

contusion of the face, scalp, and neck, concussion with loss of consciousness of 30 minutes or less, and postconcussion syndrome.

In a progress report dated March 30, 2012, Dr. Juan E. Bahamon, a Board-certified neurologist, discussed his treatment of appellant for hormonal migraines. He related, "She suffered a very mild head injury on March 7, 2012. [Appellant] did not lose consciousness. She had a CAT [computerized axial tomography] scan of the head done at that time which showed no intracranial abnormalities." Dr. Bahamon informed appellant that her head injury was not significant and that he did not expect "any long term consequences." He released her to return to her usual employment on April 2, 2012.

On October 25, 2013 Dr. Bahamon evaluated appellant for "frequent migraine headaches, mostly around her menstrual period." He advised that she should continue with her medication.

Dr. Praveen K. Thangada, a neurologist, evaluated appellant on September 3, 2014 for migraine headaches increasing in severity. He obtained a history of her headaches worsening after she struck her head on a dolly two years earlier. Dr. Thangada diagnosed "chronic recurrent migraine headaches with also complicated migraine, [and] occasional hemiplegic type of migraine." He recommended medication and Botox injections to prevent headaches.

Dr. Ninan T. Mathew, a neurologist, performed a Botox injection on May 1, 2015. He indicated that she had "an area of tenderness in the right frontal region where she sustained a hit on the head. It is probably some localized periostitis."

On June 9, 2015 appellant filed a recurrence of a medical condition (Form CA-2a) beginning on March 7, 2012, the date of injury. She indicated that she returned to work on April 7, 2012 following her injury. Appellant maintained that she continued to require medical treatment. She received Botox injections to help her headaches, which increased after her accident.

By letter dated June 19, 2015, OWCP advised appellant of the medial evidence necessary to establish a recurrence of a medical condition. It requested that she complete an enclosed questionnaire describing the factual circumstances surrounding her alleged recurrence and a medical report from an attending physician addressing how her employment-related condition worsened such that she required additional treatment.

A magnetic resonance imaging (MRI) scan study of appellant's head, performed on May 13, 2015, yielded normal findings.

In a decision dated August 24, 2015, OWCP found that appellant had not established that she sustained a recurrence of a medical condition causally related to her March 7, 2012 work injury. It noted that she had not responded to its request for additional factual information. OWCP determined that appellant had not provided evidence supporting the need for further medical treatment due to a spontaneous worsening of her accepted conditions.

On November 5, 2015 appellant requested reconsideration. In a statement dated November 2, 2015, she related that she experienced headaches due to her work injury that required treatment from a neurologist.

With her reconsideration request, appellant submitted additional medical evidence. In a report dated August 24 2012, Dr. Bahamon evaluated her for menstrual migraines.

Dr. Ryan Potter, a Board-certified anesthesiologist, evaluated appellant on September 17, 2014 for a history of migraines since her teenage years. He diagnosed migraines without aura, intractable migraines, headaches, and extended use of medication. On October 10, 2014 Dr. Potter diagnosed headache and provided an injection of botulinum toxin (Botox).

On December 10, 2014 Dr. Thangada discussed appellant's complaints of recurrent migraine headaches. He noted that Botox injections had not helped and referred her for treatment with Dr. Mathew.

In an initial evaluation dated January 6, 2015, Dr. Mathew obtained a history of recurrent headaches that had "become more frequent and more severe, especially after [appellant] had a hit on the head with a concussion." He diagnosed chronic migraine, obesity, depression, allodynia of the scalp, and cyclothymic. Dr. Mathew recommended additional Botox injections.²

By decision dated February 1, 2016, OWCP denied modification of its August 24, 2015 decision. It found that the medical evidence did not support that appellant's accepted conditions worsened such that she again required medical treatment.

On appeal appellant argues that she has not reached maximum medical improvement and pays all of her treatment through her private insurance. She maintains that she still had headaches and a bump on her forehead from her injury.

LEGAL PRECEDENT

Appellant has the burden of proof to establish that she sustained a recurrence of a medical condition causally related to her accepted employment injury. To meet her burden, she must furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury and supports that conclusion with sound medical rationale.³ Where no such rationale is present, the medical evidence is of diminished probative value.⁴

OWCP regulations define a recurrence of medical condition as the documented need for further medical treatment after release from treatment of the accepted condition when there is no work stoppage. Continued treatment for the original condition is not considered a renewed need for medical care, nor is examination without treatment.⁵

OWCP's procedures provide that, after 90 days of release from medical care (based on the physician's statement or instruction to return as needed or computed by the claims examiner

² On February 6, 2015 appellant received a Botox injection.

³ *Ronald A. Eldridge*, 53 ECAB 218, 220 (2001).

⁴ *Mary A. Ceglia*, 55 ECAB 626, 629 (2004); *Albert C. Brown*, 52 ECAB 152, 155 (2000).

⁵ 20 C.F.R. § 10.5(y).

from the date of last examination), a claimant is responsible for submitting an attending physician's report which contains a description of the objective findings and supports causal relationship between the claimant's current condition and the previously accepted work injury.⁶

ANALYSIS

The Board finds that appellant has not established a recurrence of a medical condition. OWCP accepted that she sustained a contusion of the face, scalp, and neck, a concussion with loss of consciousness of 30 minutes or less, and postconcussion syndrome. Appellant alleged that she needed further medical treatment. She has not, however, submitted medical evidence sufficient to establish that she required further treatment because of her accepted employment-related conditions.

Appellant's attending physician, Dr. Bahamon, opined on March 30, 2012 that her head injury was mild and that objective testing was normal. He released her to resume her usual employment on April 2, 2012.

Appellant submitted no further medical evidence for more than 90 days. Consequently, to establish the need for continued medical treatment, she must submit an attending physician's report providing objective findings and supporting a causal relationship between any current conditions and the prior accepted work injury.⁷

On August 24, 2012 and October 25, 2013 Dr. Bahamon treated appellant for migraine headaches associated with her menstrual period. As he did not attribute her headaches to her accepted employment injury, his opinion is insufficient to meet her burden of proof.

Dr. Thangada, in a report dated September 3, 2014, discussed appellant's complaints of worsening migraine headaches after being hit in the head with a dolly two years ago. He diagnosed chronic, recurrent migraines headaches, and recommended Botox injections and medication. On December 10, 2014 Dr. Thangada noted that the Botox injections were not helpful. As he did not specifically attribute appellant's need for medical treatment to her employment injury, his reports fail to establish causal relationship.

In a report dated September 17, 2014, Dr. Potter noted appellant's history of migraines since she was a teenager and diagnosed intractable migraines and migraines without aura. On October 10, 2014 he provided a Botox injection. Dr. Potter did not address causation. Medical evidence that does not offer an opinion regarding the cause of an employee's condition is of diminished probative value on the issue of causal relationship.⁸

On January 6, 2015 Dr. Mathew reviewed appellant's history of headaches that had increased in severity, particularly after she was hit on the head and sustained a concussion. On May 1, 2015 he administered a Botox injection and noted that she complained of tenderness where she was hit on the head. While Dr. Mathew discussed appellant's history of being struck

⁶ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.4(b) (June 2013).

⁷ *Id.*

⁸ See *T.Y.*, Docket No. 12-093 (issued August 3, 2012); *A.D.*, 58 ECAB 124 (2006).

on head, he did not relate her current condition and need for medical treatment to the accepted employment injury. Consequently, his reports are of little probative value and insufficient to establish a recurrence of a medical condition.⁹

On appeal appellant contends that she has continued headaches and residuals of her employment injury. She notes that she pays for her treatment through private insurance. As discussed, however, appellant has the burden to submit reasoned medical evidence supporting that she requires medical treatment as a result of her accepted employment.¹⁰ She did not provide such evidence and thus did not meet her burden of proof.

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 met her burden of proof to establish a recurrence of a medical condition causally related to her March 7, 2012 employment injury.

⁹ *See id.*

¹⁰ *See supra* note 3.

ORDER

IT IS HEREBY ORDERED THAT the February 1, 2016 and August 24, 2015 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: May 18, 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