



## **ISSUES**

The issues are: (1) whether appellant has met her burden of proof to expand the acceptance of her claim to include additional consequential conditions causally related to the accepted October 1, 2014 employment injury; (2) whether appellant has met her burden of proof to establish continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

## **FACTUAL HISTORY**

This case has previously been before the Board.<sup>4</sup> The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On October 6, 2014 appellant, then a 49-year-old country desk officer, filed a traumatic injury claim (Form CA-1) alleging that on October 1, 2014 she sustained injury when she fell and landed on her right hip while in the performance of duty. She stopped work on October 2, 2014. OWCP accepted appellant's claim for sprains of her neck, right shoulder/upper arm, right hip/thigh, and lumbar region, and contusions of multiple sites. It paid appellant wage-loss compensation.

On October 15, 2014 Dr. James York, a Board-certified orthopedic surgeon, diagnosed cervical, left hip, and lumbar sprains, and opined that appellant could return to her full-duty job on October 20, 2014. Appellant did not return to work. On February 23, 2015 she underwent a functional capacity evaluation (FCE), which assessed her ability to perform various physical activities. Due to inconsistent efforts, self-limiting behaviors, and sub-maximal efforts, the results of the evaluation represented a minimal level of functioning for appellant. The FCE revealed that she had fair lifting/carrying mechanics and was at least capable of lifting 20 pounds (from floor to waist) and pushing 30 pounds. It also showed inconsistent results upon muscle and hand grip/pinch testing.

On April 6, 2015 OWCP referred appellant for a second opinion examination and evaluation to Dr. Stuart J. Gordon, a Board-certified orthopedic surgeon. It requested that Dr. Gordon provide an opinion regarding whether appellant continued to have residuals or disability due to her accepted October 1, 2014 employment injury.

In an April 21, 2015 report, Dr. Gordon reported the findings of the physical examination he conducted on that date, noting that no paraspinal muscle spasms were observed in appellant's cervical spine. He indicated that she voluntarily restricted her cervical motion on direct examination in contrast to her easy change of head position when she provided her history. Dr. Gordon advised that, with respect to appellant's lumbar spine, she complained of lumbar pain without appreciable spasms. Appellant only allowed a few degrees of lumbar motion on direct examination when standing, but she tolerated full lumbar flexion when seated. Dr. Gordon noted that straight leg raising was negative bilaterally and that strength and sensation were intact in the lower extremities. He assessed obesity, concern for abnormal illness behavior, symptom magnification, volitional restriction, prior cervical/lumbar trauma (private motor vehicle accident six years prior), and preexisting degenerative disease of both hips and the cervical and lumbar

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<sup>4</sup> Docket No. 19-0142 (issued August 8, 2019).

areas of the spine. Dr. Gordon opined that the following diagnosed conditions related to the October 1, 2014 fall had resolved: cervical strain, right shoulder contusion/strain, right hip contusion/strain, and lumbar strain. He agreed with the findings of the February 23, 2015 FCE showing multiple inconsistencies and subjective reporting, which far outweighed the expected effects of “[appellant’s] mechanism of injury and event.” Dr. Gordon noted that appellant’s nonindustrial/preexisting disability included degenerative disease of her cervical and lumbar spine, cervical stenosis, obesity, and degenerative disease of her hips. He opined that her preexisting conditions were not aggravated on October 1, 2014 and maintained that she presently ceased to have residuals of the accepted October 1, 2014 injury. Dr. Gordon found that appellant’s current complaints were related to obesity and degenerative disease. He indicated that she required no additional treatment and determined that she could return to work in a full-duty capacity. Dr. Gordon attached an April 21, 2015 work capacity evaluation (Form OWCP-5c) in which he opined that appellant could perform her usual job on a full-time basis without restrictions.

In a June 3, 2015 letter, OWCP advised appellant of its proposed termination of her wage-loss compensation and medical benefits, commencing August 31, 2015, because she ceased to have residuals of her October 1, 2014 employment injury. It informed her that the termination was justified by the opinion of Dr. Gordon. OWCP afforded appellant 30 days to submit evidence and argument challenging the proposed action.

Appellant submitted a July 4, 2015 statement in which she asserted that she continued to have disabling neck, shoulder, hip, and back conditions due to her October 1, 2014 fall. She submitted several medical reports, including a May 22, 2015 report from Dr. Patricia P. Jett, a Board-certified family practitioner, who diagnosed shoulder pain, lumbago, cervicgia, and pelvic/thigh pain. Dr. Jett opined that appellant’s physical condition and chronic pain prevented her from returning to work. On June 18, 2015 Dr. William Tham, a Board-certified physiatrist, noted that his physical examination demonstrated no weakness in appellant’s trunk and extremities. He diagnosed muscle spasm and fibromyalgia and reported that the diagnostic testing did not show any significant pathology that would explain all of her symptoms. Dr. Tham indicated that appellant had widespread myofascial pain from her October 1, 2014 injury and noted, “[appellant] has fibromyalgia which can be triggered by an injury.”

In a June 26, 2015 report, Dr. Vincent Ng, a Board-certified orthopedic surgeon, diagnosed bilateral hip trochanteric bursitis. In July 29 and August 19, 2015 reports, Dr. Claudia Dal-Molin, a Board-certified internist, diagnosed bilateral hip trochanteric bursitis, adductor tendinitis, and “[question] of fibromyalgia.”

OWCP requested that Dr. Gordon review the additional medical evidence submitted by appellant and provide a supplemental report indicating whether the additional evidence changed the opinion he provided in his April 21, 2015 report.

In an August 19, 2015 supplemental report, Dr. Gordon summarized the newly-submitted medical evidence and noted, “I have no change in my previously stated opinions regarding [appellant] with respect to my report of [April 21, 2015].”

By decision dated August 31, 2015, OWCP terminated appellant’s wage-loss compensation and medical benefits, effective that same date, finding that the weight of the medical opinion evidence regarding work-related residuals/disability rested with the opinion of Dr. Gordon.

On September 25, 2015 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on May 16, 2016. Appellant subsequently submitted a March 21, 2016 report from Dr. Ralph Salvagno, a Board-certified orthopedic surgeon, who diagnosed bilateral hip contusions and cervical, lumbar, and right shoulder sprains due to the October 1, 2014 fall. Dr. Salvagno also indicated that appellant had preexisting degenerative disc disease at C6-7 and L5-S1 and that a right hip/thigh sprain related to the October 1, 2014 fall had resolved. He asserted that appellant did appear to demonstrate reasonable effort during the FCE. He recommended various work restrictions, including lifting no more than 10 pounds.

By decision dated August 1, 2016, OWCP's hearing representative affirmed the August 31, 2015 decision.

On January 25, 2017 appellant, through counsel, requested reconsideration of the August 1, 2016 decision. She submitted a November 11, 2016 report from Dr. Robert W. Macht, a Board-certified surgeon, who indicated that appellant still had residuals of her October 1, 2014 employment injury, noting that the current diagnoses of sprains of her neck, shoulders, back, and hips were causally related to the October 1, 2014 injury. Dr. Macht indicated that she had been totally disabled from her regular work since October 1, 2014.

By decision dated February 9, 2017, OWCP denied modification of its August 1, 2016 decision.

On February 8, 2018 appellant, through counsel, requested reconsideration of the February 9, 2017 decision. In a March 10, 2017 report, Dr. Jett indicated that, after her October 1, 2014 injury, appellant continued to have "chronic pain in [appellant's] cervicalgia [sic], groin, clavicle, throat, shoulder, back, and lumbar spine." She opined that appellant's "traumatic fall has aggravated, exacerbated, or accelerated [appellant's] medical condition premorbid." In another March 10, 2017 report, Dr. Jett diagnosed chronic pain syndrome, dysphagia, acute stress reaction, and "other injury of muscle, fascia, and tendon of other parts of biceps, left arm, sequelae."

In a February 5, 2018 report, Dr. Salvagno found that appellant had demonstrated consistent and persistent symptoms since October 1, 2014 and concluded that she continued to suffer from cervical sprain, lumbar sprain, left shoulder sprain, and bilateral hip contusions.

By decision dated May 3, 2018, OWCP denied modification of its February 9, 2017 decision.

Appellant appealed to the Board and, by decision dated August 8, 2019,<sup>5</sup> the Board affirmed OWCP's May 3, 2018 decision. It found that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective August 31, 2015, and that appellant had not met her burden of proof to establish continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

On August 5, 2020 appellant, through counsel, requested reconsideration and continued to assert that she had continuing residuals or disability on and after August 31, 2015 causally related to the accepted October 1, 2014 employment injury. Appellant also requested that the accepted

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<sup>5</sup> *Id.*

conditions of her claim be expanded to include several additional conditions, including fibromyalgia, chronic pain syndrome, post-traumatic stress disorder, depression, and anxiety.

Appellant submitted a July 23, 2020 report from Dr. Macht who detailed his physical examination findings and diagnosed fibromyalgia, chronic pain syndrome, post-traumatic stress disorder, depression, and anxiety. He advised that he did not believe that appellant was suffering from any residual symptoms related to her accepted work-related diagnoses. Dr. Macht opined that appellant's severe ongoing problems were a result of additional diagnoses that he believed should be accepted by OWCP as they were causally related to the October 1, 2014 accident. He asserted that the diagnoses of fibromyalgia, chronic pain syndrome, post-traumatic stress disorder, depression, and anxiety should be accepted because these diagnoses developed as a direct result of the October 1, 2014 accident. Dr. Macht noted that these conditions had been diagnosed by appellant's attending physicians and noted that he agreed with Dr. Gordon's opinion regarding appellant's lack of work-related residuals or the lack of any clear aggravation of her underlying degenerative disease as a result of the October 1, 2014 accident. He maintained that appellant's current symptoms were reflective of a severe chronic pain syndrome, fibromyalgia, and neuropsychological issues, which were not compatible with any orthopedic injury or pathology noted on her extensive diagnostic testing. Dr. Macht noted, "[u]nlike a typical orthopedic injury, I cannot provide a clear mechanism to explain [appellant's] severe pain phenomena, which is because the diagnosis of fibromyalgia and chronic pain syndrome continues to have an unknown and unclear etiology per the medical literature." He asserted that, in appellant's case, there was a clear trigger event, which was the October 1, 2014 accident. Dr. Macht indicated that appellant had no prior history of mental health issues or any chronic pain issues prior to this accident. He noted that the medical literature indicated that a physical or emotional stress event can trigger the development of a chronic pain syndrome and/or fibromyalgia. Dr. Macht advised that Dr. Tham noted in a June 18, 2015 report that appellant had a fall without any orthopedic fractures and asserted that she continued with disabling pain eight months post injury without imaging studies showing any significant pathology that would explain all of her symptoms. He further advised that Dr. Tham diagnosed fibromyalgia, which can be triggered by an injury.

Appellant submitted medical reports dated 2015 through 2017 from Dr. Tham, who provided physical examination findings, reviewed diagnostic testing, recommended medical treatment, and diagnosed fibromyalgia. She also submitted medical reports dated 2017 through 2018 from Dr. Jett, who provided physical examination findings, reviewed diagnostic testing, recommended medical treatment, and diagnosed acute stress reaction, chronic pain syndrome, fibromyalgia, myositis, and migraine. In a March 10, 2017 report, Dr. Jett indicated that appellant reported pain in her neck, thoracic spine, lumbar spine, shoulders, and hips. She indicated that appellant's traumatic fall on October 1, 2014 "has aggravated, exacerbated, or accelerated her medical condition premorbid."

In June 1, 2017 and July 27, 2020 reports, Dr. Ghislaine Fougy, a psychiatrist, indicated that appellant had post-traumatic stress disorder, depression and anxiety related to her October 1, 2014 employment injury.

In March 2, and July 27, 2020 reports, Dr. Oluseyi Fadayomi, a Board-certified anesthesiologist, diagnosed neck pain, degeneration of cervical intervertebral disc, cervical radiculopathy, fibromyalgia, chronic tension-type headache, and migraine.

Appellant also submitted the results of diagnostic testing obtained from November 24, 2014 through November 22, 2019. She also resubmitted a number of reports that had been previously considered by OWCP and the Board, as well as reports of attending physician assistants and physical therapists dated between 2005 and 2020.

By decision dated November 3, 2020, OWCP denied appellant's claim, finding that she had not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to the accepted October 1, 2014 employment injury, and that she did not meet her burden of proof to establish continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

### **LEGAL PRECEDENT -- ISSUE 1**

When an employee claims that, a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.<sup>6</sup>

The claimant bears the burden of proof to establish a claim for a consequential injury.<sup>7</sup> As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.<sup>8</sup>

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.<sup>9</sup> 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.<sup>10</sup>

In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury.<sup>11</sup> The basic rule is that, a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.<sup>12</sup> When an

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<sup>6</sup> *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

<sup>7</sup> *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

<sup>8</sup> *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

<sup>9</sup> *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

<sup>10</sup> *Id.*

<sup>11</sup> *K.S.*, Docket No. 17-1583 (issued May 10, 2018).

<sup>12</sup> *Id.*

injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own conduct.<sup>13</sup>

### ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional consequential conditions causally related to the accepted October 1, 2014 employment injury.

Appellant submitted a July 23, 2020 report from Dr. Macht who opined that he did not believe that appellant was suffering from any residual symptoms from her accepted work-related diagnoses. However, he maintained that appellant's severe ongoing problems were a result of additional diagnoses and asserted that the diagnoses of fibromyalgia, chronic pain syndrome, post-traumatic stress disorder, depression, and anxiety should be accepted by OWCP because they developed as a direct result of the October 1, 2014 accident. Dr. Macht maintained that appellant's current symptoms were reflective of severe chronic pain syndrome, fibromyalgia, and neuropsychological issues, which were not compatible with any orthopedic injury or pathology noted on her extensive diagnostic testing. He asserted that, in appellant's case, there was a clear trigger event, which was the October 1, 2014 accident, and he generally noted that the medical literature indicated that a physical or emotional stress event can trigger the development of chronic pain syndrome and/or fibromyalgia. Dr. Macht also referenced the opinions of other attending physicians regarding diagnosed conditions not accepted by OWCP.

The Board finds that Dr. Macht's July 23, 2020 report is of limited probative value with respect to appellant's expansion claim because he did not provide sufficient medical rationale to explain how the conditions of fibromyalgia, chronic pain syndrome, post-traumatic stress disorder, depression, and anxiety were causally related to the accepted October 1, 2014 employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.<sup>14</sup>

In a June 18, 2015 report, Dr. Tham diagnosed muscle spasm and fibromyalgia and reported that the diagnostic testing did not show any significant pathology that would explain all of appellant's symptoms. He indicated that she had widespread myofascial pain from her October 1, 2014 injury and noted, "[appellant] has fibromyalgia which can be triggered by an injury." In a March 10, 2017 report, Dr. Jett indicated that, after her October 1, 2014 injury, appellant continued to have "chronic pain in [appellant's] cervicalgia [sic], groin, clavicle, throat, shoulder, back, and lumbar spine." She opined that appellant's "traumatic fall has aggravated, exacerbated, or accelerated [appellant's] medical condition premorbid." In June 1, 2017 and July 27, 2020 reports, Dr. Fougy indicated that appellant had post-traumatic stress disorder, depression, and anxiety related to her October 1, 2014 employment injury. The Board finds that these reports are of limited probative value with respect to appellant's expansion claim because the physicians did not provide sufficient medical rationale to explain how the additional diagnosed conditions were causally related to the accepted October 1, 2014 employment injury. As noted above, a report is

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<sup>13</sup> *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

<sup>14</sup> *See T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/level of disability has an employment-related cause.<sup>15</sup> Therefore, these reports are insufficient to establish appellant's expansion claim.

In a May 22, 2015 report, Dr. Jett diagnosed shoulder pain, lumbago, cervicalgia, and pelvic/thigh pain. She found that appellant's physical condition and chronic pain prevented her from returning to work. In a March 10, 2017 report, Dr. Jett diagnosed chronic pain syndrome, dysphagia, acute stress reaction, and "other injury of muscle, fascia, and tendon of other parts of biceps, left arm, sequelae." Appellant submitted other medical reports from Dr. Jett, from 2017 through 2018, in which she provided physical examination findings, reviewed diagnostic testing, recommended medical treatment, and diagnosed acute stress reaction, chronic pain syndrome, fibromyalgia, myositis, and migraine. She also submitted medical reports from Dr. Tham, from 2015 through 2017, in which he provided physical examination findings, reviewed diagnostic testing, recommended medical treatment, and diagnosed fibromyalgia. In July 29 and August 19, 2017 reports, Dr. Dal-Molin diagnosed "[question] of fibromyalgia." The Board finds that these reports are of no probative value with respect to appellant's expansion claim. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's medical condition is of no probative value on the issue of causal relationship.<sup>16</sup> Therefore, these reports are insufficient to establish appellant's expansion claim.

Appellant also submitted reports of attending physician assistants and physical therapists dated between 2005 and 2020. However, certain healthcare providers such as physician assistants, nurses, nurse practitioners, physical/occupational therapists, and social workers are not considered "physician[s]" as defined under FECA.<sup>17</sup> Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.

Appellant also submitted the results of diagnostic testing obtained from 2014 through 2019. However, diagnostic studies, standing alone lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.<sup>18</sup>

As the medical evidence of record is insufficient to establish causal relationship between appellant's additional diagnosed conditions and the accepted October 1, 2014 employment injury, the Board finds that 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.

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<sup>15</sup> *Id.*

<sup>16</sup> *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>17</sup> 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (nurse practitioners are not considered physicians under FECA); *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).

<sup>18</sup> *See M.D.*, Docket No. 21-1270 (issued March 21, 2022).

## LEGAL PRECEDENT -- ISSUE 2

Once OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.<sup>19</sup> To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.<sup>20</sup>

## ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

The Board notes that, with respect to appellant's burden of proof to establish continuing residuals or disability on or after August 31, 2015, it is unnecessary to consider the evidence appellant submitted prior to the issuance of OWCP's May 3, 2018 decision, which was considered by the Board in its August 8, 2019 decision. Findings made in prior Board decisions are *res judicata* absent further merit review by OWCP under section 8128 of FECA.<sup>21</sup>

Following the Board's August 8, 2019 decision, appellant submitted March 2 and July 27, 2020 reports, wherein Dr. Fadayomi diagnosed neck pain, degeneration of cervical intervertebral disc, and cervical radiculopathy. With respect the pain diagnosis, as noted above, the Board has held that pain alone is a symptom, not a medical diagnosis.<sup>22</sup> With respect to the diagnoses of cervical intervertebral disc and cervical radiculopathy, these reports are of no probative value with respect to continuing work-related residuals/disability because Dr. Fadayomi did not provide an opinion on the cause of these conditions.<sup>23</sup> Therefore, these reports would not establish that appellant had continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

Appellant also submitted reports of physician assistants and physical therapists dated between 2005 and 2020. However, certain healthcare providers such as physician assistants, nurses, nurse practitioners, physical/occupational therapists, and social workers are not considered "physician[s]" as defined under FECA.<sup>24</sup> Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.

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<sup>19</sup> See *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *C.S.*, Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

<sup>20</sup> *Id.*

<sup>21</sup> *C.M.*, Docket No. 19-1211 (issued August 5, 2020).

<sup>22</sup> See *F.U.*, Docket No. 18-0078 (issued June 6, 2018).

<sup>23</sup> See *supra* note 16.

<sup>24</sup> See *supra* note 17.

Appellant also submitted the results of diagnostic testing obtained from 2014 through 2019. However, diagnostic studies lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition/period of disability.<sup>25</sup>

As the medical evidence of record is insufficient to establish continuing residuals and/or disability on or after August 31, 2015, the Board finds that appellant has not met her burden of proof.

### **CONCLUSION**

The Board finds appellant has not met her burden of proof to expand the acceptance of her claim to include additional consequential conditions causally related to the accepted October 1, 2014 employment injury. The Board finds that appellant has not met her burden of proof to establish continuing residuals or disability on or after August 31, 2015 causally related to the accepted October 1, 2014 employment injury.

### **ORDER**

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

Issued: October 13, 2022  
Washington, DC

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

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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<sup>25</sup> *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).