

¹ 5 U.S.C. § 8101 *et seq.*

carrying heavy loads while in the performance of duty. She stopped work on November 27, 2023.²

In a note dated November 29, 2023, Dr. Stephen C. Hammack, an attending Board-certified family practitioner, advised that appellant could not lift more than 20 pounds through December 27, 2023 due to a medical condition.

In progress notes dated November 29 and December 27, 2023, and April 8, 2024, Dr. Hammack diagnosed low back pain without sciatica, unspecified back pain laterality, unspecified chronicity, and current moderate episode of major depressive disorder without prior episode, upper back strain, subsequent encounter. He noted that appellant had ongoing issues after a back injury at work two years prior, and that she had multiple flareups since then. Dr. Hammack further noted that, although her condition had improved some, she was still unable to perform her normal job activities. In his April 8, 2024 report, he indicated that appellant had attempted to return to work with a lifting limit, however, the employing establishment could not accommodate light-duty work within her restrictions.

In an April 30, 2024 note, Dr. Hammack related a history of appellant's November 1, 2021 employment injury and reviewed medical records. He advised that appellant was unable to lift more than 20 pounds, however no light duty was available at her current job. Appellant had difficulty working continuously for an eight-hour day without experiencing significant pain. Dr. Hammack noted that her symptoms were not present prior to the above-noted work-related injury. He related that he had no reason to believe that appellant's symptoms were not related to her injury.

In an undated report, received by OWCP on May 29, 2024, Dr. Hammack noted that appellant presented with a recurrence of a strain of the muscle and tendon in the back wall of the thorax, which initially occurred in November 2021 from an on-the-job injury. He reported his examination findings and diagnosed recurrence of strain of the muscle and tendon in the back wall of the thorax and cervical spondylosis. Dr. Hammack reiterated appellant's 20-pound lifting work restriction.

In progress notes dated February 22 and April 4, 2024, Dr. Joaquin A. Hidalgo, a Board-certified neurosurgeon, noted that appellant had a history of back pain following her November 1, 2021 employment injury. He discussed examination findings and reviewed diagnostic studies. Dr. Hidalgo provided assessments of chronic left-sided low back pain and cervical spondylosis.

² OWCP assigned the present claim OWCP File No. xxxxxx856. Appellant previously filed a Form CA-1 on January 11, 2022 alleging that on November 1, 2021 she sustained a back injury when lifting a tub of flats while in the performance of duty. OWCP accepted that claim under OWCP File No. xxxxxx420 for strain of muscle and tendon of the back wall of thorax. By decision dated March 28, 2024, it denied appellant's claim for a recurrence of disability, commencing November 27, 2023, causally related to her accepted November 1, 2021 employment injury. By decisions dated May 10 and June 3, 2024, OWCP denied modification of its denial of appellant's recurrence claim. OWCP has administratively combined OWCP File Nos. xxxxxx856 and xxxxxx420, with the latter serving as the master file.

On July 30, 2024, OWCP converted appellant's traumatic injury claim into an occupational disease claim (Form CA-2).³

On August 1, 2024, OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Samuel G. Meredith, Jr., a Board-certified orthopedic surgeon, for a second opinion evaluation.

In a September 9, 2024 report, Dr. Meredith noted appellant's history of injury on November 1, 2021 and his review of the SOAF and medical record. He specifically noted a November 29, 2023 note, wherein, Dr. Hammack diagnosed low back pain without sciatica in OWCP File No. xxxxxx420. Dr. Meredith recounted that appellant related to him that her low back complaints had resolved. He related that there was no clear history or medical record indication that appellant's lumbar spine complaints were related to her original injury or any subsequent work activities as she had related that her lumbar spine problem had resolved. Dr. Meredith discussed his examination findings and provided an impression that appellant had degenerative changes in her cervical spine with possible radiculopathy aggravated by her employment. He indicated that he was unable to determine whether the aggravation was temporary or permanent as her treatment had not been completed and the natural history of the condition had not played out yet. Dr. Meredith concluded that appellant was unable to perform her full duties as a rural carrier. In an accompanying work capacity evaluation (Form OWCP-5c) dated September 9, 2024, he reiterated that appellant was unable to perform her usual job but, advised that she could work four hours per day with restrictions.

On October 3, 2024, OWCP accepted appellant's claim for spondylosis without myelopathy or radiculopathy, cervical region, and radiculopathy, cervical region.

Also on October 3, 2024, OWCP requested that Dr. Meredith provide a supplemental report, including a rationalized medical opinion as to whether appellant's work stoppage on November 24, 2023 was due to her accepted conditions of cervical spondylosis and cervical radiculopathy.

In a supplemental report dated October 8, 2024, Dr. Meredith opined that appellant's work stoppage on November 24, 2023 was not the result of her cervical spine problem. He referenced the November 2023 office note from appellant's treating physician, which he had noted in his September 9, 2024 report indicating that appellant was seen for low back pain. Dr. Meredith again indicated that he had reviewed his initial report and was unable to attribute, with medical certainty, her lower back pain to her original employment injury or any subsequent work injury.

On October 12, 2024 appellant filed a claim for compensation (Form CA-7) for disability from work for the period November 27, 2023 through May 24, 2024.

In a development letter dated October 21, 2024, OWCP informed appellant of the deficiencies of her claim for wage-loss compensation for the period November 27, 2023 through

³ A May 24, 2024 notification of personnel action (PS Form 50) indicated that appellant was separated from employment, effective May 17, 2024, due to her absence without leave.

May 24, 2024. It advised her of the type of medical evidence needed to establish her claim and afforded her 30 days to submit the necessary evidence.

In a November 8, 2024 report, Dr. Hammack noted that appellant had been under his care since November 29, 2023, and was treated for her complaints arising from a 2021 work-related injury. He related that this injury led to the development of cervical spondylosis, a condition that severely affects the neck and spinal health, causing chronic pain and limiting her mobility. Dr. Hammack advised that, despite appellant's efforts to manage this condition, including regular medical treatment and physical therapy, she continued to experience significant discomfort and limitations in her daily activities. He recommended continued treatment to manage her symptoms and prevent further deterioration from her condition.

On November 15, 2024 OWCP requested that Dr. Meredith provide a supplemental report clarifying his opinions regarding whether his examination and the review of the medical evidence supported that appellant's work stoppage on November 24, 2023 resulted from a temporary aggravation of her accepted spondylosis without myelopathy or radiculopathy and/or radiculopathy of cervical region, and whether appellant sustained any lumbar spine conditions causally related to her accepted November 1, 2021 traumatic employment injury under OWCP File No. xxxxxx420 or accepted occupational disease injury under OWCP File No. xxxxxx856 prior to her work stoppage on November 24, 2023. It provided him with an updated SOAF dated November 15, 2024, which listed the accepted conditions of appellant's occupational disease claim under OWCP File No. xxxxxx856 as radiculopathy, cervical region, and spondylosis without myelopathy or radiculopathy, cervical region, and the accepted conditions of her traumatic injury claim under OWCP File No. xxxxxx420 as strain of muscle and tendon back wall of thorax. OWCP noted that Dr. Meredith must use the SOAF as the only factual framework for his opinion.

In an addendum report dated November 19, 2024, Dr. Meredith noted his confusion with the multiple facts of appellant's two claims under separate OWCP file numbers in the updated SOAF. He noted his review of Dr. Hammack's November 29, 2023 note, which indicated that appellant was treated for lumbar spine pain and advised that the medical record did not reveal that she was specifically directed to take time off work for lumbar pain, but he assumed that this occurred. Dr. Meredith then advised that the work stoppage in question was not due to appellant's cervical spine, as he had originally opined. He again noted that during his initial evaluation of appellant, she related to him that her low back condition had completely resolved.

In an October 22, 2024 progress note, Dr. Hammack discussed his physical examination findings and diagnosed the accepted conditions of cervical spondylosis without myelopathy radiculopathy and cervical radiculopathy. He also diagnosed chronic left-sided low back pain without sciatica.

On December 20, 2024 OWCP requested that Dr. Meredith review an updated SOAF dated December 20, 2024 and the medical records in OWCP File Nos. xxxxxx420 and xxxxxx856, and provide a supplemental report addressing whether appellant was disabled from work as of November 27, 2023 due to her accepted conditions of spondylosis without myelopathy radiculopathy, cervical region; and radiculopathy, cervical region in OWCP File No. xxxxxx856.

In a December 30, 2024 supplemental report, Dr. Meredith noted his review of the December 20, 2024 SOAF, his prior reports, and Dr. Hammack's office note diagnosing lumbar spine pain. He opined that, based on his review, there was no evidence as to the activity of appellant's cervical spine pain problems on or after November 27, 2023. Dr. Meredith also noted that his office had shredded the medical records he had been previously provided, but if OWCP forwarded them again he would review them.

By decision dated January 27, 2025, OWCP denied appellant's Form CA-7 claim for disability from work during the period November 27, 2023 through May 24, 2024, finding that the medical evidence of record was insufficient to establish disability from work during the claimed period causally related to her accepted employment injury.

OWCP subsequently received a February 3, 2025 progress note, wherein Dr. Hammack noted that appellant presented for follow up due to her cervical degenerative disc disease. Dr. Hammack noted that appellant's condition was exacerbated by a November 2021 work injury. He discussed examination findings and diagnosed cervical degenerative disc disease. Dr. Hammack noted that appellant had persistent neck pain since her on-the-job injury over three years ago. He further noted that she continued to work with restrictions and take muscle relaxers.

On February 15, 2025 appellant requested reconsideration of the January 27, 2025 decision.

In support thereof, appellant submitted additional medical evidence from Dr. Hammack. In notes dated November 27, 2024 and February 12, 2025, Dr. Hammack related appellant's complaint of persistent symptoms stemming from her accepted November 2021 cervical injury and November 2023 back injury. He opined that she continued to be unable to perform her work duties and remained restricted from lifting more than 20 pounds.

In a February 11, 2025 attending physician's report (Form CA-20), Dr. Hammack continued to diagnose the accepted condition of cervical radiculopathy. He explained that this condition aggravated appellant's existing condition, which caused long-lasting myofascial and radicular pain not present before her injury. Dr. Hammack indicated that appellant had been partially disabled since November 2021.

In a note dated February 12, 2025, Dr. Hammack advised that appellant had a persistent problem with her neck originating from her 2021 employment injury. He concluded that her continued inability to work resulted from this injury and she was unable to return to full-duty work.

On February 20, 2025 OWCP requested that Dr. Meredith review the enclosed entire medical record and provide a supplemental report addressing whether appellant was temporarily and totally disabled from work during the period November 27, 2023 through May 24, 2024.

In a supplemental report dated February 27, 2025, Dr. Meredith noted his review of the entire medical record. He related that until an office visit note dated February 3, 2025 the evidence he had reviewed did not indicate appellant's work status. Dr. Meredith advised that, "[b]ased on this limited information about [appellant's] work capabilities in the medical record, I

am still unable to determine with medical certainty that the claimant either was or was not disabled from cervical spine pathology between the dates of 11/27/23 and 5/24/24.”

By decision dated March 11, 2025, OWCP denied modification of the January 27, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ has the burden of proof to establish the essential elements of his or her claim,⁵ including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁶ For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.⁷ Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.⁸

The medical evidence required to establish causal relationship between a claimed period of disability and the accepted employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of appellant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.⁹

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.¹⁰

ANALYSIS

The Board finds that this case is not in posture for decision.

⁴ *Supra* note 1.

⁵ *See L.S.*, Docket No. 18-0264 (issued January 28, 2020); *B.O.*, Docket No. 19-0392 (issued July 12, 2019).

⁶ *See S.F.*, Docket No. 20-0347 (issued March 31, 2023); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *T.W.*, Docket No. 19-1286 (issued January 13, 2020).

⁸ *S.G.*, Docket No. 18-1076 (issued April 11, 2019); *Fereidoon Kharabi*, 52 ECAB 291-92 (2001).

⁹ *See B.P.*, Docket No. 23-0909 (issued December 27, 2023); *D.W.*, Docket No. 20-1363 (issued September 14, 2021); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020).

¹⁰ *See M.J.*, Docket No. 19-1287 (issued January 13, 2020); *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, *supra* note 8 at 293.

In his September 9, 2024 report, Dr. Meredith opined that appellant was unable to perform her full duties as a rural carrier. He completed a Form OWCP-5c indicating that she could work four hours per day with restrictions. OWCP subsequently made several requests for supplemental reports from Dr. Meredith regarding appellant's claimed employment-related disability. In an October 8, 2024 report, Dr. Meredith opined that appellant's work stoppage on November 24, 2023 was not the result of her cervical spine problem. He further opined that he was unable to attribute Dr. Hammack's November 29, 2023 diagnosis of lower back pain to her November 1, 2021 employment injury or any subsequent work injury with medical certainty. Dr. Meredith explained that during his initial evaluation appellant related to him that her low back complaints had resolved. In a November 19, 2024 report, he reiterated his prior opinion that appellant's work stoppage on November 24, 2023 was not causally related to the accepted cervical conditions. Dr. Meredith again noted Dr. Hammack's November 29, 2023 diagnosis of lower back pain and maintained that the medical record did not reveal that appellant was specifically directed to take time off work for lumbar pain as she reported that her low back condition had completely resolved. In a December 30, 2024 report, he noted his review of the medical record in OWCP File Nos. xxxxxx420 and xxxxxx856, and opined that, based on his review, there was no evidence that appellant had cervical spine pain problems on or after November 27, 2023. Dr. Meredith, in a February 27, 2025 report, advised that, "[b]ased on this limited information about [appellant's] work capabilities in the medical record, I am still unable to determine with medical certainty that the claimant either was or was not disabled from cervical spine pathology between the dates of 11/27/23 and 5/24/24."

The Board finds that Dr. Meredith's opinion is speculative in nature as he did not definitively opine on whether appellant was totally disabled from work for the period November 27, 2023 through May 24, 2024, causally related to her accepted employment injury. The Board has held that medical opinions that are speculative or equivocal in character are of diminished probative value.¹¹

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.¹² Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the relevant issues in the case.¹³

The case shall therefore be remanded for further development. On remand, OWCP shall refer the case record, together with an updated SOAF, to a new second opinion physician for a reasoned opinion regarding whether appellant was disabled from work during the period November 27, 2023 through May 24, 2024, causally related to the accepted employment injury. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

¹¹ See *C.R.*, Docket No. 25-0245 (issued April 3, 2025); *R.P.*, Docket No. 21-1189 (issued July 29, 2022).

¹² See *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

¹³ *Id.*; see also *R.M.*, Docket No. 16-0147 (issued June 17, 2016).

CONCLUSION

The Board finds that this case is not in posture for decision.

ORDER

IT IS HEREBY ORDERED THAT the March 11, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: July 10, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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