United States Department of Labor
Employees' Compensation Appeals Board

J.L., Appellant	)	
and	)	**Docket No. 20-1662**
	)	**Issued: October 7, 2022**
DEPARTMENT OF VETERANS AFFAIRS, ALEXANDRIA VA HEALTH CARE SYSTEMS, Alexandria, LA, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On September 24, 2020 appellant filed a timely appeal from a June 3, 2020 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a cervical condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On August 5, 2019 appellant, then a 37-year-old medical technologist, filed an occupational disease claim (Form CA-2) alleging that he developed degenerative disc disease, a sudden onset of neuropathy and shock-like pain radiating into his lower extremities due to factors

[1] 5 U.S.C. § 8101 *et seq*.

of his federal employment. He explained that his conditions progressed since January 2019 as a result of having to perform phlebotomies every day for seven months. Appellant described worsening pain in his lower back and shoulders from holding positions for extended periods of time during phlebotomy procedures. He noted that he first became aware of his conditions on March 12, 2019 and first realized that they were caused or aggravated by his federal employment on July 26, 2019. Appellant did not stop work.

In an August 23, 2019 development letter, OWCP informed appellant that it had received no evidence in support of his occupational disease claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information regarding appellant's employment duties, and comments from a knowledgeable supervisor regarding the accuracy of his statements. It afforded both parties 30 days to respond.

In a September 10, 2019 letter, the employing establishment controverted appellant's claim, contending that he submitted no medical evidence and did not identify any specific workplace factors which could have caused his current medical conditions. It attached a September 5, 2019 e-mail in which appellant's supervisor, explained that he had been performing phlebotomy duties in the lab due to a staffing shortage and that, since his claim was created, he had not been performing them on a regular basis. Appellant's supervisor explained that phlebotomy duties involved stooping and bending but not any heavy lifting.

OWCP also received a position description for a medical technologist.

By decision dated September 23, 2019, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish that the work injury or events occurred as described.

On October 10, 2019 appellant requested reconsideration of OWCP's September 23, 2019 decision. He attached a narrative statement of even date where he described his employment duties as being on his feet for most of the day moving around the lab performing various duties. Appellant noted that he had not been performing his normal duties as a supervisory medical technologist since January 2019 and instead had been instructed to perform phlebotomies duties almost exclusively due to prolonged staff shortages. He alleged that each day, from 7:45 a.m. to 4:30 p.m., he performed phlebotomy at an "unsafe rate," rarely receiving breaks or meals. Appellant made numerous attempts to address the issue but asserted that management refused to provide aid. Beginning on March 12, 2019, he began to experience significant pain in his back and shoulders that he felt was related to the amount of stress and work he was encountering at work. Appellant detailed his subsequent medical treatment and explained that the pain in his back and shoulders became more prominent as his stress levels at work grew exponentially from May to July 2019. He asserted that as he began to experience more symptoms, he contacted his physician who ordered x-rays of the cervical spine that revealed abnormalities. Appellant then filed his claim, believing that his condition was the result of work-related stress and the physical demands of his employment duties.

Appellant submitted an October 12, 2007 diagnostic report in which Dr. Robert Campbell, a Board-certified radiologist, performed an x-ray of his lumbar spine, finding degenerative disc disease.

In a September 18, 2018 diagnostic report, Dr. Thomas Davis, a Board-certified radiologist, performed an x-ray of appellant's chest and found no acute abnormalities.

Appellant submitted medical reports dated October 5 to December 7, 2018 in which Dr. Sharone Barwise, a Board-certified psychiatrist, conducted a post-traumatic stress disorder (PTSD) screening and provided treatment notes related to appellant's diagnoses of bipolar affective disorder (BPAD) and attention-deficit/hyperactivity disorder (ADHD).

In e-mails dated from January 7 to March 22, 2019, appellant informed the employing establishment that there were multiple critical staffing shortages that was impacting his office's ability to perform its duty without delays. He also submitted e-mails in which he sought to hire additional employees to assist in the lab and for the employing establishment to send additional assistance to his lab. In a January 22, 2019 e-mail, appellant informed management that the lab would only collect specimens by appointment and would not be able to take anymore walk-in patients. In a separate e-mail of even date, he provided that his office was collecting samples from 20 patients per hour on average and that the lab would not be able to sustain the workload any longer.

In medical reports dated from January 15 to April 8, 2019, Dr. Gina Beverly, a Board-certified neuropsychologist, and Dr. Barwise observed that appellant was experiencing increased anxiety at work and conducted evaluations in relation to his diagnosis of ADHD. They advised that he continue using his medications and participating in therapy to treat his related symptoms.

In an April 26, 2019 medical report, Dr. Jason Landry, Board-certified in internal medicine, observed that appellant was experiencing bilateral shoulder pain which he attributed to having to draw blood more often. On evaluation, he diagnosed bilateral shoulder and right knee pain and suggested that appellant undergo x-rays for further evaluation. In diagnostic reports of even date, Dr. Robert Jordan, a Board-certified radiologist, performed x-rays of appellant's shoulders, noting no fractures or dislocation. In a separate April 26, 2019 diagnostic report, he performed an x-ray of appellant's right knee, observing a normal right knee.

In an April 29, 2019 medical note, Vicki Belgard, a licensed nurse practitioner, referred appellant to massage therapy in reference to his complaints of bilateral shoulder pain with increasing muscle spasms. In a subsequent May 8, 2019 medical report, Robert Credeur, a licensed nurse practitioner, administered an injection.

In e-mails dated from May 3 to 30, 2019, appellant discussed complaints made against the employing establishment, the behavior of one of his supervisors that contributed to his complaint of a hostile work environment, and a staffing shortage at the employing establishment.

In e-mails dated from May 31 to July 1, 2019, appellant discussed multiple work shortages with his supervisor and the lab's difficulty with handling the number of patients scheduled for appointments.

Appellant submitted medical reports dated June 11 and July 3, 2019 in which Dr. Barwise diagnosed BPAD, an unspecified mood disorder, adjustment disorder with anxiety and unspecified anxiety disorder. She provided adjustments to his prescriptions to treat his conditions and help him manage his stress, focus and concentration at work.

In a July 26, 2019 medical report, Dr. Landry observed that appellant was experiencing neck pain that radiated down to his bilateral shoulders, as well as lower back pain with muscle spasms. He ordered x-rays of the lumbar and cervical spine and referred him to massage therapy for further treatment. In a diagnostic report of even date, Dr. Jordan performed an x-ray of appellant's cervical spine, finding mild spondylosis and right intervertebral foraminal narrowing at C4-C5 and mild scoliosis.

In e-mails dated from July 10 to 29, 2019, appellant discussed taking a week off from work due to worsening back pain and his need to see a neurologist in the coming weeks. He also continued to discuss staffing issues with the employing establishment.

In an August 9, 2019 medical report, Dr. Barwise conducted a medication follow-up appointment to observe how appellant's current medications were affecting his mood.

In a September 30, 2019 medical report, appellant informed Dr. Landry that traction and massages had minor results on the pain in his neck radiating into his shoulders. Dr. Landry diagnosed neck pain and ordered a magnetic resonance imaging (MRI) scan for further evaluation.

In an October 1, 2019 medical report, Dr. Barwise observed the effects of appellant's current medications on his mood.

In an October 2, 2019 diagnostic report, Dr. F. Michael Hindelang, a Board-certified radiologist, conducted an MRI scan of appellant's cervical spine, finding straightening of the cervical spine, a small central canal on a developmental basis at C3-C4, moderate central canal stenosis at C4-C5 secondary to a right paracentral disc extrusion/herniation with mild foraminal stenosis, moderate central canal stenosis at C5-C6 secondary to a posterior disc bulge with moderate bilateral foraminal stenosis and mild central canal stenosis at C6-C7 secondary to a posterior disc bulge.

Appellant also submitted multiple leave request forms dated from January 16 to October 8, 2019 in which he took off various days of work due to neck pain, back pain, physical therapy appointments and medical appointments.

In an July 26, 2019 diagnostic report, Dr. Jordan performed an x-ray of appellant's lumbar spine, observing that he had previously undergone a bilateral fusion with pedicular screws and rods at L6-S1 and a laminectomy at L5. On examination he diagnosed possible degenerative disc disease at L5-6.

Appellant also submitted a November 19, 2019 fact sheet in which Kate Costanza, a physician assistant, provided him information relating to an anterior cervical discectomy and fusion scheduled for December 2019 to treat his diagnosis of cervical radiculopathy.

By decision dated January 10, 2020, OWCP affirmed, as modified, its September 23, 2019 decision, finding that the evidence submitted by appellant was sufficient to establish fact of injury.

The claim remained denied, however, because he failed to submit a rationalized opinion from his treating physician explaining how his diagnosed conditions were causally related to the accepted factors of his federal employment.

OWCP continued to receive evidence. In a January 10, 2020 medical note, Ms. Costanza noted that appellant would be able to return to limited-duty work as of January 20, 2020 and recommended that he work no more than 20 hours per week.

On February 3, 2020 appellant requested reconsideration of OWCP's January 10, 2020 decision. He attached a January 10, 2020 continuity of care document which listed his days of medical treatment for his diagnosed cervical disc degeneration, cervical spondylosis and neck pain. In a treatment note of even date, Dr. Richard Stanger, a Board-certified neurosurgeon, saw appellant for a two-week follow-up appointment following his December 26, 2019 C4-C6 anterior cervical discectomy and fusion (ACDF) surgical procedure. He noted that appellant indicated that his employment involved performing phlebotomies and constantly bending forward and leaning over. Dr. Stanger opined that these activities caused him to exacerbate his neck pain. He reviewed an MRI scan of appellant's cervical spine and noted a posterior disc bulge at C5-C6 causing cord flattening and moderate canal stenosis, bilateral foraminal narrowing at C5-C6 secondary to a disc osteophyte complex, a right paracentral disc extrusion/herniation at C4-C5 that caused cord flattening and moderate central canal stenosis and moderate bilateral foraminal narrowing at C4-C5 secondary to a disc osteophyte complex. Dr. Stanger performed a two-level ACDF surgical procedure to treat his conditions.

A report by Ms. Constanza dated February 10, 2020, and later cosigned by Dr. Stanger on March 5, 2020, indicated that appellant was scheduled to undergo an x-ray of his cervical spine that day and noted that he was experiencing less neck pain after his December 26, 2019 ACDF surgery. Ms. Constanza observed diagnoses of cervical spondylosis, cervical disc degeneration and neck pain and recommended that he could slowly return to work full duty. She noted that the patient's job duties changed to strictly performing phlebotomy duties all day for several months prior to his neck painful flare up. Ms. Constanza opined that the awkward postural adjustments during his phlebotomy duties of leaning, twisting, bending, which are repeated with each patient directly contributed to the medical condition which manifested during this time. She stated that "there is a causal relationship, which is Dr. Stanger's, and my opinion that his change in work activities contributed to his existing medical condition of cervical spondylosis. The end result of this resulted in surgery. In a medical note of even date, Ms. Costanza advised that appellant could return to work full duty on February 11, 2020.

By decision dated February 25, 2020, OWCP affirmed its January 10, 2020 decision.

OWCP continued to receive evidence. In a March 2, 2020 letter, the employing establishment controverted appellant's claim, contending that fact of injury, performance of duty and causal relationship had not been established.

On March 6, 2020 appellant requested reconsideration of OWCP's February 25, 2020 decision. He attached a copy of the February 10, 2020 medical report from Ms. Costanza, now countersigned by Dr. Stanger on March 5, 2020.

In response to the employing establishment's March 2, 2020 letter controverting his claim, appellant submitted an April 23, 2020 letter in which he clarified his statements and asserted that he had met all five elements necessary to establish his claim. He explained that because he suffered from preexisting degenerative disc disease, he underwent a prior lumbar fusion procedure several years earlier that prevented him from sitting comfortably. Appellant contended that, beginning in January 2019, the majority of his employment duties involved performing phlebotomy and maintaining the awkward positions used in the procedures caused his symptoms to worsen.

By decision dated June 3, 2020, OWCP affirmed its February 25, 2020 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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,[2] that an injury 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.[3] These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[4]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.[5]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[6] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[7] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical

[2] *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

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

[4] *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).

[5] *R.G.*, Docket No. 19-0233 (issued July 16, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[6] *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[7] *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[8]

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.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a cervical condition causally related to the accepted factors of his federal employment.

Ms. Constanza's February 10, 2020 medical report, later signed by Dr. Stanger, diagnosed cervical spondylosis, cervical disc degeneration and neck pain. They reviewed the history of appellant's employment duties involving awkward posture adjustments of leaning, twisting and repeated bending, and opined that these activities directly contributed to the manifestation of his conditions. However, there was no rationale for this opinion relative to causal relationship. The Board has held that medical opinion evidence should offer a medically-sound explanation of how the specific employment incident or work factors physiologically caused the injury.[10] Further, as noted above, 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 medical evidence must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition. As Dr. Stanger did not specifically differentiate between appellant's preexisting degenerative disc disease for which he underwent a prior lumbar fusion procedure several years earlier, nor did he explain how his employment duties aggravated his preexisting condition, his medical report is insufficient to establish causal relationship.[11]

Similarly, Dr. Stanger noted in his January 10, 2020 treatment note that appellant's employment involved performing phlebotomy duties and constantly bending forward and leaning over. He opined that these activities caused an exacerbation of appellant's neck pain, and diagnosed a posterior disc bulge at C5-C6 causing cord flattening and moderate canal stenosis, bilateral foraminal narrowing at C5-C6 secondary to a disc osteophyte complex, a right paracentral disc extrusion/herniation at C4-C5 that caused cord flattening and moderate central canal stenosis and moderate bilateral foraminal narrowing at C4-C5 secondary to a disc osteophyte complex. As

[8] *Id.*; *Victor J. Woodhams, supra* note 5.

[9] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013). *See R.D.*, Docket No. 18-1551 (issued March 1, 2019).

[10] *See H.A.*, Docket No. 18-1466 (issued August 23, 2019); *L.R.*, Docket No. 16-0736 (issued September 2, 2016).

[11] *Supra* note 9.

noted above, without explaining how appellant's employment factors caused or contributed to his diagnosed condition, Dr. Stanger's January 10, 2020 treatment note is of limited probative value.[12]

In medical reports dated from April 26 to September 30, 2019, Dr. Landry observed that appellant was experiencing pain in his neck, shoulders and back which he attributed to his employment duties in having to draw blood more often. On evaluation he diagnosed pain in the bilateral shoulders, neck and right knee. The Board has consistently held that a diagnosis of "pain" does not constitute the basis for payment of compensation, as pain is a symptom not a specific diagnosis.[13] As Dr. Landry did not offer a valid medical diagnosis, his medical reports are insufficient to establish appellant's claim.

Appellant also submitted medical evidence dated from January 15 to October 1, 2019 in which Drs. Barwise and Beverly observed appellant's treatment as it related to diagnoses of ADHD, PTSD, and BPAD. However, findings made pertaining to emotional conditions are irrelevant and have no bearing on this occupational disease claim for a cervical condition as a result of his repetitive employment duties. It is appellant's burden to specify the nature of his claim.[14]

Appellant submitted diagnostic reports dated from September 18, 2018 to October 14, 2019 in which he underwent multiple x-ray and MRI scans of his lumbar and cervical spine, bilateral shoulders and right knee. The Board has held that diagnostic tests standing alone lack probative value on the issue of causal relationship as they do not address the relationship between the accepted employment factors and a diagnosed condition.[15] For this reason, the diagnostic reports submitted by appellant are insufficient to meet appellant's burden of proof.

Appellant also submitted medical evidence dated from April 29, 2019 to January 10, 2020 signed by physician assistants and nurse practitioners. The Board has long held that certain healthcare providers such as physical therapists, nurses, physician assistants, and social workers are not considered physicians as defined under FECA.[16] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.

The remaining medical evidence consists of a diagnostic report dated October 12, 2007 and medical reports from Dr. Barwise dated from October 5 to December 7, 2018. However, this

[12] *Supra* note 10.

[13] *T.S.*, Docket No. 20-0343 (issued July 15, 2020); *D.H.*, Docket No. 19-0931 (issued October 2, 2019); *R.R.*, Docket No. 18-1093 (issued December 18, 2018); *A.C.*, Docket No. 16-1587 (issued December 27, 2016); *Robert Broome*, 55 ECAB 339 (2004).

[14] *D.B.*, Docket No. 15-1506 (issued October 26, 2015).

[15] *See W.M.*, Docket No. 19-1853 (issued May 13, 2020); *L.F.*, Docket No. 19-1905 (issued April 10, 2020).

[16] Section 8101(2) of FECA provides that physician "includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law." 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *M.F.*, Docket No. 17-1973 (issued December 31, 2018); *K.W.*, 59 ECAB 271, 279 (2007); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA).

evidence is of no probative value as it is dated prior to January 2019, the time in which appellant claimed to have begun the employment activity that led to the development of his conditions.

As appellant has not submitted rationalized medical evidence establishing that his diagnosed cervical conditions are causally related to the accepted factors of his federal employment, the Board finds that he has not met his burden of proof to establish his claim.

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 cervical condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the June 3, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 7, 2022
Washington, DC

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

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

Janice B. Askin, Judge, dissenting in part, concurring in part:

I respectfully dissent, in part, from the decision of the majority. The majority finds that appellant has not submitted rationalized medical evidence either to establish his claim, or to require

OWCP to undertake further development of whether any of his diagnosed cervical conditions are causally related to the accepted factors of his federal employment.

In support of appellant's March 9, 2020 request for reconsideration, he submitted a medical report signed on March 5, 2020 by Dr. Richard Stanger, a Board-certified neurosurgeon.[1] In that report, Dr. Stanger acknowledged appellant's preexisting cervical spondylosis, explained the mechanism of injury, and provided an opinion regarding how appellant's job duties negatively affected his preexisting cervical spondylosis:

> It should be noted that the patient's job duties changed to STRICTLY performing phlebotomy all day for several months prior to his neck painful flare up. The awkward postural adjustments during phlebotomy (leaning, twisting, bending) which are repeated with each patient directly contributed to the medical condition which manifested during this time. It should be noted that there is a causal relationship, which is … my opinion that his change in work activities contributed to his existing medical condition of cervical spondylosis. The end result of this resulted in a surgery.

It is well established that proceedings under FECA are not adversarial in nature and OWCP is not a disinterested arbiter. While the claimant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence and to see that justice is done.[2]

I find that, while Dr. Stanger's March 5, 2020 report is not fully rationalized, it raises an uncontroverted inference that the worsening of appellant's cervical spondylosis is causally related to factors of his federal employment.[3] Although the March 5, 2020 report is insufficient to meet appellant's burden of proof to establish his claim, I find that it is sufficient to require OWCP to further develop the medical evidence regarding the worsening of appellant's cervical spondylosis.[4]

Accordingly, I would remand the case to OWCP for further development of the medical evidence solely on the issue of whether appellant's federal employment contributed to or aggravated his preexisting cervical spondylosis, to be followed by a *de novo* decision.

---

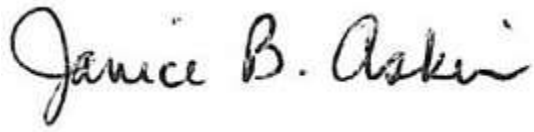
[1] The March 5, 2020 medical report was previously submitted with only a physician assistant's signature. As OWCP correctly indicated in its February 25, 2020 decision, medical evidence must be submitted by a qualified physician. Physician assistants are not considered qualified physicians under FECA unless the medical report is countersigned by a physician. Appellant, in his March 9, 2020 reconsideration request, specifically noted, "[a]s required, updated evidence is being attached to this reconsideration request which now includes the additional signature of the medical doctor who performed the surgery, Dr. Richard Stanger."

[2] *See M.S.*, Docket No. 20-1095 (issued March 29, 2022); *A.D.*, Docket No. 20-0758 (issued January 11, 2021); *C.R.*, Docket No. 20-0366 (issued December 11, 2020); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 820 (1978).

[3] *C.B.*, Docket No. 21-1291 (issued April 28, 2022); *C.G.*, Docket No. 20-1121 (issued February 11, 2021); *A.G.*, Docket No. 20-0454 (issued October 29, 2020).

[4] *Id.*

I concur with the majority in affirming OWCP's decision regarding appellant's remaining diagnosed conditions.



Janice B. Askin, Judge
Employees' Compensation Appeals Board