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A.O., Appellant)	
)	
and)	Docket No. 25-0544
)	Issued: July 14, 2025
U.S. POSTAL SERVICE, POST OFFICE,)	
Tampa, FL, Employer)	
)	

Office of Solicitor, for the Director

DECISION AND ORDER

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On May 14, 2025, appellant, through counsel, filed a timely appeal from a May 1, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).² Pursuant to the

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on an appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² The Board notes that there is an April 11, 2025 merit decision by OWCP denying authorization for individual psychotherapy, which is also within the Board's jurisdiction. As counsel did not appeal from the April 11, 2025 decision, the Board will not address the April 11, 2025 decision in this appeal. 20 C.F.R. § 501.3; *see E.B.*, Docket No. 24-0775 (issued September 27, 2024); *D.K.*, Docket No. 22-0111 (issued February 8, 2023); *E.R.*, Docket No. 20-1110 (issued December 23, 2020).

Federal Employees' Compensation Act³ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.⁴

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include vertigo of central origin, post-traumatic headaches, and cervical disc disorder with radiculopathy, resulting in disability from work commencing January 28, 2024, causally related to, or consequential to, his accepted December 13, 2023 employment injury.

FACTUAL HISTORY

On December 14, 2023, appellant, then a 59-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on December 13, 2023 he injured his shoulders and arms when he fell from a glider forklift while in the performance of duty. He stopped work on the date of injury.

In a December 13, 2023 emergency room report, Dr. Guleid Adam, a Board-certified emergency medicine specialist, noted that appellant related complaints of dizziness after falling approximately five feet from a machine. His coworkers heard a thud and found him lying on the floor shaking. Dr. Adam noted that appellant was alert and oriented to time, place, and date but was vomiting, had been incontinent, and was holding his eyes closed. He noted that his condition improved following intravenous saline, antihistamine and antiemetic medications for dizziness and nausea, and an antibiotic for a possible urinary tract infection. Appellant requested a refill of his prescription for meclizine, which he used for a history of vertigo. Dr. Adam indicated that the results of a computerized tomography (CT) scan of the cervical spine and abdomen were pending. He recommended that appellant remain out of work through at least December 17, 2023 and also that he should not return to work unless cleared by occupational health.

In a note dated December 19, 2023, Dr. Vivekanand Ramnarain, a Board-certified internist, recommended that appellant remain out of work until his scheduled evaluation on December 29, 2023. In a follow-up note dated December 29, 2023, Dr. Ramnarain indicated that appellant was “unable to work at this time due to post injury issues.”

In a medical report dated January 19, 2024, Dr. Robert R. Reppy, an osteopath specializing in family medicine, noted that appellant related complaints of bilateral shoulder pain, weak grip strength, sharp pain in the palms of his hands, headaches, dizziness lasting one minute which occurred six-to-seven times per day, and vertigo, which he attributed to a fall at work on December 13, 2023. He related that appellant was driving a forklift while standing up and the machine stopped suddenly, causing him to fall out and onto a concrete floor. Dr. Reppy noted that appellant was told by coworkers that he lost consciousness for two minutes and lost bladder

³ 5 U.S.C. § 8101 *et seq.*

⁴ The Board notes that, following the May 1, 2025 decision, OWCP received additional evidence. 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.*

control. Once he regained consciousness, he was confused and dizzy. Appellant denied any history of physical complaints prior to the accident. On physical examination, Dr. Reppy observed reduced range of motion (ROM) and tenderness in the shoulders, reduced ROM in the cervical spine, dizziness with cervical rotation, and weak grip strength. He diagnosed concussion syndrome, cervical radiculopathy, vertigo, and migraines. In a note of even date, Dr. Reppy recommended that appellant remain out of work until February 2, 2024.

In a duty status report (Form CA-17) dated February 2, 2024, Dr. Reppy diagnosed cervical and thoracic pain and indicated that appellant was totally disabled from all work for the next four weeks. Dr. Reppy performed a thoracic outlet syndrome evaluation on February 7, 2024, which was normal.

A report of electromyography and nerve conduction velocity (EMG/NCV) study dated February 7, 2024, indicated severe bilateral carpal tunnel syndrome (CTS) and possible left cubital tunnel and right T1 “entrapments.” A report of somatosensory evoked responses in the upper extremities of even date revealed normal potentials.

On February 13, 2024, appellant began filing claims for compensation (Form CA-7) for disability from work commencing January 28, 2024.

On February 22, 2024, OWCP accepted the claim for concussion without loss of consciousness.

In a development letter dated February 22, 2024, OWCP informed appellant of the deficiencies of his compensation claim. It advised him of the type of medical evidence needed and afforded him 30 days to submit the necessary evidence. In a separate letter of even date, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish additional conditions of vertigo and cervical radiculopathy as causally related to or as a consequence of the accepted December 13, 2023 employment injury. It advised him of the type of medical evidence needed, including a detailed narrative report from his attending physician setting forth the objective findings and medical rationale addressing whether the additional diagnosed conditions had been caused or aggravated by the accepted employment injury.⁵

In a follow-up medical report dated March 8, 2024, Dr. Reppy noted that appellant related ongoing complaints of neck pain radiating to the arms, tingling and numbness in the hands, head pain, vertigo with positional changes, and bilateral shoulder pain. He indicated that he had undergone a magnetic resonance imaging (MRI) scan of the brain on February 19, 2024, which was negative for masses or acute findings. Dr. Reppy performed a physical examination and observed bilateral trapezius tenderness and trigger points and reduced ROM and strength in the shoulders. In a Form CA-17 of even date, he diagnosed cervical and thoracic pain and indicated that appellant was totally disabled from all work for the next six weeks.

By decision dated April 4, 2024, OWCP denied appellant’s claim for compensation, finding that the medical evidence of record was insufficient to establish disability from work,

⁵ OWCP’s February 22, 2024 interim review development letter did not specify a timeframe for submission of the requested evidence.

commencing January 28, 2024, as causally related to the accepted December 13, 2023 employment injury.

In follow-up reports and CA-17 forms dated April 12 and May 10, 2024, Dr. Reppy diagnosed concussion syndrome, cervical radiculopathy, vertigo, and migraines, and recommended that appellant remain out of work.

On June 12, 2024, appellant, through counsel, requested reconsideration of OWCP's April 4, 2024 decision and requested expansion of the acceptance of appellant's claim to include vertigo of central origin, post-traumatic headache, and cervical disc disorder with radiculopathy. In support thereof, he submitted a January 26, 2024 MRI scan of the cervical spine, which revealed disc bulges, neuroforaminal stenoses, and osteophytes of indeterminate age. In a June 7, 2024 narrative medical report, Dr. Reppy diagnosed vertigo of central origin, post-traumatic headache, and cervical disc disorder with radiculopathy due to the December 13, 2023 employment injury. He explained that vertigo and headaches were commonly caused by a focal injury to the skull. Dr. Reppy also noted that appellant's symptoms in cervical dermatomes were consistent with the MRI scan findings. He opined that "the only logical, temporal, and direct cause of the cervical disc bulges with radiculopathy, vertigo, and headaches is the [December 13, 2023] accident/fall when the patient struck his head from a fall onto the concrete." Dr. Reppy indicated that appellant was totally disabled as a direct result of the accident and trauma to his head and cervical spine.

By decision dated June 17, 2024, OWCP denied modification of the April 4, 2024 decision.

On August 16, 2024, appellant, through counsel, requested reconsideration of OWCP's June 17, 2024 decision. In support thereof, he submitted a July 19, 2024 amended narrative medical report by Dr. Reppy, who clarified that appellant did have preexisting medical conditions, including, *inter alia*, migraine headaches since 1995 and one episode of vertigo after surgery in 2019, both of which had worsened in severity and changed in character since the December 13, 2023 employment injury. He diagnosed cervical disc bulges with radiculopathy, vertigo, and headaches and reiterated his opinion that the conditions were directly caused by the December 13, 2023 fall when appellant struck his head on concrete.

OWCP also received follow-up medical reports and CA-17 forms by Dr. Reppy dated June 7 through September 27, 2024, who diagnosed concussion syndrome, cervical radiculopathy, vertigo, and migraines and opined that appellant was totally disabled from all work.

On August 23, 2024, OWCP prepared a statement of accepted facts (SOAF), which noted the accepted condition as concussion without loss of consciousness.

On August 29, 2024, OWCP referred appellant, along with the medical record, SOAF, and a series of questions to Dr. Gerard M. Gerling, a Board-certified neurologist, for a second opinion evaluation to address the nature and extent of appellant's injuries and work capacity. Specifically, OWCP asked whether appellant had any additional work-related conditions, and whether he was disabled from work commencing January 27, 2024 causally related to the accepted December 13, 2023 employment injury.

In an October 1, 2024 report, Dr. Gerling noted the history of the December 13, 2023 employment injury, including that appellant related that he blacked out and was told that he was unconscious for approximately 2.5 minutes. He performed a neurological examination and

observed that appellant was alert, attentive, and responsive, without mood or cognitive impairment, his eye movements were conjugate without nystagmus, and his speech, hearing, and facial symmetry were normal. Dr. Gerling also observed that appellant had a wide-based and unsteady gait, but no cervical or lumbar spasms, negative straight leg raise test bilaterally, no focal weakness, and full ROM of the cervical spine. He indicated that he denied any high-impact energy blunt force trauma wounds and that he had not been referred to any specialists, admitted to the hospital, or received injections. Dr. Gerling opined that there was “no evidence of any neurological or spinal injury resulting from the fall which would explain his condition of total disability and physical impairment.”

In an October 30, 2024 medical report, Dr. Marc I. Sharfman, a Board-certified neurologist, noted that appellant related complaints of headache, neck and back pain, left arm numbness, and weakness in both arms, which he attributed to the December 13, 2023 employment injury. He administered a headache questionnaire and reviewed medical records and diagnostic studies. Dr. Sharfman performed a physical examination and observed that appellant was neurologically intact except for subjective diminished appreciation of pain and temperature in the left and right C7 dermatomes. He also observed an unsteady gait and moderate tenderness, reduced ROM, and spasms in the cervical, thoracic, and lumbar spine and peri cranial musculature. Dr. Sharfman diagnosed concussion without loss of consciousness, isolated post-traumatic seizure, vestibular trauma, traumatic rupture of cervical intervertebral disc, injury of nerve root cervical spine, sprains of the ligaments of the spine, vertigo of central origin, post-traumatic headache, and cervical disc disorder with radiculopathy. He recommended additional testing, vestibular therapy, and an evaluation by a neurosurgeon. Dr. Sharfman opined that appellant was disabled from all work.

By decision dated October 31, 2024, OWCP denied modification of the June 17, 2024 disability decision.

Also on October 31, 2024, OWCP requested clarification from Dr. Gerling regarding appellant's expansion claim.

On November 5, 2024, Dr. Sharfman noted that a videonystagmography (VNG) study revealed hearing loss in the right ear. He recommended vestibular therapy.

In a November 5, 2024 addendum report, Dr. Gerling opined that appellant's “examination and records failed to demonstrate objective evidence of a neurological or spinal injury,” noting that there was “no report of any observed loss of consciousness, head trauma, or brain injury to prove a concussion.”

On November 20, 2024, appellant, through counsel, requested reconsideration of OWCP's October 31, 2024 decision. In support thereof, he submitted a statement and a November 11, 2024 medical report by Dr. Jorge J. Inga, a Board-certified neurosurgeon, who noted the history of the December 13, 2023 injury, appellant's subjective complaints, and his physical examination findings. Dr. Inga performed a neurological examination and observed normal findings with the exception of a small area of hypoalgesia in the dorsum of both hands. He diagnosed disc protrusions from C4 through C6, symptomatic cervical spondylosis, post-concussion syndrome, closed head injury, post-traumatic seizures, and vertigo.

On November 20, 2024, Dr. Sharfman performed an electroencephalogram (EEG), which was within normal limits.

On November 25, 2024, appellant underwent various cognitive tests. In a December 10, 2024 report, Dr. Sharfman interpreted the test results and indicated that his scores were low in the areas of neurocognition, memory, psychomotor speed, reaction time, simple attention, and motor speed.

On December 4, 2024 OWCP provided Dr. Gerling with updated medical records and requested an additional supplemental report.

On December 19, 2024 OWCP received a duplicate copy of Dr. Gerling's November 5, 2024 supplemental report.

OWCP also received CA-17 forms by Dr. Reppy dated October 25, 2024 through January 31, 2025, which indicated that appellant remained totally disabled from all work due to cervical and thoracic pain. It also received follow-up medical reports by Dr. Sharfman dated December 11, 2024 through January 29, 2025, Dr. Reppy dated December 13, 2024 and January 31, 2025, and a December 19, 2024 carotid duplex artery study, which was normal.

By decision dated February 14, 2025, OWCP denied modification of its October 31, 2024 decision.

In a narrative report dated February 10, 2025, Dr. Sharfman diagnosed concussion with loss of consciousness, isolated post-traumatic seizure, traumatic rupture of cervical intervertebral disc, injury of nerve root of cervical spine, vertigo of central origin, post-traumatic headache, and cervical disc disorder with radiculopathy. He noted ongoing objective physical examination findings including decreased concentration and memory, decreased bilateral C7 sensation, and reduced ROM and strength. Dr. Sharfman disagreed with Dr. Gerling that there was no evidence of neurological or spinal injury. He recommended a functional capacity evaluation. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Sharfman indicated that appellant was capable of working sedentary duty for two hours per day with no twisting, bending, stooping, squatting, kneeling, or climbing.

A February 12, 2025 EMG/NCV study of the upper extremities revealed moderate bilateral CTS and mild bilateral ulnar neuropathy.

OWCP also received follow-up reports by Dr. Sharfman dated February 12 through April 16, 2025 and Dr. Reppy dated February 28, 2025. In CA-17 forms dated January 31 and February 28, 2025, Dr. Reppy indicated that appellant was totally disabled from all work due to cervical and thoracic pain.

A repeat EEG dated March 12, 2025 was normal.

On April 17, 2025 appellant, through counsel, requested reconsideration of OWCP's February 14, 2025 decision.

OWCP thereafter received a November 27, 2024 MRI scan of the brain, which revealed no acute abnormality, and MRI scans of the thoracic and lumbar spine dated December 14, 2024,

which revealed small central protrusions at T6 through T10 and lumbar spinal stenosis at L4 through S1.

In an April 22, 2025 follow-up report, Dr. Inga noted that appellant related that his symptoms had remained unchanged since his last evaluation on November 11, 2024. He performed a neurological examination and observed tenderness and reduced ROM in the spine and no clear evidence of sensory deficit. Dr. Inga opined that appellant was totally disabled.

By decision dated May 1, 2025, OWCP denied modification of the February 14, 2025 decision and denied expansion of the acceptance of appellant's claim to include additional conditions as causally related to the December 13, 2023 employment injury.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁶ When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.⁷ Thus, a subsequent injury, be it an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.⁸

The claimant bears the burden of proof to establish a claim for a consequential injury.⁹ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship.¹⁰ The opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's employment injury.¹¹

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which

⁶ *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁷ *See J.M.*, Docket No. 19-1926 (issued March 19, 2021); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *see also Charles W. Downey*, 54 ECAB 421 (2003).

⁸ *J.M., id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

⁹ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

¹⁰ *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹¹ *M.M.*, Docket No. 20-1557 (issued November 3, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

compensation is claimed is causally related to the employment injury.¹² 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.¹³

Under FECA the term “disability” means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.¹⁴

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.¹⁵ Rationalized medical evidence is medical evidence, which includes a physician’s detailed medical opinion on the issue of whether there is a causal relationship between the claimant’s claimed disability and the accepted employment injury. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed period of disability and the accepted employment injury.¹⁶

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.¹⁷ 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.¹⁸

¹² See *C.B.*, Docket No. 20-0629 (issued May 26, 2021); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *B.O.*, Docket No. 19-0392 (issued July 12, 2019); *D.W.*, Docket No. 18-0644 (issued November 15, 2018); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

¹³ 20 C.F.R. § 10.5(f); *B.O.*, *id.*; *N.M.*, Docket No. 18-0939 (issued December 6, 2018).

¹⁴ *Id.*

¹⁵ *J.M.*, Docket No. 19-0478 (issued August 9, 2019).

¹⁶ *D.S.*, Docket No. 18-0353 (issued February 18, 2020); *T.K.*, Docket No. 18-1239 (issued May 29, 2019); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁷ 20 C.F.R. § 10.501(a); *C.E.*, Docket No. 19-1617 (issued June 3, 2020); *M.M.*, Docket No. 18-0817 (issued May 17, 2019); see *T.A.*, Docket No. 18-0431 (issued November 7, 2018); see also *Amelia S. Jefferson*, 57 ECAB 183 (2005).

¹⁸ *T.G.*, Docket No. 23-0851 (issued October 31, 2023); *J.R.*, Docket No. 23-0215 (issued July 28, 2023); *K.G.*, Docket No. 22-1358 (issued June 27, 2023); *B.M.*, Docket No. 19-1075 (issued February 10, 2021); *R.A.*, Docket No. 19-1752 (issued March 25, 2020); *A.W.*, Docket No. 18-0589 (issued May 14, 2019); *Fereidoon Kharabi*, 52 ECAB 291, 292 (2001).

ANALYSIS

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

OWCP referred appellant to Dr. Gerling for a second opinion evaluation and provided an SOAF, which listed the accepted condition as concussion without loss of consciousness.

In his October 1, 2024 evaluation report, Dr. Gerling opined that there was no evidence of any neurological or spinal injury resulting from the fall which would explain his condition of total disability and physical impairment. On October 31, 2024 OWCP requested clarification. In a November 5, 2024 addendum report, Dr. Gerling opined that appellant's "examination and records failed to demonstrate objective evidence of a neurological or spinal injury," noting that there was "no report of any observed loss of consciousness, head trauma, or brain injury to prove a concussion." On December 4, 2024 OWCP provided him with updated medical records and again requested clarification. On December 19, 2024 OWCP received a duplicate copy of Dr. Gerling's November 5, 2024 addendum report.

OWCP's procedures and Board precedent dictate that when an OWCP DMA, second opinion specialist, or impartial medical examiner renders a medical opinion based on a SOAF which is incomplete or inaccurate or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.¹⁹ As Dr. Gerling opined that there was no proof of a concussion, he did not use the SOAF as the framework in forming his opinion. Therefore, his opinion is of diminished probative value.²⁰

It is well established that, proceedings under FECA are not adversarial in nature, and while the employee has the burden of proof to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.²¹ Once OWCP undertook development of the evidence, it had an obligation to do a complete job and obtain a proper evaluation and a report that would resolve the issue in this case.²²

The Board shall therefore set aside OWCP's May 1, 2025 decision. On remand OWCP shall refer appellant, a SOAF, and series of questions to a new second opinion physician in the appropriate field of medicine. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

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

¹⁹ See *N.P.*, Docket No. 19-0296 (issued July 25, 2019); *M.D.*, Docket No. 18-0468 (issued September 4, 2018).

²⁰ See *V.L.*, Docket No. 24-0739 (issued August 26, 2024); *S.T.*, Docket No. 18-1144 (issued August 9, 2019); *Y.D.*, Docket No. 17-0461 (issued July 11, 2017).

²¹ See *W.W.*, Docket No. 18-0093 (issued October 9, 2018); *Donald R. Gervasi*, 57 ECAB 281, 286 (2005); *William J. Cantrell*, 34 ECAB 1233, 1237 (1983).

²² See 5 U.S.C. § 8101(19); *J.K.*, Docket Nos. 19-1420 & 19-1422 (issued August 12, 2020); *Francesco C. Veneziani*, 48 ECAB 572 (1997).

ORDER

IT IS HEREBY ORDERED THAT the May 1, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded to OWCP for proceedings consistent with this decision of the Board.

Issued: July 14, 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