

prescribed steroids in April 2002, he noticed that he had an altered sense of smell and taste.¹ The Office accepted that appellant sustained employment-related right lateral epicondylitis and paid him appropriate compensation.²

Appellant first sought treatment for his right arm condition from Dr. Kurt V. Gold, a Board-certified pediatrician specializing in physical medicine and rehabilitation. In a report dated April 25, 2002, Dr. Gold stated that he was prescribing a corticosteroid Medrol dose pack to treat appellant's right lateral epicondylitis. Appellant also began to receive treatment from Dr. David Franco, a Board-certified neurologist. In a report dated June 11, 2002, Dr. Frazier stated that appellant reported that he had experienced recurring spells characterized by the perception of an intense odor over the past two or three years.³ Dr. Franco noted that he did not know the source of these episodes but indicated that "the possibility of epileptic phenomenon was raised." He indicated that a less likely source would include a "migraine equivalent or a reaction to medication." In a November 11, 2002 note, Dr. Franco stated that appellant reported that "he got recurrent identical episodes of the unusual odor" with repeated doses of methylprednisolone. He noted, "He has had no further episodes since discontinuing the steroids and it appears it was simply an unusual side effect."

In reports dated August 9 and September 24, 2002, Dr. Gold noted that appellant reported that he occasionally experienced an olfactory sensation with a metallic taste in his mouth and that appellant attributed this condition to his use of a corticosteroid Medrol dose pack. In a report dated August 5, 2002, Dr. Eric Holbrook, an attending Board-certified otolaryngologist, indicated that appellant reported experiencing a soapy taste in his mouth, a burning sensation in his nose, and an "overpowering" sensation of odors.

Appellant began to receive regular treatment from Dr. Donald Leopold, a Board-certified otolaryngologist. In a March 25, 2003 report, he noted that appellant reported that his smell problems, and to a lesser extent his taste problems, were associated with the use of injected or oral steroids in 2002. Dr. Leopold stated that appellant reported that this condition had been less of a problem since late 2002 and that he now only periodically perceived "distorted" smells of things such as coffee or lemons. He indicated that in late 2002 smell testing showed 31 out of 40 correct responses on the right side and 30 out of 40 correct responses on the left. Dr. Leopold stated that current smell testing showed that appellant's olfactory ability had improved and that it was now in the normal range. He indicated that he did not understand much of what was

¹ In a statement dated November 20, 2002, appellant indicated that his altered smell and taste had dissipated by that time. In a statement dated September 21, 2003, he stated that he experienced the condition daily from April to September 2002 and noted that it did not subside until January 2003 when it began to intermittently return.

² The record indicates in several places that the Office accepted "bilateral epicondylitis" but this appears an inadvertent error.

³ Dr. Franco indicated that appellant would perceive the smell from typical items such as food cooking on a stove as "intense to the point where it is overwhelming."

happening with appellant's olfactory system "including the question of whether a central problem could cause a neural change in neural olfactory ability over time."⁴

Appellant requested that the Office amend his claim to accept that he sustained a smell and taste disturbance condition due to taking steroids for his accepted employment injury. In September 2003 appellant filed a claim alleging that he was entitled to schedule award compensation due to this condition.

In an April 27, 2004 report, Dr. Gold indicated that he prescribed a corticosteroid Medrol dose pack to treat appellant's right lateral epicondylitis in April 2002. He described appellant's reported symptoms as including a metallic taste in his mouth and the perception of "bad" smells. Dr. Gold stated, "I think it is at least likely that the steroid therapy described above is causally related to the alteration in taste and smell. The patient has continued with this temporally since receiving the dose of medications." He estimated that, according to section 11.4c of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5th ed. 2001), appellant had a five percent impairment of the whole person.

By decision dated March 16, 2005, the Office denied appellant's claim on the grounds that he did not submit sufficient medical evidence to establish that he sustained a smell or taste disturbance condition as a consequence of his accepted employment injury.

Appellant submitted various articles from medical journals concerning the effects of steroids as well as another copy of the April 27, 2004 report of Dr. Gold.

By decision dated October 14, 2005, the Office affirmed its March 16, 2005 decision.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act⁵ has the burden of establishing the essential elements of his claim including the fact that the individual is an "employee of the United States" within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.⁶ The medical evidence required to establish a causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the compensable 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,

⁴ Dr. Leopold repeated smell testing in July 2003 at which time appellant again showed normal results. In a report dated November 18, 2003, Dr. Leopold again described the taste and smell distortions reported by appellant, but provided no opinion on the cause of the claimed condition.

⁵ 5 U.S.C. §§ 8101-8193.

⁶ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

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

ANALYSIS

The Office accepted that appellant sustained right lateral epicondylitis. He later claimed that the injected and oral steroids he took for treatment of the condition beginning in April 2002 caused him to sustain a smell and taste disturbance condition. Appellant experienced a variety of symptoms, including a metallic or soapy taste in his mouth and a distorted sense of various common smells. The Office denied his claim finding that he did not submit sufficient medical evidence to establish that the smell or taste disturbance condition was a consequence of his accepted employment injury.⁸

The Board finds that appellant did not submit sufficient medical evidence to establish that he sustained a smell or taste disturbance condition as a consequence of his accepted employment injury.

In support of his claim, appellant submitted an April 27, 2004 report in which Dr. Gold, an attending Board-certified pediatrician specializing in physical medicine and rehabilitation, indicated that he prescribed a corticosteroid Medrol dose pack to treat appellant's right lateral epicondylitis in April 2002. He described appellant's reported symptoms and stated, "I think it is at least likely that the steroid therapy described above is causally related to the alteration in taste and smell. The patient has continued with this temporally since receiving the dose of medications." This report, however, is of diminished probative value on the relevant issue of the present case in that Dr. Gold did not provide adequate medical rationale in support of his conclusion on causal relationship.⁹ Dr. Gold did not provide any description of the medical process through which appellant's steroid use would cause or contribute to any disturbance of his ability to smell or taste. He suggested that causation was shown by the fact that appellant had experienced symptoms after taking steroids. However, the Board has held that such a temporal relationship between a given condition and employment factors is not, in itself, enough to establish causal relationship.¹⁰ Moreover, Dr. Gold did not diagnose any particular smell and taste disturbance condition or identify the testing which led him to believe that appellant had such an objective condition. Other physicians addressed appellant's claimed condition, but they did not provide a clear opinion on its nature or cause.¹¹

⁷ See *Donna Faye Cardwell*, 41 ECAB 730, 741-42 (1990).

⁸ The Board notes that it does not appear that the Office rendered a final decision regarding appellant's entitlement to schedule award compensation and this matter is not currently before the Board. See 20 C.F.R. § 501.2(c).

⁹ See *Leon Harris Ford*, 31 ECAB 514, 518 (1980) (finding that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

¹⁰ *Richard B. Cissel*, 32 ECAB 1910, 1917 (1981).

¹¹ For example, Dr. Franco, an attending Board-certified neurologist, indicated that appellant's reported episodes of perceiving unusual odors appeared to be a side effect of repeated doses of methylprednisolone, but he did not provide a clear medical opinion to that effect.

Appellant submitted various articles from medical journals concerning the effects of steroids. However, the Board has held that excerpts from medical publications are of no evidentiary value in establishing the necessary causal relationship between a claimed condition and employment factors because such materials are of general application and are not determinative of whether the specifically claimed condition is related to the particular employment factors alleged by the employee.¹²

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that he sustained a smell and taste disturbance condition as a consequence of his accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' October 14 and March 16, 2005 decisions are affirmed.

Issued: April 12, 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

¹² *William C. Bush*, 40 ECAB 1064, 1075 (1989).