

ISSUE

The issue is whether appellant has met his burden of proof to establish an employment-related aggravation of his preexisting allergic rhinitis due to work-related exposures.

FACTUAL HISTORY

On October 16, 2014 appellant, then a 65-year-old medical record technician, filed an occupational disease claim (Form CA-2) alleging an aggravation of his allergies and respiratory problems due to his working with medical records in the file room. He first became aware of his condition on September 10, 2014 and first attributed his condition to his employment on that date.

In a letter dated October 24, 2014, OWCP requested that appellant provide additional factual and medical evidence in support of his claim for occupational disease. It noted that appellant had not provided any medical evidence in support of a diagnosed condition. OWCP allowed appellant 30 days for a response.

On April 17, 2014 appellant reported to the employing establishment health unit due to worsening allergy symptoms. He attributed his symptoms to exposure to mold spores while working in medical records. Appellant noted that the records in Building 62 were contaminated because the building had been shut down for years without climate control.

The employing establishment provided a June 2014 risk assessment report regarding the basement of Building 62. This report concluded that the building's current environmental state was not a suitable working environment for staff. An industrial hygienist performed an inspection of the file room of Building 62 and found that ceiling tiles had fallen, plaster was delaminating, and there was an increase in the amount of fine particulate matter suspended in the air. The report noted that the HVAC systems had been shut off since the building had been vacated, and there were boxes with mold growth in the records room.

On September 18, 2014 Dr. Richard O'Donnell, a Board-certified internist, examined appellant for a perceived worsening of his allergies. He noted that appellant worked in Building 62, an unairconditioned, unheated building, for the last nine months to retrieve records. Appellant alleged that mold had been detected in the building and that medical records had been contaminated with mold. Dr. O'Donnell diagnosed allergic rhinitis with mild hypertrophy of the nasal turbinates from rhinitis.

Dr. James R. Bonner, a Board-certified internist, allergist, and infectious disease physician, examined appellant on October 9, 2014 and noted appellant's allegations of work exposure to mold. He diagnosed chronic rhinitis and congestion for over 20 years. Dr. Bonner opined that appellant's skin testing did not suggest an allergic cause of nasal symptoms, but that appellant's history was more consistent with irritant/nonallergic rhinitis. He further noted that appellant's spirometry was within normal limits and that he could neither confirm nor exclude a diagnosis of asthma.

In a statement dated November 4, 2014, appellant alleged that he worked at the employing establishment as a records clerk for 14 years in the basement of Building 62 at Tuskegee, Alabama. The building had been then vacated, but the medical records were left in the basement without air conditioning or central heat. The records became wet and molded and the building had a musty odor. Appellant alleged that in his last year of working in this building his sinuses were affected due to his daily contact with the wet and molded medical records. He noted that management was informed that the handling of medical records could not be performed due to the hazardous conditions and mold on the walls, ceilings, and medical records.

By decision dated December 19, 2014, OWCP denied appellant's occupational disease claim finding that he failed to establish a causal relationship between his diagnosed allergies and his accepted employment factors, *i.e.*, exposure to mold in Building 62.

Appellant requested reconsideration on April 6, 2015. In support of his request, he submitted a report dated January 12, 2015 from Dr. O'Donnell. Dr. O'Donnell noted that appellant had a history of allergic rhinitis and had sustained an exacerbation of this condition in the last year. He noted that appellant was exposed to mold at work. Dr. O'Donnell opined, "Considering that his allergies had been fairly well controlled up to a year ago (up until he began working in this government structure where there was storage of old paperwork that had been found to have mold on it) I seriously think that the mold he was exposed to on the job was the main cause of the persistent exacerbation of his allergic rhinitis. Probably the fact that he goes back periodically to this structure is why he continues to experience flare ups of his allergic rhinitis in spite of him using the routine medication that had been prescribed for control of allergic rhinitis."

By decision dated July 14, 2015, OWCP denied modification of its prior decisions finding that appellant had not submitted sufficient medical opinion evidence to establish his occupational disease claim. It found that Dr. O'Donnell's report was not based on a complete factual background as it did not address his preexisting allergy causes and treatments. OWCP also noted that Dr. O'Donnell's report did not provide sufficient medical reasoning as it was couched in speculative terms.

LEGAL PRECEDENT

OWCP's regulations define an occupational disease as "a condition produced by the work environment over a period longer than a single workday or shift."³ To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The evidence required to establish causal

³ 20 C.F.R. § 10.5(q).

relationship is rationalized medical opinion evidence, based upon a complete factual and medical background, showing a causal relationship between the claimed condition and identified factors. The belief of a claimant that a condition was caused or aggravated by the employment is not sufficient to establish causal relation.⁴

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish an employment-related aggravation of his preexisting allergic rhinitis due to work-related exposures.

Appellant has provided medical evidence of diagnosed condition, allergic rhinitis. He has also provided evidence that he was exposed to mold in the performance of his federal job duties as noted in the employing establishment's June 2014 risk assessment report. However, appellant has not provided the necessary medical opinion evidence to establish a causal relationship between his diagnosed condition and his accepted employment exposures.

In his October 9, 2014 report, Dr. Bonner, a Board-certified internist, allergist, and infectious disease physician, noted appellant's allegations of work exposure to mold. He also diagnosed chronic rhinitis and congestion for over 20 years. However, Dr. Bonner found that appellant's skin testing did not support an allergic cause of his rhinitis and instead opined that appellant's history was more consistent with irritant or nonallergic rhinitis. This report does not support appellant's claim for a work-related occupational disease. Instead Dr. Bonner opined that appellant was not experiencing allergic rhinitis due to mold, but rather an irritant rhinitis.

Dr. O'Donnell completed reports on September 18, 2014 and January 12, 2015 diagnosing allergic rhinitis with an exacerbation of this condition within the last year. He also noted appellant's exposure to mold and work. Dr. O'Donnell indicated that he thought that appellant's mold exposure was the main cause of the persistent exacerbation of his allergic rhinitis. He did not provide a full history of appellant's rhinitis, skin test results, or other basis for his diagnoses and conclusions. Additional medical explanation in support of his opinion is necessary given the alternative diagnosis by Dr. Bonner, the Board-certified specialist. Without a clear explanation of why he felt that appellant's appropriate diagnosis was allergic rhinitis, test results that established that appellant was in fact allergic to mold, and a clear opinion regarding how and why appellant's employment exposures aggravated his diagnosed condition, Dr. Bonner's reports are insufficient to meet appellant's burden of proof to establish an aggravation of his rhinitis due to exposure to mold in the performance of his federal job duties.⁵

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.

⁴ *Lourdes Harris*, 45 ECAB 545, 547 (1994).

⁵ *Id.*

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish an employment-related aggravation of his preexisting allergic rhinitis due to work-related exposures.

ORDER

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

Issued: October 20, 2016
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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