

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JANICE B. STANFIELD and DEPARTMENT OF HOUSING
& URBAN DEVELOPMENT, Fort Worth, TX

*Docket No. 00-242; Submitted on the Record;
Issued October 5, 2001*

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,
BRADLEY T. KNOTT

The issue is whether appellant has established that she developed a physical condition due to factors of her federal employment.

Appellant, a 47-year-old housing management specialist, filed a notice of occupational disease on September 28, 1994 alleging that on May 13, 1994 she realized that her ruptured colon, temporary colostomy, high blood pressure, depression, weight gain and anxiety were related to accepted factors of her federal employment. The Office of Workers' Compensation Programs accepted appellant's claim for depression on July 5, 1995.¹ On October 24, 1995 appellant asked that the Office address her claim for physical problems. By decision dated April 12, 1996, the Office denied appellant's claim for a physical condition resulting from factors of her federal employment.

Appellant requested an oral hearing. By decision dated January 27, 1997, the hearing representative set aside the Office's April 12, 1996 decision and remanded appellant's claim for further development of the medical evidence.

On remand the Office referred appellant to three physicians to address the various aspects of her physical claims. By decision dated March 20, 1998, the Office found that appellant had not established that she developed a physical condition as a result of her accepted employment factors.

Appellant requested an oral hearing and by decision dated May 19, 1999, the hearing representative affirmed the Office's March 20, 1998 decision.

¹ The factors accepted by the Office as compensable included: lack of training; lack of equipment and tools; the requirement that she perform duties which exceeded the level that she was assigned to perform, including tasks of supervisors; the requirement that she meet unrealistic deadlines resulting in excessive overtime without pay or compensation; threats were made against her life; she was required to wear a wire for an interview; and that appellant was required to travel and move her work equipment, sometimes more than once a day.

The Board finds that appellant has failed to establish that she developed a physical condition due to factors of her federal employment.

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. The evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.²

In this case, the Office accepted that appellant was subjected to factors of her federal employment including overwork, threats on her life, performing functions beyond her job description and participation in investigations that resulted in depression. Appellant stated that these factors also caused or aggravated her diagnosed conditions of ruptured colon, temporary colostomy, hernia, swollen lymph node, high blood pressure, abnormal pap smears, Epstein-Barr virus, numerous infections and diabetes.

In support of her claim, appellant submitted medical evidence from Dr. Martin B. Fisher, a Board-certified psychiatrist. On April 25, 1995 Dr. Fisher diagnosed major depression and post-traumatic stress disorder directly related to her chronic workload and stressors in the work environment. He also diagnosed diabetes mellitus and stated, "This is also felt to be a stress-related issue." This report does not provide the necessary medical rationale to meet appellant's burden of proof in establishing that her diagnosed condition of diabetes mellitus is causally related to her diagnosed condition of major depression nor to establish a causal relationship between her accepted employment factors and the condition of diabetes.

Dr. Fisher completed a report on December 18, 1996 and again diagnosed major depression and post-traumatic stress disorder due to overwork and work stressors. He stated:

"Stress has a major effect on metabolic activity by stimulating the release of various hormones. When the stressors do not go away the body cannot repair the damage and prolonged failure to adequately cope with stressors increases the risk of developing the illnesses that [appellant] is afflicted with (high blood pressure, diabetes mellitus, gastro-intestinal disease, infections and asthma). Hormones released by stress can damage the immune system, opening the way to infections, digestive tract problem, asthma, high blood pressure and diabetes mellitus."

Dr. Fisher stated, "The medical conditions [appellant] has been afflicted with since 1990 are a result of the stressors in the work environment." He noted that the series of medical

² *Lourdes Harris*, 45 ECAB 545, 547 (1994).

publications submitted addressed the anatomy and physiology of the human stress response and explained the process by which stress arousal leads to disease.

In this report, Dr. Fisher provided his opinion that appellant's physiological conditions were due to her employment. In support of his opinion, he offered a series of medical publications to explain the process by which appellant's stressful employment factors caused her conditions. The Board has held that excerpts of medical publications are of no evidentiary value in establishing a claim as they are of general application and are not determinative as to whether specific conditions or disability were the result of the employment. This material has probative value only to the extent that it is interpreted and cited by a physician rendering an opinion on the causal relationship between a condition and specified employment injury.³ Although Dr. Fisher cited the material in question, he did not interpret the material. Instead Dr. Fisher relied on the articles which are of general application to provide the necessary medical rationale to establish how and why appellant's accepted employment factors caused or contributed to her diagnosed conditions. The Board notes that, while Dr. Fisher could support his own medical reasoning with these selections, the medical publications are not directly related to appellant's situations and cannot establish the medical cause and affect in this case without explanation from appellant's physician.

In a report dated October 28, 1996, Dr. Barbara J. Porter, a Board-certified family practitioner, noted in 1995 she diagnosed appellant with diabetes mellitus and hypertension. Dr. Porter stated, "The patient had mentioned on numerous occasions that she was under severe job stress. Both hypertension and diabetes mellitus can be aggravated by stressful situations. As such, I feel that stress contributes to her medical problems, although it is not the only cause." She completed a similar report on December 17, 1997. These reports are not sufficient to meet appellant's burden of proof as Dr. Porter did not provide any reasoning or medical explanation of how stress caused or contributed to appellant's conditions.

On July 1, 1996 Dr. Robert L. Waddell, a Board-certified surgeon, noted in April 1991 appellant experienced a ruptured sigmoid diverticulum. Appellant underwent a diverting sigmoid colostomy removal of her perforated sigmoid colon. He noted on April 9, 1993 appellant experienced a fairly large ventral incisional hernia from her 1991 operative procedure. Dr. Waddell also noted that appellant had several abnormal PAP smears. He stated, "The etiology of [appellant's] diverticular disease and diverticular perforation in such a young female is multifactorial, but I do believe that other than the anatomic abnormality of diverticula in her sigmoid colon, that stress played a factor in her disease process and contributed somewhat to her perforation, eventual operations and present health status."

Dr. Waddell completed a report on December 4, 1996 and stated:

"The etiology of the patient's diverticular disease and perforation at that time was related to her having an anatomic abnormality of diverticula in her sigmoid colon. There are many etiologic factors to diverticula and chronic diverticular disease and acute diverticular disease in young females. Most of these etiologic factors are dietary, but there is no question that stress creates elevated intracolonic

³ *Harlan L. Soeten*, 38 ECAB 566-67 (1987).

pressures, particularly in the sigmoid colon where her perforation occurred that create diverticula and the possibility of having acute diverticulitis.”

These reports support appellant’s claim that her diverticular disease was the result of stress, which caused elevated pressures in the colon resulting in diverticula and diverticulitis. Dr. Waddell provided his opinion on causal relationship and a medical explanation of how stress contributed to appellant’s condition. However, the Board notes that appellant’s emotional condition claim was accepted for depression not stress. Furthermore, Dr. Waddell did not provide his opinion that the specific employment factors accepted by the Office as compensable caused or contributed to appellant’s diagnosed physical conditions. For these reasons, his reports are not sufficient to meet appellant’s burden of proof.

On June 17, 1997 Dr. Peter Louis, a Board-certified internist and Office referral physician, examined appellant and reviewed the statement of accepted facts. He provided laboratory results and diagnosed noninsulin-dependent diabetes mellitus, uncontrolled, type IV hyperlipidemia, hypertension, moderately well controlled, exogenous and endogenous obesity and depression, by history. Dr. Louis reviewed the questions posed by the Office and stated that there was no medical evidence that the accepted employment factors aggravated, precipitated or accelerated appellant’s diabetes and hypertension. He noted that appellant’s hypertension predated her employment factors and that she had a strong family history of hypertension.

In regard to appellant’s diabetes, Dr. Louis noted that this condition was uncontrolled despite her removal from her employment since August 1994. He attributed appellant’s uncontrolled diabetes to the lack of a structured exercise program and nondietary compliance. Dr. Louis stated that there was no medical evidence that the factors accepted by the Office aggravated, precipitated or accelerated the condition of diabetes.

This detailed report is entitled to the weight of the medical evidence in establishing that appellant’s diagnosed conditions of hypertension and diabetes mellitus were not caused nor aggravated by the accepted employment factors. Dr. Louis attributed these conditions to appellant’s genetics and lack of diet and exercise and noted that appellant’s hypertension existed prior to her accepted employment factors.

Dr. Robert J. Mathews, a Board-certified gynecologist and Office referral physician, completed a report on June 25, 1997. Dr. Mathews examined appellant and reviewed her medical records. He stated, “It is my opinion that the vague history of abnormal PAP smears in the past for which no treatment was done⁴ should have no direct effect on her other medical problems such as her ruptured diverticula with subsequent abscess, diabetes, hypertension and any other physical abnormalities.

This report does not provide a history of injury including appellant’s hysterectomy in October 1996 and does not address the central issue in this case whether appellant’s abnormal PAP smears were in anyway causally related to her accepted employment condition of major depression or the factors accepted by the Office as resulting in this accepted condition.

⁴ Dr. Louis noted that appellant underwent an abdominal hysterectomy in October 1996.

On July 9, 1997 Dr. William D. Barnett, a Board-certified colon and rectal surgeon and Office referral physician, completed a report. Dr. Barnett addressed whether appellant's employment-related emotional condition might aggravated, precipitate or accelerated the conditions of ruptured diverticulum due to diverticulitis requiring subsequent surgery and a temporary colostomy. He stated, "A direct causal relationship between the job-related conditions and the surgical illness is difficult if not impossible to establish. However, there are possible significant factors which may have contributed to and/or caused a temporary aggravation." Dr. Barnett noted appellant's diagnosed condition of stress-related depression and stated:

"Stress is frequently associated with irritable bowel syndrome which may be a factor in the formation of diverticula of the colon. It may produce abnormal motility and a pressure gradient between the colonic lumen and wall. With band-like contractions or segmentation the pressure in the lumen is increased and the diverticula form in relative areas of weakness in the wall, *i.e.*, penetration of blood vessels."

Dr. Barnett stated that appellant's perforated colon may be attributable to immunosuppression. He stated, "The symptoms of infection could have been masked by the antibiotics and steroids which were being given for other diseases." Dr. Barnett stated that it was impossible to establish when appellant developed the diverticulosis. He stated, "Even if the psychiatric condition caused the symptoms which necessitated treatment with antibiotics and steroids, the diverticulitis was temporary and corrected by definitive surgery."

Dr. Barnett also addressed appellant's other claims and stated that there was no data in the medical record supporting the diagnosis of Epstein-Barr viral infection and that this condition was generally not job related. He stated that PAP smears were not related to work factors. Dr. Barnett stated that there was no adequate information in the medical record to support a relationship between work conditions and increased infections.

Dr. Barnett stated, "Stress can elevate blood pressure and make treatment of hypertension more difficult and may be important in [appellant's] case."

Dr. Barnett's statements are speculative regarding the causal relationship between appellant's diagnosed physical conditions and her accepted emotional condition or employment factors. Without a clear opinion explaining why and how appellant's condition were caused or aggravated by her employment, his report is not sufficient to establish appellant's claim.

The May 19, 1999 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Dated, Washington, DC
October 5, 2001

Michael J. Walsh
Chairman

David S. Gerson
Member

Bradley T. Knott
Alternate Member