

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MICHELLE L. CORBETT and DEPARTMENT OF AGRICULTURE,
FOREST SERVICE, Idyllwild, CA

*Docket No. 00-2319; Submitted on the Record;
Issued February 21, 2002*

DECISION and ORDER

Before WILLIE T.C. THOMAS, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether the Office of Workers' Compensation Programs properly denied payment for ambulance services on March 23, 1998.

The Office accepted that appellant sustained a lumbar sprain, back pain syndrome, and broken surgical hardware from a 1993 back surgery; and anxiety as causally related to a July 1, 1994 employment incident. By decision dated May 24, 2000, the Office denied payment of costs for ambulance services provided on March 23, 1998.

The Board finds that the Office did not abuse its discretion in this case.

In the present case, appellant received a light-duty job offer from the employing establishment and reported for work on March 23, 1998. According to an employing establishment report of telephone call, appellant was reported to be vomiting and she was taken to a hospital. A form report from the ambulance service indicated that appellant complained of back pain and nausea. Appellant was treated at the hospital emergency room. Dr. Thu-Trang Phung, the emergency room physician, reported that appellant had a history of chronic back pain. He indicated that appellant was seen for back pain; "patient states that this is her usual pain, however, it is more intense." Appellant was treated with pain medication and released.

There is no indication that ambulance services were authorized by a written authorization form, such as a Form CA-16.¹ The Board has held in cases of emergency or unusual circumstances, the Office may, in the exercise of its discretion, approve payment of medical

¹ See 20 C.F.R. § 10.300.

expenses.² Office procedures indicate that transportation by ambulance may be authorized “if required.”³

The Office determined that ambulance services were not required as there was no emergency. The evidence of record supports such a conclusion in this case. The emergency room physician indicated that appellant was treated for back pain, more intense than usual. There is no evidence that the situation was an emergency requiring ambulance services for transportation to the hospital. There is no evidence from a physician opining that ambulance services were required,⁴ or probative evidence that this was a potentially life-threatening situation.

Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from known facts.⁵ The Board finds no evidence that the Office abused its discretion in denying payment for ambulance services in this case.

The decision of the Office of Workers’ Compensation Programs dated May 24, 2000 is affirmed.

Dated, Washington, DC
February 21, 2002

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member

² *Michael L. Malone*, 46 ECAB 957 (1995); *see also* Federal (FECA) Procedure Manual, Part 3 -- Medical, *Authorizing Examination and Treatment*, Chapter 3.300.3(a)(3) (September 1995).

³ Federal (FECA) Procedure Manual, Part 3 -- Medical, *Medical Services and Supplies*, Chapter 3.440.10 (April 1992).

⁴ *See Helen A. Pryor*, 32 ECAB 1313 (1981).

⁵ *Janice Kirby*, 47 ECAB 220 (1995); *Daniel J. Perea*, 42 ECAB 214 (1990). The Board has held, under 5 U.S.C. § 8103, the Office has broad discretion in approving services provided under the Act. *Janice Kirby*, 47 ECAB 220 (1995).