



causally related to factors of her federal employment on February 23, 2016. Appellant did not stop work.<sup>2</sup>

Appellant submitted a February 26, 2016 report from Dr. Neethl Surai, a Board-certified internist, who noted that appellant was under his care since 2015. Dr. Surai recommended that appellant avoid lifting greater than 15 to 20 pounds until she was evaluated by an orthopedist. A March 4, 2016 cervical spine magnetic resonance imaging (MRI) scan revealed hypertrophy at C3-4, edema with disc protrusion, foraminal stenosis, displacement of the left C4 nerve root, disc extrusion at C6-7, spinal stenosis, and displacement of the left C7 nerve root.

Appellant was treated by Dr. Paul A. Smucker, a Board-certified orthopedist, on March 1, 2016 for cervical pain. She reported a three-week history of cervicgia, left-sided shoulder girdle pain, and pain and paresthesia radiating into the left arm and left hand. Dr. Smucker noted findings on examination of normal gait and station; muscle tenderness and spasm in the left trapezius; no trigger points; normal muscle strength, reflexes, and sensation; and radicular symptoms into the left arm. He noted that x-rays of the cervical spine revealed diminished intervertebral disc space at C6-7 consistent with degenerative disc disease and cervical spondylosis. Dr. Smucker diagnosed a three-week history of cervicgia and left arm pain and paresthesia, cervical degenerative disc disease, and cervical radiculopathy. He recommended a cervical spine MRI scan and epidural steroid injections.<sup>3</sup> On March 22, 2016 Dr. Smucker treated appellant for cervical pain after a steroid injection. Appellant reported being pain free for two days, but her symptoms returned to their original state. She complained of left-sided shoulder girdle pain with numbness and tingling radiating down the left arm to her fingers. Dr. Smucker noted findings that included muscle tenderness and spasm in the left trapezius, and radicular symptoms into the left arm. He diagnosed cervical radiculopathy with persistent cervicgia, left arm pain, and motor weakness. Dr. Smucker recommended a repeat epidural steroid injection.

On April 12, 2016 Dr. Smucker related that appellant reported no relief from the second steroid injection and complained of neck pain radiating down the left arm. Appellant reported that she had been a letter carrier for 19 years and her condition was work related, although there was no specific incident. Dr. Smucker noted findings on examination that included muscle tenderness and spasm in the left trapezius as well as radicular symptoms into the left arm. He diagnosed persistent cervical radiculopathy with persistent cervicgia, left upper extremity pain, and motor weakness. Dr. Smucker opined that he did not know if appellant's condition was work related and indicated that he could not make a definitive statement. In an April 12, 2016 attending physician's report (Form CA-20), he diagnosed cervicgia and cervical disorder. Dr. Smucker noted that it was undeterminable as to whether appellant's conditions were caused or aggravated by an employment activity. He returned appellant to regular duty on

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<sup>2</sup> On April 8, 2016 appellant clarified that her claim form that was sent to OWCP by her Supervisor P.S. was incorrect. She indicated that she and P.S. had a difficult time understanding each other because of his limited knowledge of English. Appellant noted that he typed and submitted the form in an attempt to help her. She advised that she intended to claim an occupational disease for a neck and left arm condition. OWCP thereafter developed appellant's claim for a neck and arm condition.

<sup>3</sup> On March 9 and 30, 2016 Dr. Smucker provided interlaminar epidural steroid injections and diagnosed cervical radiculopathy.

April 12, 2016. In an April 12, 2016 progress note, Dr. Smucker reiterated that he was unable to determine if appellant's diagnosis of cervicalgia was caused or aggravated by her job as a mail carrier. He also provided an April 12, 2017 preliminary office clinical summary noting appellant's diagnoses and a duty status report of the same date releasing her to full-time regular work.

In a March 27, 2016 statement, appellant indicated that she first had neck pain in February 2016 which worsened into left arm and shoulder pain. She noted her cervical spine MRI scan revealed vertebra that were pinching her nerves. Appellant related that Dr. Smucker determined that her condition was caused by repetitive motion, twisting, and turning in her job. In an undated statement, she noted that the left side of her body, shoulders, arm, and elbows hurt all day long. Appellant reported casing mail, loading her truck, repeatedly entering and exiting her vehicle four to five hours a day, opening and closing doors and windows, moving heavy metal trays back and forth, and repeatedly reaching for mail and packages. She sought medical treatment when her pain gradually increased over time.

On April 21, 2016 OWCP advised appellant of the type of evidence needed to establish her claim, particularly a physician's reasoned opinion addressing causal relationship between her claimed condition and specific work factors.

Appellant submitted an April 21, 2016 report from Dr. Deepak Reddy, a Board-certified orthopedist, who treated her for neck pain radiating into her left arm that began in February 2016. She reported being treated conservatively with anti-inflammatories and C6-7 transforaminal injections. Dr. Reddy noted findings on examination of full range of motion of the left shoulder girdle and arm, muscle strength of 4/5 at the biceps and 4/5 at the triceps, decreased triceps reflex on the left, and numbness and tingling from the shoulder laterally to the hand. He diagnosed C6-7 disc disorder with radiculopathy, C6-7 cervical disc displacement, and weakness. Dr. Reddy noted x-rays revealed loss of normal cervical lordosis, arthritic spondylotic changes, spondylolisthesis at C3-4, disc degeneration, and osteophyte formation at C6-7. He opined that appellant had left C6-7 disc herniation that was abutting the C7 nerve root causing foraminal stenosis, arm pain, and weakness. Dr. Reddy recommended surgery. On April 28, 2016 he advised that appellant had a C6-7 disc herniation. Dr. Reddy opined that he was unable to determine, with medical certainty, whether the C6-7 disc herniation was caused by appellant's work as a mail carrier. However, he opined that appellant's existing disc herniation was exacerbated by her work as a mail carrier.

In a letter dated April 29, 2016, the employing establishment indicated that appellant did not indicate that her neck and upper back issues were work related until February 2016. Appellant's job duties consisted of lifting packages up to 70 pounds up to six hours a day, pushing full hampers of mail to load in a mail truck, and bending and stooping up to one hour a day. The employing establishment indicated that to minimize the effects of lifting activities employees were encouraged to seek help from coworkers and management with heavy packages, to use a dolly or contact the customer to pick up the package. It indicated that appellant did not have a lot of twisting and turning as she was assigned a right-hand drive mail truck which permitted her to drive and service curbside mailboxes without having to twist or turn frequently.

In a letter dated April 29, 2016, appellant reiterated the history of her neck injury and subsequent medical treatment. She indicated that she required surgery and requested that her claim be accepted so that she could undergo surgery.

On June 16, 2016 OWCP acknowledged receipt of Dr. Reddy's April 28, 2016 report which opined that her existing disc herniation was exacerbated by her work as a mail carrier. However, it indicated that Dr. Reddy was not specific in explaining which work duties appellant had performed caused the exacerbation of the disc herniation. OWCP requested that appellant submit a medical report which provided a rationalized objective opinion explaining how her federal work duties directly exacerbated her disc herniation.

Appellant submitted a June 30, 2016 report from Dr. Reddy who opined that he was unable to determine with medical certainty if appellant's C6-7 disc herniation was caused by her work as a mail carrier. Dr. Reddy opined that appellant's disc herniation was exacerbated by her work as a mail carrier by performing work activities such as lifting, bending, twisting, and driving a mail truck which would aggravate the disc herniation.

In a July 5, 2016 decision, OWCP denied appellant's claim for compensation because she failed to submit sufficient medical evidence to establish that the medical conditions were causally related to the accepted work factors.

On July 30, 2016 appellant requested a review of the written record by an OWCP hearing representative.

In a decision dated January 13, 2017, OWCP's hearing representative affirmed the July 5, 2016 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> has the burden of proof to establish the essential elements of his or her claim. When an employee claims an injury in the performance of duty, the employee must submit sufficient evidence to establish that he or she experienced a specific event, incident, or exposure occurring at the time and place, and in the manner alleged. The employee must also establish that such event, incident, or exposure caused an injury.<sup>5</sup>

Whether an employee actually sustained an injury in the performance of duty begins with an analysis of whether fact of injury has been established.<sup>6</sup> To establish fact of injury in an occupational disease claim, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or

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<sup>4</sup> *Supra* note 1.

<sup>5</sup> See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>6</sup> *S.P.*, 59 ECAB 184, 188 (2007).

condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>7</sup>

The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, 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.<sup>8</sup>

### ANALYSIS

It is undisputed that appellant's daily work duties as a rural carrier included casing mail, lifting packages that weigh up to 70 pounds, pushing full hampers of mail to load in a mail truck, placing trays of mail in the back of a mail truck, bending, and stooping. The Board finds, however, that appellant did not submit sufficient medical evidence to establish that her diagnosed medical conditions are causally related to these accepted factors of her federal employment.

Appellant submitted an April 21, 2016 report from Dr. Reddy who diagnosed C6-7 disc disorder with radiculopathy, C6-7 cervical disc displacement, and weakness. Dr. Reddy opined that appellant had left C6-7 disc herniation abutting the C7 nerve root causing foraminal stenosis, arm pain, and weakness and recommended surgery. In an April 28, 2016 report, he diagnosed C6-7 disc herniation. Dr. Reddy opined that he was unable to determine whether the C6-7 disc herniation was caused by appellant's work, but he believed appellant's existing disc herniation was exacerbated by her work as a mail carrier. Similarly, on June 30, 2016 he advised that he was unable to determine if appellant's C6-7 disc herniation was caused by her work, but he felt that her disc herniation was exacerbated by her work duties including lifting, bending, twisting, and driving a mail truck. The Board finds that, although Dr. Reddy supported that appellant's work as a mail carrier exacerbated her herniated disc condition, he failed to provide any medical rationale explaining the basis of his conclusory opinion regarding causal relationship.<sup>9</sup> Dr. Reddy did not explain the process by which repetitively lifting, bending, twisting, and driving a mail truck would aggravate the diagnosed conditions and why the conditions would not be related to nonwork-related conditions, like age-related degenerative changes. Therefore, his medical reports are insufficient to establish appellant's claim.

Appellant also provided evidence from Dr. Smucker. In April 12, 2016 reports, Dr. Smucker provided diagnoses and opined that he did not know if appellant's condition was

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<sup>7</sup> *R.R.*, Docket No. 08-2010 (issued April 3, 2009); *Roy L. Humphrey*, 57 ECAB 238, 241 (2005).

<sup>8</sup> *Solomon Polen*, 51 ECAB 341 (2000).

<sup>9</sup> *See T.M.*, Docket No. 08-0975 (issued February 6, 2009) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

work related and indicated that he could not opine with certainty that it was. The Board finds that these reports are insufficient to establish appellant's claim as Dr. Smucker advised that was unable to opine if appellant's condition was work related. Other reports from Dr. Smucker are of limited probative value and insufficient to establish the claim as he did not specifically address whether appellant's condition was caused or aggravated by employment factors.<sup>10</sup>

Appellant submitted a report from Dr. Surai dated February 26, 2016 who noted that appellant had been under his care since 2015. Dr. Surai recommended that appellant avoid lifting greater than 15 to 20 pounds until she was evaluated by an orthopedist. His report is insufficient to establish the claim as he did not provide a history of injury<sup>11</sup> or specifically address whether appellant's work duties had caused or aggravated a diagnosed medical condition.<sup>12</sup> Likewise, other medical reports of record are of limited probative value as they fail to provide a physician's opinion on the causal relationship between appellant's employment factors and her diagnosed conditions.<sup>13</sup> For these reasons, the medical evidence of record is insufficient to meet appellant's 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(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 an occupational disease causally related to the accepted factors of her federal employment.

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<sup>10</sup> *A.D.*, 58 ECAB 149 (2006) (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).

<sup>11</sup> *Frank Luis Rembisz*, 52 ECAB 147 (2000) (medical opinions based on an incomplete history or which are speculative or equivocal in character have little probative value).

<sup>12</sup> *A.D.*, *supra* note 10.

<sup>13</sup> *Id.*

**ORDER**

**IT IS HEREBY ORDERED THAT** the January 13, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 1, 2017  
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