

FACTUAL HISTORY

On February 15, 2015 appellant, then a 62-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on February 10, 2015 he injured his lower back at work while lifting steel trays above his shoulder to reach the top shelf of a caster. He stopped work on February 16, 2015.

OWCP received nurses' notes, reports from physician assistants, and discharge instructions.

In a letter dated March 10, 2015, OWCP advised appellant that additional factual and medical evidence was needed to establish the claim. It explained that there was no diagnosis of any condition resulting from an injury and requested that he provide a physician's opinion explaining how the reported work incident caused or contributed to appellant's condition.

In a March 17, 2015 statement, appellant explained that he injured his back on February 9 while working on the flats sequencing systems (FSS) machine. He had lifted a heavy tray weighing approximately 30 pounds above his shoulder to the FSS caster (mail cart). Appellant noted that afterward, he took medication and used heating pads and patches for the pain, and his employing establishment provided a back support belt. He believed that the pain would lessen, but it did not, and on February 15, 2015 he went to the hospital. An x-ray was taken, he was given pain medication, and he was referred for therapy. Appellant noted that he suffered from back pain years ago, for which he took medication and heating pads and did not see a doctor.

OWCP received February 15, 2015 discharge instructions and emergency room notes from Dr. Brittany Seroy, an emergency medicine physician and osteopath, who advised that appellant had a back injury and low back pain. Dr. Seroy advised that the low back pain began about a week earlier when he was lifting a tray of magazines at work and felt a sharp pain in the middle lumbar area. She found no signs of cord compression and advised that x-rays were negative. Dr. Seroy diagnosed back injury and low back pain. She recommended back exercises and discharged appellant. Dr. Kenneth Spero, a Board-certified diagnostic radiologist, advised that February 15, 2015 lumbar spine x-rays were unremarkable.

By decision dated April 16, 2015, OWCP denied appellant's claim because the medical evidence of record did not establish that a diagnosed condition was caused by the claimed event.

On April 29, 2015 appellant requested a review of the written record by an OWCP hearing representative.

In a February 16, 2015 report, Dr. Carl Lang, a Board-certified internist, noted that appellant presented for follow up of low back pain. He noted that appellant related that the pain started about a week ago after lifting a 30-pound box of magazines. Dr. Lang examined her and found a normal inspection of the back without edema, erythema, or ecchymosis, and it was nontender. He diagnosed lumbar strain and lower back pain and recommended light-duty work. In a separate report, Dr. Lang provided return to work restrictions.

In a separate report dated February 16, 2015, Dr. Japhlet Aranas, Board-certified in family medicine, diagnosed low back pain and lumbar strain. He noted that appellant reported

pain about one week earlier after lifting a 30-pound box of magazines. In February 20 and 27, 2015 status reports, Dr. Aranas repeated appellant's history and diagnoses. He advised that appellant's pain was "a little better" on February 20, 2015 while he advised that appellant was ready to return to work on February 27, 2015. OWCP also received notes from physician assistants, nurse practitioners, and copies of prior reports.

By decision dated September 11, 2015, the OWCP hearing representative affirmed the April 16, 2015 decision, finding that there was no rationalized medical evidence of record to support that appellant's condition was causally related to the February 10, 2015 work incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish 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 FECA³, and that an injury was sustained in the performance of duty.⁴ These are the essential elements of each 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 first must be determined whether the fact of injury has been established. There are two components involved in establishing the fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place, and in the manner alleged.⁶ In some traumatic injury cases, this component can be established by an employee's uncontroverted statement on the CA-1 form.⁷ 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.⁸

Rationalized medical opinion evidence is generally required to establish causal relationship. The opinion of the physician must be based on a complete factual and medical background, 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.⁹

³ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *Julie B. Hawkins*, 38 ECAB 393, 396 (1987); see Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.2a (August 2012).

⁷ *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *Id.* For a definition of the term "traumatic injury," see 20 C.F.R. § 10.5(ee).

⁹ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

ANALYSIS

There is no dispute that appellant was lifting steel trays above his shoulder to reach the top shelf of a caster on February 10, 2015, as alleged.

However, the Board finds that the medical evidence of record is insufficiently rationalized to establish the second component of fact of injury. The medical evidence contains no reasoned no explanation of how the specific employment incident on February 10, 2015 caused or aggravated a diagnosed medical condition.¹⁰

Appellant submitted reports from several doctors, including February 15, 2015 discharge instructions and emergency room notes from Dr. Seroy who advised that the low back pain began about a week earlier when he was lifting a tray of magazines at work and felt a sharp pain in the middle lumbar area. Dr. Seroy diagnosed back injury and low back pain. OWCP also received February 16, 2015 reports from Dr. Lang, who noted that appellant presented for follow up of low back pain, which started about a week earlier after lifting a 30-pound box of magazines. Dr. Lang diagnosed lumbar strain and lower back pain and recommended light-duty work and provided work restrictions. Additionally, in a February 16, 2015 report, Dr. Aranas diagnosed low back pain and lumbar strain. In February 20 and 27, 2015 status reports, he repeated appellant's history and diagnoses. However, these reports are of limited probative value on the relevant issue of the present case in that they do not contain a physician's opinion on causal relationship.¹¹ To the extent that the history in each of these physician's reports may be considered as support for causal relationship, these physicians did not explain how the lifting of magazines at work on February 10, 2015 caused or contributed to a diagnosed medical condition.

Similarly, reports of diagnostic testing are insufficient to establish the claim as these reports do not address how the February 10, 2015 employment incident caused or contributed to a diagnosed medical condition.

OWCP also received notes from nurses and physician assistants. Registered nurses, licensed practical nurses, and physician assistants are not considered "physicians" as defined under FECA. Their opinions are therefore of no probative value.¹²

Because the medical reports submitted by appellant do not address how the February 10, 2015 activities at work caused or aggravated a diagnosed low back condition, these reports are of

¹⁰ See *George Randolph Taylor*, 6 ECAB 986, 988 (1954) (where the Board found that a medical opinion not fortified by medical rationale is of little probative value).

¹¹ See *Charles H. Tomaszewski*, 39 ECAB 461, 467-68 (1988) (finding that medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

¹² See *Roy L. Humphrey*, 57 ECAB 238 (2005). See also 5 U.S.C. § 8101(2).

limited probative value¹³ and are insufficient to establish that the February 10, 2015 employment incident caused or aggravated a specific injury.

On appeal, appellant presents several arguments in support of his claim. They include that he submitted the proper medical evidence to establish causal relationship. However, as found above, the evidence was insufficient to establish causal relationship.

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 did not meet his burden of proof to establish a traumatic injury causally related to an accepted February 10, 2015 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the September 11, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 20, 2016
Washington, DC

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

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

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

¹³ See *Linda I. Sprague*, 48 ECAB 386, 389-90 (1997).