U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RICKY HOGAN, claiming behalf of the estate of DOROTHY L. HOGAN and VETERANS ADMINISTRATION, MEDICAL CENTER, Jackson, MS

Docket No. 99-984; Submitted on the Record;
Issued August 1, 2001

DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,
BRADLEY T. KNOTT

The issues are: (1) whether the Office of Workers' Compensation Programs met its burden of proof to terminate the employee's compensation as of February 27, 1996; and (2) whether the employee sustained an emotional condition causally related to her April 30, 1993 injury.

On April 30, 1993, the employee, then a 40-year-old food service worker, sustained an injury to her back when she slipped and fell while in the performance of duty. She stopped work and received continuation of pay for the period May 1 to June 14, 1993.

The employee was treated on April 30, 1993 by Dr. Albert B. Britton, III, an internist, for left shoulder and low back pain. She received conservative treatment and physical therapy. She was subsequently referred for examination to Dr. Ronald B. Williams, a Board-certified anesthesiologist specializing in pain management. In a May 26, 1993 report, Dr. Williams noted appellant's complaints of extreme pain in the head, neck, bilateral shoulders and upper extremities, throughout the back, abdomen, left buttocks and left lower extremity. He reported his findings on physical examination, noting that the lower back revealed a normal lordotic curve, with negative straight leg raising test bilaterally. Dr Williams diagnosed post-traumatic shoulder, neck and lower back pain of "undetermined etiology." He scheduled an appointment with Dr. John P. Gorecki, a neurosurgeon, for evaluation.[1]

In a June 8, 1993 report, Dr. Gorecki reviewed the employee's history of injury and physical therapy treatment. He obtained x-rays that date, which showed normal curve and alignment of the cervical spine with slight disc narrowing at C4-5, the disc spaces normal and all vertebral bodies maintaining their height. The left shoulder showed no bone or joint abnormality. The thoracic spine was reported normal. The lumbar spine was reported normal, with all vertebral bodies and disc spaces appearing appropriately. Dr. Gorecki reported his

[1] The record indicates the employee also sought treatment from Dr. L.C. Huddleston, a chiropractor.

finding on examination, noting that the employee was neurologically intact. In a June 10, 1993 report, Dr. Gorecki saw the employee in follow up and noted her x-rays were completely normal. He recommended physical therapy and anticipated full recovery, noting Dr. Britton could determine when she should return to work. The Office accepted the employee's claim for a back strain.

On June 11, 1993 Dr. Britton indicated that the employee would be treated for three weeks with physical therapy and anticipated her return to work on July 12, 1993. In a clinic note dated July 7, 1992, Dr. Williams stated his recommendation that the employee return to work the following Monday, July 12, 1993. He noted she had some opposition to his recommendation. Dr. Britton released her to return to work on July 12, 1993 to perform limited-duty work. The record indicates that she stopped working on or about July 21, 1993.

On July 22, 1993 Dr. Williams treated the employee for complaints of chill and a fever of several weeks duration. A July 29, 1993 note indicated that the employee was diagnosed with a sinus and ear infection. Due to continued physical complaints, Dr. Williams ordered shoulder x-rays, a magnetic resonance imaging (MRI) scan of the back and a psychological profile.[2] He referred the employee for psychological evaluation by Dr. Randall L. Thomas, Ph.D., a clinical psychologist. A July 30, 1993 MRI of the lumbar spine noted disc degeneration at L5-S1 without evidence of disc herniation, significant disc bulging, or spinal stenosis. On August 3, 1993 Dr. Williams advised the Office that he recommended a psychological profile of the employee "based on the fact that there is not a satisfactory correlation between the patient's complaints and the physical findings."

In an August 13, 1993 report, Dr. Thomas listed his findings on psychological evaluation of the employee. He stated that her range of pain was "unusual and atypical" for most injuries, and for the injury she reported to him. He noted that her psychological state was one of deep and significant depression that enhanced her pain perceptions. He noted that the employee reported several social stressors, including her husband's occupational injury the year prior, which left him unemployed. This, in turn, caused financial stress on her family due to diminished income. On August 19, 1993 Dr. Thomas reported findings from evaluation and noted as diagnostic impressions "rule out somatoform pain disorder, depression secondary to medical condition and chronic pain syndrome." He indicated that a significant amount of the employee's discomfort was psychological in nature and recommended treatment with an antidepressant. He noted that she was scheduled to return to work in a week.

The employee was referred for examination by Dr. Robert A. McGuire, Jr., for evaluation of her back condition. In an August 23, 1993 report, Dr. McGuire listed his findings on physical examination, noting full range of motion of the cervical spine with motor, sensory and reflex examinations as normal. Low back examination revealed a negative straight leg raising, with much grimacing and voicing of pain during range of motion maneuvers and the employee exhibiting breakaway muscle weakness during the entire examination. Dr. McGuire noted discrepancies in the straight leg raising and sensation revealing nonanatomic discrepancies. He stated that Waddel's testing revealed significant psychological overlay. X-rays taken that day of

[2] A physical therapist working for Dr. Williams noted that the employee demonstrated exaggerated responses to pain behavior making it difficult to carry out the treatment program.

the cervical and lumbar spines were reported as unremarkable. Dr. McGuire diagnosed degenerative disc disease of the lumbar spine with significant somatization of the employee's pain. He stated that the employee could return to work but recommended prophylactic restrictions in light of her degenerative disease.

On August 25, 1993 Dr. Thomas reported findings on psychological testing of the employee. He stated that she scored significantly high on anxiety, somatoform, schizotypal, passive-aggressive, avoidant and schizoid behavior. He advised Dr. Williams that she might have difficulty responding to treatment in an effective manner. On August 30, 1993 Dr. Thomas noted that a psychiatric consultation might be required. On September 8, 1993 Dr. Williams referred the employee to Dr. Donald C. Guild for psychiatric evaluation. In an attending physician's report of that date, Dr. Williams again noted that the employee had left shoulder, neck and back pain of "undetermined etiology." He indicated that she was able to perform her regular work duties. Dr. Williams advised the employee of her ability to resume work as of August 24, 1993.

In a September 20, 1993 note, Dr. Thomas noted that the employee was seen on an emergency basis and was extremely upset. He recommended, on consultation with Dr. Guild, that she undergo a psychiatric hospitalization. The record reflects that the employee was hospitalized on September 24, 1993. Following clinical evaluation, Dr. Thomas noted that the employee's psychological profile represented an individual who was reporting many and numerous medical problems. He stated: "This patient appears to be focusing significantly upon her mental and physical difficulties. There well may be some elements of secondary gain and symptom magnification." He diagnosed somatoform pain disorder. The record indicates that the employee underwent a course of electroconvulsive therapy (ECT). On October 22, 1993 Dr. Guild noted that she was discharged from the hospital on October 18, 1993 but it was undetermined when she would be able to return to work.

On October 28, 1993 an Office medical adviser reviewed the record and noted that the employee's complaints were so varied that they fit no clear diagnostic formula. He recommended her admission to a university hospital for evaluation.

On November 18, 1993 Dr. Guild recommended another course of ECT therapy. He noted, however, that the employee's house had recently burned down and would delay further treatment. On December 3, 1993 Dr. Guild noted that he was treating the employee for major depression and considerable somatization. He indicated that the employee could not return to work due to her depression.

On December 10, 1993 the employee underwent further diagnostic evaluation. An MRI of the cervical spine was performed which was reported in anatomic alignment and no abnormality of the spinal cord. There were no findings of cervical disc herniation or spondylosis. MRI of the hips, bilaterally, revealed no fractures or other significant findings. On December 22, 1993 she underwent a single shot lumbar epidural block without complication. X-rays of the lumbar spine taken that day revealed a series in anatomic alignment without fracture or subluxation. Mild disc narrowing was reported at L5-S1. The sacroiliac joints and the remainder of the study revealed no abnormality.

On January 7, 1994 Dr. Guild again hospitalized the employee for additional ECT. Physical examination of the spine revealed good alignment of the cervical and thoracic spine with no fracture, dislocation, subluxation or significant degenerative changes. She was discharged on January 18, 1994 with a diagnosis of major depression and psychosis. She continued with additional ECT on an outpatient basis.

On March 10, 1994 the employee underwent additional electromyography and nerve conduction studies of her upper and lower extremities. Dr. Don E. Carpenter, Board-certified in neurology, reported that thorough sensorimotor conduction studies were performed and found "quite normal without evidence of entrapment, focal nerve injury, or polyneuropathy." Electromyography of the upper and lower extremities was also reported as normal with no evidence of motor axon loss or radiculopathy.

In a March 30, 1994 report, Dr. Gorecki noted that he had reviewed the employee's medical records and stated his impression that she suffered a very minor injury with subjective complaints and normal radiologic studies. He indicated that she had no permanent impairment.

The Office referred the employee for psychiatric evaluation by Dr. Robert M. Ritter, Board-certified in psychiatry and neurology. In an April 6, 1994 report, Dr. Ritter reviewed the employee's history of injury and medical treatment. On neurologic examination, he noted full range of motion of all joints of the upper extremities, with bicep and tricep strength appearing normal. Dr. Ritter noted he could not palpate any paraspinous muscle spasm. He conducted a mental status evaluation. In an April 11, 1994 summary, Dr. Ritter noted that the employee's blood level for the medication Norpramine was over twice the therapeutic level. He noted that he could not objectify her complaints, as she described chronic back pain but had no neurologic findings. He opined that the employee's degenerative changes in the low back were of long-standing duration and were not associated with the April 30, 1993 employment injury. Dr. Ritter referred the employee for psychological evaluation,[3] finding that the employee suffered from mild dysthymia minor depression and a somatoform pain disorder that she attributed to her family financial status. With regard to the ECT, Dr. Ritter opined that she "has been treated as if she were in worse physical and emotional state than she has been." He doubted the efficacy of ECT in her case. He stated that nothing of a psychotic nature was found and she gave no evidence of delirium. He recommended that her dosage of medication be stopped and, if restarted, given at a lower dose level.

In an April 22, 1994 report, Dr. Guild noted that Dr. Williams believed the employee's problems were emotional rather than physical. He stated that she was injured on the job and became "fixated on somatic manifestations of her pain which do have an underlying emotional element as well as physical." Dr. Guild concluded that appellant was disabled due to her psychiatric condition.

The Office requested that Dr. Ritter clarify his opinion on the causal relationship of appellant's emotional condition to the accepted injury. On May 5, 1994 he indicated that

[3] Dr. Billy R. Fox, Ph.D., a clinical psychologist, conducted a psychological evaluation of appellant upon referral of Dr. Ritter on April 4, 1994.

appellant's dysthymia condition was not related to appellant's fall of April 30, 1993. He attributed appellant's emotional status to other factors, primarily to family financial concerns.

On June 24, 1994 the Office forwarded Dr. Ritter's report to Dr. Guild for his review and comments. In a July 7, 1994 response, Dr. Guild stated that he would "almost entirely agree" with the assessment that the employee had dysthymia and moderate depression. He noted that she exhibited a somatoform disorder and certain personality disorders. Dr. Guild concluded that her prognosis was guarded. In a July 11, 1994 addendum, Dr. Guild stated: "This is to clarify that since muscle pain and complaints are related to injury, I would feel her depression and somatization disorder were related to the on-the-job injury."

The Office found a conflict in medical opinion between Dr. Guild and Dr. Ritter as to the relationship of the employee's emotional condition to the accepted injury. To resolve the conflict, she was referred to Dr. George C. Hamilton, a Board-certified psychiatrist, for an impartial medical examination. In an October 25, 1994 report, Dr. Hamilton reviewed the employee's history of injury and medical treatment. He noted that she was generally a poor historian as to organizing the sequence of events. He reported, however, that in addition to the employment injury, the employee related sustaining a slip and fall when hospitalized for psychiatric treatment. Dr. Hamilton indicated that her complaints centered on numbness of the left leg and constant pain to her shoulders and back. He noted, on mental status examination, that the employee's appearance was "atypical" and that she was mildly agitated, at times pleading and at other times protesting in anger. He noted that she did not appear to protect herself from any particular movement but protected herself from any and every movement. She demonstrated dramatic facial expressions and crying and that her demeanor had many hysterical qualities. Dr. Hamilton noted that the employee did not appear psychotic during the interview, but she did describe hallucinations. Her memory of immediate, recent and remote events was intact. Dr. Hamilton stated that the employee had responded to her fall at work with excessive and over dramatic symptoms, noting that her complaints may have had no organic origin. He diagnosed a somatoform pain disorder and personality disorder and noted psychological stressors as her husband's disability and recent damage to her house in a fire. Dr. Hamilton stated:

> "I do not think her fall at work was any more than one contributing factor in her complaints. Her husband's disability and subsequent personality changes in him have caused severe stress that would be the major contributing factor. Financial reversals and damage to her house are other contributing factors. Her reaction to a fall has been totally out of proportion to any physical injury she sustained in the fall. My impression was that she was consciously or unconsciously using this accident as a means of secondary gain in her life.
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> "Any depression present at this time would be due to all the above factors."

Dr. Hamilton noted that any physical attempts to stop her pain should be avoided and she should undergo rehabilitation into normal bodily activity.

On November 17, 1994 the employee underwent an MRI of the lumbar spine. Normal alignment and curvature of the spine was maintained with the vertebral bodies normal in height.

Decreased signal strength was seen within the L5-S1 disc, with evidence of a disc herniation, slightly eccentric to the left. No other abnormality was reported.

In a report dated November 23, 1994, Dr. Robert R. Smith, a Board-certified neurosurgeon, stated that the employee had come under his treatment. In a December 5, 1994 notation to the employing establishment, Dr. Smith stated: "Mrs. Hogan will be admitted to Methodist Medical Center on Friday, December 16, 1994 for surgery. She will have a lumbar laminectomy for a L5-S1 herniated nucleus pulposus, which we feel could be related to her fall at work." In response to a request from the Office for a medical report addressing the relationship of surgery to the accepted employment injury, Dr. Smith noted on December 29, 1994: "I believe to a reasonable degree of medical probability that her fall at work on April 30, 1993 contributed to or caused her condition." He added that a lumbar laminectomy was performed on December 16, 1994.

The Office referred the reports of Dr. Gorecki to Dr. Hamilton for his review. On December 22, 1994, Dr. Hamilton noted that the reports did not change his findings concerning the employee's emotional condition. He stated that he had taken into consideration the fact that no significant physical injury had been diagnosed.

On June 13, 1995 Dr. Guild reported that the employee's condition remained major depression for which she received medication. He noted that she had been through conservative treatment and back surgery, with little results. He doubted that her emotional condition would improve.

On January 26, 1996 the Office issued a notice of proposed termination of compensation. The Office found that the weight of medical opinion supported the resolution of the employee's back strain condition based on the reports of Dr. Gorecki. With regard to the employee's emotional condition, the Office noted that such condition had not been accepted as employment related. The report of Dr. Hamilton was found to constitute the weight of medical opinion. The employee was provided 30 days in which to submit additional medical evidence or argument. The Office received no evidence in the allotted time.

In a February 27, 1996 decision, the Office terminated the employee's compensation benefits effective that date, finding that her disability due to the April 30, 1993 employment injury had resolved.

The employee requested a hearing that was held on August 6, 1996. In a February 6, 1996 note, Dr. Smith stated it was his understanding that the employee did not have any back or leg pain prior to the April 30, 1993 employment injury. He stated that the fact that she had a normal MRI on July 30, 1993 was not necessarily inconsistent with the MRI findings of November 19, 1994 as a disc herniation could be missed on one scan and shown on another. Dr. Smith stated that the natural history was for the disc to shrivel, stay the same or herniate further. He noted that, from the employee's history, there was no reason to believe that she did not have the herniation or that it was related to her employment.

In a March 5, 1996 report, Dr. Guild opined that the employee's depression stemmed from her employment injury, chronic pain and her inability to work and provide for her family.

He stated that, with major depression, the employee had lost her coping ability and had become withdrawn and depressed, which in turn caused problems with family members. Dr. Guild stated that she had a number of somatic manifestations, but not a somatoform pain disorder. As Dr. Smith had documented a herniated disc, Dr. Guild concluded there was an organic basis for appellant's complaints.

In a November 13, 1996 decision, the Office hearing representative affirmed the February 27, 1996 decision.

On May 21, 1997 the employee requested reconsideration and submitted additional medical evidence. In a January 13, 1997 treatment note, Dr. Smith stated that she continued to have low back pain and some radiating pain in the leg. He indicated that she was taking treatment for chronic obstructive pulmonary disease. Dr. Smith concluded by noting that the employee remained totally disabled. In a February 2, 1997 note, Dr. Smith stated that when the employee's initial diagnosis was made, there was no MRI scan obtained to make an accurate diagnosis. He noted that an October 24, 1996 MRI scan demonstrated a herniated disc.

In a July 9, 1997 decision, the Office denied modification of its prior decisions.

On July 7, 1998 the employee requested reconsideration and submitted a July 7, 1998 note from Dr. Britton, who noted that he had reviewed the reports of Drs. Smith and Guild and concurred with their opinions. He stated: "Clearly, [the employee's] injury and fall in [19]93 caused her [herniated disc] and subsequent lost work. This has escalated into a severe debilitating depression." He noted that the initial finding of back strain was a working diagnosis.

By decision dated October 5, 1998, the Office denied modification of its prior decisions.[4]

The Board finds that the Office met its burden of proof in terminating the employee's compensation for her accepted back strain condition.

Once the Office has accepted a claim, it has the burden of justifying termination or modification of compensation benefits. After is 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 injury.[5]

The Office accepted that the employee sustained a back strain when she fell at work on April 30, 1993. She came under initial treatment by Dr. Britton, an internist, and received physical therapy. She was thereafter referred to Dr. Williams, a specialist in pain management, who reported his findings and noted examination of the lower back revealed a normal lordotic curve and negative straight leg raising tests. He noted that the employee's complaints of pain were of an "undetermined etiology." Dr. Gorecki, a neurosurgeon, examined appellant in June 1993 and stated that he obtained x-rays of the cervical and lumbar spine that were reported as

[4] The employee died on or about October 9, 1998. (brief) Appellant, her husband, filed letters of administration on behalf of her estate. *See John J. Cremo*, 38 ECAB 153 (1986); *Albert F. Kimbrell*, 4 ECAB 662 (1952).

[5] *See Wanda E. Maisonet*, 48 ECAB 212 (1996); *Alfonso G. Montoya*, 44 ECAB 193 (1992).

normal. He opined that, upon examination, the employee was neurologically intact. He recommended continuing physical therapy. Following three weeks of additional physical therapy, Dr. Britton released the employee on July 12, 1993 to return to work. She continued under care by Dr. Williams, who obtained an MRI scan and additional x-rays. The July 30, 1993 MRI of the lumbar spine noted disc degeneration with no evidence of a herniated disc, significant disc bulging or spinal stenosis. On August 3, 1993 Dr. Williams recommended a psychological profile "based on the fact that there is not a satisfactory correlation between the patient's complaints and the physical findings." On August 23, 1993 Dr. McGuire evaluated the employee and noted full range of motion of the cervical spine with discrepancies in her straight leg raising and sensation evaluation of the lower spine. He obtained x-rays of the cervical and lumbar spine that were reported as unremarkable. He diagnosed degenerative disc disease of the lumbar spine with a significant psychological overlay. Dr. McGuire recommended that the employee return to full work, not restrictions in light of the degenerative lumbar disease. On August 24, 1993, following psychological evaluations, Dr. Williams advised that the employee could resume her regular work duties as of August 24, 1993.

The Board finds that the weight of medical evidence from the employee's physicians establishes that residuals of her accepted back strain resolved by August 24, 1993. In this regard, both Dr. Williams and Dr. McGuire reported findings from physical examination and diagnostic testing which were noted as unremarkable, except for degenerative lumbar disease. The employee's multiple x-rays studies by Dr. Gorecki, Dr. Williams and Dr. McGuire were reported as unremarkable. The June 30, 1993 MRI of the lumbar spine noted some disc degeneration of L5-S1 without evidence of disc herniation, disc bulging or spinal stenosis. Dr. Williams specifically noted that the employee's physical complaints did not correlate with her findings on examination while Dr. McGuire addressed exaggerated responses and discrepancies on testing. Both physicians found that the employee was capable of returning to her regular duties as of August 24, 1993.

Shortly thereafter the employee came under the psychological care of Drs. Guild and Thomas, and underwent hospitalization for a course of ECT on September 24, 1993. The medical evidence from this period does not establish any disability for work due to residuals of the employee's accepted back condition. Further diagnostic evaluation was conducted on December 10, 1993 when MRI tests of the cervical spine and hips were reported as negative. Repeat x-rays of December 22, 1993 by Dr. Williams of the lumbar spine were again reported as indicating mild disc narrowing at L5-S1, with no evidence of fracture, or abnormality in anatomic alignment. Dr. Carpenter, a Board-certified neurologist, obtained electromyographic and nerve conduction studies of the upper and lower extremities on March 10, 1994. These were reported as being "quite normal without evidence of entrapment, focal nerve injury, or polyneuropathy." Dr. Gorecki again reviewed the employee's records on March 30, 1994 and he reiterated that she had sustained a very minor injury with subjective complaints of pain and normal radiologic studies. In periodic treatment reports, Dr. Williams repeated that the employee's ongoing physical complaints were of "undetermined etiology."

The employee submitted the reports of Dr. Smith who obtained an MRI on November 17, 1994 which revealed a disc herniation at L5-S1, slightly eccentric to the left. He performed a lumbar laminectomy on December 16, 1994 which, he noted, "we feel could be related to her fall at work." Following the termination of the employee's compensation, Dr. Smith submitted

additional office notes in which he attributed her disc herniation to her employment based on her history. He stated in a 1997 report that, when initially treated, there was no MRI scan obtained to make an accurate diagnosis.

The Board finds the reports of Dr. Smith to be of diminished probative value. It is well established that the weight of medical evidence is determined by the opportunity for a 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 physician's opinion.[6] In this regard, the Board notes that Dr. Smith submitted several medical notes in which he noted performing surgery on the employee and in relating the L5-S1 disc herniation to the accepted injury. Dr. Smith failed to provide any comprehensive medical report demonstrating a complete knowledge of the employee's medical treatment following injury on April 30, 1993 or addressing the findings and multiple diagnostic test results obtained from her attending physicians. On February 6, 1996 Dr. Smith noted only that the employee reported that she did not have any back or leg pain prior to her fall and based his statement of causal relationship on her history.[7] Dr. Smith did not provide a report with medical rationale addressing the findings on examination made contemporaneous with the employee's injury or specifically address the diagnostic studies of July 30 and December 10, 1993 and March 10, 1994, which were reported as normal and which did not reveal any disc herniation or nerve root impingement. Further, he did not ever address the report from Dr. Hamilton, who preformed a psychiatric evaluation in October 1994 and who obtained a history from the employee an additional slip and fall while hospitalized for psychiatric examination.[8] The opinion of Dr. Smith is not well rationalized and is not sufficient to establish that the employee's L5-S1 disc herniation or surgery was causally related to the accepted injury.

With regard to the employee's emotional condition, the Board finds that the weight of medical opinion evidence establishes that it is causally related to the April 30, 1993 employment injury.

An employee has the burden of establishing by the weight of the reliable, probative and substantial evidence that her condition was caused or adversely affected by her employment. As part of this burden, she must present rationalized medical opinion evidence based on a complete factual and medical background showing causal relation.[9]

As noted above, Dr. Williams reported that he could not correlate the employee's complaints of pain with her physical findings and referred her for psychiatric evaluation to

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[6] *See Anna C. Leanza*, 48 ECAB (1996).

[7] The mere fact that a disease or condition manifests itself during a period of employment does not raise an inference of causal relationship between the two. Neither the fact that the disease or condition became apparent during a period of employment nor the belief of the employee that the disease was caused or aggravated by employment factors is sufficient to establish a causal relationship. Causal relationship must be substantiated by reasoned medical opinion evidence that is based on an accurate factual and medical background. *See Joe T. Williams*, 44 ECAB 660 (1993).

[8] Several medical reports also describe a motor vehicle accident involving the employee in late 1993.

[9] *See Arlonia B. Taylor*, 44 ECAB 591 (1992).

Dr. Thomas, a clinical psychologist, and Dr. Guild, a psychiatrist. Dr. Thomas examined the employee in August 1993 and found that her range of pain was "unusual and atypical" for the injury as reported. Following psychological testing, he advised Dr. Williams that he recommended psychiatric examination by Dr. Guild in order to start a course of anti-depressant medication. Upon consultation with Dr. Guild, the employee underwent psychiatric hospitalization from September 24 to October 18, 1993 and underwent electroconvulsive therapy. An additional hospitalization and ECT therapy took place January 7 to 18, 1994. Drs. Guild and Thomas related the employee's depression and somatoform disorder to the April 30, 1993 employment injury.

The Office referred the employee to Dr. Ritter, Board-certified in neurology and psychiatry, for evaluation. On April 6, 1994 Dr. Ritter reported a normal neurological examination and opined that her degenerative disease was of a long-standing duration and not related to the accepted injury. With regard to her psychiatric condition, he stated that the employee suffered from mild dysthymia, minor depression and a somatoform pain disorder, which he attributed to her family's financial condition. In a May 5, 1994 supplemental report, Dr. Ritter stated that the employee's emotional condition was not related to the April 30, 1993 injury but was attributed to nonemployment stressors.

The Office found a conflict in medical opinion between Dr. Guild and Dr. Ritter as to the causal relationship of the employee's emotional condition to the accepted injury. She was referred to Dr. Hamilton, a Board-certified psychiatrist, for examination. In an October 25, 1994 report, Dr. Hamilton reviewed the employee's history of injury and medical treatment and addressed her complaints of shoulder, back and left leg pain. He reported his findings on mental status examination, noting that the employee had responded to her fall at work with excessive and over-dramatic symptoms and that her complaints did not have any organic origin. He diagnosed a somatoform pain disorder and personality disorder. In addressing the cause of her emotional condition, Dr. Hamilton stated that the fall at work was a contributing factor. He addressed other stressors in the employee's life, including her relationship with her husband and financial reversals of the family. He concluded that her depression would be due to all the mentioned contributing factors.

The Board has long held that the Federal Employees' Compensation Act does not require the showing of the occurrence of some unusual condition or event in the employment as a prerequisite for compensability. All that is required is that the disease be caused or aggravated by the employment.[10] In the present case, the employee's April 30, 1993 fall at work has been accepted as a compensable incident. Dr. Hamilton noted that the employee's injury that date was a contributing factor to the development of her emotional condition. While he noted other nonemployment factors also contributed to her condition, Dr. Hamilton did not rule out the employment injury as a causative element. His report is sufficiently probative, rationalized and based upon a proper factual and medical background to be accorded the special weight of an impartial medical examiner.[11] For this reason, the weight of medical opinion establishes the employee's emotional condition as a compensable injury. Since Dr. Hamilton did not render any

[10] *See Lloyd C. Wiggs*, 32 ECAB 1023 (1981).

[11] *See Gary R. Seiber*, 46 ECAB 215 (1994).

opinion regarding the nature and extent of any disability attributable to the employee's emotional condition, the case will be remanded for further development on this issue.

The October 5, 1998 decision of the Office of Workers' Compensation Programs is affirmed in terminating the employee's compensation for the accepted condition of back strain and in finding the employee did not establish a causal relationship between her L5-S1 disc herniation and the April 30, 1993 employment injury. The decision is set aside and remanded to the Office for further proceedings on the issue of the employee's disability due to an employment-related emotional condition.

Dated, Washington, DC
August 1, 2001

Willie T.C. Thomas
Member

Michael E. Groom
Alternate Member

Bradley T. Knott
Alternate Member