

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of WARREN R. JOHNSON and ENVIRONMENTAL PROTECTION AGENCY,  
OFFICE OF PLANNING & MANAGEMENT, Washington, DC

*Docket No. 00-1265; Oral Argument Held July 19, 2001;  
Issued August 24, 2001*

Appearances: *Robert A. Taylor, Jr., Esq.*, for appellant; *Paul J. Klingenberg, Esq.*,  
for the Director, Office of Workers' Compensation Programs.

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DECISION and ORDER

Before DAVID S. GERSON, MICHAEL E. GROOM,  
PRISCILLA ANNE SCHWAB

The issue is whether appellant has established that he sustained a permanent aggravation of hypertension, causally related to either his accepted employment injuries or to other factors of his federal employment.

This is appellant's second appeal before the Board. In the prior appeal, the Board set aside an April 4, 1995 decision of the Office of Workers' Compensation Programs and remanded the case for further medical development, as it found that appellant had implicated a compensable factor of employment.<sup>1</sup> The facts and circumstances of the case are set forth in the prior decision and are hereby incorporated by reference.

Upon remand, after further medical development, the Office accepted that appellant had sustained an anxiety disorder, major depression and a temporary aggravation of hypertension, which ceased when he stopped work on November 23, 1993.

By letter dated July 7, 1998, appellant, through his representative, requested that appellant's ongoing high blood pressure be made an accepted condition as a result of his anxiety disorder and that appellant's medical expenses for treatment of such condition be reimbursed.

By letter dated October 29, 1998, appellant, through his representative, again claimed that the Office should accept appellant's high blood pressure as being causally related to his accepted conditions of depression and anxiety.

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<sup>1</sup> Docket No. 95-1969 (issued June 17, 1996).

Appellant submitted a November 17, 1997 report from Dr. Daniel V. Young, a Board-certified internist, which noted that appellant had been diagnosed with symptomatic hypertension in May 1994. Dr. Young opined that appellant's "underlying stressors at that time undoubtedly precipitated the acute presentation of his disease." He stated that "[c]hronic anxiety and depression will exacerbate such a medical condition as well as increase the risk through time of other cardiovascular disease[s] such as stroke and myocardial infarction." Dr. Young indicated that appellant would need lifelong medical therapy for his hypertension.

By letter dated August 4, 1998, the Office advised appellant that his anxiety disorder and major depression were accepted as being related to his federal employment and that his hypertension condition had not been accepted.

By letter dated May 5, 1999, the Office requested that Dr. Young clarify his opinion on causal relation.

On May 7, 1999 the Office referred appellant, together with a statement of accepted facts, questions to be addressed and the relevant case record to Dr. Brian Schulman, a Board-certified psychiatrist.

In a May 26, 1999 report, Dr. Young stated: "[Appellant's] hypertension issue is not related to his psychological conditions. His symptomatic hypertension developed while under critical job stressors." He noted that appellant had no family history for hypertension and stated that appellant was too young to acquire such a cardiovascular condition in the absence of a familial history.

By report dated June 3, 1999, Dr. Schulman recounted the results of a comprehensive psychiatric examination of appellant. He noted appellant's factual and medical history, performed a mental status examination and diagnosed "anxiety disorder/depression (currently in remission)." Dr. Schulman noted that appellant's anxiety and depression were improved, with marked symptom reduction and increased levels of activities of daily living and opined that this was the result of resumption of vocational rehabilitation efforts with appellant attending classes at Potomac College. He stated as follows:

"Based upon the review of the submitted records and the clinical history, there is incomplete evidence to state that [appellant's] hypertension was caused by conditions of his employment. It is possible that the acute stressful circumstances associated with his leaving work in November 1993 caused a transient state of somatic arousal which produced a similarly transient elevation in blood pressure. Hypertensive cardiovascular disease is a medical illness that has multifactorial causes including genetics, biological factors and, possibly, lifestyle. Hypertension is an idiopathic disease; that is, there are no prospective scientific studies that suggest environmental stressors permanently aggravate or accelerate essential hypertension. Factors that transiently aggravated [appellant's] hypertension ceased when he left his employment and began medical treatment for his condition. Consequent to his diagnosis and the initiation of medical treatment, the condition was stabilized."

By decision dated June 14, 1999, the Office rejected appellant's claim for hypertension after November 24, 1993, as his exposure to precipitating factors had ceased after that time. The Office noted that Dr. Young found that his hypertension was not related to his psychological conditions, but rather developed while under critical job stressors, which the Office noted ceased as of November 24, 1993.

Appellant requested an oral hearing before an Office hearing representative and resubmitted copies of Dr. Young's May 26, 1999 and November 17, 1997 reports.

A hearing was held on October 14, 1999 at which appellant testified. During the hearing appellant claimed that, even though he stopped work, his hypertension simply continued thereafter. In a post hearing brief, appellant's representative argued that appellant's accepted job factors precipitated his symptomatic hypertension in May 1994; that appellant's depression and anxiety further aggravated his hypertensive condition and that appellant's accepted anxiety disorder and depression put him at a greater risk for other cardiovascular diseases.

By decision dated December 16, 1999, the hearing representative denied appellant's claim for hypertension after November 24, 1993.

The Board finds that appellant has failed to establish that he sustained hypertension, causally related to either his accepted employment injuries or to other factors of his federal employment.

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that the condition for which he claims compensation was caused or adversely affected by employment factors.<sup>2</sup> This burden includes the submission of a detailed description of the employment factors or conditions which appellant believes caused or adversely affected the condition or conditions for which compensation is claimed.<sup>3</sup> This also includes a rationalized medical opinion, based upon a complete and accurate factual and medical background, showing a causal relationship between the injury claimed and factors of his federal employment.<sup>4</sup> Causal relationship is a medical issue that can be established only by medical evidence.<sup>5</sup> The Board notes that the fact that a condition manifests itself or worsens during a period of employment does not raise an inference of an employment relationship.<sup>6</sup>

In the present case, appellant has implicated those factors found to be compensable in his previous emotional condition claim. However, exposure to those factors ceased when appellant stopped work on November 23, 1993.

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<sup>2</sup> *Pamela R. Rice*, 38 ECAB 838 (1987).

<sup>3</sup> *Effie O. Morris*, 44 ECAB 470 (1993).

<sup>4</sup> *Steven R. Piper*, 39 ECAB 312 (1987).

<sup>5</sup> *Mary J. Briggs*, 37 ECAB 578 (1986); *Ausberto Guzman*, 25 ECAB 362 (1974).

<sup>6</sup> *Paul D. Weiss*, 36 ECAB 720 (1985); *Hugh C. Dalton*, 36 ECAB 462 (1985).

As appellant was no longer exposed to work factors after November 23, 1993, he also alleges that his accepted emotional conditions caused and aggravated continuing hypertension symptomatology after that date as a consequential injury.

In the case of *John R. Knox*,<sup>7</sup> regarding consequential injury, the Board stated:

“It is an accepted principal of workers’ compensation law and the Board has so recognized, that when the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury is deemed to arise out of the employment, unless it is the result of an independent intervening cause which is attributable to the employee’s own intentional conduct.”<sup>8</sup>

Appellant has not provided sufficient rationalized medical evidence supporting his claim of causal relationship or consequential injury.

The only medical evidence addressing his claim of employment-related hypertension was that of Dr. Young. In November 1997 he noted that appellant was first diagnosed with symptomatic hypertension in May 1994 and opined that appellant’s “underlying stressors *at that time* undoubtedly precipitated the acute presentation of his disease.” However, Dr. Young did not explain what these stressors were in May 1994, six months after appellant ceased all employment, or address how the pathophysiology of the hypertension condition evolved. He merely concluded that such unidentified stressors undoubtedly precipitated the disease. Thereafter, he changed his opinion somewhat and stated that “chronic anxiety and depression will exacerbate such a medical condition” and lead to increased cardiovascular risk. However, the physician did not further explain the basis for this statement.

The Board has held that to be of probative value to an employee’s claim, a physician must provide rationale for the opinion reached. Where no such rationale is present, the medical opinion is of diminished probative value.<sup>9</sup> In this case, Dr. Young’s opinions are deficient in explaining how he reached his conclusions and, therefore, are of diminished probative value. The Board has frequently noted that such a conclusory statement, unaccompanied by a medical explanation, is of reduced probative value and is insufficient to establish a causal relationship claim.<sup>10</sup> Moreover, the Board notes that Dr. Young apparently assumed that appellant was still exposed to work stressors at the time of the May 1994 diagnosis of hypertension. The Board has held that medical opinions which are based on an incomplete or inaccurate factual background are entitled to little probative value in establishing causal relationship.<sup>11</sup>

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<sup>7</sup> 42 ECAB 193 (1990).

<sup>8</sup> *Charlet Garrett Smith*, 47 ECAB 562 (1996).

<sup>9</sup> *Lucrecia M. Nielsen*, 42 ECAB 583 (1991).

<sup>10</sup> *Ruth S. Johnson*, 46 ECAB 237 (1994); *William C. Thomas*, 45 ECAB 591 (1994).

<sup>11</sup> *Daniel J. Overfield*, 42 ECAB 718 (1991).

The Board has held that the weight of medical opinion evidence is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts and medical history, the care of analysis manifested and the medical rationale expressed in support of the opinion.<sup>12</sup> The opinion of a physician supporting causal relation must be one of reasonable medical certainty, supported with affirmative evidence, explained by medical rationale and based on a complete and accurate factual and medical background.<sup>13</sup> Dr. Young's November 1997 report is unrationalized, conclusory on the issue of causal relation and based on an inaccurate factual history. It is of reduced probative value and is insufficient to establish appellant's claim.

Moreover, Dr. Young provided a May 26, 1999 opinion, which stated that appellant's "hypertension [was] not related to his psychological conditions." This conclusion also lacked any supporting explanation and appears to conflict with his earlier opinion that "chronic anxiety and depression will exacerbate such a medical condition." The Board has held that where different reports from the same physician contain inconsistencies which are not explained, such reports are of diminished probative value.<sup>14</sup> Dr. Young went on to state that appellant's "symptomatic hypertension developed while under critical job stressors," but he did not explain how the work stressors contributed to appellant's condition after November 24, 1993. Again, as Dr. Young's opinion is unrationalized.

Dr. Schulman, in a second opinion report, indicated that hypertension was a multifactorial illness, which included genetics, biological factors and lifestyle and was, to some extent, idiopathic.

Dr. Young had also opined in his May 26, 1999 response that appellant was young to acquire such a cardiovascular condition in the absence of a familial history, but no rationale was given which supported any nexus with appellant's employment factors or employment illnesses, nor were lifestyle, biological factors, or the idiopathic nature of the condition taken into consideration. This observation, therefore, did not provide supportive evidence in establishing appellant's claim.

Appellant has failed to submit sufficient medical opinion of reasonable medical certainty supporting that his hypertension condition is causally related to factors of his federal employment or to his accepted employment-related emotional conditions.<sup>15</sup>

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<sup>12</sup> *Anna C. Leanza*, 48 ECAB 115 (1996).

<sup>13</sup> *Connie Johns*, 44 ECAB 560 (1993).

<sup>14</sup> *Mary S. Brock*, 40 ECAB 461 (1989).

<sup>15</sup> See *Samuel Senkow*, 50 ECAB \_\_\_\_ (Docket No. 96-2274, issued May 5, 1999); *Thomas A. Faber*, 50 ECAB \_\_\_\_ (Docket No. 97-2212, issued September 28, 1999); *Judith J. Montage*, 48 ECAB 292 (1997).

The December 16 and June 14, 1999 decisions of the Office of Workers' Compensation Programs are hereby affirmed.

Dated, Washington, DC  
August 24, 2001

David S. Gerson  
Member

Michael E. Groom  
Alternate Member

Priscilla Anne Schwab  
Alternate Member