



remanded the case to the Office for referral to an appropriate impartial examiner. Before the referral, the Board instructed the Office to augment its statement of accepted facts to include the number of hours the employee worked and to more completely describe his duties as a cardiologist and chief of medicine.<sup>1</sup> The law and the facts of the previous Board decision are incorporated herein by reference.<sup>2</sup>

The Office referred the case file and an amended statement of accepted facts to Dr. Raj T. Rajan, a Board-certified cardiologist, for resolution of the conflict. In an April 17, 2006 medical report, he noted a review of the case record and indicated that no autopsy was performed to definitely diagnose the root cause of the employee's death. Dr. Rajan stated that reports dated August 2, 2002 revealed elevation of troponin with total creatine phosphokinase isoenzymes in the normal range, which may have indicated that a possible myocardial infarction occurred a few weeks earlier. He noted that acute thrombotic occlusion causing sudden cardiac arrhythmic death would have elevated creatine kinase isoenzymes along with troponin. Dr. Rajan stated:

“In my opinion, one does not die suddenly without any preexisting coronary artery disease or cardiomyopathy. Stress can definitely precipitate acute coronary syndrome in a preexisting coronary artery disease and cause death. However, if one has clean coronary arteries without cardiomyopathy, it is rare to die suddenly as a cardiac cause of death.

“The data available suggests that [the employee] had excessive stress and was overworked. There is no clear objective evidence to substantiate that his sudden cardiac death was related solely to his work. Probable stress may aggravate the preexisting condition, but due to the fact that there was no autopsy, no electrocardiogram and no other evidence, I cannot definitely comment on this situation.

“I strongly believe it is not totally his work that caused sudden cardiac death in an otherwise healthy person.”

By decision dated May 19, 2006, the Office denied appellant's claim for benefits on the grounds that the special weight of the medical opinion evidence, which rested with Dr. Rajan, did not support that the employee's death was causally related to his employment.

### **LEGAL PRECEDENT**

The United States shall pay compensation for the disability or death of an employee resulting from personal injury sustained while in the performance of his duty.<sup>3</sup>

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<sup>1</sup> Docket No. 05-862 (issued March 21, 2006).

<sup>2</sup> On August 9, 2002 appellant filed a claim for compensation for the death of her husband, the employee, on August 2, 2002 due to an acute myocardial infarction in a conference room at the employing establishment during working hours. A death certificate listed the immediate cause of death as acute massive myocardial infarction and the underlying cause as coronary artery disease.

<sup>3</sup> 5 U.S.C. § 8102(a); *see id.* § 8133 (compensation in case of death).

Appellant has the burden of proving by the weight of the reliable, probative and substantial evidence that the employee's death was causally related to his employment. This burden includes the necessity of furnishing rationalized medical opinion evidence of a cause and effect relationship, based on a complete factual and medical background, showing causal relationship. The opinion of the physician must be one of reasonable medical certainty and must be supported by medical rationale.<sup>4</sup>

In situations where there are opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual background, must be given special weight.<sup>5</sup>

When the Office obtains an opinion from an impartial medical specialist for the purpose of resolving a conflict in the medical evidence and the specialist's opinion requires clarification or elaboration, the Office must secure a supplemental report from the specialist to correct the defect in his original report.<sup>6</sup> However, when the impartial specialist is unable to clarify or elaborate on his original report or if his supplemental report is also vague, speculative or lacking in rationale, the Office must submit the case record and a detailed statement of accepted facts to a second impartial specialist for the purpose of obtaining his rationalized medical opinion on the issue.<sup>7</sup>

### ANALYSIS

The Office relied on Dr. Rajan's April 17, 2006 impartial medical report in finding that the employee's death was not caused by his federal employment. The Board, however, finds that his April 17, 2006 report is equivocal and speculative as to a causal relationship between the employee's death and his employment. The Board has held that speculative and equivocal medical opinions regarding causal relationship are of diminished value.<sup>8</sup> Dr. Rajan did not unequivocally find that the employee's death was not caused or partly contributed to by his employment. He stated that probable stress may aggravate a preexisting condition but since no autopsy or electrocardiogram were performed and there was no other objective evidence of record, he could not "definitely" comment on whether the employee's death was caused by his employment. Further, Dr. Rajan stated that available data suggested that the employee experienced excessive stress and was overworked but there was no clear objective evidence to substantiate that his sudden cardiac death was "solely" or "totally" caused by his work. The

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<sup>4</sup> *Lois E. Culver*, 53 ECAB 412 (2002).

<sup>5</sup> *Gloria J. Godfrey*, 52 ECAB 486, 489 (2001).

<sup>6</sup> *Raymond A. Fondots*, 53 ECAB 637, 641 (2002); *Nancy Lackner (Jack D. Lackner)*, 40 ECAB 232 (1988); *Ramon K. Ferrin, Jr.*, 39 ECAB 736 (1988).

<sup>7</sup> *Roger W. Griffith*, 51 ECAB 491 (2000); *Talmadge Miller*, 47 ECAB 673 (1996).

<sup>8</sup> *Ricky S. Storms*, 52 ECAB 349 (2001) (while the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, the opinion must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty).

Board notes that any contribution of employment factors is sufficient to establish the element of causal relation.<sup>9</sup> The question is whether the employee's death was caused or hastened by his employment. Dr. Rajan did not clearly resolve this issue.

To resolve the unresolved conflict in the medical opinion, the case will be remanded to the Office for referral of the case record back to Dr. Rajan for additional evaluation and a supplemental report. Dr. Rajan should provide a well-rationalized medical opinion, to specifically determine whether the employee's death was causally related to stressful factors of his federal employment. If he is unwilling or unable to clarify and elaborate on his opinion, the case should be referred to another appropriate impartial medical specialist.<sup>10</sup> After such further development as the Office deems necessary, an appropriate decision should be issued regarding this matter.

### **CONCLUSION**

The Board finds that the case is not in posture for decision as Dr. Rajan's April 17, 2002 report is insufficient to resolve the conflict in the medical opinion evidence regarding the issue of whether the employee's death was caused by his federal employment.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the May 19, 2006 decision of the Office of Workers' Compensation Programs is set aside and the case remanded to the Office for further action consistent with this decision of the Board.

Issued: December 21, 2006  
Washington, DC

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

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

James A. Haynes, Alternate Judge  
Employees' Compensation Appeals Board

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<sup>9</sup> *Roger W. Griffith*, *supra* note 7; *Glenn C. Chasteen*, 42 ECAB 493 (1991); *Arnold Gustafson*, 41 ECAB 131 (1989); *Beth P. Chaput*, 37 ECAB 158 (1985).

<sup>10</sup> *See Harold Travis*, 30 ECAB 1071, 1078-79 (1979).