

**United States Department of Labor  
Employees' Compensation Appeals Board**

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<b>B.B., Appellant</b>	)	
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<b>and</b>	)	<b>Docket No. 25-0607</b>
	)	<b>Issued: August 28, 2025</b>
<b>DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION GREENVILLE, Greenville, IL, Employer</b>	)	
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*Appearances:*

*Capp P. Taylor, Esq.*, for the appellant<sup>1</sup>  
*Office of Solicitor*, for the Director

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

ALEC J. KOROMILAS, Chief Judge

JANICE B. ASKIN, Judge

VALERIE D. EVANS-HARRELL, Alternate Judge

**JURISDICTION**

On June 8, 2025 appellant, through counsel, filed a timely appeal from a May 15, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

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<sup>1</sup> In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **ISSUES**

The issues are: (1) whether OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 8, 2024, as she no longer had disability or residuals causally related to her accepted November 28, 2008 employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability or residuals on or after March 8, 2024, causally related to the accepted November 28, 2008 employment injury.

## **FACTUAL HISTORY**

This case was previously before the Board.<sup>3</sup> The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On December 18, 2008 appellant, then a 43-year-old sports specialist, filed a traumatic injury claim (Form CA-1) alleging that on November 28, 2008 she sustained headaches, and ear, and neck pain when she was hit with a soccer ball on the left side of her face while in the performance of duty. She stopped work on December 10, 2008 and returned to light-duty work on January 12, 2009. OWCP accepted the claim for aggravation of cervical disc disease at C4-5, headaches, and unspecified head injury. It paid appellant wage-loss compensation on the supplemental rolls commencing January 20, 2010, and on the periodic rolls commencing February 14, 2010.

On September 25, 2012 OWCP proposed to terminate appellant's wage-loss compensation and medical benefits because her accepted November 28, 2008 employment injury had resolved. It afforded her 30 days to submit additional evidence or argument.

OWCP subsequently received a report dated February 8, 2011, from Dr. Riaz A. Naseer, a Board-certified neurologist, diagnosing C4-5 disc protrusion and radiculopathy, hearing loss, and post-concussive syndrome as causally related to the November 28, 2008 employment injury. Dr. Naseer also indicated that the November 28, 2008 employment injury had aggravated appellant's underlying depression. He opined that appellant was totally disabled due to her work-related injuries.

By decision dated November 14, 2012, OWCP finalized the termination of appellant's wage-loss compensation and medical benefits effective that date.

On December 11, 2012 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. In a letter dated March 11, 2012, she asked that the request for an oral hearing be amended to a review of the written record.

By decision dated May 30, 2013, OWCP's hearing representative reversed the November 14, 2012 termination decision, finding that OWCP had not met its burden of proof.

On August 15, 2013 OWCP reinstated appellant on the periodic rolls for wage-loss compensation, effective June 30, 2013.

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<sup>3</sup> Docket No. 18-1121 (issued January 8, 2019).

In reports dated January 23 and February 19, 2014, Dr. Naseer opined that appellant's diagnosed conditions of cervical radiculopathy, headache, tinnitus, hearing loss in the left ear, left ear pain, and post-concussion syndrome were medically connected to the employment injury on November 28, 2008. He also found that the work injury aggravated her preexisting injuries which involved the back, neck, and head. Dr. Naseer opined that appellant was totally disabled due to the November 28, 2008 employment injury.

In notes dated May 12 and December 2, 2015 as well as October 24, 2016, Dr. Naseer, reviewed electrodiagnostic testing and found that disc protrusion was attributed to head jerk when appellant sustained trauma to her head with the soccer ball on November 28, 2008. He again opined that she was totally disabled. Dr. Naseer completed a report on March 1, 2017 and diagnosed cervical radiculopathy, headache, tinnitus, hearing loss in the left ear, left ear pain, and post-concussion syndrome. He opined that these conditions were all medically connected to the November 28, 2008 employment injury by direct cause. Dr. Naseer also indicated that the employment injury aggravated appellant's concentration issues, memory problems, and cognitive abilities. He opined that she was totally disabled due to her November 28, 2008 employment injury.

On June 8, 2017 OWCP referred appellant to Dr. Charles Mannis, a Board-certified orthopedic surgeon, for a second opinion evaluation. It provided him with a statement of accepted facts (SOAF), the medical record, and requested that he determine the extent and degree of any employment-related medical conditions and disability.

In his July 3, 2017 report, Dr. Mannis provided findings on physical examination and reviewed the SOAF. He found sensory examination of the left hand was diffusely diminished to pinprick in all dermatomal spheres. Dr. Mannis diagnosed chronic cervical syndrome with degenerative arthritis. He related that appellant had no objective findings and that symptoms were markedly disproportionate to the objective complaints. Dr. Mannis determined that being struck by the soccer ball on November 28, 2008 may have caused some cervical myositis but was not responsible for any of the radiographic findings. He concluded that appellant had recovered from the injury without the need for work restrictions.

OWCP found a conflict of medical opinion evidence between Drs. Naseer and Mannis with regard to whether appellant had continuing employment-related disability and medical residuals. It referred appellant, along with the case record, a SOAF, and a list of questions to Dr. R. Peter Mirkin, a Board-certified orthopedic surgeon for an impartial medical examination to resolve the conflict in medical opinion.

In an October 23, 2017 report, Dr. Mirkin, the impartial medical examiner (IME), conducted a physical examination and reviewed appellant's medical history and the SOAF. He set forth findings of an exaggerated antalgic gait and of pain when he lightly touched her head or neck, both of which are Waddell signs. He also found that appellant exhibited only five percent of normal cervical range of motion, that deep tendon reflexes were intact, and that motor and sensory examinations revealed no deficits. Dr. Mirkin diagnosed multilevel spondylotic disease based on x-rays. He opined that the November 28, 2008 employment injury resulted in a strain injury to her cervical spine. Dr. Mirkin further noted that appellant developed degenerative disease which was not related to her employment injury. He found no indication that she had disability as

a result of her accepted employment injury and determined that she could return to work in her date-of-injury position without restrictions.

On December 21, 2017 OWCP proposed to terminate appellant's wage-loss compensation and medical benefits because her accepted November 28, 2008 employment injury had resolved. It found that the special weight of the medical evidence rested with the October 23, 2017 report of Dr. Mirkin, the IME. OWCP afforded appellant 30 days to submit additional evidence or argument.

Counsel responded on January 2, 2018 and contended that Dr. Mirkin's report was not based on an accurate factual history as he did not rely on OWCP's acceptance of aggravation of cervical disc disease at C4-5, headache, and unspecified head injury, instead finding that she sustained a cervical strain. He further contended that Dr. Mirkin did not provide medical rationale in support of his opinion that appellant had no continuing disability or medical residuals as a result of her accepted November 28, 2008 employment injury.

By decision dated February 23, 2018, OWCP finalized the termination of appellant's wage-loss compensation and medical benefits, effective that date. It found that the special weight of the medical evidence rested with Dr. Mirkin, the IME, who had determined in his October 23, 2017 report that she had no longer had medical residuals or disability for work causally related to her November 28, 2008 employment injury.

Appellant, through then-counsel, appealed to the Board. The Board, by decision dated January 8, 2019,<sup>4</sup> reversed the February 23, 2018 termination decision finding that Dr. Mirkin did not use the SOAF as the framework for his opinion, such that the probative value was seriously diminished, and did not carry the special weight of the medical evidence as an IME.<sup>5</sup>

On March 6, 2019 OWCP referred appellant, along with the case record, a SOAF, and a list of questions to Dr. Timothy VanFleet, a Board-certified orthopedic surgeon, for an impartial medical examination to resolve the conflict in medical opinion regarding whether appellant's accepted work-related conditions had resolved without residuals or restrictions and to determine whether the accepted aggravation of cervical disc disease C4-5 was temporary or permanent.

In a report dated April 17, 2019, Dr. VanFleet the IME, reviewed his findings on physical examination of appellant, as well as her medical history, and the SOAF. He set forth findings of no palpable spasm of the cervical spine, symmetric range of motion of the shoulders and reflexes, and normal strength testing. Dr. VanFleet reviewed diagnostic studies dated through December 7, 2018 and found cervical degenerative disc disease. He determined that this condition was "mostly, if not entirely" due to the progression of an underlying degenerative condition. Dr. VanFleet opined that there appeared to be no medically connected condition to the accepted November 28, 2008 employment injury. He found that the November 28, 2008 employment injury temporarily aggravated her preexisting cervical degenerative disc disease and that this aggravation resolved within three to six months following injury or by May 28, 2009. Dr. VanFleet reported that

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<sup>4</sup> *Id.*

<sup>5</sup> OWCP reinstated appellant on the periodic rolls commencing February 24, 2018.

appellant's current condition was related to the natural progression of her underlying degenerative condition. Dr. VanFleet opined that appellant was capable of some form of employment.

In February 27, 2020 and February 8, 2021 reports, Dr. Naseer listed appellant's diagnosed conditions of cervical radiculopathy, headache, tinnitus, hearing loss in the left ear, left ear pain, and post-concussion syndrome and found that these conditions were all medically connected to the November 28, 2008 employment injury. He also found that she sustained a new C4-5 disc protrusion and aggravation to C3-4, C5-6, and C6-7. Dr. Naseer reviewed testing which demonstrated a mild sensorineural hearing loss in the left ear with tinnitus. He opined that the head injury resulted in reduced concentration, memory problems, confusion, and slowed thinking. Dr. Naseer determined that appellant was totally and permanently disabled from work and required continued medical treatment.

On February 28, 2020 and February 8, 2021 Dr. Naseer completed attending physician's reports (Form CA-20) diagnosing cervical radiculopathy, tinnitus, headaches, post-concussion syndrome and left ear hearing loss. He opined that the work accident aggravated appellant's preexisting conditions and that she was totally and permanently disabled. She underwent an additional magnetic resonance imaging (MRI) scan of the lumbar spine on December 14, 2021.

On December 17, 2021 OWCP referred appellant, along with the case record, a SOAF, and a series of questions to Dr. Gene C. Cheng, a neurologist, for a second opinion examination.

In a February 15, 2022 report, Dr. Cheng provided findings on physical examination and reviewed the SOAF. He opined that there were no definite neurological findings that correlated to appellant's symptoms. Dr. Cheng diagnosed multiple degenerative disease, found that her neck pain did not correlate with diagnostic studies, and found that her subjective complaints were not consistent with objective findings. He related that aggravation of cervical disc disease at C4-5, headache, and head injury unspecified could be permanent since the injury occurred more than a decade ago. However, Dr. Cheng found that appellant had no physical restrictions and should be able to return to full-duty work. He completed a work capacity evaluation (Form OWCP-5c) and determined that she could work eight hours a day in the sedentary, light, and medium strength levels on February 7, 2022.

In reports dated March 22, 2022 and February 6, 2023, Dr. Naseer repeated his previous findings and conclusions. He also completed March 23, 2022 and February 6, 2023 CA-20 forms repeating his previous diagnoses and disability determinations.

On July 26, 2023 OWCP referred appellant, along with the case record, a July 1, 2021 SOAF, and a list of questions to Dr. Timothy Farley, a Board-certified orthopedic surgeon, for an impartial medical examination to resolve the conflict in medical opinion between Drs. Naseer and Cheng, regarding whether appellant's accepted November 28, 2008 work-related conditions of aggravation of cervical disc disease at C4-5, headache, and unspecified head injury had resolved without residuals or restrictions.

In a September 12, 2023 report, Dr. Farley, the IME, reviewed his findings on physical examination, appellant's medical history, and SOAF. He set forth findings of poor effort on range of motion and strength testing. Dr. Farley related that appellant exhibited normal reflexes, with brisk pulses and capillary refill. Cranial nerve examination was normal and symmetrical.

Dr. Farley stated, "I would refute the injury that occurred during work-related responsibilities to [appellant] on November 28, 2008." He added that the injury would not lead to a permanent aggravation or acceleration of any preexisting condition including cervical spondylosis. Dr. Farley opined that her continuing symptoms were entirely subjective and not supported by the objective medical evidence. He related that poor effort on strength testing caused him to question the validity of the examination and appellant's credibility. Dr. Farley determined that the work-related conditions had resolved, and that she could return to full-duty work. He completed a Form OWCP-5c and indicated that appellant could return to her usual job without restrictions.

On November 1, 2023 OWCP proposed to terminate appellant's wage-loss compensation and medical benefits because her accepted November 28, 2008 employment injury had resolved. It found that the special weight of medical evidence rested with the September 12, 2023 medical report of Dr. Farley, the IME, who found that she no longer had disability or residuals causally related to her accepted November 28, 2008 employment injury. OWCP afforded appellant 30 days to submit additional evidence or argument. No response was received.

By decision dated March 8, 2024, OWCP finalized the termination of appellant's wage-loss compensation and medical benefits, effective that date. It found that the special weight of the medical evidence rested with Dr. Farley, the IME, who had determined in his September 12, 2023 report that she no longer had disability or residuals causally related to the accepted November 28, 2008 employment injury.

OWCP subsequently received a March 26, 2024 report from Lt. Emily M. Wanger, a physician assistant.

In a March 26, 2024 Form CA-20, Dr. Jon Elliott D. Brubaker, a Board-certified internist, described the employment injury and diagnosed cervical and lumbar radiculopathy, cervical and lumbar spondylosis, left ear tinnitus, sensorineural hearing loss, and migraines. He opined that appellant had developed hearing loss and tinnitus as well as progressive cervical spondylosis as a result of being struck in the head by a high velocity soccer ball on November 28, 2008. Dr. Brubaker further determined that chronic pain had exacerbated chronic headaches, paresthesia in her extremities, and preexisting injuries in her head, neck, and back. He found that appellant was totally disabled.

On March 28, 2024 Dr. Mark E. Freeman, a psychiatrist, diagnosed bipolar disorder with panic attacks and pain disorder with related psychological factors. He listed stressors including ongoing severe headaches, persistent tinnitus, cognitive changes, and chronic severe pain of the upper and lower spine. Dr. Freeman opined that regardless of any documented physical conditions, appellant's psychiatric conditions caused permanent disability.

On May 11, 2024 appellant requested reconsideration of the March 8, 2024 decision. She contended that she continued to experience symptoms and limitations due to her accepted employment injury. Appellant resubmitted evidence previously of record regarding her diagnosed conditions commencing April 21, 2009 through March 28, 2024.

In a letter dated June 3, 2024, appellant requested that OWCP expand the acceptance of her claim to include hearing loss in her left ear, tinnitus, left ear pain, depression, aggravation of

back pain, bilateral carpal tunnel syndrome, C4-5 disc protrusion, and aggravation of C3-4, C5-6, and C6-7 as causally related to her accepted November 28, 2008 employment injury.

On August 22 and 28, 2024 appellant underwent additional lumbar and cervical MRI scans. Lt. Wanger examined appellant on October 15, 2024 and February 6, 2025.

In a November 6, 2024 report, Dr. Freeman related that he first examined appellant in 2010 for severe mood disorder and panic disorder following the accepted November 28, 2008 employment injury which resulted in a concussion and post-concussion syndrome. He diagnosed severe daily headaches, tinnitus, left-sided hearing loss, and severe daily neck pain. Dr. Freeman reported that tinnitus worsened depression and tripled the overall incident of depression. He further noted that 50 percent of chronic neck pain patients developed a depressive illness, and that chronic headaches readily provoked and worsened depressive illness. Dr. Freeman opined that being struck by a soccer ball in 2008 was a very significant contributor to appellant's mood disorder and psychiatric disability.

On February 13, 2025 appellant, through counsel, requested reconsideration of the March 8, 2024 decision. Counsel contended that Dr. Farley rejected the SOAF.

By decision dated March 19, 2025, OWCP denied modification of the March 8, 2024 decision.

On May 1, 2025 appellant, through counsel, requested reconsideration. Counsel contended that Dr. Cheng's report was speculative and not based on the physical requirements of appellant's date-of-injury position. In an April 24, 2025 statement, she related that as part of her job duties as a sports specialist, she was required to have the ability to subdue prisoners if needed. Appellant asserted that since the November 28, 2008 employment injury she was unable to perform this aspect of her date-of-injury position. On May 13, 2025 counsel requested that OWCP consider statements from the employing establishment indicating that she was incapable of performing the essential functions of her job, which resulted in her termination from work.

By decision dated May 15, 2025, OWCP denied modification.

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

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify modification or termination of an employee's benefits.<sup>6</sup> After it has determined that an employee has disability causally related to his or her federal employment, it may not terminate compensation without establishing that the disability has ceased, or that it is no longer related to the employment.<sup>7</sup> OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion

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<sup>6</sup> *C.F.*, Docket No. 21-0003 (issued January 21, 2022); *J.T.*, Docket No. 19-1723 (issued August 24, 2020); *S.P.*, Docket No. 19-0196 (issued June 24, 2020); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

<sup>7</sup> *S.P.*, Docket No. 22-0393 (issued August 26, 2022); *A.T.*, Docket No. 20-0334 (issued October 8, 2020); *E.B.*, Docket No. 18-1060 (issued November 1, 2018).

evidence based on a proper factual and medical background.<sup>8</sup> The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.<sup>9</sup> To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.<sup>10</sup>

Section 8123(a) of FECA provides, in pertinent part: “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 (known as a referee physician or an impartial medical examiner (IME) who shall make an examination.”<sup>11</sup> This is called an impartial medical examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.<sup>12</sup> When there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.<sup>13</sup>

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

The Board finds that OWCP failed to meet its burden of proof to terminate appellant’s wage-loss compensation and medical benefits, effective March 8, 2024.

The Board preliminarily notes that it is unnecessary to consider the evidence submitted prior to the issuance of OWCP’s February 23, 2018 decision, which was previously considered by the Board in its January 8, 2019 decision reversing OWCP’s termination of wage-loss and medical benefits effective February 23, 2018. Findings made in prior Board decisions are *res judicata* and cannot be considered absent further merit review by OWCP under section 8128 of FECA.<sup>14</sup>

OWCP determined that a conflict in medical opinion existed between Dr. Naseer, appellant’s treating physician, who opined that appellant continued to have residuals and work restrictions due to her accepted November 28, 2008 employment injury, and Dr. Cheng, OWCP’s second opinion physician, who found that appellant no longer suffered disability or residuals due

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<sup>8</sup> *S.P.*, *id.*; *C.R.*, Docket No. 19-1132 (issued October 1, 2020); *G.H.*, Docket No. 18-0414 (issued November 14, 2018).

<sup>9</sup> *S.P.*, *id.*; *E.J.*, Docket No. 20-0013 (issued November 19, 2020); *L.W.*, Docket No. 18-1372 (issued February 27, 2019).

<sup>10</sup> *C.F.*, *supra* note 6; *M.E.*, Docket No. 20-0877 (issued August 17, 2021); *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

<sup>11</sup> 5 U.S.C. § 8123(a).

<sup>12</sup> 20 C.F.R. § 10.321; *P.B.*, Docket No. 20-0984 (issued November 25, 2020); *R.C.*, 58 ECAB 238 (2006).

<sup>13</sup> See *W.N.*, Docket No. 21-0123 (issued December 29, 2021); *A.G.*, Docket No. 21-0315 (issued December 29, 2021); *R.R.*, Docket No. 19-0086 (issued February 10, 2021); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

<sup>14</sup> *A.D.*, Docket No. 25-0301 (issued April 24, 2025); *C.M.*, Docket No. 19-1211 (issued August 5, 2020); *C.D.*, Docket No. 19-1973 (issued May 21, 2020); *M.D.*, Docket No. 20-0007 (issued May 13, 2020); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1998). See also 5 U.S.C. § 8128.

to her accepted November 28, 2008 employment injury. In order to resolve the conflict, it properly referred her to Dr. Farley for an impartial medical examination, pursuant to section 8123(a) of FECA, to resolve the conflict in medical opinion.<sup>15</sup>

In a February 24, 2024 report, Dr. Farley opined that appellant's work-related conditions had resolved, and there was no need for further medical treatment. In support of his opinion, he stated, "I would refute the injury that occurred during work-related responsibilities to [appellant] on November 28, 2008." However, the July 1, 2021 SOAF listed her accepted work-related conditions as aggravation of cervical disc disease at C4-5, headache, and unspecified head injury. OWCP's procedures 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.<sup>16</sup>

The Board has long held that the report of an IME who disregards a critical element of the SOAF is defective and insufficient to resolve the existing conflict of medical opinion evidence.<sup>17</sup> Dr. Farley's report is of diminished probative value as his opinion did not rely on the SOAF, and as it contradicted critical elements, specifically the accepted employment injuries, of the SOAF. The Board finds that Dr. Farley's report is, therefore, not entitled to the special weight as an IME.

The Board, therefore, finds that OWCP improperly terminated appellant's wage-loss compensation and medical benefits for the accepted conditions, effective March 8, 2024.<sup>18</sup>

### **CONCLUSION**

The Board finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 8, 2024.

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<sup>15</sup> *Supra* note 11.

<sup>16</sup> See *C.M.*, Docket No. 24-0581 (issued October 8, 2024); *C.B.*, Docket No. 24-0597 (issued October 8, 2024); *U.R.*, Docket No. 23-0614 (issued September 26, 2024); *V.L.*, Docket No. 24-0739 (issued August 26, 2024); *S.T.*, Docket No. 18-1144 (issued August 9, 2019).

<sup>17</sup> See *W.S.*, Docket No. 25-0102 (issued December 26, 2024); *W.F.*, Docket No. 18-0653 (issued September 26, 2019); *B.B.*, Docket No. 18-1121 (issued January 8, 2019); *V.C.*, Docket No. 14-1912 (issued September 22, 2015).

<sup>18</sup> In light of the Board's disposition of Issue 1, Issue 2 is rendered moot.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 15, 2025 decision of the Office of Workers' Compensation Programs is reversed.

Issued: August 28, 2025  
Washington, DC

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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