United States Department of Labor
Employees' Compensation Appeals Board

M.E., Appellant	)	
and	)	**Docket No. 21-0281**
	)	**Issued: June 10, 2022**
U.S. POSTAL SERVICE, INTERNATIONAL SERVICE CENTER, JOHN F. KENNEDY INTERNATIONAL AIRPORT, Jamaica, NY, Employer	)	

Appearances:
James D. Muirhead, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On December 14, 2020 appellant, through counsel, filed a timely appeal from a July 16, 2020 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

[1] 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.

[2] 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish permanent impairment of her lower extremities, warranting a schedule award.

FACTUAL HISTORY

On March 24, 2012 appellant, then a 46-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that, on that date, she experienced severe low back pain radiating down to her right leg and numbness in her feet when "taking and placing trays of mail" to and from postal containers she lifted a heavy flat tray of mail while in the performance of duty. She stopped work on the date of injury. OWCP accepted the claim for lumbar sprain. It paid appellant wage-loss compensation on the supplemental rolls from May 19, 2012 through November 6, 2013.

In a July 23, 2014 report, Dr. David Weiss, an osteopath Board-certified in orthopedic surgery, related that he had examined appellant and advised that she had reached maximum medical improvement (MMI) as of the date of his examination. He applied the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*),[3] and *The Guides Newsletter, Rating Spinal Nerve Extremity Impairment Using the Sixth Edition* (July/August 2009) (*The Guides Newsletter*) to his findings. Dr. Weiss stated that appellant had mild motor strength deficit of the left lower extremity at L4 and S1, and moderate sensory deficit at L4 through S1. He also found that appellant had a moderate sensory deficit of the right S1 nerve root. Dr. Weiss determined that appellant had 24 percent permanent impairment of the left lower extremity and 3 percent permanent impairment of the right lower extremity.

On October 7, 2014 appellant filed a claim for compensation (Form CA-7) for a schedule award.

On May 26, 2015 Dr. Henry J. Magliato, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), reviewed Dr. Weiss' July 23, 2014 report and noted deficiencies in the report regarding whether appellant had neurological deficits in her lower extremities, especially the left lower extremity. He indicated that there was a conflict of medical opinion and recommended an impartial impairment evaluation.

By letter dated June 9, 2015, OWCP requested that Dr. Weiss review and comment on Dr. Magliato's May 26, 2015 findings, and relevant diagnostic test reports.

In a June 26, 2015 report, Dr. Weiss reviewed relevant diagnostic test reports and advised that appellant had lumbar disc herniations and multi-level lumbar radiculopathy. Further, based on his July 23, 2014 evaluation and appellant's complaints, diagnostic test studies, and physical examination findings, he opined that she had permanent impairment of the right and left lower extremities as outlined in his prior report.

On August 19, 2015 OWCP found a conflict in medical opinion between appellant's physician, Dr. Weiss, and the DMA, Dr. Magliato, with regard to the extent of appellant's

[3] A.M.A., *Guides* (6th ed. 2009).

permanent impairment due to her March 24, 2012 employment injury. On October 14, 2015 it referred appellant, a statement of accepted facts (SOAF), the medical record, and a list of questions, to Dr. Stanley Soren, a Board-certified orthopedic surgeon, selected as the impartial medical examiner (IME) to resolve the conflict in the medical opinion evidence.

In an October 27, 2015 report, Dr. Soren diagnosed lumbosacral sprain. He also noted diagnoses of lumbar radiculopathy and L4-L5 posterior disc herniation and observed no indication of complex regional pain syndrome (CRPS). Dr. Soren found that appellant reached MMI on July 23, 2014, the date of Dr. Weiss' impairment evaluation. He referenced the sixth edition of the A.M.A., *Guides*, but did not provide a permanent impairment rating.

On July 13, 2016 Dr. Arthur S. Harris, a Board-certified orthopedic surgeon serving as an OWCP DMA, advised that the case record contained insufficient information to provide an impairment rating based on the sixth edition of the A.M.A., *Guides*. He noted that the record did not contain Dr. Weiss' July 23, 2014 report. The DMA requested that OWCP forward Dr. Weiss' report to him for review and comment.

On July 20, 2016 OWCP forwarded Dr. Weiss' July 23, 2014 report to DMA Dr. Harris for review. On July 22, 2016 the DMA determined that appellant reached MMI on July 23, 2014, the date of Dr. Weiss' impairment evaluation, and concurred with Dr. Weiss' rating of 3 percent permanent impairment of the right lower extremity and 24 percent permanent impairment of the left lower extremity in accordance with *The Guides Newsletter*.

In an August 25, 2016 referral memorandum, OWCP requested that DMA, Dr. Arnold T. Berman, a Board-certified orthopedic surgeon, review the medical record, including the October 27, 2015 report of the IME, Dr. Soren, but advised him that as a DMA he could not resolve the conflict in the medical opinion evidence in a schedule award case. On August 29, 2016 Dr. Berman reviewed the medical record and noted deficiencies in Dr. Soren's October 27, 2015 impartial report and Dr. Weiss' July 23, 2014 report. He also noted that DMA Dr. Magliato's May 26, 2015 report was not found in the case record.

By decision dated September 20, 2016, OWCP denied appellant's claim for a schedule award. It found that the opinion of the DMA, Dr. Berman, represented the weight of the medical evidence and established that appellant had no permanent impairment to a scheduled member as a result of her accepted March 25, 2012 employment injury.

On September 29, 2016 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. Appellant submitted an additional report dated January 20, 2017 from Dr. Weiss, wherein he noted that he reviewed DMA Dr. Berman's August 25, 2016 report, Dr. Soren's October 27, 2015 report, and his own July 23, 2014 and June 26, 2015 reports. He concluded that, based on his July 23, 2014 impairment evaluation, which documented multiple muscle strength deficits and sensory deficits according to a Semmes Weinstein Monofilament test, he stood by his impairment ratings set forth in that report.

Following a preliminary review, by decision dated March 16, 2017, OWCP's hearing representative found that the case was not in posture for a hearing and remanded the case to OWCP

to request that a DMA review the medical record and provide a permanent impairment rating in accordance with the sixth edition of the A.M.A., *Guides*.

On June 21, 2017 Dr. Michael M. Katz, a Board-certified orthopedic surgeon serving as an OWCP DMA, reviewed DMA Dr. Berman's August 25, 2016 report and concurred with his assessment of the deficiencies in Dr. Soren's October 27, 2015 report. He noted an overreliance on electrodiagnostic test results by all medical examiners of record to rate appellant's permanent impairment. Lastly, the DMA noted that the variance in documented examination findings in the record provided sufficient inconsistencies to permit assignment of impairment based on a records review alone was inappropriate. He related that since no probative impartial medical examination had been conducted, another impartial medical examination was warranted for determination of appellant's permanent impairment for schedule award purposes.

On September 26, 2017 OWCP found that a conflict in medical opinion between DMA Dr. Katz and Dr. Weiss. On November 2, 2017 it referred appellant, a SOAF, the medical record, and a list of questions, to Dr. Sanford Wert, a Board-certified orthopedic surgeon, for an impartial impairment evaluation to determine the extent of permanent impairment of appellant's lower extremities.

By letter dated November 30, 2017, appellant, through counsel, submitted reports from Dr. Renan Macias, a neurologist. In a November 16, 2016 note, Dr. Macias concluded: that appellant had posterior nerve root irritation, primary ramus from L4 to S1; straightening of the normal curvature or lumbosacral spine; peroneal and tibial nerves that showed partial conduction block, low compound muscle action potential (CMAP); radiculitis due to displacement of the intervertebral discs; lumbar root lesion at L4-L5-S1; radiculopathy and low peroneal; and tibial nerve CMAP. A December 15, 2016 electromyogram/nerve conduction velocity (EMG/NCV) study of appellant's lower extremities from Dr. Macias was also submitted.

Dr. Wert, in a November 30, 2017 report, noted that he examined appellant on November 22, 2017. He diagnosed aggravation of preexisting degenerative changes of the lumbosacral spine and lumbosacral spine strain/sprain with radiculopathy. Dr. Wert opined that appellant had 40 percent moderate partial disability due to preexisting degenerative disease, 10 percent permanent impairment due to her March 24, 2012 employment injury, 40 percent permanent impairment due to a December 11, 2013 employment injury, and 10 percent permanent impairment due to an August 2, 2017 motor vehicle accident.

On February 8, 2019 Dr. Kevin Kuhn, a Board-certified orthopedic surgeon serving as an OWCP DMA, reviewed Dr. Wert's November 30, 2017 report and disagreed with Dr. Wert's impairment ratings. He noted that Dr. Wert did not provide a date of MMI or an impairment rating using the diagnosis-based impairment (DBI) or range of motion (ROM) rating methods of the sixth edition of the A.M.A., *Guides*. Using the DBI method, the DMA referred to Table 17-4, page 570, and determined that appellant had zero percent permanent impairment due to a diagnosis of lumbar strain. He noted that there were no objective findings of a sprain. The DMA advised that the ROM method was not applicable as there was lack of three documented/recorded independent measurements and the greatest ROM measurement was not identified for a determination of impairment. He noted that MMI was reached on November 30, 2017, the date of Dr. Wert's impairment evaluation.

On March 5, 2019 OWCP referred appellant to Dr. Alan Crystal, a Board-certified orthopedic surgeon, for another impartial evaluation to determine the extent of permanent impairment. In a March 26, 2019 report, Dr. Crystal diagnosed lumbar radiculopathy and determined that appellant reached MMI on July 3, 2012 based on a negative EMG/NCV study and repeated findings of a normal neurological examination. He opined, utilizing *The Guides Newsletter*, that she had zero percent permanent impairment of her lower extremities. Dr. Crystal related that appellant's clinical examination did not elicit any motor weakness and that her sensory changes were regional and nonphysiologic. He indicated that the ROM method was not valid for evaluating spinal nerve extremity impairment.

On June 7, 2019 Dr. Todd Fellars, a Board-certified orthopedic surgeon, serving as an OWCP DMA, reviewed Dr. Crystal's March 26, 2019 report and agreed with Dr. Crystal that appellant had zero percent permanent impairment of the lower extremities in accordance with *The Guides Newsletter*. He reasoned that there was no evidence of radiculopathy and she had normal strength and sensation.

OWCP, by a June 14, 2019 decision, denied appellant's claim for a schedule award. It found that the opinion of Dr. Crystal as the IME, and its DMA, Dr. Fellars, represented the weight of the medical evidence and established that appellant had no permanent impairment of either lower extremity as a result of her March 24, 2012 employment injury.

On June 19, 2019 counsel, on behalf of appellant, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by an August 29, 2019 decision, OWCP's hearing representative found that the case was not in posture for a hearing and set aside the June 14, 2019 decision. The hearing representative found that Dr. Crystal was improperly selected as an IME because there was no conflict in medical opinion between DMA Dr. Katz and Dr. Weiss, appellant's physician, regarding the extent of appellant's bilateral lower extremity permanent impairment. Rather, the hearing representative declared a conflict in medical opinion between Dr. Crystal as an OWCP referral physician and Dr. Weiss. The hearing representative remanded the case to OWCP for referral of appellant to another IME to provide an impairment rating in accordance with the A.M.A., *Guides* and *The Guides Newsletter* and the date of MMI. The hearing representative noted that, upon receipt of the IME's report and any further development deemed necessary, OWCP should issue a *de novo* decision on appellant's schedule award claim.

On September 13, 2019 OWCP referred appellant to Dr. C. Tobenna Okezie, a Board-certified orthopedic surgeon, for an impartial impairment evaluation. In a November 14, 2019 report, Dr. Okezie noted the history of appellant's March 24, 2012 employment injury and reviewed the medical record. He provided extensive physical examination findings. Dr. Okezie diagnosed lumbar strain and degenerative disc disease L3-L4 and L4-L5. He reviewed a 2016 MRI scan and found no abnormality to support positive EMG/NCV findings. Dr. Okezie noted that a normal EMG/NCV was performed just 10 weeks after appellant's injury and it was consistent with her mechanism of injury and the MRI scan findings. He opined that appellant's complaints were primarily subjective with no supportive objective findings. The MRI scan was the most objective test and while the images were objective, the readings were open to observer variability, and therefore, were subjective. He noted that there was no structural or traumatic

damage identified and the findings were consistent with age-related change of a middle-aged spine. Dr. Okezie related that electrodiagnostic testing should not be the primary diagnostic tool and it should be interpreted with other clinical findings. He indicated that imaging and nerve conduction studies are tools for identifying symptoms. Dr. Okezie expressed concern that while appellant's first EMG/NCV study was normal, subsequent studies were positive with a myriad of findings of a bilateral nature which were inexplicable given the paucity of findings seen on multiple lumbar MRI scans. He noted that impairment ratings for the spine were impermissible, but injury to the spine affecting the limbs was allowed. Dr. Okezie opined that there was no objective evidence of musculoskeletal injury or impairment to the lower extremities based on an injury to a spinal nerve. He observed that appellant's complaints referred to the back, with mid-to-low back pain on extended sitting. Appellant could walk and move normal without assistive devices. Her symptoms of leg numbness were intermittent and did not fit any dermatomal pattern as noted by Dr. Crystal. There was no atrophy on gross inspection or by measurements. Dr. Okezie noted that while initial symptoms involved the right leg, the left leg was now claimed as related to lifting. He believed that appellant had a chronic low back problem and needed work restrictions, but she had impairment to her lower extremities using the required rating criteria and thus, he concurred with Dr. Crystal that appellant had zero percent permanent impairment of the lower extremities. Utilizing the DBI method Dr. Okezie found that she had a class 0 impairment as there were no objective findings. He indicated that consistent with the A.M.A., *Guides*, subjective complaints without significant clinical abnormalities were typically assigned class 0 with no ratable impairment. Dr. Okezie related that appellant likely achieved MMI in May 2012 upon her return to work at that time. He indicated that a contemporaneous MRI scan study revealed no change from prior studies to indicate any disc involvement. Additionally, Dr. Okezie indicated that the positive straight leg raising test, combined with the negative Lasegue's tests, represented a positive Waddell's sign. He discounted later positive EMG/NCV studies because they were accompanied by questionable physical examination findings of significant weakness which were inconsistent with an independently ambulatory patient. Dr. Okezie rejected the diagnosis of CRPS as there was no support for such a diagnosis. He concluded that appellant's radicular complaints were not verifiable, and her subjective complaints did not support a lumbar radiculopathy or any motor or sensory deficits of the lower extremities.

By decision dated December 19, 2019, OWCP continued to deny appellant's schedule award claim. It found that Dr. Okezie's opinion as the IME was entitled to the special weight of the medical evidence and established that appellant had no permanent impairment to a scheduled member or function of the body due to her March 24, 2012 employment injury.

On January 8, 2020 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. The hearing was held on May 13, 2020.

By letter dated May 18, 2020, appellant, through counsel, submitted EMG/NCV reports dated August 4 and November 19, 2012, and March 7, 2019. She resubmitted a copy of Dr. Macias' December 15, 2016 EMG/NCV study report.

By decision dated July 16, 2020, OWCP's hearing representative affirmed the December 19, 2019 decision.

LEGAL PRECEDENT

It is the claimant's burden of proof to establish permanent impairment of a scheduled member or function of the body as a result of an employment injury.[4]

The schedule award provisions of FECA[5] and its implementing regulations[6] set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss, or loss of use, of scheduled members or functions of the body. However, FECA does not specify the manner in which the percentage of loss shall be determined. OWCP has adopted the A.M.A., *Guides* as the uniform standard applicable to all claimants. As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[7]

Neither FECA nor its implementing regulations provide for the payment of a schedule award for the permanent loss of use of the back/spine or the body as a whole.[8] However, a schedule award is permissible where the employment-related spinal condition affects the upper and/or lower extremities.[9] The sixth edition of the A.M.A., *Guides* (2009) provides a specific methodology for rating spinal nerve extremity impairment in *The Guides Newsletter*. It was designed for situations where a particular jurisdiction, such as FECA, mandated ratings for extremities and precluded ratings for the spine. The FECA-approved methodology is premised on evidence of radiculopathy affecting the upper and/or lower extremities. The appropriate tables for rating spinal nerve extremity impairment are incorporated in the Federal (FECA) Procedure Manual.[10]

In addressing lower extremity impairment due to peripheral or spinal nerve root involvement, the sixth edition of the A.M.A., *Guides* and *The Guides Newsletter* require identifying the class of diagnosis (CDX), which is then adjusted by grade modifiers based on functional history (GMFH), physical examination (GMPE), and clinical studies (GMCS).[11] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[12]

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[4] *See T.H.*, Docket No. 19-1066 (issued January 29, 2020); *D.F.*, Docket No. 18-1337 (issued February 11, 2019); *Tammy L. Meehan*, 53 ECAB 229 (2001).

[5] 5 U.S.C. § 8107.

[6] 20 C.F.R. § 10.404.

[7] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a. (March 2017); *see also* Chapter 3.700.2 and Exhibit 1 (January 2010).

[8] 5 U.S.C. § 8107(c); 20 C.F.R. § 10.404(a) and (b); *see A.G.*, Docket No. 18-0815 (issued January 24, 2019); *Jay K. Tomokiyo*, 51 ECAB 361, 367 (2000).

[9] *Supra* note 7 at Chapter 2.808.5c(3) (March 2017).

[10] *Supra* note 7 at Chapter 3.700, Exhibit 4 (January 2010); *see L.H.*, Docket No. 20-1550 (issued April 13, 2021); *N.G.*, Docket No. 20-0557 (issued January 5, 2021).

[11] A.M.A., *Guides* 494-531; *see R.V.*, Docket No. 20-0005 (issued December 8, 2020); *J.B.*, Docket No. 09-2191 (issued May 14, 2010).

[12] A.M.A., *Guides* 521.

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.[13] When there are opposing reports of virtually equal weight and rationale, the case must be referred to an IME, pursuant to section 8123(a) of FECA, to resolve the conflict in the medical evidence.[14] Where a case is referred to an IME for the purpose of resolving a conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual and medical background, must be given special weight.[15]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish permanent impairment of her lower extremities, warranting a schedule award.

Initially, OWCP properly declared a conflict in the medical opinion evidence between Dr. Weiss, appellant's attending physician, who found that appellant had 3 percent permanent impairment of the right lower extremity and 24 percent permanent impairment of the left lower extremity, and Dr. Crystal, an OWCP referral physician, who found that appellant had zero percent permanent impairment of the bilateral lower extremities. It properly referred her to Dr. Okezie, pursuant to 5 U.S.C. § 8123(a), for an impartial medical evaluation in order to resolve the conflict in medical opinion.

In a November 14, 2019 report, Dr. Okezie opined that appellant had zero percent permanent impairment of the lower extremities. He discussed appellant's history and reviewed appellant's medical record and electrodiagnostic test results. Dr. Okezie provided essentially normal findings on physical examination. He diagnosed lumbar strain and degenerative disc disease L3-L4 and L4-L5. Dr. Okezie determined that appellant had a class 0 impairment of the lower extremities because there were no objective findings to support permanent impairment. He noted that appellant's first EMG/NCV study was normal, but subsequent studies, which were positive with a myriad of findings of a bilateral nature, were inexplicable given the paucity of findings seen on multiple lumbar MRI scans that revealed no abnormality. Dr. Okezie maintained that these EMG/NCV findings were consistent with age-related change of a middle-age lumbar spine. He maintained that his impairment ratings were consistent with the A.M.A., *Guides* that subjective complaints without significant clinical abnormalities were typically assigned class 0 with no ratable impairment. Dr. Okezie concluded that appellant had no motor or sensory deficits of the lower extremities attributable to lumbar spine radiculopathy, and that she therefore did not have a ratable permanent impairment of the lower extremities.

As noted, when a case is referred to an IME for the purpose of resolving a conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual

[13] 5 U.S.C. § 8123(a). *See R.C.*, Docket No. 18-0463 (issued February 7, 2020); *see also G.B.*, Docket No. 16-0996 (issued September 14, 2016).

[14] *See M.R.*, Docket No. 19-0526 (issued July 24, 2019); *C.R.*, Docket No. 18-1285 (issued February 12, 2019).

[15] *P.B.*, Docket No. 20-0984 (issued November 25, 2020); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

background, must be given special weight.[16] The Board finds that Dr. Okezie's November 14, 2019 report is entitled to special weight and established that appellant had no bilateral lower extremity permanent impairment.[17] Dr. Okezie's opinion was based on a proper factual and medical history, which he reviewed, and appellant's essentially normal examination findings. As Dr. Okezie found that appellant had no lumbar radiculopathy causing lower extremity motor or sensory loss, his opinion was proper under *The Guides Newsletter*. As the IME, Dr. Okezie's well-rationalized opinion is entitled to special weight.[18]

The record contains no other probative, rationalized medical opinion which supports that appellant had bilateral lower extremity impairment based upon the A.M.A., *Guides* and *The Guides Newsletter*. As such, the Board finds that she has not met her burden of proof.

On appeal, counsel contends that Dr. Okezie's report is not entitled to the special weight of the medical evidence as an IME because he dismissed the positive EMG/NCV test results which established appellant's bilateral lower extremity permanent impairment. As discussed, however, the special weight of the medical evidence, as accorded to Dr. Okezie's opinion, establishes that appellant has no permanent impairment of her lower extremities, warranting a schedule award.

Appellant may request a schedule award or increased schedule award at any time based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased impairment.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish permanent impairment of her lower extremities, warranting a schedule award.

[16] *Id.*

[17] *See V.G.*, Docket No. 19-1728 (issued September 2, 2020); *H.K.*, Docket No. 18-0528 (issued November 1, 2019); *Gary R. Sieber*, 46 ECAB 215, 225 (1994).

[18] *See V.G., id.*; *D.S.*, Docket No. 18-0336 (issued May 29, 2019); *T.C.*, Docket No. 17-1741 (issued October 9, 2018).

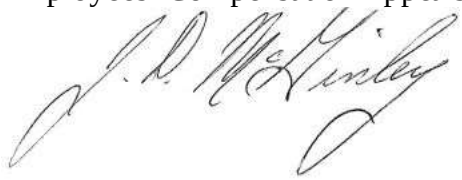
ORDER

IT IS HEREBY ORDERED THAT the July 16, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 10, 2022
Washington, DC

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

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



James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board