

tunnel syndrome and aggravation of migraines due to her employment. She attributed her conditions to the repetitive and continuous action of twisting, stretching and bending her neck to look at the computer monitor and using a standard telephone. Appellant first became aware of her condition on July 1, 2010 and first attributed the conditions to her employment on July 22, 2010.

In a letter dated November 30, 2010, OWCP requested additional information from appellant including factual and medical support of her claim. It allowed 30 days for a response. Dr. Philip Baird, Board-certified in family practice, completed a note dated June 10, 2009 and stated that appellant had a history of frequent severe migraine headaches and needed an anti-glare screen for her computer as the light on the screen was a trigger for her migraines. Dr. Robert Schiller, a Board-certified family practitioner, completed a note dated August 12, 2010 and diagnosed depression, anxiety and severe migraines due to work stress. He diagnosed carpal tunnel syndrome and cervical radiculopathy. Dr. Schiller noted that appellant's conditions of carpal tunnel syndrome and cervical radiculopathy made it difficult to sit in front of a computer for long stretches of time. He recommended a leave of absence. In an undated note, Dr. Schiller stated that appellant was diagnosed with cervical strain due to constant repetitive action and overuse in her daily work activities using a computer. He stated that her cervical strain aggravated her migraine condition causing her to lose time from work.

Appellant completed a narrative statement on December 16, 2010 and stated that during her workday she was exposed to an ergonomically incorrect computer workstation. She noted that her workday included only computer usage. Appellant stated that she was required to use the computer while answering the telephone and that she held the telephone in the crook of her neck while typing a response. She stated that due to the high number of calls received she developed neck pain or cervical strain. Appellant stated that the cervical strain triggered her migraines. She stated that there were frequent staff shortages which resulted in increased work. Appellant stated that she worked through lunch. She stated that in the beginning of 2010 her pain and numbness increased and that by July 2010 she developed numbness, dizziness and pain shooting up and down her right side.

Dr. Steven Levine, a Board-certified family practitioner, completed a report on August 12, 2010 and indicated that appellant could not spend her entire workday in front of the computer due to her migraines, carpal tunnel and cervical radiculopathy. He also indicated that appellant had a stress condition of depression and anxiety with insomnia and could not work on deadlines.

Appellant underwent an electromyography (EMG) on June 30, 2010 which demonstrated right median nerve entrapment at the wrist and right cervical radiculopathy.

By decision dated March 18, 2011, OWCP denied appellant's claim on the grounds that she had not established a causal relationship between her diagnosed condition and her implicated employment duties. Appellant requested a review of the written record on March 28, 2011.

By decision dated January 25, 2012, OWCP's hearing representative reviewed the medical evidence and found that appellant had not submitted the necessary medical opinion

evidence to establish that her diagnosed conditions were caused or aggravated by her employment.

LEGAL PRECEDENT

OWCP's regulations define an occupational disease as "a condition produced by the work environment over a period longer than a single workday or shift."² To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant 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.³

ANALYSIS

Appellant has attributed her conditions of migraines, cervical radiculopathy and carpal tunnel syndrome due to requirements and conditions of her employment. Specifically she stated that her job required her to utilize a computer for the entire workday as well as typing while answering the telephone. Appellant described the glaring fluorescent lights and her method of holding the telephone while typing. She stated that she was required to work through lunch. The Board finds that appellant has provided a statement of the work duties to which she attributes her conditions. Appellant has also provided medical evidence of diagnosed conditions including depression, anxiety, severe migraines, carpal tunnel syndrome and cervical radiculopathy. However, she has not provided the necessary medical opinion evidence to establish a causal relationship between her diagnosed conditions and her implicated employment factors.⁴

Dr. Baird completed a note on June 10, 2009 and stated that appellant's migraines were triggered by the light of her computer screen. He recommended an anti-glare screen. Appellant has attributed her migraines to her cervical radiculopathy caused by moving her neck while operating a computer and using the telephone simultaneously. She has not described glare from her computer as causing or contributing to her conditions. This report, without a rationalized report as to how the light of the computer screen could cause migraines, is insufficient to meet

² 20 C.F.R. § 10.5(q).

³ *Lourdes Harris*, 45 ECAB 545, 547 (1994).

⁴ While appellant has submitted medical evidence of diagnosed emotional conditions, she did not include any such conditions on her claim or in her narrative statement. As she has not claimed an emotional condition and OWCP has not issued a final decision addressing this issue, the Board has no jurisdiction to consider this aspect of appellant's diagnosed conditions on appeal. 20 C.F.R. § 501.3.

appellant's burden of proof in establishing that her migraines were caused or contributed to by her employment.

In a report dated August 12, 2010, Dr. Schiller diagnosed depression, anxiety and severe migraines, carpal tunnel syndrome and cervical radiculopathy. He stated that these conditions were exacerbated by stress associated with appellant's work duties. Dr. Schiller stated that it was difficult for appellant to sit in front of a computer due to her cervical radiculopathy and carpal tunnel syndrome. The Board finds that this report is not sufficient to meet appellant's burden of proof to establish a condition caused or contributed to by her employment. While Dr. Schiller mentioned that appellant's cervical radiculopathy and carpal tunnel syndrome made it difficult to perform her job duties of working on a computer, he did not explain how the job duties would cause or contribute to cervical radiculopathy or carpal tunnel syndrome. Without a clear medical opinion that appellant's implicated work factors caused or contributed to her diagnosed conditions, this report does not establish a causal relationship between her conditions and her employment and is not sufficient to meet her burden of proof.

In his undated report, Dr. Schiller stated that appellant's cervical strain was due to constant repetitive action and overuse in her daily work activities in front of a computer. He further stated that her cervical strain aggravated her migraine condition causing her to lose time from work. While Dr. Schiller offered an opinion that appellant developed cervical strain and aggravated her migraines due to her implicated employment duties, he did not provide any medical reasoning explaining how or why the work duties resulted in cervical strain or how her diagnosed cervical strain aggravated her migraines. Without medical rationale explaining how and why appellant's employment activities resulted in the diagnosed condition and aggravation, this report is not sufficient to meet her burden of proof.

The Board finds that appellant has not provided the necessary medical opinion evidence with a proper history of injury describing the implicated employment duties, providing a diagnosis and explaining how her employment duties caused or contributed to her diagnosed conditions. Without clear and detailed medical evidence appellant has not established a causal relationship between her employment and her work and has not established her claim.

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 submitted the necessary medical opinion evidence to meet her burden of proof in establishing an occupational disease claim.

ORDER

IT IS HEREBY ORDERED THAT the January 25, 2012 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 21, 2012
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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