

bending, and squatting. She first became aware of her condition on July 23, 2001 and also first attributed her condition to her employment duties on that date. Appellant stopped work on July 17, 2002. OWCP accepted appellant's claim for lumbar strain on October 17, 2001. On July 30, 2002 appellant's physician released her to return to work. Appellant returned to work eight hours a day on September 23, 2002 with restrictions in her capacity as a modified mail handler.

By decision dated September 16, 2003, OWCP reduced appellant's wage-loss compensation benefits to zero as her position as a modified letter carrier effective September 23, 2002 fairly and reasonably represented her wage-earning capacity. It noted that appellant's actual earnings met or exceeded the current wages of her date-of-injury position.² She continued to receive medical benefits. Physical therapy was authorized and in 2006 and 2007 she was authorized to receive facet injections for pain.

Appellant was later, in 2009, authorized to receive acupuncture treatment. However, after a period of time, OWCP denied any further medical treatment without a statement on causal relationship.

Accordingly, OWCP referred appellant for a second opinion evaluation on March 11, 2011 with Dr. Marvin Van Hal, a Board-certified orthopedic surgeon. In a report dated March 31, 2011, Dr. Van Hal diagnosed lumbar strain/sprain without radiculopathy with prolongation of symptoms greater than what would be physiologically reasonable. He opined that appellant had no need of further physical therapy or other formal care. Dr. Van Hal found that appellant was at maximum medical improvement, that she had no permanent impairment, and that he was unable to determine why she continued to require limited duty.

Dr. Van Hal's report was forwarded to appellant's attending physician, Dr. Louis D. Zegarelli, an osteopath, for review. He completed a report on June 8, 2011 and explained appellant's chronic pain and requested that her conditions be upgraded to include chronic mechanical lumbosacral sprain syndrome, posterior facet syndrome, and lumbar myofibrositis.

Accordingly, OWCP referred appellant for an impartial medical examination with Dr. Bernie L. McCaskill, a Board-certified orthopedic surgeon, to resolve the conflict between Drs. Zegarelli and Val Hal. In his August 2, 2011 report, Dr. McCaskill diagnosed spondylogenic lumbosacral spine pain associated with bilateral lower extremity symptoms, anatomic etiology undetermined. He opined that appellant's lumbar sprain/strain had resolved as there was no objective evidence of injury. Dr. McCaskill recommended no further treatment.

On December 5, 2011 appellant filed a recurrence claim (Form CA-2a) claiming weakness in his hands and problems with his knee due to no modified job. She stopped work on November 4, 2011 as the employing establishment indicated that no work was available for her.

By decision dated December 13, 2011, OWCP denied appellant's claim for recurrence of disability finding that the weight of the medical evidence rested with Dr. McCaskill, the

² Appellant accepted modified mail handler positions on February 2, 2005 and July 28, 2009.

impartial medical examiner who found that appellant's work-related condition had resolved and that she could return to her date-of-injury position.

Appellant continued to submit requests for authorization of various medical procedures and treatment but, by letter dated July 21, 2014, OWCP denied authorization as the requests had not been accompanied by a statement on causal relationship to the 2001 lumbar strain.

On March 2, 2015 appellant again filed a claim for recurrence of disability (Form CA-2a) alleging on January 27, 2015 her condition worsened with more pain, stiffness, and tingling in her lower back and leg. She did not stop work and noted that she had performed various modified jobs with restrictions since July 23, 2001. Appellant claimed medical treatment only and noted that her condition had never ceased, but that OWCP had closed her claim as her physician failed to change her medical code to upgrade her injury status. She asserted that she had changed physicians.

The most recent medical report in the record is dated November 11, 2014 from Dr. Jeff Fritz, a Board-certified anesthesiologist. He described appellant's symptoms of low back pain and tightness, noted her accepted condition of lumbar sprain, and diagnosed chronic low back injury. Dr. Fritz recommended therapy, orthotics, and weight loss.

In a letter dated June 8, 2015, OWCP requested additional supporting documentation including medical evidence to support her claim. It allotted her 30 days to submit supporting evidence. Appellant did not respond within the time allotted.

By decision dated July 14, 2015, OWCP denied appellant's claimed recurrence as there was insufficient medical evidence to support the need for continuing medical treatment of her 2001 accepted lumbar strain.

LEGAL PRECEDENT

A recurrence of a medical condition is defined as a documented need for further medical treatment after release from treatment for the accepted condition or injury.³ Continuous treatment for the original condition or injury is not considered a recurrence of a medical treatment nor is an examination without treatment.⁴ As distinguished from a recurrence of disability, a recurrence of a medical condition does not involve an accompanying work stoppage.⁵

It is the employee's burden to establish that the claimed recurrence is causally related to the original injury.⁶ Causal relationship is a medical issue that can generally be resolved only by

³ 20 C.F.R. § 10.5(y).

⁴ *Id.*

⁵ *Id.* at § 10.5(x).

⁶ *Id.* at § 10.104. See also *D.T.*, Docket No. 15-1114 (issued February 1, 2016); *Mary A. Ceglia*, 55 ECAB 626, 629 (2004).

rationalized medical opinion evidence. A medical report is of limited probative value on a given medical question if it is unsupported by medical rationale.⁷ Medical rationale includes a physician's detailed opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment activity. The opinion of the physician must be based on a complete factual and medical background of the claim, 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 specific employment activity or factors identified by the claimant.⁸

In order to establish that a claimant's alleged recurrence of the condition was caused by the accepted injury, medical evidence of bridging symptoms between her present condition and the accepted injury must support the physician's conclusion of a causal relationship.⁹

ANALYSIS

OWCP accepted that appellant's August 1, 2001 employment injury resulted in a lumbar strain. Appellant returned to modified work beginning September 23, 2002 and reported on March 2, 2015 that she continued to perform various modified jobs with restrictions. Her claim alleged that her medical condition deteriorated on January 27, 2015 requiring further treatment.

Appellant has the burden of establishing by the weight of the substantial, reliable, and probative evidence, a causal relationship between the recurrence of her medical condition and need for further medical treatment on January 27, 2015 and her July 23, 2001 employment injury.¹⁰ Although the record does include medical evidence submitted prior to January 27, 2015, the date her disability allegedly began, she has submitted no medical evidence in support of a change in the nature and extent of her injury-related condition or the need for further medical treatment to support this current claim.

The Board finds that the evidence submitted by appellant is not sufficient to establish a causal connection between the alleged recurrence of her medical conditions and the accepted employment injury. Appellant has the burden of submitting sufficient medical evidence to document the need for further medical treatment. She did not submit such evidence as required and failed to establish a need for continuing medical treatment.

On appeal appellant notes her frustration with OWCP's decision to close her claim and her desire to reopen her claim to receive further medical treatment. As noted, OWCP denied appellant's recurrence claim as there was no medical evidence establishing a causal connection between the alleged recurrence of her medical condition and the accepted employment injury.

⁷ *T.F.*, 58 ECAB 128 (2006).

⁸ *A.D.*, 58 ECAB 149 (2006).

⁹ *D.T.*, and *Mary A. Ceglia*, *supra* note 5.

¹⁰ *Dominic M. DeScala*, 37 ECAB 369, 372 (1986); *Bobby Melton*, 33 ECAB 1305, 1308-09 (1982).

Appellant may submit new evidence or argument as part of a formal 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 her burden of proof to establish a recurrence of her medical conditions as of January 27, 2015 causally related to her 2001 accepted lumbar strain.

ORDER

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

Issued: June 6, 2016
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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