

accepted a major depression with anxiety features.¹ Appellant stopped work on August 1, 2001 and resigned from the employing establishment on August 10, 2001. On August 26, 2001 he began employment with the U.S. Forest Service in Montana.

In the course of developing the claim, the Office referred appellant to several second opinion physicians. In an October 8, 2002 report, Dr. Winslow Hunt, a psychiatrist, noted appellant's history and examination findings. He diagnosed post-traumatic stress disorder as being employment related. In a November 5, 2002 supplemental report, Dr. Hunt did not further address the basis for his diagnosis.

On June 2, 2003 the Office referred appellant for a second opinion to Dr. Joan M. Green, a Board-certified psychiatrist and neurologist. The Office provided her with appellant's medical records, a statement of accepted facts as well as a description of appellant's employment duties.

In a medical report dated July 22, 2003, Dr. Green indicated that she reviewed the records provided to her and performed an examination of appellant. She noted a history of his condition. The mental status examination revealed appellant to be coherent, speech was normal with no evidence of psychosis and he reported occasional suicidal ideation but no current intent. Dr. Green advised that at the time he filed his claim he met the criteria for major depression, moderate to severe, single episode and possibly generalized anxiety disorder. She opined that he exhibited some symptoms of post-traumatic stress disorder such as intrusive thoughts, nightmares, avoidance of the supervisors, affective lability, mistrust of others and sleep problems. However, appellant did not meet the criteria for post-traumatic stress disorder as he did not experience a life-threatening situation himself or witness a situation of threat to the physical integrity to others. Dr. Green advised that appellant's major depression, moderate to severe, single episode and possibly generalized anxiety disorder were the result of specific factors of appellant's employment, including difficulty utilizing the OASIS system, increased workload secondary to loss of another employee and daily emails from his supervisor detailing deadlines and duties. Dr. Green indicated that appellant was totally disabled from August 14 to 27, 2001 due to the above work-related conditions and opined that he currently had residuals of his condition.² Subsequent to Dr. Green's report, as noted above, the Office accepted appellant's claim for major depression with anxiety features.

In a letter dated October 13, 2003, appellant requested that the diagnosed condition of post-traumatic stress disorder be accepted as part of his claim. He submitted an attending physicians report from Margaret Schadler, Ph.D., a clinical psychologist, dated August 13, 2001, who diagnosed post-traumatic stress disorder and major depression and noted with a checkmark

¹ The Office determined that the following incidents occurred in the performance of duty: appellant experienced difficulty performing his job duties and utilizing the OASIS system; he experienced increased workload that resulted from fluctuations in claims examiners staffing; he received daily electronic mails outlining his work assignments, duties and deadlines; and his duties required meeting deadlines and working on a daily basis with the OASIS system.

² On August 5, 2003 the Office advised appellant that he had been reemployed with the U.S. Forest Service with wages of \$731.79 per week effective August 6, 2001 and, therefore, his compensation would be reduced effective August 6, 2001 based upon his actual earnings. The Office noted that this was not a formal wage-earning capacity determination.

“yes” that appellant’s condition was caused or aggravated by an employment activity. He stated that his supervisor continually increased his workload and harassed him if the work was not completed and threatened him with a poor evaluation. Also submitted was a report from Dr. Kenneth C. Olson, a Board-certified psychiatrist and neurologist, dated June 12, 2002, who diagnosed post-traumatic disorder due to work-related issues in November 2000 resolving, continuing difficulties with mistrust, diminished confidence, periodic intrusive images, major depressive disorder, single moderate to severe in full remission and cognitive disorder, not otherwise specified. He specifically noted that in November 2000 appellant complained of being short staffed and over worked and his supervisors suggested that he was insubordinate and a troublemaker.

On October 29, 2003 the Office determined that a conflict of medical opinion had been established between Dr. Olson, appellant’s treating physician, who indicated that he developed post-traumatic stress disorder which was causally related to his accepted work-related condition and Dr. Green, an Office referral physician, who determined that appellant did not develop post-traumatic stress disorder as a result of his work-related condition of November 2000.³

Thereafter appellant submitted a report from Dr. Green dated November 13, 2003 who advised him not to return to his previous position as a claims examiner due to the possibility that he could potentially hurt someone if pushed into a position where his defenses and ability to cope are overwhelmed. Also submitted was a report from Dr. Olson dated November 21, 2003, who opined that appellant should not return to his previous employer as it could cause a recurrence of his post-traumatic stress disorder and associated depression.

To resolve the conflict on June 3, 2004 appellant was referred to a referee physician, Dr. Noel L. Hoell, a Board-certified psychiatrist. He was also referred to William Patenaude, Ph.D. a clinical psychologist, for psychological testing.

In a medical report dated June 13, 2004, Dr. Hoell indicated that he reviewed the records provided to him and performed an examination of appellant. He noted a history of appellant’s work-related injury. Dr. Hoell diagnosed major depressive disorder, currently mild to moderate, single episode, presenting partial remission, anxiety disorder and obsessive compulsive personality traits. He did not diagnose post-traumatic stress disorder because appellant had not experienced a life-threatening trauma or a trauma seriously endangering the life or well being of others. Dr. Hoell noted that appellant’s trauma consisted of a job situation which he felt was overwhelming and untenable; however, this did not constitute a life-threatening trauma within the definition of post-traumatic stress. He indicated that his emotional problems stemmed from his work experience from 1998 to 2001 and his current symptoms were the result of his clinical depression. Dr. Hoell opined that appellant could not return to his previous position as a claims examiner as this would aggravate his clinical symptoms and possibly expose himself and others

³ On November 13, 2003 appellant was referred for vocational rehabilitation. In a letter dated December 9, 2003, he refused to meet with the rehabilitation counselor and noted that his physicians recommended that he stay in his current position and not return to the employing establishment. On December 11, 2003 the Office advised appellant of the penalties for refusing to cooperate with vocational rehabilitation and provided him with 30 days to contact the counselor or provide additional reasons for noncompliance with supporting documentation. The record reflects that he met with the vocational rehabilitation counselor from January 7 to March 10, 2004.

to danger. Accompanying Dr. Hoell's report was a May 21, 2004 report of psychologically testing performed on the doctor's behalf by Dr. Patenaude. The testing revealed that appellant was interpersonally shy, introverted, did not trust others, and had strong feelings of inadequacy. He diagnosed generalized anxiety disorder, major depressive disorder, recurrent and avoidant traits. Dr. Patenaude opined that appellant did not meet the criteria for post-traumatic stress disorder in that the criteria involves experiencing a threat of death or other serious injury, which is not part of his history.

In a decision dated July 19, 2004, the Office denied appellant's claim, finding that the evidence submitted was insufficient to establish that the diagnosed condition of post-traumatic stress disorder was causally related to the November 2000 work injury.⁴

LEGAL PRECEDENT

Appellant has the burden of establishing by the weight of reliable, probative and substantial evidence that the period of claimed disability was caused or adversely affected by the employment injury. As part of this burden, he must submit rationalized medical opinion evidence based on a complete factual and medical background showing a causal relationship between his disability and the federal employment. The fact that the condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.⁵

Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.⁶ Rationalized medical evidence is medical evidence which includes a physician's rationalized medical 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, 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 the claimant.⁷ Neither the mere fact that a disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁸

ANALYSIS

The Office accepted appellant's claim for major depression with anxiety features. The Office reviewed the medical evidence and determined that a conflict in medical opinion existed

⁴ In a decision dated July 19, 2004, the Office issued a loss of wage-earning capacity determination; however, this decision was not appealed by appellant and, therefore, is not before the Board at this time.

⁵ See *Nicolea Bruso*, 33 ECAB 1138 (1982).

⁶ *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

⁷ *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

⁸ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

between appellant's attending physician, Dr. Olson, a Board-certified psychiatrist and neurologist, who disagreed with the Office referral physician, Dr. Green, a Board-certified psychiatrist and neurologist, concerning whether appellant had developed post-traumatic stress disorder causally related to his work-related injury of November 2000. Consequently, the Office referred him to Dr. Hoell to resolve the conflict.

The Board finds that the opinion of Dr. Hoell is sufficiently well rationalized and based upon a proper factual background such that it is entitled to special weight and establishes that appellant did not develop a post-traumatic stress disorder causally related to his work-related injury of November 2000.

Where there exists a conflict of medical opinion and the case is referred to an impartial specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, is entitled to special weight.⁹

In his report of June 13, 2004, Dr. Hoell reviewed appellant's history, reported findings and diagnosed major depressive disorder, currently mild to moderate, single episode, presenting partial remission, anxiety disorder and obsessive compulsive personality traits. He opined that appellant did not develop post-traumatic stress disorder causally related to his work-related condition of November 2000 because he did not satisfy the criteria for post-traumatic stress disorder, as he had not experienced a life-threatening trauma or a trauma seriously endangering the life or well being of others. Dr. Hoell noted that appellant's trauma consisted of a job situation which he felt was overwhelming and untenable; however, this would not constitute a life-threatening trauma within the definition of post-traumatic stress. The physician indicated that appellant's emotional problems stem from his work experience from 1998 to 2001 and his current symptoms are the result of his clinical depression.

The Board finds that Dr. Hoell had full knowledge of the relevant facts and evaluated the course of appellant's condition. He clearly opined that appellant did not develop post-traumatic stress disorder causally related to his work-related condition of November 2000 as he did not experience a life-threatening trauma or a trauma seriously endangering the life or well being of others. Dr. Hoell explained how appellant's situation did not fit into the psychiatric definition for post-traumatic stress disorder. The Board finds that his opinion constitutes the weight of the medical evidence and establishes that appellant did not develop post-traumatic stress which was causally related to his work-related condition of November 2000.

CONCLUSION

The Board finds that the Office properly denied appellant's claim that the diagnosed condition of post-traumatic stress disorder was causally related to the November 2000 work injury.

⁹ *Solomon Polen*, 51 ECAB 341 (2000).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated July 19, 2004 is hereby affirmed.

Issued: March 15, 2005
Washington, DC

Alec J. Koromilas
Chairman

Willie T.C. Thomas
Alternate Member

Michael E. Groom
Alternate Member