

while lifting trays and tubs of mail into a hamper. She stated that she felt a pop in her knee and back. Appellant tried to work it off, but to no avail.

Medical records show that appellant had a prior history of low back pain, as well as numbness and paresthesias in the distal lower extremities. A January 26, 2009 magnetic resonance imaging (MRI) scan showed mild disc bulges at L3-S1, most prominent at L3-4, with no critical stenosis.

Appellant went to the hospital emergency department on April 2, 2009 with a chief complaint of bilateral knee pain. Dr. Alain Coppel, a Board-certified anesthesiologist specializing in pain management, examined her on April 7, 2009. His assessment was that appellant had a new onset of spinal pain and bilateral lower extremity radiculopathy and bilateral knee pain that began after her worksite injury on March 13, 2009. Dr. Coppel stated, however: "I was very clear with the patient that her physical examination seems to be overly exaggerated. The patient was not able to perform even the most basic physical examination maneuvers without stating that she could not do [them] because of severe pain levels."

On an April 9, 2009 form report, Dr. Coppel diagnosed cervical facet syndrome, thoracic facet syndrome, lumbar facet syndrome, lumbar radiculopathy and knee pain. With a checkmark, he indicated that appellant's condition was due to injury arising out of her employment. Dr. Coppel added "worksite injury March 13, 2009 lifting heavy object."

In a May 13, 2009 decision, OWCP denied appellant's claim for workers' compensation benefits. It found that the medical evidence did not establish that the claimed medical condition was related to the established work-related event.

On December 30, 2009 an OWCP hearing representative affirmed. She explained that OWCP accepted as factual that appellant picked up heavy flats and tubs of mail on March 13, 2009, but the medical opinion evidence did not establish the element of causal relationship. The hearing representative found that Dr. Coppel based his opinion on an inaccurate history, namely, that appellant had no prior low back or radicular symptoms. Further, Dr. Coppel provided no medical explanation or rationale to support a causal relationship between the diagnosed conditions and what happened on March 13, 2009. The hearing representative explained that rationale was also necessary to differentiate the effects of the claimed employment injury from appellant's preexisting condition.

After denying reconsideration on September 30, 2010, OWCP reviewed the merits of appellant's case on January 5, 2011 and denied modification of its prior decision. It found that she did not submit a medical opinion on causal relationship.

Appellant again requested reconsideration and submitted a prescription note from Dr. Siamak Rouzroch, an internist: "injury at work on March 13, 2009 due to heavy lifting on job with both knee pain, back pain and left thigh; see MRI [scan] report from 2010."²

² Dr. Rouzroch is not Board-certified.

In a decision dated July 6, 2011, OWCP reviewed the merits of appellant's claim and denied modification of its prior decision. It found that Dr. Rouzroch's note did not provide a firm diagnosis, did not provide a history of appellant's medical condition before the claimed injury, did not provide a detailed description of what happened on March 13, 2009, and did not provide rationale or meaningful discussion of causal relationship.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.³ An employee seeking benefits under FECA has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.⁴

Causal relationship is a medical issue,⁵ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. 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 of the physician must be based on a complete factual and medical background of the claimant,⁶ must be one of reasonable medical certainty,⁷ 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.⁸

The Board has held that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, that opinion has little probative value and is insufficient to establish causal relationship.⁹

ANALYSIS

As OWCP's hearing representative found, OWCP accepts that appellant picked up heavy flats and tubs of mail on March 13, 2009. Appellant has therefore established that she

³ 5 U.S.C. § 8102(a).

⁴ *John J. Carlone*, 41 ECAB 354 (1989).

⁵ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁶ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁷ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁸ *See William E. Enright*, 31 ECAB 426, 430 (1980).

⁹ *E.g., Lillian M. Jones*, 34 ECAB 379 (1982).

experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The question for determination, therefore, is whether this incident caused an injury.

Causal relationship is a medical issue, but the medical evidence does not establish this critical element. Dr. Coppel, the pain specialist, indicated with a checkmark “yes” that appellant’s condition was due to injury arising out of employment. He added that it was a “worksite injury March 13, 2009 lifting heavy object.” This does not provide the kind of well-reasoned medical opinion appellant must submit to discharge her burden of proof. Dr. Coppel did not discuss appellant’s prior history of low back pain and radicular symptoms, a prior history that is apparent from the early medical evidence of record. He did not discuss the January 26, 2009 MRI scan showing mild disc bulges at L3-S1, most prominent at L3-4. Further, Dr. Coppel offered no medical rationale to show that appellant’s diagnosed condition was the result of what happened at work on March 13, 2009. As the hearing representative indicated, medical rationale is particularly necessary to differentiate the effects of the claimed employment injury from appellant’s preexisting low back condition and radicular symptoms. Dr. Coppel would also need to explain how he arrived at his opinion given appellant’s overly exaggerated responses to the April 7, 2009 physical examination.

Appellant must furnish an affirmative opinion from a physician who supports his conclusion with sound medical reasoning. As Dr. Coppel did little more than check “yes” to a form question, his opinion on causal relationship carries little weight and is insufficient to discharge appellant’s burden of proof.

Appellant also submitted a prescription note from Dr. Rouzroch, an internist, but this note suffers from the same deficiencies. Dr. Rouzroch did not discuss appellant’s prior history of low back pain and radicular symptoms. He did not discuss the January 26, 2009 MRI scan and he offered no medical rationale to show that appellant’s diagnosed condition was the result of what happened at work on March 13, 2009. Dr. Rouzroch’s opinion also carries little weight.

The Board has reviewed all the medical evidence submitted and notes little in the way of medical opinion evidence. As the medical opinion evidence fails to establish the element of causal relationship, the Board finds that appellant has not met her burden of proof to establish that she sustained a traumatic injury in the performance of duty on March 13, 2009. The Board will affirm OWCP’s July 6, 2001 decision denying her claim for workers’ compensation benefits.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden to establish that she sustained a traumatic injury in the performance of duty on March 13, 2009.

ORDER

IT IS HEREBY ORDERED THAT the July 6, 2011 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 23, 2012
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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