

**United States Department of Labor  
Employees' Compensation Appeals Board**

R.W., Appellant	)	
	)	
and	)	Docket No. 17-0775
	)	Issued: July 25, 2018
U.S. POSTAL SERVICE, POST OFFICE,	)	
Blaine, WA, Employer	)	
	)	

*Appearances:*  
Alan J. Shapiro, Esq., for the appellant<sup>1</sup>  
Office of Solicitor, for the Director

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:  
CHRISTOPHER J. GODFREY, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
ALEC J. KOROMILAS, Alternate Judge

**JURISDICTION**

On February 24, 2017 appellant, through counsel, filed a timely appeal from a January 24, 2017 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of the claim.<sup>3</sup>

---

<sup>1</sup> In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

<sup>3</sup> OWCP received additional evidence after it issued its January 24, 2017 decision. The Board's review is limited to the evidence that was before OWCP at the time of its final decision. Therefore, the Board lacks jurisdiction to review this additional evidence for the first time on appeal. 20 C.F.R. § 501.2(c)(1).

## **ISSUES**

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's entitlement to medical benefits, effective March 7, 2016, as she no longer had residuals causally related to her accepted February 22, 2012 employment injury; (2) whether appellant met her burden of proof to establish continuing residuals after March 7, 2016.

## **FACTUAL HISTORY**

This case has previously been before the Board.<sup>4</sup> The facts of the case as presented in the prior appeal are incorporated herein by reference. The relevant facts are as follows.

On February 23, 2012 appellant, then a 49-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on February 22, 2012 she injured her back when she crawled into an over-the-road (OTR) cage to retrieve a package. She stopped work on February 24, 2012. OWCP assigned the claim File No. xxxxxx003 and accepted the claim for closed dislocation of thoracic and lumbar vertebra and lumbar sprain. Appellant accepted a modified job on March 5, 2012 and worked full time with restrictions. OWCP paid compensation benefits for wage loss during dates of medical treatment or when modified work was unavailable.<sup>5</sup>

Dr. Frederick Gunningham, Board-certified in family medicine, examined appellant on December 10, 2013, three days after her December 7, 2013 employment injury. He noted that appellant's lumbar strain had improved and that she had no new neurological deficits, but continued to have bilateral sciatica. Dr. Gunningham indicated that the magnetic resonance imaging (MRI) scans of the lower spine had repeatedly shown mild/nonsurgical degenerative changes.

On December 15, 2013 appellant was treated at the emergency room for back pain. X-rays showed no acute finding, but degenerative changes were noted with no changes from March 2013.

In a December 19, 2013 report, Dr. Gunningham diagnosed bilateral sciatica, which had deteriorated, and took her off work.

In a January 7, 2014 report, Dr. Gunningham diagnosed new conditions of left shoulder strain and right foot strain. He indicated that appellant's lumbar strain had deteriorated and opined

---

<sup>4</sup> Docket No. 16-0173 (issued September 1, 2016).

<sup>5</sup> Under OWCP File No. xxxxxx699, date of injury of November 13, 2012, appellant reported that she had injured her left knee, both arms, both shoulders, and her upper back when she fell off a wet porch while delivering a package. OWCP denied the claim on May 2, 2013 and denied modification on July 21, 2014. Appellant filed an appeal with the Board on August 19, 2014. By decision dated February 9, 2015, the Board modified OWCP's July 21, 2014 decision to reflect that the November 13, 2012 incident had occurred at the time, place, and in the manner alleged, but denied the claim as she had not established that she had sustained an injury on November 13, 2012 in the performance of duty. Under OWCP File No. xxxxxx491, appellant claimed that she had injured her back on December 7, 2013 when she fell while delivering a package. She stopped work on December 14, 2013 and has not returned. OWCP accepted the claim for resolved lumbar sprain and resolved contusions of multiple sites, but found that those conditions had resolved 10 to 12 weeks post injury. File Nos. xxxxxx699 and xxxxxx491 have been administratively combined with the present case, File No. xxxxxx003, with File No. xxxxxx003 serving as the master file.

that the December 7, 2013 employment injury had aggravated her original injury of File No. xxxxxx003. On January 27, 2014 Dr. Gunningham reported that appellant's chronic pain syndrome was evolving into failed back syndrome. He continued to treat her for chronic pain.

In a February 27, 2014 report, Dr. Robert Billow, a Board-certified physiatrist, noted the history of appellant's February 22, 2012 work injury. He provided an impression of low back pain, gait instability, and neck pain, but stated the etiology of appellant's symptoms could not be identified.

In a July 11, 2014 report, Dr. Heather Tick, a family practitioner, noted the history of the February 22, 2012 work injury and the November 2012 trip and fall. She noted that at one point appellant was diagnosed with fibromyalgia. An impression of chronic pain due to injury was provided.<sup>6</sup>

OWCP referred appellant for a second opinion orthopedic evaluation. In a November 8, 2014 report, Dr. Aleksandar Curcin, a Board-certified orthopedic surgeon and OWCP referral physician, noted appellant's December 7, 2013 history of injury and reviewed the medical record. He opined, taking her report of the injury on a factual basis, that the December 7, 2013 work injury resulted in lumbar sprain/strain and multiple contusions which had resolved. Dr. Curcin noted that the emergency room records from December 15, 2013 made no mention of the reported trauma. He found that there were no objective findings of the effects of the work injuries and opined that appellant was not restricted from work based on her work injuries.

In a January 8, 2015 report, Dr. Gunningham indicated that appellant was injured on the job and had chronic low back pain, fibromyalgia, and depression. He noted that her failed back syndrome was well described and did not require a severe initial injury.

In a March 3, 2015 letter, OWCP requested that Dr. Gunningham clarify some of the discrepancies contained in his reports.

In a response of March 14, 2015, Dr. Gunningham noted that the December 7, 2013 fall was not mentioned in his December 10, 2013 report because appellant had not mentioned it to him. He noted that she went to the emergency room on December 15, 2013 and reported the injury. On December 19, 2013 appellant had reported to Dr. Gunningham that she had collapsed at work on December 7, 2013. Dr. Gunningham noted that he was unable to detect injuries from the December 7, 2013 injury on examination due to her fibromyalgia. He opined that appellant's

---

<sup>6</sup> On September 25, 2014 appellant filed a claim wage-loss compensation (Form CA-7) for the period May 28 to October 31, 2014. OWCP denied the claim by decision dated December 17, 2014. On December 23, 2014 appellant requested a hearing before an OWCP hearing representative. By decision dated September 3, 2015, an OWCP hearing representative affirmed the denial of wage-loss benefits from May 28 to October 31, 2014. On November 9, 2015 appellant filed an appeal with the Board. By decision dated September 1, 2016, the Board affirmed the September 3, 2015 OWCP decision of a hearing representative that appellant had not met her burden of proof to establish total disability from work during the period May 28 to October 31, 2014 causally related to her February 22, 2012 employment injury. *See supra* note 4.

condition had progressed from a simple lumbar strain to fibromyalgia. Dr. Gunningham also opined that she had residuals of her work injuries because of her chronic pain.<sup>7</sup>

OWCP later received several additional reports from Dr. Gunningham dated October 13 and December 15, 2014, and March 24, 2015, which diagnosed a fibromyalgia condition and chronic pain syndrome.

OWCP referred appellant for a second opinion examination to determine if there were any residuals present from her February 22, 2012 work injury. In an April 21, 2015 report, Dr. William Dinenberg, a Board-certified orthopedic surgeon, discussed appellant's history, the medical records, the statement of accepted facts, and presented examination findings. He opined that her lumbar sprain had resolved within 6 to 12 weeks. Although there were objective findings of preexisting degenerative disc disease and facet disease, Dr. Dinenberg opined that there was no aggravation by the employment injury. He opined that the residuals presented on examination were not causally related to the February 22, 2012 work injury, but were most likely due to her fibromyalgia. However, Dr. Dinenberg indicated that fibromyalgia was outside of his medical expertise. He advised that appellant had reached maximum medical improvement (MMI) for the conditions accepted in her claim. Dr. Dinenberg also opined that no further medical treatment was necessary from an orthopedic standpoint for appellant's February 22, 2012 employment injury.

As Dr. Dinenberg indicated that fibromyalgia was outside of his medical expertise, OWCP referred appellant's medical file to its medical adviser Dr. L.J. Weaver to determine if the diagnosed condition of fibromyalgia was caused or contributed to by appellant's employment injury. In a May 12, 2015 report, OWCP's medical adviser noted the history of appellant's work injuries and reviewed the medical reports of record, including diagnostic testing. He noted that appellant's symptom patterns were atypical and nonphysiologic and could not be explained by the objective findings. The medical adviser opined that, based on the mechanism of injury and the now resolved lumbar sprain, it was highly unlikely that the accepted conditions resulted in fibromyalgia or chronic pain syndrome.

In a July 17, 2015 report, Dr. Gunningham noted that appellant's fibromyalgia and chronic pain syndrome had improved. He opined that the lumbar strain was the initial trigger for her development of the chronic pain syndrome. Dr. Gunningham noted that there were no objective tests available to prove or refute this triggering. He continued to report appellant's back pain.

OWCP advised appellant on January 27, 2016 of its proposed termination of her entitlement to medical benefits as she had no longer had residuals of her accepted work-related

---

<sup>7</sup> On March 25, 2015 appellant filed a claim for wage-loss compensation (Form CA-7) commencing December 13, 2014. By decision dated May 18, 2015, OWCP found that appellant failed to meet her burden of proof to establish total disability commencing December 13, 2014 causally related to her February 22, 2012 employment injury. It found that the medical evidence of record did not establish that she was disabled as a result of her accepted work-related medical conditions and that she had an intervening work injury on December 7, 2013. On May 27, 2015 appellant requested a hearing before an OWCP hearing representative. By decision dated March 30, 2016, an OWCP hearing representative affirmed the denial of appellant's claim for wage-loss compensation commencing December 13, 2014. On November 9, 2015 appellant appealed to the Board and the appeal was assigned Docket No. 16-1199. However, as of the filing of this appeal, the Board had not issued a decision in Docket No. 16-1199. On March 8, 2017 the Board issued its decision in Docket No. 16-1199.

medical conditions. It afforded appellant 30 days to submit medical evidence or argument supporting refuting the proposed termination.

In a February 15, 2016 report, Dr. Gunningham noted that appellant's lumbar strain and chronic pain syndrome were unchanged. He indicated that he had treated many patients with chronic pain syndrome whose initial injuries were seemingly minor, and that he believed that this was what happened to appellant. Dr. Gunningham noted that she saw Dr. Tick on July 11, 2014, who had diagnosed her chronic pain syndrome as resulting from the industrial injuries. He noted that there were no available objective tests to prove the origins of a chronic pain syndrome. Dr. Gunningham reiterated that there was a relevant connection between appellant's ongoing clinical issues and the accepted injuries and requested a chronic pain specialist be consulted.

By decision dated March 7, 2016, OWCP terminated appellant's entitlement to medical benefits, effective that date. It found that the weight of the medical evidence, as represented by Dr. Dineberg and the medical advisor, established that she had no continuing residuals of her accepted medical conditions.

On March 14, 2016 counsel requested a telephonic hearing before an OWCP hearing representative, which was held on November 17, 2016.

In a July 19, 2016 letter and during the hearing, counsel requested that the claim be expanded to include multiple back conditions. This included lumbar back pain with radiculopathy, chronic anterior wedging at T6 with chronic depression deformity, multilevel degenerative disc disease of the lumbar spine, L4-5 bilateral degenerative facet disease with minimal anterior subluxations, diffused disc bulging, and L5-S1 bilateral facet arthropathy with mild disc bulging. Counsel indicated that appellant's problem was not fibromyalgia, but other degenerative multilevel injuries to the thoracic and lumbosacral spine. Appellant testified as to her symptoms and her quality of life.

A May 16, 2016 MRI scan report of the thoracic spine noted chronic anterior wedging with chronic compression deformity at T6, a minimal central disc bulge without significant canal or neural foraminal stenosis at T6-7, a minimal right paracentral disc bulge without significant canal or neural foraminal narrowing at T7-8, and a right paracentral disc protrusion at T8-9.

A May 16, 2016 MRI scan report of the lumbar spine noted multilevel degenerative disease of the lumbar spine, mild disc bulging with mild bilateral facet arthropathy at L3-4, bilateral degenerative facet disease with minimal anterior subluxation and diffuse disc bulging at L4-5, and bilateral facet arthropathy with mild disc bulging at L5-S1.

In a May 17, 2016 report, Dr. Martin W. Platt, a Board-certified family practitioner, noted that appellant suffered with left-sided pain and numbness. He reviewed thoracic and lumbar spine MRI scans and noted that there was an old compression fracture at T6 and severe foraminal stenosis at T8-9. Dr. Platt assessed chronic bilateral thoracic back pain, and lumbar back pain with radiculopathy affecting the left lower extremity.

By decision dated January 24, 2017, OWCP's hearing representative affirmed the March 7, 2016 decision. She noted that appellant's physicians either did not address causal relationship or failed to provide supporting rationale or explanation for their opinions.

### **LEGAL PRECEDENT -- ISSUE 1**

Once OWCP accepts a claim and pays wage-loss compensation or medical benefits, it has the burden of proof to justify modification or termination of these benefits. The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.<sup>8</sup> To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.<sup>9</sup>

OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>10</sup>

For conditions not accepted by OWCP as being employment related, it is the employee's burden to provide rationalized medical evidence sufficient to establish causal relationship, not OWCP's burden to disprove such relationship.<sup>11</sup>

### **ANALYSIS -- ISSUE 1**

The Board finds that OWCP met its burden of proof to terminate appellant's entitlement to medical benefits, effective March 7, 2016 due to her accepted February 22, 2012 employment injuries.

OWCP accepted that appellant sustained thoracic and lumbar subluxations, and lumbar sprain due to her February 22, 2012 employment injury. It relied on the April 21, 2015 report of the second opinion physician, Dr. Dinenberg, and the May 12, 2015 report of its medical adviser, Dr. Weaver, to terminate her medical benefits.

In an April 21, 2015 report, Dr. Dinenberg reviewed appellant's history and noted the February 22, 2012 and December 7, 2013 employment injuries. He noted her current complaints and provided physical examination findings. Dr. Dinenberg based his opinion on a proper factual and medical history derived from the SOAF and appellant's medical records.<sup>12</sup> He found that the lumbar sprain resolved within 6 to 12 weeks and, based on OWCP's definitions, there was no aggravation of her preexisting lumbar facet and degenerative disc disease. Dr. Dinenberg concluded that appellant had reached MMI for her employment injuries. He opined that the residuals presented on examination were not causally related to the February 22, 2012 work injury, but were most likely due to her fibromyalgia. However, Dr. Dinenberg indicated that fibromyalgia was outside of his medical expertise. Because he provided a well-rationalized opinion based on medical evidence of record regarding appellant's residuals, the Board finds that OWCP properly

---

<sup>8</sup> *T.P.*, 58 ECAB 524 (2007); *Pamela K. Guesford*, 53 ECAB 727 (2002).

<sup>9</sup> *Id.*

<sup>10</sup> *Gewin C. Hawkins*, 52 ECAB 242 (2001).

<sup>11</sup> *G.A.*, Docket No. 09-2153 (issued June 10, 2010); *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Alice J. Tysinger*, 51 ECAB 638 (2000).

<sup>12</sup> *See N.P.*, Docket No. 15-1580 (issued September 1, 2016); *see also Melvina Jackson*, 38 ECAB 443 (1987).

relied on his report in terminating her medical benefits for the February 22, 2012 employment injury.<sup>13</sup>

As fibromyalgia was outside of Dr. Dinenberg's medical expertise, OWCP referred appellant's medical file to its medical adviser to determine if a relationship existed between the accepted conditions and the diagnosed fibromyalgia. In a May 12, 2015 report, OWCP's medical adviser noted the history of appellant's work injuries and reviewed the medical reports of record, including diagnostic testing. He noted that appellant's symptom patterns were atypical and nonphysiologic and could not be explained by the objective findings. The medical adviser opined that, based on the mechanism of injury and the now resolved lumbar sprain, it was highly unlikely that the accepted conditions resulted in fibromyalgia or chronic pain syndrome.

OWCP's medical adviser based his opinion on a proper factual and medical history and reviewed the medical record, including Dr. Dinenberg's report.<sup>14</sup> The medical adviser provided a well-rationalized opinion, based on medical evidence of record, the mechanism of injury, and the now resolved lumbar sprain, that it was highly unlikely that the accepted conditions resulted in fibromyalgia or chronic pain syndrome.<sup>15</sup> Consequently, the medical adviser's opinion represents the weight of the evidence and establishes that the conditions of fibromyalgia or chronic pain syndrome are not causally related to the accepted employment injury.

The medical evidence appellant submitted prior to the termination is insufficient to cause a conflict of medical opinion with either Dr. Dinenberg or the medical adviser.

In his February 27, 2014 report, Dr. Billow provided an impression of low back pain, gait instability, and neck pain. However he noted that he could not identify the etiology of appellant's symptoms. In her July 1, 2014 report, Dr. Tick diagnosed chronic pain due to injury without providing an opinion on causal relationship. She also failed to mention the December 7, 2013 work injury. Medical evidence that 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>16</sup> Thus, Dr. Tick's opinion is of limited probative value. OWCP referred appellant to Dr. Curcin for a second opinion evaluation regarding the status of appellant's December 7, 2013 injury. Dr. Curcin did not specifically address appellant's February 22, 2012 injury, but he did opine that there were no objective findings remaining from appellant's employment injuries.

Throughout the course of appellant's treatment, Dr. Gunningham indicated that appellant's lumbar strain had gotten worse. However, he provided no rationale as to how or why the accepted lumbar conditions had deteriorated.<sup>17</sup> Dr. Gunningham indicated that the failed back syndrome

---

<sup>13</sup> See *L.S.*, Docket No. 09-1508 (issued May 6, 2010). See also *Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996).

<sup>14</sup> See *supra* note 10.

<sup>15</sup> See *supra* note 11.

<sup>16</sup> See *G.B.*, Docket No. 15-1138 (issued July 13, 2016); *A.D.*, 58 ECAB 149 (2006).

<sup>17</sup> *Solomon Polen*, 51 ECAB 341 (2000).

was well documented. He also noted that failed back syndrome did not require a severe initial injury, which he believed what had happened in appellant's case. However, Dr. Gunningham did not identify any clinical findings to support the condition or discuss examination reports to support his opinion that this condition was causally related to appellant's accepted condition. It is appellant's burden of proof to establish that newly diagnosed conditions are employment related. Once established as employment related, appellant would have to show she had residuals of the condition.<sup>18</sup> Dr. Gunningham's reports are of limited probative value as they did not present the necessary objective findings to substantiate the diagnosis and rationalized medical opinion to establish causal relationship.<sup>19</sup>

Dr. Gunningham also did not provide a well-rationalized opinion regarding the cause of appellant's fibromyalgia and chronic pain syndrome. In his March 24, 2015 letter, he noted that her fibromyalgia played a role in his inability to record appellant's injury history or make observations. However, Dr. Gunningham offered no explanation as to how the fibromyalgia developed as a result of the accepted employment injuries. In his February 15, 2016 report, he indicated that appellant had chronic pain syndrome and the origin could not be determined using objective tests. Dr. Gunningham indicated that Dr. Tick had diagnosed her chronic pain syndrome as resulting from appellant's employment injuries. However, he inaccurately characterized Dr. Tick's July 11, 2014 report. As noted, while Dr. Tick had noted that appellant had been diagnosed with fibromyalgia, she failed to offer an opinion as to the cause of the fibromyalgia or whether it was causally related to the work injuries. Thus, Dr. Gunningham has not provided a rationalized medical opinion relating appellant's fibromyalgia or chronic pain syndrome to her accepted injuries.<sup>20</sup>

The Board therefore finds that OWCP met its burden of proof to terminate appellant's entitlement to medical benefits for her accepted February 22, 2012 injury, effective March 7, 2016.

### **LEGAL PRECEDENT -- ISSUE 2**

As OWCP met its burden of proof to terminate appellant's medical benefits, the burden shifted to her to establish that she had residuals causally related to her accepted injury.<sup>21</sup>

Once OWCP properly terminates appellant's compensation benefits, the burden shifts to appellant to establish that he or she has continuing residuals after that date related to his or her accepted injury.<sup>22</sup> To establish causal relationship between any residuals claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.<sup>23</sup> Causal relationship is a

---

<sup>18</sup> See *E.R.*, Docket No. 08-1530 (issued March 6, 2009).

<sup>19</sup> *Id.*

<sup>20</sup> *A.W.*, Docket No. 16-0780 (issued October 11, 2016); see *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

<sup>21</sup> See *Joseph A. Brown, Jr.*, 55 ECAB 542 (2004); *Manuel Gill*, 52 ECAB 282 (2001).

<sup>22</sup> *Manuel Gill, id.*

<sup>23</sup> *Id.*

medical issue and the medical evidence required to establish a causal relationship is rationalized medical evidence.<sup>24</sup>

### **ANALYSIS -- ISSUE 2**

The Board finds that appellant has not met her burden of proof to establish that she had residuals of her accepted February 22, 2012 employment injury after March 7, 2016.

Following the termination of her medical benefits, appellant submitted May 16, 2016 MRI scan reports of the thoracic and lumbar spine, which diagnosed several conditions. However, these diagnostic reports do not establish causal relationship. The Board has found that medical evidence that 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>25</sup> Therefore, these diagnostic reports fail to establish causal relationship and fail to establish appellant's request for expansion of the claim.

While Dr. Platt, in his May 17, 2016 report, diagnosed chronic bilateral thoracic back pain, lumbar back pain with radiculopathy affecting appellant's left lower extremity, he did not attribute the diagnosed conditions to the accepted employment injury or otherwise address causation. Thus, his opinion in the May 17, 2016 report is of little probative value to establish residuals of appellant's February 22, 2012 employment injury.<sup>26</sup>

On appeal counsel simply argues that OWCP's decision is contrary to fact and law. As discussed, none of the medical evidence appellant submitted contained findings that appellant had residuals of her accepted employment injury.

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 OWCP has met its burden of proof to terminate appellant's entitlement to medical benefits, effective March 7, 2016, as she no longer had residuals of her accepted February 22, 2012 employment injuries. The Board also finds that appellant has not established that she had continuing residuals of her February 22, 2012 injury after March 7, 2016.

---

<sup>24</sup> *C.W.*, Docket No. 12-1211 (issued November 15, 2012); *Darlene R. Kennedy*, 57 ECAB 414 (2006).

<sup>25</sup> *R.E.*, Docket No. 10-0679 (issued November 16, 2010); *K.W.*, 59 ECAB 271 (2007).

<sup>26</sup> *See J.L.*, Docket No. 15-1802 (issued August 15, 2016).

**ORDER**

**IT IS HEREBY ORDERED THAT** the January 24, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 25, 2018  
Washington, DC

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

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

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