

establishment abused their power and harassed appellant by following her around the office.¹ As the medical evidence established that appellant sustained a diagnosable psychiatric injury directly related to compensation factors of her employment, the Office accepted her claim for post-traumatic stress disorder and depression.

Appellant received compensation for temporary total disability on the periodic rolls. On February 28, 2000 she returned to suitable work as a mail handler equipment operator at a different location and with a different supervisor.

On April 9, 2003 she filed a claim for wage loss for intermittent periods from July 5, 2002 to March 20, 2003. On time analysis forms she indicated that she took leave without pay because of migraines. In support of her claim for compensation, she submitted a March 18, 2003 attending physician's form report from her family practitioner, Dr. John M. Belden, who noted a history of severe and intractable headaches. He stated that appellant required periodic office visits and absences from work as needed. Indicating with an affirmative mark that appellant's condition was caused or aggravated by an employment activity, he stated: "post-traumatic stress reaction and depression secondary to sexual harassment."

The Office informed appellant that she should file a claim of recurrence if she believed that she again became disabled because of the original injury without an intervening incident. The Office asked her to submit a narrative medical report containing, among other things, the physician's opinion, with supporting explanation, on the causal relationship between her current disability or condition and the original injury.

On May 13, 2003 appellant filed a claim of recurrence and indicated that she had severe migraines due to stress at least four times a month lasting two to four days.

In a decision dated June 16, 2003, the Office denied appellant's claim of recurrence.

After a hearing before an Office hearing representative, appellant submitted a March 22, 2004 report from Dr. Belden, who stated that he had treated appellant for several years and saw her for migraines stated:

"[She] would get two to three migraines a year. In 1995, [her] occurrences have risen to four times a month due to stress and depression. The stress and depression was directly caused by her employer (USPS) due to constant harassment and a hostile work environment; [w]hich she was subject to in 1995.

"[Appellant] has been diagnos[ed] with [p]ost[-][t]raumatic [s]tress [d]isorder, Depression by three psychiatrists. In fact her claim has been accepted by your office as a permanent condition.

"The stress and depression has caused her migraines to intensify and incapacitate her for two to four days per occurrence. She is unable to drive during her

¹ The Office found that sexual harassment was not established and that appellant's contention that supervisors had "gone through her things" was unsubstantiated.

incapacitations. The remedy is bedrest and medication. She has been treated with several medications to lessen the effects of her migraines. [She] was sent to a [s]pecialist; Dr. Salazar, [n]eurologist to check if the migraines were caused by something physical. The [c]at-[s]can and x-rays were negative.

“In conclusion: [Appellant] suffers severe migraines caused by stress and depression that were caused by her employer.”

In a decision dated June 4, 2004, the Office hearing representative affirmed the Office’s June 16, 2003 decision.

LEGAL PRECEDENT

A “recurrence of disability” means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition, which resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.²

An individual who claims a recurrence of disability resulting from an accepted employment injury has the burden of establishing that the disability is related to the accepted injury. This burden requires furnishing medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and who supports that conclusion with sound medical reasoning.³

ANALYSIS

Appellant sustained an emotional condition in the performance of duty and received compensation for temporary total disability. She returned to work in a different environment, but she stopped work intermittently from July 5, 2002 to March 20, 2003 because of migraines. Because appellant seeks compensation for the resulting wage loss, she bears the burden of proof to establish that her disabling migraines are causally related to her accepted employment injury.

The Board finds that she has not met her burden of proof. To support her claim, appellant submitted a March 18, 2003 form report from Dr. Belden her family practitioner, who indicated that her severe and intractable headaches were caused or aggravated by an employment activity, but his only explanation was “post[-]traumatic stress reaction and depression secondary to sexual harassment.” Appellant did not establish sexual harassment in this case, so Dr. Belden’s conclusion rests on a faulty premise. The Office accepted as factual the erroneous reprimand on April 25, 1995 and the harassment or abuse of supervisors following her around the office. Medical conclusions based on inaccurate or incomplete histories are of little probative

² 20 C.F.R. § 10.5(x) (1999).

³ *Dennis E. Twardzik*, 34 ECAB 536 (1983); *Max Grossman*, 8 ECAB 508 (1956); 20 C.F.R. § 10.121(a).

value.⁴ Further, this form report offers no clear explanation of how appellant's post-traumatic stress disorder and depression caused or aggravated her migraines. Medical conclusions unsupported by rationale are also of little probative value.⁵

Dr. Belden attempted to cure this deficiency in his March 22, 2004 narrative report. He explained that appellant had two to three migraines a year until 1995, when occurrences rose to four times a month due to stress and depression caused by her employer's constant harassment and a hostile work environment. Stress and depression, he added, caused her migraines to intensify and incapacitate her for two to four days per occurrence. Diagnostic studies showed no physical etiology.

Although this report is more supportive of appellant's claim, Dr. Belden still did not explain how stress and depression increased the frequency and intensity of her migraines. This medical explanation is necessary to lay a proper foundation for his conclusion. It is not enough to observe that appellant had fewer migraines before 1995.⁶ Such a temporal relationship may be a necessary indication of cause and effect, but it is not sufficient: the physician must support his opinion logically. The evidence need not be so conclusive as to suggest a causal connection beyond all possible doubt; the evidence required is only that necessary to convince the adjudicator that the conclusion drawn is rational, sound and logical.⁷ Without a sound explanation of how appellant's employment-related post-traumatic stress disorder and depression increased the frequency and intensity of her migraines and without some discussion of the significance of the negative diagnostic studies, Dr. Belden's opinion lacks the medical rationale necessary to establish causal relationship.

CONCLUSION

Appellant has not met her burden of proof to establish a recurrence of intermittent disability from July 4, 2002 to March 20, 2003, causally related to her accepted employment injury. She has not submitted medical opinion evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disabling condition is causally related to the employment injury and who supports that conclusion with sound medical reasoning.

⁴ See *James A. Wyrick*, 31 ECAB 1805 (1980) (physician's report was entitled to little probative value because the history was both inaccurate and incomplete). See generally *Melvina Jackson*, 38 ECAB 443, 450 (1987) (addressing factors that bear on the probative value of medical opinions).

⁵ See *Connie Johns*, 44 ECAB 560 (1993) (holding that a physician's opinion on causal relationship must be one of reasonable medical certainty, supported with affirmative evidence, explained by medical rationale and based on a complete and accurate medical and factual background).

⁶ See *Thomas D. Petrylak*, 39 ECAB 276 (1987) (when a physician concludes that a condition is causally related to an employment because the employee was asymptomatic before the employment injury, the opinion is insufficient, without supporting medical rationale, to establish causal relationship).

⁷ *Kenneth J. Deerman*, 34 ECAB 641, 645 (1983).

ORDER

IT IS HEREBY ORDERED THAT the June 4, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 14, 2005
Washington, DC

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

A. Peter Kanjorski
Alternate Member