

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

W.C., Appellant)	
and)	Docket No. 25-0899
U.S. POSTAL SERVICE, PHILADELPHIA)	Issued: December 29, 2025
METROPOLITAN DISTRICT POST OFFICE,)	
Philadelphia, PA, 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 September 19, 2025 appellant filed a timely appeal from a September 15, 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 medical condition causally related to the accepted February 26, 2025 employment incident.

FACTUAL HISTORY

On March 5, 2025 appellant, then a 45-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on February 26, 2025 he passed out after a syncopal episode and was

¹ 5 U.S.C. § 8101 *et seq.*

involved in a motor vehicle accident (MVA) while in the performance of duty. He stopped work on the claimed date of injury.

In a March 27, 2025 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 provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP thereafter received a police accident report and an emergency medical services (EMS) report dated February 26, 2025, which indicated that appellant advised first responders that he was coughing and gasping for air while driving, became dizzy, passed out, and then woke up in a yard with his vehicle against a tree. He related that he had experienced a similar episode three years ago and had received a cardiac loop implant. On examination, appellant was conscious, alert, and grossly atraumatic. Paramedics transported him to the hospital.

In a hospital visit summary dated February 26, 2025, Dr. James Barrett, an emergency medicine specialist, diagnosed unspecified-type syncope and acute bronchitis. A chest x-ray of even date was negative for active disease.

In a medical report dated March 4, 2025, Dr. Sonam T. Sherpa, an osteopath Board-certified in family medicine, noted that appellant related that on February 26, 2025 he coughed forcefully and passed out while driving his postal vehicle. He also related “occasional passing out episodes always associated with coughing fits lately” and “recent dyspnea with coughing fits over the past few months that lead to turning purple and sometimes passing out.” Dr. Sherpa performed a physical examination, which was normal. He diagnosed syncope and collapse and noted “likely vasovagal syncope component from coughing fits.” Dr. Sherpa recommended appellant remain out of work pending a neurological evaluation. He also diagnosed essential hypertension and indicated that it was possible that the persistent cough was a side effect or reaction to blood pressure medication. Dr. Sherpa also diagnosed possible acute bronchospasm and referred appellant to pulmonology for further clarification.

In a medical report dated March 20, 2025, Dr. Christopher Ignatz, a Board-certified internist specializing in pulmonary disease, and critical care medicine, noted that appellant related complaints of a persistent dry cough for several years, which occasionally escalated to the point of nearly choking, including six episodes in the last two to three years where he nearly passed out or did pass out due to severe coughing. He also noted the history of the February 26, 2025 MVA and that appellant smoked on and off for 30 years and vaped for a few months before quitting in 2024. Dr. Ignatz performed a physical examination, which was normal except for diminished breath sounds likely due to obese body habitus. He diagnosed chronic cough, sleep apnea, syncope, and morbid obesity. Dr. Ignatz indicated that appellant had multiple syncopal episodes related to significant coughing, which were “likely vasovagal in nature from coughing and pressure changes.” He recommended a neurology follow-up and a split night sleep study.

In a March 27, 2025 response to OWCP’s questionnaire, appellant related that on February 26, 2025 he started coughing uncontrollably, lost consciousness, lost control of his postal vehicle, and hit a parked trailer. He indicated that he had a “history of syncope spells” and that the accident was due to “a medical condition and was completely out of my control.”

In a follow-up report dated April 1, 2025, Dr. Sherpa reiterated his prior diagnoses.

An April 14, 2025 split night sleep study revealed obstructive sleep apnea and nocturnal hypoxemia.

An April 17, 2025 pulmonary function test revealed moderately severe obstructive pulmonary disease.

In a follow-up letter dated May 1, 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 March 27, 2025 letter to submit the necessary evidence. OWCP further advised that if sufficient evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a May 2, 2025 statement, appellant indicated that he believed the syncopal episode on February 26, 2025 was caused by a combination of physical stress associated with his job duties of extended driving, loading, and unloading, his medical susceptibility/history of syncope and fainting spells, and severe coughing.

In a narrative dated May 8, 2025, Dr. Sherpa opined that it was “unclear if any specific work incident caused the syncopal episode in question leading to this [MVA],” and that recent monitoring did not identify any clear cardiac arrhythmias.

By decision dated June 24, 2025, OWCP denied appellant’s claim, finding that the medical evidence of record was insufficient to establish a causal relationship between appellant’s syncopal episode and the accepted February 26, 2025 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On July 2, 2025 appellant requested a review of the written record by a representative of OWCP’s Branch of Hearings and Review. In support thereof, he submitted a July 1, 2025 narrative by Dr. Sherpa, who indicated that “it seems likely the patient suffered from a vasovagal syncope event” and that “these types of loss of consciousness or syncopal events can often be triggered by work-related stress or through regular changes in position to and from a seated position, which was consistent with [appellant’s] daily work tasks.” Dr. Sherpa also indicated that it was “impossible to determine the exact cause of syncope or causal link leading to the [MVA]” but it was “definitely plausible that the patient could have suffered a vasovagal episode secondary to work stress or frequent changes from seated to standing that could have led to the incident.”

By decision dated September 15, 2025, OWCP’s hearing representative affirmed the June 24, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim including the fact that the individual is an employee of the

² 5 U.S.C. § 8101 *et seq.*

United States within the meaning of FECA, that the claim was timely filed, 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.³ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁴

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. Second the employee must submit sufficient evidence to establish whether the employment incident caused an injury.⁵

The medical evidence required to establish a causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁶ 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.⁷

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted February 26, 2025 employment incident.

In a hospital visit summary dated February 26, 2025, Dr. Barrett, an emergency medicine specialist, diagnosed unspecified-type syncope and acute bronchitis. Dr. Ignatz, in his March 20, 2025 report, indicated that appellant had multiple syncopal episodes related to significant

³ *C.G.*, Docket No. 20-0058 (issued September 30, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Caralone*, 41 ECAB 354 (1989).

⁶ *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).

⁷ *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

⁸ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

coughing, which were “likely vasovagal in nature from coughing and pressure changes.” In his March 4, 2025 report, Dr. Sherpa found “likely vasovagal syncope component from coughing fits.” In his May 8, 2025 narrative, Dr. Sherpa indicated that it was “unclear if any specific work incident caused the syncopal episode in question leading to this [MVA].” In his July 1, 2025 narrative, Dr. Sherpa indicated that it was “definitely plausible” that appellant “could have suffered a vasovagal episode secondary to work stress or frequent changes from seated to standing that could have led to the incident.” However, none of these physicians provided medical rationale to establish a causal relationship between the accepted February 26, 2025 employment incident and any resulting medical condition.⁹ The Board finds, therefore, that appellant has not met his burden of proof.

As the medical evidence of record is insufficient to establish a medical condition causally related to appellant’s accepted February 26, 2025 employment incident, the Board finds that he 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 medical condition causally related to the accepted February 26, 2025 employment incident.

⁹ S.S., Docket No. 21-1140 (issued June 29, 2022); A.P., Docket No. 20-1668 (issued March 2, 2022); D.S., Docket No. 21-0673 (issued October 10, 2021); R.A., Docket No. 20-0969 (issued August 9, 2021); *see also* T.M., Docket No. 08-0975 (issued February 6, 2009) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

ORDER

IT IS HEREBY ORDERED THAT the September 15, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 29, 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