U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of VERNON B. GOODWIN, SR. and DEPARTMENT OF THE ARMY, PERSONNEL EMPLOYMENT SVCS, Washington, D.C.

Docket No. 98-2578; Submitted on the Record;
Issued April 28, 1999

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
BRADLEY T. KNOTT

The issues are: (1) whether the Office of Workers' Compensation Programs met its burden of proof to terminate appellant's compensation for his orthopedic injuries on June 9, 1998; and (2) whether appellant has met his burden of proof to establish that he developed additional medical and emotional problems causally related to his September 3, 1996 employment injury.

On September 6, 1996 appellant, then a 39-year-old motor vehicle operator, filed an occupational disease claim for an injury of September 3, 1996. He stated that he was involved in a motor vehicle accident while driving a bus. In his written statement, appellant wrote:

> "The traffic began to move and I proceeded to continue in the left lane when suddenly and unexpectedly I heard a very loud noise in the rear of the bus. I was thrown forward while the bus continued to move and gradually I was able to stop the bus. I was shaken up but I was able to remove my seat belt and managed to check on my passenger, Mr. Anderson … I was able to contact my supervisor and dispatcher and notified them that there had been an accident and that the passenger was not injured."

The next day, appellant was treated by Dr. Sonal Patel, an internist. In his September 4, 1996 report, he stated that appellant had been in a motor vehicle accident and had sustained acute cervical strains and lower back strains. Dr. Patel noted that appellant had refused emergency care at the time of the accident. He found only limited findings on physical examination and noted that appellant had a history of borderline high diastolic blood pressure. Dr. Patel recommended that appellant stay out of work for a couple days.

As a result of the injury, the Office accepted that appellant had sustained an acute cervical strain and a lower back strain. No other conditions were accepted.

Appellant thereafter sought treatment from an orthopedic specialist. In a September 6, 1996 report, Dr. Hampton J. Jackson, Jr., a Board-certified orthopedist, evaluated appellant and diagnosed an acute severe cervical spine strain, reactive dorsal spine strain, acute lumbosacral spine strain, post-traumatic headaches and a mild abdominal contusion. He noted that appellant had had a previous back injury in 1986 and had intermittent low grade symptoms for the last several years. Dr. Jackson opined that appellant was totally disabled from employment.

In a September 27, 1996 medical note, Dr. Jackson noted that appellant was now suffering from emotional outbursts and otitis. In follow-up reports, he recommended an electromyogram (EMG) and nerve conduction velocity studies of the upper extremities and a magnetic resonance imaging (MRI) scan. He continued to opine that appellant was totally disabled from employment.

In order to obtain another opinion concerning appellant's orthopedic injuries, the Office referred appellant to Dr. John B. Cohen, a Board-certified orthopedist and a second opinion examiner, who was provided with a statement of accepted facts, which outlined the framework of appellant's compensation case and copies of the medical evidence of record.

In a December 6, 1996 report, Dr. Cohen opined that appellant had suffered a minor traumatic injury and that his subjective complaints were completely out of proportion to the objective findings presented. The numerous physical tests conducted revealed normal findings. Although some range of motion findings were limited, Dr. Cohen noted that appellant exhibited poor effort. He opined: "The only treatment that this gentleman needs is to return to work. He should start at light duty originally for three weeks and, if necessary, should be on a work hardening program. But, his subjective complaints so greatly outweigh his findings that I have to question his complaints."

In a January 3, 1997 report, Dr. Jackson reported that appellant was complaining of severe headaches and neck pain. He reported possible infarctions in the anterior aspect of the left basal ganglia and significant degenerative disease with possible disc injuries at C6-T1, C4-5 and C5-6. A referral to a neurologist was recommended.

In a January 14, 1997 report, Dr. Shobha Chidambaram, a neurologist, presented her findings on examination. She listed a history of appellant's injury and reported that there was a possibility that appellant struck his head at the time of the injury. Furthermore, Dr. Chidambaram reported:

> "[Appellant] is dizzy most of the time and whenever he climbs stairs he feels dizzy. He also has mental changes, his behavior has changed and he has been always angry, screaming and hollers all the time and his wife has been complaining that he has a behavioral problem. He cannot get comfortable all night and cannot sleep well, remains nervous and edgy most of the time."

Dr. Chidambaram noted that an MRI scan of the brain showed severe punctate hyperintense lesion in the anterior aspect of the left basal ganglion. MRI scan of the cervical spine showed degenerative disc disease. After evaluating appellant, Dr. Chidambaram diagnosed post-traumatic cephalalgia, lumbar radiculopathy, L5-S1, cervical radiculopathy, C5-6 and C6-7, with

cervical spondylosis, post-traumatic cephalalgia and post-traumatic stress disorder with hypertension. She indicated that she would refer appellant to Dr. Marvin H. Podd, a clinical psychologist, for a psychoanalysis.

In a February 14, 1997 report, Dr. Jackson reported that a full picture of the exact cause of appellant's symptomatology was not clear. He suggested that appellant continue treatment with Dr. Chidambaram and recommended an evaluation with an internist. Dr. Jackson reiterated his opinion that appellant was not capable of employment activities.

In an April 10, 1997 report, Dr. Podd presented his findings of a psychoanalysis. He noted that appellant was involved in a motor vehicle accident and that three to four months post-trauma, he began to notice memory problems. Dr. Podd noted the subjective complaints offered by appellant. Specifically, he noted that appellant was complaining of dizziness, language impairment, memory impairment, depression, mood change and attention problems. A neuropsychological profile suggested bilateral diffuse dysfunction. Intellectual functioning was barely within the average range. Dr. Podd noted that appellant was reliving the accident and that he was having bad dreams about it. Disruptions in work, household chores, relationships with friends and family and leisure activities were noted. Dr. Podd opined that appellant was suffering from post-traumatic stress disorder and depression secondary to the motor vehicle accident of September 3, 1996. In addition, Dr. Podd noted that appellant was suffering significant cognitive deficits which appeared to be due in part to an organic problem.

In a January 29, 1997 report, Dr. Chidambaram reported that she examined appellant for headaches, neck pain and back pain.

In a December 5, 1997 medical note, Dr. Jackson noted that appellant's blood pressure had stabilized but there were still problems with memory and other mental symptoms associated with the stroke sustained as a result of the injury of September 3, 1996.

In a December 12, 1997 report, Dr. Chidambaram reported that appellant continued to suffer headaches, neck pain and back pain. She reported that he felt edgy and angry. Blood pressure was reported as elevated. A note to see appellant in one month was included.

In a December 19, 1997 letter, the Office scheduled appellant for an evaluation with Dr. William Garmoe, a neuropsychologist.

In a December 23, 1997 letter, the Office requested Dr. Jackson to clarify appellant's capacity for employment and what aspect of his orthopedic condition precluded his return to duty.

In a December 30, 1997 report, Dr. Jackson questioned the validity of Dr. Cohen's report. He noted that appellant had sustained severe injuries and that he continued to suffer from them.

In a January 12, 1998 letter, the Office requested further clarification from Dr. Jackson. Specifically, the Office noted that his report of December 30, 1997 did not address the Office's inquiries.

In an undated report, Dr. Garmoe presented his findings of the second opinion examination conducted on appellant. It was noted that the examination was conducted over the course of several days, January 9 to 16, 1998. In his report, Dr. Garmoe presented a detailed discussion of the injury, appellant's complaints, appellant's personal history and the evidence of record. He noted that appellant informed him that he was granted a 30 percent disability by the military for a back injury and a failed surgical procedure. A mental status examination was conducted with a battery of neuropsychological tests. The results of the tests were reported in detail. In his impression of appellant's status, Dr. Garmoe noted that appellant's pattern of severe impairment performance did not fit the etiology reported. He stated:

> "Based on self-report and information available in the medical records, the patient suffered at most a concussion or mild brain injury. He displayed little or no pre- and post-traumatic amnesia and did not appear to experience confusion or disorientation following the accident. The possible areas of infarction reported in the MRI also do not fit these data; the present profile is not suggestive of subcortical deficits."

Dr. Garmoe continued by noting inconsistencies in the test results which are indications of either unintentional or intentional symptom exaggeration in the profile.

In a February 17, 1997 supplemental report, Dr. Garmoe opined that appellant was not suffering from a traumatic brain injury. He rationalized that the symptom presentation did not conform to the etiology reported. He noted that there were strong indications of unintentional or intentional symptom exaggeration in appellant's test performance. He specifically stated, "It is my professional opinion that [appellant] does not suffer from a work-related mental emotional impairment that would preclude him from performing the essential duties of his regular position." Dr. Garmoe concluded by restating the numerous inconstencies which were revealed during the examination.

In a January 23, 1998 medical report, Dr. Chidambaram stated that she examined appellant for neck, back, shoulder and headache problems. Stiffness and spasm were noted.

In a February 6, 1998 medical report, Dr. Jackson noted that appellant was examined for headaches, neck and back pain. Dr. Jackson stated that appellant continued to suffer from "persistent weakness, significant symptoms and findings of spasm in the cervicodorsal and lumbar paraspinal musculature." Dr. Jackson noted that there was hope for improvement. He noted that stroke victims take up to one to two years to reach maximum medical improvement. Dr. Jackson reiterated his position that appellant was unfit for gainful employment as appellant could not walk, stand, sit, lift, bend, push or pull enough for any gainful employment.

A February 13, 1998 medical report from Dr. Chidambaram indicated that appellant was examined for headaches and neck pain. She also noted that appellant was suffering from mood changes and high blood pressure.

In a March 6, 1998 report, Dr. Jackson stated that appellant was suffering from headaches, disorientation, memory loss and other cerebral symptoms. He also noted that appellant had orthopedic symptoms such as neck and back pain. Dr. Jackson wrote, "Certainly,

this patient's case is unusual. I have not seen one exactly like it. The strokes caused by the hypertensive episode which in turn was caused by the incident of September 30, 1996 certainly may be perplexing to the causal evaluator." He concluded by stating that appellant should not return to his date-of-injury position with the employing establishment.

In a March 20, 1998 medical report, Dr. Chidambaram reiterated her earlier findings. She further noted that appellant was having temperament changes and experiencing left hand numbness. She listed the medications appellant was being prescribed.

By letter dated March 27, 1998, the Office requested that appellant provide supportive medical documentation pertaining to the causal connection between a hypertension disorder and the claimed work injury. He was informed that the Office was not lending significant weight to Dr. Jackson's opinion that appellant had a work-related high blood pressure disorder, as Dr. Jackson was not a specialist in the diagnosis, treatment, or assessment of hypertension.

Appellant submitted an April 3, 1998 medical report from Dr. Kevin Ford, a Board-certified internist, in response. Dr. Ford wrote that appellant had been a patient since March 10, 1997 and that treatment was being provided for hypertension.

Handwritten notes were also submitted. These notes make reference to the injury of September 3, 1996 and that there was an elevation of blood pressure following the incident.

In order to resolve the conflict between Dr. Jackson and Dr. Cohen pertaining to appellant's orthopedic condition, the Office referred appellant to Dr. Harvinder S. Pabla, a Board-certified orthopedist and an impartial medical specialist. Dr. Pabla was presented with a copy of the pertinent medical evidence and a statement of accepted facts which described a general history of appellant's case history.

In an April 13, 1998 medical report, Dr. Pabla presented a detailed narrative of his findings and assessment. He described the incident of injury as appellant presented it. He also presented a general history of treatment following the injury noting recent diagnostic studies. Dr. Pabla noted that appellant had sustained a significant preexisting back and foot injury from 1986 when in the military. On physical examination, Dr. Pabla reported essentially normal findings except for some generalized tenderness in the left lower lumbar paravertebral area. A review of radiographic studies revealed some narrowing of the disc space between C4-5 with spur formation. Narrowing was noted at C6-7 as well. X-rays of the lumbar region were normal. Dr. Pabla diagnosed cervical muscle strain, cervical spondylosis with degenerative arthritis cervical spine (preexisting), lower back strain and post-traumatic headaches. In his conclusion, Dr. Pabla stated that appellant was suffering from degenerative arthritis of the cervical spine. He suggested that appellant's subjective complaints were literally out of proportion to the minimal objective physical findings. He described the diagnostic findings of the upper and lower

extremities as normal. Dr. Pabla opined that appellant had reached a point of maximum medical improvement and specifically stated:

> "With a reasonable degree of medical certainty, [appellant] is not suffering from residuals of the injury sustained on September 3, 1996. I have carefully reviewed the position requirements of motor vehicle operator. The claimant is able to work and perform the duties of his normal occupation without any limitation or restriction."

By letter dated May 1, 1998, the Office advised appellant that they were proposing to terminate his benefits on the basis that the weight of the medical evidence established that there were no remaining residuals of his work-related injury. The Office further found that the claimed conditions of hypertension and a work-related mental or emotional disorder arising from the work incident of September 3, 1996 were not accepted conditions as appellant has not met his burden of proof. The Office provided appellant with a copy of the memorandum for the Director, which set forth the basis of their findings and the medical reports from Dr. Cohen, Dr. Garmoe and Dr. Pabla. Appellant was afforded 30 days within which to submit additional evidence or argument.

Appellant submitted additional medical evidence.

In an April 3, 1998 attending physician's report, Dr. Jackson noted that appellant was suffering from cervical and lumbar strains. He reiterated that appellant was totally disabled. No detailed discussion of the medical issues pertaining to the proposed termination was provided.

In a May 8, 1998 medical report, Dr. Jackson wrote that appellant was suffering from more than orthopedic and psychological injuries. He wrote that appellant was suffering from persistent hypertension and small strokes. Dr. Jackson reiterated his opinion that the combined problems appellant was suffering rendered him totally disabled from employment. He noted that appellant would put others at risk if allowed to return to work as a motor vehicle operator. In addition, Dr. Jackson opined that appellant lacked the concentration power to do paperwork-type work as is therefore prevented from returning to any gainful employment.

An EMG test report of April 15, 1998 revealed no findings of mononeuropathy or radiculopathy of the upper extremities.

By decision dated June 9, 1998, the Office terminated benefits effective the same date on the basis that the evidence of record establishes that appellant no longer suffers from a work-related medical condition. The Office additionally found that the evidence presented by appellant was not sufficient to warrant a modification or reversal of the proposed termination of medical and disability compensation benefits.

The Board finds that the Office met its burden of proof to terminate appellant's compensation benefits for his orthopedic injuries effective June 9, 1998.

Where, as here, the Office has accepted a claim, it has the burden of justifying termination or modification of compensation benefits.[1] After it has determined that an employee has disability causally related to his or her federal employment, the Office may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.[2]

In this case, Dr. Cohen, a second opinion physician, opined that appellant was capable of returning to work. Dr. Jackson, appellant's treating physician, had continued to opine that appellant was totally disabled from all employment. The Office properly referred appellant to Dr. Pabla for an impartial evaluation. He determined that appellant had reached a point of maximum medical improvement and stated, with a reasonable degree of medical certainty, that appellant was not suffering from residuals of the September 3, 1996 injury. He further stated that appellant was able to work and perform the duties of his normal occupation without any limitation or restriction.

In situations 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.[3]

The Board notes that the conflict pertaining to appellant's orthopedic injuries was created when Dr. Cohen opined in his December 6, 1996 report that appellant was capable of returning to work while Dr. Jackson continued to opine that appellant was totally disabled from all employment. The Board finds that the weight of the medical evidence, as it relates to appellant's orthopedic injuries, rests with the April 13, 1998 report of Dr. Pabla, to whom the Office referred appellant, who determined that appellant was not suffering from residuals of the September 3, 1996 injury and was able to work and perform the duties of his normal occupation without any limitation or restriction. The report of Dr. Pabla is well rationalized and based on a complete and accurate factual and medical history. Dr. Pabla's conclusion is supported by medical rationale and is fully responsive to the inquiries of the Office. Moreover, Dr. Pabla is a Board-certified orthopedic surgeon and, as such, his opinion is granted special weight in the assessment of appellant's work-related orthopedic medical condition.[4] The Board finds that the report of Dr. Pabla is entitled to special weight and is sufficient to support termination of appellant's compensation benefits.

[1] *Harold S. McGough*, 36 ECAB 332 (1984).

[2] *Vivien L. Minor*, 37 ECAB 541 (1986); *David Lee Dawley*, 30 ECAB 530 (1979); *Anna M. Blaine*, 26 ECAB 351 (1975).

[3] 5 U.S.C. § 8123(a); *Carl Epstein*, 38 ECAB 539 (1987); *James P. Roberts*, 31 ECAB 1010 (1980).

[4] 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. *Melvina Jackson*, 38 ECAB 43 (1987); *Elmer L. Fields*, 20 ECAB 250 (1969).

The opinions presented by Dr. Jackson are not sufficient to create a conflict in the medical evidence or to overcome the weight of the medical evidence as represented by the report of Dr. Pabla.

First, Dr. Jackson has failed to present any convincingly reliable medical rationale which would support his contention that appellant continues to suffer a disabling work-related orthopedic medical condition. Although he suggests that appellant is suffering severe symptoms, the only identifiable orthopedic findings he notes are tenderness, spasm and extremity weakness. He does not explain how these limited findings equate into a completely disabling orthopedic medical problem.

Secondly, Dr. Jackson has not presented a reliable medical rationale supporting his belief that appellant continues to suffer a work-related medical problem. Although appellant has been shown to have had a preexisting back problem prior to the injury, Dr. Jackson never accounts for the effect it may be having on appellant's medical status. He simply states that appellant's orthopedic problems all stem from the work injury. This is true even after his February 17, 1997 statement in which he professed to not knowing the exact cause of appellant's symptoms. The vague and speculative rationale offered by Dr. Jackson in support of his conclusions does not lend significant probative value to his opinion concerning the causality of appellant's condition.[5]

Finally, Dr. Jackson has offered medical opinion pertaining to medical problems for which he is not a specialist in assessing, diagnosing or treating. Dr. Jackson has commented on problems such as hypertension, otisis, post-traumatic stress disorder, visual disturbances and mental problems. Inasmuch as Dr. Jackson is an orthopedic specialist, his diagnoses relating to conditions other than orthopedic medical problems carry diminished probative value as it pertains to areas which are outside his field of expertise.

For the above reasons, the opinions expressed by Dr. Jackson are of insufficient weight to create a conflict in the medical evidence and to overcome the weight of the medical evidence concerning Dr. Pabla's opinion that appellant is no longer suffering orthopedic residuals of the September 3, 1996 work injury.

Dr. Jackson's May 8, 1998 medical report is also of insufficient probative value to create a conflict with Dr. Pabla's report. First, Dr. Jackson does not list any findings which would reveal that appellant has an ongoing orthopedic problem connected with the work injury of September 3, 1996. No findings on examination were presented. No diagnosis was offered. No positive diagnostic test results were presented. Dr. Jackson offered no reasoned response to the findings and opinions presented by the second opinion specialist or impartial medical examiner. No well-rationalized medical opinion was offered which explains the continuing connection between any current orthopedic problem and the accepted work incident. Secondly, the information Dr. Jackson presents in his report is confusing and vague. Dr. Jackson wrote, "These are medical injuries and neurologic injuries as opposed to orthopedic and psychologic although he has had orthopedic, psychological medical and neurologic injuries." The lack of any clear, concise, medical rationale supporting his contention that appellant has an ongoing medical

[5] *See Kenneth J. Deerman*, 34 ECAB 641 (1983).

problem connected to the accepted employment incident seriously undermines the probative value of Dr. Jackson's opinion.[6] Finally, Dr. Jackson comments on a range of nonorthopedic problems that appellant is suffering. He suggests that these additional nonorthopedic problems are work related and disabling. As previously stated, the Board has held that opinions of physicians who have special training and knowledge in a specialized medical field have greater probative value in determining the causal relationship of a condition germane to that field than the opinions of nonspecialists or others who have no training in the particular field.[7] Dr. Jackson is an orthopedic specialist and, as such, his opinion pertaining to musculoskeletal problems is entitled to greater probative value. However, his opinion pertaining to issues outside his field of expertise is of reduced value. Thus, Dr. Jackson's May 8, 1998 report is of insufficient probative value to create a conflict with Dr. Pabla's report.

The Board additionally finds that appellant has failed to meet his burden of proof to establish that he developed additional medical and emotional problems causally related to his September 3, 1996 employment injury.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or 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 presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.[8] The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.[9] 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,[10] must be one of reasonable medical certainty[11] and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[12]

---

[6] *Phillip J. Deroo*, 39 ECAB 1294 (1988); *Margaret A. Donnelly*, 15 ECAB 40 (1963); *Morris Scanlon*, 11 ECAB 384 (1960).

[7] *See Effie Davenport (James O. Davenport*), 8 ECAB 136 (1955).

[8] *See Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[9] The Board has held that in certain cases, where the causal connection is so obvious, expert medical testimony may not be necessary; *see Naomi A. Lilly*, 10 ECAB 560, 572-73 (1959). The instant case, however, is not a case of obvious causal connection.

[10] *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

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

[12] *See James D. Carter*, 43 ECAB 113 (1991); *George A. Ross*, 43 ECAB 346 (1991); *William E. Enright*,

In this case, appellant has failed to supply sufficient medical evidence to support the development of a claim for additional medical and emotional problems which he alleges are causally related to the accepted incident of September 3, 1996.

In regards to the claim for hypertension, there is no reliable evidence to explain how that type of connection could be connected to a single traumatic event such as the one sustained by appellant. The Office properly informed appellant that it was his burden of proof to establish that his hypertensive disorder was connected to his employment. By letter dated March 27, 1997, the Office granted appellant an opportunity to substantiate his claim. The only evidence forthcoming was a note from Dr. Ford validating the fact that appellant was seeking treatment for hypertension. No discussion was presented liking the condition to the work injury. Although some handwritten notes were submitted which described the injury, no discussion was presented which explained the causal link between the hypertension disorder and the work injury.

Furthermore, Dr. Patel, in his initial examination report, suggested that appellant had a history of borderline high blood pressure. Although Drs. Jackson and Chidambaram linked the condition to the accident, neither of them were able to present any detailed medical rationale explaining their position. They offered no discussion as to why they would opine the condition was connected to the work injury if it had already been identified prior to the work injury. Finally, Drs. Jackson and Chidambaram are not specialists in the treatment of hypertension. As such, their opinion does not carry significant weight in reference to appellant's high blood pressure disorder. Accordingly, the Office properly did not accept appellant's claim that his hypertension disorder is due to the work injury.

In regards to the claim for a work-related mental or emotional disorder, Dr. Jackson noted in a January 1997 medical report that appellant had possible infarctions in the anterior aspect of the left basal ganglia. Upon that revelation, appellant was referred to Dr. Chidambaram for a neurological evaluation. Dr. Chidambaram examined appellant and rendered a diagnosis of post-traumatic cephalalgia. She implied that the condition was work related in that appellant probably hit his head and lost consciousness at the time of the work injury. However, Dr. Chidambaram's opinion is of insufficient probative value to establish the requisite causal relation. The record does not indicate that appellant may have suffered a head injury at the time of the work incident. Appellant's description of the accident and his actions immediately following the injury do not lend much credit that he suffered a head injury of any sort. Dr. Chidambaram provided no substantive explanation as to how appellant's diagnosed cephalalgia was connected to the work injury considering that he may not have struck his head or lost consciousness. Furthermore, in a September 12, 1997 report, Dr. Chidambaram reports that stress and high blood pressure could give rise to multiple small strokes. The evidence of record clearly establishes that appellant had been diagnosed with a high blood pressure disorder prior to the injury of September 3, 1996. Dr. Chidambaram does not discuss the possibility that appellant was suffering from the cephalalgia prior to the injury. Simply because the condition was identified after the injury does not establish that the injury was the cause of the problem.

---

31 ECAB 426, 430 (1980).

The vague and speculative nature of Dr. Chidambaram's opinion reduces the probative value of her conclusions.[13]

The record reflects that there are numerous instances in the case record where both Dr. Jackson and Dr. Chidambaram note that appellant presented with psychological symptoms. Both Dr. Jackson and Dr. Chidambaram suggested that appellant was suffering from a post-traumatic stress disorder. In an assessment of April 14, 1997, Dr. Podd diagnosed appellant as suffering from post-traumatic stress disorder and depression. He opined that appellant was suffering the conditions secondary to the September 3, 1996 motor vehicle accident. The Office referred appellant to Dr. Garmoe for a second opinion evaluation.

The Board notes that Dr. Garmoe is a neuropsychological specialist and finds that his reports are sufficiently rationalized and responsive to the Office's inquiries to be entitled to greater weight. Dr. Garmoe was given the pertinent medical information of record and a statement of accepted facts to review prior to his examination of appellant. He conducted a thorough examination of appellant which took several days to complete. Dr. Garmoe presented a detailed, comprehensive medical narrative listing the findings of his examination and stated a well-rationalized medical opinion. He opined that appellant was not suffering from a traumatic brain injury connected to the work injury. Although Dr. Garmoe allowed for the possibility that appellant was suffering depression connected to the injury, he was not able to decide either way because of the inconsistencies presented by appellant on examination. Dr. Garmoe specifically noted that appellant was exhibiting signs of symptom magnification. The inability of Dr. Garmoe to present a definitive response is not sufficient to justify accepting that appellant has depression connected to the accepted work injury.[14]

Furthermore, the evidence of record provides little support for a claim of an emotional condition connected to the work injury. The assessment conducted by Dr. Podd in April 1997 is the only evidence of record which shows that appellant sought professional treatment for an emotional disorder. In addition, Dr. Podd did not present sufficiently well-rationalized medical opinion in his medical narrative to clearly establish that appellant is suffering an emotional condition connected to the work injury. Firstly, Dr. Podd noted that appellant began noticing cognitive problems three or four months post injury. No explanation is provided which explains the etiology of this problem. The fact that appellant began to suffer cognitive problems months after the injury raises doubt as to the causality of his mental condition. Secondly, Dr. Podd diagnosed appellant with post-traumatic stress disorder. Dr. Podd offers very little information as to how appellant could be suffering emotional disorder from the type of accident sustained. The description of the accident does not lend itself to an overly traumatic incident. Appellant was driving a bus that was struck by another vehicle. He was shaken up, but was able to get up and check his passenger. He was taken by ambulance to the hospital for a medical evaluation, but refused treatment. Dr. Podd does not address this discrepancy in his analysis. Finally, Dr. Podd does not offer much in the way of explaining the actual indications of an emotional condition. In his report, he details the subjective complaints made by appellant, but provides

[13] *See William S. Wright*, 45 ECAB 498, 504 (1994); *Connie Johns*, 44 ECAB 560, 571 (1993).

[14] *See Joseph H. Surgener*, 42 ECAB 541, 548 (1991).

very little by way of psychological analysis which substantiates his belief that appellant is suffering a work-related post-traumatic disorder or depression. Dr. Podd's lack of affirmative medical rationale supporting his conclusions reduces the probative value of his opinion. Furthermore, the fact that appellant never sought any active treatment for an emotional problem gives little credit to his claim for a post-traumatic stress disorder or work-related depression. Taken together with the opinion of Dr. Garmoe, there is no reliable medical evidence which would establish that appellant is suffering a mental or emotional condition connected to his work injury of September 3, 1996.

The evidence of record also shows that appellant has received treatment for visual disturbances and otitis. There is no information in the record which would explain how these problems are associated with the claimed injury. Although Dr. Jackson reports that he felt that the conditions were work related, he offers no reliable medical rationale to support his conclusion. Furthermore, there is no evidence to show that appellant has received treatment for these problems since September 1996. Accordingly, the Board finds that appellant has not met his burden of proof that he is suffering from visual disturbances and otitis as a result of the work injury.

The decisions of the Office of Workers' Compensation Programs dated June 9 and May 1, 1998 are hereby affirmed.

Dated, Washington, D.C.
April 28, 1999

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

Bradley T. Knott
Alternate Member