

employing establishment indicated that appellant stopped work on the date of injury, and had yet to return.

On November 13, 2017 the employing establishment issued an authorization for examination and/or treatment (Form CA-16) to an Urgent Care facility related to appellant's employment incident of the same date. On the reverse side of this form, the attending physician's report was completed noting a diagnosis of back pain. A box was checked "yes" indicating that the condition diagnosed was caused or aggravated by the described employment incident. Work restrictions were provided.²

In a duty status report (Form CA-17) dated November 16, 2017, Dr. Manuel Ceja, an internal medicine specialist, diagnosed lumbar strain and opined that appellant's injury occurred when he stepped off a curb. He indicated that appellant was not fit for a return to duty.

In a development letter dated November 20, 2017, OWCP advised appellant of the deficiencies of his claim, requested that he provide additional factual and medical evidence to establish his claim, and provided a questionnaire for his completion. It afforded him 30 days to submit the necessary evidence.

On December 4, 2017 OWCP received appellant's completed questionnaire, dated November 25, 2017. Appellant related that upon stepping off the curb while on his route, he felt a twinge in his lower back. He noted that the pain increased for hours after the initial incident, and he then sought medical treatment. Appellant also related that he had a history of low back pain.

By decision dated December 29, 2017, OWCP denied appellant's claim finding that the evidence of record was insufficient to establish that his medical condition was causally related to the accepted November 13, 2017 employment incident.

In a letter dated January 25, 2018, Dr. Ceja indicated that appellant had a history of multiple bulging disks in his lower back, and that he sustained intermittent pain from this old injury. He noted that an x-ray of appellant's lower spine dated November 16, 2017 revealed no acute fracture, minimal antero superior L2-L4 spurring, and endplate sclerotic changes. Dr. Ceja related that a magnetic resonance imaging (MRI) scan dated November 19, 2017 revealed posterior disc bulge at L4-L5 with right neuroforaminal herniation with nerve root impingement, and moderate bilateral foraminal narrowing. He diagnosed lumbar strain/sprain with complications, and opined that appellant's condition was causally related to the November 13, 2017 employment incident.

On February 6, 2018 appellant requested reconsideration of OWCP's December 29, 2017 decision.

By decision dated April 30, 2018, OWCP denied modification of its December 29, 2017 decision.

² This report was signed by a physician, however the signature is illegible.

In reports dated November 16 and 27, and December 4, 2017, and a letter dated June 30, 2018, Dr. Ceja noted appellant's "history of multiple bulging disks in his lower back after an old injury in 2007." He diagnosed lumbar strain/sprain, and opined, "within a certain degree of medical certainty," that by history and objective evidence, appellant's condition was causally related to the employment incident and that it was possible to have a repetitive use injury or flare up of an old, preexisting injury.

In reports dated November 13, and December 1 and 4, 2017, Dr. Saglara B. Mills, a chiropractic physician, noted appellant's history of injury and examination findings. She diagnosed subluxation complex (vertebral) of lumbar region, sprain of ligaments of lumbar spine, low back pain, and myalgia. Dr. Mills opined that based on the physical examination and the presented history, it is her professional opinion that the diagnosed condition was work related. She further opined that there had been moderate-to-severe trauma to appellant's spine which caused the vertebrae to be misaligned, ligaments and muscles to be overstretched, and nerves to be inflamed. Dr. Mills noted that appellant's conditions could become chronic and result in permanent disability.

In a report dated December 1, 2017, Dr. Abdalla L. Adam, a physical medicine and rehabilitation specialist, reviewed appellant's previous diagnostic tests dated November 16 and 19, 2017, and diagnosed lower back pain and lumbosacral spine sprain/strain. He noted 100 percent temporary impairment.

By decision dated November 19, 2018, OWCP denied modification of its April 30, 2018 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish the essential elements of his or her claim including the fact that he or she is an employee of the United States within the meaning of FECA, that the claim was filed within the applicable time limitation of FECA,⁴ that an injury was sustained while in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to that employment injury.⁵ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁶

³ *Supra* note 1.

⁴ *M.T.*, Docket No. 19-0208 (issued June 18, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *M.T.*, *id.*; *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *M.E.*, Docket No. 19-0940 (issued June 11, 2019); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

In order to determine whether a federal employee has sustained a traumatic injury in the performance of duty, OWCP must first determine whether fact of injury has been established.⁷ There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident that allegedly occurred.⁸ The second component is whether the employment incident caused a personal injury.⁹

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹⁰ 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.¹¹ The weight of the medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.¹²

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹³

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a lumbar condition causally related to the accepted November 13, 2017 employment incident.

OWCP initially received an attending physician's report (Form CA-16) dated November 13, 2017 from a physician with an illegible signature. As the author of this report

⁷ *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *S.P.*, 59 ECAB 184 (2007); *Alvin V. Gadd*, 57 ECAB 172 (2005).

⁸ *M.T.*, *supra* note 4; *D.S.*, Docket No. 18-1348 (issued November 9, 2017); *Bonnie A. Contreras*, 57 ECAB 364 (2006); *Edward C. Lawrence*, 19 ECAB 442 (1968).

⁹ *M.E.*, *supra* note 6; *B.M.*, Docket No. 17-0796 (issued July 5, 2018); *John J. Carlone*, 41 ECAB 354 (1989).

¹⁰ *M.E.*, *supra* note 6; *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

¹¹ *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹² *M.T.*, *supra* note 4; *James Mack*, 43 ECAB 321 (1991).

¹³ *J.F.*, Docket No. 19-0456 (issued July 12, 2019); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013).

cannot be identified as a physician, it is of no probative value.¹⁴ Furthermore, this report diagnosed back pain, but pain is a symptom not a valid diagnosis.¹⁵

Appellant submitted several reports from Dr. Ceja dated November 16 and 27, and December 4, 2017, and January 25 and June 30, 2018. In these reports, Dr. Ceja described appellant's November 13, 2017 employment incident and diagnosed lumbar strain/sprain based on a November 16, 2017 x-ray and November 19, 2017 MRI scan. He also opined that appellant's injury was causally related to the November 13, 2017 employment incident, and that it was possible to have a repetitive use injury or flare up of an old, preexisting injury. While Dr. Ceja attributed appellant's condition to the accepted November 13, 2017 employment incident, he did not provide an affirmative opinion explaining how the described employment incident resulted in the diagnosed medical condition. The Board has held that a physician must provide a narrative description of the identified employment incident and a reasoned opinion on whether the employment incident caused or contributed to appellant's diagnosed medical condition.¹⁶ Lacking these details, his opinion is conclusory in nature, and fails to explain in detail how the accepted employment incident caused appellant's medical condition of lumbar strain/sprain.¹⁷ Without explaining physiologically how the accepted employment incident caused or contributed to appellant's diagnosed condition, Dr. Ceja's reports are of limited probative value.¹⁸

The need for a reasoned medical opinion is particularly important due to appellant's preexisting lower back condition, as noted by Dr. Ceja in multiple reports.¹⁹ Because Dr. Ceja did not provide a reasoned opinion explaining how the November 13, 2017 employment incident contributed to or aggravated appellant's lower back condition, his reports are insufficient to establish appellant's claim.

In addition, appellant submitted reports dated November 13, and December 1 and 4, 2017 from Dr. Mills, a chiropractic physician, who diagnosed subluxation complex (vertebral) of lumbar region, sprain of ligaments of lumbar spine, low back pain, and myalgia. Section 8101(2) of FECA²⁰ provides that the term physician, as used therein, includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation, as demonstrated by x-ray to exist and subject to regulations by the

¹⁴ See *S.G.*, Docket No. 18-1076 (issued April 11, 2019); *D.D.*, 57 ECAB 734 (2006); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁵ *R.C.*, Docket No. 19-0376 (issued July 15, 2019); *D.B.*, Docket No. 18-1359 (issued May 14, 2019).

¹⁶ *M.T.*, *supra* note 4.

¹⁷ *A.L.*, Docket No. 18-1706 (issued May 20, 2019).

¹⁸ *A.L.*, *id.*; see *A.B.*, Docket No. 16-1163 (issued September 8, 2017).

¹⁹ *M.T.*, *supra* note 4; *D.H.*, Docket No. 17-1913 (issued December 13, 2018); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

²⁰ 5 U.S.C. § 8101(2).

Secretary.²¹ Dr. Mills did not report that she reviewed x-rays which revealed subluxations of the vertebrae. Since she did not diagnose subluxation based upon x-ray evidence, she is not a qualified physician under FECA and her opinion does not constitute competent medical evidence.²² As such Dr. Mills' reports are of no probative value and, thus, insufficient to establish causal relationship in this claim.²³

In his December 1, 2017 report, Dr. Adam reviewed appellant's previous diagnostic tests dated November 16 and 19, 2017, and diagnosed lower back pain and lumbosacral spine sprain/strain. He did not opine as to the cause of appellant's condition. The Board has held that reports that do not provide an opinion on causal relationship are of no probative value in establishing causal relationship.²⁴ Thus, absent an opinion on causal relationship, Dr. Adam's report is of no probative value.

The Board finds that record lacks rationalized medical evidence establishing causal relationship between the accepted November 13, 2017 employment incident and appellant's diagnosed back condition. Thus, appellant has not met his burden of proof.²⁵

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 lumbar condition causally related to the accepted November 13, 2017 employment incident.

²¹ See 20 C.F.R. § 10.311; *R.H.*, Docket No. 18-1544 (issued March 4, 2019); *M.B.*, Docket No. 17-1378 (issued December 13, 2018).

²² *R.H.*, *id.*; *M.B.*, *id.*; *R.P.*, Docket No. 18-0860 (issued December 4, 2018); *Jay K. Tomokiyo*, 51 ECAB 361, 367-68 (2000).

²³ *R.P.*, *id.*

²⁴ *E.V.*, Docket No. 18-1617 (issued February 26, 2019).

²⁵ A properly completed CA-16 form authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. See 20 C.F.R. § 10.300(c); *P.R.*, Docket No. 18-0737 (issued November 2, 2018); *N.M.*, Docket No. 17-1655 (issued January 24, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

ORDER

IT IS HEREBY ORDERED THAT the November 19, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 19, 2019
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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