

evidence establishing a change in the nature and extent of his injury-related condition or a change in the nature and extent of his light-duty requirements such that appellant was unable to perform his light-duty position. The history of the case is contained in the Board's prior decision and is incorporated by reference.

By letter dated March 7, 2005, appellant, through his attorney, requested reconsideration. Appellant contended that the new report of Dr. Abraham H. Kryger, Board-certified in general preventive medicine, provided details as to how appellant's disabling conditions were related to his work. Appellant alleged that his condition had worsened and that his inability to sit was related to his accepted injuries. He further requested that the Office expand the claim to include depression and chronic pain syndrome.

In a February 18, 2005 report, Dr. Kryger noted the history of appellant's work injury and his lumbar conditions and treatment. He indicated that appellant's conditions continued and reiterated his previous opinion that appellant's condition was permanent and stationary and that he was totally disabled and unable to work. Dr. Kryger referred to previously received reports of other physicians in the record, including his own and repeated those findings. He explained that "at this point, his objective findings included loss of lower limb reflexes, loss of pulses and sensation in his feet as well as paravertebral muscle spasm." Dr. Kryger also added that appellant was now experiencing impotence and constant pain in the hips, sacrum and pubic bones and was unable to "sleep for more than a few hours without awakening due to pain." Furthermore, the physician explained that "[d]ue to the lumbar strain with lumbar disc displacement and subsequent permanent aggravation of his herniated lumbosacral disc, appellant is currently unable to perform even his light[-]duty job, which requires extended sitting in front of a computer. His lumbar condition has deteriorated to the point where he is unable to sit for more than a few minutes and cannot stoop, bend or walk more than a block without excruciating pain." He stated that his opinion was based on "objective findings including two disc protrusions at L4-5 and L5-S1 as shown on his MRI [magnetic resonance imaging] [scan], facet syndrome and my clinical observations including paravertebral spasm, loss of sensation in his feet and loss of lower limb reflexes." Furthermore, Dr. Kryger added that appellant had chronic pain syndrome and depression.

By decision dated June 29, 2005, the Office denied modification of the September 2, 2003 decision.

LEGAL PRECEDENT

When an employee, who is disabled from the job he or she held when injured on account of employment-related residuals, returns to a light-duty position or the medical evidence establishes that the employee can perform the light-duty position, the employee has the burden to establish by the weight of the reliable, probative and substantial evidence, a recurrence of total disability and to show that he or she cannot perform such light duty. As part of this burden, the

employee must show a change in the nature and extent of the injury-related condition or a change in the nature and extent of the light-duty job requirements.²

Causal relationship is a medical issue³ and the medical evidence required to establish a causal relationship, generally, is rationalized medical evidence. This consists of 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.⁴ The physician's opinion 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.⁵

ANALYSIS

Appellant alleged that he sustained a recurrence of his employment-related injury on February 17, 2001 when his position was eliminated due to a reduction-in-force. He submitted a February 18, 2005, report from Dr. Kryger, who noted appellant's history of injury and treatment and repeated his medical opinion that appellant's condition was permanent, stationary and that appellant was totally disabled for work. He did not note examining appellant at that time, although he referred to his prior reports and stated that they contained objective findings, such as a loss of lower limb reflexes, loss of pulses and sensation in appellant's feet and paravertebral muscle spasm. Dr. Kryger indicated that appellant's condition was due to the accepted conditions of lumbar strain with lumbar disc displacement and subsequent permanent aggravation of his herniated lumbosacral disc. He did not offer an explanation to show that appellant was totally disabled due to his injury-related condition. Furthermore, Dr. Kryger also noted that appellant was experiencing conditions not accepted by the Office. Dr. Kryger did not provide any additional medical reasoning to explain the basis for his conclusion that these were due to the accepted employment injury. Dr. Kryger's report is not sufficient to establish a change in the nature and extent of the injury-related condition.

A claimant's burden includes the necessity of furnishing medical evidence from a 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 and supports that conclusion with sound medical rationale. Where no such rationale is present, the medical evidence is of diminished probative value.⁶ Appellant did not submit rationalized medical evidence which showed a change in the nature and extent of appellant's injury-related condition. Appellant also has not submitted any evidence establishing a change in the nature and extent of his light-duty

² *Richard E. Konnen*, 47 ECAB 388 (1996); *Terry R. Hedman*, 38 ECAB 222, 227 (1986). See also 20 C.F.R. § 10.5(x) (regulatory definition of recurrence of disability).

³ *Elizabeth Stanislav*, 49 ECAB 540, 541 (1998).

⁴ *Duane B. Harris*, 49 ECAB 170, 173 (1997).

⁵ *Gary L. Fowler*, 45 ECAB 365, 371 (1994).

⁶ *Mary A. Ceglia*, 55 ECAB ____ (Docket No. 04-113, issued July 22, 2004).

job requirements. For these reasons, he has not met his burden of proof to establish that he sustained a recurrence of disability beginning February 17, 2001, due to his accepted employment injury.⁷

CONCLUSION

As appellant failed to provide medical evidence establishing a change in the nature and extent of his injury-related condition or a change in the nature and extent of his light-duty job requirements such that he was unable to perform his light-duty position, he failed to meet his burden of proof to establish that his recurrence of disability after February 17, 2001 was causally related to his accepted employment injury on June 1, 1992.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated June 29, 2005 is hereby affirmed.

Issued: November 23, 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

⁷ Regarding appellant's request that appellant's claim be expanded for depression and chronic pain syndrome, the Office has not rendered a decision regarding this such that the issue is not before the Board. *See* 20 C.F.R. § 501.2(c).