



## **FACTUAL HISTORY**

On February 5, 2019 appellant, then a 40-year-old rural letter carrier, filed a traumatic injury claim (Form CA-1) alleging that on February 2, 2019 she sustained headache, neck, shoulder, arm, chest, stomach, and back injuries when the postal vehicle she was driving was struck from behind while in the performance of duty. OWCP accepted the claim for neck and lower back muscle, tendon, and fascia strains. It paid appellant wage-loss compensation on the supplemental rolls commencing March 30, 2019 and on the periodic rolls commencing November 10, 2019.

On October 10, 2019 OWCP referred appellant, along with a statement of accepted facts (SOAF) and a series of questions, for a second opinion examination and evaluation with Dr. Emanuel N. Obianwu, a Board-certified orthopedic surgeon. It requested that he evaluate whether she continued to have disability or residuals due to the accepted February 2, 2019 employment injury; if no employment-related disability or residuals, whether appellant could return to her position as a rural letter carrier; and whether the acceptance of the claim should be expanded to include additional conditions as causally related to the accepted employment injury. In a report dated November 4, 2019, Dr. John Marshall, a Board-certified physiatrist, diagnosed cervicalgia, cervical and thoracic radiculopathy, and acute pain due to trauma. He related that review of appellant's October 31, 2019 magnetic resonance imaging (MRI) scan revealed C5-6 disc herniation and C4-5 neural foraminal stenosis. Dr. Marshall opined that her mild thoracic pain with neural foraminal stenosis right T6-7 had been caused or aggravated by the February 2, 2019 motor vehicle accident.

In a December 6, 2019 report, Dr. Obianwu noted his review of the SOAF and appellant's medical history. On examination, he reported full lumbar flexion, 50 percent of normal lumbar extension, full bilateral bending, no lumbar muscle tightness, equal bilateral lower extremity deep tendon reflexes (DTR), no lower or upper extremity sensory changes, full cervical range of motion, negative bilateral Spurling's maneuver, negative bilateral Phalen's test, no atrophy, and some areas of diminished right upper extremity sensation. Dr. Obianwu diagnosed resolved lumbar and cervical soft tissue injury, temporary cervical spondylosis aggravation, C5-6 disc herniation, and C4-5 neuroforaminal stenosis. He explained that while a cervical MRI scan revealed significant changes, appellant's clinical examination findings were not suggestive of any neck or lower back ongoing pathology. Thus, Dr. Obianwu determined that the accident caused soft tissue problems, which had resolved based on clinical examination findings. He further found that the changes seen on the MRI scan were unrelated to the February 2, 2019 employment injury. Dr. Obianwu attributed appellant's cervical spondylosis and C5-6 disc herniation to a degenerative condition which occurs with the aging process rather than her automobile accident. He explained that, while it was possible that February 2, 2019 automobile accident caused a temporary aggravation, he found no objective findings to support any aggravation. Dr. Obianwu concluded that the accepted conditions had resolved without disability or residuals, and that if there had been a temporary aggravation of the diagnosed C5-6 disc herniation, that it had resolved with no residuals. He further found appellant to be capable of performing her job as a rural letter carrier with no restrictions.

On December 19, 2019 Dr. Marshall related that appellant had undergone a steroid epidural injection for the diagnosis of thoracic radiculopathy, secondary to a motor vehicle accident at work.

Dr. Marshall, in a report dated January 16, 2020, noted appellant's medical course, and diagnosed cervical and thoracic radiculopathy. He related that her physical examination findings revealed stable motor, sensory and DTR, and some thoracic pain. Dr. Marshall noted assessments of cervical and thoracic radiculopathy. In a work/school status of even date, he advised that appellant was under his medical care and unable to work at this time.

On March 18, 2020 OWCP issued a notice proposing to terminate appellant's wage-loss compensation and medical benefits, because the evidence of record, as represented by Dr. Obianwu's December 6, 2019 report, established that she no longer had employment-related disability or residuals due to her accepted work-related injury. It afforded her 30 days to submit additional evidence or argument in writing if she disagreed with the proposed termination of benefits.

Subsequently, OWCP received appellant's statement disagreeing with the proposal to terminate her benefits and medical benefits, reports covering the period prior to her injury from September 27, 2012 through October 5, 2018, diagnostic tests dated August 21 and September 6, 2019; and physical therapy notes covering the period July 29 through December 9, 2019.

By decision dated May 21, 2020, OWCP terminated appellant's wage-loss compensation and medical benefits, effective May 24, 2020. It found that the weight of the medical evidence rested with Dr. Obianwu's opinion that she did not have disability or residuals due to the employment injury.

Following the termination of her benefits, OWCP received medical reports dated April 23 and 30, 2020 from Dr. Marshall. In an April 23, 2020 report, Dr. Marshall assessed acute pain due to trauma and cervicgia. In an April 30, 2020 report, he diagnosed thoracic disc herniation and radiculopathy, which he attributed to a February 2, 2019 motor vehicle accident at work. Dr. Marshall also noted that appellant had undergone another T6-7 intralaminar epidural steroid injection on that day.

In a report dated July 8, 2020, Dr. Pavan Tankha, an osteopath, noted a February 2, 2019 motor vehicle accident, provided examination findings, and diagnosed cervical radicular, myofascial, and thoracic pain and cervicgia. He noted that appellant did not have any pain prior to the February 2, 2019 accident. Since the accident appellant reported constant neck pain radiating into her right hand, mid-to-low back pain, and bilateral shoulder pain. On examination, Dr. Tankha reported limited bilateral lateral rotation, tenderness over the bilateral cervical and thoracic paraspinal muscles, and positive right spurling.

Dr. Tankha, in a July 21, 2020 procedure note, diagnosed cervicgia. He administered an interlaminar cervical epidural steroid injection. Dr. Tankha indicated that appellant had sustained injuries in a motor vehicle accident.

On March 9, 2021 appellant requested reconsideration noting her disagreement with the termination of her benefits. She also asserted that prior to her accident she had never experienced back, neck, or arm pain or was prescribed or took medication for pain. In support of her request for reconsideration, appellant submitted additional medical evidence.

In an August 3, 2020 report, Dr. Tessy Jenkins, a Board-certified clinical neurophysiologist, reported that appellant had been seen for complaints of back and bilateral arm pain from an automobile accident. She diagnosed diffuse traumatic brain injury without loss of consciousness, cervical radiculopathy, occipital neuralgia, cervical traumatic spondylopathy, post-traumatic intractable headache, insomnia due to medical condition, and adjustment disorder with mixed anxiety and depressed mood. Dr. Jenkins reported appellant's symptoms began following her February 2019 work-related automobile accident. Neurological and physical examinations were detailed. She found that appellant's persistent headaches, dizziness, tinnitus, photophobia, phonophobia, and memory and attention deficits suggested residual effects of mild traumatic brain injury.

In a November 30, 2020 report, Dr. Ayman Tarabishy, a Board-certified physiatrist, noted appellant's history of injury and medical course. He related that since the February 2, 2019 motor vehicle accident she had experienced frequent headaches, bilateral upper and lower extremity radiculopathy, and neck, midback, and low back pain. Dr. Tarabishy opined that appellant sustained more serious injuries than a soft tissue strain as her pathology includes numerous cervical spine vertebral level complications and cervical, thoracic, and lumbar pain due to her injuries. He found no objective findings that she continued to suffer from lower back muscle, fascia, and tendon strain, but suffered from C5-6 disc herniation, C4-5 neural foraminal stenosis, headaches, and cervical radiculopathy due to the accepted employment injury. In support of his conclusion, Dr. Tarabishy opined that given appellant's relatively young age and lack of evidence suggesting chronic pain prior to the February 2, 2019 employment injury, it is reasonable to conclude that these pathologies were related to that injury. Thus, he opined that the acceptance of her claim should be expanded to include the diagnoses of cervical, thoracic, and lumbar radiculopathy and cervicalgia. Dr. Tarabishy found appellant totally disabled from working full time as a rural letter carrier at the current time and indicated that she would have permanent restrictions when she returned to work.

In a report dated January 12, 2021, Dr. David Poulad, Board-certified neurosurgeon, noted appellant's February 2, 2019 employment injury, reported examination findings, and reviewed diagnostic studies. He diagnosed cervicalgia, cervical, lumbar, and thoracic radiculopathy, cervical and thoracic spondylosis, and thoracic, bilateral shoulder, and low back pain.

By decision dated June 4, 2021, OWCP denied modification, finding the weight of the evidence continued to rest with the well rationalized opinion of Dr. Obianwu, an OWCP second opinion physician.

On March 29, 2022 appellant requested reconsideration and submitted additional evidence.

In a progress report dated February 7, 2022, Dr. Martin B. Kornblum, an orthopedic specialist, described the February 2, 2019 work-related automobile accident, noting that appellant had experienced spinal pain complaints since the accident. Prior to the February 2, 2019 employment injury, he reported that she had no neck problems and had been working without any restrictions. Thus, Dr. Kornblum concluded appellant's neck condition was caused by the February 2, 2019 employment injury and recommended cervical surgery.

Dr. Kornblum, in progress reports dated March 14 and April 11 2022, provided examination findings, diagnosed cervical, thoracic, and lumbar pain, history of possible radiculopathy, and noted that appellant wanted to proceed with cervical surgery.

By decision dated June 27, 2022, OWCP denied modification. It found that the evidence of record established that appellant's accepted conditions had resolved. OWCP also found that she had not established that her current medical conditions were causally related to the accepted February 2, 2019 employment injury.

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

Where 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>2</sup>

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.<sup>3</sup> A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment must be based on a complete factual and medical background.<sup>4</sup> Additionally, the opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment incident identified by the claimant.<sup>5</sup>

### **ANALYSIS -- ISSUE 1**

The Board finds that appellant has not met her burden of proof to expand acceptance of her claim to include additional conditions as causally related to the accepted February 2, 2019 employment injury.

OWCP referred appellant to Dr. Obianwu for a second opinion evaluation to determine whether the acceptance of appellant's claim should be expanded to include additional conditions as causally related to the accepted February 2, 2019 employment injury. In his December 6, 2019 report, Dr. Obianwu indicated that appellant's physical examination revealed no objective findings of the accepted neck and lower back muscle, tendon, and fascia strains. He diagnosed resolved lumbar and cervical soft tissue injury, temporary cervical spondylosis aggravation, C5-6 disc herniation, and C4-5 neuroforaminal stenosis. Dr. Obianwu explained that, while a cervical MRI

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<sup>2</sup> *D.F.*, Docket No. 20-0690 (issued June 2, 2022); *L.F.*, Docket No. 20-0459 (issued January 27, 2021); *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>3</sup> *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

<sup>4</sup> *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>5</sup> *See M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

scan revealed significant changes, appellant's clinical examination findings were not suggestive of any neck or lower back ongoing pathology. He further found that the changes seen on the MRI scan were unrelated to the February 2, 2019 employment injury. Dr. Obianwu attributed appellant's cervical spondylosis and C5-6 disc herniation to a degenerative condition which occurs with the aging process rather than her employment-related automobile accident. The Board finds that the weight of the medical evidence rests with the opinion of Dr. Obianwu and establishes that the acceptance of appellant's claim should not be expanded to include additional conditions as causally related to the accepted February 2, 2019 employment injury.

Appellant submitted reports dated November 4 and December 19, 2019 and January 16 and April 23 and 30, 2020, from Dr. Marshall. In his November 4, 2019 report, Dr. Marshall diagnosed cervicalgia, cervical and thoracic radiculopathy, and acute pain and attributed her mild thoracic pain with neural foraminal stenosis right T6-7 to the February 2, 2019 motor vehicle accident. In a December 19, 2019 report, he diagnosed thoracic radiculopathy, which he attributed to the February 2, 2019 motor vehicle accident. Dr. Marshall, in reports dated January 16 and April 30, 2020, diagnosed thoracic disc herniations radiculopathy, which he attributed to the accepted February 2, 2019 employment injury. On April 23, 2020 he noted a diagnosis of cervicalgia. The Board finds that Dr. Marshall's reports are of limited probative value with respect to appellant's expansion claim because he did not provide sufficient rationale to explain how the additional diagnosed conditions were physiologically caused by the accepted February 2, 2019 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 a physiologic employment-related cause.<sup>6</sup> These reports are therefore insufficient to establish causal relationship between the additional diagnosed medical conditions and appellant's accepted injury.

In reports dated July 8 and 21, 2020, Dr. Tankha noted that appellant sustained injuries from a motor vehicle accident and diagnosed cervicalgia and cervical radicular, myofascial, and thoracic pain. However, he also did not explain with rationale how the diagnosed conditions were physiologically caused by the February 2, 2019 accepted employment injury. The Board has held that a medical report is of limited probative value if it contains a medical opinion which is unsupported by medical rationale.<sup>7</sup> This report is also insufficient to establish causal relationship.

Dr. Jenkins, in an August 3, 2020 report, diagnosed diffuse traumatic brain injury without loss of consciousness, cervical radiculopathy cervical radiculopathy, occipital neuralgia, cervical traumatic spondylopathy, post-traumatic intractable headache, insomnia due to medical condition, and adjustment disorder with mixed anxiety and depressed mood. She reported that appellant's symptoms began following the February 2, 2019 automobile accident. However, the Board has held that the mere fact that symptoms arise during a period of employment or produce symptoms revelatory of an underlying condition does not establish a causal relationship between a diagnosed

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<sup>6</sup> See *L.G.*, Docket No. 21-0770 (issued October 13, 2022); *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

<sup>7</sup> *G.W.*, Docket No. 22-0301 (issued July 25, 2022); *M.D.*, Docket No. 19-0510 (issued August 6, 2019).

condition and employment factors.<sup>8</sup> A medical opinion must provide an explanation of how the specific employment incident or employment factors physiologically caused or aggravated the diagnosed conditions.<sup>9</sup> Thus, Dr. Jenkins' report is insufficient to establish traumatic brain injury without loss of consciousness, cervical radiculopathy, occipital neuralgia, cervical traumatic spondylopathy, post-traumatic intractable headache, insomnia due to medical condition, and adjustment disorder with mixed anxiety and depressed mood diagnoses as causally related to the accepted February 2, 2019 employment injury.

In a report dated November 30, 2020, Dr. Tarabishy noted that following the February 2, 2019 automobile accident appellant had frequent headaches, neck, midback, and low back pain, and bilateral upper and lower extremity radiculopathy. He concluded that the February 2, 2019 automobile accident caused more serious injuries than the accepted soft tissue sprain based on her pathology of pain and numerous cervical spine vertebral level complications. Dr. Tarabishy requested expansion of appellant's claim to include cervical, thoracic, and lumbar radiculopathy and cervicalgia. He explained that it was reasonable to conclude that her pathologies had been caused by the February 2, 2019 injury given her relatively young age and the lack of any evidence suggesting chronic pain prior to the February 2, 2019 injury. While Dr. Tarabishy opined that appellant's pain pathology and numerous cervical spine vertebral level had been caused by the February 2, 2019 employment injury, he similarly failed to provide any supporting rationale for this conclusion. The Board has held that a conclusion without the necessary rationale as to whether a diagnosed medical condition or disability is due to an accepted employment injury is insufficient to meet appellant's burden of proof.<sup>10</sup> Thus, Dr. Tarabishy's report is of diminished probative value and insufficient to meet appellant's burden of proof to establish her expansion claim.<sup>11</sup>

In a February 7, 2022 report, Dr. Kornblum attributed appellant's neck condition to her February 2, 2019 injury as she had no spinal pain complaints and was working without any restrictions prior to her injury on February 2, 2019. The Board has held, however, that a medical opinion that a condition is causally related to an employment injury because the employee was asymptomatic before the injury, but symptomatic after, is insufficient, without supporting rationale, to establish causal relationship.<sup>12</sup> In reports dated March 14 and April 11, 2022, Dr. Kornblum diagnosed possible radiculopathy and cervical, thoracic, and lumbar pain. The Board has also held that a possible or provisional diagnosis is speculative and of diminished probative value.<sup>13</sup> Therefore, these reports are insufficient to establish appellant's claim.

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<sup>8</sup> *D.E.*, Docket No. 20-0936 (issued June 24, 2021); *A.S.*, Docket No. 19-1955 (issued April 9, 2020).

<sup>9</sup> *D.E.*, *id.*; *G.L.*, Docket No. 18-1057 (issued April 14, 2020).

<sup>10</sup> *See K.R.*, Docket No. 21-0152 (issued February 16, 2022); *A.T.*, Docket No. 19-0410 (issued August 13, 2019); *E.L.*, Docket No. 17-1632 (issued January 3, 2018).

<sup>11</sup> *K.R.*, *id.*; *A.T.*, *id.*

<sup>12</sup> *See B.T.*, Docket No. 22-0350 (issued May 16, 2022); *M.M.*, Docket No. 15-1376, n. 12 (issued November 10, 2015); *Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996).

<sup>13</sup> *M.C.*, Docket No. 19-0744 (issued September 23, 2019); *V.D.*, Docket No. 16-1345 (issued September 27, 2017); *Ricky S. Storms*, 52 ECAB 349 (2001).

The record also contains a January 12, 2021 report from Dr. Poulad, in which he diagnosed cervical, lumbar, and thoracic radiculopathy, cervical and thoracic spondylosis, and thoracic, bilateral shoulder, and low back pain. However, he did not offer any opinion as to the cause of the diagnosed conditions. The Board has held that medical evidence offering no opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.<sup>14</sup> This report is therefore also of no probative value on the issue of causal relationship and insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish causal relationship between appellant's additional diagnosed conditions and the accepted February 2, 2019 employment injury, the Board finds that she has not met her burden of proof to establish the expansion of the acceptance of her 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.

### **LEGAL PRECEDENT -- ISSUE 2**

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.<sup>15</sup> After it has determined that, an employee has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.<sup>16</sup> OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>17</sup>

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.<sup>18</sup> To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which require further medical treatment.<sup>19</sup>

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<sup>14</sup> See *K.M.*, Docket No. 22-0763 (issued November 4, 2022); *R.G.*, Docket No. 18-0792 (issued March 11, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>15</sup> See *B.L.*, Docket No. 22-0812 (issued December 29, 2022); *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

<sup>16</sup> See *B.L.*, *id.*; *R.P.*, *id.*; *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

<sup>17</sup> *B.L.*, *id.*; *K.W.*, Docket No. 19-1224 (issued November 15, 2019); see *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

<sup>18</sup> *J.N.*, Docket No. 22-0682 (issued December 6, 2022); *L.W.*, Docket No. 18-1372 (issued February 27, 2019); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

<sup>19</sup> *J.N.*, *id.*; *R.P.*, *supra* note 15; *A.P.*, Docket No. 08-1822 (issued August 5, 2009).



## ANALYSIS -- ISSUE 2

The Board finds that OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective May 24, 2020, as she no longer had disability or residuals causally related to her accepted February 2, 2019 employment injury.

OWCP also referred appellant to Dr. Obianwu for a second opinion evaluation to determine whether the accepted employment-related conditions had resolved and, if so, whether appellant was capable of returning to her date-of-injury position as a rural letter carrier. In his December 6, 2019 report, Dr. Obianwu indicated that her physical examination revealed no objective findings of the accepted neck and lower back muscle, tendon, and fascia strains. He diagnosed resolved lumbar and cervical soft tissue injury, temporary cervical spondylosis aggravation, C5-6 disc herniation, and C4-5 neuroforaminal stenosis. Dr. Obianwu explained that while a cervical MRI scan revealed significant changes, appellant's clinical examination findings were not suggestive of any neck or lower back ongoing pathology. Thus, he opined that the accepted work-related injury caused soft tissue conditions, which had resolved without disability or residuals. Dr. Obianwu concluded that appellant could return to full-time full-duty work in her date-of-injury position as a rural letter carrier with no restrictions, and that there was no need for further medical treatment.

The Board finds that OWCP properly accorded the weight of the medical evidence to Dr. Obianwu. Dr. Obianwu based his opinion on a proper factual and medical history and physical examination findings and provided medical rationale for his opinion. He provided a well-rationalized opinion based on the medical evidence regarding the accepted neck and lower back muscle, tendon, and fascia strains causally related to the February 2, 2019 employment injury. Accordingly, OWCP properly relied on Dr. Obianwu's second opinion report in terminating appellant's wage-loss compensation and medical benefits.<sup>20</sup>

The remaining evidence submitted prior to OWCP's termination of appellant's compensation is insufficient to overcome the weight afforded to Dr. Obianwu as the second opinion physician. As previously discussed, Dr. Marshall, in his November 4 and December 19, 2019 and January 16 and 30, 2020 reports, did not provide a well-reasoned explanation as to why she continued to have disability or residuals for work due to the February 2, 2019 employment injury.

In response to OWCP's March 18, 2020 proposed termination, it received appellant's statement, medical reports predating her February 2, 2019 employment injury, diagnostic tests, and physical therapy notes. However, none of this evidence offered any opinion or medical rationale as to why she continued to require work restrictions or ongoing medical care due to the neck and lower back muscle, tendon, and fascia strains.

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<sup>20</sup> *P.B.*, Docket No. 21-0894 (issued February 8, 2023); *E.S.*, Docket No. 20-0673 (issued January 11, 2021); *K.W.*, *supra* note 17; *N.G.*, Docket No. 18-1340 (issued March 6, 2019); *A.F.*, Docket No. 16-0393 (issued June 24, 2016).

The Board finds therefore that OWCP properly terminated appellant's wage-loss compensation and medical benefits, effective May 24, 2020, as she no longer had disability or residuals causally related to her accepted February 2, 2019 employment injury.

### **LEGAL PRECEDENT -- ISSUE 3**

Once OWCP properly terminates a claimant's compensation benefits, the burden shifts to appellant to establish continuing disability or residuals after that date causally related to the accepted injury.<sup>21</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>22</sup>

### **ANALYSIS -- ISSUE 3**

The Board finds that appellant has not met her burden of proof to establish continuing disability or residuals on or after May 24, 2020, casually related to her accepted February 2, 2019 employment injury.

Subsequent to the termination of her wage-loss compensation and medical benefits, appellant submitted additional reports from Dr. Marshall and reports from Dr. Tankha, Dr. Jenkins, Dr. Poulad, Dr. Kornblum, and Dr. Tarabishy. Dr. Tarabishy was the only physician who discussed appellant's accepted diagnoses following the termination of her compensation benefits. He opined that her accepted soft tissue injuries had resolved. Thus, these reports are insufficient to establish continuing residuals and disability due to appellant's accepted neck and lower back muscle, tendon, and fascia strains.

As the medical evidence of record is insufficient to establish continuing disability or residuals on or after May 24, 2020 causally related to the accepted February 2, 2019 employment injury, the Board finds that appellant has not met her 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.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to the accepted February 2, 2019 employment injury. The Board further finds that OWCP has met its burden of proof to terminate her wage-loss compensation benefits and medical benefits, effective May 24, 2020, as she no longer had disability or residuals causally related to her accepted February 2, 2019 employment

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<sup>21</sup> See *P.B., id.; D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *J.R.*, Docket No. 17-1352 (issued August 13, 2018).

<sup>22</sup> *Id.*

injury. The Board also finds that appellant has not met her burden of proof to establish continuing disability or residuals on or after May 24, 2020, causally related to the accepted February 2, 2019 employment injury.

**ORDER**

**IT IS HEREBY ORDERED THAT** the June 27, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 19, 2013  
Washington, DC

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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

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