

which radiated down his left leg to his left heel. He noted that he had sustained an initial injury on February 25, 2005 and returned to work on November 5, 2013 with restrictions.

Appellant noted that he believed he had sustained a new injury.²

In an emergency room form report dated April 15, 2014, Dr. Saulius Ivanauskus, a Board-certified family practitioner, noted that appellant was experiencing tingling in his hands, left leg, and back after lifting mail on March 28, 2014. He diagnosed neck and low back pain and checked a box indicating that the injury was causally related to the employment incident.

Dr. Deborah Vicario, a specialist in family medicine, in a treatment note dated May 8, 2014, excused appellant from work from May 7 to 9, 2014.

Dr. Robert McCoy, a specialist in critical care medicine and pulmonology, in an emergency room form report dated May 8, 2014, diagnosed appellant with low back pain and sciatica. He checked a box indicating that the injury was caused by the employment incident.

Dr. Berta Briones, a specialist in critical care medicine and pulmonology, in an emergency room form report dated May 20, 2014, noted that appellant had low back pain and sciatica. She also checked a box indicating that the injury resulted from appellant's employment incident.

OWCP asked appellant to submit a comprehensive medical report from his treating physician describing his symptoms and the medical reasons for his condition, and an opinion as to whether his claimed condition was causally related to his duties of federal employment. It requested that he submit the additional evidence within 30 days.

Dr. Vicario, in a treatment note dated May 28, 2014, excused appellant from work from May 17 to 31, 2014. She stated that he could return to work with restrictions on June 3, 2014. OWCP also reviewed notes from Dr. Vicario dated June 20, 2014 indicating that appellant suffered from low back pain radiating down the left leg.

By decision dated July 18, 2014, OWCP denied appellant's claim, finding that had he failed to submit sufficient medical evidence in support of his claim that he sustained an injury in the performance of duty.

An October 15, 2014 magnetic resonance imaging (MRI) report, noted that appellant was experiencing low back pain radiating to both lower extremities, which was caused by a lifting injury. The results of the MRI scan showed a mild narrowing of the intervertebral discs at L5-S1 and L4-5; and disc bulging at L4-5 and L5-S1, with a mild degree of superimposed disc profusion toward the left at L5-S1. The study also revealed a slight thickening of the left S1 nerve root, perhaps representing swelling; and moderate foraminal stenosis for the L5 nerve roots, and relatively mild for the L4 nerve roots. The report stated that appellant had

² By a subsequent letter dated June 9, 2014, OWCP advised appellant that his case would be converted to a claim for traumatic injury, as the description provided by him on the Form CA-2a constituted a new injury.

degenerative disc disease with disc bulging at L4-5 and L5-S1, small disc protrusion at L5-S1, and foraminal stenosis for the L4 and L5 nerve roots.

By letter dated July 24, 2014, appellant, through counsel, requested an oral hearing. The hearing was held on February 12, 2015. Appellant resubmitted medical reports previously of record. He added emergency room records documenting treatment between April 15 through July 3, 2014 by Dr. Ivanauskus and Dr. Vicario for back pain.

By decision dated April 14, 2015, an OWCP hearing representative affirmed the July 18, 2014 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of establishing that 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.⁴ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether a “fact of injury” has been established. First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident at the time, place, and in the manner alleged.⁶ Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.⁷ The medical evidence required to establish causal relationship is usually rationalized medical evidence. Rationalized medical opinion evidence is medical evidence which includes a physician’s rationalized opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors. 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 claimant.⁸

³ 5 U.S.C. § 8101-8193.

⁴ *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁵ *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *Id.* For a definition of the term “injury,” see 20 C.F.R. § 10.5(a)(14).

⁸ *Id.*

The Board has held that the mere fact that a condition manifests itself during a period of employment does not raise an inference that there is a causal relationship between the two.⁹

An award of compensation may not be based on surmise, conjecture, or speculation. Neither the fact that appellant's condition became apparent during a period of employment nor the belief that his condition was caused, precipitated, or aggravated by his employment is sufficient to establish causal relationship.¹⁰ Causal relationship must be established by rationalized medical opinion evidence and appellant failed to submit such evidence.

ANALYSIS

OWCP accepted that appellant experienced pain in his neck, low back, left hand, shoulder, left leg, and left heel while picking up and carrying a tray of mail on March 28, 2014. The question of whether an employment incident caused a personal injury can only be established by probative medical evidence.¹¹ Appellant has not submitted rationalized, probative medical evidence to establish that the March 28, 2014 employment incident caused an injury.

Drs. Ivanauskus, Vicario, McCoy, and Briones submitted emergency room form reports in which they noted appellant's complaints of lower back and neck pain on examination and provided diagnoses of neck/low back strain, sciatica, and cervical/lumbar radiculopathy. In addition, the October 14, 2014 MRI scan provided diagnoses of degenerative disc disease with disc bulging at L4-5 and L5-S1, a small disc protrusion at L5-S1, and foraminal stenosis for the L4 and L5 nerve roots. These reports, however, did not sufficiently relate the diagnoses to the March 28, 2014 incident at work. The weight of medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested, and the medical rationale expressed in support of stated conclusions.¹²

The medical evidence of record does not describe appellant's incident in detail or explain how the incident caused the claimed conditions.¹³ While Drs. Ivanauskus, McCoy, and Briones noted with a check mark that the diagnosed conditions were causally related to the employment injury, the Board has held that a checked box is insufficient to establish causation.¹⁴ There is, therefore, insufficient rationalized evidence in the record that appellant sustained a work-related injury on March 28, 2014. The reports of record that address causal relationship merely indicate that the March 28, 2014 work incident caused injury.

⁹ See *Joe T. Williams*, 44 ECAB 518, 521 (1993).

¹⁰ *Id.*

¹¹ *Supra* note 5.

¹² See *Anna C. Leanza*, 48 ECAB 115 (1996).

¹³ *Id.*

¹⁴ See *U.K.*, Docket No. 14-1564 (issued October 20, 2014).

OWCP advised appellant of the evidence required to establish his claim. However, appellant did not provide a medical opinion which describes or explains the medical process through which the March 28, 2014 work incident would have caused the claimed injuries. Accordingly, he did not establish that he sustained an injury in the performance of duty. OWCP properly denied appellant's claim for compensation.

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 failed to establish that he sustained an injury in the performance of duty on March 28, 2014.

ORDER

IT IS HEREBY ORDERED THAT the April 14, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 15, 2015
Washington, DC

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

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

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