

appropriate wage-loss compensation.¹ He returned to part-time work on July 27, 1981, however, appellant claimed total disability beginning August 8, 1981 and the Office placed him on the periodic compensation rolls effective October 7, 1981. Over the next 23 years he continued to receive wage-loss compensation for total disability.

On June 23, 2004 the Office referred appellant for a second opinion evaluation.² Dr. Richard T. Sheridan, a Board-certified orthopedic surgeon and Office referral physician, examined him on August 2, 2004 and found that he no longer suffered from residuals of his accepted work-related injury of cervical strain. Dr. Sheridan also indicated that the June 13, 1980 work incident did not aggravate appellant's underlying, preexisting conditions of degenerative spurring and spondylosis at C5, C6 and C7 and cervical osteoarthritis. He explained that appellant's current neck complaints were caused by the natural progression of his preexisting conditions and had he not suffered a cervical strain, appellant's underlying conditions would still have progressed to their current point. Dr. Sheridan did not recommend any further medical treatment.

On August 30, 2004 the Office issued a notice of proposed termination of compensation and medical benefits based on Dr. Sheridan's August 2, 2004 opinion. Appellant was afforded 30 days to submit any additional evidence or argument. He did not respond. By decision dated October 20, 2004, the Office terminated appellant's medical benefits and wage-loss compensation.

LEGAL PRECEDENT

Once the Office accepts a claim and pays compensation, it bears the burden to justify modification or termination of benefits.³ Having determined that an employee has a disability causally related to his or her federal employment, the Office may not terminate compensation without establishing either that the disability has ceased or that it is no longer related to the employment.⁴ The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability.⁵ To terminate authorization for medical treatment,

¹ At the time of his injury appellant had cervical osteoarthritis, which the Office did not accept as employment related.

² In June 2004, appellant relocated from Florida to Indiana. When he lived in Florida appellant was under the care of Dr. Richard A. Ceniza, a Board-certified internist. The latest medical opinion of record was a January 13, 1999 attending physician's report (Form CA-20) from Dr. Ceniza, who diagnosed cervical spondylosis with instability at C4-5, which he attributed to appellant's June 13, 1980 employment injury. Dr. Ceniza indicated that appellant was totally disabled. He also submitted reports dated December 16, 1991 and September 23, 1996. Dr. Ceniza's three reports represent the totality of the medical opinion evidence submitted during the 12-year period that preceded the Office's June 2004 referral.

³ *Curtis Hall*, 45 ECAB 316 (1994).

⁴ *Jason C. Armstrong*, 40 ECAB 907 (1989).

⁵ *Furman G. Peake*, 41 ECAB 361, 364 (1990); *Thomas Olivarez, Jr.*, 32 ECAB 1019 (1981).

the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.⁶

ANALYSIS

On January 13, 1999 appellant's then treating physician, Dr. Ceniza, diagnosed cervical spondylolysis with instability at C4-5. He attributed this condition to appellant's June 13, 1980 employment injury and found him to be totally disabled. As noted, the Office accepted his claim only for chronic cervical strain. Where appellant claims that a condition not accepted or approved by the Office was due to his employment injury, he bears the burden of proof to establish that the condition is causally related to the employment injury.⁷ Dr. Ceniza's January 13, 1999 opinion on etiology consisted of a check mark in the "yes" box in response to the question "Do you believe the condition found was caused or aggravated by an employment activity?" The Board has consistently held that an opinion on causal relationship that consists merely of a "yes" response on a Form CA-20 is of little probative value and is, therefore, insufficient to establish causal relationship.⁸

When Dr. Sheridan examined appellant on August 2, 2004 he found that he no longer suffered from residuals of his accepted work-related injury of cervical strain. He also indicated that the June 13, 1980 work incident did not aggravate appellant's preexisting degenerative cervical conditions. Dr. Sheridan explained that appellant's current neck problems were due to the natural progression of his preexisting degenerative spurring and spondylosis at C5, C6 and C7 and cervical osteoarthritis. According to him appellant's preexisting cervical conditions would still have progressed to their current point even if he had not suffered a cervical strain on June 13, 1980.

The Board finds that Dr. Sheridan's August 2, 2004 report represents the weight of the medical evidence on the issue of whether appellant continues to suffer from residuals of the June 13, 1980 accepted employment injury. As the weight of the medical evidence establishes that appellant's June 13, 1980 employment injury has resolved, the Office properly terminated his wage-loss compensation and medical benefits.

CONCLUSION

The Board finds that the Office met its burden of proof in terminating appellant's wage-loss compensation and medical benefits effective October 20, 2004.

⁶ *Calvin S. Mays*, 39 ECAB 993 (1988).

⁷ *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

⁸ *E.g., Lee R. Haywood*, 48 ECAB 145, 147 (1996).

ORDER

IT IS HEREBY ORDERED THAT the October 20, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 7, 2005
Washington, DC

Alec J. Koromilas
Chairman

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member