United States Department of Labor
Employees' Compensation Appeals Board

J.C., Appellant	)	
and	)	**Docket No. 25-0521**
	)	**Issued: June 6, 2025**
U.S. POSTAL SERVICE, WEST GRAND CARRIER ANNEX, Oakland, CA, Employer	)	

Appearances:
Appellant, pro se
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 May 1, 2025 appellant filed a timely appeal from an April 28, 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 medical condition causally related to the accepted February 6, 2025 employment incident.

FACTUAL HISTORY

On February 6, 2025 appellant, then a 36-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on that date, he sustained a pulled muscle affecting the sciatic

[1] 5 U.S.C. § 8101 *et seq*.

nerve in his right lower extremity when he retrieved a parcel from the rear of his delivery vehicle, while in the performance of duty. He stopped work on February 6, 2025.

In a February 6, 2025 emergency department report, Dr. Jaan Hasan, Board-certified in emergency medicine, recounted that appellant reached for something in his truck then felt low back pain radiating to the right lower extremity. On examination, he observed no deformity or paraspinal tenderness. Dr. Hasan obtained x-rays of the lumbar spine, which were negative for fracture and revealed normal lumbar lordosis. He diagnosed acute right-sided low back pain with right-sided sciatica. Dr. Hasan prescribed medication.

OWCP also received an unsigned February 6, 2025 work slip holding appellant off work through February 12, 2025.

In a February 6, 2025 report, Bandana Risal, a nurse practitioner, diagnosed right-sided sciatica.

In a February 11, 2025 report, Ms. Risal related appellant's complaints of acute lower and lateral back pain with radiation to the bilateral knees. She referred appellant for physical therapy for "piriformis syndrome *vs*. hip snapping syndrome *vs*. [greater trochanteric pain syndrome]."

In a February 12, 2025 work slip, Dr. Leah Spieler, a Board-certified family medicine physician, held appellant off work through February 24, 2025 for an unspecified medical condition.

In a development letter dated February 25, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to provide the necessary information.

Thereafter, OWCP received a February 6, 2025 lumbar x-ray report, which revealed no evidence of acute fracture, subluxation, or compression fracture/deformity, and minimal-to-mild multilevel degenerative changes.

In a February 25, 2025 work slip, Dr. Spieler limited appellant to working eight hours a day so long as his condition improved as expected.

In a report of work status (Form CA-3) dated February 26, 2025, the employing establishment indicated that appellant had returned to full-time, unrestricted duty that day.

OWCP received a list of appellant's physical therapy appointments for the period February 27 through March 27, 2025.

In a March 5, 2025 work slip, Dr. Spieler limited appellant to working eight hours a day, six days a week for the following five weeks.

In a follow-up letter dated March 24, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence of record remained insufficient to establish his claim. It noted that he had 60 days from the February 25, 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.

In response, OWCP received a copy of the February 6, 2025 emergency department report previously of record.

By decision dated April 28, 2025, OWCP denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted February 6, 2025 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. 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.[6]

The medical evidence required to establish causal relationship 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

[2] *Id*.

[3] *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] *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).

[5] *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).

[6] *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).

[7] *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).

by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.[8]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted February 6, 2025 employment incident.

Dr. Hasan, in a February 6, 2025 report, related a history of injury and diagnosed acute right-sided low back pain with right-sided sciatica. He, however, did not offer an opinion as to whether appellant's diagnosed condition was causally related to the accepted 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 on the issue of causal relationship.[9] Accordingly, this evidence is insufficient to establish appellant's claim.

Dr. Spieler, in work slips dated February 12 through March 5, 2025, held appellant off work through February 24, 2025 and noted subsequent work limitations. These notes, however, failed 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 on causal relationship is of no probative value.[10] Accordingly, this evidence is insufficient to establish appellant's claim.

Appellant also submitted notes from a nurse practitioner. Certain healthcare providers such as nurse practitioners are not considered physician[s] as defined under FECA.[11] Consequently, these notes will not suffice for purposes of establishing appellant's claim.[12]

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[8] *C.M.*, Docket No. 25-0408 (issued April 16, 2025); *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] *G.M.,* Docket No. 24-0388 (issued May 28, 2024); *L.B.,* Docket No. 19-1907 (issued August 14, 2020); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[10] *S.K.*, Docket No. 25-0296 (issued March 5, 2025); *A.B.*, Docket No. 23-0937 (issued January 24, 2024); *T.L.*, *supra* note 8; *C.F.*, Docket No. 18-0791 (issued February 26, 2019); *Victor J. Woodhams*, *supra* note 8.

[11] 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); *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 R.B.*, Docket No. 25-0361 (issued April 23, 2025) (nurse practitioners are not considered physicians as defined under FECA and their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits); *B.D.*, Docket No. 22-0503 (issued September 27, 2022) (nurse practitioners are not considered physicians as defined under FECA and their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits); *L.S.*, Docket No. 19-1231 (issued March 30, 2021) (a nurse practitioner is not considered a physician as defined under FECA).

[12] *Id.*

OWCP also received an unsigned February 6, 2025 work slip. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[13]

Additionally, OWCP received diagnostic test reports, including x-rays of the lumbar spine. The Board has held that diagnostic tests, standing alone, lack probative value on the issue of causal relationship as they do not address the relationship between the accepted employment factors, and a diagnosed condition.[14] These reports are, therefore, insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted February 6, 2025 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 February 6, 2025 employment incident.

[13] *See B.C.*, Docket No. 25-0318 (issued March 21, 2025); *A.B.,* Docket No. 25-0057 (issued November 26, 2024); *B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.,* Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

[14] *See W.M.,* Docket No. 19-1853 (issued May 13, 2020); *L.F.,* Docket No. 19-1905 (issued April 10, 2020).

ORDER

IT IS HEREBY ORDERED THAT the April 28, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 6, 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