



pleurisy on December 19, 2016. Appellant indicated that he first became aware of his claimed condition on December 10, 2016, and first realized it was caused or aggravated by his federal employment on March 15, 2017. He stopped work on January 4, 2017.

In a narrative statement dated March 23, 2017, appellant indicated that he was diagnosed with pericarditis on December 20, 2016 and that he was exposed to mold at the employing establishment. He further indicated that he began working in August 2014 and in early 2015 he began noticing a moldy smell coming from the heating, ventilation, and air conditioning (HVAC) return vent, which was directly behind his desk in a makeshift office that was cleared out for him a few months after he arrived in that position.

Appellant submitted a proposal for mold abatement at the employing establishment dated September 18, 2015, which was prepared in accordance with a previous site visit demonstrating mold in the basement and basement stairwell.

In a March 10, 2017 report, Dr. Stephen G. Wagner, a cardiologist, diagnosed pericarditis. He found that appellant was admitted for pericarditis in December 2016. Appellant was taking medications for his condition since December 2016 without any significant relief. He also went to the emergency room in January 2017 for the same condition and was treated for the pain.

On March 17, 2017 Dr. Jill L. Byers, an internist, reported that appellant suffered from pericarditis and had been unable to work due to his symptoms.

In an April 3, 2017 development letter, OWCP advised appellant of the deficiencies of his claim and afforded him 30 days to submit additional evidence and respond to its inquiries.

In response, appellant submitted January 13, 2017 hospital reports from Dr. Marie Christine Lawson, a Board-certified emergency medicine physician, who diagnosed pericarditis. Dr. Lawson reported that appellant had been previously admitted from December 19 to 20, 2016, for pericarditis and did fairly well until January 2, 2017, when his pain began to escalate. Appellant described a bi-temporal headache that radiated along his neck to his shoulders. He had chest and back pain that prevented him from lying flat, fevers, and a stomachache.

In an attending physician's report (Form CA-20) dated April 11, 2017, Dr. Sheila K. Miles, a naturopathic physician, diagnosed pericarditis and checked a box marked "yes" indicating that the condition was due to prolonged exposure to mold in the workplace.

Appellant further submitted diagnostic testing reports dated December 19, 2016 and March 10, 28, and 31, 2017, in support of his claim.

In an April 11, 2017 narrative statement, appellant indicated that he did not smoke currently, but had smoked cigarettes from 1990 to 2000 (1 pack per week) on a very seldom basis and very rarely from 2007 to 2009 (1 pack per month).

On May 8, 2017 the employing establishment confirmed that, although the abatement of the harmful substances was carried out as quickly as possible, mold had been present in the stairwell near appellant's desk, which was situated near the air intake for the HVAC system, and he was potentially exposed to mold carried through the air.

In an undated report, Dr. Miles continued to diagnose pericarditis and opined that appellant's condition was causally related to his exposure to mold at work.

The record includes a final report dated December 31, 2015, for mold abatement at the employing establishment.

In a July 17, 2017 letter, OWCP advised appellant that the reports from Dr. Miles were deficient because she did not appear to qualify as a "physician" under FECA and afforded him 15 days to submit additional medical evidence from his attending cardiologist.

Appellant subsequently submitted reports dated April 13 and July 28, 2017, from Dr. Wagner who opined that a prolonged workplace exposure to mold aggravated appellant's pericarditis.

OWCP referred appellant to Dr. John C. Sartini, a Board-certified cardiologist, for a second opinion evaluation to determine the nature and extent of his cardiac condition. In his August 31, 2017 report, Dr. Sartini diagnosed chronic pericarditis. He found that extensive laboratory studies were unremarkable except for borderline elevation of Aspergillus performed by his naturopathic doctor. Dr. Sartini concluded that there was no objective support that appellant's pericarditis was caused, aggravated, or exacerbated by exposure to mold. He noted that in an extensive review of cardiology literature, he could find no support for ascribing pericarditis to mold exposure.

By decision dated September 14, 2017, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed condition and the accepted factors of his federal employment. It found that Dr. Sartini's opinion represented the weight of the medical evidence.

### **LEGAL PRECEDENT**

A claimant seeking benefits under FECA<sup>2</sup> has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence, including that an injury was sustained in the performance of duty as alleged, and that any specific condition or disability claimed is causally related to the employment injury.<sup>3</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (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 diagnosed condition is causally related to the identified employment factors.<sup>4</sup>

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<sup>2</sup> *Supra* note 1.

<sup>3</sup> 20 C.F.R. § 10.115(e), (f); *see Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

<sup>4</sup> *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

Causal relationship is a medical question, which generally requires rationalized medical opinion evidence to resolve the issue.<sup>5</sup> A physician's opinion on whether there is a causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background.<sup>6</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.<sup>7</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish that the accepted factors of his federal employment caused or aggravated his diagnosed medical condition. Appellant identified the factors of employment that he believed caused his conditions, including prolonged exposure to mold at work, which OWCP accepted as factual. However, in order to establish a claim that he sustained an employment-related injury, he also had to submit rationalized medical evidence which explained how his medical condition was caused or aggravated by the accepted employment factors.<sup>8</sup>

OWCP referred appellant to Dr. Sartini for a second opinion evaluation to determine the nature and extent of his cardiac condition. In his August 31, 2017 report, Dr. Sartini concluded that there was no objective support that appellant's pericarditis was caused, aggravated, or exacerbated by exposure to mold. He noted that in an extensive review of cardiology literature, he could find no support for ascribing pericarditis to mold exposure. The Board finds that Dr. Sartini's report represents the weight of the medical evidence at the time OWCP denied appellant's claim. Dr. Sartini had full knowledge of the relevant facts and evaluated the course of appellant's condition. His opinion is based on proper factual and medical history and his report contained a detailed summary of the history of workplace exposure to mold. Dr. Sartini addressed the medical records to make his own findings to reach a reasoned conclusion regarding appellant's conditions.<sup>9</sup> His opinion that there is not causal relationship between the accepted work factors and appellant's medical condition, as set forth in his August 31, 2017 report, is found to be probative evidence and reliable. Therefore, the Board finds that Dr. Sartini's opinion constitutes the weight of the medical evidence.

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<sup>5</sup> See *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>6</sup> *Supra* note 4.

<sup>7</sup> *Id.*

<sup>8</sup> See *A.C.*, Docket No. 08-1453 (issued November 18, 2008).

<sup>9</sup> See *Michael S. Mina*, 57 ECAB 379 (2006) (“[t]he opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts and medical history, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion are facts which determine the weight to be given to each individual report”).

Appellant also submitted diagnostic testing reports in support of his claim, but these diagnostic studies do not address the etiology of his cardiac condition. As such, this evidence is of limited probative value with respect to establishing causal relationship.<sup>10</sup>

Appellant provided several reports from Dr. Miles, a naturopathic physician. Medical opinion, in general, can only be given by a qualified physician.<sup>11</sup> The Board has held that a naturopathic physician is not considered a physician within the meaning of FECA, as the profession is not one of those enumerated in the statute.<sup>12</sup> Therefore, Dr. Miles' reports cannot be considered competent medical evidence.

Regarding the reports from Drs. Lawson and Byers, although they diagnosed pericarditis, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.<sup>13</sup> Consequently, the above-noted evidence is insufficient to satisfy appellant's burden of proof with respect to causal relationship.<sup>14</sup>

Moreover, Dr. Wagner failed to provide a rationalized opinion explaining how factors of appellant's federal employment, such as exposure to mold, caused or aggravated his cardiac condition. He noted that appellant's condition occurred while he 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 his physical activity at work actually caused or aggravated the diagnosed conditions.<sup>15</sup> The Board has held that the mere fact that appellant's symptoms arise during a period of employment or produce symptoms revelatory of an underlying condition does not establish a causal relationship between appellant's condition and his employment factors.<sup>16</sup> Lacking thorough medical rationale on the issue of causal relationship, the Board finds that Dr. Wagner's reports are insufficient to establish that appellant sustained an employment-related injury.<sup>17</sup>

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<sup>10</sup> *C.H.*, Docket No. 17-0266 (issued May 17, 2018) (where the Board found that as the diagnostic studies, consisting of x-rays and a magnetic resonance imaging scan, did not specifically address the cause of the diagnostic conditions, they were of limited probative value in establishing causal relationship).

<sup>11</sup> *Charley V.B. Harley*, 2 ECAB 208, 211 (1949); *see also* 5 U.S.C. § 8101(2).

<sup>12</sup> *D.B.*, Docket No. 10-2171 (issued June 3, 2011); *see also Susan M. Biles*, 40 ECAB 420 (1989); *Julie Rechten*, 34 ECAB 1137 (1983).

<sup>13</sup> *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>14</sup> *See supra* notes 3-4.

<sup>15</sup> *See K.W.*, Docket No. 10-98 (issued September 10, 2010).

<sup>16</sup> *See Richard B. Cissel*, 32 ECAB 1910, 1917 (1981); *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

<sup>17</sup> *See E.V.*, Docket No. 15-1759 (issued January 8, 2016) (where the Board found that the employee was exposed to black mold at her workplace, but failed to submit sufficient medical evidence to establish that her diagnosed pneumonia condition was causally related to her exposure to mold at work).

As appellant has not submitted rationalized medical evidence to establish an injury causally related to the accepted employment factors, he has not met his 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 his burden of proof to establish a cardiac condition causally related to factors of his federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 14, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 13, 2018  
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