

¹ 5 U.S.C. § 8101 *et seq.*

with a patient while in the performance of duty. She further explained that she bent down on her knees next to the patient's recliner and felt intense pain on the left side of her back. Appellant stopped work on March 12, 2025.

A March 18, 2025 disability note from Genevieve Underwood, a certified physician assistant, wherein she related that appellant was seen that day. Appellant was released to return to work on March 24, 2025.

A March 19, 2025 hospital after-visit summary report noted that appellant was seen by Dr. Adi Cosic, an osteopathic Board-certified anesthesiologist, for lumbar nerve root disorder, herniated lumbar intervertebral disc, and nerve root inflammation. A progress note of even date written by Dr. Cosic recounted appellant's medical history, reviewed diagnostic tests, and related appellant's physical examination findings. Dr. Cosic recounted that appellant related that she had tried to pick up a patient while working as a home health nurse and developed lower back pain. Since the incident appellant had been dealing with back pain. Dr. Cosic diagnosed lumbar radiculopathy and disc displacement with radicular symptoms.

A March 26, 2025 magnetic resonance imaging (MRI) scan, interpreted by Dr. Charles Lanzieri, a Board-certified neuroradiologist, reported lumbar spondylosis with mild foraminal narrowing.

An April 9, 2025 hospital after-visit summary report noted that appellant was seen by Dr. Cosic for lumbar nerve root disorder.

On April 22, 2025, OWCP received an unsigned March 18, 2025 document reporting encounter diagnoses of acute left flank pain and lumbar strain. Appellant was instructed to schedule an appointment with Dr. Jonathan H. Salewski, an osteopath, as soon as possible.

In a development letter dated May 7, 2025, OWCP informed appellant that, when her claim was first received, it appeared to be a minor injury that resulted in minimal or no lost time from work, and it had now reopened her claim for consideration of the merits. It advised her of the type of factual and medical evidence needed, provided her with an attending physician's report (Form CA-20), for her physician to complete, and afforded her 60 days to respond. No additional evidence was received.

In a follow-up letter dated June 13, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the May 7, 2025 letter to submit the necessary evidence. OWCP further advised that if the necessary 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 July 17, 2025, OWCP denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted employment incident of March 12, 2025. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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,³ 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.⁴ 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.⁵

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. The first component is that 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 that the employee must submit sufficient evidence to establish that the employment incident caused an injury.⁶

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ 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 specific employment incident.⁸

ANALYSIS

The Board finds that appellant has met her burden of proof to establish a medical diagnosis in connection with the accepted March 12, 2025 employment incident.

² *Id.*

³ *D.M.*, Docket No. 25-0506 (issued June 23, 2025); *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *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).

⁴ *D.M.*, *id.*; *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *D.M.*, *id.*; *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).

⁶ *D.M.*, *id.*; *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).

⁷ *D.M.*, *id.*; *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).

⁸ *D.M.*, *id.*; *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

OWCP has accepted that on March 12, 2025 appellant was on a routine home visit with a patient when she felt intense pain on the left side of her back within the performance of duty. In support of her claim, appellant submitted several reports from Dr. Cosic. In a March 19, 2025 progress note, Dr. Cosic diagnosed lumbar radiculopathy and disc displacement with radicular symptoms when providing medical care for a patient while working as a home health nurse. The Board thus finds that this report is sufficient to establish a diagnosis in connection with the accepted March 12, 2025 employment incident.⁹ As the medical evidence of record establishes a diagnosed medical condition, the case must be remanded for consideration of the medical evidence regarding the issue of causal relationship. Following this and other such further development as deemed necessary, it shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has met her burden of proof to establish medical diagnoses of lumbar radiculopathy and disc displacement with radicular symptoms in connection with the accepted March 12, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the July 17, 2025 decision of the Office of Workers' Compensation Programs is reversed, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: August 26, 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

⁹ *L.A.*, Docket No. 25-0368 (issued April 7, 2025); *see also D.M.*, Docket No. 25-0506 (issued June 23, 2025).