



## **FACTUAL HISTORY**

On February 25, 2004 appellant, then a 48-year-old claims examiner, filed an occupational disease claim alleging that he sustained carpal tunnel syndrome in the performance of duty. His claim was accepted for bilateral carpal tunnel syndrome on April 5, 2004. On March 1, 2004 appellant had surgery on his right wrist.

In a March 12, 2006 letter, appellant requested that the Office accept spondylosis at C5-6. He contended that his cervical and carpal tunnel conditions were related because they were identified during the same time period and he had no previous history of spondylosis. Appellant claimed that his neurosurgeon identified a “double crutch syndrome” as the two conditions were served by the same block of nerves and one condition could aggravate the other. He argued that, even if his cervical condition was not directly caused by his work, his work exacerbated it. Appellant noted that his cervical condition worsened with the amount of work he performed on the computer.

Appellant submitted a March 1, 2004 operative report for his carpal tunnel surgery from Dr. Carlos Arce, Board-certified in neurological surgery, along with visit notes dated December 11, 2003, March 15, August 4, November 1 and December 1, 2004 and an unsigned report apparently from Dr. Brett Puckett dated August 8, 2005.

In a March 20, 2006 letter, the Office requested additional medical and factual information. Appellant responded in a July 13, 2006 letter directing the Office to the information in the medical report dated November 1, 2004 in support of his claim of “aggravation of spondylosis.”

By decision dated August 25, 2006, the Office denied the expansion of appellant’s accepted condition to include cervical spondylosis on the grounds that the evidence failed to provide a rationalized medical opinion demonstrating the causal relationship between the accepted event and appellant’s back condition.

The Office received additional information consisting of Florida Workers’ Compensation Uniform Treatment/Status Reporting Forms and Progress Notes from Dr. Charlotte Cordova, Board-certified in family medicine, dated August 31 and September 7, 2006.

On October 5, 2006 appellant requested reconsideration. In a September 28, 2006 letter, Dr. Keith Holden (not listed) diagnosed cervical spondylosis and bilateral carpal tunnel syndrome and opined that appellant’s condition was aggravated by long hours working at the computer. The Office also received a May 13, 2006 visit report from Dr. Holden who diagnosed cervical disc degeneration.

In a November 21, 2006 decision, the Office denied modification of the August 25, 2006 decision. The Office found that the medical evidence was insufficient to establish a causal relation with the employment.

## LEGAL PRECEDENT

Appellant has the burden of establishing by the weight of the reliable, probative and substantial evidence that his condition was caused or adversely affected by his employment. As part of this burden he must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relation.<sup>3</sup>

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.<sup>4</sup> Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the claimant's diagnosed condition and the established incident or factor of employment. The opinion 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 established incident or factor of employment.<sup>5</sup>

An award of compensation may not be based on appellant's belief of causal relationship. 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.<sup>6</sup>

## ANALYSIS

Appellant alleged that he sustained a degenerative cervical condition in the performance of duty causally related to his previously accepted occupational injury, which was accepted for carpal tunnel syndrome. He has alleged that his cervical condition was caused by the carpal tunnel syndrome, or in the alternative that the same factors of employment that caused his carpal tunnel also caused his degenerative cervical condition. The Board holds that the medical evidence presented does not contain a rationalized medical opinion establishing that appellant's cervical spondylosis is causally related to appellant's accepted carpal tunnel condition or to the accepted factors of appellant's employment.

The medical reports submitted failed to provide the necessary rationalized medical opinion. Appellant submitted multiple reports and letters from doctors but none of them contained the required rationalized medical opinion. In the December 11, 2003, March 15 and August 4, 2004 reports, Dr. Arce only discusses appellant's carpal tunnel syndrome and does not

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<sup>3</sup> *Kimper Lee* 45 ECAB 565 (1994).

<sup>4</sup> *See Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on the issue of causal relationship must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and claimant's specific employment factors. *Id.*

<sup>5</sup> *John W. Montoga*, 54 ECAB 306 (2003).

<sup>6</sup> *Dennis M. Mascarenas*, 49 ECAB 215, 218 (1997).

mention his cervical spondylosis. In the November 1, 2004 report, he diagnosed spondylosis of the C5-6 and stated that appellant's keyboard use "may be aggravating his condition." While appellant's keyboard use may be aggravating his condition currently, Dr. Arce did not explain how appellant's accepted work factors prior to February 25, 2004 aggravated his condition. Additionally Dr. Arce's opinion is not definitive, as he stated that work "may be" aggravating appellant's condition. The Board has held that medical opinions that are speculative or equivocal in character are of diminished probative value.<sup>7</sup> In order to establish causal relationship, appellant must submit a physician's report in which the physician reviews the employment factors identified by appellant as causing his condition and, taking these factors into consideration as well as findings upon examination, state whether the employment injury caused or aggravated the diagnosed conditions and present medical rationale in support of his or her opinion.<sup>8</sup>

In a December 1, 2004 report, Dr. Arce diagnosed spondylosis and stenosis of C5-6 and stated that appellant's symptoms are "probably related" to the cervical spondylosis. In this report Dr. Arce failed to discuss the causal relation between appellant's work factors and his condition but merely states that his condition caused his symptoms. Medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.<sup>9</sup>

In an August 8, 2005 unsigned report, apparently from Dr. Puckett, appellant is recommended to follow up with Dr. Arce for treatment of cervical radiculopathy. The Board has consistently held that unsigned doctor's reports are of diminished probative value.<sup>10</sup>

In an August 31, 2006 progress notes, Dr. Cordova diagnosed neck strain. In a September 7, 2006 note, he diagnosed cervical strain. Neither note provides an opinion as to the cause of appellant's condition.

In a May 13, 2006 report, Dr. Holden diagnosed cervical disc degeneration. In a September 28, 2006 letter, he diagnosed appellant with cervical spondylosis and bilateral carpal tunnel syndrome and stated that these conditions "may be aggravated" by his current job duties. Dr. Holden also stated that appellant's preexisting condition was aggravated by long hours at the computer and opined that prolonged movement of neck muscles increased pain. His opinion failed to describe how appellant's accepted work factors had aggravated his condition and therefore fails to provide the necessary causal relation.

Appellant believes that his carpal tunnel condition caused his cervical spondylosis condition and that the same work activities caused both conditions. He bases his belief in part on the "double clutch syndrome" which he believes causes one condition to aggravate the other, however, there are no medical reports in the record that support the syndrome. An award of

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<sup>7</sup> *Kathy A. Kelley*, 55 ECAB 206 (2004).

<sup>8</sup> *Calvin E. King*, 51 ECAB 394 (2000).

<sup>9</sup> *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>10</sup> *Merton J. Sills*, 39 ECAB 572 (1988).

compensation may not be based on surmise, conjecture, speculation or upon appellant's own belief that there is causal relationship between his claimed condition and his employment.<sup>11</sup> Appellant's mere belief is not enough. The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.<sup>12</sup>

As there is no probative, rationalized medical evidence addressing how appellant's claimed cervical condition was caused or aggravated by his employment he has not met his burden of proof in establishing that he sustained an injury in the performance of duty causally related to factors of his federal employment.

### **CONCLUSION**

Appellant has not met his burden to establish that his cervical spondylosis is causally related to his previously accepted carpal tunnel syndrome.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the November 21, 2006 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 17, 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

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<sup>11</sup> *Robert A. Boyle*, 54 ECAB 381 (2003); *Patricia J. Glann*, 53 ECAB 159 (2001).

<sup>12</sup> *Roy L. Humphrey*, 57 ECAB \_\_\_\_ (Docket No. 05-1928, issued November 23, 2005) *citing Joe T. Williams*, 44 ECAB 518, 521 (1993).