

aggravated by work stress. Specifically, he attributed the stress to an increased workload from a detail which he alleged increased his management of 16 employees to 71 employees.

By letter dated August 14, 2015, OWCP informed appellant that the evidence of record was insufficient to establish his claim. Appellant was advised as to the medical and factual evidence required and was afforded 30 days to provide this information.

In response to OWCP's request, appellant submitted the following factual and medical evidence.

A June 26, 2015 memorandum from the employing establishment's outpatient program manager informed appellant he was being temporarily detailed to a position as an acting nurse manager of the Acute Inpatient Psychiatric Unit on or about June 30, 2015. Appellant's duties were split into three periods. His initial work duties, which concluded on August 7, 2015, involved assisting in the orientation of the newly selected Assistant Nurse Manager C.J. From August 10 to September 18, 2015, appellant was assigned to work as acting nurse manager three days per week to assist with C.J.'s transition to her new position. During the final period, from September 18 to 30, 2015, he was to be available as necessary to assist C.J. with her nurse manager duties.

In an undated statement, appellant related that on June 30, 2015 he was detailed to act as nurse manager, which he noted involved an increase in the number of employees who reported to him from 18 to 71, as well as a 300 percent increase in responsibilities and workload. He noted that the department he was detailed to had a high employee turnover, was very difficult to manage, and all management positions except the recent program manager hire were vacant. After working approximately two weeks as acting nurse manager, appellant reported having headaches, shoulder and neck tension, and ringing in his ears. On July 31, 2015 he asked a coworker to take his blood pressure which was at 167/94. Appellant noted multiple work problems involving scheduling, ongoing administrative issues, staffing, and complaints regarding physician practices when he came to work on August 3, 2015, which led to his increased tinnitus, headaches, and shoulder and neck tightness. His blood pressure was measured at 184/96 at the occupational health unit. Appellant's treating physician evaluated him on August 7, 2015 when his blood pressure was 184/104. At this point his treating physician recommended rest and released him to return to work on August 12, 2015 with restrictions and medication for his blood pressure. Appellant noted there were no other stressors in his life.

In an August 10, 2015 report, Dr. Pam Banister, a Board-certified family medical practitioner, noted that appellant was seen on August 7, 2015 for complaints of high blood pressure symptoms, which included increased tinnitus, shoulder and neck tightness, and headaches. According to appellant, these symptoms began approximately two weeks after being assigned to a job on July 17, 2015 that increased his workload by about 300 percent. Dr. Banister released appellant to return to work on August 12, 2015 with a restriction that he return to his prior duties and not to the additional duties of his detail.

By decision dated September 23, 2015, OWCP denied appellant's claim as it found he had failed to establish fact of injury as the record contained no medical evidence with a

diagnosis.² It accepted the factor of overwork from appellant's detail, but found that the record contained no medical evidence from a physician qualified under FECA.

On October 30, 2015 appellant requested reconsideration and submitted an additional medical report.

In an October 27, 2015 report, Dr. Timothy Ivey, a treating Board-certified internist, attributed appellant's increased blood pressure to increased work stress. He reported appellant's blood pressure on January 5, 2015 as 152/90. After acquiring more work responsibilities on June 30, 2015, appellant's blood pressure on August 7, 2015 was 182/104. He was placed off work for five days and had his medication adjusted which resulted in a blood pressure of 144/82 on August 11, 2015. When appellant returned on October 2, 2015, his blood pressure was 160/90. No other contributing factor was noted and appellant denied any stress at home, which would cause his elevated blood pressure. Dr. Ivey diagnosed hypertension.

By decision dated January 12, 2016, OWCP denied modification of the prior decision. It found the medical evidence submitted insufficiently rationalized to establish that appellant's hypertension had been caused or aggravated by the accepted employment factor of overwork.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of establishing 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 filed within the applicable time limitation, that an injury was sustained while 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 on a traumatic injury or an occupational disease.⁵

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁶

² The Board notes that OWCP mischaracterized appellant's claim as a traumatic injury claim when the only claim contained in the record is an occupational disease claim.

³ *Supra* note 1.

⁴ C.S., Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁵ *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ *D.U.*, Docket No. 10-144 (issued July 27, 2010); *R.H.*, 59 ECAB 382 (2008); *Roy L. Humphrey*, 57 ECAB 238 (2005); *Donald W. Wenzel*, 56 ECAB 390 (2005).

The Board has held that a variety of work factors are compensable under FECA. Among them, overwork is a compensable factor of employment if appellant submits sufficient evidence to substantiate this allegation.⁷ Also, in certain circumstances, working overtime is sufficiently related to regular or specially assigned duties to constitute a compensable employment factor.⁸ Additionally, conditions related to stress resulting from situations in which an employee is trying to meet his or her position requirements are compensable.⁹

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.¹⁰ Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and the compensable employment factors.¹¹ The opinion of the physician must be based on a complete factual and medical background of the employee, 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.¹²

ANALYSIS

Appellant filed an occupational disease claim alleging that his hypertension was caused by the increased work duties of being temporarily detailed to an acting nurse manager position. OWCP accepted the employment factor of increased work duties. The Board finds that the evidence of record, including appellant's statement and the employing establishment's temporary reassignment letter, document that appellant had increased work duties when he was temporarily reassigned as acting nurse manager. The issue, therefore, is whether appellant met his burden of proof to establish that his hypertension was caused or aggravated by the accepted work factor. The Board finds that appellant failed to establish that his hypertension had been caused or aggravated by the accepted work factor.

Appellant submitted an October 27, 2015 report by Dr. Ivey, a treating Board-certified internist, which diagnosed hypertension and attributed appellant's increased blood pressure to increased work stress. Dr. Ivey reported that on June 30, 2015 appellant acquired more work responsibilities and noted a high blood pressure reading taken on August 7, 2015. He indicated that there was no other contributing factor. While Dr. Ivey's report contains an affirmative statement of causation and noted appellant's increased work responsibilities, it does not contain a sufficient explanation of a physiologic process by which the established employment factor of

⁷ See *Bobbie D. Daly*, 53 ECAB 691 (2002).

⁸ *Peter D. Butt, Jr.*, 56 ECAB 117 (2004); *Bobbie D. Daly*, *supra* note 7.

⁹ *Trudy A. Scott*, 52 ECAB 309 (2001)

¹⁰ *Y.J.*, Docket No. 08-1167 (issued October 7, 2008); *A.D.*, 58 ECAB 149 (2006); *D'Wayne Avila*, 57 ECAB 642 (2006).

¹¹ *J.J.*, Docket No. 09-27 (issued February 10, 2009); *Michael S. Mina*, 57 ECAB 379 (2006)

¹² *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

overwork would cause or aggravate the diagnosed condition of hypertension.¹³ The Board notes that a rationalized medical opinion is especially necessary, given that appellant was previously taking medication for high blood pressure.¹⁴ Thus, this medical report is insufficient to meet appellant's burden of proof to establish causal relationship.

Appellant also submitted an August 10, 2015 abbreviated report by Dr. Banister, in which he reported that appellant had been seen for complaints of high blood pressure symptoms, which included increased tinnitus, shoulder and neck tightness, and headaches. He related that his symptoms began following his detail which increased his workload. However, Dr. Banister offered no opinion whether the accepted work factor of overwork caused or aggravated the diagnosed condition. The Board has held that medical evidence offering no opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹⁵ Thus, the report from Dr. Banister is insufficient to establish appellant's hypertension was caused by the accepted work factor of overwork.

The Board has held that the fact that a condition manifests itself during a period of employment does not raise an inference of causal relation.¹⁶ 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.¹⁷ To establish a firm medical diagnosis and causal relationship, appellant must submit a physician's report that addresses how the accepted employment factor of overwork caused or aggravated his hypertension.¹⁸

OWCP advised appellant that it was his responsibility to provide a comprehensive medical report which described his symptoms, test results, diagnosis, treatment, and a physician's opinion, with medical rationale, on the cause of his diagnosed condition. Appellant failed to submit appropriate medical documentation in response to the OWCP's request. As there is no probative, rationalized medical evidence addressing how his claimed hypertension was caused or aggravated by the identified employment factor of overwork, he has not met his burden of proof. The Board will therefore affirm OWCP's September 23, 2015 and January 12, 2016 decisions.

¹³ *M.V.*, Docket No. 16-0218 (issued May 11, 2016).

¹⁴ *See C.S.*, Docket No. 15-1829 (issued January 28, 2016).

¹⁵ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

¹⁶ *L.D.*, Docket No. 09-1503 (issued April 15, 2010); *D.I.*, 59 ECAB 158 (2007) *Daniel O. Vasquez*, 57 ECAB 559 (2006).

¹⁷ *See D.U.*, *supra* 6; *Robert Broome*, 55 ECAB 339 (2004); *Anna C. Leanza*, 48 ECAB 115 (1996).

¹⁸ *Michael S. Mina*, *supra* note 11; *Michael E. Smith*, 50 ECAB 313 (1999).

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 of proof to establish that his hypertension was causally related to the accepted factor of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated January 12, 2016 and September 23, 2015 are affirmed.

Issued: August 5, 2016
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board