

sitting at his desk, he made a sudden move to answer the door. He indicated that the injury was to his lumbar discs and that he had nerve inflammation. Appellant did not stop work.

Appellant submitted emergency room records that included a July 19, 2013 report from Dr. Jessica Quinones-De Echegaray, Board-certified in emergency medicine, diagnosing back sprain. In another July 19, 2013 report, Dr. Quinones-De Echegaray noted that appellant began experiencing severe back pain while performing his regular duties at work, which was described as a desk job. She also noted that appellant had a preexisting L4-L5 disc problem prior to this incident. On July 19, 2013 Dr. Orlando Enrizo, Board-certified in radiology, conducted a computerized tomography (CT) scan which revealed mild degenerative disease of the lumbar spine. Appellant was found to have broad-based disc bulge, bilateral facet hypertrophy and hypertrophy of the ligamentum flavum in the L4-L5 level. Dr. Enrizo also advised that the CT scan revealed a broad-based disc bulge in the L5-S1 level.

In a July 23, 2013 report, Dr. Keith Gould, an osteopath specializing in emergency medicine, diagnosed acute low back pain and bulging disc of backbone. In a July 29, 2013 report, Dr. Dionne Casthely, a Board-certified physiatrist, diagnosed lumbar facet joint pain and referred appellant to pain management. August 1, 2013 treatment notes signed by Dr. Moises Lustgarten, Board-certified in anesthesiology and pain medicine, indicated that appellant underwent a procedure to reduce pain, as referred by Dr. Casthely.

In a November 5, 2013 letter, OWCP advised appellant of the type of medical evidence needed to establish the claim. In particular, it noted that a physician's opinion supported by medical explanation was needed to support that a work incident caused or aggravated his claimed injury. Appellant was advised that he had 30 days to submit additional medical evidence.

In response, appellant submitted a July 24, 2013 report where Dr. Casthely noted that the onset of pain was sudden and without injury and that it occurred as appellant got up from his desk chair. Dr. Casthely stated that appellant was an officer who wore a 15-pound belt around his waist at all times. She reported his CT scan results and advised that he had "an episode" five years earlier, which was treated with three injections. Lumbar examination was positive for severe spasm, midline tenderness and pain in the sacroiliac joint. Straight-leg raising produced back pain only. There was no neurological deficit. Dr. Casthely diagnosed acute lumbago.

By decision dated December 13, 2013, OWCP denied appellant's claim on the grounds that the medical evidence did not establish that he sustained an injury or medical condition that was causally related to the accepted work event.

LEGAL PRECEDENT

An employee seeking compensation under FECA has the burden of establishing the essential elements of his or her claim by the weight of reliable, probative and substantial evidence,² including that he or she is an "employee" within the meaning of FECA and that he or she filed his or her claim within the applicable time limitation.³ The employee must also

² *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 57 (1968).

³ *R.C.*, 59 ECAB 427 (2008).

establish that he or she sustained an injury in the performance of duty as alleged and that his or her disability for work, if any, was causally related to the employment injury.⁴

Rationalized medical opinion evidence is generally required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, 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.⁵

ANALYSIS

Appellant claimed that he sustained a low back injury on July 18, 2013 when, while sitting at his desk, he made a sudden move to answer the door in his office. The evidence of record supports that the claimed incident occurred. Therefore, the Board finds that the first component of fact of injury is established. However, the medical evidence of record is insufficient to establish that the employment incident on July 18, 2013 caused a back injury.

In her July 19, 2013 emergency treatment reports, Dr. Quinones-De Echegaray diagnosed back sprain and mild degenerative disease of the lumbar spine. She noted that the injury occurred as appellant stood from his desk chair while performing his regular duties at work. However, Dr. Quinones-De Echegaray appears to merely state the history as reported to her by appellant. To the extent that this represents her own opinion on causal relationship, she did not explain how this employment incident caused or contributed to his diagnosed condition.⁶ Furthermore, the Board has found that the mere fact that a condition manifests itself or is worsened during employment period does not raise an inference of causal relationship between the two.⁷ Consequently, these reports are insufficient to discharge appellant's burden of proof.

In her July 24, 2013 report, Dr. Casthely diagnosed acute lumbago. She noted that the onset of pain was sudden and without injury and that it occurred as appellant got up from his desk chair. Dr. Casthely also noted that he wore a 15-pound belt around his waist at all times for work. Although she describes the circumstances surrounding the onset of appellant's back pain, she does not state a clear opinion as to the causal relationship between the injury and the work-related tasks of his employment. The statement noting that appellant wears a 15-pound belt does not in itself explain how the injury is related to factors of his employment. Dr. Casthely's July 29, 2013 report did not address the history of injury or causal relationship. 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.⁸

⁴ *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁵ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *Joan R. Donovan*, 54 ECAB 615, 621 (2003); *Ern Reynolds*, 45 ECAB 690, 696 (1994).

⁷ *Patricia Bolleter*, 40 ECAB 373 (1988).

⁸ See *Jaja K. Asaramo*, 55 ECAB 200 (2004) (medical evidence that does not offer any opinion regarding the cause of an employee's condition is of diminished probative value on the issue of causal relationship).

Similarly, other medical evidence, including reports by Drs. Gould and Lustgarten, are insufficient to establish the claim as this evidence does not specifically address whether the July 18, 2013 work incident caused or aggravated a diagnosed medical condition.

Appellant may submit new evidence or argument as part of a formal 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 did not establish that he sustained a traumatic injury caused by a work-related event.

ORDER

IT IS HEREBY ORDERED that the December 13, 2013 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 3, 2014
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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