



pistol qualification training. He indicated that he experienced light-headedness, blurred vision, problems with speech, and numbness to the left side of his face and left arm.

Appellant sought emergency medical services that day. He advised that he was at the shooting range around noon. Appellant was talking to someone and felt “something moving” on the left side of his face. He felt numbness and tingling, had difficulty speaking for a few seconds, followed by a mild headache to the left side. Appellant stated that it resolved after a few seconds, then recurred for several more seconds a little bit later. He stated that his vision went blurry a little bit during the episode. Given the speech changes and facial numbness, Dr. Aaron A. Abrahamsen, Board-certified in emergency medicine, was concerned about a possible transient ischemic attack.

Dr. Payam Emdad, a Board-certified physiatrist, examined appellant on June 3, 2013. He diagnosed sprain or strain of the cervical spine<sup>2</sup> and history of transient ischemic attack.<sup>3</sup> Dr. Emdad indicated that causation would be determined after a neurological consultation.

OWCP received treatment notes, hospital records and diagnostic test reports.

In a decision dated August 16, 2013, OWCP denied appellant’s injury claim. It found that his work activities on May 21, 2013 occurred as alleged, but the medical evidence did not establish that these activities caused an injury.

### **LEGAL PRECEDENT**

FECA provides compensation for the disability of an employee resulting from personal injury sustained while in the performance of duty.<sup>4</sup> An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his claim. When an employee claims that he sustained an injury in the performance of duty, he must submit sufficient evidence to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. He must also establish that such event, incident or exposure caused an injury.<sup>5</sup>

Causal relationship is a medical issue,<sup>6</sup> and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>7</sup> must be

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<sup>2</sup> Appellant indicated that earlier in his training he fell and hit his head.

<sup>3</sup> Dr. Emdad noted a history of seizure when appellant was 40 years old, after a fall and head injury in the military.

<sup>4</sup> 5 U.S.C. § 8102(a).

<sup>5</sup> *John J. Carlone*, 41 ECAB 354 (1989).

<sup>6</sup> *Mary J. Briggs*, 37 ECAB 578 (1986).

<sup>7</sup> *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

one of reasonable medical certainty,<sup>8</sup> 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.<sup>9</sup>

The mere fact that a condition manifests itself or worsens during a period of federal employment raises no inference of causal relationship between the two.<sup>10</sup>

### ANALYSIS

OWCP accepts that appellant's work activities on May 21, 2013 occurred as alleged. Appellant was at the shooting range around noon. He was talking to someone when his symptoms began to manifest. Appellant has met his burden to establish that he experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged.

The question that remains is whether appellant's work activities that morning caused an injury. None of the medical evidence submitted to the record provides a physician's opinion to that effect. Dr. Abrahamsen, the emergency medicine specialist, was concerned about a possible transient ischemic attack, but he did not firmly diagnose the condition and did not attribute it to any particular work activity on the morning of May 21, 2013. Dr. Emdad, the physiatrist, noted a history of transient ischemic attack, but again did not firmly diagnose the condition and did not attribute it to the performance of appellant's duties on May 21, 2013.

Although it appears that some medical condition manifested during a period of federal employment, the Board finds that appellant has failed to establish a causal relationship between his work activities during postal qualification training on May 21, 2013 and the medical condition he suffered. There is no well-reasoned medical opinion to support his claim for compensation. Accordingly, the Board will affirm OWCP's August 16, 2013 decision.

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 his burden to establish that his work activities on May 21, 2013 caused an injury.

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<sup>8</sup> See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

<sup>9</sup> See *William E. Enright*, 31 ECAB 426, 430 (1980).

<sup>10</sup> *Steven R. Piper*, 39 ECAB 312 (1987).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 16, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 7, 2014  
Washington, DC

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

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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