

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

D.C., Appellant)
and) Docket No. 25-0621
DEPARTMENT OF HOMELAND SECURITY,)
TRANSPORTATION SECURITY) Issued: July 15, 2025
ADMINISTRATION, Sacramento, CA, Employer)

)

Appearances:

Steven E. Brown, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:

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

JURISDICTION

On June 12, 2025, appellant, through counsel, filed a timely appeal from a May 14, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

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 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 5 U.S.C. § 8101 *et seq.*

³ The Board notes that, following the issuance of the May 14, 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.*

ISSUE

The issue is whether appellant has met his burden to proof to expand the acceptance of his claim to include additional conditions as causally related to his accepted April 5, 2021 employment injury.

FACTUAL HISTORY

This case has previously been before the Board.⁴ The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On April 5, 2021, appellant, then a 28-year-old compliance inspection and support officer, filed a traumatic injury claim (Form CA-1) alleging that on that date he strained a muscle in his lower right back when he tripped on a chair while in the performance of duty. He stopped work on April 5, 2021 and returned to work on April 9, 2021.

In a report dated June 8, 2021, Dr. Rudolf Iskandar, a Board-certified physiatrist, described appellant's mechanism of injury as almost falling after tripping over a chair leg. He also related a history of appellant bending over in the shower to wash his leg on May 25, 2021 and feeling his back pop, with the onset of severe low back and buttocks pain with new numbness and left foot weakness and urinary incontinence. Dr. Iskandar noted that appellant had undergone an unauthorized lumbar laminectomy and decompression at L3-S1 on May 28, 2021, following which appellant was hospitalized for 11 days and then transferred to a skilled nursing facility. He diagnosed a history of decompressive lumbar laminectomy, and lumbar disc degeneration with neurological manifestation.

By decision dated March 2, 2022, OWCP accepted appellant's claim for lumbar sprain.

In an initial evaluation dated October 24, 2022, Dr. Sanjay J. Chauhan, a Board-certified neurologist, obtained a history of appellant experiencing low back pain on April 5, 2021 when he tripped on the leg of a chair and grabbed equipment to stop his fall. He related that appellant subsequently worked limited duty and experienced transient left leg numbness while performing his light-duty work. Dr. Chauhan noted that on May 25, 2021 appellant's pain worsened, his leg became numb, and he experienced difficulty with urination. Appellant sought treatment at the hospital and underwent lumbar surgery on May 28, 2021. Dr. Chauhan discussed appellant's current complaints of mild low back pain, lower extremity weakness and numbness, and urinary incontinence with coughing or sneezing. He diagnosed lumbar sprain, intervertebral lumbar disc dysfunction with radiculopathy, intermittent urinary incontinence, severe left foot drop, moderate right foot drop, and numbness in the groin area consistent with residuals of the above diagnoses. Dr. Chauhan opined that appellant had sustained a disc extrusion, especially at L4-5 and L5-S1, due to the employment injury, which "led to surgery and neurologic residuals. All the diagnoses I have added need to be included with his current claim." He advised that appellant was totally disabled from work.

⁴ Docket No. 24-0464 (issued July 29, 2024).

By decision dated December 6, 2022, OWCP denied expansion of the acceptance of appellant's claim to include degenerative disc disease and complications of surgery to include left foot drop and incontinence as causally related to the accepted April 5, 2021 employment injury.

On August 11, 2023, appellant, through counsel, requested reconsideration.

By decision dated August 15, 2023, OWCP denied modification of its December 6, 2022 decision.

On February 22, 2024, appellant, through counsel, requested reconsideration.

By decision dated February 29, 2024, OWCP denied modification of its August 15, 2023 decision.

On March 29, 2024, appellant, through counsel, appealed OWCP's February 29, 2024 decision to the Board. By decision dated July 29, 2024, the Board affirmed OWCP's February 29, 2024 decision, finding that appellant had not met his burden of proof to expand the acceptance of his claim to include additional conditions as causally related to the April 5, 2021 employment injury.⁵

OWCP subsequently received additional medical evidence from Dr. Chauhan. In attending physician's progress reports dated October 29, 2024 and January 4 and February 13, 2025, Dr. Chauhan recounted appellant's history of experiencing low back pain on April 5, 2021 when he tripped on the leg of a chair and grabbed equipment to stop his fall. He related that appellant subsequently experienced transient left leg numbness while performing his light-duty work. Dr. Chauhan noted that around May 24, 2021 appellant's pain worsened, his leg became numb, and he experienced difficulty with urination. Appellant sought treatment at the hospital and underwent lumbar surgery on May 28, 2021. Dr. Chauhan discussed appellant's current complaints of mild low back pain, lower extremity weakness and numbness, urinary incontinence with coughing or sneezing, and constipation. He diagnosed the accepted condition of lumbar sprain. Dr. Chauhan also diagnosed intervertebral lumbar disc dysfunction with radiculopathy, intermittent urinary incontinence, severe left foot drop, moderate right foot drop, and numbness in the groin area consistent with residuals of the above diagnoses. He opined that the original incident of tripping caused large disc herniation or extrusion, which became more symptomatic as appellant was still performing modified work and began compressing the nerve root. Dr. Chauhan further related that appellant had sustained disc extrusion, especially at L4-5 and L5-S1 levels and other levels seen on a magnetic resonance imaging (MRI) scan, due to the employment injury, which "led to surgery and neurologic residuals. All the diagnoses I have added need to be included with his current claim." Dr. Chauhan noted that most lower back injuries are generally considered a sprain, and patients recover from this injury, however, there is a small number of patients who have persistent symptoms because their injury is more severe except in the initial phases when they present with low back pain and are diagnosed with a sprain. He maintained that this occurred in appellant's case until appellant required urgent attention due to disc extrusions that were already present from the employment injury and progressively worsened as appellant continued to perform his modified work and activities of

⁵ *Id.*

daily living (ADLs). Dr. Chauhan noted that appellant denied falling at home on May 25, 2021. Rather, appellant contended that he was bending over in the shower to wash his feet when he felt a pop in his back and he later developed foot drop and severe weakness in his lower extremities and incontinence requiring an emergency room visit, hospitalization, and lumbar spine surgery. Dr. Chauhan maintained that there was no new injury or condition, just progression and continuation of appellant's April 5, 2021 employment injury due to his day-to-day activities. He opined that the accepted employment injury caused a lumbar spine sprain and "probably caused some disc herniation." Dr. Chauhan advised that appellant remained temporarily totally disabled from work during the period May 24, 2021 through March 3, 2025.

In a January 3, 2025 duty status report (Form CA-17), Dr. Chauhan noted a date of injury as April 5, 2021, and advised that appellant was temporarily totally disabled from work for the period January 3 through February 27, 2025.

On March 13, 2025, appellant, through counsel, requested reconsideration.

By decision dated March 19, 2025, OWCP denied modification, finding that Dr. Chauhan's reports were insufficient to establish that appellant's current diagnoses were causally related to the April 5, 2021 employment injury.

OWCP thereafter continued to receive medical evidence from Dr. Chauhan. In an April 2, 2025 attending physician's supplemental report, Dr. Chauhan noted his review of OWCP's March 19, 2025 decision and maintained that it was impossible to know, with 100 percent certainty, the mechanical defects present in appellant's spine at each stage following his April 5, 2021 employment injury. He contended that, "[w]hile I cannot be one hundred percent sure that the process I described in my report is what occurred with [appellant] (no one can), it is my considered opinion that when [appellant] tripped on a chair at work, it caused a significant sprain/twisting injury to his spine which based on my review of the medical records (including objective testing), his endorsement of symptoms at the time and subsequent, and my clinical examination, caused some disc herniation." Dr. Chauhan maintained that his statement was not equivocal; rather, his opinion was based on the totality of his review of the medical evidence, the circumstances of appellant's initial injury, and the progression of his medical condition.

On April 23, 2025, appellant, through counsel, requested reconsideration of the March 19, 2025 decision.

OWCP subsequently received an April 23, 2025 attending physician's progress report, wherein Dr. Chauhan reiterated appellant's history of injury and diagnoses. Dr. Chauhan also reiterated his opinion that appellant's additional diagnoses were caused by his April 5, 2021 employment injury.

By decision dated May 14, 2025, OWCP denied modification of its March 19, 2025 decision.

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

To establish causal relationship between the condition, as well as any attendant disability claimed and the accepted employment injury, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.⁷ 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 diagnosed condition and the accepted employment injury.⁸ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.⁹

ANALYSIS

The Board finds that appellant has not met his burden to proof to expand the acceptance of his claim to include additional conditions causally related to his accepted April 5, 2021 employment injury.

Preliminarily, the Board notes that it is unnecessary to consider the evidence appellant submitted prior to the issuance of OWCP's February 29, 2024 decision, which was considered by the Board in its July 29, 2024 decision. Findings made in prior Board decisions are *res judicata* absent any further review by OWCP under section 8128 of FECA.¹⁰

In attending physician's progress reports dated October 29, 2024 and January 4, February 13, and April 23, 2025, Dr. Chauhan opined that appellant had intervertebral lumbar disc dysfunction with radiculopathy, intermittent urinary incontinence, severe left foot drop, moderate right foot drop, and numbness in the groin area consistent with residuals of the above diagnoses due to the accepted April 5, 2021 employment injury. He also recounted that appellant had disc extrusion, especially at L4-5 and L5-S1 levels and other levels which led to surgery and neurologic residuals. Dr. Chauhan opined that the accepted employment injury caused a lumbar spine sprain and "probably caused some disc herniation." He noted that appellant had persistent symptoms due to disc extrusions that were already present from the accepted employment injury and progressively worsened as he continued to perform his

⁶ See *A.M.*, Docket No. 22-0707 (issued October 16, 2023); *V.P.*, Docket No. 21-1111 (issued May 23, 2022); *S.B.*, Docket No. 19-0634 (issued September 19, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁷ *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

⁸ *R.P.*, Docket No. 18-1591 (issued May 8, 2019).

⁹ *Id.*

¹⁰ *P.N.*, Docket No. 25-0277 (issued March 6, 2025); *G.W.*, Docket No. 22-0301 (issued July 25, 2022); *M.D.*, Docket No. 19-0510 (issued August 6, 2019); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1988).

modified work. Dr. Chauhan maintained that appellant's current diagnoses were not caused by a new injury in the shower at home on May 25, 2021, but rather a progression and continuation of his accepted employment injury. He also attributed the progression of appellant's lumbar spine condition to his modified work. However, while Dr. Chauhan concluded that appellant's diagnosed conditions were causally related to the accepted April 5, 2021 employment injury, he did not explain his opinion with sufficient rationale. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition was causally related to the accepted employment incident.¹¹ Thus, this evidence is insufficient to establish expansion of the claim.¹²

In an April 2, 2025 attending physician's supplemental report, Dr. Chauhan contended that, “[w]hile I cannot be 100 percent sure that the process I described in my report is what occurred with [appellant],” appellant's tripping incident at work on April 5, 2021 caused a significant sprain/twisting injury to his lumbar spine which based on his review of the medical records (including objective testing), endorsement of symptoms at the time and subsequent, and clinical examination, caused some disc herniation. However, he failed to provide medical rationale explaining how appellant's sprain/twisting of his back on April 5, 2021 would have physiologically caused the additional diagnosed conditions.¹³ Therefore, this evidence is insufficient to establish expansion of the claim.

Dr. Chauhan's January 3, 2025 report did not address the issue of whether appellant's additional conditions were causally related to the accepted April 5, 2021 employment injury. The Board has held that medical evidence that does not provide an opinion regarding the cause of an employee's condition is of no probative value.¹⁴ Therefore, this evidence is also insufficient to establish expansion of the claim.

As the medical evidence of record is insufficient to establish that the acceptance of the claim should be expanded to include the additional diagnosed conditions as causally related to the accepted April 5, 2021 employment injury, 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.

¹¹ See *S.W.*, Docket No. 25-0473 (issued May 15, 2025); *J.B.*, Docket No. 21-0011 (issued April 20, 2021); *A.M.*, Docket No. 19-1394 (issued February 23, 2021); *C.B.*, *(S.B.)*, Docket No. 19-1629 (issued April 7, 2020); *V.T.*, Docket No. 18-0881 (issued November 19, 2018); *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

¹² *S.W.*, *id.*; *B.W.*, Docket No. 21-0536 (issued March 6, 2023); *M.M.*, Docket No. 20-1557 (issued November 3, 2021).

¹³ *Supra* note 11.

¹⁴ *P.N.*, *supra* note 10; *A.M.*, Docket No. 24-0413 (issued July 31, 2024); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see D.K.*, Docket No. 17-1549 (issued July 6, 2018).

CONCLUSION

The Board finds that appellant has not met his burden to proof to expand the acceptance of his claim to include additional conditions as causally related to his accepted April 5, 2021 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the May 14, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 15, 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