

half floors and she fell on her back.¹ On June 18, 1996 appellant filed an occupational disease claim alleging that she sustained lower back problems due to pushing heavy carts, lifting objects weighing up to 50 pounds and standing for long periods.² She also asserted that she sustained a uterine condition due to these claimed work factors. The Office developed appellant's case as an occupational disease claim and eventually combined her several claims into one file. By decisions dated February 20 and October 8, 1998 and May 4 and June 25, 1999, the Office denied appellant's claim on the grounds that she did not submit sufficient medical evidence to establish that she sustained a work-related lower back or uterine condition. The Office found that appellant did not sustain any fall in an elevator on December 26, 1993 or May 1, 1994, but did accept that she was required to push and lift heavy objects and to engage in standing and bending for extended periods. By decisions dated February 12 and October 4, 1999, and March 3, 2000, the Office denied her requests for merit review. In a decision dated May 15, 2002,³ the Board affirmed the May 4, June 25 and October 4, 1999, and March 3, 2000 Office decisions.

By letter to the Office dated November 12, 2002, appellant requested reconsideration. Appellant submitted a June 12, 2002 report from Dr. James M. Lee, an attending Board-certified orthopedic surgeon, who stated findings on examination, reviewed the medical history and diagnosed a post-traumatic lumbosacral sprain with right myeloradiculopathy with disc herniation, desiccation and disc space narrowing at L5-S1 on the right. Dr. Lee stated:

“There is a causal relationship between [appellant's] symptoms at this time and the accident, which occurred in 1993 when the elevator fell 2½ floors. Although [appellant] sustained stress and strain to the lower back pushing heavy carts with food, it is within reasonable medical probability that the patient's current symptomatology was secondary to traumatic axial loading from the drop of 2½ floors. The patient states that she was standing at the time of impact and because the L5-S1 disc has an increased angle compared to the other disc, there is a shearing force at this level by the actual compression, it is within reasonable medical probability that this disc actually sustained enough trauma to tear the annular ligaments causing degeneration of this disc and loss of height and yield a herniated disc as well. Over the past years the disc degeneration became progressive. I can say that within reasonable certainty because the other disc[s] above this height are still within normal limits and still show excellent height with minimal changes of desiccation. In fact these disc[s] still have fluid in them. This would be compared with someone who has a compression fracture at L1 or L2 where the one fracture occurs and all the other vertebrae are spared. Because the transmitted force at the time of the impact was more concentrated at the level where there was an increased angle this trauma was forceful enough to cause disc

¹ Appellant also claimed that she was injured on May 1, 1994 when an elevator in which she was riding dropped three floors and she fell on her back.

² She filed another occupational disease claim in 1997 alleging that she sustained a lower back injury due to pushing carts weighing 300 pounds, lifting objects weighing up to 50 pounds and standing and bending up to 4 hours at a time.

³ Docket No. 00-2353 (issued May 15, 2002).

desiccation, disc rupture and decreased height in the disc space while sparing the other disc.

“It is within reasonable medical probability to state that the injury to the patient’s back occurred December 26, 1993, and it is within reasonable medical probability to state that there is a causal relationship of the patient’s symptoms currently and the injury sustained while on her job December 26, 1993. It is further within reasonable medical probability to state that the condition is permanent and that she is permanently and totally disabled in regards to the lower back, particularly as it relates to the disc herniation, disc desiccation and lumbar radiculopathy at L5-S1.”

By decision dated February 14, 2003, the Office denied modification of its previous decisions.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act⁴ has the burden of establishing that 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 for which compensation is claimed are causally related to the employment injury.⁵ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁶

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.

As part of her burden, appellant must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relation.⁷ Rationalized medical opinion evidence is medical evidence which includes a physician’s rationalized opinion on the issue of whether there is a causal relationship between appellant’s diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a

⁴ 5 U.S.C. §§ 8101-8193.

⁵ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁶ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁷ *Arlonia B. Taylor*, 44 ECAB 591, 595 (1993).

complete factual and medical background of appellant, 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 appellant.⁸

ANALYSIS

In this case, appellant has not submitted sufficient medical evidence indicating that her lower back and uterine conditions were causally related to either the December 26, 1993 employment incident or her usual duties of pushing heavy food carts. In this regard, the Board has held that 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.⁹ Neither the fact that the condition became apparent during a period of employment nor the belief that the condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.¹⁰ Causal relationship must be substantiated by reasoned medical opinion evidence which is appellant's responsibility to submit.

Dr. Lee's report does not constitute sufficient medical evidence demonstrating a causal connection between appellant's employment and her lower back and uterine conditions. Causal relationship must be established by rationalized medical opinion evidence; however, Dr. Lee's reports did not contain a probative, rationalized medical opinion and a rationalized medical opinion addressing and explaining why her claimed conditions were causally related to factors or incidents of her employment. Dr. Lee stated in his June 12, 2002 report that appellant had a post-traumatic lumbosacral sprain with right myeloradiculopathy, and disc herniation, desiccation and disc space narrowing at L5-S1 on the right, which was causally related to her December 26, 1993 accident in which the elevator fell 2½ floors. He explained that the force of this crash caused sufficient trauma to tear the annular ligaments causing degeneration, desiccation and herniation of the disc, in addition to lumbar radiculopathy at L5-S1. Dr. Lee also stated that the disc degeneration became progressive. However, Dr. Lee's opinion is of limited probative value because it is not based on a complete and accurate factual history.¹¹ It has not been accepted that appellant was riding in a falling elevator at work on December 26, 1993 or any other date. Moreover, Dr. Lee's conclusions were of a summary nature and his report did not contain a rationalized medical opinion addressing and explaining why her claimed conditions and disability were caused by factors or incidents of her employment. He did not provide a clear opinion that the accepted work factors -- pushing and lifting heavy objects and standing and bending for extended periods -- contributed to appellant's claimed conditions. Accordingly, as appellant failed to meet her burden to submit probative, rationalized medical evidence establishing that her claimed lower back and uterine conditions were caused by factors or incidents of her employment, the Office properly denied appellant's claim for compensation.

⁸ *Victor J. Woodhams, supra* note 6.

⁹ *See Joe T. Williams, 44 ECAB 518, 521 (1993).*

¹⁰ *Id.*

¹¹ *See William Nimitz, Jr., 30 ECAB 567, 570 (1979)* (finding that a medical opinion on causal relationship must be based on a complete and accurate factual history).

CONCLUSION

The Board finds that appellant did not meet her burden to establish that her claimed lower back and uterine conditions were sustained in the performance of duty.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated February 14, 2003 is affirmed.

Issued: June 10, 2004
Washington, DC

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member