

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of MARK H. BROWN and DEPARTMENT OF JUSTICE,  
BUREAU OF PRISONS, Leavenworth, KS

*Docket No. 00-2366; Submitted on the Record;  
Issued August 15, 2001*

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DECISION and ORDER

Before MICHAEL E. GROOM, A. PETER KANJORSKI,  
PRISCILLA ANNE SCHWAB

The issue is whether appellant sustained an injury while in the performance of duty.

On January 31, 2000 appellant, then a 36-year-old senior corrections officer, filed a traumatic injury claim alleging that he sustained a severe sharp pain in his lower back while he was "carrying a cart loaded with food trays. As I was lowering them down the stairs I felt a severe pain shoot thr[o]u[gh] my lower back. After that I was not able to bend or stoop." Appellant received medical attention from Dr. Leah L. Stevens, a Board-certified family practitioner.

In support of his claim, appellant submitted a February 1, 2000 medical report from Dr. Stevens. He stated:

"[Appellant] is here for [a] back injury that he sustained on the 31<sup>st</sup> of January. He was lifting some food trays with another person, approximately 200 pounds. He started to step down some stairs and felt an immediate sharp sensation in his lower back that radiated into his r[igh]t hip area laterally down to his foot. In the past he did have some back pain and had seen Dr. Holladay and was to be worked up with myelogram but since [appellant] is very physically fit he increased his exercise and his symptoms seemed to improve and he basically just tried to become more physically fit to relieve his symptoms."

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"Low back pain, suspicious for L5-S1 discogenic injury with radiation to the right leg and foot.

"Referred him back to Dr. Holladay as soon as possible."

Also submitted was a February 15, 2000 report to Dr. Leah from Dr. Robert M. Beatty, the referral physician. Dr. Beatty noted:

“I saw [appellant] today. As you recall, he has been having trouble with his back. Dr. Holladay saw him in September and a[n] MRI [magnetic resonance imaging] study was done. At that time, there was a disc protrusion at L5-S1 and degenerative changes mainly at L4-5 and L5-S1. [Appellant] has persisted with back pain and he indicates that he has times in which there is bilateral leg pain but mainly on the right side and the right buttock and hamstring with dorsal foot involvement.”

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“I reviewed his MRI study from September and he does have bulging area of the disc but no frank herniations.”

On February 29, 2000 Dr. Beatty noted to Dr. Stevens that February 26, 2000 lumbar myelogram “looks pretty good. He stated:

“I do n[o]t see any frank compression on the nerve roots. I do n[o]t think surgical intervention would be that helpful. I discussed this in detail with [appellant] and I did suggest we try a course of Vioxx and I [a]m going to arrange therapy with the Overland Park Back Center.”

By letter dated March 17, 2000, the Office advised appellant that the information submitted with his claim was insufficient to establish that he sustained an injury on January 31, 2000. Appellant was advised to provide the Office with a medical report distinguishing his preexisting condition from factors of his current condition and establishing whether the current condition was causally related to the January 31, 2000 injury.

In response to the Office’s request, appellant resubmitted Dr. Beatty’s February 26, 2000 report along with physical therapy treatment reports.

On April 20, 2000 the Office denied the claim on the grounds that the evidence failed to establish that appellant’s low back condition was causally related to work factors. The Office noted that appellant’s physicians failed to provide any reasoning for their conclusion that the January 31, 2000 incident of carrying trays of food down some stairs would cause a low back injury.

The Board finds that appellant failed to meet his burden of proof in establishing that his current low back condition was causally related to the January 31, 2000 incident at work.

An employee seeking benefits under the Federal Employees’ Compensation Act<sup>1</sup> 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 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

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

for which compensation is claimed are causally related to the employment injury.<sup>2</sup> These are the essential elements of each compensation claim regardless of whether the claim is predicted upon a traumatic injury or occupational disease.<sup>3</sup>

In a traumatic injury case, in order to determine whether a federal employee actually sustained an injury in the performance of duty, it must first be determined whether “fact of injury” has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place and in the manner alleged.<sup>4</sup> Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.<sup>5</sup> The medical evidence required to establish causal relationship is rationalized medical evidence.

Rationalized medical 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 the claimant.<sup>6</sup>

The mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the condition became apparent during a period of employment, nor the belief of appellant that the condition was caused by or aggravated by employment conditions is sufficient to establish causal relation.<sup>7</sup>

In this case, the record supports that appellant was carrying a cart loaded with food trays down some stairs. However, the question of whether an employment incident caused a personal injury generally can be established only by medical evidence.<sup>8</sup> The Board finds that the medical evidence is not sufficiently rationalized to establish a causal relationship between the incident on January 31, 2000 and the diagnosed low back pain, L5-S1 disc injury and the resultant lumbar myelogram.

Dr. Stevens stated that appellant’s low back pain, suspicious for L5-S1 discogenic injury with radiation to the right leg and foot, was related to his employment on the basis that he felt an immediate sharp sensation while carrying food trays. However, Dr. Stevens failed to discuss how such an action resulted in appellant’s alleged condition. He did, however, note that in the

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<sup>2</sup> *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>3</sup> *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>4</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>5</sup> *Id.* For a definition of the term “injury,” see 20 C.F.R. § 10.5(a)(14).

<sup>6</sup> *Id.*

<sup>7</sup> *Alberta S. Williamson*, 47 ECAB 569 (1996).

<sup>8</sup> *See supra* note 1.

past appellant had some back pain and had seen Dr. Holladay for a possible myelogram. Dr. Stevens attached a copy of an August 30, 1999 MRI scan, which showed multilevel degenerative disc disease, mild neural foraminal encroachment and small subligamentous disc herniation. Dr. Stevens offered no explanation of how appellant's preexisting back condition was changed or aggravated by the January 31, 2000 incident.<sup>9</sup>

The February 25, 2000 computerized axial tomography scan from Dr. Beatty also provided no opinion as to how appellant's back condition had changed after the January 31, 2000 incident, given the MRI findings in August 1999. Dr. Beatty did not offer any medical rationale or causal relationship between appellant's preexisting back condition and the January 31, 2000 incident.

For a diagnosed condition to be covered under the Act, the evidence must demonstrate that the essential elements of causal relationship have been met. The question of causal relationship is a medical issue, which usually requires a reasoned medical opinion for resolution. Causal relationship may be established by means of direct causation, aggravation, acceleration or precipitation. None of the evidence submitted offered any medical rationale to explain how carrying food trays down some stairs caused lower back pain.

Appellant did not submit sufficient medical evidence to establish that his low back condition was causally related to the January 31, 2000 incident. None of the reports provided a probative, rationalized medical opinion sufficient to establish that appellant's injury was causally related to employment factors.

The decision of the Office of Workers' Compensation Programs dated April 20, 2000 is affirmed.

Dated, Washington, DC  
August 15, 2001

Michael E. Groom  
Alternate Member

A. Peter Kanjorski  
Alternate Member

Priscilla Anne Schwab  
Alternate Member

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<sup>9</sup> See *Ruth S. Johnson*, 46 ECAB 237 (1994).