

ISSUE

The issue is whether appellant has met his burden of proof to establish a diagnosed medical condition in connection with the accepted August 12, 2024 employment incident.

FACTUAL HISTORY

On September 3, 2024 appellant, then a 54-year-old customer service operations specialist, filed a traumatic injury claim (Form CA-1) alleging that on August 12, 2024 he sustained a back injury when he pushed a loaded pallet and felt a “pop” in his back with a burning sensation and pain down the back of his left leg while in the performance of duty. He stopped work on August 12, 2024 and returned to full duty on August 26, 2024.

OWCP received an August 27, 2024 work slip wherein Sara Tromp, an advanced practice registered nurse (APRN), held appellant off work.

In a September 6, 2024 statement, an employing establishment occupational health specialist controverted the claim as appellant had delayed filing his claim and had a history of back problems prior to his federal employment.

OWCP also received an undated statement from appellant’s postmaster asserting that appellant had sustained a previous back injury with surgery when he worked as an emergency medical technician (EMT) prior to his federal employment. In an August 28, 2024 statement his supervisor noted that appellant had distributed circulars (“red plums”) to carrier cases on August 12, 2024 beginning at 5:00 p.m. and had not reported an injury as of 5:30 p.m. when the supervisor clocked out.

In a September 6, 2024 work slip, Dr. Paul Waclawski, an osteopath Board-certified in family practice, held appellant off work.

The record contains a completed authorization for examination and/or treatment (Form CA-16) dated September 9, 2024.

In a September 24, 2024 report, Ms. Tromp returned appellant to modified-duty work with restrictions effective that day.

Thereafter, OWCP received an August 13, 2024 emergency department report wherein Dr. James L. Webb, a physician specializing in emergency medicine, recounted a history of remote L5-S1 lumbar fusion with chronic low back pain, worsened after pushing a pallet the previous day. On examination, Dr. Webb observed left paraspinal lumbar tenderness, 4/5 strength in the left lower extremity, and a “limp secondary to weakness of left leg.” He noted an impression of “[I]likely sciatica, muscle strain/sprain[.]”

In an August 13, 2024 emergency department report, Dr. McKenna J. Knych, Board-certified in emergency medicine, related a history of injury and treatment. She diagnosed chronic left-sided low back pain with left-sided sciatica, back pain of unspecified location, and unspecified back pain laterally.

OWCP also received a September 19, 2024 magnetic resonance imaging (MRI) scan of the lumbar spine which demonstrated post-surgical changes at L5-S1 laminectomy with posterior

fusion, mild multilevel spondylosis with trace progress of L4 on L5 anterolisthesis when compared to a February 20, 2021 study, multifactorial moderate-to-severe bilateral neural foraminal stenosis at L4-5 progressed since 2016, and mild-to-moderate right neural foraminal stenosis at L5-S1.

In an October 1, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and afforded him 60 days to submit the necessary evidence.

Thereafter, OWCP received appellant's September 30, 2024 acceptance of a modified assignment.

In a follow-up letter dated November 1, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the October 1, 2024 letter to submit the requested necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In response, appellant submitted an October 3, 2024 report of a September 30, 2024 computerized tomography (CT) scan of the lumbar spine, which revealed prior L5-S1 laminectomy and fusion with hardware intact, intact lumbosacral stimulator device, L4-5 adjacent segment degeneration with moderate-to-severe bilateral foraminal stenosis, similar when compared to a September 19, 2024 study, and no evidence of osseous fracture or pars defect.

By decision dated December 9, 2024, OWCP accepted that the August 12, 2024 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted August 12, 2024 employment incident. Consequently, OWCP found that he had not met the requirements to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,⁵ 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.⁶ 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.⁷

⁴ *Supra* note 2.

⁵ *F.H.*, Docket No.18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁶ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁷ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.⁸

The medical evidence required to establish a causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁹ The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable 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.¹⁰

ANALYSIS

The Board finds that appellant has met his burden of proof to establish a diagnosed medical condition in connection with the accepted August 12, 2024 employment incident.

In support of his claim, appellant submitted an August 13, 2024 emergency department report wherein Dr. Knych related a history of injury and diagnosed left-sided sciatica. The Board thus finds that appellant has established a diagnosed medical condition.¹¹ Consequently, the case must be remanded for consideration of the medical evidence as to whether appellant has met his burden of proof to establish that his diagnosed medical conditions are causally related to the accepted August 12, 2024 employment incident. Following this and other such further development as deemed necessary, it shall issue a *de novo* decision on the issue of causal relationship.

CONCLUSION

The Board finds that appellant has met his burden of proof to establish a diagnosed medical condition in connection with the accepted August 12, 2024 employment incident.

⁸ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *R.H.*, Docket No. 25-0188 (issued January 31, 2025); *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹¹ *G.K.*, Docket No. 24-0012 (issued March 26, 2024).

ORDER

IT IS HEREBY ORDERED THAT the December 9, 2024 decision of the Office of Workers' Compensation Programs is reversed and this case is remanded for further proceedings consistent with this decision of the Board.¹²

Issued: April 15, 2025
Washington, DC

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

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

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

¹² The Board notes that the employing establishment executed a Form CA-16 on September 9, 2024. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.*, Docket No. 23-0552 (issued August 28, 2023); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).