

and sore right knee when he was going down a stairwell. He missed the last two steps causing him to fall on the landing.² Appellant notified his supervisor on March 17, 2010.

In an April 29, 2011 x-ray of the thoracic spine, Dr. Jeremy R. Hopkin, a Board-certified diagnostic radiologist, noted mild loss of intervertebral disc space height throughout the mid and upper thoracic intervertebral disc levels, which was associated with ventrally projecting disc osteophytes. He diagnosed multilevel disc degeneration of the thoracic spine with ventrally projecting disc osteophytes.

In an April 22, 2011 unsigned Valley Family Medicine treatment note, appellant's physician reported that he fell down the stairs on to his right shoulder. The physician diagnosed thoracic back pain.

In physical therapy notes dated May 6 to 13, 2011, appellant was treated for thoracic back pain.

In a September 29, 2011 narrative statement, appellant reported that he fell down the stairs at work on March 15, 2010. He sought medical treatment on April 22, 2011 after he realized his back pain was not improving. Appellant stated that physical therapy helped him reach full recovery and resolved the huge knot pressing on the nerve in his back. He stated that he filed a claim to cover his medical bills.

By letter dated November 2, 2011, OWCP informed appellant that the evidence of record was insufficient to establish his claim. Appellant was advised of the additional medical and factual evidence to submit within 30 days.

In a November 21, 2011 report, Dr. Carolyn Forbes, Board-certified in family medicine, reported that appellant fell in a stairwell at work on March 15, 2010. She stated that the fall resulted in mid-thoracic back pain as a result of bilateral paraspinous muscle and right trapezius muscle spasms. This led to bilateral thoracic myofascial pain syndrome. Dr. Forbes noted that appellant thought the pain would clear without intervention and finally sought treatment with her on May 7, 2010. She stated that an x-ray of the lumbar spine revealed multilevel disc degeneration of the thoracic spine with ventrally projected disc osteophytes and no compression fractures. Dr. Forbes concluded that physical therapy led to complete healing and resolution of his symptoms.

By decision dated January 12, 2012, OWCP denied appellant's claim, finding that the medical evidence was insufficient to establish a diagnosed medical condition which could be connected to the accepted March 15, 2010 employment incident. It noted that the medical evidence of record only provided a diagnosis of pain.

² In a September 29, 2011 statement, appellant reported that he also injured his back as a result of the March 15, 2010 incident. He noted that, when his back pain did not go away, OWCP reactivated his claim.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 FECA; 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 or specific condition for which compensation is claimed is causally related to the employment injury.³ 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.⁴

In order to determine whether an employee actually sustained an injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.⁵ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.⁶ 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. This medical opinion must include an accurate history of the employee’s employment injury and must explain how the condition is related to the injury. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested and the medical rationale expressed in support of the physician’s opinion.⁷

ANALYSIS

OWCP accepted that the March 15, 2010 incident occurred as alleged. It denied appellant’s claim on the grounds of insufficient medical evidence to support a right arm or left knee condition related to the March 15, 2010 employment incident. The Board finds that

³ *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

⁴ *Michael E. Smith*, 50 ECAB 313 (1999).

⁵ *Elaine Pendleton*, *supra* note 3.

⁶ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

⁷ *James Mack*, 43 ECAB 321 (1991).

appellant did not submit sufficient medical evidence to establish an injury causally related to the March 15, 2010 employment incident.⁸

In a November 21, 2011 medical report, Dr. Forbes stated that appellant fell in a stairwell at work on March 15, 2010. She noted that the fall resulted in mid-thoracic back pain with bilateral paraspinous muscle and right trapezius muscle spasms. This led to bilateral thoracic myofascial pain syndrome. Dr. Forbes noted that appellant thought his pain would clear without intervention and finally sought treatment with her on May 7, 2010. Review of an x-ray of the lumbar spine revealed multilevel disc degeneration of the thoracic spine with ventrally projected disc osteophytes and no compression fractures, as noted by Dr. Hopkin. Dr. Forbes concluded that physical therapy led to complete healing and resolution of his symptoms.

OWCP found insufficient evidence to establish a firm medical diagnosis of appellant's condition. The Board finds that the medical evidence of record establishes a sufficient diagnosis of bilateral paraspinous muscle and right trapezius muscle spasm and bilateral thoracic myofascial pain syndrome. In addition, both Dr. Forbes and Dr. Hopkin stated that appellant's x-ray revealed a diagnosis of multilevel disc degeneration of the thoracic spine with ventrally projected disc osteophytes. Given that appellant has established a diagnosed condition, the question becomes whether the March 15, 2010 incident caused his diagnosed back conditions. He must submit rationalized medical evidence to establish that his diagnosed medical condition is causally related to the accepted March 15, 2010 employment incident.

While Dr. Forbes' report establishes a diagnosis, it is not rationalized as to the issue of causal relation. She noted a history that appellant sustained a work-related injury on March 15, 2010 after he fell in a stairwell at work. Dr. Forbes stated that she first examined him on May 7, 2010, almost two months later. She did not adequately explain how the thoracic back pain, spasms or pain syndrome arose as a result of the accepted incident at work given that she did not examine appellant until almost two months after the incident. The Board notes that Dr. Forbes did not provide a history of other medical treatment or diagnostic testing by other medical providers between March 15 and May 7, 2010. Dr. Forbes further provided a diagnosis of multilevel disc degeneration of the thoracic spine with ventrally projected disc osteophytes; but failed to explain whether the incident accepted in this case caused or aggravated these degenerative conditions. She failed to address appellant's medical history or provide detailed findings on examination. Though Dr. Forbes concluded that, causal connection exists between his injury and the March 15, 2010 employment incident, her report provides no support for that conclusion. She merely recounted the incident as described by appellant and did not offer a rationalized opinion on the issue of causal relationship.⁹ Medical reports without adequate rationale on causal relationship are of diminished probative value and do not meet an employee's burden of proof.¹⁰ The opinion of a physician supporting causal relationship must rest on a complete factual and medical background supported by affirmative evidence, address the specific

⁸ See *Robert Broome*, 55 ECAB 339 (2004).

⁹ *Franklin D. Haislah*, 52 ECAB 457 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value); *Jimmie H. Duckett*, 52 ECAB 332 (2001).

¹⁰ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

factual and medical evidence of record and provide medical rationale explaining the relationship between the diagnosed condition and the established incident or factor of employment.¹¹ Dr. Forbes' report does not meet that standard and is insufficient to meet appellant's burden of proof.

The remaining medical evidence of record is insufficient to establish causal relationship. Dr. Hopkin's April 29, 2011 diagnostic report provides no opinion on causal relationship.¹² Physical therapists are not physicians under FECA, therefore, their reports do not constitute competent medical evidence in support of a claim.¹³ As to an April 22, 2011 unsigned Valley Family Medicine treatment note, the Board has held that reports that are unsigned or bear illegible signatures cannot be considered as probative medical evidence because they lack proper identification.¹⁴

The evidence of record is without rationalized medical opinion to establish a causal relationship between the March 15, 2010 employment incident and appellant's claimed conditions. Thus, appellant failed to meet his burden of proof.

Appellant may submit additional evidence, together with a written request for reconsideration, to OWCP within one year of the Board's merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.606 and 10.607.

CONCLUSION

The Board finds that appellant did not meet his burden of proof to establish that he sustained a back injury on March 15, 2010 in the performance of duty.

¹¹ See *Lee R. Haywood*, 48 ECAB 145 (1996).

¹² The Board has held that 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. *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹³ 5 U.S.C. § 8102(2) of FECA provides as follows: (2) physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law; see also *Jennifer L. Sharp*, 48 ECAB 209 (1996); *Thomas R. Horsfall*, 48 ECAB 180 (1996); *Barbara J. Williams*, 40 ECAB 649 (1988).

¹⁴ *Thomas L. Agee*, 56 ECAB 465 (2005); *Richard F. Williams*, 55 ECAB 343 (2004).

ORDER

IT IS HEREBY ORDERED THAT the January 12, 2012 decision of the Office of Workers' Compensation Programs is affirmed, as modified.

Issued: August 8, 2012
Washington, DC

Richard J. Daschbach, Chief Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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