United States Department of Labor
Employees' Compensation Appeals Board

G.B., Appellant	)	
and	)	**Docket No. 15-1138**
	)	**Issued: July 13, 2016**
DEPARTMENT OF VETERANS AFFAIRS, EDITH NOURSE ROGERS MEMORIAL VETERANS HOSPITAL, Bedford, MA, Employer	)	

Appearances:
Richard Venskus, for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
COLLEEN DUFFY KIKO, Judge
ALEC J. KOROMILAS, Alternate Judge

JURISDICTION

On April 23, 2015 appellant, through her representative, filed a timely appeal from a February 20, 2015 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

ISSUE

The issue is whether appellant has established disability from March 31 to April 3, 2014 as a result of her January 12, 2012 employment injury.

[1] 5 U.S.C. § 8101 *et seq.*

[2] Appellant submitted new evidence with her appeal. The Board, however, has no jurisdiction to review new evidence on appeal; *see* 20 C.F.R. § 501.2(c).

FACTUAL HISTORY

On January 19, 2012 appellant, then a 49-year-old recreational therapist, filed a traumatic injury claim (Form CA-1) alleging that on January 11, 2012 she injured her lower back when she was assaulted by a patient.[3] OWCP accepted the claim for low back spasms and "hypertension, a temporary elevation of blood pressure." Appellant worked limited duty following her injury. OWCP paid her compensation for intermittent time lost from work due to disability and attending medical appointments.

On March 28, 2014 Dr. Mary Barker, an internist, evaluated appellant for hypertension. She noted that she had changed appellant's medication for post-traumatic stress disorder (PTSD).

In an emergency room report dated March 30, 2014, Dr. Jonathan Burstein, Board-certified in emergency medicine, evaluated appellant after a near syncope. He stated, "While [appellant watched] her mother get blood drawn [appellant] felt palpitations, chest pain, and as if she were going to pass out." Dr. Burstein indicated that appellant had been "in a stressful situation…." He diagnosed possible acute coronary syndrome and palpitations.

In a report dated March 31, 2014, Dr. Barker noted that appellant had received treatment in the emergency room that weekend. Appellant had experienced problems with the medication clonidine prescribed for her PTSD. Dr. Barker related that her blood pressure was high at the emergency room, that she did not have chest pain or shortness of breath and that "anxiety was a big component." She diagnosed hypertension.

On March 31, 2014 Dr. Barker advised that appellant could not work until April 3, 2014 "due to illness." She stated, "[Appellant] was seen on March 28, [2013] by me. She had some bradycardia. [Appellant] was prescribed clonidine for PTSD, and also this medication may help back pain and bp [blood pressure] control." Dr. Barker noted that appellant received treatment in the emergency room after experiencing high blood pressure and chest pain over the weekend. She found that appellant could resume work when her blood pressure was under control and she was "less lethargic and dizzy."

In a progress report dated April 3, 2014, Dr. Barker evaluated appellant for hypertension. She diagnosed poorly controlled blood pressure.

In a note dated April 3, 2014, Dr. Barker related that appellant was "still out of work today due to difficulty controlling her blood pressure, requiring frequent medication adjustments."

On April 7, 2014 appellant submitted a claim for compensation Form CA-7 for disability from March 31 to April 3, 2014. On a time analysis form, she attributed her lost time from work to follow up medical treatment after an emergency room visit, medical appointments, and high blood pressure.

[3] Appellant subsequently advised that her injury occurred on January 12, 2012 rather than January 11, 2012.

By letter dated April 21, 2014, OWCP requested that appellant submit medical evidence supporting that she was disabled from work from March 31 through April 3, 2014. It noted that the evidence provided a history of her almost fainting after watching a blood draw.

OWCP received on April 21, 2014 a nurse practitioner report in which noted that appellant was being treated for PTSD. She changed appellant's medication to clonidine.

On the March 30, 2014 emergency room form, however, appellant had signed an acknowledgement that her visit was unrelated to workers' compensation.

On April 30, 2014 Dr. Barker related that on March 28, 2014 appellant began taking clonidine for her blood pressure, heart rate, PTSD, and back pain. She stated, "On March 29, 2014 [appellant] was experiencing high blood pressure and tightness in her chest, and palpitations. She happened to be in the ER [emergency room] when a nurse noted [that she] did not appear well, *i.e.*, dizzy and grey in color." Appellant received medical treatment at the emergency room. On March 31, 2014 Dr. Barker took her off the clonidine and put her on a new medication for dizziness and blood pressure problems. She also found that appellant was unable to work. On April 3, 2014 Dr. Barker determined that appellant "still appeared dizzy and had an elevated blood pressure…. I recommended that [appellant] rest and not resume working until symptoms resolved."

By decision dated July 11, 2014, OWCP denied appellant's claim for disability compensation from March 31 to April 3, 2014.

On July 30, 2014 appellant requested a review of the written record. By decision dated February 20, 2015, an OWCP hearing representative affirmed the July 11, 2014 decision. He found that the medical evidence of record was insufficient to show that appellant was disabled from March 31 through April 3, 2014 as a result of her accepted employment injury.

On appeal appellant argues that she was prescribed clonidine for back pain and her blood pressure. She reviewed the medical treatment received and alleged that she missed work due to high blood pressure and bradycardia, both accepted conditions.

LEGAL PRECEDENT

Section 8103(a) of FECA states that the United States shall furnish to an employee who is injured while in the performance of duty the services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation. The Board has recognized that OWCP has broad discretion in approving services provided under section 8103, with the only limitation on OWCP's authority being that of reasonableness.[4]

With respect to claimed disability for medical treatment, section 8103 provides for medical expenses, along with transportation and other expenses incidental to securing medical

[4] *See* 5 U.S.C. § 8103*; Joseph P. Hofmann*, 57 ECAB 456 (2006).

care for injuries. However, OWCP's obligation to pay for medical expenses and other expenses incidental to obtaining medical care, such as loss of wages, extends only to expenses incurred for treatment of the effects of any employment-related condition. A claimant has the burden of proof, which includes the submission of supporting rationalized medical evidence.[5]

The term disability as used in FECA means the incapacity because of an employment injury to earn the wages that the employee was receiving at the time of injury.[6] Whether a particular injury caused an employee disability for employment is a medical issue which must be resolved by competent medical evidence.[7] When the medical evidence establishes that the residuals of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in the employment held when injured, the employee is entitled to compensation for any loss of wage-earning capacity resulting from such incapacity.[8] The Board will not require OWCP to pay compensation for disability in the absence of any medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow employees to self-certify their disability and entitlement to compensation.[9]

ANALYSIS

OWCP accepted that appellant sustained low back spasms and "hypertension, a temporary elevation of blood pressure" due to a January 12, 2012 work injury. Appellant performed modified employment subsequent to her injury and lost intermittent time from work due to disability and medical appointments.

On April 7, 2014 appellant claimed compensation for disability from March 31 to April 3, 2014 as a result of high blood pressure, attending medical appointments, and follow-up care after receiving treatment in the emergency room. The Board finds, however, that she has not met her burden of proof to show that she was disabled on these dates or received medical treatment as a result of her accepted work injury.

In an emergency room report dated March 30, 2014, Dr. Burstein related that appellant felt like she was going to faint and experienced chest pain and palpitations watching her mother get blood drawn. He noted that it occurred "in a stressful situation…." Dr. Burstein diagnosed possible acute coronary syndrome and palpitations. He, however, did not address the cause of the diagnosed conditions. 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.[10]

[5] *See S.J.*, Docket No. 14-1643 (issued April 9, 2015); *Carol A. Lyles*, 57 ECAB 265 (2005).

[6] 20 C.F.R. § 10.5(f); *Paul E. Thams*, 56 ECAB 503 (2005).

[7] *Id*.

[8] *Id*.

[9] *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, 52 ECAB 291 (2001).

[10] *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *A.D.*, 58 ECAB 149 (2006).

Further, appellant indicated in a signed March 30, 2014 emergency room form that her visit was not related to workers' compensation.

In a March 31, 2014 evaluation, Dr. Barker discussed appellant's emergency room treatment and indicated that she was having problems with clonidine, a new medication she was taking for PTSD. She noted that appellant's blood pressure was high at the emergency room and attributed this in large part to anxiety. Dr. Barker diagnosed hypertension. In a letter dated March 31, 2014, she advised that appellant was released from work until April 3, 2014 as the result of an illness. Dr. Barker prescribed clonidine for PTSD, and determined that the medication could also help back pain and blood pressure. She did not, however, attribute appellant's need for medical treatment or her disability for employment to the January 12, 2012 incident. The issue of whether a claimant's disability is related to an accepted condition is a medical question which must be established by a physician who, on the basis of a complete and accurate factual and medical history, concludes that the disability is causally related to employment factors and supports that conclusion with sound medical reasoning.[11]

On April 3, 2014 Dr. Barker reported that appellant was off work due to the need to adjust her medication in order to control her high blood pressure. Again, however, she did not attribute appellant's need for medical treatment on that date or her disability from employment to the accepted work injury, and thus her report is insufficient to form the basis for the payment of compensation.[12]

In a report dated April 30, 2014, Dr. Barker related that appellant began taking clonidine for PTSD, back pain, heart rate, and blood pressure on March 28, 2014. Appellant experienced chest pains and palpitations on March 29, 2014, and received treatment in the emergency room. Dr. Barker advised that on March 31, 2014 she changed appellant's medication from clonidine and found that she should remain off work. On April 3, 2014 she again recommended that appellant remain off work as she was still dizzy. Dr. Barker did not, however, attribute any condition, disability, or need for treatment to the January 12, 2012 employment injury, and thus her opinion is of little probative value.[13]

As noted above, employee must establish through reasoned, competent medical evidence that the disability from work resulted from the employment injury.[14] There is no such evidence in the case record. Appellant did not provide any medical evidence explaining why she required medical treatment or was disabled from work for the period March 31 to April 3, 2014 as a result of her accepted employment conditions. She has thus failed to establish her claim for wage-loss compensation due to either disability from employment or time lost for obtaining medical treatment.

[11] *See Sandra D. Pruitt*, 57 ECAB 126 (2005); *Howard A. Williams*, 45 ECAB 853 (1994).

[12] Under FECA, to establish disability, an employee's injury must be shown to be causally related to an accepted injury or accepted facts of her federal employment. *See J.F.*, 59 ECAB 331 (2008).

[13] *See P.D.*, Docket No. 11-545 (issued October 21, 2011).

[14] *See R.A.*, Docket No. 14-210 (issued April 22, 2014); *Donald E. Ewals*, 51 ECAB 428 (2000).

On appeal appellant contends that she took clonidine for back pain and her blood pressure. She alleges that she missed work due to her accepted conditions of high blood pressure and bradycardia. OWCP has not accepted appellant's claim for bradycardia under this file number nor has it accepted the underlying preexisting conditions or hypertension. Further, as discussed, appellant has the burden to establish that she was disabled due to her employment injury through the submission of probative medical evidence addressing causal relationship.[15]

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 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not established that she was disabled from March 31 to April 3, 2014 causally related to her January 12, 2012 employment injury.

ORDER

IT IS HEREBY ORDERED THAT February 20, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 13, 2016
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

[15] *See Mary A. Ceglia*, 55 ECAB 626 (2004); *Gloria J. McPherson*, 51 ECAB 441 (2000).