

injury; (3) whether appellant has met her burden of proof to establish continuing disability or residuals on or after April 18, 2022 due to the accepted June 29, 2020 employment injury.

FACTUAL HISTORY

On July 7, 2020 appellant, then a 47-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that, on June 29, 2020, she developed sciatica from her right hip down her right leg, and neck pain when she was involved in a motor vehicle accident while in the performance of duty. She stopped work on June 29, 2020, and has not returned. By decision dated May 10, 2021, OWCP accepted the claim for lumbar radiculopathy. By separate decision of even date, it formally denied the conditions of sacroiliitis, low back pain, right hip pain, intervertebral disc disorders of lumbar region and other spondylosis, lumbar region and lumbosacral region, finding that the conditions were either not diagnosed by a qualified physician or were considered symptoms rather than specific diagnoses of medical conditions. OWCP paid appellant wage-loss compensation on the supplemental rolls effective August 14, 2020, and on the periodic compensation rolls effective October 10, 2021.

In a September 17, 2021 report, Dr. Jeffrey Gold, a Board-certified family practitioner and osteopathic manipulative therapy, indicated that appellant's right L4 chronic radicular pain from the June 2020 work injury was affecting her emotionally. He reported that she developed hopelessness and helplessness, symptoms consistent with early depressive disorder.

On October 12, 2021 OWCP referred appellant, along with an August 26, 2021 statement of accepted facts (SOAF) and the medical record, for a second opinion evaluation with Dr. Noubar Didizian, a Board-certified orthopedic surgeon, to determine the extent of appellant's continuing disability from work and whether she had any remaining residuals of her work-related condition. The August 26, 2021 SOAF noted that the case was accepted for lumbar radiculopathy.

In a November 2, 2021 progress report, Dr. Didizian described appellant's June 29, 2020 employment injury and noted his review of the August 26, 2021 SOAF and the medical evidence of record. He presented physical examination findings regarding her lower extremities, neck and upper extremities, which were essentially normal. Dr. Didizian found that motor, sensory, and reflexes were intact. He stated that appellant's neurologic and orthopedic examination did not show any motor, sensory, reflex deficiency or mechanical back problems to indicate radiculopathy. Dr. Didizian also stated that if she had sustained any kind of soft tissue injury, then that would be healed by now. He concluded that the accepted condition of lumbar radiculopathy had resolved, and appellant could return to her date-of-injury position without restrictions.

In a November 24, 2021 development letter, OWCP advised appellant of the deficiencies of her claim for expansion. It advised her of the type of medical evidence necessary and afforded her 30 days to submit the requested evidence.

OWCP subsequently received progress reports dated November 19 and December 17, 2021, wherein Dr. Li-Hong Lu, a Board-certified physiatrist, noted that appellant's right back pain started after a motor vehicle accident at work one year ago. She noted that appellant had previous pain management with improvement for three days. Dr. Lu assessed low back pain, radiating to right leg; sacroiliac joint somatic dysfunction; sacroiliac joint dysfunction -- instability and muscle spasm.

In a work capacity evaluation (Form OWCP-5c) dated December 9, 2021, Dr. Gold diagnosed lumbar radiculopathy. In a December 9, 2021 report, he continued to diagnose lumbar radiculopathy and noted appellant's right lower back and hip pain, which radiated down the lateral side of her right leg. Dr. Gold indicated that appellant had undergone pain management, which did not improve her back and hip pain. He indicated that appellant could not return to work until she was reevaluated on January 6, 2022.

In a January 21, 2022 letter, OWCP requested a supplemental report from Dr. Didizian as to whether the acceptance of the claim should be expanded to include sacroiliitis, lumbar spondylosis, and lumbosacral spondylosis.

In a January 24, 2022 addendum, Dr. Didizian opined that the diagnoses of lumbar spondylosis, lumbosacral spondylosis, and arthritis were reasonable as part of appellant's age and genetic markup and had nothing to do with her June 29, 2020 work injury. He also indicated that sacroiliitis was a clinical diagnosis used by the clinic physician for injection to that joint. Dr. Didizian opined that the acceptance of the claim should not be expanded to include lumbar spondylosis, lumbosacral spondylosis, arthritis and sacroiliitis conditions as appellant's neurologic examination was nonfocal and did not show any positive straight leg raising, positive motor deficiency, sensory changes and/or reflex changes. He explained regarding appellant's accepted lumbar radiculopathy diagnosis, that radiculopathy meant pain from the back to the toes, if pain only went into the thigh, it was referred pain. Dr. Didizian further explained that to diagnose radiculopathy, objective findings should reflect positive straight leg raising, positive motor deficiency, sensory and reflex changes, however, appellant's neurologic examination was nonfocal and did not show any of these changes, therefore "in that context" radiculopathy as the original diagnosis should be questioned, even though it was the accepted condition. He opined that the correct diagnosis resulting from the June 29, 2020 work injury should be mechanical back pain – sprain/strain, which had resolved at the time of his examination.

By decision dated March 1, 2022, OWCP denied expansion of the acceptance of appellant's claim to include the additional diagnosis of depressive disorder as the evidence of record did not demonstrate that the condition was related to the June 29, 2020 work injury.

By notice dated March 2, 2022, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits based on Dr. Didizian's opinion that her accepted condition had ceased without disability or residuals. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination.

On March 17, 2022 appellant requested a review of the written record of the March 1, 2022 expansion decision by a representative of OWCP's Branch of Hearings and Review.

OWCP continued to receive progress reports wherein Dr. Gold continued to assess lumbar radiculopathy, chronic pain syndrome, right hip pain, and low back pain. Dr. Gold also continued to opine that appellant would remain totally disabled from work until her back pain, hip pain and L5-S1 right neuropathic radicular pain resolved.

In his January 5, 2022 report and in subsequent reports through May 26, 2022, Dr. Gold also diagnosed appellant with an additional condition of adjustment disorder with depressed mood. He stated that appellant was grumpy, adding that she was irritated because there was nothing she could do about her chronic pain.

By decision dated April 15, 2022, OWCP accepted the additional condition of back strain/sprain, as resolved. It noted that Dr. Didizian, in medical reports dated November 2, 2021 and January 24, 2022, had opined that appellant suffered from a back strain/sprain condition causally related to the June 29, 2020 work injury, which had fully resolved as of January 24, 2022.

By decision dated April 18, 2022, OWCP finalized the termination of appellant's wage-loss compensation and medical benefits, effective that date, finding that the medical evidence submitted was insufficient to outweigh Dr. Didizian's second opinion.

On May 13, 2022 appellant requested reconsideration of OWCP's April 18, 2022 termination decision. He submitted an April 22, 2022 report from Dr. Gold. In that report, Dr. Gold presented medical definitions and the standards of medical care for sacroiliac joint dysfunction, spondylosis and lumbar radiculopathy. He discussed portions of Dr. Didizian's examination, techniques and medical conclusions with which he disagreed, opining that Dr. Didizian was not current on medical terminology and the standard of medical care, and he had failed to perform a comprehensive history and physical examination. Dr. Gold opined that appellant had demonstrated pain in back and hip associated with lumbar nerve damage.

By decision dated July 6, 2022, OWCP's hearing representative affirmed OWCP's March 1, 2022 expansion decision, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's depressive disorder and the June 29, 2020 work injury.

On August 3, 2022 OWCP determined that a conflict in medical evidence existed between Dr. Gold, appellant's treating physician, and Dr. Didizian, the second opinion physician, with regard to whether the work-related accepted conditions remained active and disabling. It referred appellant, together with the August 26, 2021 SOAF, a list of questions and the medical record, for an impartial medical examination with Dr. Amir Fayyazi, a Board-certified orthopedic surgeon, to resolve the conflict in medical opinion.

OWCP continued to receive reports, wherein Dr. Gold continued to assess chronic pain syndrome, lumbar radiculopathy, right hip pain, other low back pain, muscle spasm of back, and adjustment disorder with depressed mood. Dr. Gold also opined that appellant would remain totally disabled until her back pain, hip pain and L5-S1 right neuropathic radicular pain resolved.

In a September 2, 2022 report, Dr. Fayyazi noted appellant's history of injury, his review of the medical records, and he provided appellant's physical examination findings. Based on his review of appellant's February 8, 2021 magnetic resonance imaging (MRI) report, he opined that appellant had insignificant mild degenerative changes affecting her lumbar spine, noting that there was clear indication that she did not suffer an anatomic injury to her lumbar spine. Dr. Fayyazi stated that at the time of his examination, appellant had no objective evidence of radiculopathy and if appellant was suffering from radiculopathy following the June 29, 2020 injury, then she had fully recovered from that radiculopathy. He related that based on appellant's radiographic studies, her symptoms, normal neurological examination and no objective evidence of radiculopathy and no further treatment was needed. Dr. Fayyazi further opined that appellant most likely suffered a lumbar sprain and strain injury, for which she had fully recovered and needed no further treatment. He noted that the sacroiliitis diagnosis was a radiographic diagnosis which was not clinically established. However, Dr. Fayyazi noted that her examination revealed greater trochanteric bursitis, which did not appear to be related to the June 29, 2020 injury. He noted that while

appellant's pain level was elevated, her examination was benign with clear evidence of examination manipulation and mild nonphysiological findings. Dr. Fayyazi concluded that appellant had fully recovered from the June 29, 2020 work injury. He also responded to OWCP's questions and opined that the accepted injuries of lumbar sprain and lumbar radiculopathy had fully resolved and that she could return to her preinjury position with no restrictions. A completed Form OWCP-5c dated September 2, 2022 was submitted.

By decision dated October 5, 2022, OWCP denied modification of its April 18, 2022 termination decision, finding that the special weight of the medical opinion evidence rested with Dr. Fayyazi, the impartial medical examiner (IME), who opined that appellant no longer had disability or residuals due to the accepted work-related conditions.

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.³

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.⁴ 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.⁵ 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.⁶

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include a depressive disorder as causally related to her accepted June 29, 2020 employment injury.

In a September 17, 2021 report, Dr. Gold first reported that appellant's right L4 chronic radicular pain from the June 2020 work injury was affecting her emotionally. He reported that she developed hopelessness and helplessness, symptoms consistent with early depressive disorder. While Dr. Gold continued to treat appellant for her physical condition, he did not again indicate a depressive disorder until January 5, 2022, when he diagnosed adjustment disorder with depressed mood. Dr. Gold described appellant's mood and habits in his reports of January 5 through May 26,

³ *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).

⁴ *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

⁵ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁶ *See M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

2022, he did not however provide a rationalized medical explanation which demonstrated how or why appellant sustained depressive disorder as a result of her work injury. The Board has held that a medical report lacking a rationalized medical opinion regarding causal relationship is of no probative value.⁷ His reports, therefore, are insufficient to meet appellant's burden of proof.⁸

LEGAL PRECEDENT -- ISSUE 2

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify modification or termination of an employee's benefits.⁹ It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment injury.¹⁰ OWCP's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.¹¹

The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability. To terminate authorization for medical treatment, OWCP must establish that the employee no longer has residuals of an employment-related condition that require further medical treatment.¹²

ANALYSIS -- ISSUE 2

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 18, 2022, as she no longer had disability or residuals causally related to her accepted June 29, 2020 employment injury.

OWCP accepted appellant's claim for lumbar radiculopathy, which it noted in its August 26, 2021 SOAF. It referred appellant to Dr. Didizian for a second opinion evaluation to determine the status of appellant's accepted condition of lumbar radiculopathy and his work capacity. In his November 2, 2021 report, Dr. Didizian noted his review of the medical record and the August 26, 2021 SOAF, and provided examination findings. He related appellant's physical examination findings, which were essentially normal. Dr. Didizian found that appellant's motor, sensory, and reflexes were intact. With regard to the accepted lumbar radiculopathy condition, he stated that the neurologic and orthopedic examination did not show any motor, sensory, reflex

⁷ *J.P.*, Docket No. 20-0381 (issued July 28, 2020); *M.B.*, Docket No. 19-0828 (issued September 17, 2019); *P.C.*, Docket No. 18-0167 (issued May 7, 2019); *see C.T.*, Docket No. 10-2354 (issued April 21, 2011); *see Brad Bolton*, Docket No. 94-2298 (issued August 26, 1996).

⁸ *See K.D.*, Docket No. 22-0756 (issued November 29, 2022); *Y.C.*, Docket No. 17-1938 (issued January 7, 2019).

⁹ *S.P.*, Docket No. 19-0196 (issued June 24, 2020); *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).

¹⁰ *See S.P., id.*; *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

¹¹ *D.G.*, *supra* note 9; *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

¹² *D.G.*, *supra* note 9; *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

deficiency or mechanical back problems to indicate radiculopathy. Dr. Didizian thus opined that the accepted condition of lumbar radiculopathy had resolved, and appellant could return to her date-of-injury position without restrictions. He also stated that, if she had sustained any kind of soft tissue injury, then that would have already healed.

In his January 24, 2022 addendum report, Dr. Didizian opined that appellant had mechanical back pain -- sprain/strain resulting from the June 29, 2020 work injury had resolved at the time of his examination.

The Board has held that the weight of a medical opinion is determined by the opportunity for and thoroughness of examination, the accuracy and completeness of the physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested, and the medical rationale expressed in support of stated conclusions.¹³ As the record provided to Dr. Didizian was accurate and complete at the time of his examination, the Board finds that Dr. Didizian's opinion is sufficient to carry the weight of the medical evidence with regards to the accepted lumbar radiculopathy and lumbar sprain. Dr. Didizian provided a thorough factual and medical history and accurately summarized the relevant medical evidence. He provided medical rationale for his opinion by explaining that appellant did not exhibit current objective findings of the accepted condition of lumbar radiculopathy and lumbar sprain.¹⁴ The weight of the medical evidence is therefore represented by the thorough, well-rationalized opinion of Dr. Didizian, OWCP's referral physician.

Prior to the termination of appellant's compensation benefits OWCP received progress reports dated November 19 and December 17, 2021, from Dr. Lu. Dr. Lu noted that appellant's right back pain started after the motor vehicle accident. She noted appellant's low back pain radiating to right leg, and diagnosed sacroiliac joint dysfunction. However, Dr. Lu did not offer an opinion as to whether appellant had objective residuals of her accepted conditions, which caused disability. She did not explain why appellant continued to suffer from disability or residuals due to the accepted employment injury.¹⁵ The Board has held that a medical report is of limited probative value on a given medical issue if it contains a medical opinion which is unsupported by medical rationale.¹⁶

OWCP also received a number of progress reports from Dr. Gold leading up to the April 18, 2022 termination decision. In his reports commencing December 9, 2021, Dr. Gold continued to diagnose lumbar radiculopathy and note appellant's continued complaints of right lower back and hip pain, which radiated down the lateral side of her right leg. He also continued to opine that appellant continued to be disabled from work due to her pain. As Dr. Gold did not explain, based on objective medical findings why appellant's accepted conditions caused disability or residuals, these reports are insufficient to overcome the weight of the medical evidence accorded

¹³ *G.B.*, Docket No. 20-0750 (issued October 27, 2020); *A.R.*, Docket No. 20-0335 (issued August 7, 2020).

¹⁴ *See G.S.*, Docket No. 22-0697 (issued November 28, 2022); *W.C.*, Docket No. 18-1386 (issued January 22, 2019); *D.W.*, Docket No. 18-0123 (issued October 4, 2018); *Melvina Jackson*, 38 ECAB 443 (1987).

¹⁵ *See D.V.*, Docket No. 19-0868 (issued March 21, 2022); *M.H.*, Docket No. 17-0210 (issued June 3, 2018).

¹⁶ *Id.*

to Dr. Didizian, or to create a conflict in medical opinion as to whether appellant's conditions had resolved.¹⁷

The Board thus finds that OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 18, 2022.

LEGAL PRECEDENT -- ISSUE 3

When OWCP properly terminates wage-loss compensation and medical benefits, the burden shifts to appellant to establish continuing disability or residuals, on or after that date, causally related to the accepted employment injury.¹⁸ To establish causal relationship between continuing residuals and/or disability and the accepted employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background supporting such causal relationship.¹⁹

Section 8123(a) 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.²⁰ This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.²¹

OWCP's procedures provide that the findings of an OWCP referral physician or IME must be based on the factual underpinnings of the claim, as set forth in the SOAF.²² Its procedures and Board precedent dictate that when OWCP's referral physician or IME renders a medical opinion based on a SOAF, which is incomplete or inaccurate, or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.²³

¹⁷ *S.M.*, Docket No. 21-0809 (issued August 2, 2022); *K.R.*, Docket No. 21-0152 (issued February 16, 2022).

¹⁸ *K.M.*, Docket No. 21-1351 (issued April 28, 2022); *E.J.*, Docket No. 20-0013 (issued November 19, 2020); *B.A.*, Docket No. 17-1471 (issued July 27, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

¹⁹ *C.L.*, Docket No. 18-1379 (issued February 3, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

²⁰ 5 U.S.C. § 8123(a); *R.M.*, Docket No. 21-1150 (issued April 5, 2022); *L.T.*, Docket No. 18-0797 (issued March 14, 2019); *Shirley L. Steib*, 46 ECAB 309, 317 (1994).

²¹ 20 C.F.R. § 10.321.

²² Federal (FECA) Procedure Manual, Part 2 -- Claims, *Statement of Accepted Facts*, Chapter 2.810.11a (September 2010).

²³ *Id.* at Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.3 (October 1990); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *M.D.*, Docket No. 18-0468 (issued September 4, 2018); *Paul King*, 54 ECAB 356 (2003).

ANALYSIS -- ISSUE 3

The Board finds that this case is not in posture for decision regarding whether appellant has met her burden of proof to establish continuing disability or residuals on or after April 18, 2022, due to the accepted June 29, 2020 employment injury.

Following the termination of her wage-loss compensation and medical benefits, effective April 18, 2022, OWCP found a conflict in medical opinion existed between Dr. Gold and Dr. Didizian with regard to whether the work-related accepted conditions remained active and disabling. OWCP referred appellant, together with the August 26, 2021 SOAF, a list of questions and the medical record, for an impartial medical examination with Dr. Fayyazi to resolve the medical opinion conflict.

In a report dated September 2, 2022, Dr. Fayyazi noted the history of injury, as described by appellant, his review of the medical records and provided examination findings. He found that appellant had insignificant mild degenerative changes to the lumbar spine and greater trochanteric bursitis opining that neither condition related to the June 29, 2020 employment injury. With regard to the June 29, 2020 employment injury, Dr. Fayyazi opined that if she was suffering from radiculopathy following that injury, then she had fully recovered from the radiculopathy. He also opined that appellant most likely suffered a lumbar sprain and strain injury, from which she had fully recovered and required no further treatment. Dr. Fayyazi further responded to OWCP's questions and opined that appellant could return to her preinjury position with no restrictions.

It is OWCP's responsibility to provide a complete and proper frame of reference for a physician by preparing a SOAF.²⁴ OWCP procedures and Board precedent dictate that when an OWCP medical adviser, second opinion specialist, or IME renders a medical opinion based on a SOAF, which is incomplete or inaccurate or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.²⁵ In this case on April 15, 2022 OWCP accepted a resolved lumbar strain/sprain but it did not update the August 26, 2021 SOAF, which listed only the accepted lumbar radiculopathy condition. Dr. Fayyazi, thus, did not have a complete and accurate SOAF to rely on as a framework in reaching his conclusions. Accordingly, the Board finds that Dr. Fayyazi's report was not based on an accurate factual framework and cannot represent the special weight of the medical evidence sufficient to resolve the conflict in medical opinion.²⁶

On remand, OWCP shall prepare a complete and accurate SOAF and request that Dr. Fayyazi submit a supplemental opinion. If Dr. Fayyazi is unable or unwilling to provide a supplemental opinion, it shall refer the case to a new IME to resolve the conflict in medical opinion.²⁷ Following this and other such further development as deemed necessary, OWCP shall

²⁴ *M.B.*, Docket No. 21-0060 (issued March 17, 2022); *J.N.*, Docket No. 19-0215 (issued July 15, 2019); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

²⁵ Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.3 (October 1990); *see also D.C.*, Docket No. 21-0780 (issued December 22, 2021); *R.W.*, Docket No. 19-1109 (issued January 2, 2020); *Paul King*, 54 ECAB 356 (2003).

²⁶ *See A.P.*, Docket No. 22-1092 (issued November 8, 2022); *M.H.*, Docket No. 21-1014 (issued July 8, 2022); *F.H.*, Docket No. 21-0579 (issued December 9, 2021); *P.C.*, Docket No. 19-1468 (issued September 9, 2020).

²⁷ *See J.B.*, Docket No. 21-0141 (issued January 27, 2023); *Harold Travis*, 30 ECAB 1071, 1078 (1979).

issue a *de novo* decision on whether appellant has met her burden of proof to establish continuing disability or residuals on or after April 18, 2022 due to the accepted June 29, 2020 employment injury.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include a depressive disorder as causally related to her accepted June 29, 2020 employment injury. The Board further finds that OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 18, 2022, as she no longer had disability or residuals causally related to her accepted June 29, 2020 employment injury. However, the case is not in posture for decision regarding whether appellant has met her burden of proof to establish continuing disability or residuals on or after April 18, 2022, due to the accepted June 29, 2020 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the July 6, 2022 decision of the Office of Workers' Compensation Programs is affirmed and the October 5, 2022 decision is affirmed in part and set aside in part. This case is remanded for further proceedings consistent with this decision of the Board.

Issued: October 4, 2023
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