

On November 27, 2000 appellant filed a recurrence of disability claim due to his January 5, 1996 employment injury. He stopped work on October 30, 2000. Appellant indicated that he had returned to his regular employment following his injury but within weeks to months of the injury “began to experience minor lower back pain and occasional numbness in [the] toes.” He noted that his pain and numbness increased over time.

By letter dated December 7, 2000, the Office requested additional factual and medical information, including any medical treatment received from the date of injury to the present for his condition.

A magnetic resonance imaging (MRI) study obtained on August 14, 2000 revealed a “small left posterior paracentral migrated disc fragment” at L5 without impingement and “spondylolisthesis of L5 on S1 with bilateral L5 spondylolysis” with “severe bilateral L5-S1 foraminal stenosis with nerve root impingement.”

Dr. Jesse S. Manlapaz, a neurosurgeon, admitted appellant to the hospital on October 30, 2000 for a lumbar laminectomy, discectomy and fusion. He noted appellant’s history of “[c]hronic low back pain, radiating down to both lower extremities and the hamstring muscles and also, pain on his left leg, following an automobile accident about 13 months ago.” Dr. Manlapaz diagnosed spondylolisthesis at L5-S1 and a left-sided herniated disc at L5-S1.

In a report dated February 16, 2001, Dr. Manlapaz discussed the results of objective studies and diagnosed Grade 1 spondylolithesis at L5-S1 and L5-S1 spinal stenosis “secondary to hypertrophic arthropathy.” He related:

“In my opinion, [appellant’s] clinical symptoms as well as the MRI report and operative findings support cause of the injury to be post traumatic in nature. The annular tear to the left posterolateral margin of the L5-S1 disc as well as the migrated disc fragment could only be caused by a high force velocity type of injury.”

By decision dated December 1, 2001, the Office denied appellant’s claim on the grounds that the evidence was insufficient to establish that he sustained a recurrence of disability on October 30, 2000 causally related to his January 5, 1996 employment injury.

On October 16, 2002 appellant requested reconsideration of his claim. In support of his request, he submitted a medical report dated October 5, 2001 from Dr. Manlapaz, who stated:

“I know that you had a serious automobile accident on January 5, 1996 and from what I know of the history, you never had any problem prior to this injury. Ever since then, you developed recurrent low back pain, which comes on and off and you continued to do your regular work activity. Over the last four years, from the time of the injury, the pain has become more progressive and upon investigation we found out that you had a spondylolisthesis at the level of L5-S1.”

“As far as my opinion is concerned, it is within a reasonable degree of medical probability that the injury of January 5, 1996 was a causative factor of your present condition that required an operative intervention. If you were working at

the time of the injury, in my opinion, it is within a reasonable degree of medical probability that it is a [w]orkers' [c]ompensation [i]njury.”

By decision dated January 17, 2003, the Office denied modification of its December 1, 2001 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 has resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness.¹

Where an employee claims a recurrence of disability due to an accepted employment-related injury, he has the burden of establishing by the weight of the reliable, probative and substantial evidence that the recurrence of disability is causally related to the original 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.²

ANALYSIS

The Office accepted appellant's claim for cervical sprain sustained on January 5, 1996 in a motor vehicle accident. He resumed his regular employment following his injury. Appellant underwent lumbar surgery on October 30, 2000. He stopped work on that date and claimed a recurrence of disability.

In an admission report dated October 30, 2000, Dr. Manlapaz noted a history of increased low back pain with radiation following a motor vehicle accident 13 months prior. He diagnosed a herniated disc at L5-S1 on the left side and spondylolisthesis. Dr. Manlapaz, however, did not specifically address the cause of appellant's diagnosed conditions or discuss his January 5, 1996 motor vehicle accident. Medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.³ Further, Dr. Manlapaz indicated that appellant's back pain with radiation began after a motor vehicle accident 13 months earlier rather than on January 5, 1996. Medical opinions based on an incomplete or inaccurate history are of diminished probative value and thus insufficient to meet appellant's burden of proof.⁴

¹ 20 C.F.R. § 10.5(x).

² See *Edna M. Boyd*, 56 ECAB ____ (Docket No. 04-943, issued September 1, 2004).

³ *Willie M. Miller*, 53 ECAB 697 (2002).

⁴ *Douglas M. McQuaid*, 52 ECAB 382 (2001).

In a report dated February 16, 2001, Dr. Manlapaz diagnosed L5-S1 spondylolithesis and spinal stenosis. He opined that appellant's injury was "post traumatic in nature" as "[t]he annular tear to the left posterolateral margin of the L5-S1 disc as well as the migrated disc fragment could only be caused by a high force velocity type of injury." Dr. Manlapaz did not, however, discuss appellant's January 5, 1996 employment injury or specifically attribute his annual tear and disc fragment at L5-S1 to the accepted employment injury. Therefore, his opinion is of diminished probative value.

In a report dated October 5, 2001, Dr. Manlapaz noted that appellant related that he did not experience back problems until a January 5, 1996 motor vehicle accident. He diagnosed spondylolisthesis at the level of L5-S1 and opined that "it is within a reasonable degree of medical probability that the injury of January 5, 1996 was a causative factor of your present condition that required an operative intervention." Dr. Manlapaz, however, provided no rationale for relating appellant's newly diagnosed condition of spondylolisthesis at L5-S1 to the injury of January 5, 1996, accepted by the Office for cervical sprain. When a physician diagnoses new conditions arising from an accepted employment injury, he must explain how appellant's newly diagnosed conditions are physiologically related to the employment injury and provide medical evidence of bridging symptoms between the present condition and the accepted injury which support the conclusion of a causal relationship.⁵ Dr. Manlapaz, however, provided only a conclusory statement regarding causal relationship without supporting rationale.⁶ He noted that appellant had no back problems prior to his January 5, 1996 motor vehicle accident; however, an opinion that a condition is causally related to an employment injury because the employee was asymptomatic before an injury but symptomatic after it is insufficient, without supporting rationale, to establish causal relationship.⁷

As appellant failed to submit rationalized medical evidence establishing that his claimed disability after October 30, 2000 is causally related to his accepted employment injury, the Office properly denied his claim for compensation.

CONCLUSION

The Board finds that appellant has not established that he sustained a recurrence of disability beginning October 30, 2000 causally related to his January 5, 1996 employment injury.

⁵ *Mary A. Ceglia*, 55 ECAB ____ (Docket No. 04-113, issued July 22, 2004).

⁶ *Marilyn D. Polk*, 44 ECAB 673 (1993).

⁷ *John F. Glynn*, 53 ECAB 562 (2002).

ORDER

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

Issued: November 15, 2005
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

Willie T.C. Thomas, Alternate Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board