United States Department of Labor
Employees' Compensation Appeals Board

A.P., Appellant	)	
and	)	**Docket No. 25-0629**
	)	**Issued: July 22, 2025**
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION, ARCHIVES 2 FACILITY, College Park, MD, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 9, 2025 appellant filed a timely appeal from a May 8, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 lumbar condition causally related to the accepted September 18, 2024 employment incident.

[1] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

On October 10, 2024 appellant, then a 43-year-old archives technician, filed a traumatic injury claim (Form CA-1) alleging that on September 18, 2024 he developed lower back pain when he felt something pop in his back as he walked to his desk, while in the performance of duty.

In an October 28, 2024 progress note, Dr. Ashok L. Gowda, a Board-certified orthopedic surgeon, recounted appellant's history of injury and diagnosed lumbar ligament sprain. He related appellant's lumbar spine physical examination findings which included moderate tenderness on palpation, moderate spasm, moderate to midline tenderness on palpation, and negative bilateral straight leg raising. Dr. Gowda reported lumbar range of motion (ROM) within 80 percent of normal limits. He advised that appellant was unable to return to work until his condition was reassessed.

In a progress note dated November 4, 2024, Dr. Gowda related that appellant was seen for low back pain radiating into his neck following a September 18, 2024 injury. In a progress note dated November 11, 2024, he related a September 18, 2024 injury date and diagnosed lumbar ligament sprain. On physical examination of the lumbar spine, Dr. Gowda reported mild tenderness on palpation, mild spasm, mild midline tenderness on palpation, negative bilateral straight leg raising, and ROM within 90 percent of normal limits. He concluded that appellant's injury, diagnosis, and treatment were consistent and were causally related to the injury he sustained on September 18, 2024. In a billing form dated November 11, 2024, Dr. Gowda related that appellant had no functional limitations or work restrictions.

In a December 9, 2024 progress note, Dr. Gowda diagnosed lumbar ligament sprain. He related that physical examination of appellant's lumbosacral spine showed no tenderness on palpation, no spasm, negative bilateral straight leg raising, and ROM within 100 percent of normal limits. Dr. Gowda found no functional limitations or restrictions and discharged appellant from care. He again concluded that appellant's injury, diagnosis and treatment, were causally related to his claimed September 18, 2024 employment incident.

A January 28, 2025 disability note from Dr. Shaun Bezak, a chiropractor, requested that appellant be excused from work on September 23 and 27 and October 4 and 8 through 11, 2024.

In a development letter dated February 5, 2025, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the type of additional factual and medical evidence needed to establish his claim and provided a questionnaire for completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a follow-up development letter dated March 17, 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 February 5, 2025 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.

OWCP subsequently received a January 28, 2025 form, wherein Dr. Bezak noted appellant had been treated in his office on September 23, 25, and October 1 and 7, 2024.

By decision dated April 9, 2025, OWCP denied appellant's traumatic injury claim, finding that the evidence of record was insufficient to establish that the September 18, 2024 incident occurred, as alleged. It concluded, therefore, that the requirements had not been met to establish that he sustained an injury as defined by FECA.

On April 25, 2025 appellant requested reconsideration.

OWCP subsequently received additional medical evidence. Disability slips dated September 23 and October 7, 2024 indicated that appellant was treated that day by Dr. Bezak.

Emergency department progress notes dated October 2, 2024 from Dr. Omar Ali Usman, a Board-certified emergency room physician, diagnosed back sprain.

October 15, 2024 emergency room notes from Patricia J. Abbot, a nurse practitioner, diagnosed back pain/muscle spasm.

By decision dated May 8, 2025, OWCP modified the April 9, 2025 decision to reflect that the September 18, 2024 incident occurred, as alleged. However, the claim remained denied, as the medical evidence of record was insufficient to establish that the diagnosed lumbar condition causally related to the accepted September 18, 2024 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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,[3] 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.[4] 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.[5]

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. The first component is whether the

[2] *Id*.

[3] *C.H.*, Docket No. 25-0498 (issued May 16, 2025); *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).

[4] *C.H.*, *id.*; *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).

[5] *C.H.*, *id.*; *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).

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.[6]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] 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.[8] 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.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a lumbar condition causally related to the accepted September 18, 2024 employment incident.

In his progress reports dated November 11 and December 9, 2024, Dr. Gowda concluded that appellant's injury, diagnosis and treatment, were causally related to his September 18, 2024 employment incident. The Board, however, 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.[10] Dr. Gowda provided only a conclusory opinion on causal relationship. He did not provide medical rationale explaining, physiologically, how appellant's diagnosed lumbar condition was caused or aggravated by the accepted September 18, 2024 employment incident.[11] The Board finds that his reports were insufficient to establish the claim.

OWCP also received an October 2, 2024 report from Dr. Usman diagnosing a back sprain. Additionally, it received an October 28, 2024 report from Dr. Gowda who diagnosed lumbar ligament sprain and opined that appellant was disabled from working. However, neither physician offered an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on

[6] *C.H.*, *id.*; *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).

[7] *C.H.*, *id.*; *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).

[8] *C.H.*, *id.*; *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).

[9] *C.H.*, *id.*; *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).

[10] *J.B.,* Docket No. 21-0011 (issued April 20, 2021); *A.M.,* Docket No. 19-1394 (issued February 23, 2021).

[11] *S.S.,* Docket No. 23-0391 (issued October 24, 2023); *see F.H.,* Docket No. 18-1238 (issued January 18, 2019); *J.R.,* Docket No. 18-0206 (issued October 15, 2018).

the issue of causal relationship.[12] This report is therefore also insufficient to establish appellant's claim.

Appellant also submitted notes from Dr. Bezak, a chiropractor. A chiropractor is only considered a physician for purposes of FECA if he or she diagnoses subluxation based upon x-ray evidence.[13] As Dr. Bezak did not diagnose a spinal subluxation based upon x-ray evidence, he is not considered a physician as defined under FECA and his reports do not constitute competent medical evidence.[14]

Appellant further submitted a report from Ms. Abbot, a nurse practitioner. However, certain healthcare providers such as nurse practitioners are not considered "physician[s]," as defined by FECA.[15] Consequently, her report will not suffice for purposes of establishing appellant's claim.[16]

As the medical evidence of record is insufficient to establish a lumbar condition causally related to the accepted September 18, 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 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 lumbar condition causally related to the accepted September 18, 2024 incident.

[12] *A.D.*, Docket No. 24-0153 (issued January 31, 2025); *T.D.*, Docket No. 19-1779 (issued March 9, 2021); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[13] Section 8101(2) of FECA provides that the term physician includes chiropractors only if the treatment consists of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. 5 U.S.C. § 8101(2); *see E.B.*, Docket No. 24-0762 (issued September 10, 2024); *T.T.,* Docket No. 18-038 (issued September19, 2019); *George E. Williams*, 44 ECAB 530 (1993).

[14] *E.B.*, *id.*, *C.S.*, Docket No, 19-1279 (issued December 30, 2019).

[15] Section 8101(2) of FECA provides that physician includes surgeon, podiatrists, dentists, clinical psychologists, optometrist, 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); *E.B.*, Docket No. 24-0762 (issued September 10, 2024) (nurse practitioners are not considered physicians as defined by 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); *see also T.J.*, Docket No. 19-1339 (issued March 4, 2020) (nurse practitioners are not considered physicians under FECA).

[16] *Id.*

ORDER

IT IS HEREBY ORDERED THAT the May 8, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 22, 2025
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

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

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