

bitten by ticks while in the performance of duty. She did not stop work. The employing establishment acknowledged on the claim form that appellant was in the performance of duty at the time of the alleged injury.

In a development letter dated August 15, 2017, OWCP advised appellant of the deficiencies of her claim. It requested that she provide additional factual and medical evidence and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

On August 7, 2017 a nurse practitioner evaluated appellant for multiple tick bites, with an onset of 11 days. She diagnosed myalgia and a bite or sting by a nonvenomous insect or arthropod.

In a progress report dated August 17, 2017, the nurse practitioner diagnosed unspecified joint pain and Lyme disease.

By decision dated September 19, 2017, OWCP found that the evidence supported the injury/events occurred as described, however, it denied appellant's traumatic injury claim finding that the medical evidence of record was insufficient to establish that she had sustained a medical diagnosis in connection with the accepted July 27, 2017 employment incident.

On April 16, 2018 appellant requested reconsideration. She asserted that she was unaware that she had to be examined by a physician rather than a nurse practitioner and advised that she was providing updated medical evidence. Appellant submitted photographs of her tick bites.

Thereafter, OWCP received an August 11, 2017 e-mail from appellant to the employing establishment advising that on July 27, 2017 she had experienced multiple tick bites while spending the day in the field. Appellant indicated that blood work conducted on August 7, 2017 confirmed that she had Lyme disease.

In an attending physician's report (Form CA-20) dated November 16, 2017, signed by a nurse practitioner and countersigned by Dr. Denise Dingle, who specializes in family medicine diagnosed Lyme disease. The provider checked a box marked "yes" indicating that the condition was caused or aggravated by employment, noting that appellant had been bitten at work.

In a report dated November 17, 2017, Dr. Holly S. Blankenship, an osteopath, Board-certified in family medicine, noted that appellant had been diagnosed with Lyme disease in August 2017 and had been off work since that time. She diagnosed Lyme disease, fatigue, rash, and upper respiratory infection. Dr. Blankenship advised that she believed that appellant's rash and fatigue were related to Lyme disease.

In a report dated February 14, 2018, Dr. Asim Razzaq, a Board-certified internist and rheumatologist, obtained a history of appellant being treated in August 2017 for Lyme disease. He reported that she worked outside in the field and had seen some tick bites. Dr. Razzaq discussed appellant's continued symptoms of fatigue and myalgia and advised that an autoantibody test was positive.

On April 16, 2018 OWCP received the August 7 and 17, 2017 nurse practitioner reports countersigned by Dr. Dingle.

By decision dated July 12, 2018, OWCP denied modification of its September 19, 2017 decision.

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 filed within the applicable time limitation period of FECA,³ that an injury was sustained while in the performance of duty as alleged; and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁴ 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.⁵

To determine whether an employee sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components, which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.⁶ The second component is whether the employment incident caused a personal injury.⁷

Causal relationship is a medical issue and the medical evidence 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 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.⁸

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish an injury causally related to the accepted July 27, 2017 employment incident.

On November 17, 2017 Dr. Blankenship indicated that appellant had been off work since August 2017 when she was diagnosed with Lyme disease. She similarly diagnosed Lyme disease,

² *Supra* note 2.

³ *See R.B.*, Docket No. 18-1327 (issued December 31, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *Y.K.*, Docket No. 18-0806 (issued December 19, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *R.R.*, Docket No. 19-0048 (issued April 25, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *R.E.*, Docket No. 17-0547 (issued November 13, 2018); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *D.C.*, Docket No. 18-1664 (issued April 1, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *H.B.*, Docket No. 18-0781 (issued September 5, 2018).

in addition to fatigue, rash, and upper respiratory infection. Dr. Blankenship believed that appellant's rash and fatigue were related to Lyme disease. She did not, however, address the cause of appellant's Lyme disease or its relationship to the accepted July 27, 2017 employment incident. Medical evidence that states a condition without offering an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.⁹

In a report dated February 14, 2018, Dr. Razzaq related that appellant had received treatment in August 2017 for Lyme disease, noting that she worked outside in the field and had seen some tick bites. He indicated that she had a positive autoantibody test. While Dr. Razzaq noted appellant's diagnosis of Lyme disease, 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.¹⁰ As he failed to specifically address the issue of causal relationship, his opinion is insufficient to establish appellant's claim.¹¹

Appellant submitted August 7 and 17 and November 16, 2017 reports by a nurse practitioner countersigned by Dr. Dingle.¹² On the November 16, 2017 report Dr. Dingle checked a box marked "yes" regarding causal relationship. The Board has held that when a physician's opinion on causal relationship consists of checking "yes" to a form question, without adequate explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.¹³ Therefore the November 16, 2017 report is insufficient to establish the claim. The reports dated August 7 and 17, 2017 fail to provide an opinion on the issue of causal relationship. Therefore, these reports are also insufficient to establish the claim.¹⁴

On appeal appellant contends that the Form CA-20 was stamped by a physician and supports that she contracted Lyme disease after she was bitten at work. As noted, however, the reports, although considered signed by a physician, are insufficient to establish her claim.

As the medical evidence of record is insufficient to establish a medical diagnosis in connection with the accepted employment incident, the Board finds that appellant has not met her burden of proof to establish her claim.¹⁵

⁹ See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁰ See *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

¹¹ *J.B.*, Docket No. 19-1101 (issued November 20, 2019).

¹² A report from a physician assistant or certified nurse practitioner will be considered medical evidence if countersigned by a qualified physician. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013).

¹³ See *P.D.*, Docket No. 18-1461 (issued July 2, 2019).

¹⁴ *Supra* note 9.

¹⁵ See *S.H.*, Docket No. 19-0916 (issued October 4, 2019).

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 appellant has not met her burden of proof to establish an injury causally related to the accepted July 27, 2017 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the July 12, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 6, 2020
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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