

In a November 2, 2002 report, Dr. Noah Freedman, a Board-certified psychiatrist, stated that appellant reported increased stress with an assignment of a new mail route. Appellant reported that the route was longer to the extent that he was unable to finish it in the normal period of time. Dr. Freedman indicated that appellant's anxiety rose as a result of this stress. He noted that appellant became more depressed and also self-medicated with alcohol at times.

In a November 4, 2002 report, Dr. Kenneth G. Dugan, a psychologist, stated that appellant had attended psychotherapy since November 2001 for panic disorder with agoraphobia. He noted that in June 2002 appellant was assigned a new mail delivery route. Dr. Dugan related that appellant found the demands of this route to be more challenging than he had expected and that his overall level of anxiety increased. Appellant's personal physician allowed him to go on leave in August 2002. Dr. Dugan indicated that appellant felt intimidated by the length and physical demands of the route. He reported that appellant was presenting with signs of depression. Dr. Dugan stated that appellant had increased his therapy visits and was showing improvement but had not experienced sufficient improvement in his confidence to allow him to return to work.

In a November 6, 2002 report, Dr. Steven Fisher, an osteopath, stated that appellant was under his care for treatment of anxiety and unstable hypertension. He noted that as appellant's anxiety became progressively worse his hypertension became more unstable and difficult to treat. Dr. Fisher indicated that he had released appellant to return to work. He noted that appellant continued to be quite anxious about his job.

In a November 26, 2002 letter, the Office accepted appellant's claim for anxiety and aggravation of hypertension. The Office paid temporary total disability compensation for the period August 5 to November 19, 2002. Appellant returned to work on November 20, 2002.

On September 16, 2003 appellant filed a claim for recurrence of disability. He had stopped working on September 11, 2003. Appellant stated that he had recurrence of anxiety, stress and depression, with episodes coming more frequently in the prior few months. He indicated that his route had been adjusted two weeks previously which made it longer, increasing his stress.

In a September 17, 2003 form report, a cardiologist, with an illegible signature from the Cardiology Consultants of Philadelphia, stated that appellant had borderline left intricular hypertrophy with irregularities in his heartbeat possibly due to angina or ischemia. He also diagnosed paroxysmal atrial fibrillation and hypercholesterolemia. The cardiologist stated that appellant could walk on his route up to five hours a day and work up to eight hours a day.

In a September 18, 2003 form report, Dr. Muhammad Shamsi, a Board-certified psychiatrist, indicated that appellant had anxiety, stress, poor concentration and energy. He stated that appellant should avoid work requiring excessive energy. Dr. Shamsi reported that the duration of appellant's condition was unknown.

In a November 14, 2003 report, Dr. Richard R. Ratner stated that appellant was seen for job-related stress and anxiety on September 16, 2003 and for follow-up visits on September 29 and October 2, 2003. He noted that appellant was seeing a psychiatrist or a psychologist.

Dr. Ratner advised the Office to contact appellant's psychiatrist or psychologist for further information on his work-related problem.

In a December 3, 2003 report, Lawrence More, a licensed psychologist, commented that original diagnosis and symptomatology involved an anxiety and depression disorder along with significant medical symptoms. He reported that appellant continued to have depressive episodes including anhedonia, difficulty with sleep, poor concentration, ruminations of anger, guilt and helplessness, and social isolation. Dr. More noted that the work environment described by appellant was clearly stressful to him even though he had a medical limit on the hours he could work.

In a December 17, 2003 decision, the Office denied appellant's claim for a recurrence of disability on the grounds that he had not established that his recurrence was causally related to his work duties.

LEGAL PRECEDENT

When an employee claims a recurrence of disability due to an accepted employment injury, he or she has the burden of establishing by reliable, probative and substantial evidence that the recurrence of disability was causally related to his employment injury. This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury. Moreover, sound medical reasoning must support the physician's conclusion.¹

ANALYSIS

Appellant's claim was originally accepted for anxiety and aggravation of hypertension. However, when he stopped working again on September 11, 2003, he did not submit sufficient medical evidence to meet his burden of proof in establishing that he had a recurrence of disability due to factors of his employment as he had shown initially. Dr. Shamsi only gave a diagnosis of appellant's condition and did not give any opinion on how it was related to his employment. The report of the cardiologist, with the illegible signature, also did not describe how appellant's cardiac condition was causally related to his employment. Dr. Ratner informed the Office that it should seek information on appellant's emotional condition from his psychologist or psychiatrist.

The psychologist, Mr. More, stated generally that appellant's work environment was stressful to him. However, Mr. More is not a physician as defined by the Federal Employees' Compensation Act. Under section 8101(2) of the Act, the definition of a physician includes a clinical psychologist within the scope of his practice as defined by state law.² The Office's procedures require that a clinical psychologist must have a doctorate degree or be licensed or certified by state in which he practices.³ Dr. More only has a master's degree in psychology and

¹ *Ricky Storms*, 52 ECAB 349, 351-52 (2001).

² 5 U.S.C. § 8101(2).

³ Federal (FECA) Procedure Manual, Part 3 -- Medical, *Overview*, Chapter 3.100.3(a) (October 1990).

there is no evidence in the record that he is licensed or certified as a psychologist under Pennsylvania law. He, therefore, cannot be considered a clinical psychologist under the Act. Dr. More's report has no probative value and therefore is irrelevant to the issue of whether appellant established that he had a recurrence of disability. The medical evidence submitted by appellant fails to directly relate a recurrence of appellant's anxiety and aggravation of hypertension to his employment.

CONCLUSION

Appellant failed to establish that he sustained a recurrence of disability due to the accepted anxiety and aggravation of hypertension accepted by the Office because he did not submit sufficient medical evidence to meet his burden of proof.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs, dated December 17, 2003, be affirmed.

Issued: September 17, 2004
Washington, DC

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member