

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

K.H., Appellant)	
)	
and)	Docket No. 25-0675
)	Issued: August 5, 2025
U.S. POSTAL SERVICE, LOGAN POST OFFICE, Logan, UT, Employer)	
)	

Appearances:
Appellant, pro se
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 July 5, 2025 appellant filed a timely appeal from a June 27, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a cervical condition causally related to the accepted factors of his federal employment.

FACTUAL HISTORY

On March 26, 2025 appellant, then a 34-year-old carrier technician, filed an occupational disease claim (Form CA-2) alleging that he developed severe neural foramina narrowing at the C3-C4 level, small disc bulges and moderate spurring, and chronic neck pain as a result of

¹ 5 U.S.C. § 8101 *et seq.*

lowering his head to avoid bumping the roof of his mail truck while in the performance of duty.² He noted that he first became aware of his conditions and their relationship to his federal employment on September 6, 2024.

In an undated narrative statement, appellant again attributed the pain and wear and tear of his neck to lowering his head to avoid bumping the roof of mail trucks. He indicated that a magnetic resonance imaging (MRI) scan revealed foramina narrowing at C3-C4 with several disc bulges and bone spurring within the neck. Appellant speculated that his 2019 on-the-job injury, which involved splitting his head on a cluster box unit, may have contributed to his current occupational disease condition.

Appellant submitted medical evidence. A September 6, 2024 cervical spine magnetic resonance imaging (MRI) scan read by Dr. Lauren Zollinger, a Board-certified diagnostic radiology, neuroradiology, and nuclear radiology specialist, revealed severe neural foramina narrowing on the right at C3-C4 and mild neural foramina narrowing at multiple levels.

A December 4, 2024 cervical spine x-ray read by Dr. Eric W. Hooley, a Board-certified orthopedic surgeon, revealed moderate degenerative changes, right cervical thoracic scoliosis that measured 15 degrees, loss of normal lordosis, and no marked instability on flexion or extension.

In a January 14, 2025 visit note, Dr. Brent A. Felix, an attending Board-certified orthopedic surgeon, indicated appellant's chief complaint of neck pain and history of chronic neck pain for years, which worsened with neck movement, bending, exercise, and lifting. He discussed his examination findings and diagnosed cervical stenosis and degenerative spondylolisthesis.

In a March 19, 2025 attending physician's report (Form CA-20), Dr. Felix noted that appellant experienced chronic neck pain due to working in a mail car. He reiterated his prior diagnosis of cervical spinal stenosis. Dr. Felix opined that appellant's symptoms were possibly aggravated by the described employment activity. He indicated that, appellant reported having to flex his neck during his entire shift delivering mail. Dr. Felix also noted that he had not reported an acute accident. He advised that appellant was not disabled from work.

Appellant submitted a copy of his official position description as a carrier technician.

In a development letter dated April 3, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide comments from a knowledgeable supervisor regarding appellant's allegations. OWCP afforded the employing establishment 30 days to respond.

² OWCP assigned the present claim OWCP File No. xxxxxx447. Appellant had previously filed a traumatic injury claim (Form CA-1) for a January 24, 2019 injury under OWCP File No. xxxxxx774. He alleged a laceration to his head which resulted in a short form closure.

In response, appellant submitted an April 3, 2025 statement in which he reiterated his history of injury. He indicated that his work duties included driving daily, nearly on an hourly basis. Appellant claimed that despite adjusting the seat in his vehicles, the height of the vehicles negatively impacted his condition.

In an additional Form CA-20 dated April 9, 2025, Dr. Felix noted a history of injury that appellant's chronic neck pain was aggravated by positional driving. He reiterated his prior diagnosis of degenerative spondylolisthesis. Dr. Felix opined that appellant's symptoms were possibly aggravated by the described employment activity. He again noted that, appellant reported having to flex his neck during his entire shift delivering mail, and that no acute accident was reported. Dr. Felix continued to advise that he was not disabled from work.

In a follow-up letter dated May 20, 2025, 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 April 3, 2025 letter to submit the 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. No additional evidence was received.

By decision dated June 27, 2025, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish that his cervical condition was causally related to the accepted factors of his federal employment.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,⁴ 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.⁵ 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.⁶

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which

³ *Supra* note 1.

⁴ *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).

⁵ *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).

⁶ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Elyett*, 41 ECAB 992 (1990).

compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁷

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁸ The opinion of the physician must be based upon a complete factual and medical background, 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 factors.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a cervical condition causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted January 14, 2025 visit note wherein his treating physician, Dr. Felix, noted appellant's history of chronic neck pain and diagnosed cervical spinal stenosis and degenerative spondylolisthesis. However, Dr. Felix did not offer an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁰ As such, this visit note is of no probative value and is insufficient to establish appellant's claim.

OWCP also received CA-20 forms dated March 19 and April 9, 2025 from Dr. Felix, who diagnosed cervical spinal stenosis and degenerative spondylolisthesis "possibly" due to appellant flexing his neck during his entire shift delivering mail. However, the Board has held that medical opinions that suggest that a condition was likely or possibly caused by work activities are speculative or equivocal and have limited probative value.¹¹ Thus, these reports are insufficient to meet appellant's burden of proof.

The remainder of the evidence of record, consisted of diagnostic study reports. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not

⁷ *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett, id.*

⁸ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁹ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

¹⁰ *See P.V.*, Docket No. 25-0547 (issued June 23, 2025); *R.J.*, Docket No. 24-0885 (issued September 30, 2024); *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B., id.*; *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *E.R.*, Docket No. 24-0641 (issued August 21, 2024); *S.W.*, Docket No. 24-0302 (issued July 26, 2024); *P.S.*, Docket No. 24-0563 (issued June 17, 2024); *J.W.*, Docket No. 18-0678 (issued March 3, 2020).

address whether employment factors caused the diagnosed condition.¹² Therefore, these reports are also insufficient to meet appellant's burden of proof.¹³

As the medical evidence of record is insufficient to establish that appellant's cervical condition is causally related to the accepted employment factors, the Board finds that appellant has not met his burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a cervical condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the June 27, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 5, 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

¹² *C.T.*, Docket No. 25-0384 (issued May 5, 2025); *A.D.*, Docket No. 25-0296 (issued March 26, 2025); *S.R.*, Docket No. 24-0540 (issued August 2, 2024); *K.A.*, Docket No. 23-613 (issued April 22, 2024); *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).

¹³ *C.T.*, *id.*; *A.D.*, *id.*; *D.S.*, Docket No. 24-0888 (issued November 6, 2024); *A.W.*, Docket No. 22-1196 (issued November 23, 2022); *S.W.*, Docket No. 21-1105 (issued December 17, 2021); *W.L.*, *id.*