

March 2, 2016 as a result of stepping down on her right leg while delivering mail. She did not stop work.

In support of her claim, appellant submitted a duty status report (Form CA-17) from an unidentifiable healthcare provider who diagnosed lumbar strain due to a March 2, 2016 injury.

In an April 5, 2016 development letter, OWCP advised appellant of the deficiencies of her claim and afforded her 30 days to submit additional evidence and respond to its inquiries.

In a March 29, 2016 report, Dr. Ashley L. Park, a Board-certified physiatrist, diagnosed escalating pain in the low back, as well as referred pain into the right hip and anterior thigh, secondary to possible lumbar segmental disc injury. He reported that appellant had persistent complaints of low back discomfort since falling into a ditch in 2014, secondary to possible L5 degenerative disc. Dr. Park asserted that appellant's low back pain came on after falling in a ditch in 2014 and she stated that her pain never completely went away. He found that more recently over the past few weeks, she was experiencing discomfort in her right hip and anterior thigh. Appellant indicated that her leg pain was more severe than her low back pain. She was awakened at night by her symptoms and had pain most when she was sitting during the day.

On April 26, 2016 Dr. Park advised that appellant continued to have pain in her low back and referred pain into her right hip and anterior thigh. Appellant also had numbness, particularly when sitting and lying down at night. Dr. Park found moderate disc space narrowing at L5-S1 by plain films of the lumbar spine dated March 25, 2016.

By decision dated May 5, 2016, OWCP denied the claim, finding that although she had established that the March 2, 2016 incident occurred at the time, place, and in the manner alleged, and that a medical condition had been diagnosed, the medical evidence of record was insufficient to establish that appellant sustained an injury in the performance of duty.

On May 18, 2016 appellant requested reconsideration and submitted a narrative statement dated May 16, 2016 indicating that on or about September 2014 she was delivering mail when her right foot and leg fell into an extremely deep hole in the ground that was concealed by dead leaves and grass. The statement continued that on March 2, 2016, while delivering mail, she began walking down a set of porch stairs when she suddenly felt a sharp pain go down her right leg. Appellant immediately notified her supervisor of the incident.

In a May 10, 2016 report, Dr. Park indicated that a magnetic resonance imaging (MRI) scan of the lumbar spine had been performed on May 6, 2016 which revealed a prominent disc bulge at L5, but no evidence of a disc protrusion. He asserted that on March 2, 2016 appellant started having increasing pain in her low back, right buttock, and anterior thigh while performing her usual and customary job duties. Dr. Park opined that given the MRI scan findings one had to wonder whether or not appellant's symptoms were due to sacroiliac (SI) joint disorder.

By decision dated July 14, 2016, OWCP denied appellant's claim, as modified, on the basis that the evidence established performance of duty, but failed to establish fact of injury.

On August 12, 2016 appellant requested reconsideration and submitted an August 1, 2016 report from Dr. Park who opined that her ongoing pain was directly attributable to an October 27,

2014 work injury as her mechanism of injury was frequently associated with injuries to the SI joint. On September 12, 2016 she submitted a narrative statement reiterating the factual history of her claim and an August 31, 2016 statement from the employing establishment indicating that she reported the incident to her supervisor on March 2, 2016.

In a March 4, 2016 report, Dr. Robert Pickering, a Board-certified orthopedic surgeon, asserted that appellant presented with right hip pain and left elbow pain. On March 14, 2016 he asserted that appellant had decreasing pain in her hip as well as her back while taking a DosePak, but her symptoms had recurred. Appellant reported her belief that this was an injury that she sustained at work a year or two prior. Dr. Pickering diagnosed lateral epicondylitis of left elbow and lumbar radiculopathy. He noted that appellant's right hip pain was of unknown etiology, possible lateral tear or internal impingement *versus* early arthritis.

On July 12, 2016 Dr. Park reported that appellant continued to receive physical therapy focusing on the diagnosis of SI joint disorder. On August 15, 2016 he released appellant to regular duty without restrictions and recommended a right SI joint injection.

By decision dated November 1, 2016, OWCP denied the claim, as modified, finding that the evidence was sufficient to establish fact of injury, but the medical evidence was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted March 2, 2016 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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 FECA, that an injury³ was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁴

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first be determined whether fact of injury has been established. A fact of injury determination is based on two elements. 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. Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal

² *Id.*

³ OWCP regulations define a traumatic injury as a condition of the body caused by a specific event or incident, or series of events or incidents, within a single workday or shift. Such condition must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected. 20 C.F.R. § 10.5(ee).

⁴ *See M.L.*, Docket No. 17-1026 (issued April 20, 2018); *see also T.H.*, 59 ECAB 388 (2008).

injury. An employee may establish that the employment incident occurred as alleged, but fail to show that his or her condition relates to the employment incident.⁵

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.⁶

ANALYSIS

OWCP has accepted that the employment incident of March 2, 2016 occurred at the time, place, and in the manner alleged. The issue is whether appellant's lower back, right hip, and right leg conditions resulted from the March 2, 2016 employment incident. The Board finds that appellant did not meet her burden of proof to establish a causal relationship between the conditions for which compensation is claimed and the March 2, 2016 employment incident.

In his March 29, 2016 report, Dr. Park diagnosed escalating pain in the low back, as well as referred pain into the right hip and anterior thigh, secondary to possible lumbar segmental disc injury. He reported that appellant had persistent complaints of low back discomfort since falling into a ditch in 2014, secondary to possible L5 degenerative disc. Dr. Park asserted that appellant's low back pain came on after falling in a ditch in 2014 and she stated that her pain never completely went away. He found moderate disc space narrowing at L5-S1 by plain films of the lumbar spine dated March 25, 2016 and a prominent disc bulge at L5 on an MRI scan dated May 6, 2016. Dr. Park asserted that on March 2, 2016 appellant started having increasing pain in her low back, right buttock, and anterior thigh while performing her usual and customary job duties. He opined that given the MRI scan findings one had to wonder whether or not appellant's symptoms were due to SI joint disorder. On August 1, 2016 Dr. Park opined that appellant's ongoing pain was directly attributable to an October 27, 2104 work injury as her mechanism of injury was frequently associated with injuries to the SI joint. The Board finds that Dr. Park failed to provide sufficient medical rationale explaining the mechanism of how stepping down on her right leg while delivering mail at work on March 2, 2016 caused or aggravated appellant's lower back, right hip, and right leg conditions. Dr. Park noted that her conditions occurred while she was at work, but such generalized statements do not establish causal relationship because they merely repeat appellant's allegations and are unsupported by adequate medical rationale explaining how her physical activity at work actually caused or aggravated the diagnosed conditions.⁷ The need for rationale is particularly important as the evidence of record indicates that appellant had a

⁵ *Id.*

⁶ *Id.*

⁷ See *D.J.*, Docket No. 17-0362 (issued April 13, 2018); see also *K.W.*, Docket No. 10-0098 (issued September 10, 2010).

preexisting lower back condition.⁸ Dr. Park's opinion was based, in part, on temporal correlation. However, the Board has held that neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁹ Dr. Park did not otherwise sufficiently explain the reasons why diagnostic testing and examination findings led him to conclude that the March 2, 2016 incident at work caused or contributed to the diagnosed conditions. Moreover, OWCP has not accepted an October 27, 2014 work incident in this case. Thus, the Board finds that the reports from Dr. Park are insufficient to establish that appellant sustained an employment-related injury.

In his reports, Dr. Pickering diagnosed lateral epicondylitis of left elbow and lumbar radiculopathy and indicated that appellant reported her belief that this was an injury that she sustained at work a year or two prior. The Board has held 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.¹⁰ Thus, appellant has not met her burden of proof with this evidence.

Appellant submitted a duty status report (Form CA-17) in support of her claim. However, this report is from a healthcare provider whose identity cannot be discerned from the record. Because it cannot be determined whether this report is from a physician as defined in 5 U.S.C. § 8101(2), it does not constitute competent medical evidence.¹¹

The Board finds that appellant has not submitted rationalized medical evidence sufficient to establish that she sustained an injury causally related to the March 2, 2016 employment incident and failed to meet her burden of proof to establish a claim for compensation.

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.

⁸ See *P.H.*, Docket No. 16-0654 (issued July 21, 2016); *S.R.*, Docket No. 16-0657 (issued July 13, 2016).

⁹ See *M.B.*, Docket No. 17-0688 (issued March 15, 2018); see also *E.J.*, Docket No. 09-1481 (issued February 19, 2010).

¹⁰ See *W.H.*, Docket No., 18-0004 (issued May 3, 2018); see also *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹¹ See *K.O.*, Docket No. 17-1280 (issued November 21, 2017); see also *R.M.*, 59 ECAB 690, 693 (2008). See *C.B.*, Docket No. 09-2027 (issued May 12, 2010) (a medical report may not be considered as probative medical evidence if there is no indication that the person completing the report qualifies as a physician as defined in 5 U.S.C. § 8101(2) and reports lacking proper identification do not constitute probative medical evidence).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish lower back, right hip, and right leg conditions causally related to the accepted March 2, 2016 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the November 1, 2016 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 26, 2018
Washington, DC

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

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

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