

² The Board notes that following the December 6, 2024 decision, appellant submitted additional evidence to OWCP. However, the Board’s *Rules of Procedure* provides: “The Board’s review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal.” 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

FACTUAL HISTORY

On July 5, 2024 appellant, then a 32-year-old city carrier assistant, filed a traumatic injury claim (Form CA-1) alleging that on June 17, 2024 he sustained a heat-related illness which included dizziness, fatigue, nausea, vomiting, severe sweating, and lightheadedness while in the performance of duty. He stopped work on June 18, 2024.

OWCP received a June 18, 2024 report, wherein Dr. Colby Foster, a diagnostic radiologist, recounted that appellant had been hospitalized from June 18 through 19, 2024. Dr. Foster held appellant off work and returned him to duty on June 24, 2024.

OWCP received a July 3, 2024 report, wherein Chase Wright, a physician assistant, indicated that appellant had reported to the hospital emergency department on June 19, 2024 with lightheadedness, weakness, nausea, vomiting, and near syncope following prolonged heat exposure while delivering mail outdoors. Appellant experienced continued headaches, dizziness, and lightheadedness. A computerized tomography angiogram (CTA) of appellant's head and neck revealed a luminal irregularity of less than one centimeter involving the distal left V2 segment of the vertebral artery at the C3 level, "possibly a small focus of fenestration *versus* a short segment of dissection with the more proximal and distal segments of the left vertebral artery being of normal caliber and enhancement." Mr. Wright diagnosed a vertebral artery dissection, chronic daily headache, and dizzy spells. In a work slip of the same date, he held appellant off work for the period June 17 through July 15, 2024 "due to unresolved medical issues resulting from a work-related accident."

In a development letter dated July 29, 2024, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of additional factual and medical evidence needed and provided a questionnaire for completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a July 30, 2024 work slip, Dr. Jacob Johengen, an osteopath Board-certified in family medicine, returned appellant to work after August 19, 2024.

In an August 1, 2024 statement, appellant further described the June 17, 2024 employment incident.

In an August 5, 2024 duty status report (Form CA-17), Dr. Johengen noted a date of injury of June 18, 2024 and noted work restrictions. He returned appellant to work effective September 23, 2024, pending an additional study.

In a follow-up letter dated August 21, 2024, 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 July 29, 2024 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.

In an August 27, 2024 attending physician's report (Form CA-20), Dr. Johengen noted that on June 18, 2024 appellant "got lightheaded and dizzy while working in the heat." A CTA scan revealed a vertebral artery dissection. He diagnosed dizziness and vertebral artery dissection. Dr. Johengen opined that appellant "being exposed to heat and humidity [was] currently exacerbating dizzy episodes and puts [appellant] at risk of falls or passing out." He found appellant partially disabled commencing June 17, 2024, and returned him to full-duty work effective October 21, 2024.

A September 13, 2024 CTA scan revealed short-segment luminal irregularity of the left vertebral artery distal V2 segment at the level of C3 without evidence of vascular occlusion. A computerized tomography (CT) scan of the head of the same date was within normal limits.

By decision dated September 30, 2024, OWCP accepted that appellant had established "working in the heat" on June 17, 2024, and that a medical condition had been diagnosed. However, it denied his traumatic injury claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed vertebral artery tear and the accepted June 17, 2024 employment incident. OWCP noted that dizziness was a symptom of an underlying medical condition, not a valid diagnosis.

OWCP continued to receive evidence. In a report of work status (Form CA-3) dated October 4, 2024, the employing establishment indicated that appellant returned to part-time modified-duty work on September 28, 2024.

In an October 24, 2024 report, Mr. Wright opined that appellant sustained a left vertebral artery dissection on June 17, 2024 due to the force of the mailbag strap, which rested on the left side of the base of his neck. He noted that appellant's symptoms of vertigo provoked with movement and exposure to heat, alleviated with rest in a cooler environment, were initially believed to be due to excessive heat exposure but could be consistent with vertebral artery dissection.

Thereafter, OWCP received a June 19, 2024 report, wherein Dr. Andrea Abousamra, an osteopath Board-certified in neurology, recounted a history of injury and treatment. Dr. Abousamra noted that magnetic resonance imaging (MRI) and CT scans of the head were unremarkable.

In a June 19, 2024 emergency report discharge summary, Dr. Karen M. Kelley, a Board-certified internist, recounted that appellant had presented with stroke-like symptoms, including weakness, lightheadedness, and vertigo. Appellant was evaluated for suspected vertebral artery dissection, and possible heat exhaustion/dehydration. An MRI scan of the brain was unremarkable. Dr. Kelley diagnosed resolved vertigo, with active bradycardia and lightheadedness.

In a June 24, 2024 emergency department report, Dr. Margaret Gillis, Board-certified in emergency medicine, recounted that appellant presented with chest pain, and symptoms of dizziness and mild headache, with a history of heat exhaustion the prior week and imaging studies of possible vertebral artery dissection. Appellant's chest pain symptoms resolved while in the emergency department. Dr. Gillis diagnosed chest pain, unspecified type.

OWCP also received diagnostic test results dated June 24 through 26, 2024.

In a July 10, 2024 report, Dr. Johengen diagnosed vertebral artery dissection, vestibular dizziness, chronic daily headache, and dizzy spells.

In a July 30, 2024 report, Dr. Johengen opined that appellant's dizziness appeared vertiginous, with a differential of possible vertiginous migraine *versus* vestibular dysfunction.

In an August 14, 2024 report, Mr. Wright related appellant's symptoms of daily, severe headaches and vertigo. He diagnosed vertebral artery dissection, dizzy spells, and intractable episodic cluster headache.

In an August 19, 2024 report, Dr. Johengen related appellant's complaints of dizziness, worsened by heat exposure, and chronic daily headache. He noted that the differential included cerebral artery dissection, dehydration hypotension, and vertigo. Dr. Johengen diagnosed dizzy spells and vertebral artery dissection. He held appellant off work and recommended vestibular therapy.

On November 23, 2024 appellant requested reconsideration.

Thereafter, OWCP received an October 24, 2024 report wherein Mr. Wright reiterated that appellant's presentation was most consistent with left vertebral artery dissection due to direct injury or insult to the left side of his neck from carrying a heavy mailbag.

By decision dated December 6, 2024, OWCP denied modification.

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 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

³ *Supra* note 1.

⁴ *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).

⁵ *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).

⁶ *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).

are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.⁷

The medical evidence required to establish causal relationship between a claimed specific condition and the accepted employment incident is rationalized medical opinion evidence.⁸ 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.⁹ Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.¹⁰

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted June 17, 2024 employment incident.

Dr. Foster, in a June 18, 2024 report, recounted that appellant had been hospitalized from June 18 through 19, 2024 and held him off work through June 23, 2024. Dr. Abousamra, in a June 19, 2024 report, recounted a history of injury and treatment and noted that imaging scans of the head were unremarkable. As neither Dr. Foster nor Dr. Abousamra provided a firm diagnosis of a medical condition, their opinions are insufficient to meet appellant's burden of proof.¹¹

Dr. Kelley, in a June 19, 2024 discharge summary, recounted appellant's stroke-like presenting symptoms, evaluation for suspected vertebral artery dissection, and possible heat-related illness. She diagnosed resolved vertigo. Dr. Gillis, in a June 24, 2024 report, recounted a history of heat exhaustion and evaluation for possible vertebral artery dissection. She diagnosed chest pain, unspecified type. These reports, however, fail to provide an opinion on causal relationship between a diagnosed condition and the accepted employment incident. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's

⁷ *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).

⁸ *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).

⁹ *R.B.*, Docket No. 25-0404 (issued May 30, 2025); *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).

¹⁰ *L.W.*, Docket No. 24-0947 (issued January 31, 2025); *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

¹¹ *A.K.*, Docket No. 23-0990 (issued January 10, 2024); *R.L.*, Docket No. 23-0098 (issued June 20, 2023); *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *C.H.*, Docket No. 19-0409 (issued August 5, 2019).

condition is of no probative value.¹² Therefore, this evidence is also insufficient to establish appellant's claim.

Dr. Johengen, in reports dated July 10 through August 27, 2024, recounted that appellant became ill after significant outdoor heat exposure while working on June 18, 2024, with the onset of vertiginous dizziness, headache, nausea, and vomiting. He noted that diagnostic studies revealed a left vertebral artery dissection. Dr. Johengen diagnosed vertebral artery dissection, vestibular dizziness, vertiginous migraine *versus* vestibular dysfunction, chronic daily headache, and dizzy spells. He opined, in his August 27, 2024 report, that exposure to heat and humidity exacerbated appellant's dizziness. However, Dr. Johengen did not explain, with rationale, how the accepted employment incident caused or aggravated appellant's diagnosed conditions. The Board has held that a medical opinion is of limited probative value on the issue of causal relationship if it is unsupported by medical rationale.¹³ Additionally, the Board has consistently held that dizziness is a symptom and not a compensable medical diagnosis.¹⁴ As such, this evidence is insufficient to establish appellant's claim.

Mr. Wright, a physician assistant, in reports dated July 3 through October 24, 2024, recounted appellant's history of injury and treatment. He opined that appellant sustained a vertebral artery dissection on June 17, 2024 due to the pressure of a mailbag strap resting on the left side of appellant's neck. The Board has long held that certain healthcare providers such as physician assistants are not considered physicians as defined under FECA.¹⁵ Their medical findings, reports and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁶ Consequently, as Mr. Wright is a physician assistant, his opinion is of no probative value in establishing appellant's claim.¹⁷

OWCP also received diagnostic test results dated June 24 through 26, 2024, a September 13, 2024 CTA scan of the cervical spine, and a CT scan of the head. The Board has held that diagnostic reports, standing alone, lack probative value on the issue of causal relationship

¹² See *T.M.*, Docket No. 25-0467 (issued May 21, 2025); *S.K.*, Docket No. 25-0296 (issued March 5, 2025); *id.*; *A.B.*, Docket No. 23-0937 (issued January 24, 2024); *T.L.*, *supra* note 9; *C.F.*, Docket No. 18-0791 (issued February 26, 2019); *Victor J. Woodhams*, *supra* note 9.

¹³ *T.M.*, *id.*; *B.M.*, Docket No. 19-1341 (issued August 12, 2020); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, *supra* note 6.

¹⁴ *A.K.*, *supra* note 11; *P.S.*, Docket No. 10-1560 (issued June 23, 2011).

¹⁵ Section 8101(2) of FECA provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *L.S.*, Docket No. 19-1231 (issued March 30, 2021) (a physician assistant and nurse practitioner are not considered physicians as defined under FECA); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA).

¹⁶ *Id.*; see also *N.F.*, Docket No. 25-0430 (issued May 7, 2025).

¹⁷ *Id.* See also *Order Remanding Case, A.H.*, Docket No. 25-0169 (issued January 2, 2025); *Douglas E. Billings*, 41 ECAB 880 (1990).

as they do not provide an opinion as to whether the accepted employment incident caused a diagnosed condition.¹⁸

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted June 17, 2024 employment incident, 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 medical condition causally related to the accepted June 17, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the December 6, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 8, 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

¹⁸ *N.F.*, *supra* note 16; *A.D.*, Docket No. 25-0153 (issued January 31, 2025); *H.K.*, Docket No. 24-0020 (issued October 24, 2024); *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).