

claim, filing a notice of occupational disease¹ (Form CA-2) alleging that he sustained a blocked left iliac artery, requiring open heart surgery in January 1995 and two occluded coronary arteries requiring insertion of two stents on January 10, 2005. Appellant attributed these conditions to “overtime, stress, lack of sleep and work conditions.”² He attributed the January 10, 2005 myocardial infarction to a national project assigned and due that day, including a heavy research requirement. Appellant stopped work on January 10, 2005 and returned to work on February 14, 2005.

Appellant submitted reports from Dr. Leonardo Orejarena, an attending Board-certified internist. In a January 10, 2005 report, Dr. Orejarena noted performing a cardiac catheterization with placement of two stents that day after appellant presented to the emergency room with a history of six hours of unrelieved chest pain. He diagnosed an acute myocardial infarction, occlusion of the right coronary artery and stenosis of the mid-left anterior descending artery. In a June 10, 2005 report, Dr. Orejarena noted that appellant was doing well. He diagnosed hypertension, hyperlipidemia, morbid obesity, Type II diabetes mellitus, status post coronary angioplasty and status post myocardial infarction. In a July 29, 2005 letter, Dr. Orejarena opined that appellant’s “coronary artery disease [was] due to his hypertension, dyslipidemia, obesity, diabetes and to some extent the stress generated at his workplace.”³

In a September 27, 2006 letter, the Office advised appellant of the additional medical and factual evidence needed to establish his claim. It emphasized the need for appellant to submit a rationalized statement from his attending physician explaining how and why work factors would cause or contribute to the claimed myocardial infarction. The Office also requested that the employing establishment comment on any stressful aspects of appellant’s employment.

In an October 4, 2006 memorandum, Patricia Burke, an employing establishment supervisor, stated that appellant “was under stress in his position.” Ms. Burke recalled that, while hanging 15 large framed pictures, appellant was “sweating profusely and was very red in the face. [Appellant] was also breathing very heavy.” Ms. Burke asked him “to stop hanging the pictures, as [she] was worried about his health.” Appellant stated that he was ordered to hang the pictures and could not stop. Ms. Burke noted that appellant was told to hang pictures throughout the building and was “very stressed out” on several occasions while working on various projects.

In an October 6, 2006 letter, Merlin A. Hymel, Jr., one of appellant’s coworkers, stated that appellant “encountered all of the usual pressures and stress placed upon law enforcement personnel. [Appellant] dealt with apprehension of violators, performed physically challenging work, worked many hours of overtime and was constantly on call.” Mr. Hymel stated that, during the past two years, appellant was under frequent stress due to national program deadlines, “was required to travel on short notice, and was called upon to perform tasks totally unrelated to the job, including hanging pictures.” He stated that, on January 10, 2005, he was working with

¹ The Office developed the claim as one for occupational disease, encompassing the myocardial infarction claimed on the March 29, 2005 form.

² Appellant filed a schedule award claim on October 26, 2005. There is no final decision of record regarding this claim. Therefore, it is not before the Board on the present appeal.

³ Appellant also submitted laboratory test results dated from February to May 2005.

appellant on a deadline national project when appellant experienced chest pains. Mr. Hymel stated that appellant was “hesitant to leave work to obtain medical help because of the deadline we were under.”

In an October 9, 2006 letter, appellant stated that he routinely worked 20 to 40 hours overtime each pay period, including nights and weekends. He stated that his work required frequent deadlines, including supervising headquarters submissions for 17 ports in 5 states. Appellant asserted that, on January 10, 2005, he was working on an urgent data gathering project when he experienced upper gastric discomfort followed by lightheadedness and flushing. He left work at 11:00 a.m. and had an angioplasty by 3:00 p.m.

By decision dated November 2, 2006, the Office denied appellant’s claim on the grounds that causal relationship was not established. The Office accepted appellant’s account of workplace stress, deadlines, overtime and the events of January 10, 2005 as factual. The Office found, however, that Dr. Orejarena’s opinion was insufficient to establish causal relationship as he did not explain how and why the accepted work factors would cause the claimed myocardial infarction.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees’ Compensation Act⁴ 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 filed within the applicable time limitation; that an injury was sustained while 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.⁵ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁶

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) 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 employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish causal relationship is generally 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

⁴ 5 U.S.C. §§ 8101-8193.

⁵ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

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.⁷

ANALYSIS

Appellant claimed that he sustained occluded coronary arteries, an occluded iliac artery and a January 10, 2005 myocardial infarction due to stress at work, tight deadlines and excessive overtime. Dr. Orejarena, an attending Board-certified internist, diagnosed an acute myocardial infarction and two occluded coronary arteries. An employing establishment supervisor and a coworker corroborated appellant's account of work stress, overtime, deadlines and the events of January 10, 2005. The Office accepted these work factors as factual. However, appellant did not submit sufficient medical evidence to establish the claimed causal relationship between the diagnosed cardiovascular conditions and the accepted work factors.

In support of his claim, appellant submitted reports from Dr. Orejarena. In a July 29, 2005 letter, Dr. Orejarena opined that appellant's coronary artery disease was due "to some extent the stress generated at his workplace."⁸ However, he did not mention any of the accepted work factors. Dr. Orejarena did not explain how and why overseeing 17 ports, working overtime, working under deadline pressure or working on the national project on January 10, 2005 would cause or aggravate the diagnosed coronary artery disease and myocardial infarction. He did not set forth any physiologic mechanism whereby the accepted work factors would cause or contribute to appellant's cardiovascular conditions. Dr. Orejarena noted other significant risk factors for coronary artery disease. He did not address how stress would contribute to the development of blocked arteries or precipitate a myocardial infarction. Dr. Orejarena's opinion is thus insufficiently rationalized to meet appellant's burden of proof in establishing causal relationship.⁹ The Board notes that appellant was advised by September 27, 2006 letter of the need to submit rationalized medical evidence from his attending physician supporting causal relationship. However, appellant did not submit such evidence.

CONCLUSION

The Board finds that appellant has not established that he sustained a cardiovascular condition or myocardial infarction in the performance of duty. He submitted insufficient rationalized medical evidence to establish causal relationship.

⁷ *Solomon Polen*, 51 ECAB 341 (2000).

⁸ Appellant also submitted laboratory test results dated from February to May 2005.

⁹ *Deborah L. Beatty*, 54 ECAB 340 (2003) (medical reports not containing rationale on causal relationship are entitled to little probative value).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated November 2, 2006 is affirmed.

Issued: April 5, 2007
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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

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