



4:00 p.m., but he had to work the 4:00 p.m. to midnight high stress shift by himself from January to August 2000, even though the shift was to be a two man shift. Appellant stated that he had a stroke on July 6, 2001 caused by high blood pressure. When he returned to work after three weeks he was sent to the hospital because of his blood pressure reading of 225/121. He then returned to work in December 2001, but was unable to work a full shift because of his high blood pressure and he had to request retirement in July 2002.

In an April 25, 2002 report, Dr. Stanley Neuman, a Board-certified internist, specializing in cardiology, indicated that appellant suffered a right parietal stroke on July 6, 2001. He noted that appellant was hypertensive at the time with the blood pressure approaching 200 millimeter Hg (millimeters of pressure) systolic. Dr. Neuman also related that appellant's blood pressure continued to be a problem. He related that appellant's blood pressure was relatively normal in the morning, but during the day, appellant's systolic pressure ranged from 190 to 198 millimeter Hg with the diastolic being 111 millimeter Hg with a drop in the afternoon as an effect of the medications he was taking. Dr. Neuman related that appellant was seen by Patricia Lane, a nurse at the employing establishment, with systolic readings normally in the 160 range and diastolic readings in the upper 90 range. He indicated that when he last examined appellant, the blood pressure was 160/90 in the left arm while sitting. In discussing appellant's additional test results, he noted that a carotid ultrasound done in April 2002, showed total occlusion of the right internal carotid artery while the left carotid artery was patent with minimal plaque at the left common carotid artery causing mild stenosis without hemodynamic changes. He reported that an electrocardiogram done in September 2001, showed a sinus bradycardia but was otherwise unremarkable. Dr. Neuman stated that control of appellant's blood pressure, especially during working hours, was a primary difficulty. He concluded that appellant would benefit by receiving medical disability.

In a March 29, 2002 report, Ms. Lane stated that appellant had a pattern to his blood pressure readings with hypertension during the day, particularly on his workdays and hypotension every evening. Appellant's early morning readings ranged from 115/73 to 154/81 and during working hours his blood pressure would range from 174/117 to 124/70. She commented that the systolic readings were routinely in the 160 range and the diastolic readings were in the upper 90 range. However, when appellant's blood pressure was recorded at 6:00 p.m., the pressure had dropped to the 90's over 50's range, thus suggesting that appellant was a Type A responder as his work readings were always higher than during nonwork hours. She noted that the blood pressure readings appeared to be very unstable, noting the drop in the evening readings.

In an April 19, 2002 report, Ms. Lane submitted additional blood pressure readings. She commented that appellant's hypertension medications seemed to have no effect on controlling his blood pressure while he was at work. She again suggested that appellant was a Type A responder because his blood pressure responded to the stresses of work by elevating dangerously. Ms. Lane recommended that appellant take disability retirement.

In an August 30, 2002 letter, the Office informed appellant that the evidence he had submitted was insufficient to determine whether he was entitled to benefits under the Federal Employees' Compensation Act. The Office requested that appellant submit additional information. Appellant was asked to specify how the 4:00 p.m. to midnight shift was a high

stress shift and to describe the employment-related conditions or incidents which he believed caused his condition. The Office asked if appellant's job required strenuous physical labor. Appellant was also asked for further information regarding his July 6, 2002 stroke. The Office indicated that appellant should submit all medical records related to his condition and submit a comprehensive medical report from his physician that explained how the factors of appellant's employment contributed to his condition.

Appellant submitted copies of Dr. Neuman's and Ms. Lane's reports. He also submitted a copy of a performance rating. The performance rating indicated that appellant operated the administrative radio base station, monitoring all radio traffic. He assisted officer personal with photocopying, scanning fingerprints into the data system, checking the internet email complaint box, sent and received faxes, assisted the media coordinator and the border liaison officer.

Appellant submitted a copy of a November 24, 1998 on-the-spot award, for performing his duties in an exemplary manner. The award indicated that appellant arrived before his shift to make sure all business matters were in order, verified tasks that needed immediate attention and took initiative to research and complete all responsibilities assigned to him. The award noted that appellant often worked alone during his shift and managed to perform exceptionally without any problems or complaints.

Appellant also submitted a March 1, 1999 on-the-spot reward which he received for coordinating the arrest of a bank robbery suspect, recovery \$20,000.00 in cash. The award stated that appellant did his work under a great deal of pressure to produce and timely disseminate necessary information to appropriate personnel.

In a July 23, 2003 decision, the Office denied appellant's claim because he did not establish a causal relationship between his medical condition and the accepted work factors.

In a January 28, 2004 form, appellant requested reconsideration. In a January 27, 2004 statement, appellant indicated that two physicians had recommended that he should consider retirement because he could no longer take the stress of his job. Appellant related that the physicians stated that his job was the cause of his high blood pressure. He contended that Ms. Lane had more knowledge than anyone in the initial decision on his case and claimed that her reports were backed up by physicians. Appellant submitted independent statements that mentioned the stress he worked under handling a shift by himself. He also reported that he had reported a criminal operation case in which he was the only witness that had to work with the suspect during the investigation and that the suspect was found guilty and terminated from his position. Appellant stated that he took considerable heat from coworkers because he was considered a whistle-blower who cost an 11-year employee his job. He noted that the person he reported had a father and brother who were employees of the employing agency therefore the incident caused considerable stress. Appellant resubmitted the records of his performance evaluation and his awards.

In an April 16, 2004 merit decision, the Office denied appellant's request for modification because the evidence submitted was not sufficient to warrant modification.

## LEGAL PRECEDENT

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;<sup>1</sup> (2) a factual statement identifying the employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition;<sup>2</sup> 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.<sup>3</sup> The medical evidence required to establish causal relationship, generally, is rationalized medical opinion evidence. 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 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,<sup>4</sup> must be one of reasonable medical certainty<sup>5</sup> 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>

## ANALYSIS

Appellant described in detail the factors that he believed caused his hypertension and he submitted documentation of these factors. Dr. Neuman's reports establish that appellant's condition has been diagnosed as hypertension. Appellant however did not meet his burden of proof to establish that the alleged factors of employment in fact caused the diagnosed hypertension. Dr. Neuman, in his April 26, 2002 report, extensively described appellant's changes in blood pressure while he was working. Dr. Neuman's report does not meet appellant's burden of proof for two reasons. First, Dr. Neuman does not indicate an awareness of the factors of employment that appellant described to the Office. Second, Dr. Neuman does not provide a detailed, specific explanation on how the stresses of appellant's work would physiologically cause hypertension. For appellant to meet his burden of proof he must submit a medical opinion that is based on a complete factual and medical background, that is of reasonable medical certainty and that is supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors.

---

<sup>1</sup> See *Ronald K. White*, 37 ECAB 176, 178 (1985).

<sup>2</sup> *Jerry D. Osterman*, 46 ECAB 500, 507 (1995); *Walter D. Morehead*, 31 ECAB 188, 194 (1979).

<sup>3</sup> *George V. Lambert*, 44 ECAB 870, 876-77 (1993); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>4</sup> *Durwood H. Nolin*, 46 ECAB 818, 821-22 (1995); *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>5</sup> *Dennis M. Mascarenas*, 49 ECAB 215, 217-18 (1997); *Morris Scanlon*, 11 ECAB 384, 385 (1960).

<sup>6</sup> *Arturo A. Adams*, 49 ECAB 421, 425-26 (1998).

Dr. Neuman's report is insufficient to support appellant's claim because he did not address the issue of the causal relationship between appellant's work factors and his medical condition.

Appellant also submitted a number of reports from an employing establishment nurse, who recorded his blood pressure on a regular basis. While these reports assisted Dr. Neuman in diagnosing appellant's hypertension, these reports from Ms. Lane do not constitute probative medical evidence to establish causal relationship. The Board has long held that a nurse is not considered a physician under the Act<sup>7</sup> and, therefore, cannot give a medical opinion regarding the issue of causal relationship.

### **CONCLUSION**

The Board finds that appellant did not meet his burden of proof in establishing that his hypertension was causally related to factors of his employment.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the decisions of the Office of Workers' Compensation Programs, dated April 16, 2004 and July 23, 2003, be affirmed.

Issued: November 18, 2004  
Washington, DC

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

---

<sup>7</sup> *Vicky L. Hannis*, 48 ECAB 538, 540 (1997).