United States Department of Labor
Employees' Compensation Appeals Board

J.P., Appellant	)	
and	)	**Docket No. 25-0507**
	)	**Issued: June 10, 2025**
U.S. POSTAL SERVICE, SANTA CLARITA POST OFFICE, Santa Clarita, CA, Employer	)	

Appearances:
Eduardo Areas, for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On April 21, 2025 appellant filed a timely appeal from an October 24, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP).[2] Pursuant to the Federal Employees'

[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] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). Appellant contended that she has satisfied all of the requirements for coverage under FECA due to her employment injury. Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). The Board, in exercising its discretion, denies appellant's request for oral argument because this matter pertains to an evaluation of the weight of the medical evidence presented. As such, the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

Compensation Act[3] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted June 3, 2024 employment incident.

FACTUAL HISTORY

On June 24, 2024 appellant, then a 57-year-old city delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that on June 3, 2024 she sustained injuries to her back, right arm, and right knee when she slipped and fell on stairs, while in the performance of duty. She explained that when she rebounded from the fall she twisted her back and landed on her right knee and arm. Appellant stopped work June 6, 2024, and returned to work June 7, 2024.

In a June 18, 2024 report, Dr. Barbara Scott, a Board-certified internist, noted the history of the June 3, 2024 employment incident, provided examination findings and diagnosed an exacerbation of appellant's preexisting L5-S1 lumbar disc herniation with left radiculopathy.[4] She opined that the exacerbation was caused or aggravated by the June 3, 2024 employment incident as appellant was asymptomatic after a March 5, 2024 L5-S1 epidural until the new occupational injury, which had occurred as a result of appellant's slipping downstairs, during the course of delivering a package at work on June 3, 2024.[5] Dr. Scott placed appellant on modified activity. She also provided a June 18, 2024 work restriction note.

Reports dated July 10 and 24, and August 7, 2024 were received from Dr. Shahab Moradi, a Board-certified physiatrist. Dr. Moradi noted the history of the June 3, 2024 employment incident. He provided x-ray findings of the lumbar spine, examination findings of the lumbar spine and bilateral knees, and opined that appellant was totally disabled. In his July 10, 2024 report, Dr. Moradi assessed lumbar disc herniation with radiculopathy, osteoarthritis of bilateral knees, and right shoulder strain. In his July 24 and August 7, 2024 reports, Dr. Moradi diagnosed lumbar disc herniation with radiculopathy. He opined that "this injury has resulted in permanent restriction, total or partial loss of function of a part or member, or permanent disfigurement of the head, face, neck, or some other part of the body which will handicap the employee in securing or maintaining employment." In an August 7, 2024 report, he noted that appellant reported about 55 percent relief from the lumbar epidural. Dr. Moradi also provided work restriction notes dated July 2 and 24, 2024.

In an August 12, 2024 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her

[3] 5 U.S.C. § 8101 *et seq*.

[4] Dr. Scott indicated that appellant had a prior injury to her back. She noted September 7, 2023 lumbar spine magnetic resonance imaging (MRI) scan findings and indicated that a March 5, 2024 L5-S1 epidural had provided appellant 80 percent relief.

[5] In her report, Dr. Scott referred to the date of injury as June 3 and 15, 2024.

claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP received appellant's August 18, 2024 statement and physical therapy reports dated August 5, 8, 13, 19, and 26, 2024.

In an August 7, 2024 note, Dr. Moradi opined that appellant was totally disabled from work.

In August 21 and September 9, 2024 reports, Dr. Moradi noted his examination findings and diagnosed lumbar disc herniation with radiculopathy. He continued to opine that "this injury has resulted in permanent restriction, total or partial loss of function of a part or member, or permanent disfigurement of the head, face, neck, or some other part of the body which will handicap the employee in securing or maintaining employment." In his August 21, 2024 report, Dr. Moradi released appellant for a trial of full work. He also placed her off work from August 21 through September 1, 2024. In his September 9, 2024 report, Dr. Moradi opined that appellant could return to full-duty work.

In a follow-up letter dated September 12, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the August 12, 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.

A June 18, 2024 lumbosacral spine x-ray revealed normal alignment and slight spinal curvature convex to the left, similar to the prior x-rays. It also revealed continued moderate narrowing of the L5-S1 disc space with small osteophytes, minimal narrowing L2-3 through L4-5 disc spaces with small endplate osteophytes, and mild degenerative changes of the L5-S1 facet joints.

In an October 15, 2024 report, Dr. Moradi noted examination findings and diagnosed lumbar disc herniation with radiculopathy. He indicated that appellant had returned to full-duty unrestricted work and that she was discharged from treatment. Dr. Moradi opined that the injury had not resulted in permanent disability.

By decision dated October 24, 2024, OWCP denied the traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted June 3, 2024 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA[6] 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

[6] *See supra* note 2.

limitation of FECA,[7] 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.[8] 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.[9]

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. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[10]

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.[11] 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 identified by the employee.[12]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[13]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted June 3, 2024 employment incident.

In a June 18, 2024 report, Dr. Scott noted the history of the June 3, 2024 employment incident and diagnosed an exacerbation of appellant's preexisting L5-S1 lumbar disc herniation

[7] *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).

[8] *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.,* Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[9] *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).

[10] *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone,* 41 ECAB 354 (1989).

[11] *See C.M.,* Docket No. 25-0408 (issued April 16, 2025); *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).

[12] *See C.M., id.; 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).

[13] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *K.G.,* Docket No. 18-1598 (issued January 7, 2020); *M.S.,* Docket No. 19-0913 (issued November 25, 2019).

with left radiculopathy, for which a March 5, 2024 L5-S1 epidural had provided 80 percent relief. Dr. Scott opined that the exacerbation of appellant's preexisting L5-S1 lumbar disc herniation with left radiculopathy was caused or aggravated by the June 3, 2024 employment incident as appellant was asymptomatic after the March 5, 2024 epidural and prior to the June 3, 2024 employment incident. However, the Board has held that a medical opinion supporting causal relationship because an employee was asymptomatic before the employment incident is insufficient, without supporting medical rationale, to establish a claim.[14] Dr. Scott's report does not provide such rationale. Further, as noted above, in any case where a preexisting condition involving the same part of the body is present, and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the medical evidence must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[15] As Dr. Scott did not differentiate between appellant's preexisting condition and the effects of her accepted employment incident, his report is insufficient to establish causal relationship.[16]

Appellant also submitted reports from Dr. Moradi dated July 10 through October 15, 2024. In his reports, Dr. Moradi noted the history of the June 3, 2024 employment incident and diagnosed lumbar disc herniation with radiculopathy, osteoarthritis of bilateral knees and right shoulder strain. However, he did not offer in any of his reports an opinion as to the causal relationship between a diagnosed medical condition and the accepted June 3, 2024 employment incident. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value.[17] As such, this evidence is insufficient to establish appellant's burden of proof.

Appellant also submitted a June 18, 2024 lumbosacral spine x-ray. The Board has held that diagnostic tests, standing alone, lack probative value on the issue of causal relationship as they do not provide an opinion on causal relationship.[18] Thus, this evidence is insufficient to establish appellant's burden of proof.

Appellant also submitted physical therapy notes. However, certain healthcare providers such as physical therapists are not considered physicians as defined under FECA, and their reports

[14] *P.G.,* Docket No. 24-0511 (issued June 26, 2024)*; C.C.,* Docket No. 17-1841 (issued December 6, 2018); *Thomas Petrylak,* 39 ECAB 276, 281 (1987).

[15] *See supra* note 12; *D.T.*, Docket No. 23-1094 (issued January 5, 2024).

[16] *Supra* notes 12 and 14.

[17] *B.C.*, Docket No. 25-0318 (issued March 21, 2025); *G.K.,* Docket No. 23-1060 (issued January 9, 2024); *J.H.,* Docket No. 20-1414 (issued April 5, 2022); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[18] *See P.G., supra* note 14; *C.F.,* Docket No. 18-1156 (issued January 22, 2019); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

do not constitute competent medical evidence.[19] Thus, this evidence is insufficient to establish appellant's burden of proof.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted June 3, 2024 employment incident, the Board finds that appellant has not met her 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 her burden of proof to establish a medical condition causally related to the accepted June 3, 2024 employment incident.

[19] Section 8102(2) of FECA provides that the term 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 also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *K.H.,* Docket No. 25-0439 (issued April 23, 2025) (physical therapists are not physicians as defined by FECA); *A.M.,* Docket No. 20-1575 (issued May 24, 2021) (physical therapists are not 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).

ORDER

IT IS HEREBY ORDERED THAT the October 24, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 10, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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