

**United States Department of Labor
Employees' Compensation Appeals Board**

M.F., Appellant)	
)	
and)	Docket No. 15-0081
)	Issued: January 15, 2016
U.S. POSTAL SERVICE, POST OFFICE, Staten Island, NY, Employer)	
)	

<i>Appearances:</i>	<i>Case Submitted on the Record</i>
Robert J. Helbock, Esq., for the appellant	
Office of Solicitor, for the Director	

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
COLLEEN DUFFY KIKO, Judge

JURISDICTION

On October 15, 2014 appellant, through counsel, filed a timely appeal from an April 18, 2014 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits effective March 2, 2012; (2) whether appellant established that she had any continuing employment-related residuals or disability on or after March 2, 2012; and (3) whether she sustained a back injury as a consequence of her accepted employment-related injuries.

On appeal counsel contends that appellant's claim should be amended to include herniated lumbar disc and radiculopathy based on the rationalized medical opinion of Dr. Igor Stiler, an attending Board-certified neurologist. He further contends that the opinion of

¹ 5 U.S.C. § 8101 *et seq.*

Dr. Michael J. Carciente, a Board-certified neurologist and an OWCP second opinion physician, did not constitute the weight of the medical evidence as the physician did not address the existence of these conditions. Lastly, counsel contends that OWCP's April 18, 2014 decision makes medical conclusions that are not part of the record as it did not cite to the requirement that an explanation be provided as to whether the accepted employment injuries directly caused appellant's lumbar conditions.

FACTUAL HISTORY

OWCP accepted that on January 5, 2011 appellant, then a 36-year-old letter carrier, sustained a right ankle and back sprain when she slipped on an icy sidewalk while in the performance of duty. Appellant stopped work on January 6, 2011. She returned to full-time modified-duty work on January 14, 2011.

On May 12, 2011 OWCP accepted appellant's claim for a recurrence of disability commencing March 22, 2011. It paid wage-loss compensation and medical benefits.

By letter dated December 9, 2011, OWCP referred appellant, together with a statement of accepted facts and the medical record, to Dr. Carciente for a second opinion evaluation to determine her current medical status. In a January 11, 2012 medical report, Dr. Carciente indicated that he examined appellant on January 3, 2012. He provided a history of the January 5, 2011 employment injuries and her medical treatment. On physical examination, Dr. Carciente found no atrophy, fasciculation throughout the upper and lower extremities, or pronator drift. Appellant's hand grip was strong bilaterally. Deep tendon reflexes were 2+ and symmetric on the biceps, triceps, brachioradialis, patellar, medial hamstrings, and Achilles tendon. The plantar responses were flexor bilaterally. There was no spasticity or ankle clonus. Motor strength was 5/5 in all proximal and distal major muscle groups on the upper and lower extremities. Appellant was able to dorsiflex, plantar flex, invert, and evert her feet and extend and flex all her toes with full power. There was no atrophy in the extensor digitorum brevis muscles. Appellant had normal sensation to pinprick, cold temperature, and vibration in the upper and lower extremities. There was no finger to nose dysmetria. Appellant walked normally and without difficulty. She was also able to stand and walk on her heels and toes. There was no tenderness in the cervical spine or on the thoracic/lumbosacral spine. There was no evidence of paraspinal spasm in the cervical spine or thoracic/lumbosacral spine. Straight leg maneuver testing was negative to about 80 degrees in the sitting position which was normal.

Dr. Carciente advised that appellant had a normal neurological examination. There were no objective neurological findings related to her accepted right foot and lumbar conditions. There was also no objective evidence of a radiculopathy. Dr. Carciente advised that, in the absence of objective neurological findings, additional physical therapy was not warranted. He opined that appellant was able to work without restrictions as of January 3, 2012.

On January 20, 2012 OWCP provided appellant with a notice of proposed termination of compensation. It explained that the accepted injuries had resolved, that no other medical conditions had arisen out of these injuries, and that she was able to perform her full work duties based on Dr. Carciente's opinion as the weight of the medical evidence. OWCP afforded her 30 days to submit additional evidence or argument.

In a February, 17, 2012 statement, appellant contended that she was not fully healed and she could not return to work. She stated that Dr. Carciente's findings were untrue. Appellant related that she never had a sprained back. She had a herniated disc and nerve damage. Appellant stated that Dr. Carciente never tested her range of motion and she never walked on her heels and toes. She noted her current and upcoming medical treatment.

Appellant submitted a report dated May 23, 2011 from Dr. Stiler. Dr. Stiler advised that an electromyogram (EMG)/nerve conduction (NC) study revealed left S1 radiculopathy based on prolonged latency of the left H-reflex. The study also revealed left lumbar radiculopathy at the L5-S1 level. In a prescription dated February 17, 2012, Dr. Stiler advised that appellant was disabled for work due to lumbar disc herniation and radiculopathy. He stated that she did not have a lumbar sprain.

An unsigned report and a treatment note with an unknown signature both dated June 8, 2011, listed examination findings and diagnosed low back pain with pain down her legs that had improved, but was persistent.

In a June 8, 2011 duty status report (Form CA-17), Dr. Alexander Gecht, a Board-certified internist, diagnosed a lumbar herniated disc due to the January 5, 2011 employment injury and provided work restrictions. He advised that appellant was not able to perform her regular work. In an attending physician's report (Form CA-20) dated June 8, 2011, Dr. Gecht noted that on January 5, 2011 appellant slipped on ice and injured her back and right knee. He provided examination findings and diagnosed lumbar pain. Dr. Gecht checked the box marked "yes" when asked if the diagnosed condition was caused or aggravated by the employment activity. He advised that appellant was totally disabled from January 5, 2011 through the date of his report. In a work capacity evaluation with a partially illegible date reflecting June 2011, Dr. Gecht advised that she was not capable of performing her usual job or working eight hours a day due to a lumbar herniated disc. He listed physical restrictions for an indefinite duration.

In a December 30, 2011 Form CA-17 report, a physician with an unknown signature provided a history that appellant fell on ice and injured her back and ankle. The physician diagnosed lumbar radiculopathy due to the injury and provided work restrictions. Appellant was unable to perform her regular work.

Dr. Kenneth Bradley Chapman, a Board-certified anesthesiologist with a subspecialty in pain medicine, in a January 10, 2012 form report, noted the date of injury as January 5, 2011. He referenced a prior office note regarding his most recent examination findings and diagnostic test results, and body parts affected by injury. Dr. Chapman stated that appellant's complaints were consistent with her history of injury.

In a March 2, 2012 decision, OWCP terminated appellant's medical benefits and wage-loss compensation effective that date, finding that the January 11, 2012 opinion of Dr. Carciente represented the weight of the medical evidence and established that her accepted injuries had resolved, that she had no other medical conditions arising out of these injuries, and that she was capable of performing her full work duties.

On March 31, 2012 appellant requested a telephone hearing with an OWCP hearing representative and submitted additional medical evidence. In reports dated February 17,

March 23, July 6, and August 10, 2012, Dr. Stiler diagnosed severe lumbosacral radiculopathy at the left S1 nerve root secondary to disc herniation at L5-S1. He advised that appellant remained totally disabled for work. Dr. Stiler stated that she did not have a lumbar sprain and strain. A computerized spinal range of motion examination performed on July 6, 2012 on behalf of Dr. Stiler stated that appellant had seven percent whole person spinal impairment.

In a September 18, 2012 decision, the hearing representative affirmed the March 2, 2012 termination decision, finding that Dr. Carciente's opinion represented the weight of the medical evidence. He also found that the medical evidence was insufficient to establish that appellant sustained a herniated L5-S1 disc and left L5-S1 radiculopathy causally related to her accepted January 5, 2011 work injuries.

In a December 3, 2012 letter, appellant, through counsel, requested reconsideration and submitted medical evidence. In a September 21, 2012 report, Dr. Stiler noted appellant's continuing low back pain, provided examination findings, and advised that she was temporarily totally disabled. In reports dated November 30, 2012, he obtained a history that on January 5, 2011 she slipped on ice while working and injured her lower back with direct force from the fall. Dr. Stiler advised that the forces applied to the lower back from the fall, taking into account appellant's weight, contributed to the vector forces as she fell against the lumbar region which led to severe pain across the lower back with radiation into the lower extremities. He stated that a lumbar magnetic resonance imaging (MRI) scan showed a left-sided disc herniation at the L5-S1 level impinging specifically on the left S1 nerve root which also caused deformity of that nerve root. Dr. Stiler stated, therefore, that the forces applied to the lower back as appellant fell onto her lower back caused a disruption of the annulus leading to herniation of the nucleus pulposus at the L5-S1 disc which caused it to compress the left S1 nerve root. He related that this was evidence of causal relationship. Dr. Stiler noted that appellant had a mild sprain of the lower back about two years prior to the January 5, 2011 work injury, but she did not have any of the symptoms associated with the more recent work injury and was able to carry out her work activities after the prior lower back sprain. He stated that after the January 5, 2011 injury with objective findings of a herniated disc at the L5-S1 level with nerve root deformity of the S1 nerve root, appellant had not been able to recover and she continued to experience pain across her lower back.

Dr. Stiler related that during each of his evaluations performed approximately every four to six weeks since April 12, 2011, appellant complained about pain with occasional exacerbation to the point she was unable to straighten up when she tried to walk. He stated that she may very likely require lumbar surgery as a result of the disc herniation. Dr. Stiler advised that appellant's neurologic examination remained essentially unchanged. He opined that the lumbar radiculopathy initially found during an April 12, 2011 examination was directly causally related to the January 5, 2011 employment incident. Dr. Stiler concluded that as a result of this ongoing condition for which no treatment had been authorized, appellant remained totally disabled from work and she could not carry out any work activities. He noted his lumbar examination findings and further concluded that her prognosis was guarded. In a January 11, 2013 report, Dr. Stiler listed findings on examination and reiterated his opinion that appellant remained totally disabled for work.

In a March 5, 2013 decision, OWCP denied modification of the September 18, 2012 decision. It again found that Dr. Carciente's opinion constituted the weight of the evidence and

established that appellant no longer had any residuals or disability due to the accepted injuries. OWCP also found that appellant had not submitted sufficiently rationalized medical evidence to establish that she sustained additional lumbar conditions causally related to her January 5, 2011 employment injuries.

By letter dated February 3, 2014, counsel requested reconsideration.

A February 27, 2013 computerized spinal range of motion examination was performed on behalf of Dr. Stiler and again found seven percent whole person spinal impairment. In narrative reports dated February 27 to August 9, 2013 and a letter dated February 1, 2014, Dr. Stiler noted appellant's continued lower back pain and stiffness, listed examination findings, and reiterated that appellant remained totally disabled for work. In the February 1, 2014 letter, he reiterated that appellant's diagnosis was not lumbar sprain. Dr. Stiler contended that this misdiagnosis was beneficial for an OWCP claims examiner who was clearly biased against appellant based on his review of all the records. He stated that diagnostic studies were consistent with his diagnosis of lumbar radiculopathy and not resolved lumbar sprain. Dr. Stiler further stated that a herniated disc with impingement on the nerve root with an EMG proved that radiculopathy was not a lumbar sprain by any stretch of the imagination. He related that appellant's injuries clearly showed that primary forces were applied to the lumbar spine leading to the disc herniation. Dr. Stiler noted that prior to this injury she did not complain about any lower back pain and was able to function fully at her job. He contended that his opinion was based on an objective MRI scan and EMG studies which contradicted Dr. Carciente's benign and insignificant diagnosis.

Dr. Stiler related that he had treated appellant on multiple occasions while Dr. Carciente based his findings on one examination. He noted the history provided by Dr. Gecht that appellant fell on her coccyx and OWCP claims examiner's finding that it was contradictory to label the diagnosis for such injury as lumbar radiculopathy. Dr. Stiler stated that injuries to the coccyx did not produce disc herniations in the lumbar spine or produce positive EMG findings. Injuries to the lower back produced such conditions. Dr. Stiler alleged bias by the claims examiner who questioned the history he provided that appellant fell on her back, but did not question the same history provided by Dr. Carciente.

In an April 18, 2014 decision, OWCP denied modification of the March 5, 2013 decision. It found that Dr. Carciente's January 11, 2012 report represented the weight of the medical opinion evidence regarding the termination of appellant's compensation benefits. OWCP further found that the medical evidence did not provide a rationalized medical opinion establishing a causal relationship between appellant's lumbar herniated disc and radiculopathy and the accepted January 5, 2011 work injury or that she had any continuing residuals or disability causally related to the accepted employment injuries.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee's benefits. It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment.²

² *Elaine Sneed*, 56 ECAB 373 (2005); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

OWCP's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.³

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits as of March 2, 2012. OWCP accepted that appellant sustained right ankle and back sprain as a result of a January 5, 2011 fall while in the performance of duty. It subsequently accepted that she sustained a recurrence of total disability commencing March 22, 2011 and paid wage-loss compensation and medical benefits. OWCP referred appellant to Dr. Carciente for a second opinion evaluation.

Dr. Carciente's January 11, 2012 report reviewed a history of the accepted right ankle and back conditions and appellant's medical treatment. He found that she had no residuals or disability of the accepted injuries or radiculopathy due to the work injuries. Dr. Carciente opined that appellant could work without restrictions and that no additional physical therapy was warranted. He documented normal examination findings. Dr. Carciente noted that appellant walked normally without difficulty and she was able to stand and walk on her heels and toes. On examination of the cervical, thoracic, and lumbar spine he found no tenderness or paraspinal spasm. Dr. Carciente reported negative straight leg maneuver to approximately 80 degrees in the sitting position which was normal. He advised that appellant had a normal neurological examination. Dr. Carciente concluded that there were no objective neurological findings related to the accepted right foot and lumbar conditions. He further concluded that there was no objective evidence of a radiculopathy.

The Board finds that Dr. Carciente's report represents the weight of the medical evidence and that OWCP properly relied on his report to terminate appellant's wage-loss compensation and medical benefits for the accepted conditions on March 2, 2012. Dr. Carciente's opinion is based on a proper factual and medical history as he reviewed the statement of accepted facts and appellant's prior medical treatment. He also related his comprehensive examination findings in support of his opinion that she no longer had any residuals or disability causally related to her accepted right ankle and back sprain.

The remaining evidence submitted prior to the termination of compensation is insufficient to show that appellant had any remaining work-related residuals or disability. Dr. Stiler's EMG/NC study, prescription and reports dated May 23, 2011 to January 11, 2013 found that appellant had radiculopathy at left S1 and L5-S1, disc herniation at L5-S1, and seven percent whole person spinal impairment. He noted that she did not have a lumbar sprain and strain. Dr. Stiler opined that appellant was totally disabled for work due to her lumbar disc herniation and radiculopathy. The Board notes that OWCP has not accepted lumbar disc herniation or radiculopathy as employment related. For conditions not accepted by OWCP as being employment related, it is the employee's burden to provide rationalized medical evidence sufficient to establish causal relation, not OWCP's burden to disprove such relationship.⁴

³ *Gewin C. Hawkins*, 52 ECAB 242 (2001).

⁴ *G.A.*, Docket No. 09-2153 (issued June 10, 2010); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Alice J. Tysinger*, 51 ECAB 638 (2000).

Dr. Stiler did not provide any medical opinion stating that the diagnosed conditions were causally related to the accepted January 5, 2011 employment injuries. The Board has found 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.⁵ Dr. Stiler's opinion disregarded the accepted January 5, 2011 condition of back sprain and he failed to provide an opinion regarding the relevant issue of whether the accepted employment-related conditions had resolved. It is well established that medical reports must be based on a complete and accurate factual and medical background; medical opinions based on an incomplete or inaccurate history are of diminished probative value.⁶ Moreover, Dr. Stiler provided no rationale explaining how appellant's disability was caused by the January 5, 2011 employment injuries. The Board has held that a medical opinion not fortified by rationale is of diminished probative value.⁷ For the stated reasons, the Board finds that Dr. Stiler failed to provide a rationalized opinion regarding the causal relationship between appellant's lumbar conditions and the accepted employment injuries.

Dr. Gecht's June 2011 reports found that appellant had a lumbar herniated disc due to the January 5, 2011 employment injuries and that she was unable to perform her regular work duties. He did not, however, provide any medical rationale explaining how her conditions and resultant disability were causally related to the January 5, 2011 employment injuries.⁸

Dr. Chapman's January 10, 2012 report correctly noted the date of injury as January 5, 2011, but did not contain a diagnosis nor an opinion addressing the relevant issue of whether appellant had continuing employment-related residuals or disability due to that injury.

The June 8, 2011 unsigned report and treatment note and December 30, 2011 Form CA-17, which were not adequately signed, have no probative medical value, as it cannot be established that the authors are physicians.⁹

The Board finds that Dr. Carciente's opinion that appellant had recovered from the January 5, 2011 employment injuries without residuals represents the weight of the medical evidence and the additional medical evidence submitted is insufficient to create a conflict in opinion regarding whether she had continuing residuals or disability related to the accepted injuries. Therefore, OWCP properly terminated appellant's wage-loss compensation and medical benefits effective March 2, 2012 based on Dr. Carciente's opinion.

On appeal counsel contends that Dr. Carciente's opinion did not constitute the weight of the medical evidence as he did not address the existence of appellant's herniated lumbar disc and radiculopathy. Contrary to counsel's contention, Dr. Carciente's opinion was based on a thorough examination and he found no objective evidence of a herniated disc or radiculopathy.

⁵ *A.D.*, 58 ECAB 149 (2006); *Jaja K. Asaramo*, *supra* note 4; *Willie M. Miller*, 53 ECAB 697 (2002); *Michael E. Smith*, 50 ECAB 313 (1999).

⁶ *Douglas M. McQuaid*, 52 ECAB 382 (2001).

⁷ *Cecilia M. Corley*, 56 ECAB 662 (2005).

⁸ *Id.*

⁹ *See D.D.*, 57 ECAB 734 (2006); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

LEGAL PRECEDENT -- ISSUE 2

Once OWCP properly terminates appellant's compensation benefits, the burden shifts to appellant to establish that she has continuing disability after that date related to her accepted injury.¹⁰ To establish a causal relationship between the condition as well as any attendant disability claimed, and the employment injury an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such a causal relationship.¹¹ Causal relationship is a medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.¹²

ANALYSIS -- ISSUE 2

The Board finds that appellant has not established any residuals or disability causally related to her work-related right ankle and back sprains on or after March 2, 2012.

After OWCP properly terminated her wage-loss compensation and medical benefits on March 2, 2012, appellant submitted Dr. Stiler's November 30, 2012 and February 1, 2014 reports. Dr. Stiler found that appellant had a left-sided disc herniation at L5-S1 and lumbar radiculopathy based on objective test results and as a result she remained totally disabled for work. He generally explained that, when she fell onto her lower back, forces applied to the lower back caused a disruption of the annulus. This led to herniation of the nucleus pulposus at L5-S1 disc, which caused it to compress the left S1 nerve root. The Board finds that Dr. Stiler did not adequately address the issue of causal relationship. Although Dr. Stiler opined that appellant's current back conditions and resultant disability were related to the accepted employment injury, the disability suggested by Dr. Stiler is related to a herniated disc and radiculopathy. None of these conditions were accepted by OWCP as related to the January 5, 2011 incident. The Board finds, therefore, that Dr. Stiler's reports are insufficient to establish that appellant had any residuals or disability due to her accepted conditions after March 2, 2012.

Other reports dated September 12, 2012 to August 9, 2013 from Dr. Stiler found that appellant had seven percent whole person spinal impairment and that she remained totally disabled for work, but he did not provide any opinion addressing the causal relationship between appellant's impairment and disability and the accepted employment injuries.¹³ The Board finds that Dr. Stiler's reports are, therefore, insufficient to establish appellant's burden of proof.

None of the reports submitted by appellant following the termination of benefits included a rationalized opinion regarding the causal relationship between her current back condition and disability and her accepted work-related conditions. Consequently, the Board finds that appellant did not establish that she had any employment-related residuals or disability after March 2, 2012.

¹⁰ See *I.J.*, 59 ECAB 408 (2008); *Franklin D. Haislah*, 52 ECAB 457 (2001).

¹¹ *Id.*

¹² See *Paul Foster*, 56 ECAB 208 (2004); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹³ See cases cited, *supra* note 5.

LEGAL PRECEDENT -- ISSUE 3

It is an accepted principle of workers' compensation law that, when the primary injury is shown to have arisen out of and in the course of employment, every natural consequence that flows from the injury is deemed to arise out of the employment, unless it is the result of an independent intervening cause which is attributable to the employee's own intentional conduct.¹⁴ The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.¹⁵

Appellant bears the burden of proof to establish a claim for a consequential injury.¹⁶ As part of this burden, she must present rationalized medical opinion evidence, based on a complete factual and medical background, showing causal relationship. Rationalized medical evidence is an opinion of reasonable medical certainty and be supported by sound medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.¹⁷

ANALYSIS -- ISSUE 3

OWCP accepted appellant's claim for employment-related right ankle and back sprain. The Board finds that she has not submitted sufficient medical evidence to establish additional conditions as a consequence of her accepted employment injuries.

Dr. Stiler's November 30, 2012 reports found that appellant had consequential lumbar conditions and that she remained totally disabled for work. He diagnosed left-sided disc herniation at the L5-S1 level impinging specifically on the left S1 nerve root that caused deformity of that nerve root based on a lumbar MRI scan. Dr. Stiler attributed the diagnosed conditions to the accepted January 5, 2011 employment-related fall. He noted that the forces applied to the lower back from the fall and her weight contributed to the vector forces as appellant fell against the lumbar region which led to severe pain across the lower back with radiation into the lower extremities. Dr. Stiler, therefore, concluded that these forces applied to the lower back as she fell onto her lower back and caused a disruption of the annulus leading to herniation of the nucleus pulposus at the L5-S1 disc which caused it to compress the left S1 nerve root. He noted that, prior to the January 5, 2011 work injury, appellant had sustained a mild lower back sprain and was able to return to work, but that, after the January 5, 2011 fall, objective findings indicated a herniated disc at L5-S1 with nerve root deforming of the S1 nerve root from which she was unable to recover and had continuing lower back pain. Dr. Stiler found that she also had lumbar radiculopathy causally related to the accepted January 5, 2011 employment incident. He advised that appellant remained totally disabled for work as a result of this condition. Although Dr. Stiler opined that her lumbar conditions and resultant disability were causally related to the accepted January 5, 2011 work-related fall, his opinion is not

¹⁴ *Albert F. Ranieri*, 55 ECAB 598 (2004).

¹⁵ See A. Larson, *The Law of Workers' Compensation* § 10.01 (June 2010).

¹⁶ *J.A.*, Docket No. 12-603 (issued October 10, 2012).

¹⁷ *Id.*

sufficiently rationalized as it is not contemporaneous to the incident. The diagnostic findings of herniated disc and radiculopathy were not discovered until four months after the accident. The fact that he believes that she experienced these conditions and disability after she fell is insufficient, without more by way of rationale, to establish causation. As noted, part of appellant's burden of proof includes the submission of medical evidence explaining the nature of the relationship between the diagnosed condition and the specific employment factors she identified.¹⁸ Dr. Stiler's reports did not adequately explain how the accepted January 5, 2011 work-related injuries caused these more serious conditions, which were first documented four months after the fall. The Board, therefore, finds that this evidence is insufficient to establish appellant's consequential injury claim.¹⁹

Dr. Stiler's remaining reports are also insufficient to establish appellant's claim. He failed to provide an opinion that the accepted January 5, 2011 employment injuries caused or contributed to her diagnosed lumbar conditions and resultant disability.²⁰ For reasons stated, the Board finds that Dr. Stiler's reports are insufficient to establish appellant's claim.

Dr. Gecht's June 2011 reports found that appellant had a lumbar herniated disc due to the January 5, 2011 employment injuries. As previously found in this decision, however, he did not provide any medical rationale explaining how the condition was causally related to the accepted work injuries.²¹ Dr. Gecht's reports are insufficient to establish appellant's consequential injury claim.

The June 8, 2011 unsigned report and June 8, 2011 treatment note and December 30, 2011 Form CA-17 which contained unknown signatures addressed appellant's lumbar conditions. As previously found in this decision, this evidence has no probative medical value, as it is not established that the authors are physicians.²²

The Board finds that the medical evidence of record is insufficient to establish that appellant sustained a back condition as a consequence of her accepted employment injuries. Appellant did not meet her burden of proof.

On appeal, counsel contends that appellant's claim should be amended to include herniated lumbar disc and radiculopathy based on the rationalized medical opinion of Dr. Stiler. For the reasons stated, Dr. Stiler failed to provide thorough medical rationale on the issue of the causal relationship between appellant's lumbar conditions and the accepted January 5, 2011 employment injuries.

Counsel further contends on appeal that OWCP's April 18, 2014 decision made medical conclusions that were not part of the record as it did not cite to the requirement which required

¹⁸ *Id.*

¹⁹ *M.R.*, Docket No. 14-11 (issued August 27, 2014) (medical reports not containing adequate rationale on causal relationship are of diminished probative value and are insufficient to meet the claimant's burden of proof).

²⁰ See cases cited, *supra* note 5.

²¹ *Cecilia M. Corley*, *supra* note 7.

²² See cases cited, *supra* note 9.

that an explanation be provided as to whether the accepted employment injuries directly caused appellant's lumbar conditions. Contrary to counsel's contention, OWCP cited to relevant Board precedent in requiring a rationalized medical opinion to establish causal relation.

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 OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits effective March 2, 2012 as she no longer had any residuals or disability causally related to her January 5, 2011 employment injuries. The Board further finds that appellant has failed to establish any continuing employment-related residuals or disability on or after March 2, 2012. Lastly, the Board finds that she has failed to establish that she sustained a back injury as a consequence of her accepted employment-related injuries.

ORDER

IT IS HEREBY ORDERED THAT the April 18, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 15, 2016
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board