



## **FACTUAL HISTORY**

On August 11, 2014 appellant, then a 54-year-old mission support specialist, filed a traumatic injury claim alleging that on August 7, 2014 he suffered a stroke while attending training. He started breathing heavily, fainted, and was transported to Laredo Medical Center.

By letter dated August 20, 2014, OWCP informed appellant of the evidence needed to support his claim. This was to include his response to a questionnaire describing the events of the claimed injury and a medical report from his physician explaining how the reported work incident caused or aggravated a diagnosed condition.

The employing establishment provided an authorization for examination and/or treatment (Form CA-16), signed by Graciela Espinoza on August 7, 2014. On September 5, 2014 appellant indicated that medical evidence had been submitted.

Reports from Laredo Medical Center dated August 10, 2014, indicated that appellant was an inpatient from August 7 to 10, 2014. The reports include a list of medications and discharge recommendations and a discharge diagnosis of syncope. Dr. Maurice A. Click, Board-certified in family medicine, appended a note indicating that appellant was medically cleared to return to work on August 14, 2014.

In reports dated August 13 and 27, 2014, Dr. Oscar N. Lightner, also Board-certified in family medicine, noted that appellant fainted at work and was transported to Laredo Medical Center where he was hospitalized for four days and had a computerized tomography scan and other procedures. He reported that appellant complained of headaches, shoulder pain, and numbness to his tongue and was somewhat impaired in speech. Dr. Lightner noted no abnormal physical examination findings and diagnosed cerebrovascular accident (CVA), weakness of muscles, headache, and fatigue. He recommended rest until further studies were done and advised that appellant could not return to work.

In an August 21, 2014 report, Dr. Click noted a history of syncope and checked the box “no” as to whether the diagnosed condition was employment related. He advised that appellant was totally disabled from August 7 to 14, 2014, could return to work on August 14, 2014, that he had been discharged from treatment on August 10, 2014, and that he was being referred to Dr. Lightner.

By decision dated September 22, 2014, OWCP denied the claim finding that appellant had not established causal relationship.

## **LEGAL PRECEDENT**

An employee seeking benefits under FECA has the burden of proof to establish 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 timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are

causally related to the employment injury. Regardless of whether the asserted claim involves traumatic injury or occupational disease, an employee must satisfy this burden of proof.<sup>2</sup>

OWCP regulations, at 20 C.F.R. § 10.5(ee) define a traumatic injury as a condition of the body caused by a specific event or incident or series of events or incidents within a single workday or shift.<sup>3</sup> To determine whether an employee sustained a traumatic injury in the performance of duty, OWCP must determine whether “fact of injury” is established. First, an employee has the burden of demonstrating the occurrence of an injury at the time, place, and in the manner alleged, by a preponderance of the reliable, probative, and substantial evidence. Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish a causal relationship between the employment incident and the alleged disability and/or condition for which compensation is claimed. An employee may establish that the employment incident occurred as alleged, but fail to show that his or her disability and/or condition relates to the employment incident.<sup>4</sup>

Causal relationship is a medical issue, and the medical evidence required to establish a causal relationship is rationalized medical evidence.<sup>5</sup> 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 employee.<sup>6</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>7</sup>

### ANALYSIS

Appellant has alleged that he suffered a stroke at work on August 7, 2014. On August 20, 2014 OWCP asked him to describe the events of the claimed injury. Appellant did not do so. In fact, other than to state on the claim form that he was attending training, it is unclear what specific employment factors he maintains caused a diagnosed condition. The record establishes that appellant lost consciousness at work on August 7, 2014.<sup>8</sup> The Board finds, however, that the medical evidence submitted by appellant is insufficient to establish that this incident caused a medical condition because the medical evidence did not offer a consistent

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<sup>2</sup> *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>3</sup> 20 C.F.R. § 10.5(ee) (1999, 2011); *Ellen L. Noble*, 55 ECAB 530 (2004).

<sup>4</sup> *Supra* note 2.

<sup>5</sup> *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>6</sup> *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

<sup>7</sup> *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

<sup>8</sup> The Board notes that, other than the claim form, the record does not contain any evidence from either appellant or the employing establishment, such as a witness statement, incident report, or documentation describing the events of August 7, 2014.

diagnosed condition and did not relate any diagnosis, including a stroke or CVA, specifically to any work factors surrounding the August 7, 2014 employment incident.

The reports from Laredo Medical Center confirm that appellant was hospitalized from August 7 to 10, 2014. These, however, merely included a list of medications, discharge instructions, and a discharge diagnosis of syncope. A stroke was not diagnosed. The hospital records did not include physician progress notes or consultations, laboratory, or diagnostic study reports, or in any way describe appellant's hospital course. Dr. Click saw appellant in the hospital and appended a note that he could return to work on August 14, 2014. In his August 21, 2014 report, he noted a history of syncope and indicated that the condition was not employment related. While he diagnosed a CVA, Dr. Lightner provided no objective findings to support this diagnosis and reported no abnormal physical examination findings. Furthermore, he did not discuss a cause of the diagnosed condition.

The record therefore does not contain a detailed medical report describing the employment incident in detail or indicate how and why appellant sustained either syncope, a CVA, or any other diagnosed condition, due to employment factors on August 7, 2014. Medical evidence needed to support a claim for compensation should reflect a correct history, and the physician should offer a medically sound explanation of how the claimed work event caused or aggravated the claimed condition.<sup>9</sup> Neither physician did so in this case. Appellant did not meet his burden of proof to establish that he sustained a traumatic injury on August 7, 2014.

The Board, however, notes that where, as in this case, an employing establishment properly executes a Form CA-16 which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the Form CA-16 creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim.<sup>10</sup> The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP.<sup>11</sup> The record is silent as to whether OWCP paid for the cost of appellant's examination or treatment for the period noted on the form.

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 did not establish that he sustained an employment-related injury on August 7, 2014.

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<sup>9</sup> *Supra* note 7.

<sup>10</sup> *See Tracy P. Spillane*, 54 ECAB 608 (2003).

<sup>11</sup> *See* 20 C.F.R. § 10.300(c).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 22, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 9, 2015  
Washington, DC

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge  
Employees' Compensation Appeals Board

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