Bruce C. Raymon, Board-certified in neurological surgery, who diagnosed a herniated nucleus pulposus in the right C6-7 disc and noted a previous remote anterior cervical discectomy and fusion at C5-6 on November 11, 1993. Dr. Raymon stated that the physical demands of appellant’s law enforcement work—operating all-terrain vehicles and wave runners, confronting people in difficult situations and lifting heavy equipment—caused appellant’s cervical injuries. He added that she could not continue to do law enforcement work.

Appellant also submitted hospital records of her surgery on February 2, 1995, for removal of anterior cervical instrumentation at C5-6 and discectomy with bilateral foraminotomy at C6-7 and on November 16, 1993 for the C5-6 operation. In addition, appellant provided

⁴ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁵ 20 C.F.R. § 10.5(a)(16).

⁶ *George A. Johnson*, 43 ECAB 712, 716 (1992).

⁷ *Judith A. Peot*, 46 ECAB 1036, 1041 (1995).

⁸ *Id.*

⁹ *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

medical notes covering her treatment from October 16, 1993 through March 17, 1995. Appellant began light-duty work on February 20, 1995 following her surgery.

On July 29, 1995 the Office of Workers' Compensation Programs asked appellant to submit medical evidence from Dr. Raymon explaining how work factors contributed to her cervical condition, resulting in surgery for a herniated C6-7 disc. Appellant responded that she first noticed pain, tingling and numbness on her right side involving her neck, shoulder, arm and hand after she had moved a container of trash at work in September 1993. The pain intensified and she sought medical treatment in October 1993. Following a magnetic resonance imaging (MRI) scan the next month, she consulted Dr. Raymon who recommended disc fusion surgery.

Appellant stated that she told Dr. Raymon of the strenuous physical demands of her job and he advised that those activities "all contributed" to her condition and weakened her cervical discs to the point where one minor incident like moving trash would cause a disc to rupture. Appellant added that after the 1993 surgery she returned to full duty with no restrictions in January 1994 but in December of that year began experiencing severe pain. Dr. Raymon found a second ruptured disc and performed surgery in February 1995. Appellant stated that Dr. Raymon advised her not to return to her law enforcement duties. Appellant listed the major duties of her job, all of which she felt directly impacted her spinal discs over an eight-year period.

On April 25, 1996 the Office denied the claim on the grounds that the evidence failed to establish a causal relationship between appellant's employment and her cervical condition. The Office noted that appellant had not submitted a rationalized medical report as requested and that her own unsupported assertion of a relationship between her work and her cervical condition was insufficient to meet her proof.

The Board finds that Dr. Raymon's bare statement that appellant's cervical problems were caused by her employment is insufficient to establish the requisite causal connection between work factors and claimed disability. Dr. Raymon offered no explanation of how the strenuous work duties appellant related to him impacted on her cervical discs or resulted in the two fusion operations appellant underwent.¹⁰ Therefore, his conclusion regarding causal relationship is of diminished probative value.¹¹

While Dr. Raymon agreed with appellant's hypothesis that her cervical problems were due to her employment, the question of whether work factors caused an injury or condition does not turn on appellant's mere belief.¹² Rather, causal relationship is a medical question which can be resolved only by the submission of a rationalized medical opinion, which explains the cause

¹⁰ See *Margarette B. Rogler*, 43 ECAB 1034, 1039 (1992) (finding that a physician's opinion that provides no medical rationale for its conclusion on causation is of diminished probative value).

¹¹ See *Ruth S. Johnson*, 46 ECAB 237, 242 (1994) (finding that a causation opinion that consists only of checking "yes" to a form question has little probative value and is thus insufficient to establish causal relationship).

¹² See *Velta H. Mikelsons*, 39 ECAB 1278, 1292 (1988) (finding that appellant's belief that her carpal tunnel syndrome was caused by her employment is insufficient to establish the requisite causal relationship).

and effect between a specific work factor and the claimed injury.¹³ The record here contains no such opinion.

The fact that appellant may no longer be capable of performing the physical duties of a park ranger because of her cervical condition does not establish as fact that those duties caused both herniated discs in her cervical spine.¹⁴ As appellant related to a physician on October 16, 1993, her pain subsided after the trash incident two weeks earlier, but then she rolled over in bed and felt a snapping in her neck, which continued to cause such pain that she sought treatment.

Although the Office informed appellant why the medical evidence in support of her claim was deficient, she failed to provide the necessary medical evidence to establish that her cervical condition was causally related to her employment duties.¹⁵ Therefore, the Board finds that appellant has failed to meet her burden of proof in establishing her entitlement to benefits.

The April 25, 1996 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, D.C.
June 25, 1998

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member

A. Peter Kanjorski
Alternate Member

¹³ *Ronald M. Cokes*, 46 ECAB 967, 969 (1995).

¹⁴ *See Lois F. Watson*, 42 ECAB 400, 404 (1991) (stating that the Act is not an insurance program for every injury, illness, or mishap that might befall an employee contemporaneous or coincidental with his or her employment; liability does not attach merely upon the existence of an employee-employer relation).

¹⁵ *See Diane Williams*, 47 ECAB ____ (Docket no. 94-1311, issued May 24, 1996) (finding that appellant must present rationalized medical evidence based on a specific and accurate history that the condition for which she claims compensation was caused or adversely affected by employment factors).