



cold sweats in November 2007 while at work. He developed fever at night with rashes, sore throat, swollen glands and facial abscess. Appellant stated that, after initial medical treatments failed, he sought treatment with Dr. Mark H. Mazur, a Board-certified internist specializing in infectious diseases, who diagnosed disseminated coccidioidomycosis based on blood tests, bone scans and magnetic resonance imaging (MRI) scans.

In a report dated March 4, 2008, Dr. Mazur diagnosed disseminated coccidioidomycosis, an infection acquired by inhalation of spores from the soil. He stated that appellant's symptoms began in the middle of December 2007 and opined, "I feel that it is likely that [appellant's] infection was acquired related to his job as a letter carrier, which by his history began in September 2007." A bone scan dated February 21, 2008, demonstrated bone lesions involving the upper cervical spine, the thoracic spine and the right L5 pedicle. Dr. Martin I. Cohen, a Board-certified radiologist, noted that these findings were consistent with the clinical history of disseminated coccidioidomycosis.

The employing establishment controverted appellant's claim on the grounds that he operated a janitorial business as of April 2000.

By letter dated May 1, 2008, the Office requested additional factual and medical evidence from appellant addressing the causal relationship between his diagnosed condition and factors of his federal employment. It allowed 30 days for a response. On May 9, 2008 Dr. Mazur noted that he began treating appellant on February 5, 2008 due skin lesions on his face. He diagnosed disseminated coccidioidomycosis and stated that the condition was a fungal infection of appellant's skin, cervical and thoracic vertebral bodies and had spread to a lymph node requiring intravenous antifungal therapy. Dr. Mazur stated:

"Coccidioidomycosis is a fungal infection that is spread by aerosolization of spores found in the soil of southern California where the patient works. [Appellant's] exposure to his fungus as a letter carrier working in all types of weather is intense and I feel that it is more likely that not that his infection is related to this occupational exposure. Whereas individuals who are not outside workers can be infected with this fungus, it is well demonstrated that individuals with outside occupations such as constructions workers, firefighters, etc., with continuous outside exposure to winds and dusts are at markedly increased risk for acquiring this infection and I believe this to be the case with [appellant]."

Appellant responded to the Office's request for additional factual information on May 29, 2008. He attributed his condition to working in all types of weather and air quality. Appellant submitted documents from the internet addressing valley fever and wildfires in the fall of 2007.

In a letter dated June 5, 2008, appellant's supervisor stated that appellant's mail route consisted of deliveries to neighborhood box units which were opened directly from the vehicle. Appellant was not required to step out of the vehicle to deliver mail and his exposure to the outside environment was minimal. His supervisor stated that there were no reports of outbreaks of disseminated coccidioidomycosis in the city or on appellant's route. The employer stated that appellant began work in September 2007 and that his route did not contain any new developments, but was an established neighborhood with no undeveloped or open areas of dirt

and dust. It also noted that he had performed nonemployment-related janitorial work for eight years and that the nature of that position involved exposure to dirt, dust and mold.

By decision dated June 6, 2008, the Office denied appellant's claim finding that his job description did not require him to be outside of his vehicle to deliver his route. It stated that he had not responded to the factual queries of May 1, 2008. The Office further found that Dr. Mazur's report did not provide medical reasoning for his conclusion that appellant's condition was work related.

Appellant, through his attorney, requested reconsideration on June 7, 2009. In a November 17, 2008 note, Dr. Mazur reiterated that appellant's diagnosis was based on normal coccidioidomycosis compliment fixation tests as well as immunodiffusion, demonstration of pathology in the lymph node in the left cervical area and evidence of osteomyelitis of the cervical spine. He stated:

“In this patient's work as a letter carrier, [appellant] is exposed to aerosolized spores of coccidioides immitis. It is the inhalation of these spores that result in infection with this fungus and this patient has disseminated outside the lungs to involve the skin, bone and lymph nodes. It is my opinion that this occupational exposure has resulted in this infection in [appellant].

“It is well recognized that individuals with concentrated exposure to wind and dust as well as aerosolized soil in the endemic area for coccidioidomycosis, of which his work area is one, are at risk for the development of coccidioidomycosis and indeed this is a well-recognized workmen's compensation compensable illness in firefighters, heavy equipment operators, etc.”

By decision dated June 29, 2009, the Office declined to reopen appellant's claim for consideration of the merits on the grounds that his request for reconsideration was not timely filed and did not demonstrate clear evidence of error. In a prior appeal, the Board reviewed this decision and issued an order remanding case finding that his request for reconsideration was timely. The Board remanded the case for the Office to issue a decision on the merits.<sup>1</sup>

The Office issued a merit decision dated April 28, 2010. It found that appellant's route did not expose him to undeveloped or open areas of dirt and dust and that he delivered his route while remaining inside his postal vehicle. The Office also found that Dr. Mazur failed to provide the necessary medical reasoning to establish a causal relationship between appellant's diagnosed condition and his employment duties.

### **LEGAL PRECEDENT**

The Office's regulations define an occupational disease as “a condition produced by the work environment over a period longer than a single workday or shift.”<sup>2</sup> To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant

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<sup>1</sup> Docket No. 09-1908 (issued April 14, 2010).

<sup>2</sup> 20 C.F.R. § 10.5(q).

must submit the following: (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; 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 evidence required to establish causal relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.<sup>3</sup>

### ANALYSIS

Appellant attributed his condition of coccidioidomycosis to his employment as a letter carrier. He alleged he worked in an endemic area and was required to deliver mail in all weathers and conditions. Appellant's attending physician, Dr. Mazur, opined that appellant's condition developed as a result of these alleged employment exposures. The Board finds that Dr. Mazur's reports are not sufficient to establish that appellant developed coccidioidomycosis as a result of his federal employment.

In explaining why appellant's condition was related to his federal employment, Dr. Mazur stated that appellant's exposure to fungus was intense as he was required to work in all types of weather and that "individuals with outside occupations such as constructions workers, firefighters, etc., with continuous outside exposure to winds and dusts are at markedly increased risk for acquiring this infection..." He stated that it was well recognized that individuals with concentrated exposure to wind, dust and aerosolized soil in the endemic area, including appellant's mail route were at risk for developing the disease which is "a well-recognized workman's compensation compensable illness in firefighters, heavy equipment operators, etc."

The employing establishment asserted that appellant's exposure to wind and dust was limited as he worked on a route that did not contain any new developments and he was not required to leave his postal vehicle while delivering the mail. The employing establishment maintained that he was required to work in an open, outside environment but worked from the shelter of a vehicle. The employing establishment noted that appellant's route was located in a mature neighborhood with no new open developments or areas of exposed soil. Appellant has not disputed the employing establishment's description of his postal route. Moreover, the employer noted that appellant had work in the private sector as a janitor that could involve to areas of dirt and dust. This aspect of his employment history was not addressed by him in his response to the Office.

Dr. Mazur's conclusions are based on the assumption that appellant's federal employment exposures are similar to those of outdoor workers such as firefighters, construction workers or heavy equipment operators. His reports do not appear based on a proper history of

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<sup>3</sup> *Lourdes Harris*, 45 ECAB 545, 547 (1994).

occupational exposure and are not sufficient to establish a causal relationship between appellant's federal employment duties and his diagnosed condition of coccidioidomycosis. Dr. Mazur did not address any history of appellant's private sector work as a janitor or exposures in such occupation.<sup>4</sup>

**CONCLUSION**

The Board finds that appellant did not establish a causal relationship between his diagnosed condition of coccidioidomycosis and his federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the April 28, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 1, 2011  
Washington, DC

Alec J. Koromilas, 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>4</sup> The opinion of a physician is to be based on a complete and accurate factual and medical background, one of reasonable medical certainty and supported by rationale explaining the diagnosed condition to the specific factors established on the claim. *See Paul Foster*, 56 ECAB 208 (2004).