

advised that appellant's job did not require that he stand or walk for long periods. By letter dated April 12, 2004, the Office advised appellant of the type evidence needed to support his claim.

Appellant submitted medical evidence including a lumbar spine magnetic resonance imaging (MRI) scan dated February 3, 2004, which demonstrated mild degenerative disc disease at L4-5 with mild neural foraminal narrowing and no central canal stenosis at any level. A March 8, 2004 brain MRI scan demonstrated no abnormality and a brain angiogram, also dated March 8, 2004, demonstrated hypoplasia of the left anterior cerebral artery but was otherwise unremarkable. By report dated March 10, 2004, Dr. Lawrence Posner, a Board-certified internist, advised that appellant suffered from disabling pain associated with standing and was disabled from working in any position that required standing, even for a short period of time. In a March 16, 2004 report, Dr. James B. Robinson, a podiatrist, advised that appellant had been under his care for foot symptoms since February 2002 with subsequent bilateral surgery. He noted that appellant's complaints had become more severe when standing at work and with weakness and numbness of his feet. Dr. Robinson advised that appellant should not stand for greater than 30 minutes during any workday. Dr. Ilkcan Cokgor, Board-certified in neurology, submitted treatment notes dated January 29, March 5 and 19 and April 29, 2004, in which she advised, *inter alia* that appellant had a normal neurological examination and opined that his complaints of numbness, tingling and foot pain were due to mechanical compression from standing on his feet too long. She diagnosed degeneration of appellant's low back and neck which "could be a cumulation of his long hours at work and work[-]related injuries." In a March 19, 2004 report, Dr. Cokgor advised that appellant was suffering from work-related foot and toe problems, which precluded him from standing or walking at work. An April 6, 2004 MRI scan of the cervical spine demonstrated multilevel degenerative spondylosis and in a May 7, 2004 report, Dr. Robinson opined that appellant's foot numbness and pain were caused by his long hours of standing at work.

By decision dated May 25, 2004, the Office denied the claim. The Office found that the evidence supported that the claimed events occurred but that the medical evidence did not provide a diagnosis which could be connected to the events. On June 22, 2004 appellant requested a hearing that was held on November 16, 2004. At the hearing he described his job duties and testified that he stopped work in March 2004 at his doctor's recommendation. Appellant also submitted a June 29, 2004 report in which Dr. Cokgor noted appellant's report that for 15 years he had worked 12 to 15 hours a day for 6 days a week and his chief complaint of worsening numbness, tingling and severe pain of the big toes bilaterally which radiated up his legs and into the back. Dr. Cokgor stated that on neurological examination he had no damage to the nerves or weakness but "paresthesias, dyesthesias and so on." On examination, reflexes, coordination and gait were completely normal. She noted that normal brain MRI scan finding and that the cervical and lumbar spine MRI scans demonstrated degenerative changes and she concluded:

"I believe this patient is suffering unfortunately from repetitive injury to the spine because of staying for long hours at work and this is an injury to the nerves, neuromuscular system, his back and his spine because of long hours of working for many years. He had an [sic] cumulative injury to his spine and to the legs and

I do not think that he is going to get any better at this point, unless he is fully disabled and does not go back to work again and rest and continues with physical/occupational therapy.”

By decision dated March 4, 2005, an Office hearing representative affirmed the May 25, 2004 decision. She found that the record did not contain rationalized medical evidence in support of appellant’s contention that his foot, neck and shoulder conditions were causally related to factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act¹ has the burden of establishing the essential elements of his or her 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. Regardless of whether the asserted claim involves traumatic injury or occupational disease, an employee must satisfy this burden of proof.²

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical opinion 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.³

Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.⁴ Rationalized medical evidence is medical evidence which includes 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. 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 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 Neither the mere fact

¹ 5 U.S.C. §§ 8101-8193.

² *Gary J. Watling*, 52 ECAB 278 (2001).

³ *Solomon Polen*, 51 ECAB 341 (2000).

⁴ *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

⁵ *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁶

ANALYSIS

The Board finds that appellant failed to meet his burden of proof to establish that he sustained a medical condition caused by employment factors.⁷ The MRI scan studies and brain angiogram do not contain an opinion regarding the cause of any diagnosed condition and 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.⁸ Dr. Posner advised that appellant suffered from disabling pain associated with standing and was disabled from working in any position that required standing, even for a short period of time and Dr. Robinson noted appellant's complaints of weakness, pain and numbness of his feet and opined that these were caused by his long hours of standing at work. The fact that work activities produced pain or discomfort revelatory of an underlying condition does not raise an inference of causal relationship⁹ and a diagnosis of "pain" does not constitute the basis for payment of compensation.¹⁰ These reports are, therefore, insufficient to establish causal relationship.¹¹

Dr. Cokgor furnished reports dating from January 29 to June 29, 2004. Her opinion, however, also is insufficient to meet appellant's burden of proof. Dr. Cokgor also noted appellant's complaints of numbness, tingling and foot pain were due to mechanical compression from standing on his feet too long at work and diagnosed degeneration of his low back and neck which, she opined: "could be a cumulation of his long hours at work and work[-]related injuries." She also advised that on neurological examination appellant had no damage to the nerves or weakness and that reflexes, coordination and gait were completely normal and concluded that he was suffering from cumulative, repetitive injury to the nerves, neuromuscular system, his spine and legs because of long hours of working for many years which precluded him from standing or walking at work. Dr. Cokgor opined that appellant was not going to get any better and was fully disabled. While the medical opinion of a physician supporting causal relationship does not have to reduce the cause or etiology of a disease or condition to an absolute certainty, neither can such opinion be speculative or equivocal. The opinion of a physician supporting causal relationship must be one of reasonable medical certainty that the condition for which compensation is claimed is causally related to federal employment and such relationship must be supported with affirmative evidence, explained by medical rationale and be based upon

⁶ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

⁷ It is accepted that appellant's job as postmaster required him to be on his feet for up to 12 hours a day, up to 6 days a week.

⁸ *Willie M. Miller*, 53 ECAB 697 (2002).

⁹ *Jimmie H. Duckett*, 52 ECAB 332 (2001).

¹⁰ *Robert Broome*, 55 ECAB ____ (Docket No. 04-93, issued February 23, 2004).

¹¹ *Leslie C. Moore*, *supra* note 5.

a complete and accurate medical and factual background of the claimant.¹² Dr. Cokgor did not provide a specific diagnosis and couched her opinion in equivocal terms. She also noted that appellant's neurological examination was normal. The Board, therefore, finds her opinion unrationalized and insufficient to meet appellant's burden of proof to establish that he has an employment-related condition.¹³

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that he sustained an employment-related foot, neck or shoulder condition.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated March 4, 2005 be affirmed.

Issued: August 28, 2006
Washington, DC

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

David S. Gerson, Judge
Employees' Compensation Appeals Board

¹² *Patricia J. Glenn*, 53 ECAB 159 (2001).

¹³ *See Deborah L. Beatty*, 54 ECAB 340 (2003).