

the Criminal Investigation Command (CID) Office.” His claim was accepted for atrophic gastritis on September 4, 2001.¹

By letter dated August 4, 2004, the Office requested additional medical and factual information regarding appellant’s claim, including a physician’s opinion supported by a medical explanation and findings as to whether there existed residuals from the May 31, 2001 work incident.

In response, appellant submitted several documents, including a letter dated August 27, 2004, outlining his treatment history; copies of previously submitted medical reports; and petitions and letters relating to alleged unfair treatment of appellant by the employing establishment. Appellant submitted an undated medical report bearing an illegible signature, reflecting that he experienced a transient ischemic attack on June 12, 2003.

By letter dated March 4, 2005, the Office advised appellant that it required an updated medical report addressing the issue of residuals related to his accepted atrophic gastritis and how any residuals were causally related to his employment.

Appellant submitted a medical report dated March 31, 2005 from Dr. Ho Jin Song, a treating physician, who provided a diagnosis of reflux esophagitis. Dr. Song indicated that appellant had a history of atrophic gastritis and functional dyspepsia, but that he had no symptoms at that time.

By letter dated April 6, 2005, the Office advised appellant that the evidence submitted was insufficient to show that he had residuals from his accepted atrophic gastritis. The Office noted that Dr. Song’s March 31, 2005 report indicated a diagnosis of reflux esophagitis, but gave no explanation of a causal relationship between this newly diagnosed condition and the original injury.

In addition to previously submitted documents, appellant submitted an April 20, 2005 report from Dr. Song who indicated that he had performed a gastric endoscopy on March 26, 2005, which revealed little atrophic change and reflux esophagitis. He opined that atrophic gastritis was not work related and required no treatment. In response to the question as to whether or not appellant’s current condition was caused or aggravated by an employment activity, Dr. Song checked the “no” box.

By letter dated June 9, 2005, the Office proposed to terminate appellant’s medical benefits on the grounds that his current condition was not related to the May 31, 2001 work-related injury. The evidence demonstrated that he had no residuals causally related to the May 31, 2001 injury. Appellant was given 30 days to submit additional evidence or argument in support of his case. No additional evidence was submitted.

¹ There is no evidence of record reflecting that appellant received wage-loss compensation benefits. Therefore, the only issue before the Board is the termination of medical benefits.

By decision dated July 26, 2005, the Office terminated appellant's medical benefits effective July 18, 2005. The Office found that the weight of the medical evidence, which rested with his own treating physician, established that appellant had no remaining residuals related to the May 31, 2001 injury.

LEGAL PRECEDENT

Once the Office accepts a claim, it has the burden of proving that the accepted condition or disability has ceased or lessened in order to justify termination or modification of compensation benefits.² The Office's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.³ The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.⁴ To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.⁵

ANALYSIS

The Board finds that the Office met its burden of proof to terminate appellant's medical benefits. The medical evidence of record, which consists of reports from appellant's treating physician, Dr. Song, establishes that appellant has no ongoing residuals of his accepted atrophic gastritis that require medical treatment. Moreover, appellant has submitted no medical evidence supporting his position that he experiences residuals from that injury. Although Dr. Song provided a diagnosis of reflux esophagitis, he did not indicate that appellant's current condition is causally related to the May 31, 2001 incident or his accepted condition. On the contrary, he opined that appellant's atrophic gastritis required no further treatment and that his current condition was not caused or aggravated by his employment activity. Accordingly, the Office properly terminated appellant's medical benefits.

CONCLUSION

The Board further finds that the Office properly terminated authorization for medical benefits and that appellant has not established that he had continuing employment-related residuals subsequent to July 18, 2005.

² See *Kathryn E. Demarsh*, 56 ECAB ____ (Docket No. 05-269, issued August 18, 2005). See also *Beverly Grimes*, 54 ECAB 543 (2003).

³ *James M. Frasher*, 53 ECAB 794 (2002).

⁴ See *Kathryn Demarsh*, *supra* note 2. See also *Franklin D. Haislah*, 52 ECAB 457 (2001).

⁵ See *Kathryn Demarsh*, *supra* note 2.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated July 26, 2005 is affirmed.

Issued: April 3, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

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