

meet his burden of proof to establish that dysphagia or any other corticospinal condition was causally related to the February 6, 2001 employment injury. The Board, however, found that a conflict in medical evidence remained regarding whether appellant's erectile dysfunction was causally related to his accepted depression because the opinion of Dr. Richard A. Bennett, who provided an impartial evaluation for the Office, was equivocal on this point. The Board remanded the case to the Office.¹ The law and the facts of the previous Board decision are incorporated herein by reference.

Subsequent to the Board's May 2, 2006 decision, the Office requested that Dr. Bennett provide a supplemental report, stating:

"In your report, you opined that you could not identify any relationship between [appellant's] subjective complaint of erectile dysfunction and the employment injury of February 6, 2001. However, you also stated that [appellant's] erectile dysfunction could be secondary to depression, an accepted condition. Please clarify your opinion on whether [his] erectile dysfunction is causally related to any accepted condition, such as depression. Please phrase your opinion in terms of reasonable medical certainty."

In a report dated May 29, 2006, Dr. Bennett advised:

"In regards to my evaluation of [appellant] on August 17, 2004, I would like to clarify my opinion as to [his] reported erectile dysfunction. I listed a variety of conditions that may be associated with erectile dysfunction which are nonorganic in nature and based upon my review of the medical records, none of these conditions apply to [appellant]. This would pertain, in particular, to the accepted condition of depression. All the opinions which were stated in my previous report remain unchanged. The above is rendered within a reasonable degree of medical certainty."

Appellant submitted a June 15, 2006 treatment note in which Dr. Robert I. Winer, an attending Board-certified neurologist, noted symptoms of radiating neck pain. He provided findings on examination and opined that appellant was "about the same."

LEGAL PRECEDENT

When an injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to a claimant's own intentional misconduct.²

¹ Docket No. 05-1984 (issued May 2, 2006).

² *Bobbie D. Daly*, 53 ECAB 691 (2002).

Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.³ 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.⁴ Neither the mere fact 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.⁵

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.⁶

ANALYSIS

The Board notes that a conflict in the medical opinion was created between Dr. George L. Rodriguez, an attending physician, and Dr. Richard Tim Lachman, a neurologist, who performed a second opinion evaluation for the Office, regarding whether appellant's erectile dysfunction was causally related to the February 6, 2001 employment injury. In a July 17, 2003 report, Dr. Rodriguez advised that the condition was secondary to the employment injury. In a December 3, 2003 report, Dr. Lachman opined that he could not find a causal relationship between appellant's complaint of erectile dysfunction and the employment injury. The Office properly referred appellant to Dr. Bennett for an impartial evaluation.⁷ The Board, however, found that Dr. Bennett's August 17, 2004 opinion regarding whether appellant's erectile dysfunction was secondary to the employment injury was equivocal, noting that Dr. Bennett agreed with Dr. Lachman that diabetes was frequently associated with erectile dysfunction and opined that he could not identify any relationship between appellant's subjective complaint of erectile dysfunction and the employment injury. However, he also stated that appellant's erectile dysfunction could be secondary to depression, an accepted condition.

Office procedures provide that, if clarification or additional medical evidence is necessary from an impartial specialist, the Office will write to obtain it.⁸ In this case, the Board

³ *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

⁴ *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

⁵ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

⁶ *Manuel Gill*, 52 ECAB 282 (2001).

⁷ *Id.*

⁸ Federal (FECA) Procedure Manual, Part 5 -- Medical Examination, *Actions on Completion of Referral*, Chapter 3.500.5(b)(2) (March 1994); *Guiseppa Aversa*, 55 ECAB 164 (2003).

instructed the Office to obtain a supplementary report from Dr. Bennett.⁹ In its May 25, 2005 letter, the Office properly followed the Board's remand instructions. The record, therefore, does not support that the Office solicited Dr. Bennett to change his opinion.

In a May 29, 2006 report, Dr. Bennett was very clear in his opinion that, while a variety of nonorganic conditions could be associated with erectile dysfunction, based upon his review of appellant's medical records none of these conditions applied to him and, in particular, to the accepted condition of depression.

Appellant submitted a June 15, 2006 report in which Dr. Winer noted complaints of radiating neck pain, provided findings on examination and opined that appellant's condition was unchanged. However, Dr. Winer did not mention any complaints regarding erectile dysfunction or provide an opinion regarding its cause. 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.¹⁰ The Board, therefore, finds that Dr. Bennett's opinion as referee examiner is entitled to special weight regarding appellant's erectile dysfunction.¹¹ Appellant failed to establish that this condition was caused by his accepted employment conditions.¹²

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that his erectile dysfunction condition was causally related to his February 6, 2001 employment injury.

⁹ See *Bobbi D. Daly supra* note 2.

¹⁰ *Willie M. Miller*, 53 ECAB 697 (2002).

¹¹ See *Manuel Gill, supra* note 6.

¹² See *Leslie C. Moore, supra* note 4.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 14, 2006 be affirmed.

Issued: April 25, 2007
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