The issue is whether appellant has met his burden of proof in establishing that he sustained a myocardial infarction due to factors of his federal employment.

On May 2, 1996 appellant, then a 52-year-old administrator, filed a notice of occupational disease alleging that on April 8, 1996 he sustained a heart attack due to factors of his federal employment. Appellant stated:

“On October 1, 1995 my entire Regional Office was informed we were having all our jobs abolished effective that date…. I am the principle management official who was charged with finding new jobs, listing and working with our people, and coordinating the necessary actions. Listening to untold numbers of problems, personal problems, and coupled with the fact the next job progression for me is in a pool of only about 162 positions, the stress was too much.”

On the reverse of the form, appellant’s supervisor indicated that appellant returned to work on April 16, 1996.

Appellant submitted a narrative statement and asserted that the planned downsizing caused extreme tension as he dealt everyday with regional personnel who were concerned about relocation and new jobs. Appellant stated that the pressure never let up in 5 1/2 years. He described his activities beginning a week preceding the attack as managing a “more anxious” workplace because of increased rumors concerning pending reductions. Appellant noted that he was informed that week that he was not selected for a position to which he had believed he had been selected. Appellant characterized the day of his attack as a “normal stressful type of day of people needing many things I could not provide them, i.e., jobs, comfort, assurance of the future, etc.”
By letter dated July 16, 1996, the Office of Workers’ Compensation Programs advised appellant that he needed to submit additional information regarding his claim for compensation, including a detailed narrative medical report explaining how the doctor believed that appellant’s federal employment caused his current medical condition.

On August 6, 1996 appellant stated that he believed that the pending reduction-in-force “most definitely” contributed to his heart attack. Appellant also submitted treatment records from the employing establishment and from his April 9, 1996 hospitalization, noting that he underwent cardiac catheterization and a coronary angioplasty of the right artery.

By decision dated October 15, 1996, the Office denied appellant’s claim finding that he failed to establish fact of injury. The Office stated that appellant’s evidence failed to establish that he had sustained a work-related injury.

The Board finds that appellant has failed to meet his burden of proof in establishing that he sustained a myocardial infarction due to factors of his federal employment.

An employee seeking benefits under the Federal Employees’ Compensation Act\(^1\) has the burden of establishing the essential elements of his or his claim including the fact that the individual is an “employee of the United States” within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.\(^2\)

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;\(^3\) (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;\(^4\) 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\(^5\) or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.\(^6\)

The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.\(^7\) Rationalized medical opinion evidence is medical evidence which

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\(^1\) 5 U.S.C. §§ 8101-8192.

\(^2\) Elaine Pendleton, 40 ECAB 1143 (1989); see also Daniel R. Hickman, 34 ECAB 1220 (1983).

\(^3\) See Ronald K. White, 37 ECAB 176, 178 (1985).


\(^5\) See Georgia R. Cameron, 4 ECAB 311, 312 (1951).

\(^6\) See generally Lloyd C. Wiggs, 32 ECAB 1023, 1029 (1981).

\(^7\) See Naomi A. Lilly, 10 ECAB 560, 572-73 (1959).
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 the claimant.  

In this case, there is no dispute regarding appellant’s alleged employment duties, however, appellant has failed to submit the necessary medical opinion evidence to establish a causal relationship between his heart attack and factors of his federal employment. Appellant submitted medical records and a surgical report documenting his heart surgery, however, none of the medical evidence of record established a causal relationship between appellant’s condition and factors of employment. As appellant has failed to submit the necessary rationalized medical opinion evidence to support that his April 8, 1996 heart attack was caused by factors of his federal employment, the Office properly denied his claim.

The decision of the Office of Workers’ Compensation Programs dated October 15, 1996 is hereby affirmed.

Dated, Washington, D.C.
March 2, 1999

Michael J. Walsh
Chairman

David S. Gerson
Member

A. Peter Kanjorski
Alternate Member

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