

employment. He noted a prior injury to his back on March 16, 2000 while removing a hostile patient.¹

With respect to medical evidence, appellant submitted an undated report from Dr. Gerald Meier, providing a history of back pain since March 16, 2000. Dr. Meier provided results on examination and diagnosed L4 spondylolisthesis, “probably due to degenerated disc.” The record indicates that appellant underwent lumbar decompression surgery on February 28, 2005. Dr. Meier reported on March 14, 2005 that appellant had been disabled but could return to light duty on March 14, 2005.

By decision dated September 15, 2006, the Office denied the claim for compensation.

Appellant requested a hearing before an Office hearing representative, which was held on March 26, 2007. In a report dated September 12, 2006, Dr. George Saridakis, an osteopath, reported that appellant had been seen in April 2004 with numbness in the back and shooting pains into the legs. He stated that after evaluation it was determined to be a preexisting work injury that dated back approximately four years. Appellant also submitted a March 22, 2000 report from a chiropractor diagnosing cervical myofascial sprain/strain with arm radiculopathy, and lumbar myofascial sprain/strain.

In a decision dated June 25, 2007, an Office hearing representative affirmed the September 15, 2006 Office decision. The hearing representative found that the medical evidence was insufficient to establish an injury causally related to the identified work factors.

LEGAL PRECEDENT

A claimant seeking benefits under the Federal Employees’ Compensation Act² has the burden of establishing the essential elements of his claim by the weight of the reliable, probative and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.³

To establish that an injury was sustained in the performance of duty, a claimant must submit: (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;

¹ Appellant did file a separate claim for an injury on March 16, 2000 that is not before the Board. The record submitted to the Board also included OWCP File No. 092031706, which was filed as a CA-2a notice of recurrence but was developed as an occupational claim. By decision dated August 17, 2004, the Board affirmed a February 18, 2004 Office decision on the grounds that the medical evidence did not establish an injury in the performance of duty. Docket No. 04-1063 (issued August 17, 2004).

² 5 U.S.C. §§ 8101-8193.

³ 20 C.F.R. § 10.115(e), (f) (2005); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.⁴

Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence.⁵ A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors must be based on a complete factual and medical background of the claimant.⁶ 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 appellant's specific employment factors.⁷

ANALYSIS

Appellant filed an occupational disease claim noting that his job involved walking, bending and lifting. He appeared to allege that his job had aggravated a March 16, 2000 back injury. This is similar to appellant's prior claim filed in December 2002.⁸ To meet his burden of proof, appellant must submit rationalized medical evidence addressing the causal relationship between a diagnosed condition and the identified employment factors.

In this case, the medical evidence does not contain probative medical opinion on the issue presented. None of the physicians of record provided a complete history, a discussion of appellant's work activities, a diagnosis or a clear explanation of the relationship between any diagnosed back condition and the employment factors.⁹ In the absence of probative medical evidence on causal relationship, appellant did not meet his burden of proof. The Office properly denied the claim.

CONCLUSION

Appellant did not submit rationalized medical evidence establishing an injury causally related to the identified work factors.

⁴ *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

⁵ *See Robert G. Morris*, 48 ECAB 238 (1996).

⁶ *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁷ *Id.*

⁸ The Board noted in its August 17, 2004 decision that appellant alleged walking, standing and lifting at work worsened his back condition.

⁹ With respect to the chiropractor's report, as the Board explained in its August 17, 2004 decision, in the absence of a diagnosis of spinal subluxation, the chiropractor is not considered a physician and the report is of no probative value. *Thomas R. Horsfall*, 48 ECAB 180 (1996).

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated June 25, 2007 and September 15, 2006 are affirmed.

Issued: March 20, 2008
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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