United States Department of Labor
Employees' Compensation Appeals Board

S.V., Appellant	)	
and	)	
DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, Detroit, MI, Employer	)	**Docket No. 10-249** **Issued: October 8, 2010**

Appearances:
Alan J. Shapiro, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
COLLEEN DUFFY KIKO, Judge
JAMES A. HAYNES, Alternate Judge

JURISDICTION

On November 2, 2009 appellant filed a timely appeal from a September 8, 2009 merit decision of the Office of Workers' Compensation Programs. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether the Office met its burden of proof to terminate appellant's monetary compensation and medical benefits for accepted shoulder and back conditions on August 1, 2008 on the grounds that these conditions had resolved; (2) whether appellant established that she had any continuing employment-related disability after August 1, 2008 due to the orthopedic conditions; and (3) whether she met her burden of proof to establish that she is entitled to disability compensation for the accepted emotional condition.

FACTUAL HISTORY

On January 6, 2003 appellant, then a 40-year-old transportation security screener, filed a traumatic injury claim alleging that on January 5, 2003 she injured her back and shoulder lifting luggage. She stopped work that day. The Office accepted that she sustained employment-related right shoulder sprain and impingement, right rotator cuff tendinitis, and back sprain, and she was placed on the periodic compensation rolls. On November 4, 2003 Dr. Andrew Limbert, a Board-certified osteopath specializing in orthopedic surgery, performed arthroscopic repair of an anterior labral tear and debridement of a rotator cuff tear with subacromial decompression. The claim was later expanded to include aggravation of lumbar degenerative disc disease.

In May 2004 the Office referred appellant to Dr. Norman L. Pollak, a Board-certified orthopedic surgeon, for a second opinion evaluation. In a June 9, 2004 report, the physician advised that there were no objective findings on physical examination to show that the work-related conditions were presently active, noting that there were multiple subjective findings, most of which were inconsistent, unrealistic or nonanatomical, strongly suggesting a promotion of symptoms. Dr. Pollak concluded that appellant could return to her date-of-injury job without restrictions.

By report dated July 26, 2004, Dr. Limbert disagreed with Dr. Pollak's statement that appellant had no objective findings regarding her right shoulder because she had persistent limitation of motion and local tenderness. He advised that appellant could never return to her date-of-injury job.

The Office determined that a conflict in medical opinion had been created between Dr. Limbert and that of Dr. Pollak regarding whether appellant continued to have residuals or disability due to her employment-related conditions, and referred her to Dr. Charles Xeller, a Board-certified orthopedist, for an impartial evaluation. In a September 27, 2004 report, Dr. Xeller noted the history of injury and appellant's complaint of frequent, constant and sharp right shoulder and back pain and his review of the medical record. He provided physical examination findings and diagnosed injury to the right shoulder with apparent labral tear and impingement and surgery to her shoulder was indicated and would not be work related, and low back strain with possible aggravation of preexisting degenerative disc disease. In an attached work capacity evaluation, Dr. Xeller advised that appellant could work eight hours daily with lifting limited to less than 25 pounds and overhead lifting to 20 pounds.

On October 25, 2004 Dr. Limbert provided permanent work restrictions that appellant could not use her right arm and had a maximum lifting restriction on the left of five pounds. In a supplementary report dated November 29, 2004, Dr. Xeller advised that appellant's work activities did not aggravate her preexisting shoulder condition, noting that prior to the work injury she had surgical shoulder repair, and that any restrictions were prophylactic so that she could avoid additional injury to the shoulder. He further advised that the employment-related back strain aggravated her underlying disc disease.

In January 2005, appellant was referred for vocational rehabilitation, and by letter dated June 6, 2005, appellant informed the Office that the positions being suggested by the rehabilitation specialist were an insult. On June 2, 2005 appellant was terminated by the

employing establishment because she was unable to perform the essential functions of a transportation security screener. In a number of reports dated from June 8, 2004 to August 3, 2005, Dr. Walter Culver, an attending Board-certified internist, diagnosed sacroileitis, right shoulder impingement, and lumbar herniated disc. He advised that appellant was totally disabled.

By letter dated January 30, 2006, the Office referenced Dr. Xeller's opinion and proposed to reduce appellant's compensation based on her capacity to earn wages as a receptionist. In a February 16, 2006 report, Dr. Culver advised that appellant could not return to any kind of work, noting that she could not sit for more than 30 minutes or walk more than 20 minutes, and was unable to write legibly. On March 2, 2006 the Office reduced appellant's monetary compensation, based on her capacity to earn wages as a receptionist. She timely requested a review of the written record, and submitted a March 20, 2006 report in which Dr. Rahul Vaidya, a Board-certified orthopedic surgeon, noted his review of a December 6, 2005 discogram study. He advised that appellant was in constant pain and was unable to work in any capacity due to unstable gait, pain, and bowel incontinence, that she could not lift greater than five pounds, and could not twist, bend, or stoop with no prolonged sitting and walking. He recommended spinal fusion surgery at L4-5 and L5-S1.

By decision dated June 5, 2006, an Office hearing representative reversed the March 2, 2006 wage-earning capacity determination, finding that Dr. Xeller's report was not reasonably current. The Office was instructed to refer appellant to Dr. Xeller for an opinion regarding appellant's current work abilities, the need for surgery, and whether her complaint of bowel incontinence was causally related to the accepted employment injuries. Compensation was to be reinstated retroactively. The Office noted that Dr. Xeller had moved to Texas, and on February 1, 2007 referred appellant to Dr. Robert Levine, Board-certified in orthopedic surgery, for an impartial evaluation regarding the degree of disability and physical restrictions due to the accepted conditions.

In a March 20, 2007 report, Dr. Levine described the history of injury, a previous motor vehicle accident in which she injured her right shoulder, right shoulder and bariatric surgery, and appellant's subsequent treatment and her complaints of pain and bowel incontinence. He reviewed the extensive medical record and noted that she had a flat affect and used a cane that was too long. On physical examination, Dr. Levine noted diminished lumbar spine range of motion and advised that she had difficulty walking on heels and toes with a positive Waddell's sign, a half inch calf atrophy on the left, and decreased sensation to pinprick in the stocking distribution of her left leg, starting about mid thigh, going to her toes with grossly normal sensation in the right lower extremity. He advised that she was tender to examination of the right shoulder with decreased range of motion. No gross muscle atrophy was present in either upper extremity. Dr. Levine diagnosed right rotator cuff tendinosis, status post surgical repair, and status post resection of her distal right clavicle; degenerative disc disease, lumbar spine with depression and significant nonorganic factors present. He advised that, based on his record review, the right shoulder problem was not related to work, rather it was an ongoing problem from the prior shoulder injury, and that the diagnosed degenerative disc disease was primarily related to aging. Dr. Levine opined that appellant's complaints were significantly influenced by nonorganic factors, rather than by the straining type of injury sustained at work. He found it significant that she had no relief from any intervention and had a positive Waddell's sign which

indicated that there was most likely a significant nonorganic factor present. Dr. Levine recommended evaluation by a psychologist or psychiatrist who was experienced in the management of patients who had chronic pain and depression. He advised that, based on his evaluation, there were no objective findings directly attributable to the 2003 employment injury and, based on the documented accepted conditions, she could return to her regular job duties but would need a general lifting restriction because of the documented and accepted degenerative disc disease. Dr. Levine recommended a functional capacity examination but thought it would mostly likely be invalid due to appellant's inability to function. In answer to specific Office questions, he stated that any bowel incontinence was most likely the result of a psychiatric problem rather than any spinal disease because damage to the spinal cord or cauda equina would cause retention rather than incontinence, and appellant's medications would cause constipation rather than incontinence. Dr. Levine advised that with the significant psychological factors present, it was unlikely that the requested spinal fusion would help her condition and concluded that she only needed supportive management regarding the accepted orthopedic conditions.

In a supplementary report dated June 14, 2007, Dr. Levine advised that, based on objective findings, he could find no residual abnormalities resulting from the accepted conditions of right shoulder strain, right shoulder tendinitis, right shoulder impingement, and sacral strain, and that there was no objective abnormality that would indicate any continued objective impairment resulting from the accepted injuries, stating that the accepted aggravation of lumbar degenerative disc disease had ceased and appellant had returned to her baseline condition. He again noted the significant, ongoing nonorganic factors present and placed a general 15-pound lifting restriction due to her documented degenerative disc disease, which was preventive in nature, rather than due to any accepted work-related condition.

In July 2007, the Office referred appellant to Dr. Saul Z. Forman, a Board-certified psychiatrist, to determine if she had a work-related psychiatric condition, and in a report dated November 2, 2007 and revised on December 5, 2007, Dr. Forman noted his review of the record, the statement of accepted facts, and appellant's complaints of severe bowel incontinence and severe shoulder and radiating low back pain with occasional numbness and tripping. He performed psychiatric examination including mental status examination and diagnosed mood disorder due to general medical condition with depressive features and advised that there was a direct relationship between some of the bone and joint pain and the subsequent life changes associated with her employment injury. He further stated that the emotional components could have some causal relationship and that her mood disorder was aggravated and accelerated by the employment injury which remained present and active. Dr. Forman recommended a course of supportive psychotherapy and concluded that appellant was not disabled from a psychiatric standpoint in terms of performing her regular work duties as a transportation security screen and would accept the recommendation of Drs. Levine and Pollak regarding her physical capacity to perform work duties. In a supplementary report dated April 1, 2008, Dr. Forman advised that appellant was neither disabled nor restricted from working eight hours a day from a psychiatric standpoint.

On June 10, 2008 the Office proposed to terminate appellant's monetary and medical benefits for the accepted orthopedic conditions on the grounds that the medical evidence, as characterized by Dr. Levine's report, established that she no longer suffered residuals or disability due to these accepted conditions. It noted that a mood disorder was now accepted but

that, based on the opinion of Dr. Forman, she was not disabled from her regular job from a psychiatric standpoint but remained entitled to medical treatment for the accepted emotional condition.

Appellant disagreed with the proposed termination, and submitted reports dated April 24 and June 27, 2008 in which Dr. Martin Glowacki, Board-certified in anesthesiology, provided examination findings and diagnosed thoracic or lumbosacral radiculopathy, lumbosacral spondylosis with myelopathy and sacroileitis. Dr. Glowacki recommended lumbar steroid injections and opined that appellant's current condition was due to chronic degenerative changes but that her pain possibly resulted from acute exacerbation of the chronic condition and advised that her depression compounded her pain perception. He stated that she could perform duties as a transportation security screener with some restrictions. Drs. Culver and Limbert continued to submit reports advising that appellant was totally disabled, and on July 1, 2008, Maria Linsalata, a licensed social worker, advised that she began treating appellant in October 2007 for a mood disorder and recommended psychiatric treatment.

By decision dated August 1, 2008, the Office reviewed the medical evidence submitted and finalized the termination of monetary compensation and medical benefits for appellant's back and right shoulder condition. It noted that the case remained open for medical treatment for the accepted mood disorder. On August 27, 2008 appellant requested a review of the written record, and submitted additional medical evidence. In reports dated from August 14 to December 12, 2008, Dr. Janet Heasley, an osteopath practicing psychiatry, diagnosed major depression, recurrent, severe, without psychosis. She noted that appellant had complete loss of use of the right arm and L4 radiculopathy with chronic pain. In a January 15, 2009 decision, an Office hearing representative affirmed the August 1, 2008 decision.

On July 30, 2009 appellant requested reconsideration and submitted reports dated from February 10 to August 1, 2009 in which Dr. Heasley noted diagnoses of chronic right shoulder and low back pain and depression, remarked that appellant had complete loss of use of the right arm and L4 radiculopathy and advised that she was totally disabled. In a June 27, 2009 letter, Dr. Heasley advised that appellant believed that her painful right shoulder and lower back prevented her from returning to her previous job and that her depression developed as a result of continuous pain. In reports dated from May 28 to July 1, 2009, Dr. Culver provided examination findings, reiterated his diagnoses, and advised that appellant still suffered from pain and decreased strength due to the employment-related right shoulder and lower back injuries and from depression, secondary to the injuries. He stated that she could not return to work in any capacity, and that sending her back to work would be detrimental to her physical and emotional health.

By report dated May 26, 2009, Dr. Brian Rill, a Board-certified orthopedic surgeon, noted appellant's complaint that her right shoulder was getting worse with grinding, clicking and popping, but that she could not reproduce this in his office. Right shoulder examination demonstrated tenderness, mild weakness and positive impingement signs. Dr. Rill reviewed a May 26, 2009 x-ray and diagnosed possible ongoing biceps pathology, chronic shoulder pain and status-post arthroscopic surgery times two and referred her to the pain clinic. On June 26, 2009 he diagnosed chronic pain of multifactorial etiology and recommended a functional capacity evaluation, noting that appellant's shoulder pain and dysfunction had not ceased. In a June 30,

2009 report, Dr. Vaidya, noted that appellant was last seen in July 2006, and reported occasional bowel incontinence, left foot drag and tripping. He provided physical examination findings and diagnosed low back pain with left radicular symptoms. Dr. Vaidya advised that it was hard to determine if appellant could return to work. By report dated July 14, 2009, he noted his review of magnetic resonance imaging (MRI) studies which he interpreted as showing degenerative disc disease of the lumbar spine. Dr. Vaidya advised that it was difficult to say whether appellant's symptoms were progressive and that the findings on MRI scan did not correlate with the level of her symptoms. He recommended epidural injections and electromyographic studies. An epidural injection at L4-5 on the left was performed on August 21, 2009.[1]

In a merit decision dated September 8, 2009, the Office reviewed the evidence submitted and denied modification of the August 1, 2008 and January 15, 2009 decisions.

LEGAL PRECEDENT -- ISSUE 1

Once the Office accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee's benefits. It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment.[2] The Office's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[3]

Section 8123(a) of the Federal Employees' Compensation Act[4] provides that if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.[5] When 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 -- ISSUE 1

The Office determined that a conflict in medical evidence had been created between the opinions of appellant's treating physician Dr. Limbert and Dr. Pollak, an Office referral physician, regarding the extent of appellant's work-related disability and limitations. It then referred appellant to Dr. Levine, Board-certified in orthopedic surgery, for an impartial evaluation.

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[1] Appellant submitted numerous objective studies and additional medical reports both before and after the August 8, 2008 termination of benefits. This evidence is not relevant to the instant case as the reports do not discuss the cause of any diagnosed condition or provide an opinion regarding appellant's ability to work.

[2] *Jaja K. Asaramo*, 55 ECAB 200 (2004).

[3] *Id.*

[4] 5 U.S.C. § 8101-8193.

[5] *Id.* At § 8123(a); *see Geraldine Foster*, 54 ECAB 435 (2003).

[6] *Manuel Gill*, 52 ECAB 282 (2001).

The Board finds that, as Dr. Levine provided a comprehensive, well-rationalized opinion in which he clearly advised that any residuals of appellant's accepted orthopedic conditions had resolved his opinion is entitled to the special weight accorded an impartial examiner and constitutes the weight of the medical evidence.[7] In his March 20 and June 14, 2007 reports, Dr. Levine described the history of injury, appellant's subsequent treatment, her complaints of pain and bowel incontinence, reviewed the medical record, provided physical examination findings, and diagnosed right rotator cuff tendinosis, status post surgical repair, and status post resection of her distal right clavicle; degenerative disc disease, lumbar spine with depression and significant nonorganic factors present. He opined that appellant's right shoulder problem was not related to work but was an ongoing problem from her prior shoulder injury, that the diagnosed degenerative disc disease was primarily related to aging, and that her complaints were significantly influenced by nonorganic factors, noting a Waddell's sign which indicated that there is most likely a significant nonorganic factor present.

Dr. Levine stated that any bowel incontinence was most likely the result of a psychiatric problem rather than any spinal disease. He advised that, based on his evaluation, there were no objective findings or residuals directly attributable to the 2003 employment injury and that the aggravation of lumbar disc disease had ceased, stating that she could return to her regular job duties but would need a 15-pound lifting restriction that was preventive in nature, rather than due to any accepted work condition. Dr. Levine noted that with the significant psychological factors present, it was unlikely that the requested spinal fusion would help her condition, and although he recommended a functional capacity examination, he thought it would most likely be invalid due to appellant's inability to function and concluded that she only needed supportive management regarding the accepted orthopedic conditions.

The Board further finds that the additional relevant medical evidence submitted by appellant is insufficient to overcome the weight accorded Dr. Levine as an impartial medical specialist regarding whether appellant had residuals of her accepted orthopedic conditions.

Dr. Limbert submitted several reports in which he noted his disagreement with Dr. Pollak's conclusions and reiterated his prior findings and opined that appellant was totally disabled. Reports from a physician who was on one side of a medical conflict that an impartial specialist resolved, are generally insufficient to overcome the weight accorded to the report of the impartial medical examiner, or to create a new conflict.[8]

In a June 27, 2008 report, Dr. Glowacki advised that appellant's pain possibly resulted from an acute exacerbation of her chronic degenerative changes and that depression compounded her pain perception, and that she could return to the transportation security screen with some unidentified restrictions. While the medical opinion of a physician supporting causal relationship does not have to reduce the cause or etiology of a disease or condition to an absolute certainty, neither can such opinion be speculative or equivocal. The opinion of a physician supporting causal relationship must be one of reasonable medical certainty that the condition for which compensation is claimed is causally related to federal employment and such relationship

[7] *See Sharyn D. Bannick*, 54 ECAB 537 (2003).

[8] *I.J.*, 59 ECAB ____ (Docket No. 07-2362, issued March 11, 2008).

must be supported with affirmative evidence, explained by medical rationale and be based upon a complete and accurate medical and factual background of the claimant.[9] As Dr. Glowacki couched his opinion regarding causal relationship in speculative language, it is of diminished probative value.

Dr. Culver was consistent in his opinion that appellant was disabled from work indefinitely because she had difficulty with back and right shoulder pain but did not provide a sufficient narrative medical report to support his conclusion. A medical opinion not fortified by rationale is of diminished probative value.[10] The Board therefore finds that Dr. Culver's reports are insufficient to overcome the weight accorded Dr. Levine.

The Board therefore concludes that Dr. Levine's opinion is entitled to the special weight accorded an impartial medical examiner,[11] and the additional reports submitted by appellant are insufficient to overcome the weight accorded him as an impartial medical specialist regarding whether appellant had residuals of her accepted orthopedic conditions. The Office therefore properly terminated appellant's compensation benefits for the accepted orthopedic conditions on August 1, 2008.[12]

LEGAL PRECEDENT -- ISSUE 2

As the Office met its burden of proof to terminate appellant's compensation benefits on August 1, 2008, the burden shifted to her to establish that she had any continuing disability causally related to her accepted right upper extremity injury.[13] To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence, based on a complete factual and medical background, supporting such a causal relationship.[14] Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.[15] 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

[9] *Patricia J. Glenn*, 53 ECAB 159 (2001).

[10] *Cecelia M. Corley*, 56 ECAB 662 (2005).

[11] *See Sharyn D. Bannick, supra* note 7.

[12] *Manuel Gill, supra* note 6.

[13] *See Joseph A. Brown, Jr.*, 55 ECAB 542 (2004).

[14] *Jennifer Atkerson*, 55 ECAB 317 (2004).

[15] *Id*.

nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[16]

ANALYSIS -- ISSUE 2

The Board finds that appellant submitted insufficient medical evidence with her July 30, 2009 reconsideration request to establish that she continued to be disabled after August 1, 2008 due to the accepted orthopedic conditions. Dr. Culver merely reiterated his opinion that appellant was totally disabled without providing any supporting rationale to support his conclusion.[17] Dr. Rill advised that appellant's right shoulder pain and dysfunction had not ceased and recommended an FCE. Dr. Vaidya advised that it was hard to determine if appellant could return to work and noted that the MRI scan findings did not correlate with the level of her symptoms. Neither, however, discussed whether any disability was caused by employment factors, and the issue of disability for work is an issue that must be resolved by competent medical evidence.[18] Here there is no medical evidence with sound medical reasoning establishing that appellant was totally disabled after August 1, 2008 due to her orthopedic conditions.[19]

LEGAL PRECEDENT -- ISSUE 3

Under the Act, the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in the Act.[20] Whether a particular injury causes an employee to be disabled for employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative and substantial medical evidence.[21]

ANALYSIS -- ISSUE 3

The Board finds that appellant is not entitled to monetary compensation for the accepted mood disorder. In his reports dated November 2, 2007 and April 1, 2008, Dr. Forman clearly advised that, while appellant had an employment-related mood disorder, she was neither disabled nor restricted from working eight hours a day from a psychiatric standpoint. He deferred to the opinions of Drs. Levine and Pollak regarding her orthopedic conditions. Ms. Linsalata's July 1,

[16] *Leslie C. Moore*, 52 ECAB 132 (2000); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[17] *Cecelia M. Corley*, *supra* note 10.

[18] *R.C.*, 59 ECAB ____ (Docket No. 07-2042, issued June 3, 2008).

[19] *Sandra D. Pruitt*, 57 ECAB 126 (2005).

[20] *See* 20 C.F.R. § 10.5(f); *Cheryl L. Decavitch*, 50 ECAB 397 (1999).

[21] *Fereidoon Kharabi*, 52 ECAB 291 (2001).

2008 report is of no probative value as the reports of a social worker do not constitute competent medical evidence, as a social worker is not a "physician" as defined by section 8101(2) of the Act.[22] In reports dated from August 14, to December 12, 2008, Dr. Heasley provided no opinion regarding appellant's disability status, and 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.[23] While the physician generally advised that appellant was totally disabled in reports dated from February 10 to August 1, 2009, she provided no rationale to explain why appellant could not work or exhibit any knowledge of her job duties. The issue of whether a claimant's disability is related to an accepted condition is a medical question which must be established by a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disability is causally related to employment factors and supports that conclusion with sound medical reasoning.[24] Appellant submitted insufficient evidence to support that she is totally disabled due to the accepted emotional condition.

Appellant is therefore not entitled to monetary compensation for the accepted emotional condition but remains entitled to medical benefits.

CONCLUSION

The Board finds that the Office met its burden of proof to terminate appellant's compensation benefits for the accepted orthopedic conditions on August 1, 2008 on the grounds that she had no employment-related residuals, that she did not establish that she had any continuing employment-related disability or condition after that date due to these conditions, and that she did not meet her burden of proof to establish entitlement to disability compensation for the accepted emotional condition.

[22] 5 U.S.C. § 8101(2); *Sedi L. Graham*, 57 ECAB 494 (2006).

[23] *Willie M. Miller*, 53 ECAB 697 (2002).

[24] *Sandra D. Pruitt*, *supra* note 19.

ORDER

IT IS HEREBY ORDERED THAT the September 8, 2009 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 8, 2010
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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